



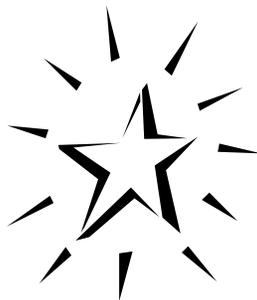
Welcome to the first Update to the  
**Lake County Children's Report Card!**



*This Update was sponsored by the Lake County Department of Social Services. Many Lake County organizations and individuals contributed. Thank you!*

September 2007

**The First Update to the  
Lake County Children's Report Card**



**Issued September 2007**

**By the Lake County Department of Social Services**  
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## **PROJECT MISSION AND VISION: UPDATE TO THE LAKE COUNTY CHILDREN'S REPORT CARD**

### **PROJECT MISSION:**

Creation of the first Update to the Lake County Children's Report Card to serve as a resource that captures both progress since the Report Card was issued and the current reality of children's lives in Lake County.

### **PROJECT VISION:**

Holistic and integrated children's services promoting an ever-improving level of children's well-being in Lake County.

### **WHY DID STAKEHOLDERS WANT AN UPDATE?**

The Report Card was widely utilized in reports, grant applications, and strategic planning. It energized a new vision of children's services and of life in Lake County. Because it was issued in March 2000, before the U.S. Census 2000 was completed, its data has aged. The Update builds upon the original Report Card to create a resource that will:

- ★ Assist stakeholders, from agencies to members of the general public, to understand the progress made towards children's well-being since 2000
- ★ Assist such stakeholders to understand the current status of children's well-being and children's services
- ★ Re-set the baseline with more current data and create longitudinal data to describe changes in well-being, service utilization, and system efficacy
- ★ Assist in planning for, obtaining, and allocating resources for child and family services
- ★ Measure and evaluate the ongoing effectiveness of welfare reform and other programs on the well-being of children and families in Lake County

### **DESIRED OUTCOMES:**

- ★ A user-friendly, accessible, and well-utilized report that updates progress toward, and the status of, the chosen indicators and can be easily updated
- ★ Strengthening of the collaborative relationships that are so notable a feature of our system, building on the momentum described and generated by the Report Card, to prepare Lake County for a prosperous and exciting future that embraces all children and families.

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## EXECUTIVE SUMMARY: THE FUTURE OF LAKE COUNTY'S CHILDREN - WHAT'S NEXT?

Since the 19<sup>th</sup> Century, Lake County has been seen in many ways, from the “Garden of Eden” to the “Appalachia of the North Coast”. The first edition of the Report Card revealed the challenges faced by Lake County as it entered the 21<sup>st</sup> Century. These centered on mobilizing the community to ensure a “good beginning for our children”. Higher rates of poverty and unemployment than either the state or national rates were core concerns. The Report Card found that educational success, wellness, safety, and family strength are all inextricably linked to economic strength. The first edition found that CalWORKs mandates had already increased local employment, but had also increased the need for child care and other support. It looked forward to examining the future impacts of CalWORKs and created a model for future editions to follow.

### 1.0 Primary Purpose and Background

The primary purpose of the Report Card was to measure the impact of CalWORKs on the wellbeing of Lake County’s children. The Lake County Department of Social Services (“LCDSS”) funded both the original edition and this Update. This new edition examines the ongoing impact of CalWORKs while exploring some of the consequences flowing from the changes catalyzed by CalWORKs.

The Report Card and this Update provide detailed data, with local, state, and national context, to describe the lives of Lake County’s children. Both documents are tools to assist the LCDSS, other agencies, civic groups, local governments, and concerned citizens to understand the complex and holistic nature of children’s well-being and to plan effectively to improve their lives.

The Update process followed the Report Card model, as even seven years later, the initial participants remembered the process with pride and pleasure. We held two large-group meetings, attended primarily by agency representatives and government officials, but open to the public. We also reached out to many other agencies, groups, and individuals to obtain as many perspectives as possible. All participants are listed in Appendix B: Acknowledgements. Everyone who participated did so voluntarily, devoting a great deal of time and, therefore, resources, to finding data, filling out forms, answering questions, and fielding telephone calls. This Update is a group effort!

As before, data collection included local sources, enriched by internet access to local, state, and national data. Research is used to make the local data more meaningful, i.e., to show where we stand in relation to our peers. Data collection and analysis remain very challenging. Much data is collected and reported inconsistently, e.g., one agency will collect birth data for teens aged 15-19, others for youth aged 16-20, and so on. Because Lake County is so small, the inter-Census American Community Survey is

not administered here, so even our Census 2000 data is aging. Some agencies are fully automated; others are not, requiring manual review of paper files which is not usually feasible due to cost and/or confidentiality concerns.

## **2.0 Structure of the Update to the Report Card**

This Update follows the original model. It organizes the data by the 5 dimensions of well-being:

- ✓ Economic Well-Being
- ✓ Educational Success
- ✓ Health Status
- ✓ Safety
- ✓ Family Strength

During the seven years since the Report Card was released, stakeholders have become even more aware of the complex linkages among these dimensions. For example, health promotes educational success, but educational success promotes economic well-being which is correlated with better health, and so on. Therefore, the Chapters also discuss how the various indicators affect each other. When possible, this Update presents data from 2000 (the year the Report Card was released) to the most recent year available, typically 2005 or 2006.

The first two Chapters describe the evolution of the Report Card and its structure. As before, LCDSS funded the process as part of its commitment to creating and measuring a safety net for children. Chapter 1 describes how the 2006 Vision and Indicators meetings found a new vision of Lake County. Our growing diversity is both challenge and strength. The County has become richer in every respect, from economics to art. Chapter 2 is a quick user's guide to the Update and describes some of the key data sources. The next five Chapters discuss the Vision and Indicators for each dimension of well-being. Each data Chapter begins with a snapshot of changes and highlights and concludes with general findings. Data tables, charts, and graphs are included within each data Chapter and end notes following the conclusion. Each data Chapter seeks to answer two questions about the indicators:

- ✓ Why is this important?
- ✓ What is our status?

## **3.0 Highlights from Data Chapters**

3.1 Economic Well-Being. This chapter covers local demographics, labor force unemployment, income, self-sufficiency, and cost of living. This Update emphasized the sharp rise in home prices, compared to relatively flat incomes. The discussion of job creation, food stamps, Medi-Cal, insurance, child care, child support, transportation, housing, et al. describes the infrastructure required to enable families of various structures to achieve a modest, self-sufficient standard of living. Key findings include:

- ✓ Just under one-quarter (24.4%) of the County's population is under 18.
- ✓ As of 1990, 12,252 children <18 lived in Lake County, rising to 14,062 in 2000 and up to 15,853 estimated for 2007, an overall increase of 29.4%.
- ✓ The population of Latino children increased 28.9% between 1990 and 1999, rising to 19.9% of public school enrollment in 2006-2007. This is a major demographic shift.
- ✓ There has been a rise in commuting families, who live in Lake County and travel to Santa Rosa, Mendocino, Napa, and even the Bay Area for work.
- ✓ The average annual unemployment rate ranged from 8.8% in 1990 to 8.3% by 2002, peaking at 9.1% in 2003 and 2004, and dropping to 7.1% in 2006. For 2006, Lake County's unemployment rate ranked us 40<sup>th</sup> of the 58 California counties, with 1<sup>st</sup> being the best.
- ✓ The number of employed residents rose 19% between 1990 and 2000, to 19,886 workers, and rose again between 2000 and 2006 to 24,600 workers, almost a 15% increase.
- ✓ The average annual wage per job was \$22,715 in 2000, rising to \$29,633 in 2006. The average annual wage measures earnings from work, rather than investments, retirement, etc. It is a powerful indicator of the well-being of families leaving welfare for work.
- ✓ Child poverty rates appear to be rising after a slight dip. As of 1990, 24% of the County's children lived in poverty. By 2003, 21.8% were in poverty. The most recent (2004) Census estimates found 22.8% of children aged 5-17 living in poverty, while the 2007 Children Now County Data Book found 31% of Lake County children aged 0-17 lived in poverty. There may be no net progress. The Report Card found that, in 1998, 30% of Lake County children were estimated to be living in poverty.
- ✓ Job creation is not keeping up with demand for jobs. During the period 2001-2005, Lake County industry employment had a 1.5% net gain or 210 jobs, concentrated in education and health services; trade, transportation and utilities; and government.
- ✓ The self-sufficiency income required for a Lake County family of four at 2005 dollars (\$43,722) exceeded the Lake County 2006 average wage (\$29,993) by \$13,729.
- ✓ The number of CalWORKs cases has dropped steadily from 2,156 in 1998-99 down to an average monthly caseload of 1,151 in 2005-2006.
- ✓ In 2005-2006, the average annual cash aid, per month, was \$515.

- ✓ In 2005-2006, average annual per-family monthly cash aid plus food stamps was \$741 or \$8,892/year, just 57% of the annual minimum wage income of \$15,600.
- ✓ Lake County has reduced the gap between child care supply and demand, cutting the ratio of demand to supply from 139% to 109%.
- ✓ Child care is a major industry in Lake County, with annual revenues of over \$12 million per year. It employs over 346 individuals, pays at least \$4 million per year in wages and benefits, generates over 400 additional jobs, and produces \$17.7 million in sales.
- ✓ Lake County housing has become much more costly, with the median price rising from \$142,000 in 2000 to a peak of \$295,000 in 2006, before slipping to \$270,000 for the period January – June 30, 2007.
- ✓ The 2006 median housing price of \$295,000 is 9.95 times higher than the average wage of \$29,633, suggesting that working families are at risk of being frozen out of home ownership.
- ✓ Rents are more affordable in Lake County than in the region, with the Fair Market Rent for a 2-bedroom home at only 27.8% of the average wage. To be affordable, housing should be 30% or less of household income.

### 3.2 Economic Well-Being: General Findings.

- ★ Welfare rolls are dropping steadily; Lake County families are moving away from dependency.
- ★ As families transition off cash aid, they continue to need assistance to provide a safety net for their children: food stamps, Medi-Cal, child care subsidies, housing supports.
- ★ Children are more diverse and diversity is rising.
- ★ Unemployment rates are stable.
- ★ The annual average wage is rising.
- ★ Child support collections are improving.
- ★ Public transportation is more available and accessible, with agencies doing what they can to fill gaps.
- ★ Fair Market Rent is relatively stable and affordable relative to the annual average wage.
  
- ➔ The continuing spike in housing prices could destabilize the local economy and reduce the chance for many working families to own their own home.
- ➔ Many children and families will continue to need subsidies of various types to maintain even a modest standard of living.
- ➔ The income gap is increasing, which can lead to socio-economic stratification with negative effects on community cohesion.

3.3 Educational Success. This Chapter described Lake County's educational system, from preschool to post-secondary options, including private schools, career tech options (vocational education), and after school programs. The Chapter discusses at length the current research on the power and cost-effectiveness of quality early childhood education. It adds a new section on the power and cost-effectiveness of quality after school programs. The Chapter compares the 2000 map of public preschools with an updated 2007 map. This narrative reviews child care supply and demand, licensed preschools, services for children with special needs ("CWSN"), English Language Learners ("ELL"), school attendance, Lake County student achievement from various perspectives (testing, graduation, post-secondary achievement) and briefly reviews other topics, including investment in education. A map of the public school districts provides a visual look at the geographic challenges facing the education system. Key findings include:

- ✓ LCOE has expanded its Countywide infrastructure, providing barrier removal and educational support services to every school district. Its contribution to the quality of the education system includes: 11 state preschools, School Readiness, Healthy Start, Safe Schools/Healthy Students (school-based counseling, prevention education, support groups), Kid Connection and Teen Connection comprehensive after school programs, School Attendance Review Board, Truancy Officers, SELPA, AmeriCorps, Foster Youth Assistance, McKinney-Vento Homeless Student Assistance, and the Regional Occupational Program.
- ✓ Identification of, and educational opportunities for, CWSN are in place, from infancy through age 22. From 2000-2006, inclusive, the Special Education Local Plan Area ("SELPA") served an annual average of 1,275 CWSN/year.
- ✓ The number of English Language Learners rose from 574 in 2000 to 945 in 2005-2006, rising from 5.6% of public school enrollment to 9.2%.
- ✓ Of the ELL, 96% are Spanish-speaking, but linguistic diversity has risen substantially, challenging schools and teachers.
- ✓ As of January 2007, the McKinney-Vento program identified 639 homeless students, about 6.3% of the public school enrollment.
- ✓ Lake County has 8 public school districts, including the Lake County Office of Education. Collectively, they operate 35 schools, offering a wide range of programs from traditional to alternative, including the Juvenile Hall school and two community schools. The 2006-2007 enrollment was 10,091; enrollment is declining.
- ✓ Lake County students are competitive with the state in terms of test scores. The only area in which Lake County noticeably underperformed is spelling, an anomaly also noted by the original Report Card.

- ✓ Lake County students are more likely to stay in school than their peers statewide, with a 4-year drop-out rate of only 11.6, compared to the state rate of 14.6.
- ✓ Lake County schools offer a range of options to engage students, including traditional schools, alternative programs, a charter school, a proposed career tech charter school, and 10 private schools, serving 310 students.
- ✓ In 2005, only 36.7% of our high school graduates went on to a public college or university, compared to 43.7% of high school graduates statewide. (Note: This figure is limited to students who go directly to college and may understate Lake County's true college-going rate. Although the number is not readily tracked, Lake County students sometimes delay going to college after high school.)
- ✓ Since 2002, Lake County has expanded its early childhood education resources, adding 316 new licensed preschool spaces, for a total of 791, up from 475 in 2002.
- ✓ Quality early childhood education has a substantial quantifiable minimum benefit-cost ratio of at least 2.62, exclusive of benefits to parents, schools, and community. When such benefits are included, the return rises to at least \$7.16 for every dollar invested.
- ✓ Since 2002, Lake County has added 316 comprehensive after school spaces, for a total of 724, up from 408 in 2002.
- ✓ With support from multi-million dollar bond issues, school Districts are building new libraries, performance centers, gymnasiums, and the like, creating exciting, state-of-the-art resources for students and communities.
- ✓ Per-pupil investment ranges from \$10,301 to \$7,375, depending on the district.
- ✓ The Taylor Observatory and Planetarium, owned and operated by LCOE, has been completely revitalized, with a new \$30,000+ telescope, upgraded facilities, and a cadre of enthusiastic community astronomers offering standards-based classroom lessons at the schools, Observatory classes, and public events.
- ✓ According to the Fall 2006 CHKS, 77% of 7<sup>th</sup> graders, 80% of 9<sup>th</sup> graders, and 79% of 11<sup>th</sup> graders have high or medium feelings of "school connectedness".

### 3.4 Educational Success: General Findings.

- ★ Lake County's public educational system is comprehensive and increasingly well-integrated from early childhood education through high school, with many points of access for student support services.

- ★ The current array of support services, from health care to homeless student assistance, is essential to eliminate barriers to attendance and achievement. It's hard to learn if one is hungry, sick, or living in chaos.
- ★ The creativity and variety woven into the educational system is a key strength. Lake County residents are willing to use many strategies to create a comprehensive system that maximizes every student's opportunities: traditional education, alternative education, career tech, private schools, charters – whatever it takes.
- ★ Schools are the hearts of their neighborhoods and play a major role in their communities. Despite the County's poverty, residents invest hugely in their schools.
- ★ More quality early childhood education is available and its benefits are increasingly well-understood.
- ★ LCOE and other educational providers are increasing their emphasis on comprehensive, quality after school programs to help students catch up academically and developmentally, overcoming the effects of mobility, homelessness, truancy, and untreated health conditions.

Areas of Concern:

- ➔ Despite LCOE's investment in Truancy Officers and the SARB, too many students are missing too much school.
- ➔ The educational system may be unbalanced, trying too hard to increase the number of college-bound students to the detriment of career technical education and other alternatives which can provide a fulfilling and self-sufficient life. To meet the complex needs of our students, Lake County's educational system should facilitate multiple post-secondary paths.

3.5 Health. Participants in the 2006 Vision and Indicators meetings adopted the World Health Organization's definition of health to guide the Update process:

“ . . . a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity.”

Children's access to health care, including oral health care, has improved since 2000. Health care services are still concentrated in larger population areas, with transportation a continuing barrier. The original Report Card explicitly noted that immunization, dental screening and treatment, resources for children with disabilities, and health education and counseling all needed to be improved and expanded. Some of these areas have seen significant improvement. Healthy Start and the Dental Disease Prevention Program, with support from 1<sup>st</sup> 5 Lake and local clinics, have teamed up to increase dental screening and treatment to children from preschool through high school. Sedated dentistry will now be available in Windsor, much closer than Davis or Salinas,

our other chief options. LCOE's Safe Schools/Healthy Students program provides school-based counseling for the entire County, while LCMH has expanded services to the more-acute youth. Good nutrition and the effects of poor eating habits (obesity, diabetes, cardiovascular disease) emerged as areas of intense concern. Substance abuse is a continuing issue, but most children and youth are not abusing drugs. Key findings include:

- ✓ The number of public schools with Healthy Start programs in Lake County rose from 1 in the 1994-95 to 11 in 1999-00. Healthy Start is now at 18 public schools and 6 state preschools. Healthy Start provides the essential linkage between children who need care and providers who want to help them.
- ✓ Access to mental health services has increased, through LCMH's growth and new facilities, an in-County children's psychiatrist, Lake FRC, Redwood Children's Services, and school-linked counseling services through LCOE's Safe Schools/Healthy Students.
- ✓ Redbud Family Health Center, a 35,000 square-foot comprehensive new facility providing general medical, pediatric, gynecological/obstetrical, physical therapy, and dental care is now open in downtown Clearlake, across the street from LCMH's offices. The Center averages 5,000 visits/month.
- ✓ Lake County is slowly improving its rates of first trimester prenatal care. Between 1990 and 2000, the percent of women receiving prenatal care in the first trimester rose from only 62.5% to 72.6%, a 16.2% increase. By 2004, 73.7% of Lake County mothers had received first trimester prenatal care, compared to 87.1% statewide.
- ✓ The percentage of Lake County infants immunized according to public health standards rose from 56% in 1996/97 to 62% in 1997/99. After a chart review, the State DHS found that 80% of children aged 24-35 months were immunized according to public health standards, rising to 98% in 2006. There were 0 missed opportunities in 2006.
- ✓ As of September 20, 2006, the estimated immunization coverage rate for 24-35 month old children was 98% and missed opportunities were 0%. This achievement represents a 12% increase in the percentage of children up-to-date compared to 80% in 2005 and a 100% decrease in missed opportunities. State DHS commended our Health Department for this achievement.
- ✓ The percentage of Lake County kindergarteners who had received required immunizations rose to 96% in Fall 1999/2000. By 2001, however, that percentage fell to 83.8%. In 2003, the percentage rose to 91.2%, but dropped slightly in 2004, down to 90.5%. The fluctuations may be due to more shots being required to comply with Centers for Disease Control and Prevention standards.

- ✓ The number of first graders who had completed the mandatory California Health and Disability Program health assessments prior to school entry in Fall 2006 was 669 of 766 or 87.3%. Only 40 parents or 4.2% refused the examination. Of these 40 parents, 11 or 27.4% were from one school. In addition, CHDP could not find 36 families (4.7%) and another 21 families (2.7%) could not obtain the examinations.
- ✓ According to the 2005 CHIS, 77.8% of children aged 5 through 17 had visited the doctor at least once in the preceding 12 months. Of these, 24.2% had made one visit. These are likely to be regular medical visits, as only 27.2% of children aged 0 through 17 had visited the Emergency Room in the prior year.
- ✓ Screening data confirms that the number of elementary school children (K-6) not needing dental treatment appears to be fluctuating, from 60% in the Report Card, up to 66% as of 2005-2006 and down to 56% in 2006-2007. The oral health status of preschoolers may indicate a positive trend is developing. For the last 3 years, nearly 75% of all preschoolers have had no baby bottle tooth decay.
- ✓ The Pediatric Dental Initiative has opened the Redwood Empire Surgery Center in Windsor, providing surgical dentistry to children from Mendocino, Sonoma, Napa, and Lake County. By May 2007, with only one operating room, PDI had already served 19 Lake County children, treating 140 cavities.
- ✓ The 2005 California Health Interview Survey found that 60.6% of 14-17 year olds had not had sex.
- ✓ The teen birth rate has been dropping, from 52/1,000 (15-19 year olds) in 2000 down to 35/1,000 according to Children Now in 2007. Lake County's teen birth rate is now *lower* than the State rate of 37/1,000.
- ✓ As advocated by the Children's Council, a collaborative effort by Healthy Start, Lake FRC, First 5 Lake, and the LCDSS offers Nurturing Parenting in multiple formats and venues, creating a non-stigmatizing, supportive, research-based resource that helps parents understand and cope with the challenges of raising their children at specific times in their lives, e.g., toddlers versus high school freshmen. Nurturing Parenting is described more fully in **Family Strength**.
- ✓ Children and youth appear to have greater access to mental/ emotional/ behavioral health services. In 2006, LCMH served 600 higher-acuity children aged 0-17. Safe Schools/Healthy Students provided counseling to 369 school-aged children and youth during the 2006-2007 school year. In 2006, Lake FRC serviced 43 children; RCS served 79 children.
- ✓ In 2006, LCMH's most frequent diagnosis for all age groups served was mood disorder; the second most frequent was adjustment disorder. For children aged

0-4, the third most frequent diagnosis was reactive attachment disorder. For children aged 5-11 and 12-17, the third most frequent diagnosis was attention deficit/hyperactivity disorder.

- ✓ Children diagnosed with autism by LCMH rose from 1 in 2000 to 8 in 2006. SELPA also reported a significant jump in autism. RCRC reported a doubling of the autism rate, from 4.11% of its caseload in 2003 to 8.52% in 2007 (may include individuals over 17 years old.)
- ✓ Only 26% of Lake County students are physically fit, according to the results of the 2006 California Physical Fitness Test, administered to 5<sup>th</sup>, 7<sup>th</sup>, and 9<sup>th</sup> graders.
- ✓ Lake County children appear to be at about the same risk of overweight and obesity than their peers. Nationally, about 18% of children aged 6-17 were overweight in 2003-2004. In 2004, 20% of Lake County's youth aged 5-20 were overweight. The 2006 CHKS found that only 14% of 11<sup>th</sup> graders were overweight, but an additional 18% were at risk of being overweight.
- ✓ **Children and youth experience positive self-esteem and are happy with life.**
  - ★ Between 63% and 70% of children are *not* experiencing sad and hopeless feelings "every day for 2 weeks or more", so that they stop doing their usual activities (CHKS "depression question").
  - ★ 72% of 5<sup>th</sup> graders felt their bodies were "about right".
  - ★ 81% of 7<sup>th</sup> graders reported high or medium rates of feeling "connected to school", rising to 83% of 11<sup>th</sup> graders.
  - ★ 77% reported high or medium rates of feeling "connected to community", rising to 79% of 11<sup>th</sup> graders.

### 3.6 Health – General Findings.

- ★ Lake County's health care system is collaborative, effective, and has expanded its resources, as envisioned by the Report Card planners.
- ★ School-linked services in partnership with private providers are increasing the range of services available to children and families, from preschool through high school.
- ★ Objective indicators confirm that children's access to core health care services is improving.
- ★ The majority of Lake County's children are healthy.
- ★ The system's capacity to implement a multi-agency, multi-disciplinary response to developing problems, such as obesity, is a key strength that has evolved since 2000.

Areas of concern:

- ➔ Their levels of depression and anxiety suggest Lake County children are stressed. Their attempts to relieve the stress and its effects can lead to other problems, such as smoking, other substance abuse, school failure, isolation, alienation, and targeted violence.
- ➔ Children's oral health care is improving in some respects, but the child population is ever-changing. Educating this year's five-year old and his family doesn't mean we can assume that next year's five-year old and *his* family will absorb oral health education and practices by osmosis.
- ➔ Overweight and obesity appear to be on the rise. The causes and consequences are complex, requiring a systematic set of responses at multiple access points, from breastfeeding through policy changes supporting access to healthier food.

3.7 Safety. This Chapter examines children's safety from multiple perspectives, e.g., at home, in school, and in the neighborhood. It begins with a discussion of adult and juvenile felony and misdemeanor arrests for offenses affecting safety, including assault, rape, robbery, murder, mayhem, driving under the influence, etc. This discussion excludes property crimes and arson. The Chapter examines child abuse, domestic violence and the effects of exposure to violence, unintentional injury and death, perceptions of safety at school and in the community, gangs, foster care, and juvenile justice activity. It discusses the growing number of activities for youth and of events promoting cultural understanding. The growth in these two areas has been so outstanding that it is no longer possible to list all of the activities and events in one publication – a very positive development. Research confirms that participation in positive activities is strongly correlated with reduced rates of smoking, drinking, and drug use. Overall, results in this area are somewhat mixed, as they were in the original Report Card. Key findings include:

- ✓ After a peak in 2001, adult misdemeanor arrests for offenses affecting safety have dropped. Nearly all of these involved public drunkenness or driving under the influence. Since 2002, adult felony arrests have increased.
- ✓ Juvenile arrests accounted for only 11.32% of all arrests in 2004, compared to 16% of all arrests nationwide.
- ✓ After a drop in 2001, the juvenile arrest rate rose steadily until 2004 and dropped slightly in 2004.
- ✓ In 2002, Lake County spent over \$23.4 million on criminal justice expenditures, excluding facilities construction and maintenance.

## Executive Summary

- ✓ Most children and youth do not drink or use drugs, but most of those who do start at, or earlier than, age 15.
- ✓ Reported incidents of child abuse decreased from 2,220 in 2002-2003 to 1,152 in 2005-2006, but rose in 2006-2007 to 1,674.
- ✓ The gap between referrals received and cases opened has been a major concern. Many families whose circumstances do not justify opening a case are still in urgent need of assistance. “Differential Response” is a new community-based partnership among LCDSS and other agencies. It will help families at risk of, or in the early stages of, child neglect and abuse. Differential Response lets DSS and agencies reach families **before** children are damaged by abuse or neglect.
- ✓ Dependency Drug Court is a new collaborative program of AODS, CWS, and the courts. It offers substance-abusing parents an opportunity to overcome their substance abuse issues and be more quickly reunified with their children. To qualify for expedited reunification, the parents must prove they are no longer using drugs or alcohol, reversing the usual burden of proof.
- ✓ “Nurturing Parenting”, a research-based curriculum administered by Healthy Start, Lake FRC, and supported by 1<sup>st</sup> 5 Lake, LCDSS, and the schools. Nurturing Parenting fills the need for consistent, free, non-stigmatizing parenting classes.
- ✓ Domestic violence is a continuing problem, which affects not only the adult victims, but also the children exposed to it. In 2000, law enforcement received 247 calls for assistance, which rose to 601 in 2003. These calls have leveled off at 546 in 2004 and 564 in 2005. Calls to Lake FRC rose from 93 in 2000 to 532 in 2003, dropping to 335 in 2005.
- ✓ So few of Lake County’s children are hospitalized for unintentional injury that meaningful trends cannot be discerned. The same is true of child deaths (about 10-18 per year), although longitudinal data suggests some patterns. For example, for children aged 1-4, poisoning and falls were the top causes of death during the 5 years from 2000-2004. For youth aged 16-20, the top cause was being an occupant in an unintentional motor vehicle accident. For this age group, suicide consistently ranked as the second or third top cause of death.
- ✓ 77% of 5<sup>th</sup> graders felt safe most or all of the time at school (51% said “all of the time”).
- ✓ By 7<sup>th</sup> grade, only 50% felt safe or very safe, dropping to 46% of 9<sup>th</sup> graders. However, by 11<sup>th</sup> grade, 58% of students felt safe or very safe at school.
- ✓ The Fall 2006 CHKS found that only 6% of 11<sup>th</sup> graders said they had brought a weapon to school, but 21% had seen someone with a weapon.

- ✓ Bullying is a problem, due to the pain and humiliation inflicted and its association with targeted lethal violence. 10% of 5<sup>th</sup> graders reported being hit or pushed “all of the time” (4 or more times), rising to 15% of 7<sup>th</sup> graders and dropping to 10% of 9<sup>th</sup> and 11<sup>th</sup> graders.
- ✓ Law enforcement recruitment and retention dropped sharply, decreasing the “eyes on the street” and increasing the likelihood that crimes are going undetected. In response, the Lake County Office of Education ROP program, Lower Lake High School, and LCSO developed the Law Enforcement Program, a career tech path for pre-correctional officers’ training.
- ✓ Younger children appear to be the group feeling most unsafe in their neighborhoods: 14% of 5<sup>th</sup> graders stated they *never* felt safe outside of school. Only 30% said they felt safe outside of school all of the time.
- ✓ Older students responded to a more sophisticated set of CHKS questions to elicit their feelings of connection to their communities. The majority of 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders reported “high” total community assets (caring relationships, high expectations, and meaningful participation).
- ✓ Gang activity has surged after a period of quiescence. However, the most recent reported rates of gang involvement are still lower than those reported on the 1998-1999 CHKS, when 15% of 7<sup>th</sup> graders stated they had belonged to a street gang. On the Fall 2006 CHKS, 8% of 7<sup>th</sup> graders, 9% of 9<sup>th</sup> graders, and 9% of 11<sup>th</sup> graders reported that they considered themselves members of a gang. These rates are within 1% of the state rates for 7<sup>th</sup> graders and the same as the state rates for 9<sup>th</sup> and 11<sup>th</sup> graders.
- ✓ The number of children in foster care varies, from a low of 211 in 2000-01 to a high of 252 in 2004-05. For 2006-07, the caseload was 232.
- ✓ The average caseload of juveniles who are under supervision as wards of the court has dropped from a high of 438 in 2002 to 357 in 2006. This may reflect understaffing at both Probation and the Sheriff’s Department, rather than an actual decrease in juvenile crime.
- ✓ Lake County has many more organizations and activities for youth, with more on the way, creating a more “kid-friendly”, “family-friendly” culture that promotes youth safety. These organizations and activities cover the entire service continuum, from law enforcement to preschool. There are too many to list!

### 3.8 Safety – General Findings.

- ★ Most Lake County children are safe and feel safe, at least at school.
- ★ Most children appear to be avoiding bringing weapons to school.
- ★ Reported child abuse has stabilized.

- ★ Differential Response is a creative, collaborative response to a long-felt need for a coordinated, structured response that actively addresses the problem of neglect before it rises to a CWS case.
  - ★ The range of activities and organizations for youth is richer and more varied than it has ever been.
  - ★ In keeping with the County's growing diversity, the array of annual events promoting cultural understanding is also growing.
  - ★ The County's multifaceted and vigorous arts community is helping to create an environment that welcomes and supports all children and families.
- 
- ➔ Gang encroachment is on the rise, after years of quiescence.
  - ➔ Juvenile delinquency may be rising; juveniles enter the system at younger ages and with more problems than even seven years ago.
  - ➔ Law enforcement resources are stretched too thin to fully patrol neighborhoods, assign SROs to schools, and protect residents.
  - ➔ Although bullying and harassment remain quite low, any level of chronic victimization is disturbing and requires a prompt, careful, nuanced response.

3.9 Family Strength. This Chapter recapitulates the key indicators confirming that families are strong and safe: child abuse referrals, dependency cases, decrease in poverty-related public assistance, reduced juvenile arrests, no youth gangs, decreased teen pregnancy, and increased graduation rates. Family strength arises from the holistic interplay of all of the chosen indicators in all of the Chapters. Families thrive when every access point in the continuum of care is strong, indicating that the community as a whole is strong. For example, research confirms that quality preschool leads to lower welfare dependency in adulthood. Higher rates of high school graduation lead to higher incomes and, therefore, higher tax receipts. Prosperous communities can afford amenities such as parks, recreation, art, gardens, child care, roads, buses, and so on – the human, social, and physical infrastructure that leads to strong families.

This Chapter discusses three types of intervention that will increase our community's capacity to help families:

- ✓ *Social and economic revitalization*: The County is beginning to develop enough economic strength to invest in itself, as demonstrated by events such as the Wine Auction, the Soper-Reese Theater Renovation project, the school district bond issues, and the new Community Foundation. Lake County has parks, recreation, and a wide range of community events that demonstrate our lively local culture. Our economy's greatest vulnerability is its dependency on service jobs, as detailed in **Economics**. This Chapter recommends that the County diversify economically, e.g., by becoming a net-exporter of energy derived from alternative sources.
- ✓ *Strength-based family service strategies*. These include Nurturing Parenting, Parent Advocates, Parent Partners and Leaders, Parent Councils, and integrated family service delivery systems. Nurturing Parenting is discussed at length. The Children's Council has funded and trained a Parent Partner, working with a Parent Leader from

the California Leadership Team. They are recruiting other parents to form a Lake County Parent Support Council, to provide agencies and governments with direct access to parent perspectives in planning and service delivery. We need to expand service integration, although neither integration nor collaboration can substitute for stable, adequate funding.

3.10 Family Strength – Recommendations. The Report Card also made 5 recommendations to strengthen the health and stability of the systems serving Lake County's children and families. They are still relevant, as follows:

- ✓ *Revitalize communities*. Community revitalization improves the quality of life for children and families. Continuing revitalization is essential if we are to maintain the momentum of the last seven years. Without a strong economy, Lake County families are vulnerable and the County's progress can be compromised.
- ✓ *Increased staffing at children's service agencies*. Adequate and stable staff leads to stable relationships among agencies and between staff and the people they serve. Recruitment and retention of the human services staff is an ongoing challenge. Despite the growth in resources, many critical services rely on one or two dedicated individuals. Key leaders must train their successors. Health and human services planners must walk a middle way between duplicating resources and failing to create back-ups and depth to ensure that the continuum of care is sustainable.
- ✓ *Integrate child and family services*. Lake County is a model for other areas. Agencies are integrating their internal programs and are collaborating across agency boundaries. Public and private sector relationships are increasing, typified by the newly-renovated and re-opened Westshore Community Pool: Lakeport Unified houses it, the City of Lakeport contributes funding to it, and the Channel Cats paid for the grant application that funded much of the recent renovation.
- ✓ *Build integrated County databases*. There has been progress in this area, but there remains a continuing need for compatible databases and consistent data collection.
- ✓ *Update the Report Card*. This Update is the first step. The Report Card was groundbreaking. It established beautiful, well-articulated visions and well-chosen indicators with continuing validity. It was a valuable tool, but must be updated to retain its validity. This Update re-sets the baseline and trend information. The 2006 Vision and Indicators meetings recommended that we update this 2007 edition by one chapter per year, updating the **Economics** chapter after the 2010 Census.

3.11 Agencies. This Update added a chapter on the agencies serving children. Only a few agencies participated, so it is offered as a sample of what is available for children and an example of one possible format. For context, this Chapter reviewed the results of the 1995 Richard Heasley and Associates Lake County Needs Assessment and Resource Evaluation. Its findings included:

- ✓ “The current service system is comprehensive in scope, despite its limited financial resources and uneven technology. It is staffed by resourceful, highly committed, and knowledgeable people, who practiced collaboration long before it became fashionable or required.”
- ✓ The system is adequately diversified, but lacks depth, back-up, and essential redundancy.
- ✓ Services are not concentrated where the greatest needs are, i.e., more services are still located in Lakeport than Clearlake.
- ✓ The chief risks to agencies are economic and political, leaving children’s services vulnerable to shifts.
- ✓ *“One of the major assets of the service systems we found was the level of collaboration among service providers.”*

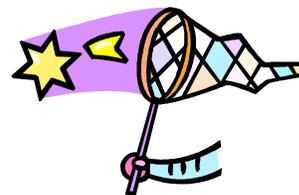
#### 4.0 Conclusion

The Report Card conveyed a “compelling vision of a better life for children in Lake County”, created by the participants in the first process. This Update attempts to do the same, honoring the participants in the Update process and the ongoing community-wide efforts to improve the status of children. High quality data lets us plan and improve our programs. Lake County is moving from poverty to self-sufficiency and beyond, to a vibrant, inclusive, diverse, and prosperous community. Objective longitudinal data helps us chart our course, track our progress, and make corrections, as needed. The Update is an investment in the well-being of children, families, and the community.

*“Although welfare reform will ultimately lead to self-sufficiency for families, it is critical that our children be given a safety net to ensure that they are provided for during the implementation process and even after families become self-sufficient. The Lake County Children’s Report Card and Database will strengthen the collaborated efforts of services for children in our community.”*

*-Carol J. Huchingson, Director, Lake County Department of Social Services*





## CHAPTER 1: EVOLUTION OF THE REPORT CARD AND UPDATE

The Lake County Children’s Report Card was the brainchild of the Lake County Child Abuse Prevention Council (the “Children’s Council”). The Children’s Council, formed in 1992, is an interagency collaborative forum for social service, health, education, and other service agencies, community members, and others to plan for the well-being of children and families throughout Lake County. By 1999, the Council had agreed on the need for a Children’s Report Card for Lake County, using local and national models, such as ***The Kids Count Databook***, published annually by the Annie E. Casey Foundation and the ***California County Data Book***, published biannually by Children Now, a California non-profit advocate for children.

The original Report Card was designed to provide a local resource, with rich and rigorous data, that could be used to:

- ✓ Develop public awareness of children’s needs and a collective voice for children
- ✓ Develop benchmarks and document trends in well-being
- ✓ Support and cement partnerships and collaboration among children’s and family service providers
- ✓ Make relevant data easily accessible to policy makers and service providers and provide a platform for children’s policy recommendations
- ✓ Motivate and guide targeting of resources and measure programs’ impact on need

Creating the first Report Card required a significant investment of time and money. However, California had passed CalWORKs in 1997. That legislation provided the County with greater authority to design its own CalWORKs Plan and programs, distribute resources accordingly, and evaluate the impact of CalWORKs on children and families. Carol J. Huchingson, Director of LCDSS, recognized that the greater scope of activity authorized by CalWORKs would create a matching need for more and better information on the status of Lake County’s children and families. Therefore, she set aside special project funds for the original Report Card. The original team, led by Randy Thomas and Susan Berry with Karen MacDougall, began work in April 1999. The original Report Card was released March 2000 before the 2000 Census was completed.

It was a landmark product and a valuable resource that was used extensively by agencies, community members, planners, and grant seekers, in the ways listed above. It created a baseline to measure the initial impact of CalWORKs. More importantly, it showed us a picture of Lake County that was positive, engaging, and exciting. It changed how we viewed ourselves - no longer the “Appalachia of the North Coast”, we have become:

## “Lake County – Simply Paradise”



This Update was a multi-year project. The Children’s Council recognized in 2005 that the Report Card was becoming obsolete. Much of the data was over 10 years old. It was time to revisit the children and families of Lake County. Carol J. Huchingson, Director of LCDSS, funded the Update under the same mandates as before.

The Update process followed the original Report Card model. It began with Vision and Indicators meetings. Two meetings were held in November and December 2006. Because each meeting was smaller than the original Report Card meeting, participants chose to review all 5 issue areas as a committee of the whole rather than dividing into issue-oriented groups. During the meetings, we discovered significant linkages among the issue areas, e.g., how health status affects educational success. This more integrated approach reflected a general change in how needs are analyzed and services delivered since the first Report Card. The process facilitated an interdisciplinary approach to each issue area which the participants found both exciting and informative. The attendees agreed to re-affirm the 5 issue areas (Economic Status, Education, Health, Safety, and Family Strength). They also re-affirmed the original Visions (Desired Results Statements) and Indicators, since the desired results still applied and the indicators were still powerful. A few indicators were added to reflect changed priorities or circumstances, such as the rising prevalence of obesity.

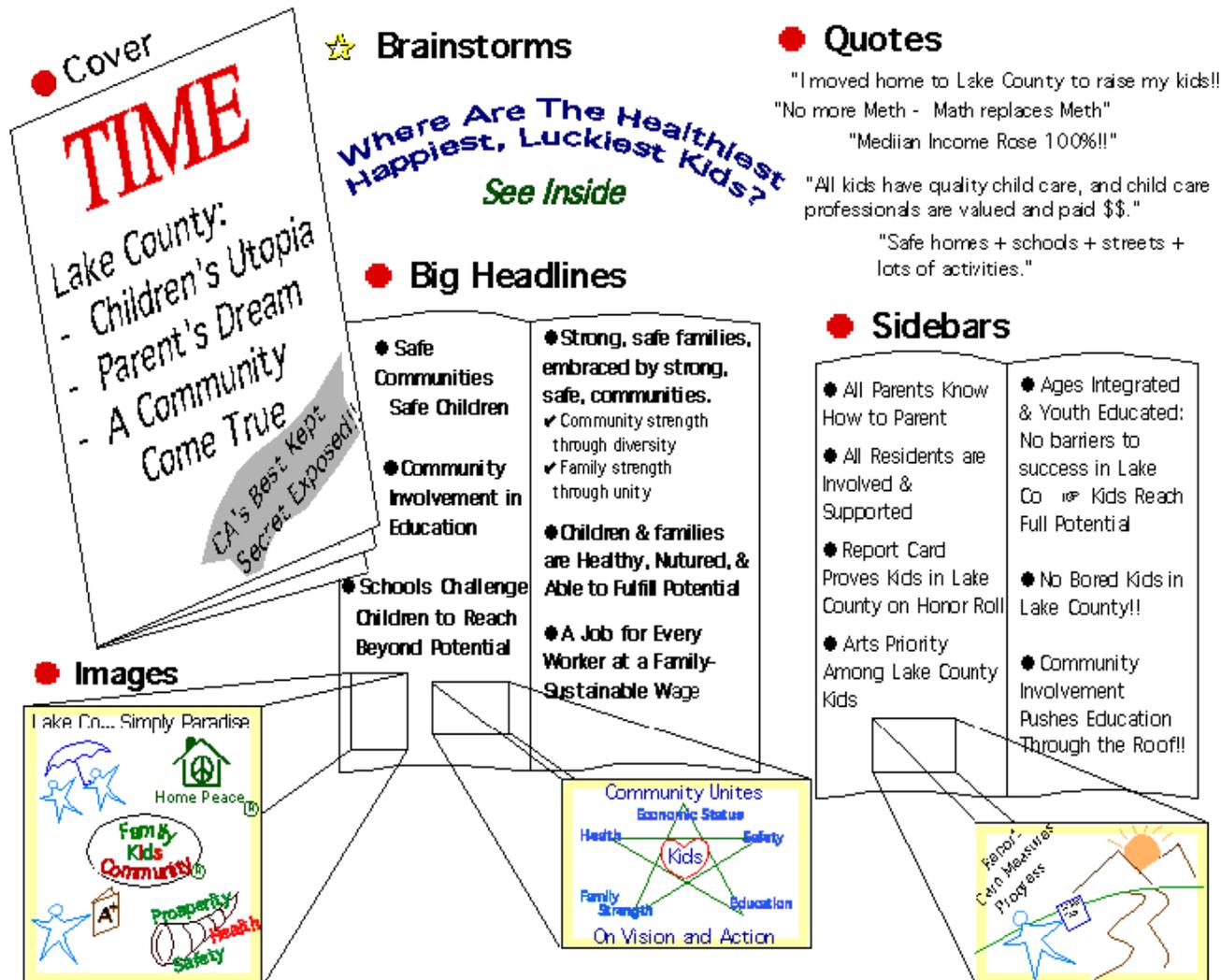
To orient themselves, the groups brainstormed a quick-fire list of what’s changed since 1999. There was too much to list, which was a source of amusement and pride for the

## Evolution of the Report Card and Update

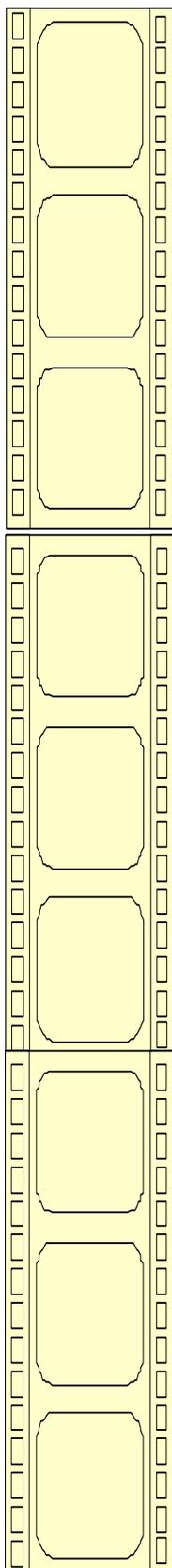
participants. The partial list below gives an idea of the enrichment to the system serving children and families since 2000:

- ★ Nurturing Parenting
- ★ Robinson Child Care Center
- ★ Tribal Youth Program
- ★ CARES/AB212 (child care)
- ★ Health Leadership Network
- ★ First 5 Lake
- ★ Sutter Wellness Center
- ★ DV Prevention Council
- ★ Differential Response
- ★ Mental Health Services Act programs
- ★ Big Valley Child Care Center
- ★ Safe Schools/Healthy Students
- ★ More state preschools
- ★ Rising property values
- ★ Community College enrollment rising
- ★ Westshore Community Pool
- ★ Black Forest
- ★ Rodman Slough
- ★ Scenic northshore promenade
- ★ More prevention programs & commitment to prevention
- ★ AmeriCorps
- ★ Resurgent vocational education
- ★ Lakeport Cinema Complex
- ★ Men of Influence
- ★ Tribal TANF
- ★ Lake FRC
- ★ New Redbud Clinic
- ★ Soper-Reese Remodel
- ★ PAL (Pediculosis Anti-Lice)
- ★ Healthy Families Insurance
- ★ TLC
- ★ Taylor Observatory revitalization
- ★ Merger of Lake County Mental Health & AODS
- ★ Robinson Education Center
- ★ Multi-Disciplinary Interview Center
- ★ ASES (after school)
- ★ School Readiness/Home Visiting
- ★ Main Street Revitalization
- ★ Westside Park operational
- ★ Growing tribal strength
- ★ More clinics accepting Medi-Cal
- ★ New Thai restaurant
- ★ “Winery culture”: cosmopolitan, prosperous, diverse, attractive, etc.
- ★ Two dental clinics
- ★ Sierra Club
- ★ Casinos

The Vision and Indicators meetings then brainstormed new visions and aspirations for the County. They were able to view the original graphic (courtesy of Health & Environment), a magazine cover and layout using a format created by Grove International, as reproduced on the next page.



For the 2006 Vision and Indicator meetings, we turned to the movies. The groups brainstormed ideas: what would we want to show our viewers about Lake County? What's our story? Who are the cast and crew? What are the memorable lines from our movie? What kind of reviews will we get?



**What do we want to show?**

- ★ More professionals moving in
- ★ More people interested in helping children and families
- ★ Changing demographics
- ★ Awareness and concern
- ★ More job options
- ★ Excellent collaborative culture
- ★ Leadership
- ★ From frontline to policy

**What's our story?**

- ★ Person to person, family to family – we know each other
- ★ Building community through diversity
- ★ We've got caring, we've got quality
- ★ Our community is open to children, accepts all families
- ★ We live in peace with each other
- ★ Everybody has a story, a struggle, a gift
- ★ Start with a family at risk, build a series of scenarios, and follow them to a star-studded finale!
- ★ **The secret is out!**

**What's my line?**

- ★ "From darkness to light"
- ★ We are family
- ★ There is no "try"; there is just "do": we never give up!
- ★ **The secret is out!**

**Everybody has a part to play – who do we cast?**

- ★ Chewbacca (we're not speciesists!)
- ★ New residents & professionals
- ★ Long-time residents, ranchers, farmers, old families
- ★ The sound of many languages – multi-lingual population
- ★ We have star power: Denzel Washington, Harrison Ford, Oprah!
- ★ Everybody!

**Reviews! They love us!**



Through the Vision and Indicators process, we discovered how far Lake County has come since 2000. We spent those years working together and have built a collaborative culture which is an inspiration to those working in it and those observing it. Now, the secret of our achievements is out! People are moving here, expecting a high quality of life and we can deliver. We found new themes:

- ★ Diversity and inclusion means everybody – kids, parents, grandparents; newcomers; 5<sup>th</sup> generation residents – everybody has a gift, a story, and a struggle. We need to listen to each other and weave all of our characters and crew into the production of our Lake County movie.
- ★ We want a peaceful, prosperous community that honors the beauty of our environment and our small-town heritage
- ★ We want this new prosperity to promote well-being for all, avoiding the trap of socioeconomic stratification.
- ★ We have achieved much – we're ready to go to the next level.
- ★ Our movie will be fun and will have a happy ending for all!

In this spirit, we reaffirmed the visions described by the Desired Results or the five dimensions of well-being (hereafter referred to as “Visions”), reviewed every indicator, and added new ones. The next chapters describe how to use the Update and provide detailed narratives of what we found out about Lake County’s children and families in the early 21<sup>st</sup> Century.





## CHAPTER 2: USER'S GUIDE TO THE DATA CHAPTERS

### 1.0 Structure of the Update

Like the original Report Card, this first Update is organized by issue area. The next 5 chapters are divided into:

- ✓ Economic Well-being
- ✓ Education
- ✓ Health
- ✓ Safety
- ✓ Family Strength

Each Chapter has the following general structure:

- ✓ A quick snapshot of progress since the Report Card
- ✓ A summary of the Desired Results ("Vision") reaffirmed by the 2006 Vision and Indicators meetings
- ✓ The list of indicators for each Chapter
- ✓ Narrative discussion of each indicator, to provide local context, background, and history, highlighting local action and steps taken to date
- ✓ Tables and charts included within the narrative to highlight significant aspects of well-being for each indicator, usually 5-7 years of data including the most current data available
- ✓ General Findings, highlighting positive and negative trends
- ✓ Endnotes

This first Update integrates narrative, tables, and charts within each Chapter, a different approach from the first Report Card. The summaries of general findings for each Chapter point to current gaps and opportunities to take action.

Update users are encouraged to provide feedback on ways to make this document more user-friendly. We recommend that one chapter of this Update be reviewed and updated each year, so the entire document remains up-to-date. The **Economics** chapter should be updated after the results of the 2010 Census are released.

### 2.0 Data Challenges

The original Report Card described some data collection challenges, which are still applicable:

- ✓ Confidentiality concerns which limited access to some data
- ✓ Small sample sizes

- ✓ Incompatible data collection and presentation formats
- ✓ Limited data collection periods
- ✓ Lack of data directly pertaining to family strength
- ✓ Local data tailored for state, rather than county, use and access

Further, different state and federal agencies can provide different results for the same variable, e.g., percentage of low birth weight babies, teen parenting rates, number of live births, and so on can be different depending on the reporting division within the State Department of Health Services. Data from Census 2000 is aging. The American Community Survey's inter-Census data is not available for Lake County, although there are model-based Small Area Income and Poverty Estimates. "Many data sources are not consistent with each other or standardized in ways that are most meaningful for Report Card use." <sup>1</sup>

### 3.0 Notes on Major Data Sources

This Update incorporates data from a wide range of sources, from the U.S. Census Bureau to personal interviews and communications with local residents. However, three sources of data are cited frequently: (1) California Healthy Kids Survey ("CHKS"); (2) the 2005 California Health Interview Survey ("CHIS"); and (3) Children Now 2007 County Data Book.

#### 3.1 California Healthy Kids Survey.

The CHKS is a normed, standardized student survey funded by the CDE to assist schools to prevent health-risk behaviors and to promote positive youth development, resilience, and well-being. Its purpose is to help schools and their communities to better understand what's going well among students and their environment, including home, school, peers, and community, to quickly identify evolving problems, and to develop effective responses. The CHKS is also designed to help schools meet the federal requirements of the Safe and Drug-Free Schools and Communities Act, as contained in No Child Left Behind. Its guiding principle is that health risks and environmental factors affect school success, with long-term effects on life success.

The CHKS gathers data from 5<sup>th</sup>, 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders every other year. The Survey instruments are age-appropriate, so 5<sup>th</sup> graders do not answer the same questions as 11<sup>th</sup> graders. The Safe Schools/Healthy Students ("SS/HS") program of the Lake County Office of Education ("LCOE") administers its two Core Modules:

- ✓ Module A, which assesses a broad range of key health-risk behaviors (alcohol, tobacco, drug use, violence, harassment, fitness, etc.)
- ✓ Module B, Resilience and Youth Development, which measures student "connectedness" to school, family, community, and peers.

Other modules and customized surveys are available. LCOE and the schools must balance the CHKS's potential benefit with the known detriment of the time taken from

classroom instruction. Participation by schools and districts is voluntary and has been rising each year, due primarily to SS/HS efforts. Data gathered by the CHKS has been used in many successful grant applications, in school and LCOE planning, and in reports to the community, including the [Report Card 2000](#) and this [Update](#).

The CHKS is a key source of data for this [Update](#) as it lets the voices of the children themselves be heard. Its limitations include: (1) positive parental permission is required by some schools, creating a self-selected sample; and (2) the sample size, although increasing, can be too small for statistical certainty on some questions. That said, CHKS results tend to be consistent with other sources.

### 3.2 [California Health Interview Survey](#).

The CHIS is a project of the [UCLA Center for Health Policy Research](#) in collaboration with the [California Department of Public Health](#), the [Department of Health Care Services](#) and the [Public Health Institute](#). It is funded by state and federal agencies and several private foundations. The CHIS is based at the UCLA Center for Health Policy Research in Los Angeles, California.

The CHIS is a telephone health survey of adults, adolescents, and children. It is conducted every two years; the first survey was completed in 2001. The most recent CHIS was completed in 2005 and surveyed more than 45,000 households. For the first time, Lake County data was disaggregated from Mendocino County's data, providing a more accurate picture of our County. CHIS 2007 is scheduled to start mid-2007.

According to the CHIS home page, the CHIS is California's largest state-wide health survey and one of the largest health surveys in the United States. It gives health planners, policy makers, county governments, advocacy groups, and communities a detailed picture of local and state health status and health care needs.

Although the CHIS is another rich data source, it has some limitations: (1) it is a telephone survey, so can only reach families with telephones and may exclude cell-phone users; (2) it is voluntary, so the sample is necessarily self-selected and may represent a more functional subset of the general population; and (3) although children and youth can speak for themselves, certain questions require positive parental permission. CHIS results must be evaluated within the context of locally-derived data and local experience.

### 3.3 [Children Now](#).

Children Now conducts a bi-annual assessment of the state of the children in every California County and ranks the Counties on selected data elements. It compiles Census, CHIS, and other data sources to measure its set of indicators. The [County Data Book](#) is a valuable resource, but lacks local context. In some cases, regional data is used rather than local data. Therefore, each table or finding has to be checked against its sources, formulas, and assumptions. The [Data Book](#) is a useful tool which

provides an additional perspective on the well-being of Lake County children. Further, when the CHKS, CHIS, Children Now, and local data sources converge, we can be quite confident that a particular finding is sound.

#### 4.0 The Take-Away Message and User's Tips

Economics, Education, Health, Safety, and Family Strength are discussed in separate chapters for convenience and to facilitate data location. However, they are interdependent - what happens in one area affects others. Children's well-being is holistic. Their needs are integrated across a continuum, so services need to be integrated as well. For example, strong local economies can pay for recreational resources. Active children are more physically fit and do better in school, leading to higher rates of high school graduation. High school graduates earn more and pay more taxes, creating a stable economy that supports recreation. All stakeholders must understand and act upon the realization that what's going on in one domain affects the others. Positive change at even one small point along the continuum of care can improve outcomes for children now and in adulthood, sometimes in unforeseen ways.

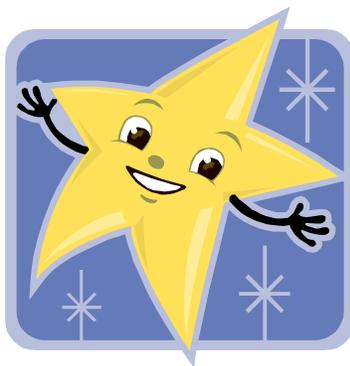
The Chapter narratives address some of the connections among the chosen indicators. Each narrative seeks to answer two questions about the indicators:

- ✓ Why is this important?
- ✓ What is our status?

The narratives include many bullet-point lists, as follows:

- ✓ Items listed with a check are "just the facts"
- ➔ Items listed with a bold arrow are areas of concern
- ★ Items listed with a star are areas of achievement or positive data

***Welcome to the first Update to the Lake County Children's Report Card!***



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<sup>1</sup> Report Card, p. 15.



## CHAPTER 3: ECONOMIC WELL-BEING

**Introduction.** Improving the economic status of children and families continues to be at the heart of efforts to improve children's overall well-being, as described in Report Card 2000.<sup>1</sup> Lifting children and families out of poverty is a crucial first step. Poverty has been known as a "global risk factor". It has direct effects on children's education, health care, safety, family stability, et al. It also has indirect effects: a poor neighborhood or community has a lower tax base and cannot afford amenities, such as paved roads, lights, playgrounds, parks, recreation programs, and the like. Children growing up in degraded and unsafe neighborhoods are more likely to be overweight, live in violent families, and internalize the message that they are not worth much.

### Section 1: Snapshot of Progress: What's Changed? Where do we stand?

- ✓ **A job for every worker at a family sustainable wage.** Lake County reports uneven progress in this area.
  - ★ The average annual unemployment rate ranged from 8.8% in 1990 to 8.3% by 2002, peaking at 9.1% in 2003 and 2004, and dropping to 7.1% in 2006. For 2006, Lake County's unemployment rate ranked us 40<sup>th</sup> of the 58 California counties, with 1<sup>st</sup> being the best.
  - ★ The number of employed residents rose 19% between 1990 and 2000, to 19,886 workers, and rose again between 2000 and 2006 to 24,600 workers, almost a 15% increase.
  - ★ The average annual wage per job was \$22,715 in 2000, rising to \$29,633 in 2006. The average annual wage measures earnings from work, rather than investments, retirement, etc. It is a powerful indicator of the well-being of families leaving welfare for work.
  - ★ The number of CalWORKs cases has dropped steadily from 2,156 in 1998-99 down to an average monthly caseload of 1,151 in 2005-2006.
  - ★ Lake County has reduced the gap between child care supply and demand, cutting the ratio of demand to supply from 139% to 109%.
  - ★ Lake County housing has become much more costly, with the median price rising from \$142,000 in 2000 to a peak of \$295,000 in 2006, before slipping to \$270,000 for the period January – June 30, 2007.
  - ★ Rents are more affordable in Lake County than in the region, with the Fair Market Rent for a 2-bedroom home at only 27.8% of the average wage. To be affordable, housing should be 30% or less of household income.
- ➔ Child poverty rates appear to be rising after a slight dip. As of 1990, 24% of the County's children lived in poverty. By 2003, 21.8% were in poverty. The most recent (2004) Census estimates found 22.8% of children aged 5-17 living in poverty, while the 2007 Children Now Data Book found 31% of Lake County children aged 0-17 lived in poverty. The Report Card found that, in 1998, 30% of Lake County children were estimated to be living in poverty.

## Economic Well-Being

- Job creation is not keeping up with demand for jobs. During the period 2001-2005, Lake County industry employment had a 1.5% net gain or 210 jobs, concentrated in education and health services; trade, transportation and utilities; and government.
- The self-sufficiency income required for a Lake County family of four at 2005 dollars (\$43,722) exceeded the Lake County 2006 average wage (\$29,993) by \$13,729.
- The 2006 median housing price of \$295,000 is 9.95 times higher than the average wage of \$29,633, suggesting that working families are at risk of being frozen out of home ownership.

Report Card 2000 defined economic well-being as the “*balance between personal assets, income, and cost of living.*”<sup>2</sup> This balance starts with living-wage or self-sufficient wage employment and is affected by variables such as housing costs, health insurance, child care, and transportation. Economic assistance to children and families can tilt the balance in favor of the child when wages and employment are not enough to provide a secure, albeit modest, lifestyle. The Vision and Indicators meetings sought a holistic analysis of how families are doing as Lake County moves away from welfare and poverty and towards prosperity. The reaffirmed Vision is:



## Section 2: How can we measure economic well-being?

The Vision and Indicators meetings also reaffirmed the indicators chosen to measure economic well-being.

### How can we measure economic well-being?

- Family demographics
- Employment rates
- Self-sufficiency income levels
- Economic assistance to children
- Collection of child support
- Affordable housing
- Affordable health insurance
- Quality child care
- Public transportation

*-Selected and re-affirmed at Report Card and Update  
Vision and Indicators meetings, 1999 & 2006*

This Chapter provides updated demographics, employment, income levels, and cost of living. It discusses prioritized sources of financial support for children and families, both public and private. Analysis of income and self-sufficiency confirm that Lake County has made progress, but economic stability is a distant goal for many families. The sharp rise in housing costs is a new variable that appears to be undercutting the economic gains made since 2000. At the same time, families continue to transition to greater independence and welfare rolls are shrinking steadily. A review of the cost and availability of housing, health care, child care, and transportation reveals both progress and continuing concerns about the strength of the infrastructure required to promote economic well-being. The story is of a County in transition from the “Appalachia of the North Coast” to “California’s Best-Kept Secret” to “The Secret is Out!”

### 1.0 Lake County – Vital Statistics (updated from Report Card 2000)

- ✓ Lake County lies a little over 100 miles north of San Francisco, less than 50 miles west of the Pacific Ocean. It is bordered by Napa, Sonoma, Mendocino, Glenn, Colusa, and Yuba counties – some more, some less, prosperous than we are.
- ✓ Mountains ring the County and limit access to it. At its heart in more ways than just geographically is Clear Lake, the oldest natural lake in North America and the

## Economic Well-Being

largest freshwater lake entirely within the bounds of California. Over one-third of the County's 1,258 square miles is held in public trust by the U.S. Forest Service and the Bureau of Land Management.

- ✓ The only two incorporated cities, Clearlake and Lakeport (the County seat) and thirteen unincorporated towns are the County's main population centers (see [Map](#), below). Of the County's estimated 64,276 residents, 14,150 live in Clearlake, 5,099 live in Lakeport, and the remaining 45,027 live in the unincorporated areas (Department of Finance 2007 projections). The map below, published in the [Report Card](#), illustrates the challenges posed by Clear Lake and intra-County distances.



## Economic Well-Being

- ✓ Services (business, hospitality, tourism) are the most prominent industry (43% of businesses), followed by retail trade, construction, and finance. Casinos now employ over 600 workers. County and city governments are major employers.
- ✓ As of May 2007, the labor force was 26,940: 25,010 employed and 1,930 looking for work. The average annual unemployment rate has ranged from 8.8% in 1990 to 8.3% in 2002, dropping to 7.1% in 2006. For 2006, Lake County's unemployment rate ranked us at 40<sup>th</sup> of the 58 California counties, with 1<sup>st</sup> being the best. Unemployment rates vary significantly among the sub-County areas.

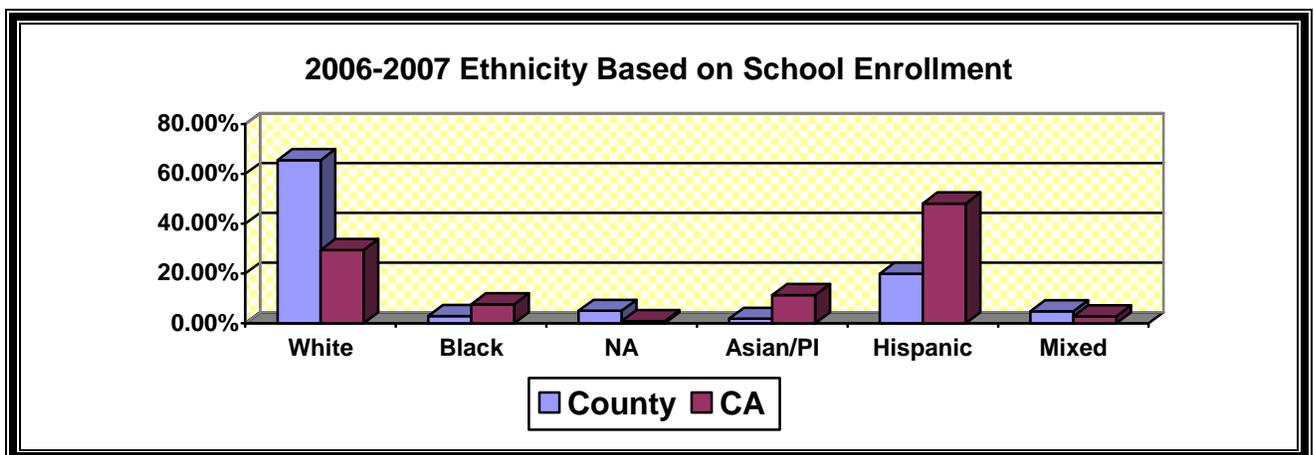
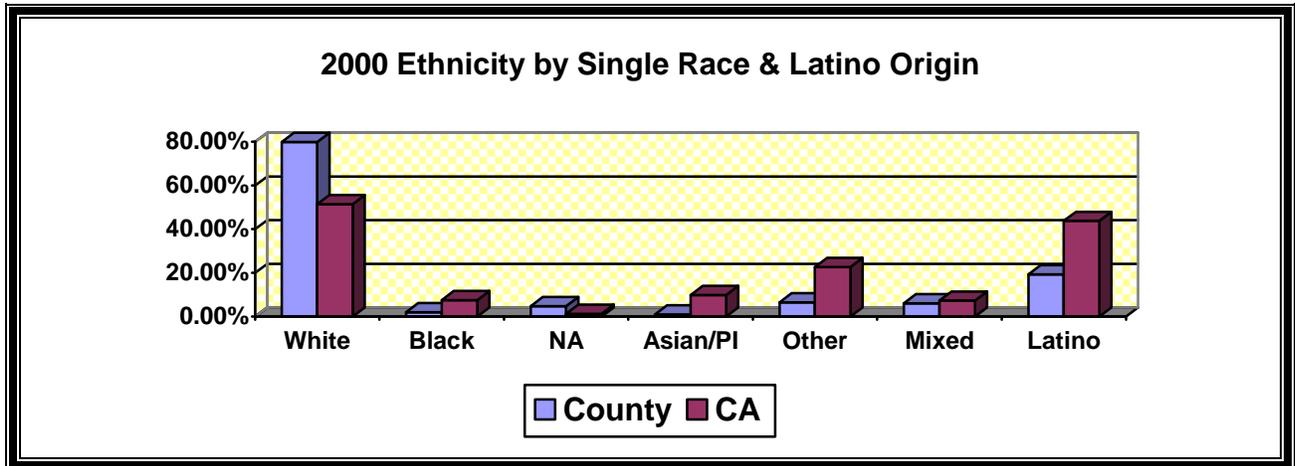
To understand the dynamics of poverty, prosperity, and diversity, let's look at who lives in Lake County.

### 1.1 Population trends among children.

- ✓ Just under one-quarter (24.4%) of the County's population is under 18.
- ✓ As of 1990, 12,252 children <18 lived in Lake County, rising to 14,062 in 2000 and up to 15,853 estimated for 2007, an overall increase of 29.4%.
- ✓ The rate of increase has slowed. The County's public schools have experienced declining enrollment for the last 3 years and do not foresee reversing that decline in the near future.
- ✓ Children of Caucasian heritage (non-Hispanic white) remain the largest population group among children, but their total proportion of the child population has dropped sharply. Younger children are more diverse than older children.
- ✓ Children of the Pomo and Lake Miwok tribes comprise a small, but culturally important, part of the County's child population. Native Americans from other tribes are moving to the County, creating diversity within diversity. Cherokee, Creek, Navajo, Hoopa, Maidu, et al. are all Native American, just as Poles, Germans (Prussian, Bavarian, Saxon), French, Alsatians, Basques, Catalonians, are all Europeans.
- ✓ Of the ethnic groups in the County, Asian and Pacific Islanders remain the least numerous.
- ✓ Census 2000 measured the percentage of interracial children for the first time. It found 3.5% of our children reported 2 or more races.
- ✓ Census 2000 also asked for Latino/Hispanic identification for the first time, i.e., white and Latino, black and Latino, etc. The Census separated results into single race categories (white, non-Latino), dual race (white, Latino), and provided a separate category for Latino origin.

## Economic Well-Being

- ✓ By 2006-2007, about 4.8% of public school students K-12 reported multiple race or no response, varying from 8.6% in the Konocti Unified School District to zero in the Lucerne Elementary School District. There are a significant number of children who share Latino and Native American heritage, but are at risk of alienation from both cultures and also the mainstream.
- ✓ Despite these changes, Lake County remains significantly less diverse, ethnically and linguistically, than California overall.



### 1.2 How are population patterns changing?

- ✓ The County is growing by in-migration, not “natural increase”, i.e., deaths outnumber births, a consistent pattern since 1993. This suggests that most in-migrants have been older, retired individuals.

## Economic Well-Being

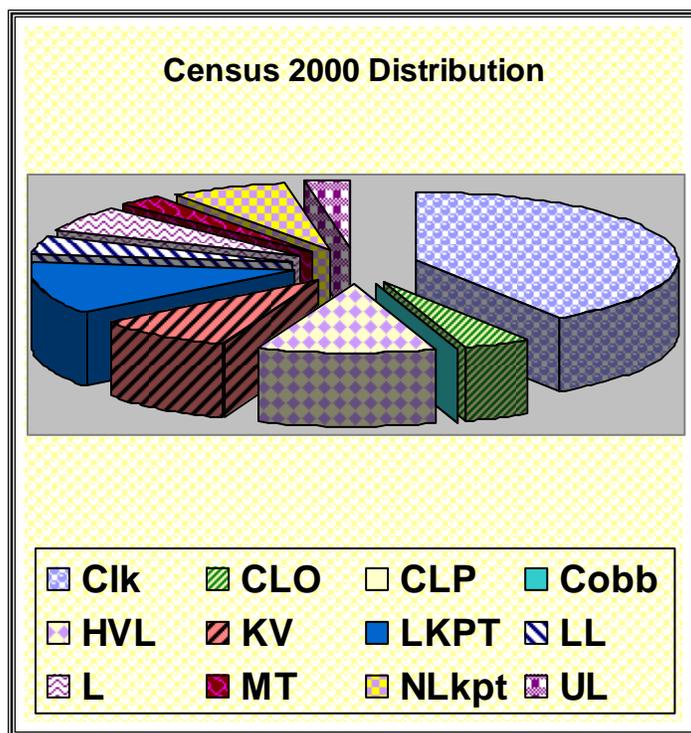
- ✓ The sharp rise in Spanish-speaking children and families suggests a change in the in-migration pattern, with younger families entering the County due to the fast-growing wine grape and winery industries. Their impact on population demographics is not fully developed, e.g., their young children may start to increase public school enrollment in the next 3-5 years.
- ✓ The County's growth rate has been relatively steady, with an average annual increase of over 1.4% for the last fifteen years.<sup>3</sup>
- ✓ As noted in the Report Card, small numerical changes in small populations can look like major shifts. For example, Glenhaven reported 5 children in 2000, up from zero in 1990, a 500% increase based on only 5 events.
- ✓ The population of Latino children increased 28.9% between 1990 and 1999, rising to 19.9% of public school enrollment in 2006-2007. This is a major demographic shift.
- ✓ There has been a rise in commuting families, who live in Lake County but travel to Santa Rosa, Mendocino, Napa, and even the Bay Area for work.

### 1.3 Where do the children live?

Pockets of poverty and prosperity continue to characterize the County landscape. The County appears to be stratifying socio-economically. The Census captured changes between communities, but it is harder to document the rifts within our zip-code-based communities, e.g., among the Rivas, Buckingham, and downtown Kelseyville. A detailed comparison of the census tracts and blocks would be required for this level of analysis. As the County changes, such an analysis could be used to guide planning.

A geographic breakdown of the child population as of the 2000 Census shows the following, by Census Designated Place, CCS, zip code, or incorporated city:

- ✓ 36.8% lived in Clearlake, reflecting its higher growth rate
- ✓ 7.8% lived in Kelseyville
- ✓ 11.1% lived in Lakeport
- ✓ 3.8% lived in Lower Lake
- ✓ 2.5% lived in Middletown
- ✓ 3.8% lived in Cobb
- ✓ 9.9% lived in Hidden Valley Lake
- ✓ 6.6% lived in North Lakeport, a new CDP in the 2000 Census
- ✓ 2.4% lived in Upper Lake
- ✓ 3.8% lived in Clearlake Oaks
- ✓ <1% lived in Clearlake Park
- ✓ 5.6% lived in Lucerne
- ✓ 5.4% lived in Nice
- ✓ <1%% lived in Glenhaven, identified via Census zip code tabulation
- ✓ In addition, 533 children lived on the 4 federally-recognized rancherias



Based on the relative percentages of school enrollment by District or school, the child population as of 2006-2007 was distributed approximately as follows:

- ✓ 25.07% of County children lived in the City of Clearlake
- ✓ 18.53% lived in Kelseyville/Finley
- ✓ 17.07% lived in Lakeport, North Lakeport, and environs (based on Lakeport Unified enrollment)
- ✓ 4.58% lived in Lower Lake (based on Lower Lake Elementary enrollment)
- ✓ 11.3% lived in Middletown
- ✓ 10.51% lived in Upper Lake/Nice/Witter Springs
- ✓ 1.6% lived in Clearlake Oaks
- ✓ 2.82% lived in Lucerne
- ✓ 1.9% lived in Cobb (Cobb Mountain Area, including Loch Lomond, etc.)
- ✓ 5.33% lived in Hidden Valley Lake
- ✓ An additional 1.2% served by LCOE lived in communities throughout the County

#### 1.4 Where are the children living in poverty?

As of 1990, 24% of the County's children lived in poverty. By 2003, 21.8% of the County's children were living in poverty, ranking us 40<sup>th</sup> of the 58 counties for this indicator.<sup>4</sup> According to the most recent Census estimates, about 22.8% of children aged 5-17 live in poverty.<sup>5</sup> However, Children Now found 31% of Lake County's

## Economic Well-Being

children 0-17 were living in poverty in 2005.<sup>6</sup> Distribution of children aged 0-17 living below poverty according to the 2000 Census reveals this pattern:<sup>7</sup>

- ✓ 33.5% (1,317) of Clearlake's children lived in poverty
- ✓ 7.6% (80) of Hidden Valley Lake's children lived in poverty
- ✓ 18.7% (156) of Kelseyville's children lived in poverty
- ✓ 20.8% (246) of Lakeport's children lived in poverty
- ✓ 13.4% (94) of North Lakeport's children lived in poverty
- ✓ 13% (53) of Lower Lake's children lived in poverty
- ✓ 32.5% (88) of Middletown's children lived in poverty
- ✓ 24.4% (64) of Upper Lake's children lived in poverty
- ✓ 31% (127) of Clearlake Oaks' children lived in poverty
- ✓ 12.7% (76) of Lucerne's children lived in poverty
- ✓ 38.8% (225) of Nice's children lived in poverty
- ✓ Only 23.7% (131) of the children on the rancherias lived in poverty. Three of the four rancherias participating in the Census have active casinos, so this relatively low poverty rate may reflect re-investment of casino income
- ✓ None of the 24 children in Clearlake Park nor any of the 5 children in Glenhaven were living in poverty according to the 2000 Census.

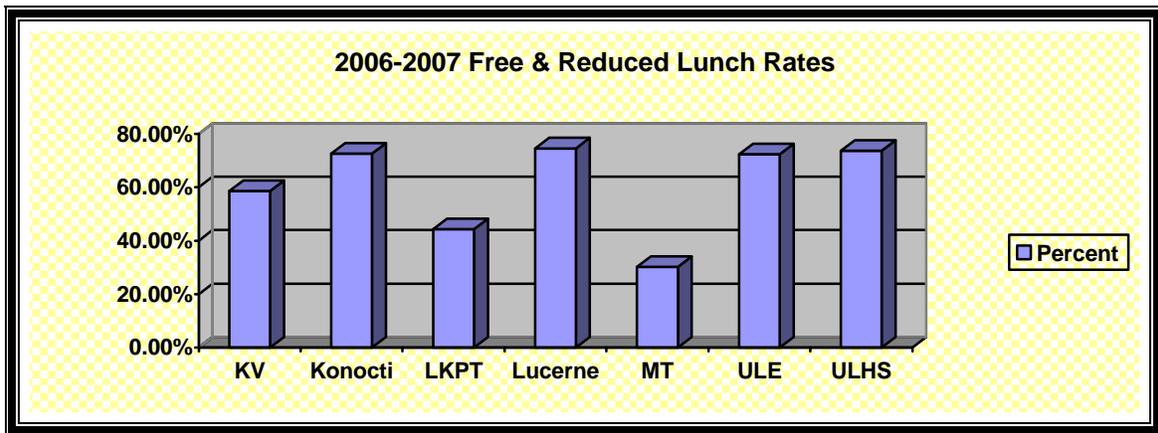
Two other indicators describe socioeconomic issues potentially affecting children:

- ✓ The 2000 Census found 37.9% of children were living in neighborhoods where 20% or more of the residents were living below poverty. The chapters on **Health**, **Safety**, and **Family Strength** discuss the impact of environmental poverty on some of the selected indicators.
- ✓ The 2000 Census also found that 1,389 grandparents were living with their own grandchildren. Of these, 696 or 50.1% were responsible for those grandchildren.

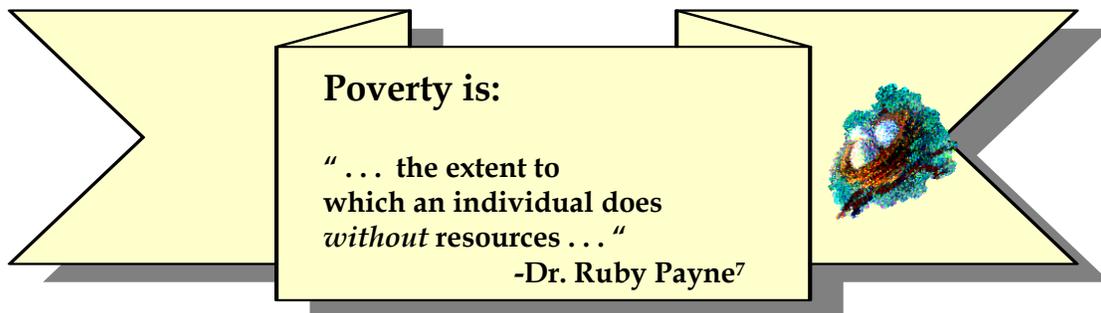
The U.S. Census only collects poverty data on our sub-County areas every 10 years. Neither the County nor its population centers are large enough to participate in the American Community Survey and most other inter-Census activities. However, school free and reduced lunch rates are “reasonably accurate, even conservative” measures of how many children are living in low income or poor families. Unlike the Census, these data are collected annually and provide a powerful indicator of the geographic distribution of poverty among our communities. To qualify for free lunch, a student must be at or below 130% of the federal poverty level. To qualify for reduced lunch, a student must be at or below 185% of the federal poverty level. (The federal poverty level is discussed more fully below.) Free and reduced rates are shown below.

Table 3.1: Free and Reduced Lunch Rates, By District and Town

School District	%	Towns/CDP Served
Kelseyville	58.6%	Kelseyville
Konocti	72.6%	Clearlake, Clearlake Oaks, Clearlake Park, Lower Lake
Lakeport	44.3%	Lakeport, North Lakeport, Blue Lakes
Lucerne	74.6%	Lucerne, Nice (elementary students only)
Middletown	30.2%	Cobb (and environs), Hidden Valley Lake, Middletown
Upper Lake Elem.	72.4%	Upper Lake (elementary) + Nice and Lucerne (middle)
Upper Lake High	73.7%	Upper Lake, Nice, Lucerne



1.5. What is poverty? The 2006 Vision and Indicators meetings adopted a broad definition of poverty that reflects the multi-dimensional impact of poverty on the lives of individuals and the community.



"Resources" encompass much more than money and include: emotional resources (resilience, persistence); mental resources (capacity to read, write, think); spiritual resources (purpose and belief); physical resources (healthy body); support systems (people who care, listen, and help); relationships/role models (nurturing, successful); and, finally, knowledge of the hidden rules of class (food, dress, manners, speech).<sup>8</sup>

Adequate financial resources are fundamental to improving outcomes in all domains, however. Escaping poverty does not guarantee that families and their children have the financial resources required to achieve even a modest standard of living. The federal government uses two quantitative indicators to measure economic status. The first is the **poverty threshold**. It was developed in the 1930's and is based on the cost of food. The U.S. Census Bureau updates it annually and uses it to estimate the population in poverty. The second indicator is the **poverty guideline**. It is issued annually by the U.S. Department of Health and Human Services. It is based on cost of living measures calculated by the Consumer Price Index.

The Poverty Guideline is used to determine financial eligibility for a number of federal programs, such as the National School Lunch Program, certain types of subsidized child care, and so on. Children at 130% of the poverty guideline (adjusted for family size) qualify for free lunches. If income is greater than 130% but less than 185% of the poverty guideline, children qualify for reduced cost lunches. The federal poverty guideline is commonly referred to as the Federal Poverty Level ("FPL"). These are very modest incomes:

Table 3.2: FPL Incomes Compared to Free & Reduced Lunch Incomes

<b>Family Size</b>	<b>2007 FPL Income</b>	<b>Free Lunch 130% FPL</b>	<b>Reduced Lunch 185% FPL</b>
2	\$13,690	\$17,797	\$25,326.50
3	\$17,170	\$22,321	\$31,764.50
4	\$20,650	\$26,845	\$38,202.50

Neither measure adequately describes the actual cost of living in Lake County. As noted, the poverty threshold is based on national food costs. Until recently, housing and gasoline costs rose far more quickly than food costs. However, during fiscal year 2006-2007, food prices rose 3.7%, actually outpacing the more widely publicized gasoline price surge of 2.9%. Food prices are projected to rise by a total of 7% by December 31, 2007. Grocers and retailers have been absorbing some of the increase, but cannot afford to do so indefinitely.<sup>9</sup> Food and gas are necessities, so consumers will be cutting back on luxuries. Travel, tourism, concerts, eating out – all are staples of Lake County's seasonal resort economy.

The Consumer Price Index is actually the "Consumer Price Index for *Urban Consumers*" (emphasis added). Although not directly applicable to Lake County (the most northern California urban area measured is San Francisco-San Jose-Santa Clara), the CPI is at least a signpost of the direction of prices and economic stressors. The CPI is pegged to a 1982-84 baseline cost of a "market basket" of commodities and costs, which is set at 100. Any CPI greater than 100 indicates cost increases. Between March 2000, when the first Report Card was released, and March 2007, the CPI rose 18.6%.<sup>10</sup>

## 2.0 Employment and Economic Well-being

2.1 Employment and unemployment. Employment is only the first step out of poverty. To pull a family out of poverty, employment must be meaningful *and* gainful, i.e., a career path that provides economic and personal satisfaction for the worker. The California minimum wage has risen from \$5.75/hour to \$7.50/hour, an increase of 30%. As detailed below, child care and housing have both risen steeply, negating much of that gain. Recent spikes in fuel costs, plus the weak dollar which increases the prices of imported goods sold at retailers such as Wal-Mart and K-Mart, further erode the buying power of the minimum wage increase.

The local labor force is changing. The number of employed residents rose 18% between 1990 and 2000, to 19,886 workers and rose again between 2000 and 2006 to 24,600 workers.<sup>11</sup> The number of women in the work force rose by 34% from 8,253 to 11,984; men in the work force rose only 14%. The number of people working non-traditional hours rose 26%, with 19% of the total workforce working non-traditional hours.<sup>12</sup> Such hours are typically associated with entry-level service positions, such as hospitality, which are also typically associated with female workers. Full-time workers (35 or more hours/week) rose 14%, with 73% of the workforce now employed full-time. There are at least 2,167 women with a child under 6 in the labor force or about 54% of such women. As noted, workers with an hour or more commute rose 121% from 1990 to 2000; this number has probably risen steeply between 2000 and 2006 due to immigration of commuters.<sup>13</sup> These changes in the labor force strongly suggest that there will be a rising demand for all-day subsidized child care, including child care during non-traditional hours. Many entry-level or returning workers have to take jobs during nontraditional hours as they lack the seniority or experience to qualify for better shifts.

2.2 Job creation and employer size. Job creation does not appear to be keeping up with the demand for jobs. During the period 2001-2005, Lake County industry employment had a 1.5% *net* job gain of 210 jobs. Most of the increases occurred in three industries: educational and health services; trade, transportation, and utilities; and government. None of these categories feature high-paying manufacturing-type jobs. Educational and health services had a peak growth rate of near 16% or 290 jobs. Trade, etc. added 240 jobs, while all local governments collectively added 250 jobs. The net gain of only 210 jobs strongly implies a high rate of job loss, with concomitant insecurity among workers.<sup>14</sup>

### 2.3. Employment and wage data.

- ✓ Since 2000, Lake County's labor force rose from 21,400 (2000 annual average) to 24,600 (2006 annual average), a 14.9% cumulative increase.<sup>15</sup>
- ✓ The number of people looking for work rose from 1,700 in 2000 to 1,900 in 2006 (annual averages), with interim peaks of 2,400 in 2003 and 2004.<sup>16</sup>
- ✓ The annual average unemployment rate fluctuated from 7.3% in 2000 to 7.1% in 2006 (annual averages), with interim peaks in 2003 and 2004 of 9.1%.<sup>17</sup>

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- ✓ As of May 2007, County unemployment was 7.2%, with 1,930 unemployed and 25,010 employed.<sup>18</sup>
  - ➔ During the period 2001-2005, there was an average of 10.28 unemployed job-seekers for every net job created (2,160 job seekers and 210 net jobs created).
- ✓ The average annual wage per job was \$22,715 in 2000 rising to \$29,633 in 2006.<sup>19</sup>
- ✓ Self-sufficiency income required for a family of four at 2005 dollars (\$43,722) exceeds the 2006 average wage (\$29,993) by \$13,729.<sup>20</sup>

### 2.4 Self-Sufficiency.

A more holistic measure of basic economic well-being is “self-sufficiency”, defined as the minimum income required for a family of a specific size and composition to become independent of welfare and all other public subsidies. Because family size and composition affect both cost of living and income, self-sufficiency analyses must be adjusted accordingly. Further, self-sufficiency computations must be calibrated to local conditions. For example, Lake County residents commonly heat with propane or wood, both of which are more expensive than natural gas which is used in the Bay Area.

2.4.1 The Self-Sufficiency Standard for California. The *Self-Sufficiency Standard* focuses on economic independence, i.e., what is the *minimum income* required to raise a family adequately without public or private assistance? The *Self-Sufficiency Standard* provides separate estimates for different family structures (see below) and is calculated separately for each California County. The *Standard* is based on the costs of each basic need (housing, taxes, transportation, child care, etc.), not just food. The Standard operates differently from federal poverty measures, in that:<sup>21</sup>

- ✓ It accounts for the fact that family living costs differ by family size and age of children. For example, food and medical costs vary by age. Child care costs are usually higher for infants.
- ✓ It assumes that the adult(s) in the household work full-time and includes costs associated with work, such as child care, taxes, and transportation. This approach acknowledges the increase in single parent families and the increased participation of mothers in the workforce.
- ✓ It accounts for regional variations in costs, so Lake County has its own standard, calibrated for local costs.
- ✓ It includes the net effect of taxes (state sales, payroll, income).
- ✓ It accounts for actual costs of each basic need, allowing costs of different items to change at different rates over time. By contrast, federal poverty thresholds are calculated by a formula based on food costs, yet until recently housing and other costs rose more rapidly than food costs.
- ✓ It provides for a decent standard of living, so that families are not forced to choose among necessities, e.g., nutritious food *or* child care *or* adequate housing. It does not, however, include retirement planning or allow for home ownership.

The *Self-Sufficiency Standard for California* was last updated in 2003. It remains a useful, but not determinative, indicator of the minimum income required for self-sufficiency. The surge in local housing prices has outstripped other components of the *Standard's* cost of living analysis. Licensed child care costs have also risen from \$5,200 in 2002 to \$6,412 in 2005 for licensed, center-based care for one-preschooler.<sup>22</sup> The *Standard* does provide minimum incomes for 70 different family structures (combinations of adults and children, by age), based on data from multiple sources, e.g., the U.S. Census Bureau, the U.S. Department of Agriculture, et al.

For a family of three (one adult, one infant, and one preschooler), the *Standard* calculated that an income of \$2,619/month or \$31,426/year in 2003 dollars is the **minimum** required for self-sufficiency. To achieve self-sufficiency, the adult in this family must earn \$14.88/hour, working a full-time job at 2,080 hours/year. The current median income of \$32,757 equals \$15.75/hour. Despite the growth in the local economy, many families in Lake County still cannot earn self-sufficient wages. Continued subsidized support, such as child care, is essential for children's well-being.

Based on Census 2000, the structure of Lake County families with children living below the poverty line is:

- ✓ 54.9% of the families headed by single women with children under 5 were living below poverty.
- ✓ Only 12.5% of families living below poverty were headed by married couples.
- ✓ 22.5% of families living below poverty were headed by single men.

Using the *Standard* to match self-sufficient income with family structure, this Update found that, in 2003:

- ✓ A family of 3 (single parent with one infant and one preschooler) requires a self-sufficient income of \$31,426/year or 183% of the \$17,170 FPL income for 2007.
- ✓ A family of 4 (two parents with one infant and one preschooler) requires a self-sufficient income of \$38,446/year or 186% of the \$20,650 FPL income for 2007.
- ✓ A single parent family with a preschooler and a school-age child requires a self-sufficient income of \$39,293/year or 171% of the \$17,170 FPL income for 2007.

Child care costs, especially for younger children, continue to consume significant amounts of family income. As detailed below, unsubsidized child care plus housing can consume the entire annual income of a California minimum wage worker (\$7.50/hour).

#### 2.4.2 "Making Ends Meet: How much does it cost to raise a family in California?"

In 2005, the California Budget Project updated its analysis of self-sufficiency in California and provided a Regional breakdown of costs for four basic family sizes. Lake County shares Region 1 with Del Norte, Humboldt, Lassen, Mendocino, Modoc, Plumas, Sierra, Siskiyou, and Trinity Counties. Some of these counties are less prosperous than Lake. Like the *Self-Sufficiency Standard*, the Budget Project used

actual costs or generally accepted standards. The basic family budget for each region was calculated using the weighted average of the costs of the items in that budget for each county. These items include housing, utilities, child care, transportation, food, health care, taxes, and miscellaneous.

By 2005, a two-working-parent family with two children in Lake County needed to earn about \$4,377/month or \$52,529/year to make ends meet (assumes 40 hours/week, 52 weeks/year of work). This income is 254.3% of the \$20,650 FPL for a family of 4 or 136.6% of the 2003 *Standard*. A single parent had to earn \$3,644/month or \$43,722/year, which is 254.6% of the \$17,170 FPL and 111% of the 2003 *Standard*. Parenting is expensive.

### 2.5 Income gap.

During the 1990's, economic disparity between the most prosperous and the poorest families rose. A comparison of average incomes between 1985-87 and 1994-96 found that families in the top fifth of the income range increased their income by 15%. Families in the bottom fifth saw an income drop of 20%. The hourly earnings of low wage earners dropped 12.7% in California. In other words, more families were struggling to provide for their children than had been struggling ten years previously.<sup>23</sup> The 2000 Census confirmed that the gap between California's rich and poor widened in 54 of the 58 counties, including Lake.

According to a study of 2005 Census figures, the number of severely poor Americans nationwide grew by 26% between 2000-2005. Examples of the "severely poor" include individuals who make less than \$5,080 per year or a family of four with two children and an annual income of less than \$9,903. The growth in the severely poor was 56% faster than the growth in the overall poverty population. The nation's poor fell into deeper poverty, with the growth in the severely poor population outpacing every other population segment. The trend appears to extend beyond the severely poor to draw in individuals and families within \$8,000 of the poverty line. Factors increasing the gap include: soaring costs of health care and housing, depressed wages and benefits, temporary or contract jobs that offer no benefits or unemployment, and decreased access to aid.<sup>23</sup>

California ranked 5<sup>th</sup> among the top 10 states for greatest income inequality between the top and bottom fifths of the population in the early 2000's and ranked 10<sup>th</sup> for greatest income inequality between the top and middle fifths.<sup>24</sup> It has the highest number of severely poor in the nation. The California Budget Project re-examined California incomes from 1979-2006. It tracked wage trends because the majority of Californians' earnings come from work. It found the gap between rich and poor greater than 20 years ago, reflecting two variables: (1) decline in the purchase power of the dollar; and (2) differences in educational attainment. The average gross income of the top 1% increased from 25.5 times to 48.4 times that of the middle class from 1995 to 2005. The middle class held its ground, but only because working wives increased their hours by 36.3% or about eight weeks of work/year.<sup>25</sup> It is reasonable to expect that

Lake County would be vulnerable to these trends. It is also disturbing to note that work is no protection against poverty. Further, the gap between the number of new jobs created and the number of people looking for work underlines the economic insecurity and stress suffered by many of Lake County's working families.

***Why is income gap important?***

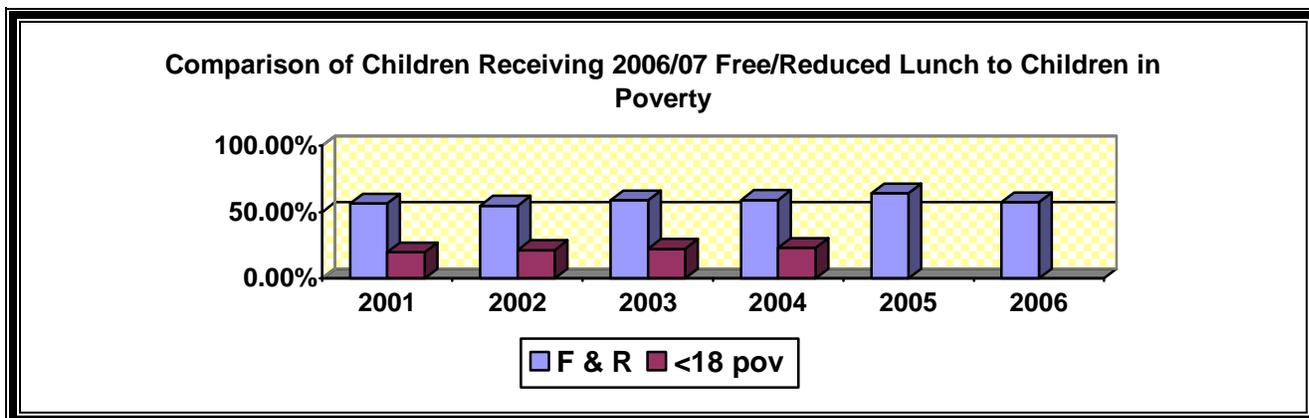
***“A baby boy from a family in the top 5% of the United States income distribution will enjoy a lifespan 25% longer than a baby boy from the bottom 5%.”<sup>26</sup>***

**3.0 Economic Assistance to Children**

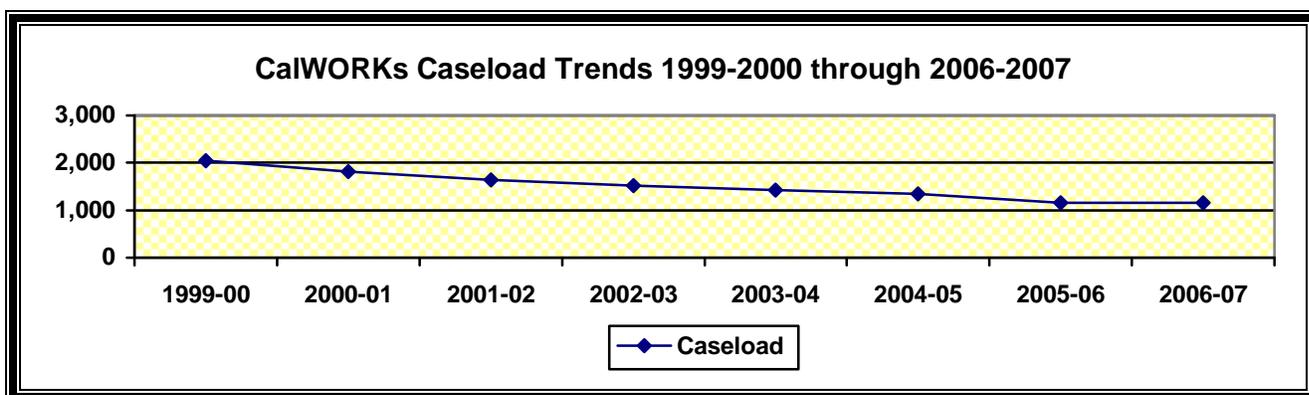
Several of the chosen indicators address child poverty, including the number of children in poverty, children supported by TANF (i.e., families receiving CalWORKs), and children receiving free or reduced lunch. These indicators describe a basic safety net. Taken together, they offer a nuanced analysis of children's economic security in Lake County.

- ★ It appears that the number of children and families receiving aid has decreased significantly. Between Fiscal Year 2004 and Fiscal Year 2005, the number of TANF/CalWORKs recipients decreased by 26%, compared to only a 13% decrease statewide.<sup>27</sup>
- ★ The number of CalWORKs cases has also been dropping steadily, from 2,156 in 1998-99 down to an average monthly caseload of 1,151 in 2005-2006.<sup>28</sup>
- ★ As of May 31, 2007, there were 1,436 children receiving TANF assistance.
- ★ For school year 2005-2006, there were 5,676 children receiving free or reduced price meals or 59.32% of 9,569 school-age children enrolled in public school.
- ★ For school year 2006-2007, 5,909 children received free or reduced price meals or 57.6% of 10,255 children (unofficial enrollment used for meals).

The following chart compares children under 18 in poverty to students K-12 at 130%-185% of the FPL, i.e., eligible for free or reduced lunch. More children are moving out of poverty, but not yet into prosperity. Further, the free and reduced lunch rate is artificially low, since older children too often refuse the benefit for social reasons. (Note: The Census had only calculated the poverty rate data through 2004.)



The following graph demonstrates the dramatic drop in average annual CalWORKs caseload. Families are transitioning off aid, but not achieving full self-sufficiency. Further, the rate of decrease appears to be stabilizing, suggesting that: (1) those who can leave aid have done so; and/or (2) there is some baseline level of economic distress in our community, albeit affecting different families over time.

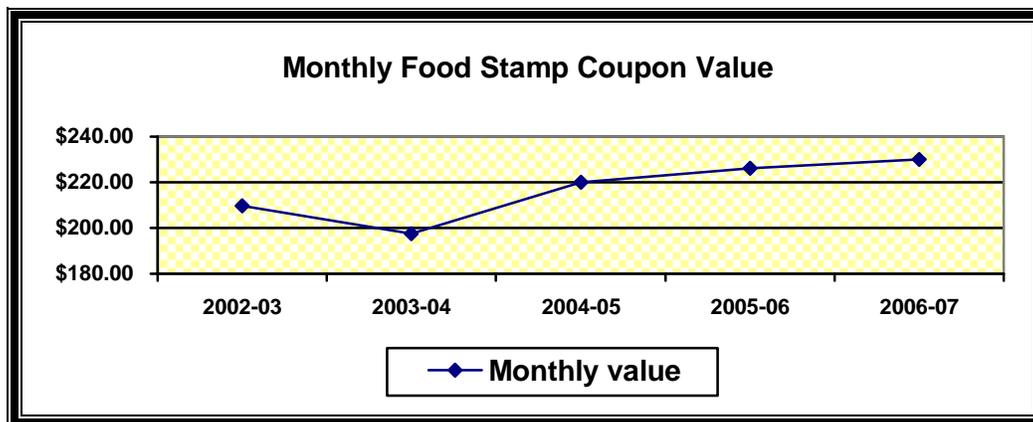


These figures represent the average annual CalWORKs caseload, calculated by taking the annual monthly caseload provided by LCDSS and multiplying it by 12. For 2006-2007, the average annual caseload was calculated from April 2006 – March 2007.

### 3.1 Other assistance to children and families – Food Stamps & Medi-Cal.

LCDSS provides a range of supports to children and families, from cash aid to Food Stamps, Medi-Cal, and child care subsidies. As their reliance on cash aid decreases, families still need help to take care of their children. Good nutrition and good health are essential for children’s overall well-being, as discussed in **Improving Children’s Health**. Food and medical costs are rising; even middle class working families are having difficulty making ends meet. This section briefly summarizes food stamp coupon values and Medi-Cal benefits. Child care issues, child support, health insurance, and transportation are discussed separately.

- ✓ The food stamp coupon value is low, with an average allotment of \$3.00/day. In April 2007, the Governor of Oregon, Ted Kulangoski, and other public figures took the Food Stamp Challenge. The Challenge is an annual awareness event sponsored by food pantries, religious groups, and community activists. Participants try to live on the average daily allotment. Governor Kulongoski found out the following: (1) he was hungry; (2) he could not afford to buy fruits and vegetables; and (3) the loss of 1 jar of peanut butter, confiscated by airport security, was not trivial.<sup>29</sup> Food stamps are intended only to supplement the family food budget, but many families appear to be relying on them.



- ✓ The number of children on Medi-Cal as of May 9, 2007 was 7,138. In 2003, Medi-Cal paid a total of over \$70 million to providers serving Lake County residents.
- ✓ In 2005-2006, the average annual cash aid, per month, was \$515.
- ✓ In 2005-2006, average annual per-family monthly cash aid plus food stamps was \$741 or \$8,892/year, just 57% of the annual minimum wage income of \$15,600.
- ✓ As families leave aid, many still urgently need and qualify for food stamps, child care, and Medi-Cal, which provide a foundation for economic security.

#### 4. Child Care.

This Update reconfirms Report Card 2000's view of the importance of child care to children's well-being:

***“Child care may well be the cornerstone of family-focused infrastructure development!”***



The Child Care Planning Council, 1<sup>st</sup> 5 Lake, 1<sup>st</sup> 5 California, LCOE, North Coast Opportunities, and others have been striving diligently to increase the quantity and quality of child care available in Lake County, to improve the working conditions of providers, to support provider training and education, and to educate the community on the economic impact of child care. These efforts appear to be having a positive effect on the public perception of child care, transforming it from one of glorified babysitting to one of a professional and caring partnership among parents, providers, schools, and the community that starts children on the path to a bright future.

Research confirms that quality child care has a wide range of direct benefits (to the child) and indirect benefits (to the family, school, neighborhood, and community). Some of these benefits can be monetized; others are less tangible. Investment at the preschool level has the highest pay-off, but after school programs offer substantial returns on investment as well.<sup>30</sup>

- ★ Child care is a major industry in Lake County, with annual revenues of over \$12 million per year. It employs over 346 individuals, pays at least \$4 million per year in wages and benefits, generates over 400 additional jobs, and produces \$17.7 million in sales.<sup>31</sup>
- ★ Child care allows parents to work. Of parents not receiving aid, 63% of those with children aged 0-5 and 53% of those with children aged 6-12 were using child care. Requests to NCO R& R for child care referrals rose 17% between 2002 and 2006. The top reason for needing child care was employment (55%). The next highest reason (12.8%) was school/training. “Looking for work” dropped to 3.3% in the Southshore (Clearlake Oaks – Middletown) and 1% in the Northshore (Lakeport, etc.) This change further bolsters the conclusion that more parents have joined the workforce.
- ★ Lake County’s children deserve quality child care. Quality child care is a small investment which produces major, long-term benefits, such as improved social, emotional, physical, and cognitive development and significant cost savings:
  - ✓ At a minimum, quality preschool child care saves \$2 for every \$1 invested.
  - ✓ When benefits to the participants are added, the savings can rise to \$5 for every \$1 invested.
  - ✓ When benefits from reduced crime, welfare, and remedial education costs are added, the return rises to a minimum of \$7.16 for every \$1 invested.
  - ✓ Quality child care improves education level, occupational status, and earnings of mothers of preschool children in quality preschool programs, with the earnings gain estimated at \$74,000 over the life of the child.
  - ✓ Non-monetized benefits include: reduced welfare use by the participating children; intergenerational benefits to the children of the children (due to higher incomes, reduced family poverty); and improved outcomes for peers in classrooms and neighborhoods.
  - ✓ Reduced victimization costs include losses suffered by: (1) victims of child abuse and neglect; and (2) victims of juvenile crime. Such losses include pain and suffering, fear of crime, and other damage to quality of life. One study established an 8:1 ratio of intangible to tangible losses for child abuse victims.

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RAND estimates the total costs of juvenile crime at the equivalent of \$18,891 per petition filed. In 2005, Lake County filed 338 such petitions, at an equivalent cost of \$6,385,158. Even a 10% reduction would save Lake County \$638,516/year, which could be reinvested in hunger reduction, more child care, transportation, medical care, graduation incentives, etc.

- ✓ One analysis estimated a cost savings of \$8.90 - \$12.90 for every tax dollar invested in the After School Education and Safety (“ASES”) initiative.
- ★ Lake County has reduced the gap between child care supply and demand, cutting the ratio of demand to supply from 139% to 109%.
  - ➔ Despite this progress, Lake County has serious child care gaps:
    - 2,361 regular spaces, an increase of 1,004 spaces. This is due to the updated National Utilization Rate, reflecting current patterns of use
    - 538 preschool spaces for 4 year-olds, based on the *Power of Preschool* Study, 791 spaces for 3-5 year olds, 615 kindercare, and 3,150 comprehensive after school spaces
- ✓ The child care supply has shifted: center-based care rose by 306 spaces, while license-exempt care (Trustline and relative-exempt) dropped by 450 spaces and FCCH dropped by 178 spaces.
- ✓ For 2006, Lake County had 649 subsidized spaces, a 35.9% reduction from 882 subsidized spaces in 2002. This includes 122 Stage 1 CalWORKs, a 209% drop from 255 in 2002. Stage 1 CalWORKs supports families in Welfare-to-Work programs, so this reduction should reflect people leaving cash aid. Stage 2 and 3 reductions may reflect instability in the caseload, i.e., people leaving the County to look for better-paying jobs.
- ✓ Without subsidies, child care will continue to be unaffordable for most Lake County families. Non-subsidized, licensed, center-based preschool care costs at least \$6,412/year/child.<sup>32</sup> The lowest known hourly rate for private, licensed, non-subsidized family child care is about \$3.00/hour for a preschool child. At this rate, one young child in full-time, year-round care (defined as 40 hours/week x 48 weeks) would cost at least \$5,760/year, which equals:
  - 17.5% of the County median income of \$32,757
  - 19% of the annual average wage of \$29,993
  - 36.9% of the annual minimum wage of \$15,600.

To be affordable, child care should cost 10%-13% of a family’s annual income. Even the cheapest licensed child care is not affordable for most families, unless it is subsidized.

## Economic Well-Being

- ✓ Unsubsidized full-time, licensed, center-based infant care at the maximum cost of \$1,011.86/month x 11 months or \$11,130/year is out of reach for families at or below the median and jeopardizes the economic security of families at much higher income levels.

For quality child care to be available throughout Lake County, providers must make a self-sufficient wage, with health benefits and professional development. In 2003, a single adult with one infant and one preschooler had to make \$31,426/year or \$14.88/hour to be self-sufficient, as noted above. An assistant or associate child care teacher's lowest entry-level hourly wage is \$8.00, barely above the minimum wage. The highest hourly wage paid is \$12.44 or \$25,872/year, less than any of Lake County's median hourly wage, median income, or self-sufficiency income for a parent with one infant and one preschooler. Low compensation leads to high turnover, as experienced workers leave for better-paying jobs, such as casino change booth operator (\$10.10/hour, median hourly wage).

- ✓ Family, Friends, and Neighbors ("FFN") care includes license-exempt Trustline providers, relative-exempt providers, and the full range of informal providers, e.g., grandparents, family members, neighbors, babysitters, nannies, etc. Trustline providers must pass a criminal background check and may serve unrelated children. Relative-exempt providers can only serve children related by blood or marriage. The most recent community child care survey suggests that about 50% of parents rely on FFN, i.e., avoid licensed family child care homes and centers.<sup>33</sup>
- ★ The new ASES program (Proposition 49) has already had a major impact on the availability of after school child care. LCOE has added 252 new spaces in its Kid Connection (5-10 year olds). Lakeport Unified School District has added 80 new spaces in its program for 4<sup>th</sup>-8<sup>th</sup> graders. Although less well-studied than preschool programs, quality after school programs have proven benefits, including: academic achievement; increased educational "equity", i.e., overcoming the achievement gap associated with race, class, ethnicity, and language; future workplace success; increased parental productivity at work; and reduced likelihood of delinquency and other risky behaviors during the critical 3-6 p.m. time frame. After school programs help students catch up on missed hours of classroom instruction, providing the equivalent of 30-90 days of classroom time. This is especially important for Lake County's homeless and transient youth, who ping-pong in and out of school.

### **How important is child care to families? Let's hear what they have to say!<sup>34</sup>**

- ➔ I am desperate for help!
- ➔ If not for NCO [administrator of subsidy program], I could not pay my rent or keep a home.
- ➔ The after school program is an extremely important service . . . We depend on it to provide care for our daughter. Without it, I would be unable to work.
- ➔ As a single, low-income mother, it's a never-ending struggle for dependable, affordable child care.

- ➔ 25% of my income goes to child care during the school. Upwards of 50% during the summer when both my children need full-time care.
- ➔ . . . I make too much money to qualify for NCO to have my children in their programs. I make too little money each month to pay for full time child care for my children . . . we are the people in between. . . .

## 5.0 Child Support Collections

The Lake County Department of Child Support Services is now an independent, stand-alone department within County government. Its mission is to collect child support from non-custodial parents to promote economic security and overall well-being of children. The following table demonstrates a positive trend in total collections. The number of cases has dropped due to changed closure regulations and not to decreased need.

Table 3.3: Child Support Collections

Federal Fiscal Year	Case Count	Collections	% Paid of Amount Due
2002-2003	6,309	\$6,133,736	67.2%
2003-2004	6,208	\$6,506,132	66.5%
2004-2005	5,648	\$6,273,537	66.7%
2005-2006	5,083	\$5,821,882	69.11%

These trends are positive. They show that more parents are meeting their obligations to their children, helping their children eat well, dress decently, and live safely. \$5 million is a small investment in children’s current well-being, with a substantial pay-off in long-term community wellness.

## 6.0 Health Insurance

Health insurance is the gateway to health care in our current system. Without it, individuals and families often must delay seeking help until their symptoms force them to take action. Such delays are costly to the individual and to the system. The old saying is true: “An ounce of prevention is worth a pound of cure”. Lake County’s public and nonprofit agencies have invested considerable time, effort, and funding to increase health insurance coverage for children and, to some extent, families. Lake FRC has served as the Healthy Families Program insurance enrollment agency for several years. 1<sup>st</sup> 5 Lake and other funders have supported their efforts. LCDSS has placed Medi-Cal eligibility workers on site at both hospitals, Redbud Family Health Center, Lakeside Clinic, and Tribal Health. LCDSS staff have also trained senior hospital staff in the application process. Workers will help patients wherever they are, even in their hospital rooms. The hospitals pay 50% of the cost of their assigned Eligibility Worker position. This effort has resulted in a continuing surge of applications, requiring considerable processing off-site. Healthy Start assists children and families to obtain and retain

coverage as well. Health Leadership Network continues to coordinate system-wide planning and to seek funding for key programs.

Quantifying the actual level of coverage is difficult, but it appears that the last 7 years of concentrated effort have had a positive effect. This Update examined the California Health Interview Survey (“CHIS”), Medi-Cal and Medicare utilization data, the Community Health Project 2002, Healthy Families Program data through MRMIB on-line, and consulted with Lake FRC, Healthy Start, and LCDSS. Overall, the trends are good, but there are some gaps.

According to the 2005 CHIS, the good news is:

- ★ *Only 10.5% of Lake County children aged 0-18 were uninsured all or part year*
- ★ 32.9% were insured all year, with employment-based coverage
- ★ 47.1% were insured all year by Medi-Cal/Healthy Families
- ★ 9.5% were insured all year by privately purchased coverage

However, the areas of weakness are:

- ➔ Of the uninsured children, 87% were at < 300% of the 2005 Federal Poverty Level, which was \$15,577 for a three-person family, i.e., just over annual minimum wage income.
- ➔ Employment-based insurance levels are low (32.9%), compared to California’s rate of 50.3%. This gap is likely due to the fact that most Lake County businesses are small, with 74% having only 1-4 employees<sup>35</sup>, and cannot afford insurance.
- ➔ Medi-Cal utilization reinforces the concern that a significant percentage of Lake County’s poor are likely to be uninsured. Of Lake County’s 14,419 Medi-Cal eligibles in calendar year 2003, only 9,151 were utilizing Medi-Cal, a 37% gap.<sup>36</sup>
- ➔ In May 2007, only 1,644 families were enrolled in HFP<sup>37</sup> and 7,138 on Medi-Cal.
- ➔ Of the uninsured, 54.8% stated they can’t afford insurance.<sup>38</sup> As of January 2008, the County of Lake insurance plan will require an employee with one dependent to pay \$278.70/month, about 12.26% of the highest monthly salary of an Office Assistant II (\$2,274), the County’s lowest-paid employee.
- ➔ Denti-Cal utilization is much lower than Medi-Cal. Of Lake County’s 8,766 Medi-Cal beneficiaries aged 0-20 identified by the California HealthCare Foundation, only 1,103 or 11.6% were using Denti-Cal services. (Further, 70% of the County’s population is living in a Dental Health Professional Shortage Area.)<sup>39</sup>

The more serious issue may be coverage stability, i.e., “churning” (automatic disenrollment followed by re-enrollment). For example, HFP reported an annual

disenrollment of 603 families/12 months or 50/month over an average monthly enrollment of 1,556.<sup>40</sup> LCDSS reports that the total number of Medi-Cal cases is static, but applications are rising. In-person renewal requirements have been replaced by annual renewal by mail. Unfortunately, too many families responded too late and their cases had to be closed. LCDSS workers have created group renewal meetings at LCDSS offices and have been able to assist families to recover or retain coverage.

Other issues affecting stability of coverage include:

- ✓ *Unstable income.* Many Lake County jobs are seasonal (tourism, agriculture) or in services, so family income fluctuates. New procedures proposed by some large retailers could eliminate weekly schedules, replacing them with 24/7 on-call arrangements. Employees will be unable to predict their weekly or monthly incomes. Out-of-season (November–March), families qualify for Medi-Cal. In-season (April–October), income rises and they lose Medi-Cal eligibility, but qualify for HFP. Many families fail to apply during each transition and lose coverage.
- ✓ *Perinatal transitions.* After a mother on Medi-Cal delivers the baby, the baby is on Medi-Cal for the first visit, but should be enrolled via Gateway to qualify for 1 year of Medi-Cal. Too many mothers and service providers are unaware of this option.
- ✓ *Incarceration transitions:* Youth and adults who are in jail or the Lake County Juvenile Hall lose Medi-Cal eligibility. After they leave, they regain eligibility and coverage is reinstated. Too many fail to use their coverage or to retain it, losing continuity of service, e.g., therapy and psychotropic medications.
- ✓ *Language.* According to Census 2000, 7.7% of the population was Spanish-speaking, but the Latino population has burgeoned since then. The Latino community agrees that language is the top barrier to health care.<sup>41</sup>
- ✓ *Family dysfunction and alienation.* Providers report that about 5%-10% of parents are too depressed, mentally ill, addicted, or dysfunctional to complete applications, pay premiums, or otherwise manage their health care. Some hate or fear authority. Others are so ashamed of needing Medi-Cal that they refuse it, despite the effect on their children's well-being.<sup>42</sup>

Latinos are disproportionately likely to be uninsured: 77% of first-generation Latino children have never been insured, compared to only 12% of non-Hispanic white children.<sup>43</sup> Locally, about 32% of HFP and 12.2% of Medi-Cal recipients are Latino (CDHS 2003). Possible reasons for the lack of insurance coverage may be lack of cultural or linguistic competence in service delivery to Latinos.

## 7.0 Transportation

No matter how rich the resources, they might as well not exist if families and children can't get to them. The County's size, geography, and scattered population centers create barriers to accessing work, child care, recreation, services, and shopping. Distances between towns mandate the development of local services, rather than larger, centralized service hubs. Working parents often travel long distances on less-than-ideal roads to get to work, school, and child care.

With regular gasoline now costing at or about \$3.00/gallon, residents are factoring gas costs into their priorities. LCOE's Child Development Division reports that some families are having difficulty maintaining consistent attendance in its programs. The specified reason is "gas costs". Informal communications with other child care providers confirm that parents are increasingly reluctant to use part-day care when they have to make an extra trip to take their children home or to another provider. Unfortunately, public transportation is often not a feasible option, as detailed below.

7.1 Lake Transit Authority. After a five year study of transportation needs, Lake Transit Authority ("LTA") began operating in 1996-97. LTA started with five routes and has expanded to 8 routes, including one to Ukiah. It operates regional routes, linking Lakeport, Clearlake, and the major towns. Local fares are kept low. It also provides Flex-Stop and other help for the disabled and elderly. A random sample of residents contacted by telephone found that 53.8% of those who needed public transportation were unable to get it. However, 100% of those who were able to use public transportation found it beneficial.<sup>44</sup> As the following table indicates, LTA has expanded from its modest 1996-97 start of 69,709 passenger trips, 376,246 revenue miles, and 392.9 route miles in 5 routes.

*Table 3.4: Lake Transit Authority Growth*

	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06
<b># Passenger Trips</b>	154,995	159,033	176,337	180,171	193,447	202,215	202,756
<b># Revenue Miles</b>	548,586	507,799	493,373	525,871	563,555	664,144	669,959
<b># Route Miles</b>	417	417	417	417	507	507	491
<b># Routes</b>	6	6	6	6	8	8	8

LTA projects about 240,000 passenger trips for 2006-2007. As gasoline costs rise and the reality of climate change is transformed into action, it is highly likely that more people will ride LTA.

LTA is child-friendly. It offers a \$15 endless ride summer bus pass for children and youth. That \$15 will buy more travel miles on the LTA than it could as 5 gallons of gasoline in a car.

## 7.2 Other transportation sources.

Many agencies also transport their clients or provide bus vouchers or gasoline vouchers. Agencies participating in this Update were asked to estimate their annual client mileage or the number of clients served, whichever they collected. Data collection methods were inconsistent, however, even within agencies. Some tracked the number of clients transported, but not the mileage; some tracked mileage; some tracked neither. Some tracked one or other variable for some programs, but not agency-wide. The consensus is that agencies use a variety of strategies to overcome lack of transportation, e.g., they out-station employees, set up satellite offices, provide gas or bus vouchers, and/or provide transportation themselves. Healthy Start alone accounted for 12,295 miles in 2005-2006, down from 17,370 in 2004-2005.

## 7.3 Private automobiles.

For Lake County families, the privately-owned automobile remains the most common means of getting to and from employment, recreation, shopping, and services. Many residents cannot afford to buy, maintain, license, and insure a reliable car. A flat tire or worn out brakes can be the difference between making it to work on time or being fired for being unreliable. Families juggling multiple jobs and ever-changing shifts absolutely need reliable transportation, yet may be less likely to have it.

Gas costs, family cohesion, and growing environmental concerns should be factored into planning for housing, child care, services, and recreation. As recommended by the *Third Child Care Needs Assessment*, developers (and redevelopments) should consider including child care centers, expressly authorizing an appropriate number of FCCH, and building play areas that comply with licensing requirements. Large employers should also consider providing child care. For example, child care located near the County courthouses would be a major benefit for County employees. Utilizing already-developed areas and locating services and shopping near transit will reduce dependence on gasoline, stabilize providers and families, and add value to developments and businesses.

## **8.0 Housing**

Housing emerged as a top critical priority. Safe, decent, affordable housing is fundamental to family strength and children's well-being. Children should be able to take for granted such basics as floors, ceilings, functional plumbing, electricity, and hot water. Half a couch is not a home. Inadequate housing is dangerous. For example, older water heaters run at very high temperatures; it is possible to have severe accidental scalding in just seconds. Dilapidated housing in decaying neighborhoods reinforces the message that the people who live in them have neither dignity nor worth.

## Economic Well-Being

The power of good housing to promote health, children's ability to study and succeed in school, and family strength cannot be overstated.

There has been a great deal of publicity in recent years about the skyrocketing cost of housing in Lake County and the relative stagnation in incomes for many residents. Contributors to the change include:

- ✓ Discovery of Lake County's beauty and relatively close proximity to Napa, Mendocino, and even the Bay Area
- ✓ Relatively low housing costs compared to the Bay Area and neighboring counties
- ✓ Relatively large amounts of open land for sale
- ✓ An influx of well-to-do middle-aged and retired individuals who have sold pricey Bay Area homes and purchased at the top end in Lake County, driving prices up
- ✓ An influx of developers building or seeking to build higher-end homes, e.g., the planned Provinsalia Golf Community, a 292.2 acre development with 720 single- and multi-family homes, a public golf course, clubhouse, etc. on Cache Creek, 3-story custom homes in Buckingham, lakefront developments in Clearlake, and so on.
- ✓ A change in local culture, with the advent of beautiful wineries attracting a Napa-style population

The increased value of many Lake County homes and the growing recognition of the County as a special place to live are positive trends, but with potentially adverse consequences:

- ➔ New families, long-time residents, and working families are increasingly shut out of home ownership, reducing their connections to, and willingness to invest in, their communities.
- ➔ Socio-economic stratification, which can weaken or even destroy the small-town rural heritage of cooperation and community that has been one of the County's great strengths: neighbors looking out for neighbors, regardless of who has what.
- ➔ Undirected, uncontrolled development driven by short-term profit and imperiling the beautiful, irreplaceable natural environment, water, open space, wild lands, bird life, and clean air that are Lake County's distinguishing characteristics.

The Vision and Indicators meetings requested information on housing stock, homelessness and risk of same, and housing prices for single family dwellings and for manufactured housing (post 1970's "mobile homes"). Their intent was to use these indicators to clarify the challenges Lake County families are facing when trying to achieve the American Dream of home ownership or at least stable rentership.

This Section will cover:

- ✓ Median home sale prices compared to average wage (Note: Average wage was chosen to reflect earnings from work and, thus, housing affordability for families whose income consists solely of wages.)

- ✓ Comparison of Fair Market Rent for a 2-bedroom apartment to average wage and the FPL for family of 4
- ✓ The proportion of County residents who rent versus own
- ✓ Homelessness estimates by age (including seniors, as many grandparents are raising grandchildren)
- ✓ Section 8 Low Income Housing Support and other housing support

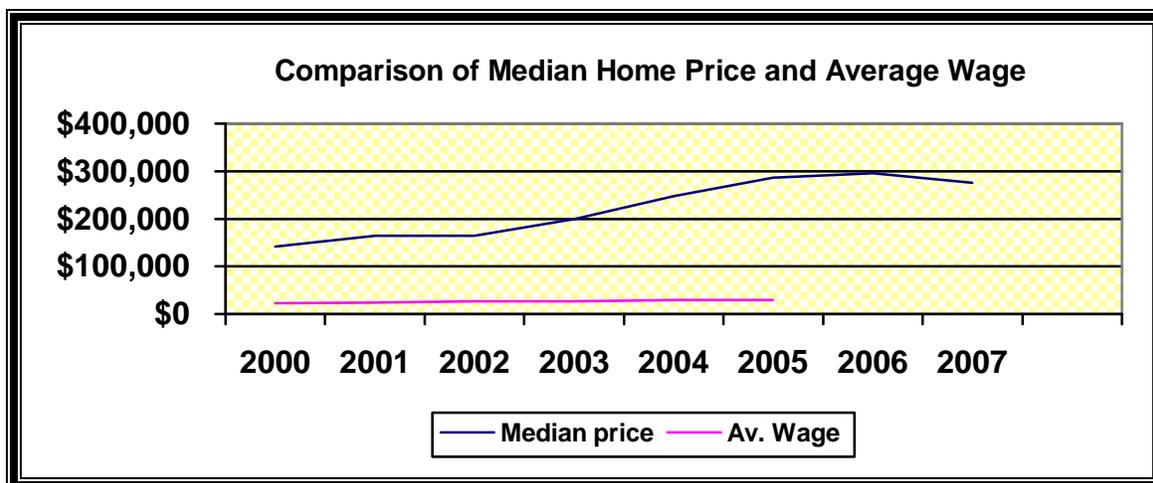
8.1 Median Home Price and Housing Affordability Index.

The housing market responds to multiple variables, including interest rates. Low rates drive housing booms and prices go up. The median home price is a benchmark for overall affordability. The median home price is the price at the midpoint between the most expensive and least expensive home sold in a particular area at a particular time. The median home price has some limitations as an indicator. It may not reflect actual values of the majority of homes. For example, when interest rates rise, poor families cannot afford to buy. Sales of smaller, lower-priced homes drop. Richer buyers are less affected, so the sales of larger, higher-priced homes continue. This disparity drives the median home price up, distorting the picture of the housing stock and market. Only about 30% of California’s families can afford to buy a typical median-priced home.<sup>45</sup>

*Table 3.5: Lake County Median Home Prices 2000-2007<sup>46</sup>*

<b>Year</b>	<b>Median Price</b>	<b>Average Wage</b>	<b>Sales Volume</b>
2000	\$142,000	\$22,715	n/a
2001	\$165,000	\$24,272	1,000
2002	\$164,150	\$26,170	1,148
2003	\$200,000	\$27,120	1,278
2004	\$248,000	\$28,874	1,457
2005	\$286,500	\$29,633	1,460
2006	\$295,000	n/a	915
Jan-June 2007	\$270,000	n/a	388

The trend lines capture the problem: relatively flat income and sharp increases in home ownership costs. The median price decreased in 2007, as the mortgage market deteriorated. This may be the start of a re-balanced market or the first step toward a more dramatic drop, which can affect credit and liquidity in other markets.



### 8.2 Fair Market Rent and average wage.

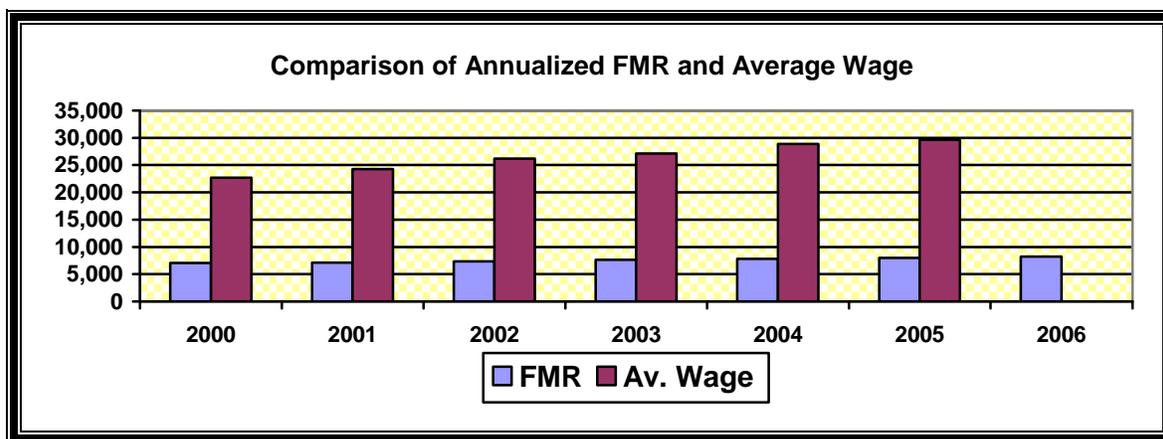
Fair Market Rent (“FMR”) is calculated based on privately owned dwellings with standard sanitary facilities, i.e., a “home”, with hot water, toilets that work, showers or baths, drainage, and so on. The FMR is set at the 40<sup>th</sup> percentile, which means that 40% of residents in an area pay less than the FMR and 60% pay more. It is also used to qualify individuals and families for rent and utilities assistance. FMR is a key component of the self-sufficiency calculation: how much does a family have to earn to afford a two-bedroom home at FMR? Like the first Report Card, this Update works with two-bedroom FMR. Parents and children need and deserve privacy. Children who have their own, undisturbed space benefit from the locus of control, however small.

Lake County is slightly more affordable than its neighbors. In 2006, the two-bedroom FMR was 2% less in Lake County than the average rent prices in 20 other Northern California counties. Rent prices appear to be increasing at a slower rate than the Northern California average, with a 3% increase between 2005 and 2006. The net increase between 2000 and 2006, however, was 17%.<sup>47</sup>

Table 3.6: FMR Compared to Average Wage

	2000	2001	2002	2003	2004	2005	2006
<b>FMR - monthly</b>	\$586	\$593	\$611	\$635	\$653	\$664	\$686
<b>Annualized FMR</b>	\$7,032	\$7,116	\$7,332	\$7,620	\$7,836	\$7,968	\$8,232
<b>FMR as % of average wage</b>	30.9%	29.3%	28%	28.1%	27.1%	26.9%	n/a

The comparative rate of change between FMR and average wage is positive. It appears that households earning the average wage who only need 2 bedrooms can afford housing. To be affordable, housing should be 30% or less of household income.



### 8.3 Manufactured housing.

The issue of manufactured housing turns out to be rather complex and may be somewhat more driven by lending policies than by market demand. The term “manufactured housing” refers to mobile dwellings manufactured after 1976. The term “mobile home” refers to such dwellings pre-1976. The number of mobile homes in Lake County is decreasing, due to policies intended to upgrade the County’s image and its housing stock. Older mobile homes were not built to Housing and Urban Development (“HUD”) standards and are difficult to finance. The new ones are built to HUD standards. Some are very high quality, in terms of materials, designs, and finish work.

The trend is to fewer and fewer manufactured homes, however. The cost difference between a manufactured home and a comparable “stick built” home is significantly different, especially when the expenses of transportation, foundations, utilities hook-ups, and garages are added to the purchase price of the manufactured home. Lenders strongly prefer stick built homes, so they charge higher interest rates to, and require better credit ratings from, buyers of manufactured housing. The net effect is that monthly mortgage payments for a more expensive stick-built home may be less than those for a manufactured home. The sale prices of manufactured homes are rising, but sales volume is dropping.<sup>48</sup>

*Table 3.7: Sales Price and Volume of Manufactured Housing Sales*

	2001	2002	2003	2004	2005	2006	a/o April 23, 2007
<b>Median price</b>	\$99,250	\$126,500	\$147,000	\$178,000	\$196,500	\$206,000	\$199,000
<b># sales</b>	42	91	147	221	276	157	38

### 8.4 Housing supply.

8.4.1 Total Units. The supply of single family units rose from 20,609 in 2000 to 22,042 in 2006 or 6.5%, faster than the average annual population growth of 1.4% for

the last 15 years. Single family units include detached, stand-alone houses, semi-attached units attached only to one other unit on one side only, and row houses or townhouses in which each unit is separated from the next by an unbroken, ground-to-roof partition or firewall. Condominiums may be considered single-family units. The supply of “mobile homes” [term used by source] dropped slightly, from 10,218 in 2000 to 10,126 in 2006, about a 9% decrease.<sup>49</sup> There was an average annual increase of 12% in new housing permits between 1991 and 2005, but only a 1.5% average increase in population.<sup>50</sup>

**8.4.2 Section 8 Housing Choice Voucher Program.** LCDSS administers this rental assistance program for very low income households. Its three goals are: (a) provide decent, safe, clean housing for very low income households; (b) promote housing choice and disperse very low income households throughout the County; and (c) provide an incentive for landlords to rent to very low income households by assuring timely rental payments. It also helps support the rental housing market by encouraging landlords to maintain units and stay in business. LCDSS maintains a waiting list of eligible families and connects families to the landlords. Each year, staff recertifies the rental amount, family eligibility, and housing quality. As of 2005-06, the annual number of available vouchers was 211, plus 43 annual “port-in” vouchers from other counties. The program tends to operate at near-100% lease-up. Federal budget cuts have reduced both the number of vouchers [from 224 (2003/04, 2004/05) to 211 (2005-06)] and the funding to administer the program.

**8.4.3 First-Time Homebuyer Program and Owner-Occupied Rehabilitation Program.**

LCDSS also oversees these two programs which are intended to help individuals and families achieve home ownership and to improve the quality of existing housing stock. They are partially funded by pass-through federal funding administered by the California Department of Housing and Community Development. Participants are required to repay loans, which provide revolving funding for the programs.

**8.4.4 Other housing resources.** The County of Lake and developers have worked together to build and lease low-income housing in Clearlake, Kelseyville, and the Northshore. Some of the developments have very strict requirements (e.g., credit score). Habitat for Humanity has opened an office in Lower Lake. To date, it has completed 7 homes, but by the end of 2007, it will have completed a total of 10 (four in 2007). Habitat plans to build 5 new houses in 2008 and to increase the number of homes built each year. With access to skilled and reliable volunteers, plus materials and funding, it could expand very quickly

**8.4.5 Shelter and transitional housing.**

Lake County has no homeless or overnight emergency shelters comparable to those in urban areas. The Lake County Community Action Agency (“LCCAA”) operates a 5-unit transitional housing program with a daily capacity of about 18 residents, serving various ages and family structures. Generally, residency is limited to 90 days, although

extensions have been granted. In 2005, the LCCAA made 1,551 referrals for housing. The Office of Emergency Services (within the Sheriff's Office) has the authority to open the Armory, schools, and other designated shelters in case of emergency. The Board of Supervisors and the LCCAA are considering ways to add more options for emergency and transitional housing.

Lake FRC operates the County's only domestic violence shelter, which accepts women and children (both genders up to age 12) (a more open policy than many other DV shelters). The number of families and children served from 2000 to 2006 varied from a low of 46 total (2000) to a high of 170 (2002). For the last 3 years (2004-2006), the average number of women and children served per year was 84. Despite high demand, no one has been turned away.

There is no Safe House or shelter for homeless, runaway, or throwaway youth. ("Throwaway" youth are those thrown out of the home or who run away and are not reported to law enforcement because no one cares.) There are about 195 runaway youth/year plus over 600 homeless and an unknown number of throwaways. Youth and families sometimes need a "cooling off" period, with counseling and other support, leading to a harmonious reunification. Some youth need significant time for alcohol and other drugs treatment, therapy, education assessment, and housing help, leading to planning for independent living. A coalition of community members, teachers, foster parents, volunteers, young adults, and the LCCAA are developing a Safe House.

### 8.5 Owners and renters.

According to Census 2000, adults (25-54 years) were about evenly divided between renters (4,775) and owners (4,646). For older adults aged 55+, the proportions are dramatically different: over three times as many older adults own their homes as rent them (5,477 owners versus 1,704 renters).<sup>51</sup> Young families are at risk of being frozen out of home ownership, as detailed above. A decline in home ownership is associated with a rise in homelessness, discussed below.

### 8.6 Homelessness.

Homelessness affects men, women, and children. Although it is considered primarily an urban problem, it is pervasive in rural areas as well. The root causes of homelessness are: (1) poverty; and (2) shortages of affordable rental housing, defined as costing less than 30% of one's income.<sup>52</sup>

There are multiple definitions of homelessness. Lake County is using the definition from the McKinney-Vento Homeless Student Assistance Act (within No Child Left Behind): "lack[ing] a fixed, regular and adequate nighttime residence", e.g., sharing housing of others due to loss of housing, economic hardship, or similar reason; living in motels, hotels, trailer parks, or camp grounds, emergency or transitional shelters; awaiting foster care placement; having a primary nighttime residence not designed for or used as a sleeping place for humans (e.g., a rowboat); cars, parks, public spaces, abandoned

buildings, bus or train stations; and migratory youth in similar conditions. This definition is especially useful for rural areas, since most of our homeless are not in shelters, but are making do with a combination of options.

A review of the websites of Housing and Urban Development (“HUD”), Substance Abuse and Mental Health Services Administration (“SAMHSA”), National Resource and Training Center on Homelessness and Mental Illness, and the National Coalition for the Homeless failed to find a firm formula for estimating the size of the homeless population in a rural area. There are estimated subpopulations, e.g., children, families with children, single men, veterans, etc., by urban, suburban, and rural areas.

The rural homeless population has its own unique character. It is likely that Lake County has more white and Native American homeless, consistent with rural patterns:

- ✓ Families, single mothers, and children make up the largest group of homeless in rural areas.
- ✓ Rural homeless are more likely to be white, female, married, working, homeless for the first time, homeless for shorter periods.
- ✓ Homelessness among Native Americans and farm workers is largely rural.
- ✓ Rural homelessness is most pronounced in agricultural areas.<sup>53</sup>

Veterans are a visible subpopulation of the adult homeless. About 33% of homeless men are veterans; 98% of the homeless veterans are men. Rural areas have a disproportionate number of veterans.<sup>54</sup>

Other factors affecting rural homelessness include:<sup>55</sup>

- ✓ A structural or physical housing problem that forces families to relocate to safer housing, which is unaffordable
- ✓ Distance between low-cost housing and employment opportunities
- ✓ Lack of transportation
- ✓ Decline in home ownership
- ✓ Rising rent burdens
- ✓ Insecure tenancy due to changes in the local real estate market

*Quantification of homelessness in Lake County.* The following numbers are estimates, based on: (1) a 1994 Special Needs Report for the Lake County Housing element which estimated homelessness at 5% of the general population; and (2) extrapolation from the known homelessness rate of enrolled and served school-aged children in Lake County’s public schools. Those rates are likely to be too low. Only children who have been located and served are counted; some homeless children don’t make it to school.

The calculations are as follows:

## Economic Well-Being

- ✓ As of January 2007, the Lake County McKinney-Vento Homeless Student Assistance Program reported serving 639 school-aged children (6-18) or 6.3% of the total public school enrollment of 10,091
- ✓ 6.3% of the general population of 64,276 = 4,049 homeless individuals, Countywide.
- ✓ 6.3% of the DOF estimated child population of 14,062 = 886 homeless children

### 8.6.1 Risk factors for homelessness.

Based on Census 2000 figures, a significant number of Lake County adults were at risk of homelessness, defined as paying 30% or more of annual income for housing costs (rent or mortgage). Specifically, 40.8% of adult renters or 1,598 individuals were at risk. Of these, 33.6% were paying 35% or more of their gross incomes in rent. About 31.4% of owners or 1,489 individuals were at risk of homelessness. These figures were compiled before housing prices spiked.

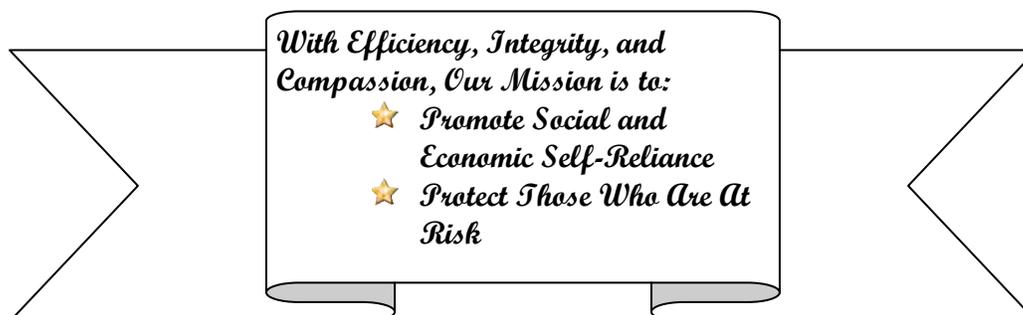
Older adult renters are at higher risk of homelessness, with 46% paying 30% or more of their income in rent. Of these, 38.6% are paying 35% or more of their income in rent. This percentage equaled about 786 renters at risk. Older adult homeowners are at lower risk of homelessness than adults, with only 29.7% paying 30% or more of their income in housing costs. However, 24% are paying 35% or more. About 1,629 owners are at risk (the higher number here reflects the higher proportion of homeowners in this population group.)<sup>56</sup> Housing insecurity affects children directly as families juggle housing, child care, food, and gasoline expenses, etc.

## 9.0 The Changing Role of LCDSS

The Report Card articulated a new vision of social services in general and of LCDSS in particular, keyed to the effects of Welfare-to-Work. As the Report Card put it:

“As parents leave home for school or work, child care needs become more acute, transportation barriers become more severe, and the ‘dead end’ of jobs which cannot meet the cost of basic needs such as housing and health care becomes more obvious.”

When the County’s CalWORKs plan was being developed, LCDSS partnered with a wide range of stakeholders, including family, health, education, and employment agencies, as well as community members. Through this process of outreach and engagement, LCDSS staff began to see a new vision for their work. Since 1999-2000, LCDSS has expanded its networking and sought creative ways to achieve its mission:



As stated in its annual Overview, LCDSS is “mandated to provide care and assistance for local children and adults who are endangered by abuse, neglect, or exploitation; administer County, State, and Federal Assistance programs; and provide services and support to enable families to become financially self-sufficient.” How LCDSS meets its mandates reflects its commitment to be genuinely responsive to, and inclusive of, the entire community. It has chosen to meet its mandates through partnerships with the community for integrated services and by acknowledging and rewarding staff performance. The Director of LCDSS is also the Executive Director of the Lake County Housing Commission, the Lake County Public Administrator, the Lake County Public Guardian, a long-standing 1<sup>st</sup> 5 Lake Commissioner, a member of the Workforce Investment Board, and the Chair of the Lake/Mendocino County Area Agency on Aging.

LCDSS is strategically positioned to improve the lives of children and families. Its work directly affects their well-being and that of the community as a whole. Its capacity for creative investment includes the original Report Card, this Update, Mizone, (the new Youth Resource Center opened August 2007), and other initiatives. LCDSS is working hard and effectively to comply with its mandates, while taking a holistic view of children, families, and the community in which we all live.

## 10.0 General Findings

- ★ **Welfare rolls are dropping steadily; Lake County families are moving away from dependency.**
- ★ **As families transition off cash aid, they continue to need assistance to provide a safety net for their children: food stamps, Medi-Cal, child care subsidies, housing supports.**
- ★ **Children are more diverse and diversity is rising.**
- ★ **Unemployment rates are stable.**
- ★ **The annual average wage is rising.**
- ★ **Child support collections are improving.**
- ★ **Public transportation is more available and accessible, with agencies doing what they can to fill gaps.**
- ★ **Fair Market Rent is relatively stable and affordable relative to the average annual wage.**
  
- ➔ **The continuing spike in housing prices could destabilize the local economy and reduce the chance for many working families to own their own home.**
- ➔ **Many children and families will continue to need subsidies of various types to maintain even a modest standard of living.**
- ➔ **The income gap is increasing, which can lead to socio-economic stratification with negative effects on community cohesion.**

## 11.0 Conclusion

Lake County no longer has to do without resources to the same extent as it once did. We are evolving from a culture of poverty to one of diversity and prosperity. This Chapter described the County's overall progress toward building a vibrant and inclusive community culture that supports the well-being of all children and families. The gap between cost-of-living and wages is a potential source of stress and division. However, more and more families are moving away from dependency and toward the pride and privacy that comes from self-sufficiency. This energy and sense of achievement are having a positive ripple effect throughout the community, freeing social and fiscal capital to be invested elsewhere – in programs, parks, roads, and other resources that characterize a prosperous community.

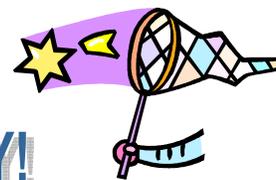


## Economic Well-Being

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## CHAPTER 4: EDUCATION TRUMPS POVERTY!



The road to citizenship in a democracy starts early. Ideally, it becomes a lifelong path of learning, achievement, and enjoyment. Diversity and inclusion in education encompass socioeconomic status, ethnicity, language, special needs, alternative learning styles, and multiple post-secondary options. Lake County has developed a roadmap to educational success for all children.

### Section 1. Snapshot of Progress – What’s Changed? Where do we stand?

- ★ LCOE has expanded its Countywide infrastructure, providing barrier removal and educational support services to every school district. Its contribution to the quality of the education system includes: 11 state preschools, School Readiness, Healthy Start, Safe Schools/Healthy Students (school-based counseling, prevention education, support groups), Kid Connection and Teen Connection comprehensive after school programs, School Attendance Review Board, Truancy Officers, SELPA, AmeriCorps, Foster Youth Assistance, McKinney-Vento Homeless Student Assistance, and the Regional Occupational Program.
  - ★ Identification of, and educational opportunities for, CWSN are in place, from infancy through age 22. From 2000-2006, inclusive, Special Education Local Plan Area served an annual average of 1,275 CWSN/year.
  - ✓ The number of English Language Learners rose from 574 in 2000 to 945 in 2005-2006, rising from 5.6% of public school enrollment to 9.2%.
  - ✓ Of the ELL, 96% are Spanish-speaking, but linguistic diversity has risen substantially, challenging schools and teachers.
  - ➔ As of January 2007, the McKinney-Vento program identified 639 homeless students, about 6.3% of the public school enrollment.
- ✓ **Challenging and motivating schools.**
- ★ Lake County has 8 public school districts, including the Lake County Office of Education. Collectively, they operate 35 schools, offering a wide range of programs from traditional to alternative, including the Juvenile Hall School and the two community schools. The 2006-2007 enrollment was 10,091; enrollment is declining.
  - ★ Lake County students are competitive with the state in terms of test scores. The only area in which Lake County children noticeably underperformed is spelling, an anomaly also noted by the original [Report Card](#).
  - ★ Lake County students are more likely to stay in school than their peers statewide, with a 4-year drop-out rate of only 11.6, compared to the state rate of 14.6.
  - ★ Lake County schools offer a range of options to engage students, including traditional schools, alternative programs, a charter school, a proposed career tech charter school, and 10 private schools, serving 310 students.

## Educational Success

- ➔ In 2005, only 36.7% of our high school graduates went on to a public college or university, compared to 43.7% of high school graduates statewide. (Note: This figure is limited to students who go directly to college and may understate Lake County's true college-going rate. Although the number is not readily tracked, Lake County students sometimes delay going to college after high school.)
- ✓ **Continuum: From “womb to tomb”.**
  - ★ Since 2002, Lake County has expanded its early childhood education resources, adding 316 new licensed preschool spaces, for a total of 791, up from 475 in 2002.
  - ★ Quality early childhood education has a substantial quantifiable benefit-cost ratio of at least 2.62, exclusive of benefits to parents, schools, and community. When such benefits are included, the return rises to at least \$7.16 for every dollar invested.
  - ★ Since 2002, Lake County has added 316 comprehensive after school spaces, for a total of 724, up from 408 in 2002.
- ✓ **Parents and community are involved in education; the community values education.**
  - ★ With support from multi-million dollar bond issues, school districts are building new libraries, performance centers, gymnasiums, and the like, creating exciting, state-of-the-art resources for students and communities.
  - ★ Per-pupil investment ranges from \$10,301 to \$7,375, depending on the district.
  - ★ The Taylor Observatory and Planetarium, owned and operated by LCOE, has been completely revitalized, with a new \$30,000+ telescope, upgraded facilities, and a cadre of enthusiastic community astronomers offering standards-based classroom lessons at the schools, Observatory classes, and public events.
    - ➔ The Family Resource Center (not Lake Family Resource Center), which provided peer help and support for parents of CWSN, has closed.
  - ★ The last word: According to the Fall 2006 CHKS, 77% of 7<sup>th</sup> graders, 80% of 9<sup>th</sup> graders, and 79% of 11<sup>th</sup> graders have high or medium feelings of “school connectedness.”

Lake County takes a proven, positive, and balanced approach to achieving educational success: good schools buttressed by a comprehensive support system of nurturing parents, health care, good nutrition, safe neighborhoods, array of cultural and recreational activities.



To succeed in school, children must be present in the classroom, ready and able to learn, and with realistic prospects of a bright future of their own choosing. Having children from all walks of life go to school together is a fundamental building block of our citizen democracy and our changing multi-cultural society. The experience of attending

## Educational Success

school peacefully together will be even more important as socio-economic diversity increases in Lake County.

Children's school success requires energy and investment from many sources, beginning with the family. Children grow and flourish in safe environments, with emotional and physical nurturing and mental stimulation. A growing body of research confirms the positive impact on children of a stable, nurturing home environment and the negative impact of chaos, e.g., exposure to violence, drugs, homelessness, etc.

The 2006 Vision and Indicators meetings had the benefit of over seven more years of experience with the power and success of comprehensive services to support educational success in school. They strongly agreed that the current approach should continue: start early; plan well; help kids who need it; keep kids in school; create multiple paths to bright futures; and remove barriers.

**EDUCATION “From Womb to Tomb”**

- ★ No barriers for children; all children reach maximum educational potential
- ★ Schools challenge children to reach beyond their potential
- ★ Children are motivated to maximize their talents
- ★ Parents and the community are involved in education
- ★ Education begins in the home
- ★ The community values education
- ★ Early education provides the foundation for lifelong learning

**WHAT WE WANT FOR  
LAKE COUNTY FAMILIES AND CHILDREN**

## Section 2: How can we measure educational opportunity and success?

The Vision and Indicators meetings reaffirmed the indicators by which to evaluate the state of Lake County's educational system.

### HOW CAN WE MEASURE EDUCATIONAL OPPORTUNITY AND STATUS?

- Infant, preschool, and child development programs
- Access to Special Education for Children With Special Needs
- School attendance, truancy, and drop-out data
- Student achievement scores (STAR and SAT)
- High School graduation rates
- Post-secondary education
- Investment in Education

*- selected and affirmed at Report Card and Update Vision and Indicators meetings, 1999 and 2006*

### 1.0 Early Education – A small investment with a big return!

1.1 Quality counts! Benefit-cost analysis. The quality of child care programs has a strong effect on children's development. Planners in many fields, from law enforcement to government, acknowledge that investment in quality child care is money well-spent. Quality child care programs reduce or avoid future costs, including special education, welfare dependency, health care, and criminal justice services. Their benefits accrue to the children themselves, their mothers and families, the public sector (local, state, and federal government), their peers, and the general community (e.g., through avoided crime and delinquency). The following discussion is adapted, with permission, from the Lake County Child Care Planning Council's just-published 2007 Third Child Care Needs Assessment.

Over fifteen years of research have identified consistent components of quality early childhood education:

## Educational Success

### ✓ **Well-trained and well-compensated providers**

- Providers are trained and educated in child development: they know what to expect from, and how to respond to, the children they serve
- Providers are “warm, friendly, respectful, affectionate, and sensitive” to the children
- Providers receive satisfactory pay and benefits, which increases retention, leading to an experienced workforce

“The most significant factor compromising overall quality of care is poor compensation of child care staff”.<sup>1</sup> Higher compensation attracts higher quality providers (education, training, experience, personal commitment). Qualifications of teaching staff are a key element of a high quality program.<sup>2</sup>

### ✓ **Low ratios of children to each provider**

A maximum classroom size of 20, with a staff-child ratio of 1:10, including a head teacher with a bachelor’s degree and a credential in early childhood education and development (when such a credential has been developed) is recommended by the National Association for the Education of Young Children (“NAEYC”).<sup>3</sup> For younger children (infants) or children with special needs (“CWSN”), higher ratios may be required or preferred.

### ✓ **Parent involvement**

- Parents are welcome to observe, participate in activities, and to make policy
- Providers talk to the parents about their children
- Providers respect family culture

### ✓ **Links to comprehensive services**

- Programs have access to multiple services, e.g., health care, special education services, parenting classes, insurance enrollment, etc.
- Providers refer families to services, e.g., health care

### ✓ **The child care environment is “safe, healthy, comfortable”**

- Developmentally appropriate curricula, with both individual and group activities that promote cognitive, emotional, social, and physical development
- Stimulating materials and equipment
- Safe structures and furnishings
- Nutritious food for snacks and well-balanced meals
- Clear, strong hygiene policies

## Educational Success

In other words,

“[we] are dedicated to providing children with the opportunity to engage in a loving and supportive atmosphere, using effective strategies to enhance the development of each child.” Cindy Adams, Director, LCOE Child Development Division

Multiple studies confirm the positive effects of quality early childhood education and care. The studies range from rigorous scientific experimental designs (High/Scope Perry Preschool Project; Head Start; Early Training Project) or quasi-experimental (Chicago Longitudinal Study) to longitudinal studies limited to the children served (National Institute of Child Health and Human Development Early Child Care Research Network). Some studies follow the children to age 20 and beyond (Chicago Longitudinal Study; High/Scope Perry Preschool Project).

The key variables affecting outcomes appear to be the quality of care and the level of need among the children served. Higher quality care is associated with higher levels of benefits. Less advantaged children show stronger benefits from quality child care.

The RAND Corporation completed an extensive research review to identify the studies with the most rigorous methodology which examined preschool programs comparable to California’s proposed “universal preschool program” described in the Preschool For All Initiative, defeated in 2006. RAND only included studies with experimental or quasi-experimental designs that effectively controlled for factors that can affect outcomes (parental choice to use preschool, family income, parental education, immigrant status, health, race, family structure). RAND also reviewed a meta-analysis of 48 program evaluations published between 1967 and 2001 that met at least minimum criteria for research quality. These evaluations all provided estimated long-term impacts of preschool programs serving disadvantaged 3 and 4-year olds.<sup>4</sup> RAND found a consistent pattern of results for the children served:

- ✓ Higher levels of achievement on standardized reading and math tests<sup>5</sup>
- ✓ Reduced need for special education<sup>6</sup>
- ✓ Reduced rates of grade retention<sup>1</sup>
- ✓ Better classroom behavior and socialization<sup>6</sup>
- ✓ Children more likely to maintain a positive attitude toward school<sup>7</sup>
- ✓ Higher high school graduation rates<sup>8</sup>
- ✓ Higher college attendance rates<sup>9</sup>
- ✓ Strong reduction in crime rates (juvenile and adult)<sup>13</sup>

RAND then separated the benefits and costs which could with confidence be given a dollar value from those which could not. Such unquantifiable benefits include reduced pain and suffering to victims of crime. The existence of such benefits means that the monetized estimates are too low, by definition. *Therefore, the benefit-cost results described below understate the true value of quality early childhood education.*

## Educational Success

Benefits and costs which can be given dollar values include:

- ✓ Reduced remedial education and grade retention
- ✓ High school graduation rates (Note: This item is both a benefit and a cost, as it leads to higher lifetime earnings, but increases up-front public investment in K-12 education.)
- ✓ Reduced child maltreatment measured by substantiated cases of abuse or neglect (reduced costs of treatment, foster care, in-home care)
- ✓ Reduced involvement in juvenile and adult criminal justice systems, i.e., reduced tangible costs of crime (petitions, incarceration, victim injuries, property damage, property losses, etc.)
- ✓ Increased lifetime earnings, leading to higher taxes paid
- ✓ Value of child care received by participants, valued at minimum wage

RAND acknowledged, but did not quantify, other benefits, including:

- ✓ Reduced welfare use by the participating children, at least by age 27
- ✓ Improved education level, occupational status, and earnings of the mothers of participating children, with the total earnings gain estimated at \$74,000 per child served over the mother's lifetime.<sup>10</sup> [These outcomes have corollaries: increased tax revenues and reduced welfare costs for the mothers.]
- ✓ Intergenerational effects, i.e., descendants (generations 2-4) of the preschool participants (generation 1) are also likely to have higher educational attainment, estimated at about 15% of the value of the discounted lifetime earnings gains to generation 1.<sup>11</sup> One study assumed that "non-earnings benefits" linked to education equal 25% of the estimated earnings-related benefits.<sup>12</sup>
- ✓ Improved health status of the preschool participants as adults, including better choices, such as reduced smoking rates which can be associated with reduced mortality. One source valued this reduced tobacco-related mortality at \$18,000 per child served in 2002 dollars.<sup>13</sup> These health benefits are also assumed to accrue to their family members, i.e., their children, another benefit.
- ✓ Better consumer choices in adulthood
- ✓ Better fertility choices, i.e., timing and spacing of children (delayed reproduction and increased time between births). Other research found significant benefits to even a minimal delay in child bearing, specifically, waiting until age 20 or 21 to have the first child.<sup>14</sup>
- ✓ Improved outcomes for peers of preschool participants who share classrooms or neighborhoods. For example, the preschool participants are more likely to be socially, emotionally, physically, and cognitively ready for school. Classrooms are more peaceful, so students are better able to work and learn. Teachers can focus

## Educational Success

on teaching the whole classroom, without disruption due to behavioral or other issues. Similarly, reduced delinquency and crime among participants should lead to safer neighborhoods.

- ✓ “Spillover effects” to governments or society, e.g., lower public health costs, reduced use of public services by future generations, increased tax revenues from future generations, etc.

Intangible victim costs include losses suffered by: (1) the victims of child abuse and neglect; and (2) the victims of crime. Such losses include pain and suffering, fear of crime, and other damage to quality of life. One study established an 8:1 ratio of intangible to tangible losses with respect to child abuse victims.<sup>15</sup> The RAND estimate is much lower, however, at only 1.4 times the tangible costs or about \$18,891 per juvenile petition.<sup>16</sup> In 2005, Lake County filed 338 juvenile delinquency petitions, at an estimated cost of \$6,385,158. *A 10% reduction would save the County \$638,516/year, assuming a constant level of juvenile crime.*

Even the best program, perfectly implemented, cannot guarantee such results for every child. Some graduates of top quality early childhood education programs will have difficulties in school, with health, with crime, etc. **The key outcome, however, is that participants as a group do much better than non-participants.** The Tables below summarize statistically significant benefits of two programs comparable to the *Preschool For All* Initiative. Both tables were prepared by Lynch (2004) using materials from Karoly (1998, 2001) and Reynolds, et al. (2001, 2002)<sup>17</sup>

*Table 4.1: Benefits of Perry Preschool Project*

<b>Benefits of Perry Preschool Project</b>	<b>Participants</b>	<b>Non-Participants</b>
Grade retention/special education, age 10	17%	38%
High school graduation, age 27	71%	54%
Arrested 5 or more times	7%	35%
Arrested for drug-related offenses	7%	25%
Arrested, age 27	57%	69%
Average number of arrests, age 27	2.3	4.6
Earn \$2,000 or more/month, age 27	29%	7%
Employment rate	71%	59%
Average monthly earnings, age 27	\$1,219	\$766
Homeownership	36%	13%
Own second car	30%	13%
Receive welfare or social services	59%	80%
Receiving public assistance, age 27	15%	32%
Single mothers	57%	83%

## Educational Success

Table 4.2: Benefits of Chicago Preschool Program

Benefits – Chicago Preschool	Participants	Non-Participants
Special education	12%	22%
Grade retention, age 15	24%	34%
Years in special education, age 18	0.7	1.4
Serious criminal charges	17%	25%
Violent offenses charges	9%	15%
High school graduation, age 20	50%	39%
High school graduation, age 22	65%	54%
Victim of abuse or neglect, ages 4-17	5%	10%

RAND then developed a series of benefit-cost estimates, ranging from most conservative (lowest benefits) to most liberal (highest benefits). Only the baseline scenario is included here. That scenario measured costs and benefits using a baseline that included current public spending on preschool education in California. It also allowed for different levels of benefit, tied to children's socioeconomic status (advantaged or disadvantaged) and assumed that only 25% of the participants will receive 100% of the benefits, as noted above. RAND excluded benefits to the federal government. Amounts shown in parentheses are costs. Benefits and costs are shown on a per-child basis.

✓	Program Costs	@	(\$4,339)
✓	Education Outcomes		
	▪ Grade retention reductions	@	\$150
	▪ Special education averted	@	\$1,047
	▪ Educational attainment	@	(\$321) (This is a cost because increased educational attainment assumes more years in public education, therefore increasing public costs.)
✓	Child Welfare Outcomes		
	▪ Child welfare system costs	@	\$52
	▪ Costs to victims of abuse and neglect	@	\$51
✓	Juvenile Crime Outcomes		
	▪ Justice system costs	@	\$508
	▪ Costs to victims	@	\$711
✓	Value of Child Care	@	\$4,604
✓	College Attendance (projected)	@	(\$173)
✓	Labor Market Earnings (projected)		
	▪ Net earnings/compensation	@	\$5,371

## Educational Success

- Taxes on earnings @ \$430
- ✓ Adult Crime Outcomes (projected)
  - Justice system costs @ \$558
  - Costs to victims of adult crimes @ \$585

**Total Benefits: \$11,375**

**Net Benefits: \$7,036**

**Benefit/Cost Ratio: 2.62**

**Internal Rate of Return: 10.3%**

(Note: Totals may not add due to rounding. All amounts are in 2003 dollars and give the present value. Future values are discounted to age 3 of the participants, at a 3% annual real discount rate.)<sup>18</sup>

If *intangible benefits to victims of child abuse and neglect and crime* are included, as quantified by the Perry Preschool Program evaluation<sup>19</sup>, then the potential impact of a free, voluntary universal preschool option rises significantly:

- ✓ Total benefits per child rise to \$14,749
- ✓ Net benefits rise to \$10,410
- ✓ Benefit-cost ratio rises to 3.40
- ✓ Internal Rate of Return rises to 14.2%

Other research supports these outcomes. The Federal Reserve Bank of Minneapolis calculated an inflation-adjusted return on investment from quality preschool at 16%.<sup>20</sup> By comparison, the real rate of return on the stock market from 1871-1998 was only 6.3%.<sup>21</sup> Quality early childhood education is a low-risk, high-return investment.

### 1.1.1 From the Teachers – Preschool's impact on school readiness.

Qualitative data supports the quantitative data detailed above. California kindergarten teachers demonstrate a remarkable level of consensus:

- ✓ 95% agreed that children who attended preschool were better prepared for kindergarten than those who did not.
- ✓ 88% stated that they have to work on basic skills with children who did not attend preschool.<sup>22</sup>

At the national level, teachers found other benefits of preschool, which reinforce the results found by the evaluation studies:

- ✓ 78% stated that children who had gone to preschool were less likely to be disruptive in class.

## Educational Success

- ✓ 86% noted that the time required to cope with the disruptive behavior and learning deficits of children who were not ready for school had a negative effect on other children's progress.<sup>23</sup>

These results may reflect the fact that children who have attended preschool have already successfully separated from their parents, learned to share and navigated the other myriad challenges of school, such as group interactions. They are developmentally and experientially prepared for kindergarten.

"I've worked in California schools for over 34 years and have seen how children decide whether they are "good" or "bad" students as early as first grade. Give a 4-year old a play-based curriculum in a supportive environment, and you create a child who thinks of himself as a successful learner for the long term." – Jerry Cowdrey, M.S., Educational Psychologist, Newport-Mesa Unified School District.

### 1.1.2 Links between academic success and positive behavior.

A recently published study explicitly discusses the link between learning and social-emotional development. Specifically, the study found that difficulties in one area create difficulties in another. This analysis used data from a 1996-2002 study of 400 rural and urban low-income children on the West Coast and northeastern states. It followed two groups of children from kindergarten or first grade through elementary school. Most attended public schools with a high proportion of low-income children, making this study highly relevant to Lake County. Teachers rated the children on both aggressive and prosocial behaviors, e.g., "fights", "taunts/teases", "bullies", or "helps other children", "is empathetic", and "offers help/comfort when others are upset". Using standardized tests, the study also measured reading skills in third and fifth grades. In general, early experiences predicted future ones:

- ✓ Children rated as relatively aggressive in early grades continued to be rated aggressive in higher grades.
- ✓ Poor reading skills in early grades predicted poor reading skills in higher grades; literacy scores in each year "significantly predicted" literacy scores in the next testing year.

Most significantly, ***low literacy achievement in early grades predicted higher aggressiveness in later grades:*** ". . . relatively low literacy achievement in 1<sup>st</sup> grade predicted relatively high aggressive behavior in 3<sup>rd</sup> grade . . . [and] low literacy achievement in 3<sup>rd</sup> grade similarly predicted high aggressive behavior in 5<sup>th</sup> grade." Perhaps children who are frustrated in the classroom react with disruptive behavior. The corollary was also true: good social skills were associated with good reading scores, at least through the 3<sup>rd</sup> grade. This connection decreased by the 5<sup>th</sup> grade; the study did not explain why.

## Educational Success

The study reinforces the consensus that universal preschool programs must be high quality to fully realize their potential benefits. High quality programs address social, emotional, physical, and cognitive development, taking a “whole child” approach. This approach recognizes that social and academic growth are “inextricably connected”.<sup>24</sup>

### 1.1.3 Closing the gap: Preschool benefits to Latino children.

Latinos are the fastest-growing subgroup in California and are a major demographic force in Lake County. At kindergarten entry, Latino children overall tend to be months behind white children in reading and math. This learning gap is sustained, possibly even into high school. By the fourth and eighth grades, Latino students are underperforming white students. In math and reading, they are three times *less* likely to be proficient. They are twice as likely to drop out of high school.

Quality preschool appears to be an effective intervention for this higher risk group. At least one study found that Latino children who attended preschool scored 79% higher on reading and 54% higher on math and number tests than non-participants. However, Latino children are less likely to enroll in preschool than white children. Statewide, 67% of white children had enrolled in preschool the year before kindergarten, compared to only 47% of Latino children. Latino parents strongly support school success, with 90% reporting that they would enroll their children in a free, quality preschool program if one were available.

The [English language learners] who come to me with preschool experience have a good foundation in English. Their transition to kindergarten is easier, and they don't lose the time in mastering skills.” -- Karen Sliechter, Kindergarten Teacher, Felicita Elementary School, Escondido Unified School District<sup>25</sup>

## 2.0 Lake County's Approach and Experience

The very good news is that Lake County has recognized the benefits of quality early childhood education to children and their parents, schools, businesses, and the community as a whole. There is an ongoing collaborative effort to increase the number of early childhood education spaces, to improve quality, to integrate other resources (health care), to support providers with education, training, and stipends, and to provide home-based services for parents and children who do not use center-based services.

The child care picture has changed substantially since Report Card 2000. Some of the centers and resources described no longer exist, while new ones have opened. Child care is in constant flux, a continuing challenge for child care planners, consumers, and program operators. However, the overall early child care picture is a bright one, with substantial progress on all fronts.

## Educational Success

### 2.1 Preschool demand and supply, 2007.

- ✓ There are an estimated 1,977 preschool-aged children (3-5 years) in Lake County.
- ✓ There are 791 known licensed center and state preschool spaces to serve them, plus an unquantifiable number of spaces in Family Child Care Homes.
- ✓ Therefore, at a minimum, the County has developed the licensed capacity to serve 40% of 3-5 year-olds.
- ✓ Assuming 80% of parents would use a free, voluntary, quality preschool if available, Lake County needs to add 583 spaces to serve 4 year olds and 791 new spaces to serve 3-5 year olds.
- ✓ Assuming 80% of parents would use free, voluntary, quality kindercare (care wrapped around the part-day kindergarten class), Lake County needs 615 spaces for kindercare.
- ✓ In 1999-2000, Children Now estimated that only 29% of preschoolers were enrolled in a preschool program.
- ✓ The Third Child Care Needs Assessment found 40% of preschool-aged children enrolled; in 2007, Children Now revised its estimate up to 38% enrollment, but used regional data.<sup>26</sup>

### 2.2 Licensed preschools and child development centers.

The basic definition of preschool is: a part-day session, typically 3 hours, serving 3-5 year-olds. One site can hold more than one session/day; each session is considered a separate "preschool". The state-funded preschools prioritize 4 year olds; the *Preschool For All* Initiative planned to serve only 4 year olds. Quality preschools emphasize social-emotional development and teach a standards-based curriculum articulated with the schools.

Although state licensure does not guarantee quality, it does identify providers who are willing to undergo orientation, basic training, and accept the possibility of scrutiny. The State Community Care Licensing regional office serving Lake County is located in Chico. Even licensed programs are inspected or reviewed less than once per year, however. Representatives of Community Care Licensing recently announced a new policy of universal, formal citations for even small incidents. This is a dramatic reversal of prior practice. As a result, Lake County's licensed centers and FCCH will seem to have dropped sharply in quality and safety. This new practice may do more harm than good, as parents will have to sort out which citations reflect substantive disregard for children's well-being and which are pro forma compliance with the new policy.

2.2.1 LCOE. LCOE's Child Development Division Programs include: Early Connection State Preschools, School Readiness, California Preschool Instructional Network, Early Reading First, Kid Connection (K-5 or K-6 after school), California School Age Family Education (for pregnant and parenting students), Child Care Food Program, and the Child Care Planning Council. As of 2006-2007, these programs were serving 459 families and 840 children. In 2006-2007, LCOE offered 240 state preschool spaces:

## Educational Success

- ★ Burns Valley Preschool, two part-day sessions, 24 children each, with income eligibility
- ★ East Lake Preschool, one full-day program, serving 24 children, with income eligibility
- ★ Lower Lake Preschool, two part-day sessions, 24 children each, income eligibility
- ★ Pomo Preschool, two part-day sessions, 24 children each, income eligibility
- ★ Kelseyville Preschool, one part-day session, serving 24 children
- ★ Lucerne Preschool, one full-day program, serving 24 children, income eligibility
- ★ Middletown Preschool, one part-day session, serving 24 children, income eligibility

However, in response to parent and community demand, LCOE is planning to add 96 spaces to expand its total capacity to 336 in 2007-2008:

- ★ Kelseyville: add 1 all day program, serving 24 children
- ★ Lakeport: add 2 part-day sessions, serving 24 children each
- ★ Middletown: add 1 part day session, serving 24 children

### 2.2.2 Child Development Centers (“CDCs”).

Yuba CDC. The Yuba Child Development Center, located on the Yuba Community College campus, serves 30 children aged 3-5.

LCOE CDCs. LCOE operates the CalSAFE child development program for pregnant and parenting teens, at two sites:

- ★ ASPIRE, an infant-toddler center co-located with the Lloyd Hance Community School located in an orchard outside Lakeport, serving 15 children aged 0-2.9 years.
- ★ Carle Kid Center, an infant-toddler center, co-located on the Carle High School campus in Lower Lake, serving 12 children aged 0-2.9 years.

These Centers provide developmental child care for pregnant and parenting teens. Both the mothers and fathers can graduate from high school, be with their children during breaks, lunches, etc., and learn parenting and independent living skills to help them form strong, happy families. The infants receive quality child care which improves their chances of developing into healthy, happy children, able and ready to go on to preschool and “real school”.

There are four privately-operated licensed preschool providers. A few Family Child Care Homes limit their services to children in the preschool range, but the number of providers and children served is highly variable.

### 2.2.3 Multicultural Centers.

The Child Care Planning Council has worked closely with providers, 1<sup>st</sup> 5 Lake, and tribes to promote increased multi-cultural options and resources in all settings, preparing Lake County’s rural children to succeed in today’s diverse, global culture.

## Educational Success

- ★ Robinson Rancheria CDC. With assistance from the Child Care Planning Council, 1<sup>st</sup> 5, and others, Robinson Rancheria opened and is operating an on-site preschool serving 18 Native American children. The preschool is open to all Native American children regardless of tribal affiliation, but is usually filled by Robinson tribal members. Its relatively remote location in the Northshore tends to make travel to and from the center infeasible for many working parents outside the Rancheria.
- ★ Big Valley Preschool/Parent Activities Center. Tribal Health is now operating this Center, which is located on the Big Valley Rancheria. It serves 40 children aged 0-5, three days/week.
- ★ Migrant Head Start (e-Center). Migrant Head Start is located in Kelseyville. It serves 60 children aged 4 weeks to 5 years, providing all-day care during the agricultural season.
- ➔ Only two family child care homes are identified as providing Spanish-speaking care. Both are exclusively Spanish-speaking. Neither is located in Kelseyville, which has the highest proportion of Latino residents in the County.

### 2.2.4 Head Start and Early Head Start.

- ✓ Head Start. Head Start is a federally funded program that serves low-income children aged 3-5. Its purpose is to overcome the achievement gap suffered by less advantaged children when they enter school. It does so by improving social and emotional well-being, learning, and health. Head Start also requires parent participation to help parents understand their child's development, share in activities, contribute to the program, and link with other services, such as health care. NCO operates Head Start in Lake County.

In 1998-99, NCO operated 6 sites and served 140 students. By 2000, NCO had reduced its sites to five: two in Upper Lake, one in Lakeport, and two sites in Clearlake, with 105 spaces. Two sites offer full-day programs, each linking a Head Start session to a state preschool session.

- ✓ Early Head Start. Early Head Start is another federally funded program, which offers high quality care to children aged 0-3. It supports social, emotional, physical, and cognitive development of infants and toddlers. EHS also requires parent involvement, supports a Parent Advisory Council, and helps parents improve their parenting skills. It assists families to meet family goals, such as economic independence. EHS reserves 10% of its spaces for CWSN, regardless of family income.

Lake Family Resource Center (formerly Sutter Lakeside Community Services) started Lake County's first EHS program in 1999. It offers a combination of center-based care for 22 children and home-based care for another 30+. Lake FRC won expansion

## Educational Success

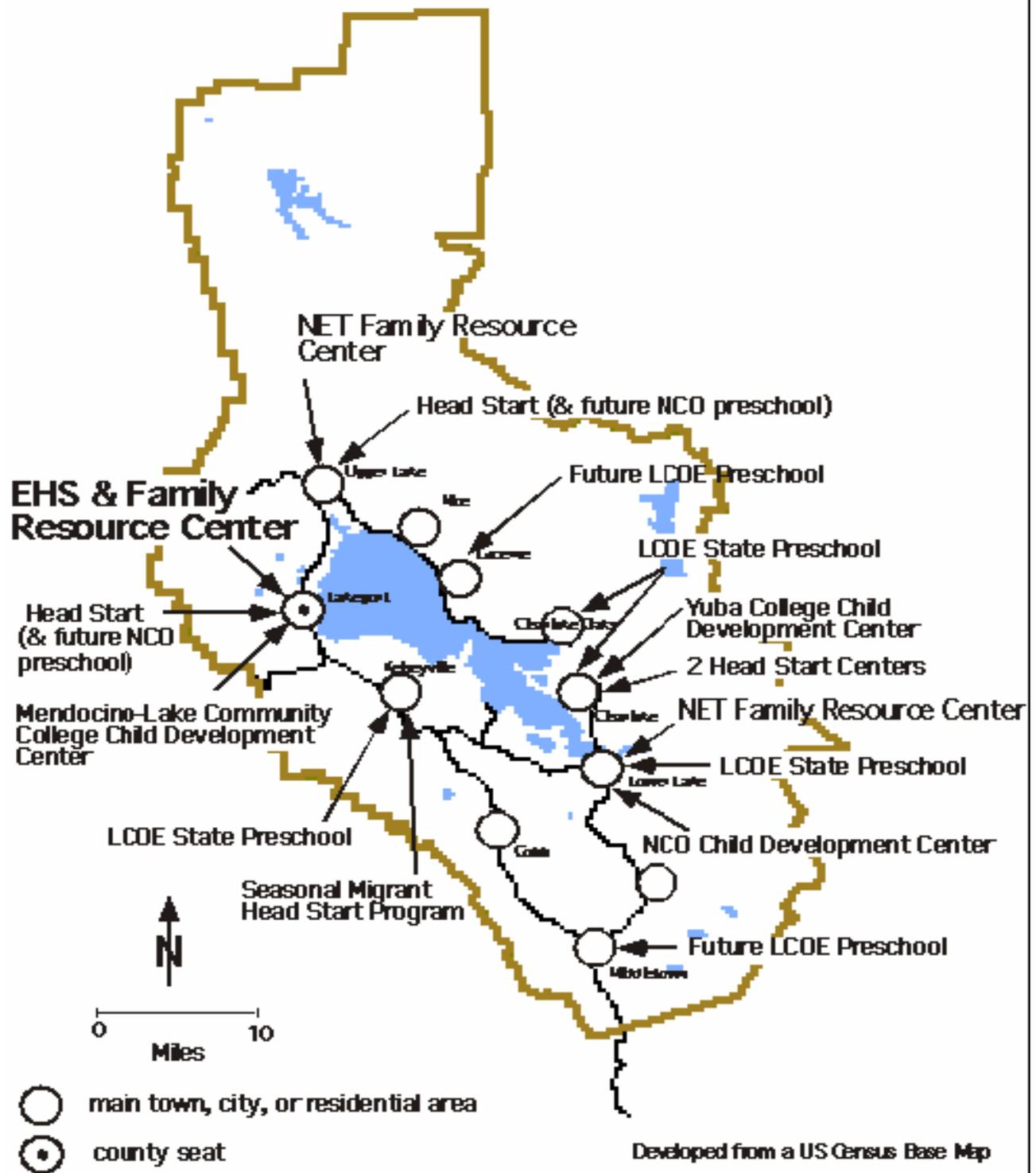
funding to add 8 spaces, but the funding was rescinded in 2006-2007 due to federal budget cuts. As a consequence, the EHS waiting list shot up from 22 in 2002 to 59 in 2006-2007. EHS is a major contributor to early education options for Lake County's infants and toddlers.

### 2.2.5 Teen Parenting Services.

Lake FRC and LCOE both offer services to teen parents. Lake FRC operates Lake County's Teen Parenting Services program, which includes the Adolescent Family Life Program ("AFLP"). AFLP offers case managed support services for pregnant and parenting teens, childbirth preparation, parenting skills, child development, independent living skills. Further, it assists these young parents to stay in school or (re-) enroll in an educational program that leads to a high school diploma or GED. Services are free.

LCOE offers the California School Age Families Education Program (CalSAFE). CalSAFE focuses on keeping pregnant and parenting teens in high school, while providing quality child care, parenting skills, independent living skills, and post-secondary planning to help these young parents support their families and break the cycle of poverty.

The following maps contrast the spread and concentration of early childhood education centers throughout the County as of March 2000 and as of June 2007.





### 3. Education for CWSN (adapted from Report Card 2000)

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*“State and federal laws and regulations guarantee all children with exceptional needs, from birth through age 21, a free, appropriate, public education.”* **Lake County SELPA Parent Handbook**

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Meeting this mandate requires early identification of CWSN and a collaborative, creative team approach. Assessment of individual challenges and capacities is the first step toward understanding and meeting the children’s needs and creating strategies to help their families help them. Legal requirements that help assure family-focused, quality services include:

- ✓ Family involvement in review of educational options and choices for the child
- ✓ Children served in the least restrictive environment possible
- ✓ Each child’s educational progress and plan is reviewed on a regular basis

Services are planned and delivered locally by several providers. These include:

- ✓ The Lake County Special Education Local Plan Area (“SELPA”) works with parents, schools, and special education providers to help CWSN succeed in school.
- ✓ Easter Seals of Northern California assesses infants referred by the Early Start Team (“child find”) and provides home visits, referrals, and parent education.
- ✓ Redwood Coast Regional Center (“RCRC”), one of 21 regional centers under contract with the California Department of Developmental Services, provides a range of services, including assessment and diagnosis, preventive services, treatment and therapy, referrals, and in-home and classroom aides. RCRC works with SELPA and contracts with local providers for specialty services.
- ✓ Other providers include: the Department of Rehabilitation, the Department of Health Services, especially California Children’s Services, and others.

Different organizations get involved at different ages and stages of each child’s development.

#### 3.1 Early Start Team (infants and toddlers).

Early Start is an interagency program that intervenes with infants and toddlers. At the state level, it is led by the Department of Developmental Services and the Department of Education. The key partners on Lake County’s Early Start Team are:

- ✓ RCRC
- ✓ Easter Seals of Northern California
- ✓ SELPA
- ✓ Lake County DHS

The Early Start team finds and assesses infants and toddlers at risk of disability or delay, identifies resources to help families, develops a Family Service Plan, and

## Educational Success

coordinates service delivery, working in partnership with the parents. RCRC coordinates the Early Start Team and is the lead agency responsible for identifying and assisting infants. It also helps parents (or prospective parents) get the help they need to reduce the risk or severity of the condition. RCRC contracts out for child find and services to Easter Seals and SELPA. Early Start also receives referrals from DHS through screening programs such as the Child Health and Disability Program (“CHDP”). DHS can also refer children to California Children’s Services (“CCS”), which provides specialized medical care to income-eligible children with physical handicaps.

Easter Seal’s assessments check for cognitive disabilities, fine and gross motor disabilities, receptive and expressive language (listening and verbal expression), and self-help, i.e., ability to feed oneself, etc. Easter Seals staff make home visits and work with parents to show them how to help their children reach their potential. They are supported by pediatric aides, and an array of therapists (speech, occupational, etc.) from various partners. Easter Seals also provides transportation to out-of-County specialty services through its Verna Morris fund and other sources.

→ The Family Resource Center was a volunteer service operated by parents of CWSN to provide support and education to other parents of CWSN. They educated and advocated for Early Start Families and provided support as the children grew older. Lake FRC provided meeting and office space. This support network has faded, but Lake FRC is ready to provide support should another group of volunteers arise.

### 3.2 Special education for preschoolers.

Students cannot receive special education until they are three years old. At 2 years and 9 months, toddlers begin the transition from Early Start to special education services which SELPA administers. SELPA’s mission is to integrate special education programs, providers, and students into mainstream education. Its work with the school districts includes providing information on special education laws and best practices; information and funds for training; and referrals to service providers. Each child is to receive least intrusive interventions. Staff meet with parents to review needs and options and develop an Individual Education Plan. Many preschoolers served are able to attend Head Start, state preschools, or other programs. LCOE’s state preschools practice 100% inclusion. Children with severe or multiple conditions or who need small, very structured environments can attend special education preschool. Easter Seals can provide instructional aides, interpreters, and health aides. RCRC can serve individuals starting at age 3, if they have been professionally diagnosed with eligible conditions, e.g., autism is eligible, but other Pervasive Development Disorders, Asperger’s Disorder, and Childhood Disintegrative Disorder are not.

The following Table tracks the frequency of certain diagnoses in children aged 3-5 served by SELPA from 1999-2000 through 2006.

## Educational Success

*Table 4.3: SELPA Services for 3-5 Year Olds*

<b>Condition</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
<b>Mental Retardation (MR)</b>	4	6	12	7	9	8
<b>Hard of Hearing (HH)</b>	0	0	3	0	0	0
<b>Deaf</b>	0	2	1	1	1	0
<b>Specific Learning Impairment (SLI)</b>	65	61	63	64	62	66
<b>Vision Impairment (VI)</b>	4	0	1	1	3	2
<b>Emotional Disturbance (ED)</b>	0	0	0	0	0	1
<b>Orthopedic Impairment (OI)</b>	1	0	0	0	1	3
<b>Other Health Impaired (OHI)</b>	1	1	1	4	1	3
<b>Specific Learning Disability (SLD)</b>	3	1	3	0	0	0
<b>Deaf/Blind (DB)</b>	0	0	0	0	0	0
<b>Multiple Disabilities (MD)</b>	1	1	0	2	0	0
<b>Autism (Aut)</b>	2	2	2	0	3	3
<b>Traumatic Brain Injury (TBI)</b>	0	0	0	0	0	0

### 3.3 Special education for school-age children+ (6-22).

The number of children with identified disabilities jumps very sharply at kindergarten entry and rises again at first grade, as demonstrated in the Table below. This apparent surge in disabilities may reflect a higher rate of detection, rather than a higher rate of occurrence. Some children have no contact with educators until they are 5 or 6; no one has observed them with a trained eye. As children begin to deal with the physical, social, emotional, and cognitive challenges of school, their teachers may notice difficulties and refer them for testing. SELPA, Easter Seals, and the Child Care

## Educational Success

Planning Council provide trainings to early childhood educators, teachers, and parents on the early signs of potential delays or disabilities. The families of identified CWSN are invited to develop an IEP. Applicable services are reviewed and multi-disciplinary teams assembled. Progress and plans are reviewed at least once per year.

*Table 4.4: Numbers of Identified CWSN - Ages 4-6 served by SELPA*

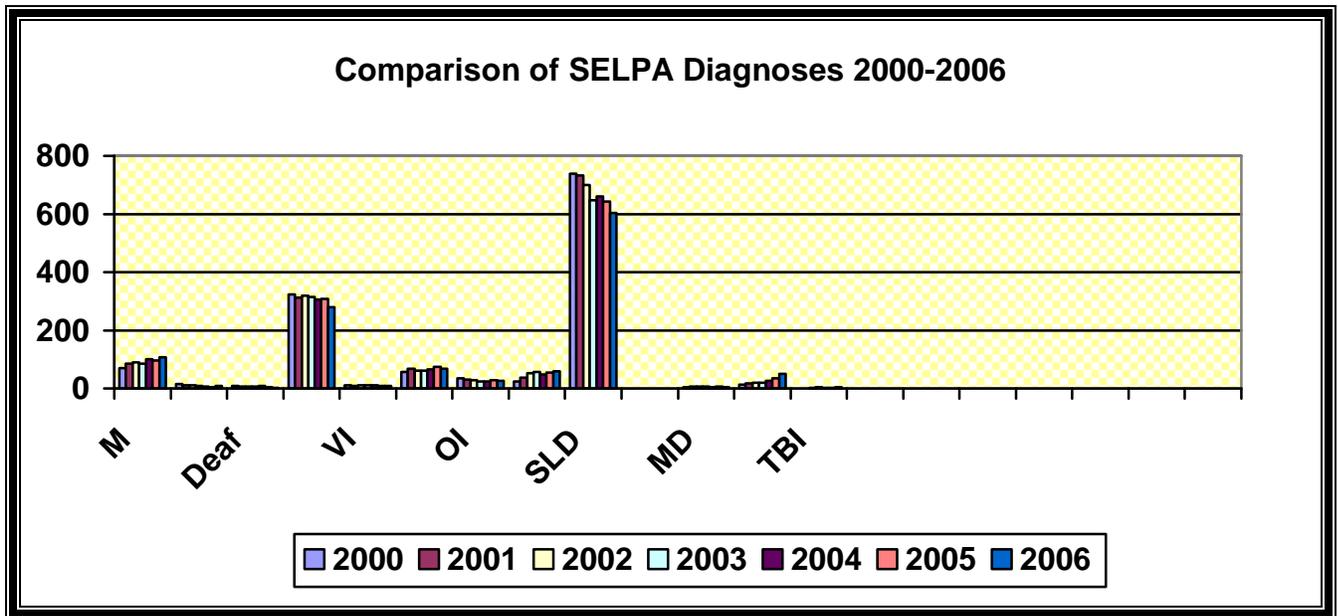
<b>Age</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
<b>4 years</b>	22	23	16	21	23	24
<b>5 years</b>	50	40	53	40	41	53
<b>6 years</b>	64	62	55	69	58	59

*Table 4.5: SELPA Services for 6-22 Year Olds*

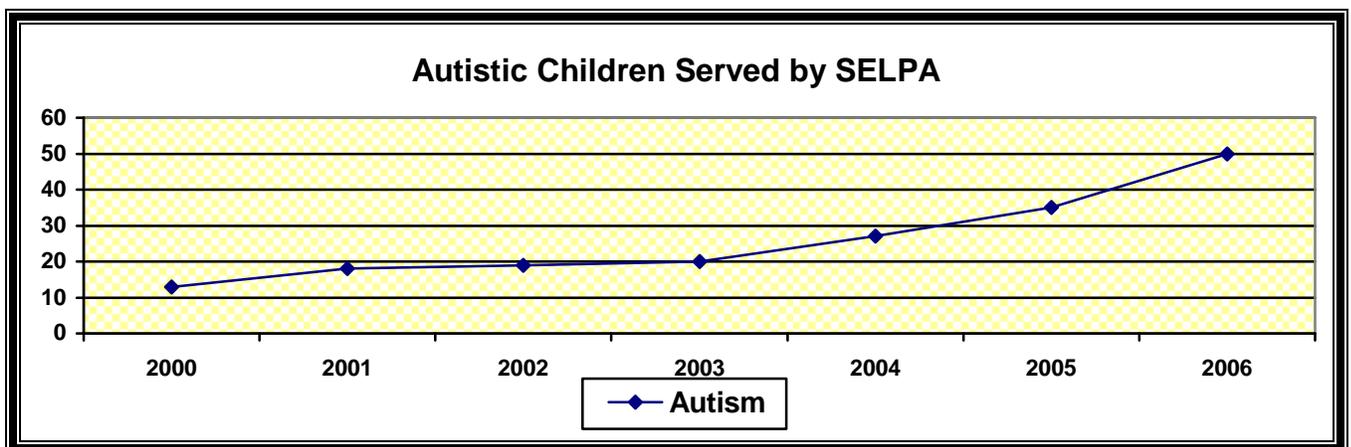
<b>Condition</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
<b>Mental Retardation (MR)</b>	60	72	86	75	88	88
<b>Hard of Hearing (HH)</b>	15	12	11	8	6	5
<b>Deaf</b>	7	5	5	5	7	4
<b>Specific Learning Impairment (SLI)</b>	258	252	256	251	245	243
<b>Vision Impairment (VI)</b>	6	0	0	7	6	6
<b>Emotional Disturbance (ED)</b>	57	68	62	61	66	74
<b>Orthopedic Impairment (OI)</b>	30	29	24	22	21	22
<b>Other Health Impaired (OHI)</b>	24	36	50	52	48	52
<b>Specific Learning Disability (SLD)</b>	727	727	699	593	657	637
<b>Deaf/Blind (DB)</b>	0	0	0	0	0	0
<b>Multiple Disabilities (MD)</b>	3	5	2	4	4	7
<b>Autism (Aut)</b>	11	15	18	19	23	31
<b>Traumatic Brain Injury (TBI)</b>	1	0	2	3	2	2

## Educational Success

The relative frequency of the types of diagnosed conditions has been relatively consistent, with the exception of autism, as illustrated in the two charts below.



The jump in autism, discussed under **Improving Children's Health**, is demonstrated more clearly below:



Total special education enrollment remains a fairly constant percentage of total enrollment, ranging from a low of 11.93% as of December 2003 to a high of 12.98% in December 2001. The most recent figure is 11.96% as of December 2006. The average annual enrollment from 2000-2006, inclusive, is 1,275.

#### **4.0 Introduction to Lake County Public Schools**

Lake County has 8 school districts, including the Lake County Office of Education. Collectively, they operate 35 schools, offering a wide range of programs from traditional to alternative. LCOE operates the two community schools, the Juvenile Hall School and the California School Age Families Program. LCOE schools serve students from throughout the County. There is only one charter school, operating in the Middletown Unified School District. Rural areas such as Lake County typically have many small districts. Nationwide, there has been a trend to compel consolidation of small districts, justified by alleged cost savings. This push toward consolidation arises from urban and suburban models based on high population densities. When consolidation has been tried in rural areas, it typically results in vastly increased transportation costs, with students spending 2-4 hours a day on a bus. They are exhausted and excluded from most after-school activities. They also lose “school connectedness”, a vital contributor to youth resilience, discussed below.

The map on the next page illustrates the geographic challenges facing Lake County school districts. For example, Upper Lake Union Elementary School District is about 658 square miles. Students in the north end typically go to schools in Mendocino County, rather than undergo hours of bus travel to and from Upper Lake. Some districts are in the process of reviewing and redrawing their boundaries. Further, most of the district boundaries were drawn before the County was developed. Some newer housing developments cross two districts, so children on different sides of the same street can be in different districts. The districts have coordinated with each other to preserve neighborhood and school integrity, by expediting inter-district transfers so neighbors are friends, rather than rivals. Lake County schools are essential community resources and play a central role in the lives of children and families. The following map was prepared by Domanie Elmer, LCOE, SS/HS.

Educational Success

MAP OF LAKE COUNTY  
SHOWING SCHOOL  
DISTRICT BOUNDARIES

UPPER LAKE HIGH &  
UPPER LAKE  
ELEMENTARY S.D.

- Upper Lake Elementary (K-5)
- Upper Lake Middle School (6-8)
- Upper Lake Union High School (9-12)
- Clover Valley Continuation

LUCERNE  
ELEMENTARY  
S.D. (K-8)

KONOCTI  
UNIFIED S.D.

- Burns Valley (K-6)
- Eastlake School (K-7)
- Lower Lake Elementary (K-6)
- Pomo Elementary School (K-6)
- Oak Hill Middle School (6-8)
- Lower Lake High School (9-12)
- Blue Heron Program (9-10)
- Carle Continuation School (10-12)
- Clearlake Community School
- Konocti Community Day School

LAKEPORT  
UNIFIED S.D.

- Lakeport Elementary (K-3)
- Terrace Heights (4-6)
- Terrace Middle (7-8)
- Clearlake High (9-12)
- Natural High (9-12)
- Red Bud Community School

KELSEYVILLE  
UNIFIED S.D.

- Kelseyville Primary (K-3)
- Riviera Elementary School (K-5)
- Gard Street Elementary (4-5)
- Mountain Vista Middle (6-8)
- Intermountain High (9-12)
- Kelseyville High (9-12)
- Ed Donaldson Continuation

MIDDLETOWN  
UNIFIED S.D.

- Cobb Mountain Elementary (K-6)
- Coyote Valley Elementary (K-6)
- Minnie Cannon Elementary (K-6)
- Middletown Middle School (7-8)
- Middletown High School (9-12)

## 5.0 English Language Learners (“ELL”)

5.1 ELL. Although Lake County remains much less diverse than California, diversity is increasing and is reflected in the number of ELL students. ELL students are defined as students whose primary language is not English and, based on state assessment procedures, who lack clearly defined English language skills, including listening comprehension, speaking, reading, and writing necessary to succeed in a school’s regular instructional program.

The two Districts most acutely affected by the growth in ELL are Kelseyville, serving the highest proportion (14.2%) of ELL students, and Konocti, serving the highest number (398 students). Lakeport Unified has the third-highest percentage of ELL students. The changing ELL numbers suggest a demographic shift in the Konocti catchment area. As of 2001-2002, Lakeport and Konocti had about the same percentage of ELL students. Lakeport was slightly higher at 6.3%, while Konocti was at 6.1%. By 2005-2006, Lakeport’s proportion rose to 7.6%, but Konocti’s was up to 12.4%. Within Konocti, Pomo Elementary School has the highest number of ELL students, with 105 or 26% of the District’s ELL students.

Although 96.2% of the County’s ELL students are Spanish-speakers, the County is home to Punjabi, Russian, Korean, Cantonese, German, Gujarati, Tagalog, Mien, Taiwanese, Urdu, Arabic, Assyrian, Japanese, Khmer, Mandarin, Thai, Serbo-Croatian, Polish, Hebrew, and French-speaking students. Districts’ ELL resources are challenged by the greater diversity of languages. One central issue is finding library books and standards-based textbooks in so many different languages that facilitate the acquisition of literacy in English. There is also diversity within the diverse ELL students. Students who are proficient and literate in their native language are more likely to become proficient in English (and other languages) quickly. For example, one Lao-speaking student placed in a bilingual classroom learned both Spanish and English. Key ELL data include:

- ✓ The number of ELL students has risen from 574 in 2000-2001 to 945 in 2005-2006.
- ✓ The percentage of ELL students Countywide rose from 5.6% to 9.2%.
- ✓ The percentage of ELL students who were Spanish-speakers dropped from 99.5% to 96%.
- ✓ Statewide, 29.4% of students were ELL.

## 5.2 ELL Redesignated English-Proficient (“RFEP”).

RFEP students have met the criteria, standards, and procedures adopted by their districts and demonstrated English language proficiency comparable to native English speakers. Lake County appears to be losing ground slightly in this area. This change could be due to the increasing variety of languages, many with their own alphabets or scripts (Chinese, Japanese, Arabic, Khmer, Thai, Russian, Korean, etc.). These languages are represented by very few students, creating an economic challenge: how

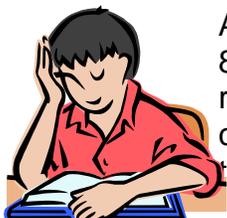
much can a District invest in books, classes, and instructional materials for only 6 Punjabi or 2 Thai speakers? The following Table demonstrates the RFEP trends.

*Table 4.6: Linguistic Proficiency*

Year	# Lake County Students Redesignated FEP	% Lake County ELL Students Redesignated FEP	% California ELL Students Redesignated FEP
2000-2001	94	18.4%	9%
2001-2002	69	12%	7.8%
2002-2003	89	14.4%	7.7%
2003-2004	88	10.7%	8.3%
2004-2005	80	10.2%	9%
2005-2006	78	8.9%	9,6%
2006-2007	N/A	N/A	N/A

Ethnic and linguistic diversity are opportunities to enrich the cultural and learning experience of all students, but require extra effort to ensure a level playing field.

### 6.0 School Attendance – “Must be present to win!”



An educational rule of thumb is that when a student’s attendance drops below 80%, that student is at enhanced risk of academic failure. Such attendance refers to actual classroom instruction time. Mandated testing requirements can consume 5-10 instructional days per 180-day school year, disrupting the flow of teaching and learning.

The great majority of Lake County students consistently make it to school. Despite this positive norm, truancy is a continuing issue. It affects student learning, disrupts classroom teaching, damages test scores, and reduces Average Daily Attendance, the core funding stream for public schools. Truancy has different causes and effects, depending on the age of students. Generally, K-5 students want to go to school. They love their teachers, they love their classes, they love their friends and all the fun they have at school. At this young age, they rely on their parents to get up and get them up, dressed, fed, and out the door in time to meet the bus. Some parents cannot or are unable to do this. Parents also struggle with challenges, such as the search for affordable housing and jobs, recurring homelessness, depression, and other factors. Some had negative experiences with school or share a cultural disdain for learning. Indeed, long-time School Attendance Review Board (“SARB”) members report seeing the children of children who were SARB clients when they were in school. In a sense, most of these young students are forced into truancy.

However, by 6<sup>th</sup> grade or so, those early experiences and habits harden into behaviors. At this point, these young adolescents are likely to be experiencing the negative fall-out of earlier truancy: they’re behind in school, not testing well, frustrated, and beginning to act out. They’re struggling and may feel stigmatized. However, they still want the social aspects of school, so they come to school and try to entice their friends to “ditch” school and hang-out. These youth are at enhanced risk of school failure and other high risk

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activities, such as alcohol, drugs, sex, violence, gangs, while they look for something to do and somewhere to belong.<sup>27</sup>

### 6.1 School Attendance Review Board (“SARB”).

LCOE, LCDSS, and the District Attorney (“DA”) have developed a strong, collaborative program to help children and families avoid or overcome chronic truancy. LCOE fields three Truancy Officers and coordinates the SARB, which held its first meeting in 1985. The SARB follows the Education Code, Sections 48260, et seq., which define truancy and mandate a progressive set of responses, from the first notification letter through designation of the student as an habitual truant (reported as a truant 3 or more times/year and a “conscientious effort” has been made to confer with the parent/guardian and the student.)

SARB meets twice monthly, once in Lakeport and once in Clearlake. SARB members include representatives from LCOE, DA, Probation, local law enforcement, LCMH, LCDSS, school counselors, youth service agencies, plus the student, his/her parent(s), and others who can help the youth and/or parent. The school discusses the case, followed by input from the parent and student. Others may comment. The SARB assesses the cases and coordinates treatment plans. The SARB, student, and parent sign a SARB contract. LCOE’s Truancy Officers work closely with families and schools to help these (and other) students, even going out to the home and bringing the child to school. The SARB and its partners combine support and sanction, taking a family-focused approach: “How can we help you and your child turn this around?”

Failure to get back on track can lead to a variety of sanctions, however:

- ✓ Criminal prosecution of the parent under the Education Code or the Penal Code, for contributing to the delinquency of a minor.
- ✓ Loss of welfare benefits, i.e., when a school-aged child (<16 years) is not attending school full-time, a penalty is charged against the family’s CalWORKs payment. This is very effective.
- ✓ For older students, loss of driving privilege through Juvenile Traffic Court. There are about 30 Lake County youth who are currently being denied a California Driver’s License due to their truancy.
- ✓ For older students, denial of Work Permits can be effective.

The total number of first contact Letters (Letter 1) is up, even though total public school enrollment is down. However, the SARB process appears to be effective, in that few students receive Letter # 3, Notification of Habitual Truant Status, and even fewer are required to appear before the SARB, as demonstrated below.

Table 4.7: SARB Activity 2000/03 – 2006/07

Year	Number Letter 1	Letter 1 as % of County Enrollment		Number of Students SARB'd	SARB'ed students as % of County Enrollment
		Enrollment	%		
2002-03	1,367	10,443	13%	98	0.86%
2003-04	1,484	10,416	14.2%	90	0.86%
2004-05	1,420	10,325	13.75%	96	0.92%
2005-06	1,668	10,224	16.3%	86	0.84%
2006-07	1,458	10,091	14.4%	87	.86%

### 6.2 Public school attendance rates.

Collectively, County attendance rates have been pegged in a very narrow range, from a low of 91.66% in 2006-2007 to a high of 92.80% in 2003-2004. For 2004-05 and 2005-06, the rates were nearly identical: 92.64% and 92.68%. The 2006-2007 figure conceals some striking differences among the districts. One district had a high of 94.66%, while another had a low of 84.09%.<sup>28</sup> Students who are not in school miss out on classroom instruction, social-emotional growth, fun, fitness, and access to health care, counseling, career and college prep, and other resources.

### 6.3 Homeless students.

For purposes of children’s services, Lake County providers use the federal definition of homelessness, found in No Child Left Behind: “. . . lacking a fixed, adequate, nighttime residence.” This covers situations such as a child living in a rowboat, children living in tool sheds, sharing a couch, living in garages, moving from tent to basement to motel.

Homeless children of all ages face common barriers to school success. They live without basic amenities, such as light, water, and heat. Their lives are chaotic. They cannot be certain of when or where they will sleep or if they will eat. They miss regular mealtimes and playtimes, relaxed parent-child interactions, and being tucked into their own beds every night. Older children have no quiet, properly lit place to study. Children share their parents’ fears and take on responsibilities, such as watching younger siblings, while their parents look for housing or work. These factors reduce their capacity to attend, benefit from, and succeed in, school.

Some homeless children come to school tired, hungry, and scared. Fatigue and stress disrupt their ability to learn and keep up with their classmates. They are often behind in their work. Some do not have seasonally appropriate clothing, access to laundry facilities, or personal hygiene supplies. Head lice are a chronic problem, which severely affects attendance. Some children will avoid school to avoid shame. Others have unmet health needs, e.g., uncorrected vision or hearing problems. They cannot see their work or hear the teacher. Many have developmental delays, unknown until they enter public school. Yet, school is a “haven” for these children. It is warm, dry, light,

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and clean. It offers food, support, structure, safe places to play, and interesting things to do. For homeless children to succeed, they need outreach to identify and engage them, followed by barrier elimination to promote stable enrollment and attendance and to maximize their access to school activities, support services, and follow-up.

Fortunately, Healthy Start's McKinney-Vento Homeless Student Assistance Program is able to provide a wide range of services to homeless students to help them stay and succeed in school. McKinney-Vento is a single point of contact linking schools, service providers, homeless children, unaccompanied youth, and parents/guardians. Services include identification, case management, transportation, health care access, assistance with immunizations, health check-ups, documentation, and other barrier elimination activities. No other program provides these services in Lake County. As of January 2007, the McKinney-Vento program had identified 639 homeless children, about 6.3% of the 2006-2007 public school enrollment.

### 7.0 Comprehensive After School Programs - We can help!

After school programs have been much less well-explored than early childhood education programs. After school programs have different challenges from programs serving young children because they usually serve older children and young adolescents. At this time of rapid physical and emotional change, youth are at enhanced risk of disengagement from school, family, and positive peers. Alienation can lead to negative consequences, such as school failure and high risk behavior. The **Safety** chapter discusses the links between higher youth participation in activities and reduced rates of smoking, substance abuse, and targeted school violence.

[Note: The following discussion summarizes research and conclusions from *Critical Hours: Afterschool Programs and Educational Success*, by Beth M. Miller, Ph.D., commissioned by the Nellie Mae Education Foundation. The entire document is available on-line at [www.nmefdn.org](http://www.nmefdn.org). Its extensive research and bibliography are valuable tools for after school planning.]

A two-year study by the National Research Council's Committee on Community Level Programs for Youth identified key features of quality after school programs: <sup>29</sup>

- ✓ Physical and psychological safety: The program must create a sense of inclusion, where diversity is welcome and safe.
- ✓ Appropriate structure: Like early childhood education, quality after school is much more than babysitting.
- ✓ Supportive relationships, e.g., formal mentoring programs or a design that fosters one-to-one or small group connections between youth and adults, leading to meaningful relationships and positive role models.
- ✓ Opportunities to belong.

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- ✓ Positive social norms, including developing a peer group with “positive aspirations”. Peers become increasingly influential in adolescence, so this is an effective strategy to promote positive youth development.
- ✓ Support for “efficacy and mattering”, i.e., opportunities for “autonomy, challenge, and taking responsibility”, so that youth discover their own strengths and competencies, explore a world outside their personal experience, and discover ways to make their communities better.
- ✓ Opportunities for skill building, including, but not limited to, academic achievement.
- ✓ Integration of family, school, and community efforts, i.e., the after school program can serve as a “border zone” between the cultures of home and school that helps students learn to navigate in mainstream society while preserving their identity.
- ✓ Capable, resourceful, energetic staff.
- ✓ Program content that engages early adolescents.
- ✓ “Stable, adequately funded structure” with strong administrative support.
- ✓ Adequate dose: youth who attend a couple of days a week for a couple of months will show little benefit from after school programs. However, youth attending a high quality program over a “significant period of time” do increase “social competence, academic performance, and civic engagement”.<sup>30</sup>

The positive effects of a quality after school program are extensive, ranging from short-term safety to long-term community well-being:

- ✓ Physical safety and reduced exposure to delinquency and other risk behaviors during unsupervised after school hours (3 p.m. – 6 p.m.).
- ✓ Increased engagement in learning, reversing a common pattern of disengagement in middle school, and leading to better grades, interest in school, and willingness to make an effort.
- ✓ Increased “educational equity”, i.e., overcoming the achievement gap(s) associated with race, class, and ethnicity. Access to quality after school programs appears to ameliorate some of the factors linked to poor achievement, including alienation from school, lack of enrichment activities, poor quality education, and low expectations. These factors are often linked to low income. Quality after school programs provide low income youth with the same opportunities and experiences available to their more well-to-do peers. This resource can be particularly valuable for Lake County’s isolated youth.

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- ✓ Future workplace success by building “soft skills” valued by employers, such as team-work, problem-solving, and communications. Classroom teachers must focus on basic academics and test scores. After school programs can create opportunities for youth to work with diverse peers and adults, mimicking real world situations.
- ✓ ***Compensation for lost classroom time due to mobility and homelessness.*** Consistent attendance in a quality after school program that includes academic enrichment, tutoring, and homework help can provide the equivalent of 30-90 additional classroom days. Lake County’s high numbers of homeless and mobile youth mean that many students miss weeks or months of school, leading them to fall behind and give up. Quality after school programming is an essential strategy to help them stay engaged and succeed.

Although detailed benefit-cost analyses for after school programs have not yet been completed, research confirms the following benefits:

- ✓ Employers benefit because parents who know their children are safe and secure are more productive, likely to miss fewer days, work more hours, and move up.
- ★ Lower juvenile crime rates reduce law enforcement costs, victim costs, etc., with significant monetary savings. The RAND Study’s benefit-cost analyses for universal preschool programs give some indication of the potential monetary savings.
- ★ Improved academic achievement logically leads to lower grade retention, reduced special education costs, and higher graduation rates and may also be linked to better behavior, as discussed in the preschool analysis.
- ★ An analysis of Prop 49, the ASES initiative, estimated cost savings of \$8.90 to \$12.90 for every dollar spent on Prop 49-funded programs.<sup>31</sup>

Quality after school programs, like quality early childhood education, have benefits which significantly outweigh their costs. As children grow, their developmental needs change, but their need for supportive, enriched environments continues. As with early childhood education, after school programs are an investment that pays off in both the short- and long-term.

7.1 Demand & Supply. Lake County has significantly increased the number of spaces in comprehensive after school programs for school-aged children K-8:

- ★ 742 spaces are available in licensed center-based programs, ASES programs, and school-based ASES and non-ASES programs, operated by LCOE, Lakeport Unified, and a few private providers.

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- The maximum demand for comprehensive after school care is 3,150 spaces. It is the net total of 100% of 1<sup>st</sup> – 7<sup>th</sup> graders (public and private enrollment) reduced by children presumed served by other child care arrangements and the available 724 spaces.

### 8.0 Student Achievement – Many Measures



As required by No Child Left Behind, every student in every school receiving federal funding is required to participate in a standardized testing regime. Some alternative schools are allowed to use an alternative assessment. The pressure on students, teachers, and administrators is intense. Unfortunately, fear and stress interfere with learning and performance.<sup>32</sup> Younger students suffer; there are reports of 2<sup>nd</sup> graders sobbing throughout the tests. Older students may just turn off and not even try. School funding, sanctions, even jobs depend on the test scores.

Schools can fail the federal Annual Yearly Performance (“AYP”) requirements if they miss even one of 46 targets, which are subdivided into 4 sets of requirements. They are the same for all schools and LEAs of the same type, i.e. all elementary schools are measured alike. Requirements include mandated student participation in testing. For example, if a school has 5 special education students and only 3 show up on test day, that school may fail the participation requirement for that subgroup and thus fail to make its AYP. All comparable schools, districts, etc. must meet the same performance levels at the same time regardless of their baseline. AYP requirements will increase annually, starting in 2007-08, until 2014 when 100% of students must test at proficiency in English and Math. Test scores are emerging as the primary determinant of student achievement and school success, if not of actual learning.

8.1 STAR – California Standards Test. The STAR process offers two types of test: (1) the California Standards Test (CST) for the general student population; and (2) California Alternate Performance Assessment (CAPA) for CWSN. This Update presents the 2005, 2006, and 2007 CST results. These are the most recent years for which test scores are available. Schools have become experienced with the CST process, eliminating some variables that could affect student performance.

Results are compared across years, but only within the same subjects and grades, i.e., 3<sup>rd</sup> grade math to 3<sup>rd</sup> grade math, as recommended by the CDE. We use the mean scale score, which is the arithmetic mean or average of the scale scores of all students who took content-specific CSTs without modifications. The scale scores range from 150 (low) to 600 (high). Scale scores are used to equate the CSTs from year to year and to determine performance levels. The score dividing basic scores from below basic is 300 for every grade and subject. The score dividing basic scores from proficient scores is 340 for every grade and subject.<sup>33</sup>

Table 4.8: CST English

Year & Score	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>
2005										
★ Advanced	12%	6%	13%	12%	10%	7%	14%	16%	9%	11%
★ Proficient	29%	19%	27%	26%	20%	26%	23%	25%	21%	21%
Mean Scale	336.4	317.2	335.5	335	324.8	322.9	330.3	335.4	318.3	316.5
2006										
★ Advanced	16%	9%	18%	11%	9%	10%	15%	18%	12%	11%
★ Proficient	28%	21%	26%	23%	26%	28%	21%	23%	21%	18%
Mean Scale	341.5	325.8	342.2	331.6	330	326.3	330.6	335.9	321.4	312
2007										
★ Advanced	16%	7%	19%	10%	10%	8%	13%	18%	13%	10%
★ Proficient	32%	23%	26%	24%	22%	29%	27%	24%	21%	20%
Mean Scale	343.9	322	344.9	330	328.4	331.7	332.8	337.1	325.3	314.6

Table 4.9: CST- Mathematics/Algebra

Year & Score	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>
	<b>Mathematics</b>						<b>Algebra</b>			
2005										
★ Advanced	27%	15%	20%	12%	9%	8%	1%	0	0	0
★ Proficient	32%	33%	22%	23%	24%	22%	24%	8%	6%	2%
Mean Scale	364.6	351.5	338.1	331.5	326.5	320.1	320.4	299.4	288.7	280
2006										
★ Advanced	27%	27%	21%	13%	9%	27%	3%	1%	0%	0%
★ Proficient	28%	30%	23%	23%	25%	12%	21%	11%	5%	5%
Mean Scale	372.5	365.2	343.5	332.8	331.1	325.6	309.1	296.5	283.5	276.9
2007										
★ Advanced	30%	25%	21%	12%	9%	11	2%	0	0	0
★ Proficient	34%	26%	26%	23%	26%	24%	22%	7%	5%	2%
Mean Scale	375.6	359.6	349.4	328.4	330.6	330.9	314.9	286.5	278.9	273.8

8.2 Cat/6 – National Percentile Ranks.

The California Achievement Test, Sixth Edition Survey (“CAT/6”) measures California student achievement against a national normed sample of students in the same grades, tested at a comparable time in the school year. If a student’s scale score converts to the 50<sup>th</sup> National Percentile Rank, then that student scored as well as, or better than, 50% of the students in the national sample or norm group.<sup>34</sup>

Table 4.10: Students Scoring at or above 50<sup>th</sup> NPR

Subject	3 <sup>rd</sup> Grade			7 <sup>th</sup> Grade		
	1999 <sup>1</sup>	2005	2006	1999	2005	2006
<b>Reading:</b>						
Lake County	41%	42%	39%	49%	42%	43%
California	41%	36%	37%	44%	46%	46%
<b>Language:</b>						
Lake County	40%	45%	41%	50%	39%	38%
California	43%	44%	45%	51%	45%	45%
<b>Math:</b>						
Lake County	44%	55%	55%	44%	45%	46%
California	48%	54%	55%	45%	49%	50%
<b>Spelling:</b>						
Lake County	32%	46%	42%	40%	50%	44%
California	44%	55%	57%	44%	57%	58%

<sup>1</sup> In 1999, the test calibrated to the NPR was the Stanford 9.

### 8.3 Other Tests: Scholastic Aptitude Test (“SAT”) and California High School Exit Exam (“CAHSEE”).

Students who wish to go to college are strongly urged to take the Scholastic Aptitude Test, as additional evidence of their academic skills. All California students must pass the California High School Exit Examination to graduate with a diploma. Results from these tests are indicators of the effectiveness of the education system in Lake County, but do not convey the full scope of either its challenges or its successes.

#### 8.3.1 SAT.

Until about 2002, Lake County students had to overcome barriers simply to be able to take the SAT. These included test fees and transportation to out-of-County test sites. However, Lake County now has qualified test sites and some funding for fees.

The percentage of students testing has risen from 22.16% to 27.05% (2005-06). Significantly fewer local students are taking the SAT than their peers statewide. In 2005-06, 40% of California’s 12<sup>th</sup> graders took the SAT. This disparity could reflect self-selection, i.e., our students may have already decided they are not “college material”. If students have meaningful alternatives, such as post-secondary career technical education, then not taking the SAT should not limit their future options.

★ The good news is that Lake County students’ scores are very close to, or better than, those of their peers statewide.

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Table 4.11: SAT Results – 12<sup>th</sup> Graders<sup>35</sup>

Year	# Tested	% Tested	Verbal Average	Math Average	V & M Average
Lake 2003-04	164	22.16%	512	509	1021
CA 2003-04	139,345	35.17%	496	519	1015
Lake 2004-05	165	23%	510	514	1024
CA 2004-05	146,877	36%	499	521	1020
Lake 2005-06	165	23%	498	501	1487
CA 2005-06	155,195	37%	495	516	1506

### 8.3.2 CAHSEE.

The CAHSEE is both a measure of achievement and a barrier to finishing high school, with a diploma and a graduation ceremony.

- ★ The percentage of the total enrollment passing the CAHSEE is starting to fall a little since a peak in 2004, but is still comparable to California's rates.

Table 4.12: CAHSEE Passing Rates<sup>36</sup>

Year	Lake		California	
	Math	ELA <sup>1</sup>	Math	ELA
2006	57%	62%	59%	61%
2005	58%	66%	63%	65%
2004	67%	69%	74%	75%
2003	41%	66%	43%	66%
2002	37%	66%	32%	54%
2001	42%	62%	44%	64%

<sup>1</sup> ELA = English Language Arts

There are significant disparities in passing rates among subgroups. Disadvantaged students score significantly lower than non-socio-economically disadvantaged students. Redesignated Fluent English Proficient (“RFEP”) students, however, pass the CAHSEE at a higher rate than the general student population. The higher passing rate for RFEP students may be due to: (a) effective district ELL programs; (b) ELL students’ and parents’ commitment to education; and (c) literacy and proficiency in the native language. The sharp difference in passing rates between socioeconomically disadvantaged and non-disadvantaged students is a wake-up call. As discussed below, students who do not graduate from high school are in danger of perpetuating the pattern of intergenerational educational failure with its many negative consequences.<sup>37</sup>

Table 4.13: CAHSEE Passing Rates by Selected Subgroups

Year	RFEP		Socio-economically Disadvantaged		Non-Socio-economically disadvantaged	
	Math	ELA	Math	ELA	Math	ELA
2006	66%	67%	47%	50%	70%	78%
2005	80%	84%	47%	56%	75%	81%
2004	76%	77%	57%	59^	80%	84%
2003	50%	n/a	31%	53%	54%	81%
2002	n/a	n/a	30%	59%	46%	75%
2001	n/a	n/a	25%	42%	51%	73%

## 9.0 High School Graduation Rates

### Why is high school graduation so important?



High school graduates, as a whole, have a better chance at a good life than high school drop-outs. Educational attainment is “one of the most important determinants of [their] life chances in terms of employment, income, health status, housing, and many other amenities. . . . Even with similar schooling resources, educational inequalities endure because children from educationally and economically disadvantaged populations are less prepared to start school. They are unlikely to catch up without major educational interventions on their behalf.”<sup>38</sup> These include quality early education programs for all at-risk children, which increase high school graduation rates.<sup>39</sup>

Graduation rates are powerful predictors of a person’s future. Male high school graduates earn \$117,000 - \$322,000 more than male high school drop-outs. Female high school graduates earn \$120,000 - \$244,000 more than female drop-outs. With the exception of black males, male high school drop-outs earn substantially more than female high school graduates, however. A white female college graduate (BA) only earns \$1,700 more than a white male high school graduate. Justice and commitment to community well-being mandate that the County continue to invest in all of its children and seek out proven and creative ways to help them succeed in school and in their careers. Although there are heartening success stories of people returning to school or making good lives without high school diplomas, we want all Lake County children to have a solid foundation for success.

9.1 Graduation rates. So far, this Update has followed our students from preschool through school entry, gotten them to stay in school, take years of STAR tests, and be challenged by the SAT and the CAHSEE. How many go the distance?

In October 2003, the CDE adopted the National Center for Educational Statistics (NCES) dropout standard, which defines a dropout as a person, who:

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- ✓ Was enrolled in grades 7-12 at some time during the previous school year AND left school prior to completing the school year AND has not returned to school as of Information Day; **OR**
- ✓ Did not begin attending the next grade (7-12) in the school to which they were assigned, had pre-registered, or were expected to attend by Information Day.<sup>40</sup>
- ★ The good news is that Lake County youth are more likely to stay in school than their peers Statewide.<sup>41</sup>
- ★ In 2005-06, only 95 students dropped out, i.e., 2.8% of 3,424 enrolled in 9<sup>th</sup> – 12<sup>th</sup> grades
- ★ The County's 4-year derived rate was 11.6; the State rate was 14.5
- ★ The County's 1-year derived rate was 2.8; the State rate was 3.6
- ➔ Nationally, 30% of students nationwide did not graduate from high school in 2004.<sup>42</sup>

### 10.0 What happens after high school?

- ★ Over one-third of Lake County students go directly to a California public college or university (i.e., in the Fall after high school graduation).

This rate exceeds the percentage of graduates who are eligible to go on to UC/CSU, suggesting that the difference may consist of students who go to community college. The number of graduates who are eligible for UC/CSU have been dropping slightly.

*Table 4.14: UC/CSU Eligibility*

Year	Total Graduates	UC/CSU Eligible	UC/CSU Eligible as % of Graduates
<b>2004-2005</b>	635	123	19.4%
<b>2003-2004</b>	557	113	20.3%
<b>2002-2003</b>	647	201	31.1%
<b>2001-2002</b>	516	167	32.4%
<b>2000-2001</b>	563	153	27.2%
<b>1999-2000</b>	539	157	29.1%

As of 2005, however:<sup>43</sup>

- ➔ 6.4% of Lake County graduates enrolled in the University of California.
- ➔ 9.8% enrolled in the California State University system.
- ➔ 27.5% enrolled in a California Community College.
- ➔ The overall “any California Public College or University” rate was about 36.7%.

In comparison, high school graduates statewide had an overall enrollment rate of 43.7%. Neighboring Mendocino County had an overall enrollment rate of 46.1%. The enrollment rate is limited to high school graduates going directly to college, however, and excludes students who take time off to work, travel, take care of families, go to a technical school, or just grow up a little more. Quantifying the number of high school

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graduates who eventually return to the educational system would provide a more accurate picture of how well students are prepared for life after high school.

Like other students from isolated rural areas, Lake County students have trouble adjusting to large-scale institutions. Being accepted to college is no guarantee that a student will leave the County and enroll. There appears to be high attrition when students come home after the first semester and again after the first post-college summer. Because so many are in the “culture of poverty”, they sometimes experience family and peer group pressures on them to give up and return to the fold. Some Native American students experience cultural conflict. They want to follow traditional values which place the good of the tribe over the fulfillment of the individual. They also want to prove themselves in the mainstream. Many now walk a middle way, bringing their skills and strengths back to enrich the tribe. Strategies which have helped Lake County students with a college path include:

- ★ Regular college trips, starting in 7<sup>th</sup> or 8<sup>th</sup> grade, so students can see for themselves what college looks like and their place in it.
- ★ When possible, having 2-4 students go to the same college, creating a natural support group to ease the transition.
- ★ Finding mentors at the college who can help guide students through those first confusing months.
- ★ Having successful students visit or speak at their high schools.

It may also be true that a 2-year or 4-year college is neither the most personally fulfilling nor financially rewarding option for many Lake County students. The resurgence of career technical education (formerly, “vocational education”) speaks to this possibility. With high quality curricula tied to the California Content Standards, students in career tech programs can meet academic standards, learn a trade, earn Work Readiness and Industry Specific Certificates, gain work experience, and earn college credits – all before high school graduation. Such students are well-launched on a career and post-secondary education path, with mentors and employers already in place.

### **11.0 Other Educational Resources**

#### 11.1 Charter and private schools.

The Update Vision and Indicators meetings requested a brief look at the scope of charter and private school education in Lake County. Neither charter nor private schools serve a meaningful number or percentage of Lake County students. [The term “private schools” does not include the highly-variable home-schooled population.]

- ✓ The Lake County International Charter School is located in Middletown, but accepts students from other districts. It has an enrollment of 84 students in grades K - 8.

## Educational Success

- ✓ In 2006-2007, the private schools served 310 total pupils or about 3% of the public school enrollment. Three schools were located in the Konocti Unified School District, four in Lakeport, and three in Middletown. Private school enrollment is a relatively stable percentage of public school enrollment, ranging from a high of 4% or 418 students in 1998-99 to a low of 2.9% or 307 students in 2005-2006.<sup>44</sup>
- ✓ In 2005-2006, the 6 private schools which served high school students graduated 12 students out of 21 enrolled in the 12<sup>th</sup> grade, or 57%.

### 11.2 Independent Living Skills/”Soft Skills”.

Students can finish school without having a repertoire of skills such as time management, business etiquette, budgeting, credit, banking, etc. These so-called “soft skills” can be extremely important, but have had to be jettisoned in the test-driven classroom environment.

Three programs formally include independent living skills in their services: (1) LCDSS (foster youth); (2) Teen Parenting Services; and (3) Redwood Children’s Services (serving foster youth). There is no formal curriculum, however. LCDSS offers every foster youth the opportunity to voluntarily participate in its Independent Living Program, but some youth decline to do so. For 2004-2005, however, 59 youth were offered ILP and 59 youth participated.<sup>45</sup> Mizone, the new youth resource center discussed in **Safety**, will offer independent living skills in a less formal setting. ILP provides guidance on how to obtain housing, credit, bank accounts, time management, employment, etc. Teen Parenting Services informally incorporates such skills into its services through individualized case management and small group interactions. Redwood Children’s Services does the same with the foster youth it serves.

### 11.3 Career Tech education – A positive, rigorous, engaging alternative.

Career Tech education is the new term for vocational education. There is a resurgence of interest in career tech, to balance the heavy emphasis given to college prep. The State of California recognizes the urgent need for a qualified, educated, literate workforce. Many bright and productive students are not especially interested in going to college. Years of lean budgets and emphasis on standardized testing have cut into their options, alienating them from education. Career Tech programs embed the academic standards within the career curricula, engaging and motivating students to work and succeed. Many Lake County students would prefer this path. Employers from throughout northern California are searching for well-trained, work-ready, proven employees. The Konocti Career Tech Academy planning process has begun to develop a collaborative, progressive structure that takes youth from grade 7 through grade 14 (2-year college degree). The goal is to graduate them with “Work Readiness Certificates”, industry-specific certificates, college credits, internships or apprenticeships, and meaningful and gainful jobs waiting for them. Every Lake County child deserves an opportunity to succeed in school and lead a fulfilling life.

## Educational Success

### 11.4 Investment in public education.

Lake County residents are very supportive of their schools. For example, residents in the high poverty Konocti Unified School District passed an \$18.5 million facilities bond that is funding 27 projects District-wide, including state-of-the-art library media centers and a 26,000 square foot multi-purpose gym. Residents of the Kelseyville Unified School District passed a \$3 million bond for a new student center at Kelseyville High School. This 14,240 square foot multi-purpose building is suitable for performing arts, music classes, band activities, food services, and community events. The following Table summarizes investment by District for 2005-2006.

*Table 4.15: Investment in Education*

District	Total Revenue	Per Pupil Expenditure	Student/Teacher Ratio	Students per Computer			Av. Class size
				K-5	6-8	9-12	
Kelseyville	\$16,342,307	\$7,853	19.7	4.8	6.8	3.4	24.8
Konocti	\$25,795,649	\$8,640	19.7	6.2	5.4	3.0	24.0
Lakeport	\$12,548,258	\$7,418	20.3	5.7	10.1	3.4	24.7
Lucerne	\$2,343,292	\$8,535	18.0	4.6	--	--	20.4
Middletown	\$12,655,800	\$7,375	18.4	6.3	6.1	3.7	23.2
Upper Lake Elementary	\$4,654,521	\$7,887	21	9.5	4.1	--	25.1
Upper Lake HS	\$4,172,564	\$10,301	22.5	--	--	3.7	24.2

### 12.0 The last word!

The students themselves tell us how well the education system serves them. According to the school connectedness scale, Lake County's children like and benefit from their schools. The school connectedness scale consists of three components:

- ✓ *Caring relationship with an adult at school.* "A caring relationship with a teacher is perhaps the most powerful motivator for academic success." Relationships must be at the heart of the educational experience for students to succeed.
- ✓ *High expectations for all youth.* Schools that establish such expectations *and* give students the support to meet them experience higher rates of academic success and lower rates of problem behaviors, including dropping out.
- ✓ *Meaningful participation.* Highly successful schools give students lots of responsibility. Even very young children (age 3-4) do better when they have some power to plan their own activities. Meaningful roles in the classroom and school community engage students, as the success of peer tutoring programs demonstrates.

## Educational Success

High levels of “school connectedness” promote academic achievement and mitigate involvement in risk behaviors such as substance abuse, delinquency, and dropping out of school.<sup>46</sup>

- ★ By this measure, the students tell us Lake County schools are serving them well.
- ★ According to the CHKS, 77% of 7<sup>th</sup> graders, 80% of 9<sup>th</sup> graders, and 79% of 11<sup>th</sup> graders have high or medium feelings of “school connectedness”.

### 13.0 General Findings

- ★ **Lake County’s public educational system is comprehensive and increasingly well-integrated, from early childhood education through high school, with many points of access for student support services.**
- ★ **The current array of support services, from health care to homeless student assistance, is essential to eliminate barriers to attendance and achievement. It’s hard to learn if one is hungry, sick, or living in chaos.**
- ★ **The creativity and variety woven into the educational system is a key strength. Lake County residents are willing to use many strategies to create a comprehensive system that maximizes every student’s opportunities: traditional education, alternative education, career tech, private schools, charters – whatever it takes.**
- ★ **Schools are the hearts of their neighborhoods and play a major role in their communities. Despite the County’s poverty, residents invest hugely in their schools.**
- ★ **More quality early childhood education is available and its benefits are increasingly well-understood.**
- ★ **LCOE and other educational providers are increasing their investment in comprehensive, quality after school programs to help students catch up, academically and developmentally, overcoming the effects of mobility, homelessness, truancy, and untreated health conditions.**
- ★ **According to the CHKS, 77% of 7<sup>th</sup> graders, 80% of 9<sup>th</sup> graders, and 79% of 11<sup>th</sup> graders have high or medium feelings of “school connectedness”.**

#### Areas of Concern:

- ➔ **Despite LCOE’s investment in Truancy Officers and the SARB, too many students are missing too much school.**

## Educational Success

- **The educational system may be unbalanced, trying too hard to increase the number of college-bound students to the detriment of career technical education and other alternatives which can provide a fulfilling and self-sufficient life. To meet the complex needs of our students, Lake County's educational system should facilitate multiple post-secondary paths.**

### 14.0 Conclusion

Public education creates a community out of strangers, brings unity out of diversity, and is the foundation of the United States' successful democracy. It is alive and well in Lake County.



## Educational Success

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<sup>1</sup> Brazelton, T. et al. *America's child care crisis: A crime prevention tragedy*. Fight Crime: Invest in Kids, 2000 p. 17.

<sup>2</sup> Espinosa, Linda M. "High Quality Preschool: Why We Need It and What it Looks Like," NIEER *Policy Brief*, Issue 1, November 2002. Available online at: <http://nieer.org/docs/index.php?DocID=58> (as of February 22, 2005, cited in Karoly & Bigelow, p. 17).

<sup>3</sup> "Accreditation Criteria", available on the NAEYC website at: <http://www.naeyc.org/accreditation/criteria98.asp>

<sup>4</sup> Aos, S., Lieb, R., Mayfield, J., Miller, M. and Pennucci, A., *Benefits and Costs of Prevention and Early Intervention Programs for Youth*, Olympia, Wash.: Washington State Institute for Public Policy, September 17, 2004. Available online at: <http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf> and <http://www.wsipp.wa.gov/rptfiles/04-07-3901a>.

<sup>5</sup> Hazelton, C., Hensley, E., Wondra, D., & Derryck, E., *Promoting Preschool in Your Community: How to piece together a successful strategy*. Fight Crime: Invest in Kids California, 2005, pp. 11-12, citing: Gormley, W.T. & Phillips, D. (2005). "The Effects of Universal Pre-K in Oklahoma, Research Highlights and Policy Implications," *Policy Studies Journal*, Vol. 33(1), 65-82, Blackwell Publishing.

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<sup>7</sup> Hazelton, C. et al., p. 12, citing Massa, L. & Barnett, W.S. (2002). *A Benefit Cost Analysis of the Abecedarian Early Childhood Intervention*. New Brunswick, N.J.: National Institute for Early Education Research, Rutgers University.

<sup>8</sup> Hazelton, C. et al., p. 11, citing Schweinhart, L.J., Martin, J.X., Barnett, W.S., Belfield, C.R., & Nores, M. (2004) *Lifetime Effects: The High/Scope Perry Preschool Study Through Age 40*. Ypsilanti, MI: High/Scope Press.

<sup>9</sup> Massa, L. & Barnett, W.S. (2002) *A Benefit Cost Analysis of the Abecedarian Early Childhood Intervention*. New Brunswick, N.J.: National Institute for Early Education Research, Rutgers University.

<sup>10</sup> Massa, L. & Barnett, W.S. (2002) *A Benefit Cost Analysis of the Abecedarian Early Childhood Intervention*. New Brunswick, N.J.: National Institute for Early Education Research, Rutgers University.

<sup>11</sup> Massa, L. & Barnett, W.S. (2002), cited in Karoly & Bigelow, p. 87

<sup>12</sup> Aos, S., Lieb, R., Mayfield, J., Miller, M. and Pennucci, A., *Benefits and Costs of Prevention and Early Intervention Programs for Youth*, Olympia, Wash.: Washington State Institute for Public Policy, September 17, 2004. Available online at: <http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf> and <http://www.wsipp.wa.gov/rptfiles/04-07-3901a>.

<sup>13</sup> Massa, L. & Barnett, W.S. (2002), cited in Karoly & Bigelow, p. 87.

<sup>14</sup> Maynard, R., ed. *Kids Having Kids: A Special Report on the Costs of Adolescent Childbearing*. The Robin Hood Foundation.

<sup>15</sup> Miller, T.R., Cohen, M.A., & Wiersema, B., *Victim Costs and Consequences: A New Look*, Washington, D.C.: National Institute of Justice, January 1996, cited in Karoly & Bigelow, p. 88.

<sup>16</sup> Karoly, L. & Bigelow, J., p. 88.

<sup>17</sup> Lynch, R.G., Appendix 1, p. 31.

<sup>18</sup> Karoly, L. & Bigelow, J., pp. 94-95.

<sup>19</sup> Barnett, W.S., "Benefit-Cost Analysis of Preschool Education: Findings from a 25-Year Follow-up", *American Journal of Orthopsychiatry*, Vol. 63, No. 4, October 1993, pp. 500-508; Schweinhart, L.J., Barnes, H.V., & Weikart, D.P., with Barnett, W.S. and Epstein, A.S., *Significant Benefits: The High/Scope Perry Preschool Study through Age 27*, Monographs of the High/Scope Educational Research Foundation, Number 10, Ypsilanti, Mich.: High/Scope Educational Research Foundation, 1993; Belfield, C.R., Nores, M., & Barnett, W.S., "The High/Scope Perry Pre-School Program: Cost-Benefit Analysis Using Data from the Age-40 Follow-Up," mimeo, November 2004; Aos, et al., cited in Karoly, L. & Bigelow, J., p. 104.

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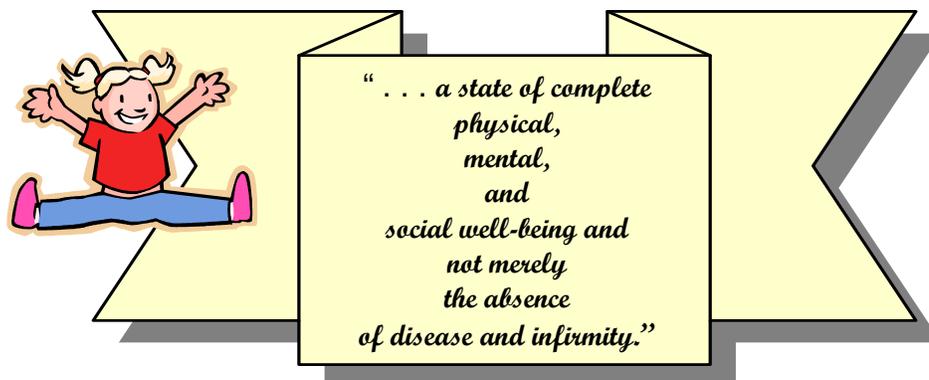
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- <sup>32</sup> Edelstein, D. *Test + Stress = Problems for Students*, brainconnection.com, <http://www.brainconnection.com/topics/?main-fa/tset.stress#A1>
- <sup>33</sup> California Department of Education, [http://star.cde.ca.gov/star2006/help\\_scoreexplanations.asp](http://star.cde.ca.gov/star2006/help_scoreexplanations.asp) [Note: to locate scores for different years, insert that year in the URL.]
- <sup>34</sup> <http://star.cde.ca.gov/star99/reports/English.html>
- <sup>35</sup> <http://dq.cde.ca.gov/dataquest/SAT>
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- <sup>40</sup> [http://dq.cde.ca.gov/dataquest/gls\\_drpcriteria.asp](http://dq.cde.ca.gov/dataquest/gls_drpcriteria.asp)
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- <sup>44</sup> CDE, School Improvement Division, *Enrollment and Staff in California Private Schools 2005-2006, Table 10*.
- <sup>45</sup> California Department of Social Services, Annual Statistical Report (SOC405A), released March 20, 2006, [http://www.cdss.ca.gov/research/SOC405A.IN\\_415.htm](http://www.cdss.ca.gov/research/SOC405A.IN_415.htm)
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## CHAPTER 5: IMPROVING CHILDREN'S HEALTH



The 2006 Vision and Indicators meetings enthusiastically reaffirmed the original vision and reiterated the power of the chosen indicators to provide meaningful insight into the well-being of Lake County's children. They adopted the World Health Organization's definition of health to guide analysis and planning throughout this Update:



### Section 1: Snapshot of Progress: What's changed? Where do we stand?

- ✓ **Better access to quality health care providers.** There has been significant progress toward a more comprehensive health infrastructure. Highlights include:
  - ★ Healthy Start's expansion to serve all school districts, providing the essential linkage between children who need care and providers who want to help
  - ★ Access to mental health services has increased, through LCMH's growth and new facility, an in-County children's psychiatrist, Lake FRC, RCS, and school-linked counseling services through LCOE's Safe Schools/Healthy Students
  - ★ Redbud Family Health Center, a 35,000 square-foot comprehensive new facility providing general medical, pediatric, gynecological/obstetrical, physical therapy, and dental care in downtown Clearlake, across the street from LCMH's offices. The Center averages 5,000 visits/month.
  - ★ Health Leadership Network's success in bringing key health care providers together to systematize health care planning and delivery
  
- ✓ **Immunization.** At least one measure indicates significant progress.
  - ★ The State Department of Health Services reviewed a sample of charts and found that, as of September 20, 2006, the estimated immunization coverage rate for 24-35 month old children was 98% and missed opportunities were 0%. This achievement represents a 12% increase in the percentage of children up-to-date compared to 80% in 2005 and a 100% decrease in missed opportunities. State DHS commended our Health Department for this achievement.

## Improving Children's Health

- ✓ **Dental screening/treatment available.** There has been significant progress:
  - ★ The Redbud, Lakeside, and Tribal Health Clinics have expanded their partnerships with Healthy Start. The Clinics dedicate chair time to Healthy Start; Healthy Start makes sure the chair is continuously filled with children who have insurance, parental consent, and transport
  - ★ The Dental Van has been a regular visitor to local schools, with schools, children, and staff forming positive relationships, serving hundreds of children each year. Children are increasingly at ease with the dentist and dentistry.
  - ★ The Pediatric Dental Initiative has opened the Redwood Empire Surgery Center in Windsor, providing surgical dentistry to children from Mendocino, Sonoma, Napa, and Lake County. By May 2007, with only one operating room, PDI had already served 19 Lake County children treating 140 cavities.
  
- ✓ **Resources for children with special needs expanded.** Resources for CWSN are increasingly integrated into mainstream services, such as child care.
  
- ✓ **Communities free from drug and substance abuse.** There is greater recognition of the health benefits of drug-free living and also of the contributors to adult substance abuse, such as the Adverse Childhood Experience ("ACE") study. Since the 2000 Report Card, the Juvenile Drug Court and Dependency Drug Courts have opened. Juvenile Drug Court helps youth on probation to overcome their drug use; Dependency Drug Court works with parents whose substance abuse is affecting their family's integrity.
  
- ✓ **Children and youth shun high risk sexual activity.** Progress in this area is difficult to measure, as the CHKS module on sexual activity is no longer given. The 2005 California Health Interview Survey found that 60.6% of 14-17 year olds had not had sex. The teen birth rate has been dropping, which may at least indicate a drop in unprotected sexual activity.
  
- ✓ **Communities have more family resource centers/parent education.** Significant progress has been made:
  - ★ As advocated by the Children's Council, a collaborative effort by Healthy Start, Lake FRC, First 5 Lake, and LCDSS offers Nurturing Parenting in multiple formats and venues, creating a non-stigmatizing, supportive, research-based resource that helps parents understand and cope with the challenges of raising children at specific times in their lives. Nurturing Parenting is described more fully in **Family Strength**.
  - ★ Lake FRC has opened a second FRC in downtown Clearlake, across the street from Burns Valley Elementary School and adjacent to Austin Park.
  
- ✓ **Higher participation in family and youth counseling.** This goal was difficult to measure. Private providers are not required to provide such information. The amount of service provided by public providers may be constrained by staff and funding levels, rather than the actual need for the service. However:

## Improving Children's Health

- ★ In 2006, LCMH served 600 children aged 0-17
- ★ Safe Schools/Healthy Students provided counseling to 369 school-aged youth during the 2006-2007 school year.
- ★ In 2006, Lake FRC serviced 43 children; RCS served 79.

- ✓ **Children and youth experience positive self-esteem and are happy with life.** Although most youth who self-report on the CHKS appear to be doing well, too many Lake County children are suffering, evidenced by the Fall 2006 CHKS. However:

- ★ Between 63% and 70% of children are not experiencing sad and hopeless feelings.
- ★ 72% of 5<sup>th</sup> graders felt their bodies were "about right".
- ★ 81% of 7<sup>th</sup> graders reported high or medium rates of feeling "connected to school", rising to 83% of 11<sup>th</sup> graders.
- ★ 77% reported high or medium rates of feeling "connected to community", rising to 79% of 11<sup>th</sup> graders.

**Children and Youth are Healthy, Nurtured, and Able to Fulfill Their Potential**

- ★ Access to quality health care providers for all
- ★ 100% of Lake County's children are immunized
- ★ Dental screening/treatment available for all children
- ★ Resources for disabled or handicapped children expand
- ★ Communities are free from drug and substance abuse
- ★ Child and youth shun high-risk sexual activity
- ★ Communities have more family resource centers and accessible parent education
- ★ Higher participation in family and youth counseling
- ★ Children and youth experience positive self-esteem and are happy with life

**WHAT WE WANT FOR LAKE COUNTY FAMILIES AND CHILDREN**

## **Section 2: How can we measure child and family health?**

Introduction. Participants in the Vision and Indicators meetings and others consulted for this Update defined health care broadly, to include not only direct health services, but also health education, outreach, and investment by many stakeholders, from parents to providers. Lake County has embraced an expansive vision of “wellness” that encompasses physical, emotional, behavioral, and social health of both the individual and the community.

Overall, the Vision and Indicators meetings found considerable progress has been made toward an effective collaborative network of public and private health care providers. For example, the Healthy Start Collaborative works with schools, clinics, Public Health, the hospitals, and private providers to link children to providers and to make it easier for providers to serve them. Safe Schools/Healthy Students (“SS/HS”) provides school-based emotional/behavioral services. LCMH provides community-based mental health services and, in coordination with SS/HS, school-linked services. The Health Leadership Network (“HLN”), formed in 2003, has accelerated the development of a collaborative children’s health care system.

The meetings reaffirmed the existing indicators, with the following concerns:

- ✓ Alcohol and substance abuse continue to be major problems, affecting children and families, with short-term and long-term consequences. Issues such as pregnant women avoiding prenatal care due to fear of sanctions for substance abuse, Fetal Alcohol Syndrome, drug-exposed babies, and the long-term health effects of childhood exposure to parental substance abuse (an Adverse Childhood Experience) were discussed.
- ✓ The meetings emphatically reaffirmed the connection between oral health and other dimensions of health and well-being, including educational success. Oral health status is a powerful proxy indicator of the strength and efficacy of the health care system overall.
- ✓ A complex of food-related issues emerged as a growing concern: obesity/hunger/poor nutrition/physical fitness. The relationship of these issues to good and bad outcomes for children was explored in depth. Local partnerships are forming to tackle them, e.g., “Food-to-School” to bring fresh fruit and vegetables to school food programs; initiatives to remove soda from school vending machines; 1<sup>st</sup> 5’s “Five a Day”; Healthy Start’s Broccoli Tastings (and other activities); the Hunger Task Force’s community gardens; and many more. The system’s capacity to develop and field a coordinated response to complex problems is much stronger than it was in 2000.

## Improving Children's Health

- ✓ There are ethnic and socioeconomic disparities in health status and access to health care. The Latino population is the County's fastest-growing ethnic group. Its fertility rate hovers at around double the County rate. Immigrant mothers accounted for 16% of all births in 2002. Latinos, especially the Latinas, face special health access issues. Nearly one-third (31%) of California's working Latinos have no health insurance.<sup>1</sup> However, Lake County Latinos may have better coverage. In 2005, HLN surveyed attendees at Cinco de Mayo. Of 54 respondents, 35 (64.8%) stated they had health insurance. The top barriers to access were: language, transportation, cost, and immigration status.<sup>2</sup> Statewide, however, Latino youths have lower health coverage rates than non-Latino whites, with nearly one-fourth having no coverage. This gap leads directly to lack of preventive health care.<sup>3</sup> Barriers affecting local Latinas' access to health care include: undocumented status and fear of deportation; limited English proficiency; no driver's license; and illiteracy. Latina victims of Intimate Partner Violence ("IPV") have difficulty accessing services and providers have difficulty in reaching them. The health care system must continue to adapt to the health needs of the increasingly important Latino population.
- ✓ Access to culturally competent providers improves outcomes for the Native American population. Because this is a culture of affiliation, providers must respect tribal culture and traditional support systems. Stability of providers is essential, leading to the formation of relationships with key Native American community leaders.
- ✓ Economic status affects access to health care and health insurance. Paradoxically, some low income families may have better access to services than working poor or lower middle class families. This may be due to the effectiveness of Healthy Start and other initiatives which serve low-income residents. Working poor and middle class families may neither qualify for services or public insurance, nor be able to afford private insurance or care.

### HOW CAN WE MEASURE CHILD AND FAMILY HEALTH?

- ✓ Healthy births and babies
- ✓ Preventive care
- ✓ Nutrition
- ✓ Communicable disease
- ✓ Care for the disabled
- ✓ Emotional and mental health
- ✓ Healthy behaviors

*-selected and re-affirmed at 1999 and 2006 Vision and Indicators meetings*

[Note: As discussed, the CHIS is relied upon by Children Now and others, but has the following limitations: (1) it is voluntary, so respondents are a self-selected sample; (2) it can only reach individuals with telephones; and (3) adolescents aged 14-17 must have positive parental permission to discuss certain topics.]

#### 1.0 Healthy Births and Babies

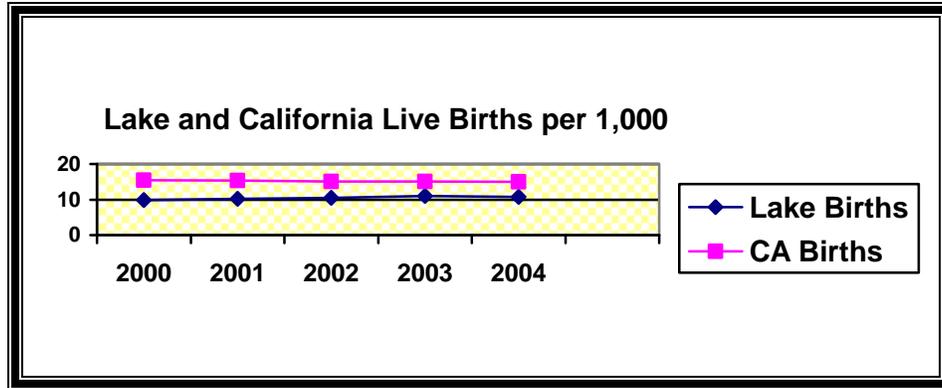
This area includes a range of sub-indicators that wrap around the entire perinatal experience, from prenatal to early infancy. As discussed in Report Card 2000 and confirmed by this Update, perinatal preventive care is extremely important to the well-being of children and their mothers. For example, improper nutrition and substance abuse (including alcohol and tobacco) have dramatic consequences for the mother and the infant.

Teen mothers are at higher risk for poor outcomes, e.g., low-birth weight babies, more premature deliveries, higher infant mortality, and child development problems. Delaying pregnancy even to age 20, has significant positive effects on maternal and child well-being, including health, education, and socio-economic status.

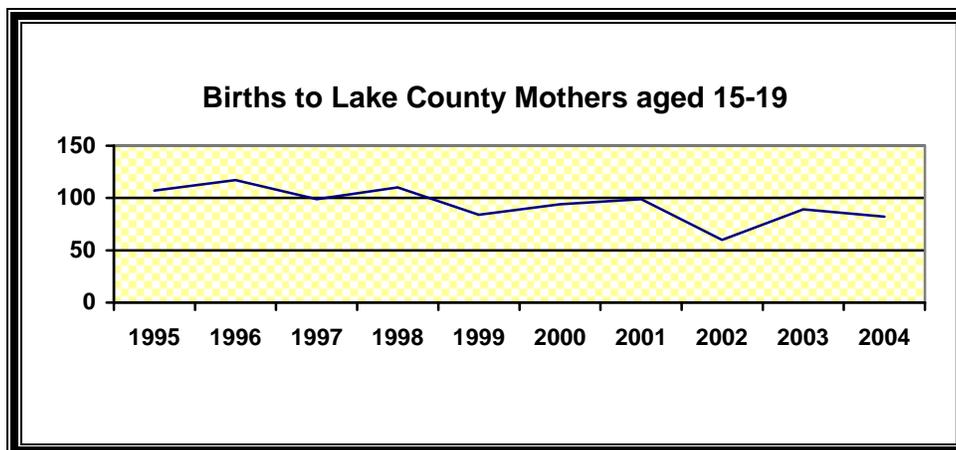
##### 1.1 Birth Rates, including Teen Births.

- ✓ Lake County's live birth rate has been declining since 1990, dropping to its lowest point in 2000. Since then, there has been a slight increase in rate and number of births. However, the County consistently falls below California's birth rate. Deaths outnumber births, so the County's "natural increase" is negative.<sup>4</sup>

## Improving Children's Health



- ★ The teen birth rate has also been falling. As of 2004, Lake County had met the Healthy People 2010 objective of 43 or fewer pregnancies per 1,000 females aged 15-17. The teen birth rate is reported inconsistently, i.e., some agencies report on 15-19 year olds, which significantly increases the apparent rate. In 1997, teen births in Lake County were 0.9/1,000 for girls under 15 and 28/1,000 for girls aged 15-17. They accounted for 5 and 32 births.
- ★ Between 1996-1998, births to teen mothers aged 15-19 averaged 97.7 children/year or about 18% of total births. Between 2001-2003, such births had dropped to an average of 89.3 children. By 2000, births to teenage mothers under 18 had dropped to 4.5% of total births and have continued to drop down to 4.2% in 2004, still higher than California's rate of 3.1%. In 2000, the teen birth rate (15-19 year olds) was 52/1,000, dropping to 49.5/1,000 in 2001 and down to 37.0 in 2002.<sup>5</sup> According to Children Now, the County's teen birth rate has stabilized at 35/1,000, less than the State rate of 37/1,000.<sup>6</sup> The following Chart presents the fluctuating 15-19 year old birth rate.<sup>7</sup>



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1.2 Prenatal care. The prenatal period is an opportunity to intervene at a time when the mother-to-be (and her partner) are open to change. Positive effects of early and adequate prenatal care include: (1) early diagnosis of potential problems, screening for anemia, etc.; (2) early identification of newly-activated mental health problems, such as depression; (3) IPV intervention, as IPV often starts or increases during pregnancy; (4) education on diet, nutrition, general medical care; (5) maternal oral health; and (6) maternal substance abuse prevention and treatment. Research strongly underscores the vital importance of a healthy, substance-free pregnancy to each child's future health and abilities, including brain function. Early prenatal care is also an opportunity for the mother to form relationships with her health care provider and other mothers.

Lake County has continued to make progress toward providing prenatal and perinatal care, i.e., adequate, safe, and timely obstetrical care for all women. Continuing investment in resources to promote access includes:

- ✓ Sutter Lakeside Hospital's Family Birth Center provides obstetrical care and delivery in a holistic setting.
  - ✓ Redbud Family Health Center provides obstetrical and gynecological services in downtown Clearlake.
  - ✓ Lake County Department of Health Services Perinatal Services Program and its Maternal, Child, Adolescent Health program provide perinatal care, counseling, referrals, and support.
  - ✓ LCOE's California School Age Families Program serves teen parents and 27 infants at two centers co-located with high schools, ASPIRE and the Carlé Kid Center. CalSAFE provides quality early childhood education, plus parenting support, counseling, and high school completion for young mothers and fathers.
  - ✓ Lake FRC's Teen Parenting Services program provides counseling, child birth preparation, parenting skills, child development, nutrition, and life skills for young parents.
  - ➔ Both the Doula Collective, which provides counseling and child birth preparation to new mothers, and the La Leche League, which provides breastfeeding support, are currently inactive, but may be re-forming in response to demand.
- ★ Lake County is slowly improving its rates of first trimester prenatal care. Between 1990 and 2000, the percent of women receiving prenatal care in the first trimester rose from only 62.5% to 72.6%, a 16.2% increase. After 2000, progress has been inconsistent.<sup>8</sup> Lake County has not met the Healthy People 2010 objective of 90% of live births to mothers beginning care in the first trimester. It also ranks consistently below California for this indicator. Possible reasons for late or no prenatal care among Lake County mothers include: (1) fear of sanctions for substance abuse; (2) lack of health insurance; (3) refusal by providers to do presumptive eligibility; (4) lack of understanding of the importance of prenatal care, as its results are not obvious and it is not needed for immediate survival.

Table 5.1: Prenatal Care During 1<sup>st</sup> Trimester

	2000	2001	2002	2003	2004
<b>Lake</b>	72.6%	70.5%	72.5%	76.2%	73.7%
<b>California</b>	84.5%	83.9	84.8%	87.3%	87.1%

## 2.0 Infant Health and Mortality

2.1 Low birth weight. The Report Card identified low birth weights, infant mortality, and positive toxicology as key indicators of infant health. Low birth weight (less than 2,500 grams or 5 pounds, 8 ounces) is associated with negative infant and child outcomes. Many of these are due to the higher risk of undeveloped organs. Risks include: (1) higher risk of death during the first 12 months; (2) increased risk of infectious disease; (3) blindness and/or deafness; (4) chronic respiratory problems; (5) mental retardation, mental illness; (6) cerebral palsy; and (7) future diagnoses of dyslexia, hyperactivity, or other disability.

Contributors to low birth weights include: (1) substance abuse during pregnancy (e.g., cigarettes, alcohol, cocaine, methamphetamine); (2) poor nutrition and/or low weight gain during pregnancy (less than 22 pounds); (3) low pre-pregnancy weight or obesity; (4) genitourinary tract infections; (5) unplanned pregnancy; (6) births to mothers under 17 or over 34; (7) late or inadequate prenatal care; and (8) physical abuse and/or financial stress during pregnancy.<sup>9</sup> As discussed at length in **Economics**, too many Lake County families are under financial stress. Methamphetamine use is correlated with low weight (and premature onset of labor), leading to low pre-pregnancy weight and low weight gain during pregnancy. IPV increases the likelihood of physical and financial stress during pregnancies.

★ Nearly all of Lake County's babies arrive at a safe birth weight. The percentage of babies born at low birth weight has been fluctuating. In 1995-97, the average percentage of low birth weight babies was 5.7%, dropping to 4.9% in 1998. The 2003 spike is unexplained. In 2004, Lake County just slightly exceeded the Healthy People 2010 Objective of 5% low birthweight babies. However, California's 2002-2004 3-year average rose to 6.6%, while Lake County's rose to 6.7%, ranking us 45<sup>th</sup> of the 58 counties (1<sup>st</sup> is the best).<sup>10</sup> The rate is now 6%.<sup>11</sup>

Table 5.2: Low Birthweight

	1998		1999		2000		2001		2002		2003		2004	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
<b>Lake</b>	34	4.9%	30	5.2%	29	5%	37	6.1%	42	6.6%	50	7.3%	86	6.3%
<b>CA</b>	32,438	6.2%	31,917	6%	32,449	6.1%	32,736	6.2%	33,362	6.3%	35,171	6.5%	35,333	6.7%

## 2.2 Infant mortality.

★ One of Lake County's great strengths is its very low infant mortality. Because we have so very few infant deaths, our infant mortality rates are deemed statistically "unreliable" by the State DHS. Our 1993-1995 averages placed us 34<sup>th</sup> of the 58

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counties for infant mortality, i.e., 33 counties were doing better. By 1996, neonatal mortality (death during the first 28 days after birth) had dropped to 1.7 per thousand. Infant mortality rose in 1997 to 10.6 per 1,000 live births. In 1999, there were no neonatal or perinatal deaths. In 2003, there were 7 infant deaths, dropping to only 3 in 2004. As of 2004, Lake County had fewer than 10 deaths/year in each of the perinatal, neonatal, and infant categories.

2.3 Positive toxicology. Prenatal maternal substance abuse has serious consequences for the child and, therefore, elicits very intense reactions from the general and provider communities. Positive toxicology results can occur in the mother, the infant, or both. There is no consistent local approach to either testing or data collection. Only mothers receiving some form of public assistance, such as public insurance, are usually tested. Therefore, reporting positive toxicology rates would unfairly stigmatize this population group while failing to acknowledge the scope of the problem in other groups.

Further, current methodology does not screen for alcohol or prescription medication. Yet, the National Organization on Fetal Alcohol Syndrome reports that alcohol is the "leading known preventable cause of mental and physical birth defects".<sup>12</sup> There is no known safe dose. Risks to children include: (1) neurobiological consequences (brain development, learning disabilities, etc.); (2) Fetal Alcohol Syndrome ("FAS") and Fetal Alcohol Exposure; (3) low birth weight and its consequences; and (4) physical problems. FAS is associated with premature birth, low birthweight, facial deformity, hearing and vision problems, growth deficits, motor skills problems, hyperactivity, memory and language problems, difficulties in school, and chronic impaired judgment. Children of mothers who smoke during pregnancy are at risk of low birth weight, premature delivery, and Sudden Infant Death Syndrome.

Substance-exposed newborns may be difficult to care for and, therefore, more likely to be abused or neglected. Of the 68 infants served by the Lake County High Risk Infant Team in a twelve-month period (year not specified to protect privacy), 76% were drug exposed in utero, 44% of mothers tested positive at delivery, and 24% of the babies tested positive at birth. Of the mothers, 26% were teens, but 82% had family violence issues.

Lake County health care providers, educators, parents, and others have been striving to develop a fair, workable approach that protects children without discouraging mothers from seeking early prenatal care. Universal screening is both invasive and infeasible. HLN has been coordinating the development of a Positive Toxicology Protocol that establishes a progression of risk from low to high and matches response to each level of risk. HLN and 1<sup>st</sup> 5 Lake are reaching out to private providers. Dr. Ira Chasnoff has developed an effective approach to this challenge. His "Screening, Assessment, Referral, and Treatment" program includes techniques to motivate and assist health care providers to screen pregnant women for substance use, using a brief 4-question tool. Therefore, it is possible that fair and feasible methods of data collection on this indicator will be in place for future Report Card updates.

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2.4 **Breastfeeding.** Breastfeeding has many positive benefits for infants and mothers. Children benefit from: (1) an improved immune system, leading to fewer infections, respiratory illnesses, and diarrhea, less use of antibiotics, and less likelihood of antibiotic resistance; (2) protection against chronic diseases, e.g., diabetes, leukemia, and others, plus protection against SIDS and, perhaps, asthma; and (3) decreased risk of obesity and childhood caries (tooth decay). Breastfeeding also has long-term benefits, reducing blood pressure and cholesterol levels later in life, thus reducing long-term heart attack and stroke risk.<sup>13</sup> Mothers benefit from: (1) reduced risk of breast and other cancers; (2) reduced postpartum hemorrhage; (3) release of hormones that decrease post-partum depression; and (4) increased post-partum weight loss. Both mother and child benefit from improved bonding.<sup>14</sup>

Lake County has made some progress in promoting breastfeeding, but little progress toward promoting exclusive breastfeeding. The following Table summarizes in-hospital breastfeeding rates.<sup>15</sup>

Table 5.3: Breastfeeding

Year	Total Known Feeding	Any Breastfeeding	Exclusive Breastfeeding	% Any	% Exclusive
2000	542	440	288	81.2%	53.1%
2001	590	497	330	84.2%	55.9%
2002	576	476	329	82.6%	57.1%
2003	622	524	308	84.2%	49.5%
2004	633	546	354	86.3%	55.9%

- ★ From June 2003-May 2004, Women, Infants, and Children (“WIC”, described under Nutrition, below) reported that an average of only 20.78% of mothers served were exclusively breastfeeding. Between 2000 and 2006, the number of women breastfeeding rose from 136 (32%) to 203 (39%). The annual average number was 177 and the annual average percentage was 36.9%.
- ★ There is definitely an opportunity to improve outcomes for women and children by providing breastfeeding support services, such as those formerly provided by the all-volunteer La Leche League.

### 3.0 Preventive Care

The positive benefit-cost ratio of preventive care is well-understood. Prevention is a proven strategy to keep children healthy. Preventive health care leads to early detection and treatment of simple problems (ear infection), which can avert their progression to dangerous or chronic conditions (deafness) and/or ameliorate their effects. Prevention programs typically take at least 5 years to show measurable results, which also typically involve measuring a negative: illnesses not occurring. Because measuring a negative can be difficult, some of our indicators measure system capacity

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under the assumption that increased access to quality care will prevent health problems and improve wellness.

3.1 Immunizations. Immunization rates are a well-recognized standard for preventive care, i.e., they indicate how well the system is functioning. Immunizations are available in public schools, through DHS, school nurses, the two hospitals, clinics, and Healthy Start. Public providers offer the service for free.

- ★ The percentage of Lake County infants immunized according to public health standards rose from 56% in 1996/97 to 62% in 1997/99. After a chart review, the State DHS found that 80% of children aged 24-35 months were immunized according to public health standards, rising to 98% in 2006. There were 0 missed opportunities in 2006.

Unfortunately, local kindergarten immunization rates are more variable. The percentage of Lake County kindergarteners who had received required immunizations rose to 96% in Fall 1999/2000. By 2001, however, that percentage fell to 83.8%. In 2003, the percentage rose to 91.2%, but dropped slightly in 2004 down to 90.5%. The fluctuations may be due to more shots being required to comply with Centers for Disease Control standards.

### 3.2 Health assessments and check-ups.

The number of first graders who had completed the mandatory California Health and Disability Program health assessments prior to school entry in Fall 2006 was 669 of 766 or 87.3%. Only 40 parents or 4.2% refused the examination. Of these 40 parents, 11 or 27.4% were from one school. In addition, CHDP could not find 36 families (4.7%) and another 21 families (2.7%) could not obtain the examinations.<sup>16</sup>

Rates of preventive care check-ups cannot be reliably estimated, although Healthy Start works extensively with school-aged children to find them medical homes and start them on well-child health care. WIC, described below, is another source of well-child check-ups. It provides annual growth and anemia check-ups for children aged 1-4. The number of children who report having a medical home is a good proxy indicator for the number of children receiving preventive health care, i.e., well-child checkups.

### 3.3 Estimate of school age children who had regular medical check-up within last 12 months.

According to the 2005 CHIS, 77.8% of children aged 5 through 17 had visited the doctor at least once in the preceding 12 months. Of these, 24.2% had made one visit. Other data is deemed "statistically unreliable". This data is hard to collect, due to the difficulty in reaching private providers. One indicator that these are likely to be regular medical visits is that only 27.2% of children aged 0 through 17 had visited the Emergency Room in the prior year.<sup>17</sup>

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An important source of care for children is the Child Health and Disability Program ("CHDP"), which served 2,167 children in Fiscal Year 2003-2004. CHDP is a preventive health program serving California's children and youth. Services include periodic preventive health assessments, followed by referrals to local providers for diagnosis, treatment, and medication. CHDP serves Medi-Cal recipients based on the federally mandated Early Periodic Screening, Diagnosis, and Treatment program ("EPSDT"). It may also serve: (1) non-Medi-Cal-eligible children and youth whose family income is  $\leq 200\%$  FPL; and (2) children enrolled in Head Start and State Preschool programs. Lake County's CHDP is administered by Lake County DHS.

3.4 Children with medical/dental homes. The 2005 CHIS found that 95.8% of children aged 0 through 17 did have a "usual place to go when sick or need health advice". This could, however, be the Healthy Start office or the school nurse. As noted above, it is less likely to be the Emergency Room. Lake County DHS notes that, when medical managed care is implemented, it should provide medical coverage for all, including establishing medical/dental homes for children.

### **4.0 Public Schools with Healthy Start**

Lake County's collaborative Healthy Start program is highly successful and nearly unique in the State and nation. Healthy Start's services span a broad spectrum, yet are tailored to the specific needs of each school served. Each Healthy Start Family Service Center is staffed with trained family advocates, in a reassuring, child/youth-friendly setting. Families and children make appointments or just drop in. Counselors, therapists, and others meet with children and with each other on-site. The Centers collect and distribute clothes, toys, food, hygiene supplies, and other survival supports. Some Centers have washing machines and dryers. Services include immunization, medical, vision, hearing, and other referrals, extensive oral health services (coordinating the mobile dental van, screenings, referrals, insurance, scheduling, and transportation to service), access to counseling, Pediculosis Anti-Lice services (education, supplies, treatment), Nurturing Parenting classes, and case management. Healthy Start pioneered integrated school-based services to overcome the barriers of transportation, poverty, and distance that prevent many families from obtaining regular preventive health care and other services. Some high schools are demanding Healthy Start. Due to homelessness and mobility, too many older students have chronic, severe, untreated conditions because they missed out on Healthy Start when they were younger.

Healthy Start removes barriers to access, both for the children seeking services and the providers seeking to serve them. For example, Healthy Start, the Redbud Family Health Center (Clearlake), and Lakeside Clinic (Lakeport) have coordinated a dental care system. The Clinics reserve time for Healthy Start children. Healthy Start identifies children, assists families with insurance, obtains parental consent to treatment, schedules appointments, and transports children and parents. The Clinics are satisfied because the appointments are kept; the parents are satisfied because their children are getting care. The schools are satisfied because children are no longer suffering from

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decayed teeth, abscesses, etc. and can concentrate. The children are very happy to be out of pain, to be able to eat, and to have nice smiles.

In 1999-2000, only 40% of Lake County public schools had Healthy Start services. As of May 2007, Healthy Start was serving every school district, with services available at 64% of traditional schools, plus two alternative and one community court school:

- ★ Kelseyville Primary
- ★ Lakeport Elementary, Terrace Heights, & Terrace School
- ★ Lucerne Elementary
- ★ Upper Lake Elementary
- ★ Burns Valley Elementary
- ★ East Lake Elementary
- ★ Lower Lake Elementary
- ★ Pomo Elementary
- ★ Oak Hill Middle
- ★ Upper Lake Middle
- ★ Lower Lake High School
- ★ Carle High School
- ★ Blue Heron School
- ★ Minnie Cannon Elementary
- ★ Middletown Middle School
- ★ Clearlake Community School

With the support of 1<sup>st</sup> 5 Lake and the Early Reading First grant, Healthy Start expanded services to preschool students and families at state preschools operated by LCOE:

- ★ Burns Valley Preschool
- ★ Lower Lake Preschool
- ★ Middletown Preschool
- ★ Lucerne Preschool
- ★ Pomo Preschool
- ★ East Lake Preschool

Healthy Start has become an essential part of the health infrastructure serving Lake County's children. The Update Vision and Indicators meetings strongly emphasized the power and effectiveness of the Lake County Healthy Start model. As one participant stated:

"Healthy Start is unique. We must support it. They are in there doing a monster job!"

Healthy Start is funded by grants, the Redbud Hospital Health Care District, school districts, and Medi-Cal reimbursement. Schools, agencies, private providers, businesses, civic groups, and local communities provide cash and in-kind support. Finding stable, adequate funding is a continuing challenge, made more urgent by the

extent to which schools, providers, and families have come to rely on Healthy Start. Healthy Start should be viewed as one of the crown jewels of Lake County's collaborative children's health care system.

4.1 Pediculosis Anti-Lice. Since 1998, LCDSS has funded Healthy Start to provide PAL services. Children infested with lice cannot attend school. Prior to the PAL program, some children had missed the equivalent of years of school due to lice. The PAL program provides head checks at local schools, home visits to CalWORKs families, and lice eradication services and education. In 2005-2006, PAL served 235 families, made 582 service contacts, and performed 12,926 head checks. This program is very effective in keeping children, schools, and homes lice-free.



### 5.0 Oral Health Status

Dental disease is the number one health problem for California's children, affecting as many as two-thirds of elementary school children.<sup>18</sup> Poor oral health leads to many health problems for mothers and children. For children, untreated oral disease may lead to problems in speaking, eating, and sleeping. Poor oral health affects school performance, social relationships, and general physical health. Chronic dental pain means children are afraid to eat, affecting their nutrition and healthy brain-body development. Pain disrupts their concentration in school. Maternal lack of oral health is linked to premature labor, low birth weight babies, and neonatal death. Both mothers and children may experience chronic infections, including pneumonia, leading to overmedication and antibiotic resistance.

Preventive oral health care is fundamental to children's well-being. It is also cost-effective. Children with advanced decay and other problems often require anaesthesia for treatment, so one child receiving subsidized care can cost \$10,000. Extreme cases may run \$25,000. Avoiding the cost of treating even a few children with serious dental disease could fund entire prevention and education programs, such as Lake County's Dental Disease Prevention Program and Healthy Start's Oral Health Project.

Neglecting oral health care can have serious complications, even death. In 2007, inadequate dental care was blamed in the deaths of two children (not Lake County children). A 6 year-old boy collapsed on a school bus and died from an abscess where two teeth had been removed from his jaw. A 12 year-old died from infection, when bacteria from an untreated abscessed tooth spread to his brain.

This section discusses screening results and other services. Oral health care is a continuing local priority, identified in various assessments since 1992 and strongly reaffirmed by the 2004 MCH Assessment and the Update Vision and Indicators meetings. Collaboration among the Dental Disease Prevention Program, 1<sup>st</sup> 5 Lake, Healthy Start, Tribal Health Dental Clinic, Lakeside Dental Clinic, Redbud Family Health Center, Delta Dental, Premier Access and the new Pediatric Dental Initiative have established the framework of a comprehensive system. The persistence of oral health care problems, despite this investment, is typical of rural areas. Contributors include

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poverty, lack of transportation, lack of insurance, too few providers (especially for children under 2 or 3 years old), and no fluoridated water supplies. Uninsured children are much more likely than insured children to have unmet dental needs: 20% versus 5%-8%. In 2001, 40% of children from poor families and 37% of children from near-poor families had not been to the dentist.<sup>19</sup>

DDPP is operating at capacity, serving children K-6, plus some preschoolers and special education students. With 1<sup>st</sup> 5 Lake funding, DDPP and Healthy Start set up the Oral Health Project. This project expanded oral health services by: (1) extending DDPP screenings to middle and high schools; and (2) linking screening to treatment through the Dental Van and Healthy Start's case management. Countywide, sixth graders are the hardest to reach because many attend middle schools which DDPP is not funded to serve. Healthy Start identifies children, sets up screenings, confirms or obtains insurance coverage, obtains written parental consents, and handles intakes and charting while DDPP does the screenings. Healthy Start also makes referrals, schedules follow-up appointments, and provides transportation and case management. Together, Healthy Start, DDPP, the Clinics, and private dentists provide quality oral health care to at least 20% of the County's public school students.

Screening data confirm that the number of elementary school children (K-6) not needing dental treatment appears to be fluctuating, from 60% in the Report Card up to 66% as of 2005-2006 and down to 56% in 2006-2007. This Update used the DDPP's Treatment 1 category (no visible cavities) as indicating no need for treatment. For 2006-2007, 24% of children were caries-free, i.e., no visible cavities and no visible fillings, crowns, extractions. The DDPP and Healthy Start partnership appears to be having an effect. In 2005-2006, 265 older students (3 middle schools and 1 high school), were seen, but only 63% needed treatment. (Only one middle school and no high schools were screened in 2006-2007). This is progress, since older students have typically had chronic unmet oral health needs. It is also true, however, that 24 or 9% needed urgent care, due to abscesses, etc.

The oral health of preschoolers may indicate that a positive trend may be developing. For the last three years, nearly 3/4<sup>th</sup>s of all preschoolers have had no baby bottle tooth decay ("BBTD"). This change suggests that parent education efforts are working, i.e., fewer parents are leaving baby bottles of apple juice or sugar water in their toddlers' mouths all day. About 1/4<sup>th</sup> of preschoolers have BBTD, but over 1/3<sup>rd</sup> require treatment, which may reflect a resources gap. Specifically, there are no in-County dentists who will treat 2-3 year-olds, so minor tooth decay in a 2 year-old becomes serious enough to require treatment by age 3-4. When the Pediatric Dental Initiative opens fully in October 2007, it will serve very young Lake County children. With PDI operational and if Healthy Start and DDPP are able to maintain services, the next 2-3 years should see fewer preschoolers needing treatment.

There may be a qualitative change in children's oral health status which the numbers cannot reveal. Although a high percentage of children still need treatment, the nature of the treatment needed appears to be less serious. For example, just a few years ago,

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DDPP and Healthy Start were serving children with cavities in every tooth, requiring quadrant-by-quadrant treatment over a period of months. These “blown out” mouths are occurring much less frequently. DDPP is considering doing a chart review to determine whether this perception is accurate. The results of that review should be included in the next Update.

The following two Tables summarize the status of children K-6 and preschoolers.

*Table 5.4: Children K-6 Who Do Not Need Dental Treatment*

	<b>2000 - Baseline</b>	<b>2004-05</b>	<b>2005-06</b>	<b>2006-07</b>
<b>Percentage</b>	60%	63%	66%	65%

*Table 5.5: Preschoolers with Good Oral Health*

	<b>2002-03</b>	<b>2004-05</b>	<b>2005-06</b>	<b>2006-07</b>
<b>Caries-free</b>	38%	38%	29%	35%
<b>Don't need treatment</b>	68%	68%	66%	56%
<b>No BBTB</b>	67%	75%	73%	78%

5.1 Children receiving dental care. The estimate of children attending public schools who had a dental exam, cleaning, or dental work within the last 12 months is compiled from multiple sources. This indicator measures system capacity and is a proxy for the likelihood that a dental problem will be prevented or treated at an early stage, averting more serious problems.

- ★ During 2006-2007, the Oral Health Project screened a total of 2,173 students from preschool-middle school, a minimum of 30.8% of children aged 3-18.
- ★ In 2005-2006, the Oral Health Project coordinated treatment via the Dental Van for 226 children, including 116 aged 0-5, plus screenings for 2,293 children.
- ★ In April 2005, the Tooth Mobile screened and cleaned 1,067 children, filled 153 teeth, provided 6 pulpotomies (juvenile root canal), but only had to extract 4 teeth.
- ★ In 2005-2006, the minimum number of children served was 2,519 or 26.32% of public school enrollment.
- ★ The 2005 CHIS found that 67.7% of children aged 2-12 had been to a dentist within 6 months (i.e., “time since last dental visit”).<sup>20</sup> An additional 12.2% had seen a dentist within 6 months to 1 year, but CHIS states this number is “statistically unreliable”.

According to the CHIS, there is a disparity in access that favors the poor. 100% of children from families < 100% FPL had visited a dentist in the last year. This percentage drops to 58% of children from families at ≥300% FPL. The outstanding

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utilization of dental care by children in poverty is likely to due the DDPP, the Oral Health Project and its partner providers (Redbud Center, Lakeside, and Tribal Health.)<sup>21</sup>

As demonstrated above, the Oral Health Project provides access to affordable dental care for a meaningful percentage of Lake County's children aged 3-18. This proven model should be sustained.

**5.2 Sedated Dentistry.** The Pediatric Dental Initiative's new Redwood Empire Surgery Center is located in Windsor. It accepts Denti-Cal, provides sedated dentistry (light general anaesthesia) with a focus on children <8 and developmentally delayed/disabled individuals. It also provides parent education to prevent future dental problems. With only partial services available, it had already served 19 Lake County children with 140 cavities as of May 2007 and developed a long waiting list. Atwater Surgical, near Salinas, also provided 55 treatments to 4 children transported by Healthy Start.

Other new developments include:

- ★ The Redbud Family Health Center significantly expanded children's access to dental care in the Clearlake/Southshore area, in close collaboration with Healthy Start. Redbud is booked about 5 months ahead and dedicates one day/week to Healthy Start/Oral Health Project children.
- ★ The Dental Directors from the Redbud, Lakeside, and Tribal Health Clinics now meet regularly to coordinate and plan Countywide services.
- ★ California now requires that every kindergartener have a dental check up by the end of the first kindergarten year and is providing some funding for these check-ups on a per capita basis. This law could either improve dental care rates or decrease kindergarten enrollment rates, depending how the system and the parents respond. The Vision and Indicators meetings recommended that Healthy Start contract with the schools to receive the allocations and provide the services.

## 6.0 Incidence of Communicable Diseases

In general, Lake County is doing very well in this regard. Occurrences of most diseases are so low that meaningful trends cannot be extrapolated. This indicator not only measures freedom from disease, it also measures how well the system is operating to protect children. The following sections discuss the specific communicable diseases in the County.

### 6.1. AIDS/HIV.

- ★ Identified HIV/AIDS cases do not appear to play a large role in children's health. Cumulative AIDS cases and deaths from 1981 through 2005 total 145 cases with 83 deaths.<sup>22</sup>

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- ★ Between 2001-2003, there were an average of 4.33 cases of AIDS in individuals aged 13 and older.<sup>23</sup>
- ★ As of May 31, 2007, there were 5 cumulative HIV cases (April 2006 – May 31, 2007) in Lake County, of whom 4 were living.<sup>24</sup>

### 6.2 Reportable Sexually Transmitted Diseases (“STDs”) including chlamydia.

The 2002-2004 average reported number of cases and crude case rate per 100,000 population of reportable STDs was:<sup>25</sup>

*Table 5.6: Reported STDs – 2002/2004*

STD	Number		Crude Rate	
	Lake	CA	Lake	CA
<b>Syphilis</b>	0.3	1,232	0.5*	3.4
<b>Gonorrhea</b>	1.3	26,880.3	2.1*	74.8
<b>Chlamydia</b>	108	116,539.7	173.2	324.3

\* These rates are unreliable due to relative standard error  $\geq 23\%$ . It is possible that the reported rates of chlamydia understate its true incidence, as private physicians may not be complying with reporting requirements. Lake County's rates for these three diseases are much lower than the State rates.

Chlamydia is an important proxy indicator for high-risk sexual behavior, i.e., unprotected sex. Therefore, it is also a proxy indicator for the presence of other STDs not required to be reported, e.g., genital warts, herpes, and others. By 2006, provisional data indicated Lake County had 118 cases of chlamydia, with a rate of 184.3/100,000.

Younger women (essentially, transition-age youth 15-24 years old) appear to account for a high proportion of the total chlamydia cases, suggesting higher rates of risky sexual behavior. The chlamydia rate for females 15-19 as of 2002 was 42 total cases with a rate of 20.0 per 1,000. Due to changed data collection methods, the chlamydia rate for females as of 2006 was collected for 15-24 year-olds. Provisional data from 2005-2006 found 74 cases with a rate of 1,662.2/100,000.<sup>26</sup>

6.3 Total new instances of reported vaccine-preventable diseases. This indicator speaks to the extent of vaccination in Lake County. We are doing very well. The 2002-2005 cumulative reports found:<sup>27</sup>

- ★ 0 cases of haemophilus influenzae (all types and type B) cases < 30 years of age
- ★ 9 cases of Hepatitis A from 2001 – 2004 and 0 in 2005
- ★ 27 total cases of acute Hepatitis B, with 10 occurring in 2005, at a rate of 15.53
- ★ 0 confirmed cases of measles
- ★ 4 confirmed and probable pertussis cases, with 3 in 2003 and 0 in 2004 and 2005
- ★ 0 confirmed cases of rubella
- ★ 0 confirmed cases of tetanus

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### 6.4 New instances of other communicable diseases.

- ★ 0 reported cases of Hepatitis C, 2002-2004 three-year average crude case rate
- ★ 1.33 cases of tuberculosis, average 2002-2004
- ★ 3 cases of tuberculosis in 2004
- ★ 0 cases of tuberculosis in 2005
- ★ 0 cases of tuberculosis cases resistant to isoniazid, 2005<sup>28</sup>

### 7.0 **Nutrition**

Obesity and overweight are public health challenges at the national, state, and local levels. Nationally, in 1976-80, only 6% of children aged 6-17 were overweight. By 2001-2002, 17% were overweight, rising to 18% in 2003-2004.<sup>29</sup> The Lake County MCH 5-Year Needs Assessment 2004 prioritized this issue, as it is both a consequence of, and a contributor to, other health indicators, e.g., rates of heart disease. Obesity may be linked to the low-protein, high-carbohydrate, high-fat "poverty diet". It is endemic to rural areas. In Lake County, the HLN, Healthy Start, the schools, the Hunger Task Force, local farmers, and community members are working together to make healthier foods available at school, to teach children and families how to grow their own produce, and to support local farmers.

Weight problems in childhood are often a precursor to a lifetime of trouble, affecting physical health, self-esteem, rates of bullying, and social acceptance. The super-thin female and super-buff male body images promulgated throughout our society create unrealistic expectations. Children hurt themselves trying to keep up, undertaking starvation diets, anorexia and bulimia, and/or early steroid use (to bulk up). There are pro-ana (pro-anorexia) sites on the internet. Anorexia, bulimia, and other behaviors also have roots in the desire to be able to control something in life; food intake and body shape are within even a child's control.

Multiple sources confirm that most Lake County children and adolescents are not at risk of being overweight or overweight. Overweight is defined as a body mass index ("BMI") at or above the 95<sup>th</sup> percentile of the 2000 Centers for Disease Control and Prevention BMI-for-age growth charts. BMI is calculated as weight in kilograms divided by the square of height in meters. Sources consulted for this Update include the California Healthy Kids Survey (CHKS), Pediatric Nutrition Surveillance tables, and private/public provider experiences. Local anecdotal evidence is quite disturbing, but has been excluded to avoid inadvertently identifying specific children.

7.1 Pediatric Nutrition Surveillance. According to the 2002 California Pediatric Nutrition Surveillance reports, 12.9% of Lake County children under 5 years old are overweight. Of children aged 24-59 months, 18.4% are at risk of being more than 2 years overweight and 14.6% are two years or more overweight. California data is not collected in quite the same age groups as the national data. Our data includes 18-19 year-olds, while the national data only goes to <17. Therefore, it is possible that Lake County children as a whole are doing at least as well as the nation's children.

Table 5.7: Lake County Children <5 At Risk and Overweight

Year(s)	Total	Underweight	85 <sup>th</sup> < 95 <sup>th</sup> Percentile	≥ 95 <sup>th</sup> Percentile	Anemia
<b>2003-2005</b>	2,966	7.5%	16.7%	11.2%	n/a
≥ 2 years overweight	1,131	n/a	16.7%	13.7%	13.4%
<b>2005</b>	975	9.5%	n/a	10.1%	12%
≥ 2 years overweight	362	n/a	19.6%	11.3%	n/a

Table 5.8: Lake County Children aged 5<20 At Risk and Overweight

Year(s)	Total	Underweight	85 <sup>th</sup> < 95 <sup>th</sup> Percentile	≥ 95 <sup>th</sup> Percentile	Anemia
<b>2003-2005</b>	1,379	1.9%	18.1%	19.7%	12.5%
<b>2005</b>	430	1.2%	17.2%	20%	10.9%

<sup>1</sup> 85<sup>th</sup> – <95<sup>th</sup> percentile = at risk of overweight

7.2 CHKS. The CHKS calculates BMI based on self-reported height and weight for 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders. Fifth graders are asked whether they think they are too fat, too skinny, or about right. They also report whether they are trying to lose weight. Results are somewhat mixed, but the majority of youth are within safe weights.

- ★ The good news is that in 2002 and 2006, 72% of 5<sup>th</sup> graders thought they were “about right”
- ➔ The bad news is that in 2002, 37% of these 10-year olds were trying to lose weight and that by 2006, 48% were “trying to lose weight”

These children are relaying inconsistent messages about self-image and behavior. Perhaps they are reflecting back the broader society’s confusion on what is beautiful.

The CHKS age groupings are comparable to the national groupings. When the percentages of youth at risk of overweight or overweight are totaled, however, Lake County exceeds the national average.

Table 5.9: Lake County 7<sup>th</sup> – 11<sup>th</sup> Graders At Risk and Overweight

	2002			2004			2006		
	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>
<b>At risk of overweight</b>	n/a	18%	17%	19%	18%	16%	20%	19%	18%
<b>Overweight</b>	n/a	8%	11%	11%	14%	14%	22%	14%	14%

Rates of obesity are higher in low-income non-Hispanic white teens than in teens in more prosperous families. Low-income whites are a significant population group, which reinforces the conclusion that Lake County youth are at enhanced risk of overweight. The rising Latino population may change this conclusion, however. Statewide, more than 1 of 3 Latino adolescents is overweight or at risk. The risk is twice as high among

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males as females. The prevalence of overweight among U.S.-born Latino adolescents is nearly twice the prevalence among the foreign-born (20% vs. 11%). This population group is less likely to be physically fit, as well. Overall, 10% engage in no physical activity at all, with 13% of Latinas and 6% of Latinos inactive.<sup>30</sup> Because most Latino youth are native-born, these prevalence rates suggest both a potential problem and an opportunity to intervene with a vulnerable populace.

This indicator was prioritized because of the serious negative health effects of overweight and obesity on children's physical, mental, and emotional health:

- ✓ Hypertension, which increases progressively as the BMI percentile increases<sup>31</sup>
- ✓ An evolving epidemic of cardiovascular risk in youth<sup>32</sup>
- ✓ Lower psychosocial functioning, e.g., lower self-esteem, physical fitness, and negative effect on parental well-being<sup>33</sup>
- ✓ Greater odds of being victims of aggression than normal weight youth (e.g., rumors, teasing, hitting, kicking, or pushing); victimization is a key predictor of lethal school violence<sup>34</sup> (See **Safety**.)
- ✓ Greater odds of being perpetrators of bullying (15-16 year-old girls and boys)<sup>35</sup>
- ✓ Enhanced risk of diabetes and asthma<sup>36</sup>
- ✓ Enhanced cancer risk as an adult, with a confirmed link to cancers of the colon and rectum, esophagus, pancreas, kidney, gallbladder, ovary, uterus, cervix, liver, and prostate, plus multiple myeloma and non-Hodgkin's lymphoma<sup>37</sup>

Other consequences include: (1) using appetite suppressants, such as smoking, diet aids, or methamphetamine, with concomitant health risks, including addiction; (2) seeking acceptance through sexual promiscuity, also a health risk; and (3) a self-perpetuating cycle: the child feels sad or bad and self-medicates with more food

There is an inverse relationship between neighborhood safety and overweight. The National Institute of Human Development's Study of Early Child Care and Youth Development interviewed parents/families of 768 children. Parents were asked to rate neighborhood safety and results were divided into quartiles with the first quartile being the most unsafe. Those results were compared to the children's BMI. The researchers found that 17% of children living in the first quartile were overweight, compared with 10% in the second, 13% in the third, and only 4% in the safest areas. Factors such as maternal education or marital status, racial or ethnic backgrounds, and after school participation did not affect the results. The correlation may be due to parents' attempts to protect their children from harm by keeping them indoors. It may also be due, however, to other effects of poverty, including low quality/expensive food supplies ("nutritional deserts" in low-income areas) and fewer places to play.<sup>38</sup> Researchers are analyzing links between obesity and other factors. These include changes in children's activity levels and fitness due to television, computers, and video games. Other factors include transportation: are children walking or biking to get around or are they being driven? Child care and after school programs could have very positive effects on fitness by providing sports, dance, yoga, and other activities. Interestingly, younger children actually spent 73 minutes more per week in organized sports and

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outdoor activities in 1997 compared to 1981. However, the ten years from 1997-2007 have seen a digital revolution, so children's activity levels should be re-examined.<sup>39</sup>

The key variable appears to be a change in diet and that change has some interesting economic, social, and political contributors. Calories consumed per capita were relatively static from 1970 until the mid-1980's. They started to rise thereafter and the rise is almost exclusively from carbohydrates. Concurrently, people started eating away from home. By 2001, 47% of food dollars were spent on food away from home. These foods tend to be more energy-dense, with more fats and sugars. USDA researchers calculated that if food away from home was comparable to food consumed in the home in 1995, Americans would actually have reduced their calorie intake by 197 calories/day and reduced their fat intake to 31.5% of total calories.<sup>40</sup>

Working families and small families have to balance the time and cost to purchase and prepare nutritious meals at home against perceived benefit. Prepared foods may seem cheaper when compared with the time costs of cooking and cleaning up at home. This is particularly true when consumers lack information about their food's nutritional value. The phenomenon is a type of market failure: when quality is important but the buyer cannot assess it, the buyer will rely on price, portion size, and other factors.

One key economic trend points to a reason for unhealthy eating patterns: relative price changes. Using the 2002 Consumer Price Index, which has a baseline of 100 set at 1982-1984 prices, researchers found that:

- ✓ By 2002, the Consumer Price Index increased to 180 from the baseline.
- ✓ The price index for fresh fruits and vegetables increased to 258.
- ✓ Sugars, sweets, fats, and oils became relatively cheaper, with lower price increases.
- ✓ Soft drinks increased only to 126, becoming among the cheapest items.<sup>41</sup>



Therefore, Lake County's recognition of the problem of overweight in youth and the beginnings of a coordinated response to it are timely and can avert substantial long-term health and other costs. The variety of responses reflects the community's capacity to field interventions at multiple points along a continuum of causation. Activities include: 5-a-day education and out reach, Community Gardens self-help, Farm-to-School,

linking local produce to schools, the resurgence of culinary arts at some schools, school-based gardens and greenhouses (some linked to school culinary arts career paths), the Food Stamp Nutrition Education Program, school food policies, and HLN's efforts to coordinate these and other activities into a system. Lake County has developed the capacity to recognize a system-wide gap and assemble an array of resources to respond to it – a remarkable advance toward children's well-being.

**7.3 WIC Utilization.** WIC is a federally-funded food voucher and nutrition program for low income ( $\leq 185\%$  FPL), pregnant, lactating, and postpartum women, plus infants and children up to age 5. It provides access to relatively healthy foods: juice, milk,

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even fresh produce from the local farmers' markets. WIC also provides support for breastfeeding, parent education, counseling, and support. Because WIC links food distribution to health care, participation in WIC increases the likelihood of regular prenatal and pediatric care. WIC has reduced its service centers to Lakeport, Clearlake, Middletown, and Lucerne, yet the annual average number of women served has increased steadily, from 424 in 2000 to 537 in 2006.<sup>42</sup> All children aged 1-4 were checked for growth and anemia at least once each year.<sup>43</sup> Despite these impressive numbers, only 56% of eligible women are being served.<sup>44</sup> With more funding, WIC could substantially improve maternal and child health throughout Lake County.

*Table 5.10: WIC Services (duplicated client count)*

	2000	2001	2002	2003	2004	2005	2006
<b>Infants 0-1</b>	392	393	398	415	426	458	476
<b>Children 1-4</b>	970	975	1,109	1,022	1,048	1,031	1,088
<b>Women</b>	424	432	474	477	503	525	537

7.4 Nutritious Food Choices. The Fall 2006 CHKS asked students about their eating behaviors, from soda and french fries to 100% fruit juice or fruits and vegetables. It appears that Lake County students have established a baseline of healthy habits. Nutrition education, increased access to healthy choices, and reduced access to unhealthy choices will help them establish healthy patterns for lifelong wellness.

*Table 5.11: Healthy Food Choices in last 24 hours*

Choices	7 <sup>th</sup> graders		9 <sup>th</sup> graders		11 <sup>th</sup> graders	
	2002	2006	2002	2006	2002	2006
<b>100% fruit juice?</b>	N/A	69%	77%	69%	69%	66%
<b>Fruit eaten?</b>	N/A	80%	73%	82%	71%	67%
<b>Vegetables?</b>	N/A	78%	79%	79%	72%	78%
<b>5 or more portions?</b>	N/A	56%	56%	55%	50%	48%

## 7.5 Lead Exposure.

Lead is a potent neurotoxin which has severe effects on children's development. Its dangers were recognized in the 1930s. Many countries banned or restricted its use from interior paints at that time. The United States did not do so until 1978. At the same time, lead was phased out of most gasolines, with final phase-out in the mid-1980's. Children's lead exposure plummeted. Exposure to lead is correlated with negative behaviors. It is associated with impulsivity and aggression. Lead-poisoned youth cannot or do not consider the consequences of their actions, hence the association with criminality. A recent peer-reviewed study suggests a strong link between lead exposure at ages 3-5 and the onset of criminal conduct 19-20 years later. The researchers studied 100 years of lead exposure and crime rates in the United States, Canada, the U.K., and other industrialized countries. Corroborating studies

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include a 2002 study that contrasted the lead levels of 194 adolescents arrested in Pittsburgh with those of 146 high school students not arrested. The blood levels of the arrested youths were four times higher. Another study showed that U.S. counties with high lead levels had four times the murders of Counties with low lead levels.<sup>45</sup>

Lake County youth could be at enhanced risk of lead exposure. As of 2000, about 65% of our housing stock had been constructed prior to 1980, i.e., when interior paint still contained lead. Other sources of exposure include old windows and blinds. The County and Cities are replacing older housing stock, so these vectors should decrease. New vectors are replacing the old ones, however. Imported toys, ceramics, glassware, candy wrappers, crushed chiles, tamarind, and even children's lunch boxes have all been found to be contaminated with lead.

Lake County's Childhood Lead Prevention Program, administered by Easter Seals, reports very few cases requiring investigation. In its 4 years, only 3 children have had blood lead levels so elevated they required investigation; 2 of the 3 were siblings. However, Lake County's screening levels may be low, as we are currently screening only about 50% of those children who should be screened. The potential harm to children and the community from lead poisoning mandates continuing vigilance. The optimal approach would be universal screening, with a progressive response matched to the blood lead levels. The lowest risk would result in education, medium risk would receive a public health nurse visit, and only the highest risk would justify an environmental health investigation.<sup>46</sup>

### **8.0 Emotional and Mental Health**

As discussed in the Report Card, emotional, behavioral, and mental well-being are important to children's overall health. They are fundamental to children's capacity to choose and sustain healthy behaviors. Since 2000, there have been a wide range of positive changes in the system's capacity to help children meet their emotional, behavioral, and mental health needs. These changes include:

- ★ Separation of LCMH into its own County Department, followed by integration of AODS into LCMH, partly due to the high prevalence of dual diagnosis clients
- ★ Parent-Child Intervention Therapy ("PCIT"), representing a huge investment in training, materials, observation rooms, etc.
- ★ More clinic-based interventions
- ★ Videotape analysis of very young children's behavior and interactions
- ★ Expanded family therapy options
- ★ Expanded mental health crisis response services, with 24/7 coverage and alternatives to hospital emergency rooms

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- ★ Recognition of the unique needs and developmental status of Transition Aged Youth ("TAY") defined by LCMH as 16-24 year-olds; limited caseloads of 25-30 and investment in services for them
- ★ In-County psychiatrist for children over 12; telepsychiatrist for children under 12
- ★ LCOE's Safe Schools/Healthy Students which provides extensive school-based counseling services for lesser-acuity (non-LCMH) clients, plus research-based alcohol reduction, substance abuse prevention and reduction, youth development classes, student support groups, after school programs for middle schools, and other services
- ★ SS/HS provides art therapy at the elementary schools and offers sand tray therapy
- ★ Children's Systems of Care, which developed wraparound services for LCMH clients and promoted a system-wide movement toward comprehensive, "whatever it takes", strength-based services in multiple disciplines
- ★ Mental Health Services Act funding to LCMH that will expand services to eligible children and TAY
- ★ Training for early childhood educators in children's emotional and behavioral issues, including recognition and skills to serve them better
- ★ 100% inclusion of CWSN in LCOE's state preschools
- ★ LCMH, LCOE, RCS, and private providers are working to switch to compatible databases, subject to controlled access, consents, etc.

LCMH is serving more children aged 5-17, while maintaining high levels of service to children aged 0-4. The number of children served rose sharply from 1994 to 1998:

- ✓ 900% among children aged 0-4
- ✓ 1,470% among children aged 5-11
- ✓ 407% among youth aged 12-17
- ✓ Overall, services increased 621% in 5 years.

From 2000-2006, LCMH maintained or increased service levels:

- ★ Maintained services to children aged 0-4, based on an annual average of 10.14 children served between 2000-2006.
- ★ Increased services by 19% among children aged 5-11, up to an annual average of 187.
- ★ Increased services by 42.8% among children aged 6-17, up to an annual average of 297.

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### 8.1 Depression – “so sad and hopeless” .

The CHKS asks children in 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grades whether, during the past year, they felt “. . . so sad and hopeless every day for 2 weeks or more that they stopped doing their usual activities. . .” This question is typically referred to as the “depression question” and is considered by the CHKS to be an indicator of depression risk. It may more correctly be considered a measurement of suicidality<sup>47</sup>. The CHKS Technical Report discusses the impact of depression on children and youth, noting that depression affects about 4% of teenagers each year nationwide. It increases the risk for suicide, which has become the third leading cause of death among 15-24 year olds. Depression interferes with normal development. It is “associated with compromised educational, social, and emotional outcomes.” Youth suffering from depression may engage in risky or thrill-seeking behavior, e.g., alcohol, drugs, sex (or violence). They may have trouble with school, grades, family, and friends. These youth may be self-medicating with drugs, suggesting that drug treatment providers should consider the role of depression in a youth's substance abuse.

Although most Lake County youth are not depressed, the percentage reporting such feelings is both consistent and too high. The percentage answering “yes” is:

*Table 5.12: Depression “. . . so sad and hopeless . . . “*

	<b>2002</b>	<b>2004</b>	<b>2006</b>
<b>7<sup>th</sup> graders</b>	31%	28%	30%
<b>9<sup>th</sup> graders</b>	38%	39%	37%
<b>11<sup>th</sup> graders</b>	40%	39%	34%

According to LCMH, depression manifests in youth differently than in adults. Specifically, it usually manifests as anger with acting out and can be quite dramatic. Younger children of both genders tend to externalize these feelings. Older children exhibit gender differences, with more girls internalizing. Depression may also mask rage, i.e., something is wrong and the child acts out to draw attention to it. Dysthymia, a low-level, constantly-present depression, is the most common depression-related diagnosis for children. Depression in children is very treatable. Brief, temporary interventions are preferred and successful. There is a link between severe depression in young males and targeted lethal school violence, discussed at length in **Safety**.

8.2 Top three diagnoses, by age group. The Report Card found that, between 1994-1998, LCMH's most frequent mental health diagnoses for children were disruptive behavior, adjustment, and mood disorders. From 2000-2006, however, the three most frequent diagnoses changed somewhat among age groups and by year, creating a more complex picture. For every year from 2000-2006, however, the top diagnosis for children aged 5-11 and 6-17 was mood disorder. Mood disorder is linked to the anxiety/depression spectrum (mild to moderate vs. pervasive anxiety and dysthymic disorder vs. clinical depression). Adjustment disorder is defined as 6 months in duration and has to do with a child's or youth's emotional response to life events like divorce,

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loss of a family member, moving, etc., when the child has a prolonged and difficult adjustment. Autism is discussed at length below.

The following Table details numbers, ages, and most frequent diagnoses by age group. LCMH cautions that numbers may be low, as the current database is not relational.

*Table 5.13: LCMH Top Diagnoses, by Age Group*

	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
<b># served, by age</b>	0-4: 2 5-11: 206 6-17: 280	0-4: 5 5-11: 223 6-17: 375	0-4: 12 5-11: 195 6-17: 279	0-4: 7 5-11: 121 6-17: 282	0-4: 14 5-11: 126 6-17: 259	0-4: 18 5-11: 175 6-17: 280	0-4: 13 5-11: 260 6-17: 327
<b>0-4: 3 most frequent diagnoses</b>	Autism Adjust. disorder	Mood Dis. ADHD DEC/a <sup>1</sup>	Mood Dis. Ajd. Dis. ADHD <sup>2</sup>	Mood Dis. Ajd. Dis. ADHD	Mood Dis. Adj. Dis. DBD	Mood Dis. Ajd. Dis. DEC/a	Mood Dis. Adj. Dis. RAD <sup>3</sup>
<b>5-11: 3 most frequent diagnoses</b>	Mood Dis. Adj. Dis. ADHD	Mood Dis. Adj. Dis. ADHD	Mood Dis. Adj. Dis. ADHD	Mood Dis. Adj. Dis. ADHD	Mood Dis. Adj. Dis. ADHD	Mood Dis. Adj. Dis. ADHD	Mood Dis. Adj. Dis. ADHD
<b>12-17: 3 most frequent diagnoses</b>	Mood Dis. Adj. Dis. ADHD	Mood Dis. Adj. Dis. ADHD	Mood Dis. Adj. Dis. ADHD	Mood Dis. Adj. Dis. ADHD	Mood Dis. Adj. Dis. ADHD	Mood Dis. Adj. Dis. ADHD	Mood Dis. Adj. Dis. ADHD

<sup>1</sup> DEC is disorder of early childhood; the "/a" refers to adjustment. <sup>2</sup> ADHD is attention deficit/hyperactivity disorder. <sup>3</sup> RAD is Reactive Attachment Disorder.

LCMH is serving more young children, even as early as preschool. The positive reasons for this shift are: (1) an increased emphasis on prevention and early intervention, rather than reaction; (2) improved staff skills to serve such young children; and (3) better and more frequent referrals from system partners. The negative reason is that children are exhibiting significant signs of trouble at ever-earlier ages. The [Report Card](#) found that a troubling proportion of children and adolescents were suffering from anxiety and depression. This [Update](#) confirms that trend.

**8.3 Other mental/emotional/behavioral health providers.** In addition to LCMH, there are other sources of mental, emotional, and behavioral health supports for children and youth. LCMH is restricted to serving the most acute cases. Other public providers refer such cases to LCMH.

- ✓ The school districts have school psychologists, albeit typically with large caseloads.
- ✓ SS/HS serves less-acute clients. In 2006-2007, its 16 clinicians provided counseling to 369 children and youth. SS/HS confirms high rates of suicidal ideation, depression, and anxiety among children served.
- ✓ From 2001-2006, Lake FRC served an annual average of 82.7 children, fluctuating from a high of 160 in 2002 to a low of 43 in 2005 and 2006.
- ✓ Private providers serve an unquantifiable number of children and youth.
- ✓ RCS serves Lake County youth in foster care, placement, and in the general population. It began providing mental health services to Lake County children in

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2004, starting at 17 children served. By 2005, that number jumped to 72 and rose again to 79 in 2006. RCS's top 3 diagnoses are:

- Anxiety disorder
- Dysthymic (depression in children) disorder
- Post-Traumatic Stress Disorder (perhaps reflecting the circumstances of many of the children served)

8.4 Anxiety. Anxiety may be grossly underdiagnosed. For example, LCMH is mandated to serve individuals with severe conditions and symptoms, such as Post-Traumatic Stress Disorder ("PTSD") (flashbacks, trigger events, nightmares, etc.). However, individuals with anxiety are easily overwhelmed and their symptoms may look like PTSD. Anxiety may also appear to be ADHD; however, ADHD manifests across multiple domains, e.g., home and school. If symptoms occur in one domain, but not another, the true problem may be anxiety. Children may be trying to soothe themselves with behaviors that disperse the anxiety. Despite these limitations, LCMH's diagnoses of anxiety more than tripled between 2000 and 2006.

*Table 5.14: Anxiety, by Age Group*

	2000	2001	2002	2003	2004	2005	2006
<b>Anxiety: 0-4</b>	0	1	0	0	1	1	2
<b>Anxiety: 5-11</b>	14	18	14	6	9	23	31
<b>Anxiety: 6-17</b>	6	9	14	12	25	26	34
<b>Total</b>	20	28	28	18	35	50	67

8.5 Autism/Asperger's/Pervasive Developmental Disorder. Participants in the Vision and Indicators meetings had a general sense that autism is rising in Lake County, but wanted more specific data. Autism is a "neurodevelopmental disorder characterized by impairments in social relatedness and communication, repetitive behaviors, and stereotypic abnormal movements."<sup>48</sup> It is a spectrum disorder and is excluded under Medi-Cal. In 2004, 1 in 166 children nationwide had an autistic disorder. Autism was more prevalent than childhood cancer, diabetes, and Down Syndrome.<sup>49</sup> "Classic autism" includes little or no speech, fixations on objects or parts, Obsessive/Compulsive behaviors, behavioral issues, and inability to communicate about such issues. Redwood Coast Regional Center ("RCRC") serves children with this form of autism. RCRC's reports confirm a rise in "classic" autism in Lake County. The following Table compares RCRC's Client Development Evaluation Reports released by California's Department of Developmental Services every March from 2003-2007. Lake County's perceived increase is consistent with, but less extreme than, statewide levels. The California Department of Developmental Services reported 1,570 total new intakes for the first quarter of 2007. Of these, 886 were full syndrome DSM IV autism cases, excluding Asperger's Syndrome and other autism spectrum disorders. From 1971 through 1987, California had a total caseload of about 2,700 persons with autism. From July 2006 to April 2007, California added about 2,700 new cases of autism, for a total of about 34,000 persons with autism in the system.

*Table 5.15: Autism Reported by RCRC<sup>1</sup>*

	2003		2004		2005		2006		2007	
	#	%	#	%	#	%	#	%	#	%
<b>Autism: All ages</b>	17	4.11%	18	4.05%	24	5.25%	25	5.56%	42	8.52%

<sup>1</sup> May not be limited to individuals under 18.

LCMH also reports an increase in autism, which complements RCRC's reporting:

*Table 5.16: Autism Reported by LCMH*

	2000	2001	2002	2003	2004	2005	2006
<b>Autism: All ages</b>	1	2	3	2	3	7	8

Asperger's and Pervasive Development Disorder tend to overlap. RCRC can serve clients with Pervasive Development Disorder. Neither RCRC nor LCMH can treat Asperger's, but LCMH can be reimbursed for treatment of ancillary disorders. For example, a child with Asperger's can perceive that he or she is "different" from the other children, doesn't fit in, and so on. This recognition can reasonably lead to anxiety, depression, etc. LCMH can treat those disorders. These limitations may result in underreporting of the full spectrum of autistic disorders.

The causes of autism remain uncertain. Genetic factors are important, but the role of environmental factors is both undetermined and controversial. Explanations for the rise in autism include: (1) better diagnostic tools and skills, leading to increased recognition of cases previously missed; (2) thimerosal (mercury-based preservative) in the vaccines given to children, present in the same concentration for children as for adults; and (3) adaptive behavior, i.e., autistic behavior is a coping behavior for a child suffering from neglect, abuse, other trauma, or a hyperstimulating environment. The vaccine-causation theory is being heard in court now. Each autistic child has a unique combination of needs and behaviors, creating a huge demand for individualized programs and services. The current mental health system is not set up to respond to this demand.

8.6. Cutting. There is no quantifiable data on cutting in Lake County. LCMH and others interviewed suggest that cutting occurs in waves, with copycat activity. It is most common in teen-age girls. If LCMH (or another mental health provider) is able to identify and work with the central person in a group of cutters, the incidence usually drops among the peer group. It may be that cutting among peers is a show of solidarity and support.

## 9.0 Healthy Behaviors

The original Report Card's analysis is still true: positive daily activities and choices are among the most important factors contributing to long-term health. By helping children eat well, stay fit, and avoid tobacco, alcohol, and drugs, we help assure them a longer, healthier, and happier life. Research confirms the efficacy and urgency of early intervention, to help children avoid starting bad habits and to support them in sustaining good ones. Further, it is better-understood that what works with preschoolers won't work with high schoolers. Prevention, intervention, and treatment must be age- and developmentally-appropriate to be effective. Because so many Lake County children are homeless or transient, it is also essential that resources be available at all grade levels.

The majority of Lake County's children are healthy and making healthy choices, as detailed below. The 2006 CHKS is the data source for this area. It is supported by the 2005 CHIS, which found that:

- ★ 92% of Lake County children are in "good or excellent health".<sup>50</sup>  
[CHIS results may overstate the positive, as discussed above.]



9.1 Physical fitness. Physical fitness is an important contributor to a wide range of positive outcomes, including:<sup>51</sup>

- ★ Increased life expectancy and better health during adulthood
- ★ Positive personal relationships
- ★ Reduced depression and anxiety
- ★ Better stress management
- ★ Better educational outcomes
- ★ Fewer risky/disruptive behaviors: children who are active smoke less, eat better, watch less television, and wear seat belts more often<sup>52</sup>
- ★ Reduced fatigue
- ★ Better diet (see above)

Research confirms that schools that offer well-structured physical activity programs improve academic achievement, even when the physical activity reduces academic class time. Concentration increases and test scores rise, in math, reading, and writing. Disruptive behavior drops.<sup>53</sup> The CDE performed a study that proved that physically fit students perform better academically. The study matched individual reading and math scores with the individual fitness scores of 353,000 fifth graders, 322,000 seventh graders, and 279,000 ninth graders. It found a "significant relationship" between the scores. Specifically, higher academic achievement was associated with higher levels of fitness at each of the three grade levels measured. The relationship was stronger in mathematics. Students who met the minimum fitness levels in three or more areas showed the greatest gains in all three grade levels. In other words, physical fitness in general predicts academic achievement, with benefits continuing to accrue at higher levels of fitness.<sup>54</sup>

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In Lake County, younger students are doing better than older students in this area. The difference may be due to a combination of factors: (1) quality after school programs which serve school-aged children until about age 13; and (2) older students working after school or doing more homework, community service, etc. Unfortunately, the CHKS does not ask this question of 5<sup>th</sup> graders. The percentages in the Table below reflect "yes" responses.

*Table 5.17: Physical Exercise or Activity*

"In 3 of the past 7 days did you exercise or do a physical activity for at least 20 minutes that made you sweat or breathe hard?" (CHKS)			
Grade Level	2002	2004	2006
7 <sup>th</sup>	n/a	81%	80%
9 <sup>th</sup>	74%	75%	78%
11 <sup>th</sup>	66%	69%	62%

The California Fitness Test results for Lake County appear inconsistent with the CHKS self-reported activity levels. The CDE administers the California Physical Fitness Test to 5<sup>th</sup>, 7<sup>th</sup>, and 9<sup>th</sup> graders. Only those who meet all 6 of the 6 standards are classified as "physically fit". Children Now analyzed the results of the 2006 California Fitness Test and found only 26% of Lake County students were physically fit. These results also deviate from the CHKS self-report, in that 81% of students reported never exercising and 32% were found to be overweight, based on BMI calculated from self-reported height and weight. Because the Fitness Test is formally administered by the schools, it is possible that children take it more seriously and answer its questions more carefully than they do the CHKS.<sup>55</sup>

### 9.2 Tobacco Use – Cigarettes and Smokeless ("chew").

**"Tobacco is the chief preventable cause of death in the United States."<sup>56</sup>**

Early onset of tobacco use is linked to more frequent and longer-term use, creating an addiction that is very difficult to break. Recent research also confirms a "dormancy" period, i.e., even a brief, mild flirtation with smoking predisposes a person to start a more serious habit years later.<sup>57</sup> Smoking is also a form of self-medication, as it does relieve anxiety, at least in the short run. Its long-term effects on health are well-understood and include lung cancer, bladder cancer, emphysema, sexual dysfunction, premature aging, etc. Early smoking (7<sup>th</sup> grade) is strongly correlated with higher rates of high school drop-out. This link suggests that dropping out of high school is the culmination of a journey of disengagement that starts in early adolescence.<sup>58</sup> Smoking should be seen as a red flag for other issues, triggering a holistic response to help the child. Smokeless tobacco ("chew") is not nearly as heavily used, but its use is most common among younger adolescent males in rural areas. Smokeless tobacco is associated with mouth and gum cancers.<sup>59</sup>

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The Tables below reflect the positive: how many youth did NOT use cigarettes, smokeless, etc. in the past 30 days? Lake County has made significant progress in preventing youth tobacco use. In 1999, DHS surveyed Lake County high school students on their tobacco use. An disturbing 33%+ reported regular *daily* smoking. The changes documented below are even more impressive because : (1) rural high poverty areas have higher prevalence of tobacco use; and (2) Lake County's students are no longer receiving grant-funded Tobacco Use Prevention Education services. The 30-day time frame is an indicator of habitual use or progression toward same.

Another positive development is the drop in tobacco sales to minors. The May 2007 Youth Purchase Survey showed sales of tobacco to minors dropped to an all-time low of only 8.4% from 43% in May 2005.<sup>60</sup>

*Table 5.18: Students Not Smoking Cigarettes, last 30 days*

<b>Grade Level</b>	<b>2002</b>	<b>2004</b>	<b>2006</b>
5 <sup>th</sup>	98%	n/a	98%
7 <sup>th</sup>	n/a	95%	96%
9 <sup>th</sup>	87%	86%	87%
11 <sup>th</sup>	79%	88%	84%

*Table 5.19 : Students Not Using Chew, last 30 days*

<b>Grade Level</b>	<b>2002</b>	<b>2004</b>	<b>2006</b>
5 <sup>th</sup>	97%	n/a	98%
7 <sup>th</sup>	n/a	98%	97%
9 <sup>th</sup>	98%	94%	93%
11 <sup>th</sup>	90%	94%	88%

9.3 Adolescent Family Life Program – smoking rates. There appears to be a major positive shift in the smoking patterns of pregnant and parenting teens, as reflected in the results of the AFLP program operated by Lake FRC. Data is provided for the same years as the CHKS, to facilitate comparisons. Because these are older students (predominantly 9<sup>th</sup> – 11<sup>th</sup> graders), the CHKS prevalence rates should apply. However, the AFLP students report very low smoking rates at intake. This may be due to attempts to change behavior due to prenatal and perinatal care. Pregnancy and early parenting are known windows of opportunity when parents are very open to changes that benefit their babies.

*Table 5.20: Changes in Smoking Behavior - AFLP*

<b>Behavior</b>	<b>2002</b>	<b>2004</b>	<b>2006</b>
Non-smoking at intake	87.6%	94.9%	94.9%
Smoking at intake	12.4%	5.1%	5.1%
Smokers who quit smoking during AFLP	20.7%	10.5%	13.1%
Lives with smoker	28.5%	11.8%	13.1%

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As the AFLP and other programs have learned, removing tobacco without addressing the reasons why youth smoke (or chew) is ineffective. AFLP motivates pregnant and parenting teens through their love and concern for their babies. Other cessation programs replace tobacco with other stress management tools, plus counseling and support to address the causes of the stress.

9.4 Alcohol and Other Drugs. Alcohol is Lake County's drug of choice. That preference appears to establish itself around 9<sup>th</sup> grade, as the difference in the rates of alcohol and marijuana use demonstrate. Other data confirm early onset of substance use, leading to dependency and other consequences that can persist into adulthood. The Tables below compare CHKS results from the most recent three years of testing. Please note that 5<sup>th</sup> and 7<sup>th</sup> graders are not asked certain questions.

*Table 5.21 : Students Not Using Alcohol, last 30 days*

<b>Grade Level</b>	<b>2002</b>	<b>2004</b>	<b>2006</b>
5 <sup>th</sup>	91%	n/a	90%
7 <sup>th</sup>	n/a	82%	82%
9 <sup>th</sup>	65%	61%	67%
11 <sup>th</sup>	53%	54%	47%

*Table 5.22: Students Not Using Marijuana, last 30 days*

<b>Grade Level</b>	<b>2002</b>	<b>2004</b>	<b>2006</b>
5 <sup>th</sup>	n/a	n/a	n/a
7 <sup>th</sup>	n/a	93%	90%
9 <sup>th</sup>	78%	81%	77%
11 <sup>th</sup>	72%	77%	69%

*Table 5.23: Students Not Using Inhalants, last 30 days*

<b>Grade Level</b>	<b>2002</b>	<b>2004</b>	<b>2006</b>
7 <sup>th</sup>	n/a	97%	95%
9 <sup>th</sup>	100%	96%	97%
11 <sup>th</sup>	98%	99%	97%

*Table 5.24: Students Not Using Cocaine, last 30 days*

<b>Grade Level</b>	<b>2002</b>	<b>2004</b>	<b>2006</b>
9 <sup>th</sup>	99%	97%	99%
11 <sup>th</sup>	95%	98%	98%

*Table 5.25: Students Not Using Methamphetamine, last 30 days*

<b>Grade Level</b>	<b>2002</b>	<b>2004</b>	<b>2006</b>
9 <sup>th</sup>	98%	97%	99%
11 <sup>th</sup>	97%	99%	97%

*Table 5.26 : Students Not Using LSD, et al., last 30 days*

<b>Grade Level</b>	<b>2002</b>	<b>2004</b>	<b>2006</b>
9 <sup>th</sup>	99%	97%	99%
11 <sup>th</sup>	99%	99%	97%

In 2006, the CHKS added a question to the illicit drug use section for lifetime nonmedical use of prescription pain killers, such as OxyCotin, Percodan, and Vicodin. The California Student Survey added this question in 2005 and found that prescription painkillers are rising in popularity, second only to marijuana use for 11<sup>th</sup> graders. Local results appear to be comparable, a disturbing trend.

*Table 5.27 : Lifetime Use of Prescription Painkillers?*

<b>Grade Level</b>	<b>2002</b>	<b>2004</b>	<b>2006</b>	
			<b>Yes</b>	<b>NO</b>
7 <sup>th</sup>	n/a	n/a	12%	88%
9 <sup>th</sup>	n/a	n/a	21%	79%
11 <sup>th</sup>	n/a	n/a	39%	61%

The age of onset is a powerful predictor of future dependency and abuse. The CHKS asks: "About how old were you the first time you . . . had a full drink of alcohol . . . used marijuana, used any other illegal drug?" The following table of Fall 2006 CHKS results demonstrates the high prevalence of early onset among youth who are using alcohol, marijuana, or other illegal substances. These results are consistent with ages of first use of Lake County users in treatment as reported by the California Alcohol and Other Drugs System. These results confirm the strategic value of prevention and early intervention.

*Table 5.28: Alcohol and Other Substance Use Starting at Age 13-14 or Younger*

<b>Substance</b>	<b>7<sup>th</sup> graders</b>	<b>9<sup>th</sup> graders</b>	<b>11<sup>th</sup> graders</b>
<b>Alcohol</b>	100%	95%	63%
<b>Marijuana</b>	85.7%	95%	63.6%
<b>Any other illegal substance</b>	100%	84.6%	57.9%

9.5 Sexual Behavior. The CHKS module covering sexual behavior is not currently administered in Lake County. It requested very detailed information. However, the 2005 CHIS reports somewhat positive trends, in that 60.6% of adolescents aged 14-17 had not had sex. These results are limited in that only youth receiving positive parental permission were allowed to respond.

## 10.0 Children With Special Needs ("CWSN")

"Special Needs" covers a wide range of conditions, from risk of disability or developmental delay to serious emotional, physical, behavioral, or learning problems. Early intervention is the key to averting, correcting, or ameliorating many conditions. For example, with help, many young children can catch up developmentally and enter school on pace with their peers. In Lake County, most CWSN are identified at school entry, which may be preschool, kindergarten, or even first grade. It is difficult to quantify the number of CWSN aged 0-5, as most formal diagnoses do not apply to such young children and Census data is not available.

Proxy indicators suggest that childhood disability levels are about 10%-12%. The 2000 Census reported that about 10.3% of Lake County's 5-20 year olds had one or more disabilities. LCOE's state preschools reported an average of 9.3% of children served were CWSN, ranging from 2% to 20% among the sites. As of December 31, 2006, the Special Education Local Plan Area ("SELPA") was serving 1,261 CWSN aged 0-22 years old. Of these, only 24 were four year-olds, but the number of 5 year-olds served jumped to 53. This surge suggests increased identification (or more capacity to diagnose) at school entry.<sup>61</sup>

Lake County's resources to assist CWSN and their families include:

- ✓ *Early Start.* The Early Start Program serves children 0-3. Each child is served by a multi-disciplinary Early Start Team, which includes parent(s), a case manager, a teacher, and representatives from other service providers. The interagency teams identify the children, develop Individualized Family Service Plans, and support the parents. RCRC is the lead agency for this program.
- ✓ *Redwood Coast Regional Center.* RCRC is a state program serving both CWSN and adults, providing residential and community-based services to individuals with a wide range of conditions, including mental retardation, cerebral palsy, hearing, and vision problems, medical problems, epilepsy, autism, etc.
- ✓ *California Children's Services:* CCS is a statewide program that coordinates and pays for medical care for income-eligible children and youth under age 21 with eligible conditions. Eligible conditions are limited to medical conditions that are physically disabling or require medical, surgical, or rehabilitative services. Lake County's CCS served 350 children in Fiscal Year 2004-2005.<sup>62</sup>
- ✓ *California Child Health & Disability Prevention:* CHDP, described above, is administered by DHS. It served 2,167 children in Fiscal Year 2003-2004.<sup>63</sup> Currently, CHDP has 14 providers, with at least one in every community.
- ✓ *Easter Seals of Northern California.* Easter Seals is a non-profit provider serving infants and young CWSN. It also provides education and support to parents, child care providers, and other caregivers.

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- ✓ *Special Education Preschool.* The public school districts are responsible for special education services for children aged 3-5. Special Education Preschool is used primarily by children who cannot be mainstreamed. Full inclusion is preferred and is the policy of the state preschools operated by LCOE.

10.1 Infants served by Easter Seals. Data not available.

10.2 Most frequent disabilities in infants served by Easter Seals. Data not available.

10.3 Children and youth served by RCRC. During March 2007, RCRC was serving 153 children aged 3-17.

10.4. Families served by CCS. According to DHS, Lake County is a "dependent" County, i.e., our CCS program is considered a state program, with all determinations made at the state level. In 2007, there were about 500 families being served.

RCRC and CCS both certify physical and occupational therapists and other professionals, as needed to serve the children. There are still too few such specialists providing in-County services. Therefore, children and families are required to travel significant distances to obtain specialty services.

### 11.0 Other Indicators

The Vision and Indicators meetings requested three additional health topics be considered: asthma, early onset diabetes, and juvenile hypertension.

11.1 Asthma. The 2004 MCAH Assessment analyzed asthma prevalence in Lake County. From a hospitalization perspective, Lake County has a low rate, but it has been rising. Only 29 Lake County children were hospitalized for asthma in 2001, a low number event. Rates more than doubled between 1996 and 2000, however. Rates for children under 4 rose from 8.78 in 1996 to 58.95 in 2000. Hospitalization rates understate childhood asthma prevalence however because: (1) neither hospital has a pediatric unit; and (2) given the effectiveness of new medications, physicians are more willing to send children home. If the parent is competent, the child will be sent home. Asthma prevalence is an emerging issue which is intertwined with others, e.g., poverty, obesity, and foster care. Indicators include:

- ★ In 2006, only 21% of 5<sup>th</sup> graders reported being told by a parent or adult that [they] had asthma (CHKS).
- ✓ 17% of 9<sup>th</sup> graders and 18% of 11<sup>th</sup> graders reported having asthma, rising to 29% of continuation students (CHKS).
- ✓ One hospital reported 1,732 out-patient visits by minors for asthma, an average of 62.6/year from 1999-June 2004.

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- ✓ Lake County's oak and pine forests and open grass lands create very high pollen counts. Pollen is a major allergen and natural lung irritant. This factor may be diminishing as thousands of acres of oak forest, scrub, and grass land have been converted to vineyards.
- ✓ Lake County's agricultural industry uses pesticide spraying; studies suggest that pesticides contribute to asthma.
- ✓ Second-hand smoke is associated with enhanced risk of respiratory ailments, including asthma, and increases their severity.
- ✓ Excessive indoor dampness, leading to mold and mildew, is a newly-confirmed asthma contributor. At least some of Lake County's older housing has been flooded or damaged by rain. These are more likely to be the residences the poor can afford.<sup>64</sup>

Asthma is associated with: (1) increased risk of serious lung infections; (2) malnourishment because the medication suppresses appetite or because eating is difficult; (3) steroid medications that hamper growth or cause mood swings; and (4) over time, impaired physical and psycho-social development: child may be fearful, avoid play or exercise, and become overweight.

11.2 Early onset diabetes. Diabetes is a chronic, serious medical condition. People with diabetes either do not make enough insulin (Type 1) or their bodies do not use it effectively (insulin-resistance) (Type 2). Type 1 is the type most often diagnosed among children and adolescents. Risk factors for developing Type 2 diabetes are age, obesity, and family history. Type 2 diabetes can be prevented or delayed with weight loss, physical activity, and healthy diet. Because Type 2 diabetes should be a problem of middle age or later, early onset in children and adolescents is cause for concern. The rise in Type 2 diabetes is correlated with the rise in obesity among children and adults.

Diabetes, especially Type 2, is a growing health problem for both adults and children. It has serious complications, including blindness, kidney disease, cardiovascular disease, limb disease, and amputations. Diabetes prevalence among California adults increased significantly from 2001-2005 for all groups, except African Americans. The largest increase was among Native Americans, followed by Asians, and Latinos. The 2005 prevalence rates for ethnic groups were: (1) 6% for whites; (2) 8% for Latinos; (3) 6.5% for Asians, (4) 10.1% for African Americans; and (5) 14.9% for Native Americans. Diabetes prevalence is "strongly associated with" socioeconomic status, i.e., the lower the income and education, the higher the diabetes prevalence.

Lake County has one of the lowest diabetes prevalence rates in California, at 5.2% (age adjusted) or 3,000 individuals. Statewide, the prevalence rate was 7%.<sup>65</sup> The prevalence rate is likely to understate the true rate. About 25% of people with diabetes are undiagnosed.<sup>66</sup>

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Prevention of Type 2 diabetes is closely tied to reducing the prevalence of obesity among children and youth. Specifically, increasing moderate physical activity by 60 minutes/day x 5 days/week plus a 5-7% reduction in body weight results in a 58% reduction in onset of diabetes. Fortunately, Lake County is taking steps to improve children's nutrition, eating habits, and physical fitness. These timely interventions could protect Lake County children and adolescents from Type 2 diabetes.

11.3 Juvenile hypertension. At this time, Lake County DHS reports no significant incidence of juvenile hypertension. There is an association between hypertension and obesity, smoking, and/or stress. This condition should be largely preventable among children and youth.

### 12.0 General Findings.

- ★ **Lake County's health care system is collaborative, effective, and has expanded its resources, as envisioned by the Report Card planners.**
- ★ **School-linked services in partnership with private providers are increasing the range of services available to children and families, from preschool through high school.**
- ★ **Objective indicators confirm that children's access to core health care services is improving.**
- ★ **The majority of Lake County's children appear to be healthy.**
- ★ **The system's growing capacity to implement a multi-agency, multi-disciplinary response to developing problems, such as obesity, is a key asset.**

#### Areas of concern:

- ➔ **The rates of depression (and dysthymia) and anxiety suggest Lake County children are stressed. Their attempts to relieve the stress and its effects can lead to other problems, such as smoking, other substance abuse, school failure, isolation, alienation, and targeted violence.**
- ➔ **Children's oral health care is improving in some respects, but the child population is ever-changing. Educating this year's five-year old and his family doesn't mean we can assume that next year's five-year old and *his* family will absorb oral health education and practices by osmosis.**

- **Overweight and obesity appear to be on the rise. The causes and consequences are complex, requiring a systematic set of responses at multiple access points, from breastfeeding through policy changes supporting access to healthier food.**

### 13.0 Conclusion

The majority of Lake County's children are healthy and the system's capacity to care for them is stronger than ever, delivering quality care from a growing array of resources developed by years of successful collaborative planning, experience, and investment. As we achieve more and more positive results, it is essential to continue to pay attention to, and fund, what works. We must remain ever-vigilant to protect children's well-being.



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- <sup>2</sup> Health Leadership Network, Cinco de Mayo Kiosk Health Questionnaire, May 5, 2005.
- <sup>3</sup> UCLA Center for the Study of Latino Health and Culture, <http://www.cesla.med.ucla.edu/>, 2005.
- <sup>4</sup> Health Data Summaries for California Counties, Center for Health Statistics, California Department of Human Services; Center for Economic Development, Lake County 2007 Economic and Demographic Profile, p. 90. The most current data is for 2004.
- <sup>5</sup> <http://www.mch.dhs.ca.gov>
- <sup>6</sup> Children Now, 2007 California County Data Book, <http://publications.childrennow.org>
- <sup>7</sup> <http://www.dhs.ca.gov/hisp/chs/OHIR/vssdata/tables.htm>
- <sup>8</sup> Health Data Summaries for California Counties, Center for Health Statistics, California Department of Human Services
- <sup>9</sup> Report Card 2000, p. 95; Lake County Maternal Child Health Needs Assessment 2004, p. 17.
- <sup>10</sup> <http://www.dhs.ca.gov/hisp/chs/OHIR/tables/birth/birthweight/htm>
- <sup>11</sup> Children Now, 2007 California County Data Book, <http://publications.childrennow.org>
- <sup>12</sup> National Association on Fetal Alcohol Syndrome, [www.nofas.org/MediaFiles/PDFs/factsheets/everyone.pdf](http://www.nofas.org/MediaFiles/PDFs/factsheets/everyone.pdf)
- <sup>13</sup> The British Medical Journal, on-line report, October 2006.
- <sup>14</sup> Lake County Maternal Child Health Needs Assessment 2004, p. 17.
- <sup>15</sup> California Department of Health Services, Maternal, Child and Adolescent Health/Office of Family Planning Branch, Epidemiology and Evaluation Section, Newborn Screening Data, [www.mch.dhs.ca.gov/reportspubs/](http://www.mch.dhs.ca.gov/reportspubs/)
- <sup>16</sup> Lake County CHDP, Interview, July 11, 2007.
- <sup>17</sup> 2006 Health Data Summaries for California Counties, Center for Health Statistics, California Department of Human Services, p. 72.
- <sup>18</sup> Dental Health Foundation, "Mommy, It Hurts to Chew": The California Smile Survey – An Oral Health Assessment of California's Kindergarten and Third Grade Children, February 2006. Lake County participated in the study.
- <sup>19</sup> Child Trends Databook, [www.childtrendsdatabook.org](http://www.childtrendsdatabook.org), downloaded 2004 for MCH Assessment.
- <sup>20</sup> 2005 California Health Interview Survey, <http://www.chis.ucla.edu>. NOTE: 2005 is the first year in which Lake County data was collected separately from Mendocino County data.
- <sup>21</sup> Children Now 2007, <http://publications.childrennow.org/publications/invest/cdb07/cdb07>, citing CHIS.
- <sup>22</sup> 2006 Health Data Summaries for California Counties, Center for Health Statistics, California Department of Human Services, p. 72.
- <sup>23</sup> California DHS, Lake County 2005 Health Status Profile: [http://www.dhs.ca.gov/hisp/chs/OHIR/reports/healthstatus\\_profiles/2005/profiles.pdf](http://www.dhs.ca.gov/hisp/chs/OHIR/reports/healthstatus_profiles/2005/profiles.pdf)
- <sup>24</sup> California Department of Health Services, Office of AIDS, HIV/AIDS Case Registry Section, date as of May 32, 2007.
- <sup>25</sup> 2006 Health Data Summaries for California Counties, Center for Health Statistics, California Department of Human Services, p. 72.
- <sup>26</sup> California Department of Health Services, STD Control Branch, revised 5/15/2007
- <sup>27</sup> California Department of Health Services, Immunization Branch, Vaccine-Preventable Diseases, Tables 1.7-1.13.
- <sup>28</sup> California Department of Health Services, Tuberculosis Control Branch.
- <sup>29</sup> Centers for Disease Control and Prevention, National Center for Health Statistics, as reported in America's Children in Brief: Key National Indicators of Well-being, 2006, <http://www.childstats.gov/americaschildren>
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- <sup>32</sup> Ibid
- <sup>33</sup> Friedlander, et al., *Archives of Pediatric Adolescent Medicine*, 2003; 157: 1206-1211.
- <sup>34</sup> Janssen, et al., *Pediatrics*, Vol. 113, No. 5, May 2004, pp. 1187-1194.
- <sup>35</sup> Ibid.
- <sup>36</sup> Surgeon General's Call to Prevent and Decrease Overweight and Obesity: [www.surgeongeneral.gov/topics/obesity/default.htm](http://www.surgeongeneral.gov/topics/obesity/default.htm)
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- <sup>41</sup> Ibid
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- <sup>43</sup> WIC, Report Card Update Data Collection Request, prepared by WIC staff taking monthly totals for each year and taking yearly average. All data provided in numeric form only.
- <sup>44</sup> [http://www.wicworks.ca.gov/resources/Method03\\_CFPA.pdf](http://www.wicworks.ca.gov/resources/Method03_CFPA.pdf)
- <sup>45</sup>
- <sup>46</sup> Interview, Bonnie Bonnett, Coordinator, Lake County Childhood Lead Prevention Program.
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- <sup>54</sup> <http://www.cde.ca.gov>, 2002.
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- <sup>56</sup> California Healthy Kids Survey, Core Module A Technical Report, 2006, p. 26.
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- <sup>59</sup> California Healthy Kids Survey, Core Module A Technical Report, 2006, p. 26.
- <sup>60</sup> Lake County Tobacco Program, administered by Lake Family Resource Center, *Clearlake Observer*, June 27, 2007.
- <sup>61</sup> Lake County Child Care Planning Council, *Third Needs Assessment* June 30, 2007, p. 116.
- <sup>62</sup> 2006 Health Data Summaries for California Counties, Center for Health Statistics, California Department of Human Services, Table 11, p. 260.
- <sup>63</sup> Ibid
- <sup>64</sup> "Damp Indoor Spaces and Health", Panel of the Institute of Medicine of the National Academies, CDC 2004.
- <sup>65</sup> Diamant, A., Babey, S., Hastert, T., and Brown, E.R. *Diabetes: The Growing Epidemic. UCLA Health Policy Research Brief*, UCLA Center for Health Policy Research, August 2007.
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## CHAPTER 6: KEEPING CHILDREN SAFE

**Safe Communities, Safe Children**

- ★ Eliminate alcohol and drug use by children and abuse by adults
- ★ Eliminate discrimination based on culture, race, life style, and economic status
- ★ Encourage positive youth/parent communication based on mutual respect
- ★ Reduce incidence of child abuse and domestic violence
- ★ Reduce incidence of youth violence (victims and perpetrators)
- ★ Build positive relationships between law enforcement and all aspects of the community
- ★ Total community responsibility for Lake County youth safety is reflected in structures and programs

**WHAT WE WANT FOR  
LAKE COUNTY FAMILIES AND CHILDREN**

A place where children are safe and free to play, happy at school, glad to be home, surrounded by adults leading peaceful and fulfilled lives is likely to be a good place for everybody. In other words, if it's "good for the children", it's probably good for you, too. As the first Report Card put it, "How safe do you feel in Lake County? How safe is it for children and youth?" That answer largely depends on where you live, which is likely to reflect how much you earn or when you arrived in the County, as well as where you work and shop. Your home life and family situation and your experiences and perception of risk play a part, as well. The quality of your neighborhood will directly affect your level of fear and chances of being victimized, including by your intimate

partner. Many people still feel much safer here than in urban areas. Doors and cars remain unlocked in many neighborhoods; children ride their bikes and go to the park unescorted. Indeed, in some neighborhoods, mountain lions are still a greater threat than possible human predators.

This Chapter examines objective and subjective indicators of safety, from arrest rates to perceptions of safety, some positive developments, some ominous changes, and offers a sample of the growing array of youth organizations, youth activities, and events promoting cultural understanding.

### **Section 1. Snapshot of Progress- What's changed? Where do we stand?**

- ✓ **Eliminate drug and alcohol use by children and abuse by adults.**
  - ★ There is a growing recognition that teen alcohol use is not a harmless “rite of passage”, but is dangerous and a potential gateway to a lifetime of trouble.
  - ★ Most children and youth do not drink or use drugs.
  - ➔ The **Health** chapter confirmed that too many youth are starting drug and alcohol use in or before their early teens.
  - ➔ This Chapter confirms that most of the adult misdemeanor offenses against safety involve driving under the influence, whether of alcohol or other drugs.
  
- ✓ **Eliminate discrimination based on culture, race, lifestyle, and economic status.**
  - ★ The Vision and Indicators meetings found a commitment to, and comfort with, Lake County's increasing diversity. That said, various populations are experiencing discrimination and hostility, including immigrants and the poor.
  - ★ There are more multi-cultural activities, e.g., Tule Boat Races, Bi-National Health Week, and other events open to the public.
  - ★ We have developed a year-round calendar of events promoting cultural understanding. There are now too many of such events to be certain that any list is complete.
  
- ✓ **Encourage positive youth/parent communication based on mutual respect.**
  - ★ The Nurturing Parenting program, Lake Family Resource Center programs, parent involvement components of Early Head Start, Head Start, preschools, the Children's Council, Healthy Start, Safe Schools/Healthy Students, LCMH, Probation, and others have emphasized building this skill in their programs.
  - ★ Differential Response, noted below, will provide or link parents to programs that help them improve their relationship with their children.
  
- ✓ **Reduce incidence of child abuse and domestic violence.**
  - ★ Dependency Drug Court is a new collaborative program of AODS, CWS, and the courts. It offers substance-abusing parents an opportunity to overcome their substance abuse issues and be more quickly reunified with their children. To qualify for expedited reunification, the parents must prove they are no longer using drugs or alcohol, reversing the usual burden of proof.

- ★ “Differential Response”, a community-based partnership among LCDSS and agencies to help families at risk of, or in the early stages of, child neglect and abuse. Differential Response lets DSS and agencies reach families **before** children are damaged by abuse or neglect. It fills a huge gap identified by the Children’s Council and others.
  - ★ “Nurturing Parenting”, a research-based curriculum administered by Healthy Start, Lake FRC, and supported by 1<sup>st</sup> 5 Lake, LCDSS, and the schools. Nurturing Parenting fills the need for consistent, free, non-stigmatizing parenting classes. Nurturing Parenting classes are age-appropriate, since the challenges of raising children change dramatically as they grow. What works for a three year-old will not work for a 12 year-old and may even lead older youth to resist the message.
  - ➔ Domestic violence is a continuing problem, which affects not only the adult victims, but also the children exposed to it.
- ✓ **Reduce incidence of youth violence (victims and perpetrators)**
- ★ LCMH has hired a forensic mental health specialist who will assist emotionally disturbed children through their transitions from the Juvenile Hall back into the home or placement, including medication management, transition plans, housing, etc.
  - ★ Project Return, a Probation program dedicated to keeping delinquent youth safe at home, in the community, or in the least restrictive placement
  - ★ Two group homes in the County, operated by RCS and a third one in final planning
  - ★ A dazzling array of new and expanded activities for children of all ages and events promoting cultural understanding
- ✓ **Build positive relationships between law enforcement and all aspects of the community.**
- ★ Konocti, Probation, and the Clearlake Police Department have collaborated to field a School Resource Officer and a Deputy Probation Officer who work as a team to promote school safety and positive relationships among law enforcement, students, their parents, teachers, and the general community.
  - ➔ Law enforcement recruitment and retention have dropped sharply, decreasing the “eyes on the street” and increasing the likelihood that crimes are going undetected. In response, the Lake County Office of Education ROP program, Lower Lake High School, and LCSO developed the Law Enforcement Program, a career tech path for pre-correctional officers’ training.
  - ➔ First Offender Family Preservation which provided probation supervision, counseling, and substance abuse treatment to early juvenile offenders is gone.
  - ➔ Juvenile gang activity has surged.

- ✓ **Total community responsibility for Lake County youth safety is reflected in structures and programs.** This is an area of progress. Agencies, private groups, and individuals have been working together across agency, disciplinary, and cultural boundaries to create a culture of shared responsibility for the safety and healthy development of all children and youth.
- ★ Many more organizations and activities for youth, with more on the way, creating a more “kid-friendly”, “family-friendly” culture that promotes youth safety. These organizations and activities cover the entire service continuum, from law enforcement to preschool. There are too many to list!



## Section 2: How can we measure safety?

The participants in the Update Vision and Indicators meetings reviewed the chosen indicators and reaffirmed the indicators and their power to measure safety.

### How can we measure safety?

- A. Safety in the home
  - Incidence of child neglect, abuse, and domestic violence
  - Children referred to Child Welfare Services
  - Number of children in foster care
- B. Safety at school
  - Survey how safe students feel at public school
  - Number of crimes against students in public schools
  - Incidence of students' possessing weapons at school
- C. Safety in the neighborhood
  - Survey how safe children feel in their neighborhoods
  - Incidence of drug or alcohol-related arrests and gang activity
  - Juvenile Probation caseload
  - Number of Community Based Organizations and programs serving children and their families
  - Number of public events promoting cultural understanding
  - Number of children or youth involved in community service

*-selected and reaffirmed at the 1999 and 2006 Report Card and Update Vision and Indicators meetings*

## 1.0 Arrests for Offenses Affecting Safety

Arrests offer a snapshot of the amount and severity of crime in an area. They are indicators of the level of danger and threatened danger surrounding children and families. It is extremely important to recognize that the number of arrests is a direct function of law enforcement staffing. If too few officers are out on patrol, crimes will go unseen. If response time is known to be high in some areas, those areas may see higher spikes in crime. This section covers adult and juvenile arrests for crimes affecting safety, by felony or misdemeanor.

Urban analysts may consider the County as low-risk because we have relatively few people, but we are challenged by our geography: 1,258 square miles of land, 130 miles of lakeshore, and 40,000 acres of lake surface. In the context of law enforcement, the County's beauty and rural character are detriments. Roads are unpaved, unmarked, and unlit just a few blocks off the main thoroughfares in both Clearlake and Lakeport. Many houses have no numbers. A surprising number of residents live out of town on winding dirt roads with no markings at all. Therefore, arrest rates should be considered as only partial indicators of the level of potential risk. Declines may be due to loss of law enforcement personnel, rather than improved public safety.

In March 2006, the Lake County Sheriff's Office reported on its vacant positions. At that time, its deputy vacancies were running at 30% of total positions and its dispatch vacancies were running at 50%. The actual numbers were (6) 911 communications operators (dispatch); (8) correctional officers (jail); and (9) deputy sheriffs. Within six months, the vacancies rose to: (7) 911 communications operators; (7) correctional officers; and **(18) deputy sheriffs, including 4 new positions**. The Lake County Sheriff's Department pays less than either of the Lakeport or Clearlake Police Departments or the California Highway Patrol. In 1983, the Sheriff's Department had 6 more patrol deputies than it did in 2006. The average patrol staffing now yields a ratio of 1 deputy for every 350 square miles of unincorporated territory. The impact of these vacancies on a wide range of safety and other services is detailed in the Sheriff's Report.<sup>1</sup>

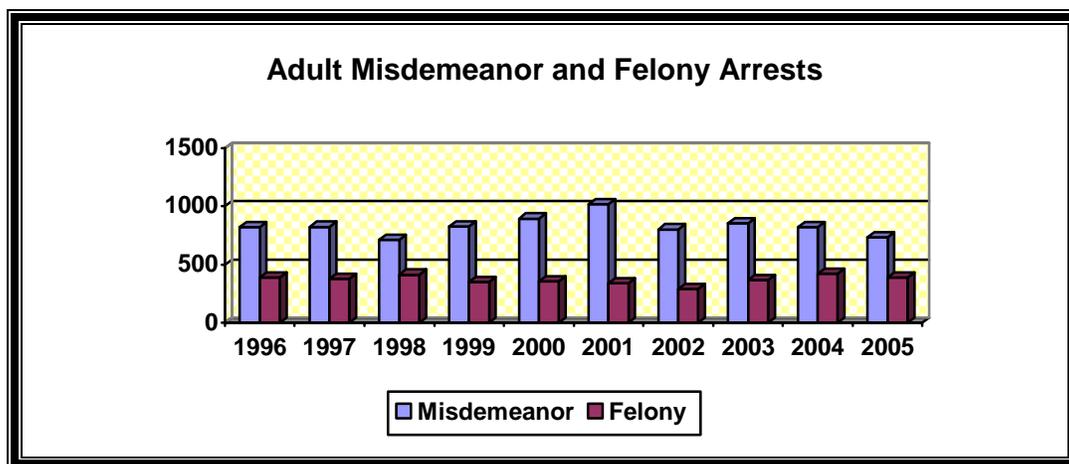
The effect of such vacancies on children's safety, at home and at school, is especially relevant to this Update. At this time, LCSD has no assigned School Resource Officers ("SROs"). Countywide, there is only 1 SRO, employed by the Clearlake Police Department and serving the Konocti Unified School District. He is entering the third and final year of grant funding. There are 18 schools scattered across the unincorporated area of Lake County. With so few deputies on the road, there is a risk of delayed response to crises.

However, the County has developed its own, "home-grown" solution, demonstrating the power of career tech education and collaboration. LCOE, Lower Lake High School's SERVE Academy, and LCSD have collaborated to create the Law Enforcement Program. The Law Enforcement Program blends classroom and hands-on training into a career path program that prepares high school students to become correctional

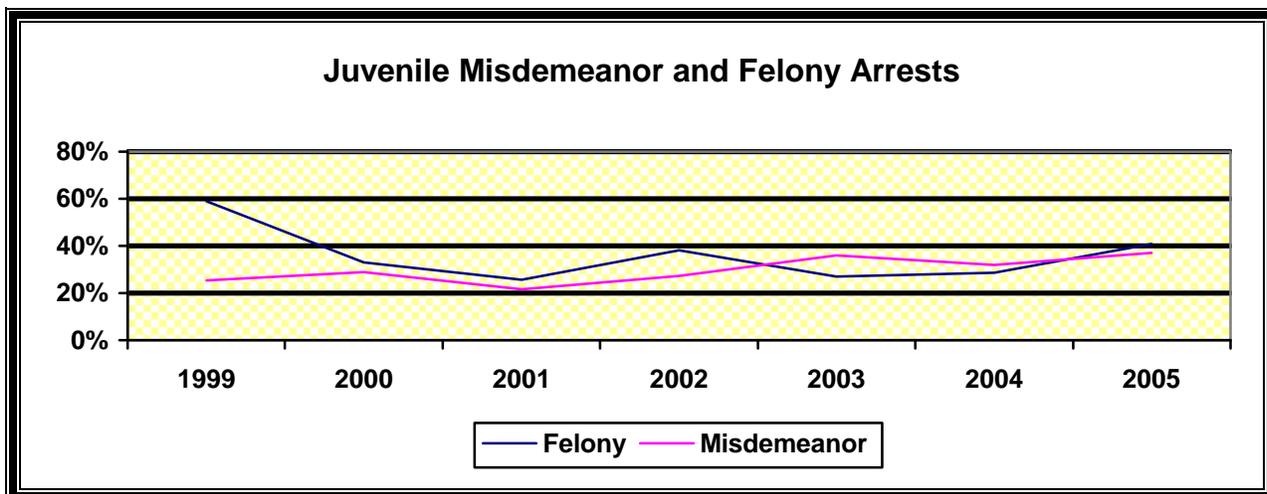
officers. LCSD's Detention Division provides guest speakers, assists with weapons and restraint training, and allows unlimited access to the Jail for training and career exploration. In 3 years, the program has grown from 18 students in 1 class to 70 students in 3 classes. Yuba College will begin offering peace officer and correctional officer training courses in Fall 2007. The courses will be certified by Peace Officer Standards and Training and the California Department of Corrections and Rehabilitation, as applicable.

The Board of Supervisors has authorized additional correctional officer positions to cover custody operations. With the extra coverage, LCSO can send its experienced correctional officers to peace officer academy to be trained and certified to serve as deputy sheriffs. This approach is both creative and effective, since local hires are likely to be committed to service in Lake County. If it succeeds as planned, LCSO could be fully staffed in patrol in about two years.

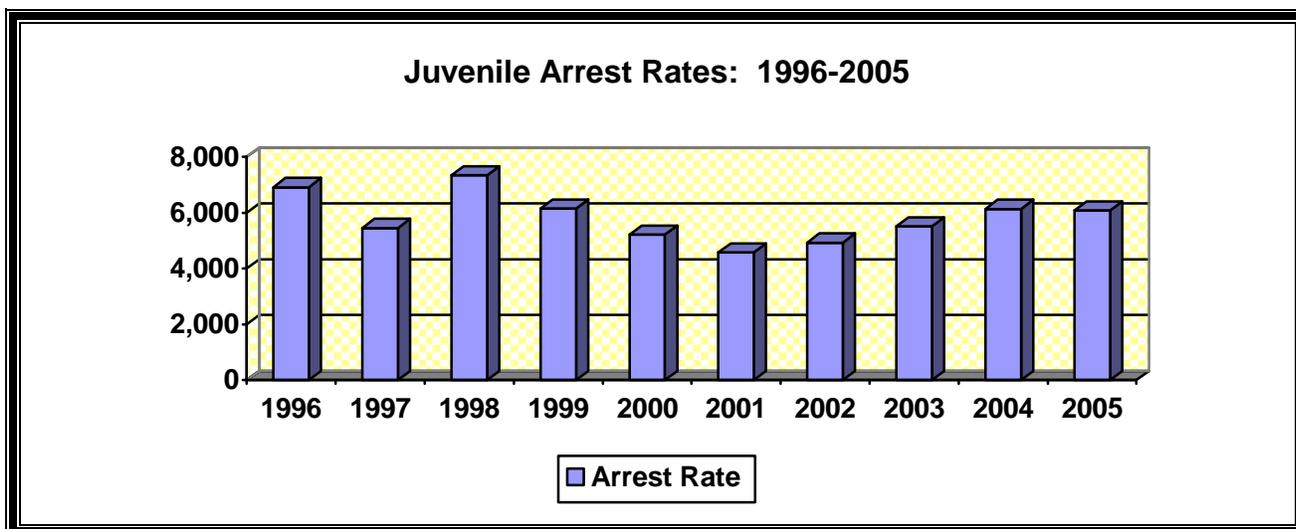
1.1 Adult arrests. The following graphic summarizes adult felony arrest rates for crimes affecting safety, including violent felonies and sex offenses: homicide, forcible rape, robbery, assault, kidnapping, other sex offenses, and felony driving under the influence (DUI). Property crimes and arson are excluded, because they typically do not target people. Misdemeanor offenses affecting safety include: assault, battery, weapons possession, manslaughter, malicious mischief, driving under the influence, and hit and run.<sup>2</sup>



1.2 Juvenile Arrests. Juveniles account for a comparatively small proportion of arrests for crimes affecting safety in Lake County. According to the FBI, juveniles accounted for 16% of all 2004 arrests nationwide. In Lake County, however, juvenile arrests accounted for only 11.32% of all arrests. This positive datum may reflect either lower juvenile crime or reduced law enforcement staffing, however. The following Table and graphic summarize trends in juvenile felony and misdemeanor arrests for crimes affecting safety. Between 1998-1999, juvenile felony arrests in Lake County rose by 60.5%. As the graphic indicates, the relative level of crimes affecting safety has dropped from its 1999 high point, although that positive trend may be ending.



The fluctuation in the total juvenile arrest rate per 100,000 of population is presented below.



**Crime is costly.** Lake County spent over \$23.4 million in fiscal year 2002 on criminal justice expenditures, including employee salaries and benefits, plus services and supplies. This figure excludes facilities construction and maintenance, e.g., to the Hill Road Correctional Facility and the Juvenile Hall. Of this cost, \$11,118,000 was spent on law enforcement, \$1,526,000 on judicial expenditures (trials, etc.), \$8,366,000 on custody/supervision, \$1,624,000 on prosecution, and \$819,000 on public defense.<sup>3</sup> Even a 10% reduction in crime would be a major savings to the County, estimated at least \$1.3 million, assuming 10% reduction in all expenditure categories. The *Power of Preschool Feasibility Study* estimated that creating a free, voluntary preschool opportunity for all 4-year olds would only cost \$7,294,725 in Year 1 (including upgrades, new spaces, and new facilities construction) and \$2,974,725 annually thereafter (not

adjusted for increases in cost of living). Prevention and early intervention throughout the children's services system create cost-savings that can be reinvested to stabilize and expand such programs.

## 2.0 Child abuse and neglect

Child abuse encompasses a range of acts or omissions, including physical injury, sexual abuse and exploitation, endangerment, emotional abuse, and general or severe neglect. (See California Penal Code Sections 11164 – 11174.3, The Child Abuse and Neglect Reporting Act.)

Neglect has comprised the largest percentage of LCDSS referrals since 1999. Total incidents of neglect, including those not reported to LCDSS, are very hard to quantify. It is also difficult to differentiate neglect from poverty until one has become familiar with a particular family's history. Children may be hungry, unclothed, and unkempt, but the family may have just been evicted because their rental property has been sold out from under them. Homelessness can be the result of a crisis or it can be a deliberate strategy by the parents to hide from CWS. The legal limits imposed on CWS preclude rapid, early response to most neglect cases until the neglect becomes severe or results in injury. At that point, the child has suffered far too long. Further, most parents love and want only good for their children. Too many are unable to live up to that aspiration. Without help, they cannot overcome barriers such as mental illness (especially maternal depression), substance abuse, or poverty and the stresses that follow it (dilapidated housing or no housing, hunger, chronic illness, being dirty and poorly dressed, no safe transportation, unsafe neighborhoods, and so on).

### 2.1 Adverse Childhood Experience (ACE) Study.

**Why is effective response to child abuse so important? Why is doing the right thing by children also the smart thing for the community?** The ACE Study answers these questions. It catalyzed a paradigm shift, proving that the effects of childhood neglect, abuse, and other trauma persist through adulthood, unless acknowledged and treated. The ACE Study is a long-term (over 11 years), epidemiological research project conducted collaboratively by the Centers for Disease Control and Kaiser Permanente's Department of Preventive Medicine in San Diego California. So far, at least 17,421 adults have participated. The ACE study revealed the strong, long-lasting effect of childhood experiences on physical and mental health in adulthood. The ACE study examined eight categories of childhood abuse and household dysfunction:

- ✓ Physical abuse
- ✓ Recurrent emotional abuse (Note: children who are physically abused are also suffering emotionally.)
- ✓ Sexual abuse
- ✓ Growing up in a household in which someone was in prison
- ✓ Growing up in a household in which the mother was treated violently
- ✓ Growing up in a household with an alcohol or drug user

- ✓ Growing up in a household in which someone was chronically depressed, mentally ill, or suicidal
- ✓ Growing up in a household in which at least one biological parent was lost to the participant during childhood, regardless of cause.

Participants receive ACE Scores based on their experiences, e.g., a person exposed to none of the categories had an ACE Score of 0, a person whose mother was a victim of domestic violence had an ACE Score of 1, and so on. The average age of participants was 57 years; most were middle class. The ACE Study's two central findings were:

- ✓ ACEs are far more common than has been recognized or acknowledged
- ✓ ACEs have a powerful impact on adult health even a half-century after the ACE

The study also found that most participants, if exposed to any category of adverse experience, were exposed to more than one, i.e., there was an 80% likelihood of multiple exposures. An effective response to ACEs must be integrated and holistic.

ACE scores are directly related to higher levels of emotional distress, substance abuse, depression, and suicide in adulthood. For example:

- ✓ A male child with an ACE Score of 6 has a 4,600% increase in the likelihood of later becoming an intravenous drug user than a male child with an ACE Score of 0. The Study asks: "Might [heroin] be used for the relief of profound anguish dating back to childhood experiences? Might it be the best coping device that an individual can find? Is IV drug use properly viewed as a personal *solution* to problems that were well concealed by social niceties and taboo?"
- ✓ An individual with an ACE Score of 4 or more is 460% more likely to be suffering from depression than an individual with an ACE Score of 0.
- ✓ There was a 1,220% increase in attempted suicide between these two groups. At higher ACE Scores, the prevalence of attempted suicide increased 30-51-fold (3,000 – 5,100%).
- ✓ Persons who have ACE Scores of 4 or more have a 4-to 12-fold increased health risk for alcoholism and drug abuse.<sup>4</sup>

The power of resiliency in children and youth, coupled with early intervention, can avert the ACE-related outcomes described above. The power of this approach is that early intervention for children *is* prevention for the older population groups, creating multiple positive impacts from one investment. We can short-circuit the intergenerational cycle of violence and dysfunction, creating new generations of functional, happy adults who will be good parents and neighbors.

## 2.2 Child Welfare Services and child safety.

As the Table below demonstrates, referrals for neglect dominate the referrals received by Lake County CWS, comprising 72.7% of all referrals in 2006. “Neglect” can be general (child is hungry, dirty, lacks seasonal clothing) or severe (starvation). It may escalate, leading to multiple reports being made on the same family. Neglect can derail a child’s healthy physical, social, emotional, and cognitive development. Because neglect is so common and yet the incidents as reported seldom allow CWS to take formal action to respond to it, the Children’s Council, CWS, Healthy Start, HLN, and many other agency and community stakeholders have made neglect a top priority.

*Table 6.1: Referrals received by Child Welfare Services in 2006, by Type*

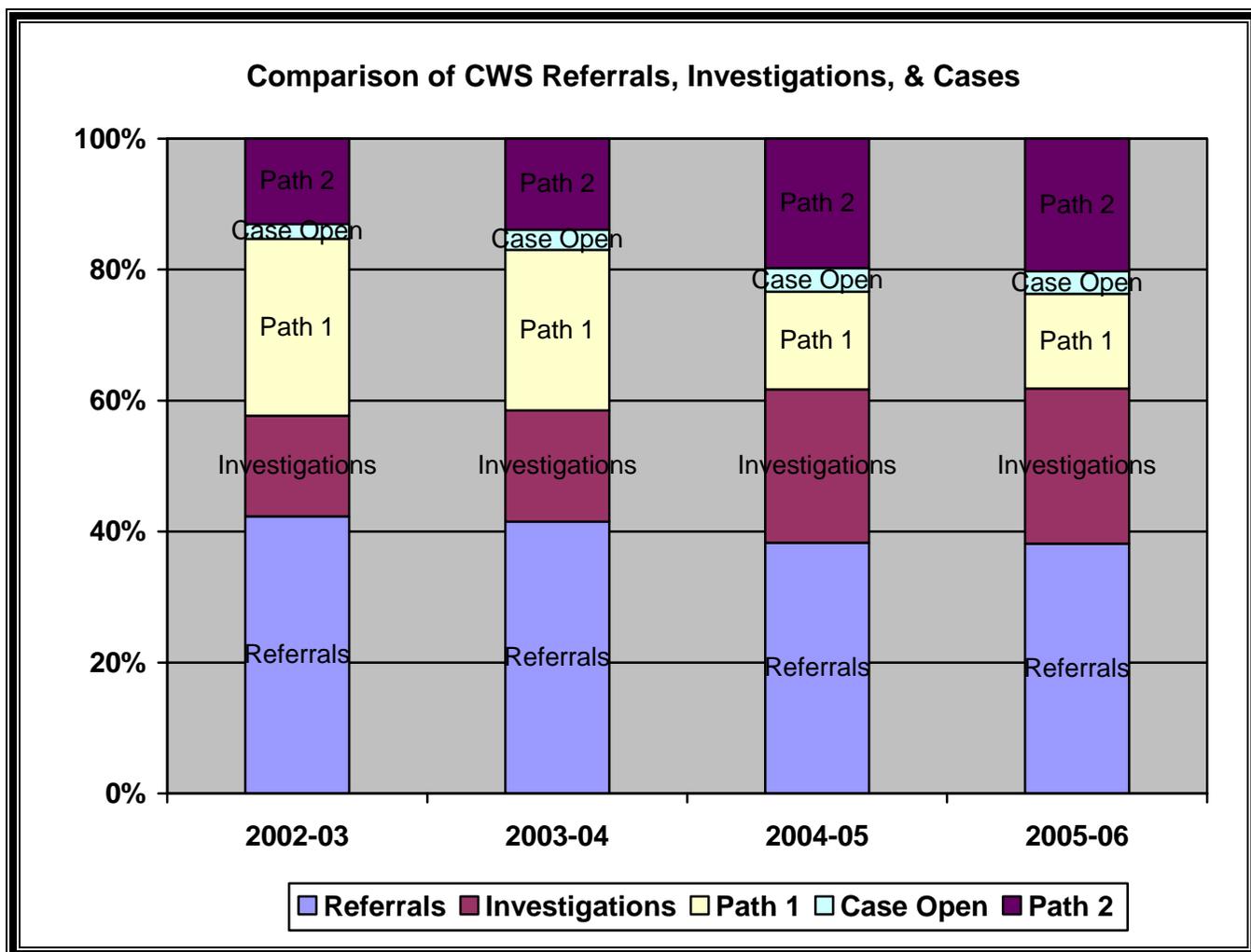
<b>Type of Abuse</b>	<b>Number Referrals Received</b>	<b>Number Substantiated</b>	<b>Percentage Substantiated</b>
<b>Sexual</b>	111	12	10.8%
<b>Neglect</b>	1,217	244	18.5%
<b>Physical</b>	195	15	7.7%
<b>Emotional</b>	42	4	8.5%
<b>Exploitation</b>	4	0	0
<b>Total</b>	<b>1,674</b>	<b>275</b>	<b>16.42%</b>

As the Table below demonstrates, most referrals do not result in a CWS case being opened. There are significant gaps between the number of referrals received, the number of investigations made, and the cases actually opened. These gaps pinpoint opportunities for community-based intervention to complement CWS interventions. Given that most referrals are for neglect, there is a large window of opportunity to help families when CWS cannot do so. Please note that the Path 1 and Path 2 gaps may overstate the number of families which can benefit from Differential Response, since cases are screened out at each stage.

*Table 6.2: Portals of Entry for Differential Response*

<b>Average Monthly Number</b>	<b>2002-2003<sup>1</sup></b>	<b>2003-2004</b>	<b>2004-2005</b>	<b>2005-2006</b>
<b>Referrals</b>	2,220	1,788	1,140	1,152
<b>Investigations</b>	804	732	696	716
<b>Case Opened</b>	120	132	108	105
<b>Path 1 Gap<sup>2</sup></b>	1,416	1,056	444	436
<b>Path 2 Gap<sup>3</sup></b>	684	600	588	611

<sup>1</sup>2002-2003 and 2003-2004 totals were derived from the average monthly figures given in LCDSS’s annual *Overview of Programs and Services*. For 2004-2005 and 2005-2006, the *Overview* provided annual totals. <sup>2</sup>Path 1 Gap = difference between referrals received and investigations opened. <sup>3</sup>Path 2 Gap = difference between investigations made and cases opened.



Lake County’s new Differential Response program, discussed in 2.3, below, creates that complementary resource.

### 2.3 Differential Response.

“Child welfare partnering with the Community to support families and reduce child abuse.”

Differential Response is a component of state-driven Child Welfare reform efforts aimed at providing support services for families reported to CWS, but whose circumstances do not authorize CWS to open a case. The California Department of Social Services has developed a Structured Decision Making Manual (the “Manual”) which contains policies, procedures, definitions, and specific criteria for evaluating whether a report becomes an open case, as well as the response time within which the report must be investigated.

The Manual is based on legal mandates. As demonstrated, most referrals do not result in a case being opened, yet many of the families referred and their children could benefit from early intervention and support.

Differential Response is a strategy to ensure that, even if CWS cannot open a case, a family has voluntary access to services. It provides two levels of response, depending on the level of risk within the family referred. Path 1, for the lower risk families, is the vector for services for families who have been referred, but whose cases do not even warrant a CWS investigation. Path 2 is for higher risk families investigated by CWS, but whose circumstances do not permit opening a case. Before Differential Response, these families would not have had a structured process to access support services. DR's goals are:

- ✓ To ensure that the family's minimum needs are met
- ✓ Family understands what constitutes child safety and well-being
- ✓ Improve family functioning and parenting efficacy
- ✓ Children have increased opportunity for healthy development in all domains
- ✓ Reduced recurrence of child abuse reporting for families receiving DR services

Lake County will complete its pilot DR project in September 2007. Full Countywide implementation will start in October 2007. DR implementation has five basic steps:

- ✓ Report received by CWS
- ✓ Report evaluated by CWS according to the Manual
- ✓ Path I or II determination made by CWS
- ✓ Families authorize CWS to make referrals to support services
- ✓ During the pilot project, CWS referred families to one of three agencies chosen to be the access points for support services. These three agencies were (1) Lake FRC; (2) LCOE's Healthy Start Program; and (3) the appropriate tribal Indian Child Welfare worker for reports on Native American families. The pilot project was limited to children birth to age 8. Lake FRC served children to age 4 and when domestic violence issues were involved. Healthy Start served children age 4-8 and when school performance was involved. Each Tribal Community received referrals for its own children. These service access agencies conducted comprehensive needs assessments with the families and tailored case planning and follow-up services accordingly. During full implementation, CWS will refer families to the agency or agencies determined to be an appropriate access point for support services.

LCDSS funded DR planning and start-up. DR went from planning to start-up in less than 6 months. It is yet another example of the speed with which Lake County can field a collaborative, coordinated response to a complex problem. As noted, however, collaboration and integration cannot substitute for adequate, timely, and stable funding.

## 2.4 Effects of exposure to violence.

Since the first Report Card was released, an ever-growing body of research has demonstrated that exposure to violence damages children's healthy development and can have effects which persist through adulthood. A child does not have to be physically hurt or threatened to be damaged by a violent home environment. The effects of exposure to violence can be felt as early as infancy. Very young children who are repeatedly exposed to domestic or community violence may exhibit a wide array of effects, including: increased irritability; immature behavior; developmental regression; fearfulness; temper tantrums; clingy behavior; difficulty separating from parents; and symptoms of post-traumatic stress disorder.

Even two-year olds have suffered from sleep disturbance, behavioral change or regression, and disrupted parent-child relationships. Exposure to violence also affects neuro-cognitive development, demonstrated by lower intelligence scores. Further, domestic violence and child abuse overlap; where one type of violence is occurring, the other is likely to co-occur. In fact, studies indicate a 41% median co-occurrence of child maltreatment and adult domestic violence.

When children are directly victimized, the effects can be dramatic and lifelong, including:

- ✓ Increased likelihood of arrest as a juvenile (59%) and as an adult (28%) and for committing a violent crime (30%)
- ✓ Increased rates of mental health issues (suicide attempts, post-traumatic stress disorder)
- ✓ Educational difficulties, including low IQ scores and reading ability
- ✓ Employment problems (unemployed and underemployed)
- ✓ Unhealthy choices (prostitution in both genders, alcohol problems in women)

Infants and toddlers who are abused, removed from the home, and placed in foster care are more likely to be abused and neglected in such care than older children. [Note: This is from a national study and not from Lake County-specific statistics.] These children have double the exposure to the effects of direct victimization.<sup>5</sup>

However, research also confirms the efficacy of early intervention, due to young children's resiliency. Their capacity for recovery includes physical brain development. Protective factors include competent parents and/or caring, responsive relationships with other adults. Studies expressly identified high-quality early childhood care and education (see **Education** for a detailed description) as a protective factor. Treating parental trauma and strengthening the parent-child relationship are essential strategies to helping young children heal.

Because there is such a strong intergenerational impact from family violence, a two-generational approach is the best strategy. This entails concurrently helping: (1) the adults affected by their own substance abuse, mental illness, or domestic violence; and (2) the children affected by the adults' issues. As the ACE Study demonstrates,

domestic violence, etc. in the home is a traumatic event for children. Those children are more likely to grow up into adults with mental illness, substance abuse, etc. As parents, they perpetuate the cycle of trauma. The new Nurturing Parenting program, described in **Chapter 7**, is designed to stop this dynamic by healing the parents and the children together.

The effects of exposure to violence are well-documented. Lake County children are exposed to community violence, as evidenced by the arrests for crimes affecting safety. Due to low law enforcement staffing, the arrest rates likely understate the true level of threat in our neighborhoods. Children are also exposed to domestic violence, as discussed below.

## 2.5 Domestic Violence/Intimate Partner Violence.

DV (or IPV) is a major contributor to negative outcomes for children and for their mothers. (Mothers are usually the victims, although some fathers are victimized as well.) When children are affected, agency response to DV must be nuanced to minimize further trauma to them. Simply asserting that exposing children to DV is maltreatment creates another potential weapon for the abuser: “Go ahead - call the cops. I’ll call CWS and they’ll take your children because you made me hit you.” However unrealistic this threat may be, it is very convincing to a victim already destabilized by fear and pain.

The level of DV in Lake County can only be approximated, because not every victim seeks help, whether by calling law enforcement or a victim services provider, such as the Lake County Victim/Witness Assistance Program (“VWAP”) or Lake FRC. The following Table compares data from the State Department of Justice and from Lake FRC which operates the community crisis line, the DV shelter, and a DV counseling and support program. Victims may be calling Lake FRC for a variety of reasons, e.g., prior negative experiences with authority, fear of deportation, or because they do not want to risk the possibility of having a male officer respond. Domestic violence accounted for 47% of all violent crimes against persons in Lake County in 2005.<sup>6</sup>

Calls to law enforcement and Lake FRC, plus reported weapons, are set forth below:<sup>7</sup>

*Table 6.3: DV/IPV Calls: 2000-2005<sup>1</sup>*

	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
<b>Law Enforcement<sup>2</sup></b>	247	368	363	601	546	564
<b>Lake FRC</b>	93	365	504	532	397	335
<b>Weapons<sup>3</sup></b>	26	24	37	34	37	38

<sup>1</sup> Note: Households experiencing DV/IPV tend to have multiple incidents generating multiple calls. <sup>2</sup> Lake County Sheriff’s Department, Lakeport Police Department, Clearlake Police Department, and California Highway Patrol. <sup>3</sup> This weapons count is limited to calls made to law enforcement. It excludes “personal weapons” such as hands, feet, etc., and includes guns, knives, and other dangerous instruments.

2.5.1 Cases with children present. This data is not collected by law enforcement and would require manual case review to retrieve. However, data from an extensive evaluation of domestic violence cases handled by the Lake County District Attorney strongly suggest that there could be children in the home in at least 46%-53% of reported cases. Due to the success of our interagency Domestic Violence Response Team, Lake County was selected by the Violence Against Women Office for evaluation as one of six model programs nationwide. The Institute for Law and Justice reviewed 200 cases, 100 from 1996-1997 (pre-DVRT) and 100 from 1999 (after DVRT implementation), arriving at the percentages noted above.

2.5.2. Deaths due to domestic violence. There is always a risk that DV will escalate to lethal violence. Lake County has about 700 deaths/year from all causes, but very few homicides. In 2005, there was one homicide. In 2006, the number of homicides rose to seven. Of these, 71% were related to domestic violence, according to the Sheriff/Coroner.

2.5.3 Teen parents in AFLP reporting safety.

Many teen parents are still living with their own parents or grandparents. Their perceptions of safety are indicators of the well-being of two generations of children: the teen children and their children. It appears that most AFLP clients do feel safe, *except with their partners*. This result strong suggests that these young parents and their children could benefit from DV prevention, education, outreach, and intervention.

Table 6.4: AFLP Safety

Safe with . . .	2000	2001	2002	2003	2004	2005	2006
Other parent	158	137	129	149	117	111	116
Partner	63	41	36	39	37	28	34
Family	284	244	218	221	178	176	165

### 3.0 Unintentional Injury and Death

No one gets out of childhood unscathed, so this indicator should be used carefully. The Vision and Indicators meetings interpreted this data element to be a proxy indicator for neglect. Hospitalization necessarily understates the total number of injuries, since many childhood injuries do not result in hospitalization or even ER visits. Overall, Lake County youth do not appear to be suffering high rates of serious unintentional injury indicative of parent or caretaker negligence or indifference to their safety.

3.1 Number and rate of hospitalizations for all non-fatal unintentional injuries, by age group. These are low number events with low percentages, so identifying statistically valid trends may not be feasible. The following Table details the number of such hospitalizations from 2000-2004, by age group:<sup>8</sup>

*Table 6.5: Number of Hospitalizations for Non-Fatal Unintentional Injuries*

<b>Year</b>	<b>&lt;1</b>	<b>1-4</b>	<b>5-12</b>	<b>13-15</b>	<b>16-20</b>	<b>Total</b>
2000	2	9	20	20	19	70
2001	1	7	14	20	26	68
2002	1	9	16	10	29	65
2003	0	10	16	11	25	62
2004	2	8	15	12	32	69

In 2002, the rate was 533.88/100,000, compared to the California rate of 666.36. Of the children 14 and under, 90.4% were white. Older children (15-24) were 88.6% white. In 5 years, only 190 children 14 and under and only 251 children aged 15-24 (available data) were hospitalized.<sup>9</sup> Clearlake was a “medium spot” for all injuries compared to the state.<sup>10</sup> There may be a slight positive trend, as the total number of injuries in 2000 and 2004 were nearly identical, yet the child population rose slightly in that time.

### 3.2 Rate of non-fatal injuries due to motor vehicle accidents.

Lake County is well below the Healthy People 2010 Objective of 933 nonfatal injuries per 100,000. For all children, the local rate is 123.58. However, the state rate is only 84.09. These are low number events. Only 28 children (14 and under) and 83 youth (15-24) received non-fatal injuries due to motor vehicle accidents for the five years from 1996-2000. Between 2001-2004, only 18 children under 13 and 65 youth aged 16-20 received non-fatal injuries from motor vehicle accidents.<sup>11</sup>

### 3.3 Child deaths.

The good news is that Lake County has very few child deaths from any cause in any year. Typically, the total number of deaths is about 10-18 per year, for all children aged 0-18. The Child Death Review Team reviews all of the deaths of Lake County’s children, regardless of where they occur. The CDRT is led by LCSD, with standing members from Public Health, the Children’s Council, and CWS. Representatives from investigating agencies or others directly involved in a particular case are invited on a situational basis. The CDRT has assembled years of data and is planning to produce a report. Because our total deaths are so low, we need longitudinal data to see if there are patterns to the causes of death. Such information can be used to design prevention programs directly tailored to Lake County conditions.

The following data are limited to raw numbers, since most of the causes of death are linked to 1-2 deaths/year at most. It is difficult to establish meaningful trendlines with only 1 data point per year. However, a review of child deaths from 2000-2004 does reveal some consistency in causes of death by age group.<sup>12</sup>

- ✓ For children under 1 year old, no pattern can be ascertained as there were only 7 such deaths in the 5 years from 2000-2004.
- ✓ For children aged 1-4, poisoning and falls were the top 2 causes of death.

- ✓ For children aged 5-12, falls were the top cause of death.
- ✓ For children aged 13-15, the top causes of death included falls, “struck by object”, pedestrian accident, motor vehicle accident.
- ✓ For children aged 16-20, the top cause was being an occupant in an unintentional motor vehicle accident. In this age group, suicide consistently ranked as the second or third top cause of death.

#### 4.0 Safety at School

“One of the most enlightening sources of information about children . . . is children!”

##### 4.1 Perceptions of safety at school.

The CHKS asks children about their perceptions of school safety and on-campus behavior, such as experiencing bullying or harassment, taking a weapon to campus, seeing weapons on campus, and gang-related behavior. It has become a central source of school safety data, since the California Safe Schools Assessment was discontinued. Schools are still required to report certain violent and drug-related incidents on their Consolidated Applications for funding, but there is a disincentive to do so. Full disclosure could result in a school being characterized as dangerous. This triggers parental choice rights. Parents can enroll their students elsewhere, but the school or district of origin has to pay for the transportation. The CHKS results confirm that Lake County’s students feel safe at school, but that perception drops off as students get older. In 2006:

- ★ 77% of 5<sup>th</sup> graders felt safe most or all of the time (51% said “all of the time”).
- ★ 50% of 7<sup>th</sup> graders felt safe or very safe, with 37% feeling neither safe nor unsafe.
- ★ Only 46% of 9<sup>th</sup> graders felt safe or very safe, with 43% feeling neither safe nor unsafe.
- ★ 58% of 11<sup>th</sup> graders felt safe or very safe, with 39% feeling neither safe nor unsafe.

##### 4.2 Physical violence on school property.

Overall, most students had neither been afraid of, nor experienced, physical violence at school. The amount of violence experienced decreased as students grow up. Any level of fear, victimization, or participation in violence is cause for concern, however.

- ➔ Only 47% of 5<sup>th</sup> graders reported they had never been hit or pushed.
- ★ By 7<sup>th</sup> grade, however, 51% reported never being hit or pushed.
- ★ By 9<sup>th</sup> grade, that violence-free group rose to 62% and again to 78% of 11<sup>th</sup> graders.
- ★ The level of fear of violence was low: 68% of 7<sup>th</sup> graders, 75% of 9<sup>th</sup> graders, and 86% of 11<sup>th</sup> graders reported never being afraid of being beaten up.
- ★ Participating in fights was also low: 69% of 7<sup>th</sup> graders, 71% of 9<sup>th</sup> graders, and 81% of 11<sup>th</sup> graders had not been in a physical fight.

##### 4.3 Weapons.

4.3 Weapons. Very few Lake County children have been threatened or injured with a weapon on campus. The Fall 2006 CHKS found that 86% of 7<sup>th</sup> and 9<sup>th</sup> graders and 91% of 11<sup>th</sup> graders had not been threatened or injured with a weapon on campus. However, that means that 14% of 7<sup>th</sup> graders, 13% of 9<sup>th</sup> graders, and 9% of 11<sup>th</sup> graders had been threatened or injured. These might be viewed as low in other areas, but they mean that about 1 in 10 Lake County students have been threatened or injured with a weapon. The percentage of children reporting they had seen someone with a weapon versus the number stating they had carried a weapon is cause for concern.

- ★ The percentage of students who have not been threatened with a weapon has been rising, albeit slightly
- ★ The gap between the percentage of students who have not brought a weapon on campus and those who have not seen weapons on campus has narrowed, creating a more consistent picture of the level of weapons on campus

Table 6.6: Not Brought a Weapon/Not Seen a Weapon

CHKS Question	2002			2004			2006		
	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>
<b>Brought Weapon?</b>	n/a	89%	89%	88%	80%	88%	91%	93%	94%
<b>Saw someone with weapon?</b>	n/a	68%	64%	62%	51%	62%	84%	76%	79%

4.4 Harassment and bullying.

During the last decade or so, research has found that the single strongest predictor of lethal violence on campus is the experience of being bullied. The Secret Service National Threat Assessment Center (“NTAC”) studied 37 school shootings, involving 41 attackers who were current or recent students and had targeted the school. Gang and drug-related disputes were excluded. The school had to be targeted for lethal violence. NTAC also interviewed the shooters. With the exception of gender, they found there is no accurate or useful profile of student attackers. Their ages ranged from 11-21. They had multiple ethnicities, socioeconomic backgrounds, family structures, academic achievement levels, friendship patterns (not all loners), and behavioral histories. Few exhibited any “marked change” in behavior prior to the attack, few had been diagnosed with a mental disorder, and less than 1/3 had a history of drug or alcohol abuse.

However, NTAC found very consistent patterns of *behavior and experience* among the attackers:

- ✓ Boys or young men committed all of the incidents.
- ✓ More than half had revenge as a motive; over 2/3 had multiple reasons.
- ✓ More than ¾ were known to “hold a grievance” at the time.
- ✓ In over ¾ of the cases, the attacker had told someone, virtually always a peer. However, the peer notified an adult in only 2 cases.
- ✓ In nearly 2/3 of the attacks, the attackers got the gun(s) from their own home,

- that of a relative, or owned the guns themselves.
- ✓ More than half the attackers had a “history of feeling extremely depressed or desperate”. Nearly  $\frac{3}{4}$  had threatened suicide, made a suicidal gesture, or attempted suicide.
- ✓ In more than  $\frac{3}{4}$  of the incidents, attackers had difficulty coping with a major change in a significant relationship or a loss of status, such as a romantic break-up or expulsion from school.
- ✓ *In over 2/3 of the cases, the attackers “felt persecuted, bullied, threatened, attacked, or injured by others prior to the incident.”*
- ✓ *In a number of cases, that experience was “longstanding and severe”, approaching “torment”. If these behaviors had occurred at work, they would meet legal definitions of harassment.*
- ✓ “. . .Bullying played a major role in a number of these school shootings . . .”<sup>13</sup>

When NTAC interviewed the attackers, they found a clear and simple message: “Listen to us.” When asked, “What would it have taken for a grown up to know [what you were going to do]?”, one attacker stated: “Pay attention. Just sit down and talk with me.” Dr. William Pollack, psychologist and consultant to the Secret Service, believes the attackers were all boys because of the way boys are brought up in the United States. They are predisposed to “loneliness . . . disconnection, and sadness. . . when they have additional pain, additional grievances they are less likely to reach out and talk to someone, less likely to be listened to.”<sup>14</sup> Few of the boys had close relationships with adults or participated in group sports or other group activities. Dr. Pollack recommends: (1) “shame-free” zones for boys to express their fears and feelings; (2) successful, strong men to show them that emotions are ok; and (3) relationships with caring adults who will just listen. As a community, we need to be able to see and help specific boys who are depressed, being bullied, and experiencing a sudden change in their lives.

With the advent of “cyber bullying”, the opportunities for hurtful harassment and humiliation have risen exponentially. Cyber bullying is defined as one child or teen using the internet, web pages, web logs, cell phones, and other digital technologies to torment, harass, humiliate, or otherwise target another child or teen. It is important to realize that this is still bullying, but in cyberspace, rather than on the playground. Unlike face-to-face bullying, perpetrators are distanced from their actions and do not see the hurt they cause. Thus, opportunities for empathy and remorse are reduced. Cyber bullies create web pages and mass emails or text messages that target other students, with hurtful rumors, attacks, and even graphics. For example, an overweight boy changing clothes in a school locker room could be photographed via picture phone by a fellow student. The pictures can be posted on the web and forwarded to his classmates. The World Wide Web leaves victims nowhere to hide. Because this is a crime which has powerful effects on school, parents and school officials need to work together to stop it, just as they do with other types of bullying.

Recent studies on cyber bullying have found that:

- ✓ 18% of students in grades 6-8 reported being cyber bullied at least once in the past two months or so; 6% said it happened 2 or more times.
- ✓ 11% of students in grades 6-8 said they had perpetrated cyber bullying at least once in the past two months or so; 2% had done it 2 or more times.
- ✓ 19% of regular internet users aged 10-17 reported being involved in on-line aggression, with 15% being the aggressors and 7% the targets (3% had been both).
- ✓ 17% of 6-11 year-olds and 36% of 12-17 year-olds reported that someone said threatening or embarrassing things about them through e-mail, instant messages, web sites, chat rooms, or text messages.
- ✓ Cyber bullying has doubled between 1999/2000 and 2005.<sup>15</sup>

All school personnel, including bus drivers, cafeteria workers, secretaries, and paraprofessionals, should receive training on how to recognize bullying and on what to do or whom to consult. Students often seek refuge with classified staff, so an inclusive training program is a sound strategy.

The total level of bullying reported by the CHKS is an indicator of: (1) potential danger; and (2) opportunities to intervene to prevent suffering and avert violence. The level of chronic bullying reported should be taken seriously:

- ★ 10% of 5<sup>th</sup> graders reported being hit or pushed “all of the time”.
- ★ Only 15% of 7<sup>th</sup>, 10% of 9<sup>th</sup>, and 10% of 11<sup>th</sup> graders reported being hit or pushed “all of the time” (4 or more times), indicative of more intensive bullying. Older students have better access to weapons, the internet, and transportation, so any chronic victimization within this age group is cause for concern.
- ★ Only 10% of 5<sup>th</sup> graders said they had had “mean rumors” spread about them.
- ➔ Total levels of harassment are too high: only 53% of 7<sup>th</sup> and 9<sup>th</sup> graders had been free of harassment of any type, rising to 64% of 11<sup>th</sup> graders.

#### 4.5 Victimization due to sexual orientation.

The reported level of harassment due to sexual orientation was very low, with 87% of 7<sup>th</sup> graders, 89% of 9<sup>th</sup> graders, and 91% of 11<sup>th</sup> graders reporting no harassment due to their sexual orientation (i.e., “because you are gay or lesbian or someone thought you were.”) Reported harassment seemed low, compared to focus group findings and anecdotal evidence from teachers, counselors, and other school personnel. Students may be reluctant to admit in writing, to an unknown recipient, that they are, or are seen as, gay or lesbian. Language and taunts that shock adults, e.g., sexual and racial slurs, may be a norm for students. Language shapes thought, however, so such slurs are inconsistent with the diversity and inclusion that were highlighted in the Vision and Indicators meetings.

#### 4.6 School Resource Officers.

The Clearlake Police Department fields the County's only formally designated SRO. He is grant-funded through a collaborative grant received by the Konocti Unified School District. One retired Deputy Sheriff has adopted another school. Lakeport Police Department completed an SRO grant and has not been able to continue the position. When possible, the local law enforcement agencies try to maintain continuity by having the same officers respond to the schools. With low staffing levels and high needs, however, even this informal arrangement is stretched. All of the local law enforcement agencies are committed to community oriented policing, based on the recognition that schools and communities are interdependent. A gang incident in the neighborhood can result in repercussions at school and vice versa.

#### 4.7 School safety - Conclusion.

Lake County schools are lovely and welcoming. Some are located in oak woods and have gardens or large grassy areas. Other than one school located right on Highway 20, they are free of fences, cement walls, razor wire, metal detectors, and security guards. In rural areas, schools play a major role in the life of the community, more so than in urban and suburban areas with more resources. Lake County schools are community resources, generally guided by the philosophy that the people who paid for them should have access to them. Schools share fields, basketball courts, and meeting rooms with community and parent groups. The Clearlake Community School hosts the adult English as a Second Language program, opening its classrooms and new, state-of-the-art computer laboratory for this use. Kelseyville is building a new \$3 million, 14,260 square foot multipurpose performing arts center, which will be a community resource. Lakeport Unified and the City of Lakeport are jointly operating the Westshore Community Pool. The pool is located on campus, but is open to the public. The schools also support co-located services, including Healthy Start, state preschools, ASES programs, and Safe Schools/Healthy Students counseling, among others. There are many other examples; this list is only for illustration. Lake County students and many parents see "their" schools as oases, where children learn and play happily and safely.

### **5.0 Safety in the Neighborhood**

5.1 Children's perceptions. Children's perceptions should be given a lot of weight. Their candor is well-known. The CHKS has revised its questions on perceptions of safety since the 1998-99 test cohort. The first CHKS given in Lake County asked students if they felt safe in their neighborhoods. The 2006 CHKS has eliminated this question for the older students. It does ask a slightly different question of 5<sup>th</sup> graders: "Do you feel safe outside of school?"

- ➔ *In 2006, 14% of 5<sup>th</sup> graders answered, "No, never".*
- ➔ *Another 20% of 5<sup>th</sup> graders answered, "Yes, some of the time."*
- ➔ *Only 30% answered, "Yes, all of the time."*

Because the question does not differentiate among home, community, or neighborhood, we cannot determine where these young children feel unsafe. We only know that school is their safe place.

Older students are asked a more sophisticated set of three questions, designed to elicit their feelings of connectedness to their communities. In light of the isolation and despair associated with lethal school violence, the high level of community connectedness reported by Lake County youth is a very good sign:<sup>16</sup>

Table 6.7: Community “Connectedness”

Community Environment	Grade 7			Grade 9			Grade 11		
	H	M	L	H	M	L	H	M	L
H = high, M = medium, L=low									
<i>Total Assets</i>	61	25	14	55	32	13	58	31	11
Caring relationship with adult in community	64	22	14	58	32	10	62	27	12
High expectations: adult in community	63	23	15	56	35	9	57	33	9
Meaningful participation	41	37	22	33	38	29	39	37	24

## 5.2 Effects of economic instability on safety in the home.

A National Institute of Justice study sought to find out whether economic factors played a role in intimate partner violence. The study specifically examined connections between IPV and personal and economic well-being, by looking at both family and neighborhood economic status. It found the following:

- ✓ IPV occurred more often and was more severe in economically disadvantaged neighborhoods. Women in disadvantaged neighborhoods were more than twice as likely to be victims of IPV than women in more advantaged neighborhoods.
- ✓ Women in less financially secure households experienced higher rates of IPV and vice versa.
- ✓ Couples who reported financial strain had more than 3 times the rate of violence than couples with low levels of financial strain.
- ✓ The highest rates of violence were found in couples experiencing economic distress *and* living in disadvantaged neighborhoods, about double the rate of such couples living in advantaged neighborhoods.<sup>17</sup>

Social changes that cause economic distress can contribute to violence in the home. Job loss, homelessness, substandard housing, unstable or inadequate employment, and so on are all potential sources of distress and, therefore, contributors to IPV. As briefly discussed above, exposure to violence can damage children’s healthy development, with long-term effects on their well-being as adults.

In 1999-2000, about 5,329 children under 18 (37.9%) were living in neighborhoods in which 20% or more of the population was below poverty.<sup>18</sup> Lake County may be entering a phase in which negative economic factors recur or worsen. Lake County’s

policy makers and planners should consider the economic effects of social change as they have complex effects on children’s well-being.

### 5.3 Alcohol-related arrests.

The availability of alcohol in an area is reflected, in part, by criminal activity related to it. Such activity includes: driving under the influence, felony driving under the influence, possession (if a minor), being under the influence, and so on. Ready availability of alcohol exposes children to the associated criminal conduct, but also increases their chances of taking that first drink. **Improving Children’s Health** documented the age at which many Lake County children start drinking. Reducing children’s exposure to alcohol is a sound prevention strategy with many positive effects.

Adult alcohol-related arrests are an indicator of direct danger to children from, e.g., injury due to intoxication, drunken driving, and so on. The arrest numbers understate the actual level of alcohol-related criminal activity, since they are limited to those arrests for which the alcohol-related incident was the primary offense. The number of known alcohol-related arrests is much greater for adults than juveniles; in fact the juvenile number appears to have declined between 1996 and 2005. There is a growing sense of recognition that youth drinking is not an amusing rite of passage, but a serious problem with serious consequences.<sup>19</sup>

*Table 6.8: Alcohol-Related Arrests in 2005*

<b>Type of Offenses</b>	<b>Adults</b>	<b>Juveniles</b>
<b>Felonies:</b>		
▪ <b>DUI</b>	▪ 15	▪ 1
<b>Misdemeanors:</b>		
▪ Drunk in public	▪ 521	▪ 24
▪ Liquor Laws	▪ 11	▪ 7
▪ DUI	▪ 462	▪ 4

“Felony DUI” requires multiple prior DUIs within a set time and/or a prior DUI with injury.

### 5.4 Other neighborhood safety factors: Dating violence and rape.

The Update Vision and Indicators meetings requested information on dating violence and rape as additional indicators of lack of safety in the community and in personal relationships. Teen dating violence is considered a growing problem, although extensive data are not available. For example, Lake FRC only received 3 reports of teen dating violence in 2006. Further, only 8% of 7<sup>th</sup> graders, 6% of 9<sup>th</sup> graders, and 9% of 11<sup>th</sup> graders reported physical violence by a boy/girlfriend in the last 6 months on the Fall 2006 CHKS.

Rape is another matter. There is a significant disparity between the number of rapes reported to law enforcement and the number of victims requesting help from Lake FRC. There are many reasons why a rape survivor will avoid involvement with the criminal justice system, so the availability of help from Lake FRC is an essential resource.

Unfortunately, without a police report, survivors cannot receive help from the State’s Victims of Crime Compensation Fund, which can assist with medical, counseling, and other expenses incurred due to the crime. It is important to know that the case need not be tried or won for the survivor to receive help. These figures further suggest a lack of safety in home and neighborhood.

*Table 6.9: Disparities in Rape Reporting*

	2000	2001	2002	2003	2004	2005
<b>Law Enforcement</b>	17	17	23	14	18	12
<b>Lake FRC</b>	21	68	48	76	94	69

## 6.0 Gangs

This is an area in which Lake County is losing ground. The first Report Card reviewed the history of gangs in Lake County through early 2000 and warned of potential dangers. The County was first identified as being at risk of gang involvement in 1992. Task Forces and Summits were held to plan ways to address local potential for gang violence. They analyzed the local prevalence of factors associated with gang encroachment, such as poverty, adult crime and violence, substance abuse, and family dysfunction. This early response phase included Probation, the District Attorney’s Office, the Lake County Grand Jury, the police departments, and social services groups. All agreed that gang membership had grown, but no one had exact figures. Estimates ranged from 4 gangs to 37 gangs, but the larger number included small, informal, local gangs. These groups tended to fade away as participants grew up or left the County. There was a perceived trend toward more formal organization and linkages to prison gangs and gangs outside the County. Specific trends and concerns included:

- ✓ Increased receptiveness by youth of gang recruitment.
- ✓ Proximity to Santa Rosa, with its more sophisticated and well-developed mixture of gangs with links to highly organized groups based elsewhere.
- ✓ In-migration from the Bay Area, Los Angeles, and elsewhere of families with gang affiliation.
- ✓ Children being sent to Lake County to break their gang affiliations only to have them bring such affiliations into the County.
- ✓ Prison gang influences, since Lake County has had a disproportionately high parolee population. Prison gangs include the Aryan Brotherhood, Mexican Mafia, Nuestra Familia, and others. The large prison gangs have national linkages. Children with parents in prison may be vulnerable to gang influence as part of family tradition and history.

At the time, Lake County’s most well-known gangs were the Nortenos (claiming red) and the Surenos (claiming blue). The Surenos are still based in the northern end of the County (Lakeport and Kelseyville). The Nortenos are still based in the southern end of the County (Clearlake, et al.) Lake County’s White Supremacist gangs, both local and

prison-based, were deemed potentially a very serious problem. It remains true that children who espouse this ideology may do so without considering its implications. They are “parroting” what they have heard at home or among friends. Probation and other service providers have had some success in counseling such children, encouraging them to reflect upon what they are saying.

Children join gangs because gangs meet their needs for order, a place to belong, attention, self-worth, money, etc. Gangs provide members with skills to contribute to the welfare of the group, opportunities to do so, and recognition for their contributions. In effect, gangs successfully work the Social Development Model, creating powerful bonding between members and the gang. The rising cost of living and relatively stagnant wages means that many families have both parents working. After the children reach age 12 or so, there is little structured child care available. After school programs attempt to meet the need, but have too few spaces or cost too much. Feeling neglected and resentful, some children turn to gangs to fill the void.

Despite Lake County’s demographics and the predictions of pundits, such as those contained in the California Attorney General’s Report, Gangs 2000, the County held the line against gangs until recently. It is likely that the County’s early awakening to the issue and its multifaceted response should be given credit for at least delaying the growth of gang membership and influence. Creative anti-gang strategies employed over the last seven years or so include Peace Warriors, school-based community services, comprehensive after school programs, education for parents and educators, support groups, counseling, and a diligent effort to create positive choices for youth. Lake County mobilized to respond to the threat of gang encroachment on its safety and small-town way of life.

#### 6.1 Update.

Since 2005, however, gangs are resurgent, with more activity and rising violence. Evidence from many sources confirms that gangs have achieved a firm foothold in the County. Gang-related school crimes rose from none two years ago to 5%-7% of one district’s disciplinary referrals. On the Fall 2004 CHKS, 27% of that District’s 7<sup>th</sup> graders claimed gang membership. In 2005, Safe Schools/ Healthy Students and Alcohol and Other Drug Services held focus groups with high risk students. One Juvenile Hall group had a dark perspective on gangs: *“More gangs are coming to Lake County . . . it’s going to be big . . . can’t stop it . . .”*

- ★ The good news is that self-reported rates of gang involvement are still lower than the 1998-1999 CHKS results. That year, the CHKS asked, “Have you ever belonged to a street gang?” Positive answers were surprisingly high: 15% of 7<sup>th</sup> graders, 12% of 9<sup>th</sup> graders, and 10% of 11<sup>th</sup> graders all answered “yes”. At the time, Lake County rates of participation in street gangs were lower than the statewide averages in all three groups. Those averages included Los Angeles, Fresno, and the Bay Area, however.

- The Fall 2006 CHKS asked: “Do you consider yourself a member of a gang?” Countywide, 8% of 7<sup>th</sup> graders, 9% of 9<sup>th</sup> graders, and 9% of 11<sup>th</sup> graders said “yes”. Lake County students’ self-identification is just 1% lower than the State rate for 7<sup>th</sup> and 9<sup>th</sup> graders and the same as the State rate for 11<sup>th</sup> graders.
- In 2007, the Juvenile Hall had 11 gang members in residence concurrently, a dramatic development, but not a good one.
- In March 2007, there was a gang-motivated stabbing in Lakeport; the juveniles involved were Surenos and thought the victim was a Norteno. (They were tried as adults, so it is permissible to discuss the matter.)
- The risk to public safety goes beyond youth claiming colors and hurting each other. Youth in gangs commit crimes, such as “snatch and grab” in liquor stores or elsewhere; when the victims try to resist, the group responds with escalating violence.
- The continuing influx of commuting parents moving from Santa Rosa, Calistoga, and elsewhere into the County creates a series of problems: (1) their children bring their gang affiliations with them; (2) their children’s friends follow them into the County; and (3) the parents are out-of-County for a defined period every day and the older children may not be supervised.
- The Juvenile Justice Coordinating Council made gangs one of the top 3 priorities of the Lake County Comprehensive Multi-Agency Juvenile Justice Plan: “Develop and implement multi-disciplinary gang education, prevention, and intervention programs”
- The largest gangs continue to be Nortenos, Surenos, and a variety of white supremacists.

The County’s hard work to surround children and youth with protective factors to insulate them from gang involvement must continue. Age-appropriate education, parent outreach and education, training in the schools, and positive peer group support are all appropriate strategies, to be implemented in each school or community.

## **7.0 Other Factors**

### **7.1 Foster care.**

The number of children in foster care is another measure of safety. These children have been removed from their families, at least temporarily, because they have been abused or were at risk of serious abuse and/or neglect. Foster children are supervised by Child Welfare Services within LCDSS. Trends in the incidence of children in foster care cannot be attributed to any single factor. For example, increases in 1999 were attributed in part to the impact of welfare reform. A policy choice to close cases and help children find stability led to an increase of youth in permanency planning. The number of youth was not rising, but it appeared to be.

Table 6.10: Foster Youth Caseload Data

<b>Year</b>	<b>Caseload (per LCDSS)</b>	<b>Prevalence per 1,000 children (per California DSS)</b>	<b>Prevalence per 1,000 children (per California DSS)</b>
<b>2000/01</b>	211	10.9	10.7
<b>2001/02</b>	227	10.8	9.7
<b>2002/03</b>	218	11.1	9.2
<b>2003/04</b>	241	11.6	8.9
<b>2004/05</b>	252	--	--
<b>2005/06</b>	239	--	--
<b>2006/07</b>	232	--	--

7.2 Juvenile delinquency and juvenile justice activity.

For at least five years, Probation has been observing that increasing numbers of youth are entering the system at younger ages and with more problems. They are seeing more cases where children have been troubled all their lives, but at age 11 or so “graduate” to the delinquency system. For these children, the stresses of their young lives appear to culminate in some negative choices as they enter early adolescence. As with truancy, early habits and experiences harden into behavior. However, activity within the juvenile justice system is very significantly affected by agency staffing levels. When there are enough Deputy Probation Officers doing field surveillance, calling youth to make sure they’re home, coming to school, watching football practice, and otherwise providing a steady, positive presence (plus sanctions), these needy youth will turn their lives around. A steady stream of successes testifies to the power of relationships with caring, positive adults to help these high risk youth.

Despite the above caveat regarding the effects of lower staffing levels, the juvenile justice system does appear to be more active:

Table 6.11: Probation Activity

<b>Year</b>	<b>Average petitions/month</b>	<b>Average petitions/year</b>	<b>Average Daily Population in Juvenile Hall</b>	<b>Average juvenile caseload</b>
2000	32	N/A	30.6	428
2001	27	320	30.92	438
2002	29	348	31.29	385
2003	28	334	34.51	377
2004	23	281	35.96	334
2005	28	338	34.32	396
2006	34	413	38	357

<sup>1</sup> “Caseload” refers to the average number of juveniles under supervision as wards of the court.

The Juvenile Hall's maximum capacity is 40. If too many youth are committed to the Hall, then some residents have to be released before they complete their terms to maintain compliance with capacity limits and public safety. As of May 2007, the Juvenile Hall's ADP was 45.58.

The actual incidence of juvenile delinquency is difficult to quantify, due to the effects on the reported crime rate of inconsistent law enforcement and Probation staffing. Probation does not maintain an automated database of the number of repeat offenders, so recidivism rates cannot be readily retrieved. To do so would require a manual review of Probation's case files or of every petition filed, over 300/year. Since juvenile records are confidential, outside personnel cannot perform such a review. The District Attorney's Office has a new case management system that may be able to track and compile activity by name of juvenile offender, however. Because juveniles can be charged with new criminal conduct and/or violations of probation conditions ("VOPs") (some of which can also arise from new criminal conduct), establishing the true recidivism rate will require a detailed longitudinal analysis of both types of case. As a general rule, about half of juvenile offenders commit one or two violations and stop. A small percentage of youth account for most of the reported conduct.

### 7.3. What are they doing?

The Probation Department and the District Attorney's Office review the police reports on juvenile offenses to see whether all of the required elements of a crime (or conduct which would constitute a crime if perpetrated by an adult) are present. For 2006, the most frequent crimes charged were against property, at 111 petitions filed (theft, burglary, etc.). There were 100 crimes against persons, ranging from battery to more serious violence. Of the 413 petitions filed in 2006, 17 were drug crimes, 23 were alcohol, 8 were weapons, and 60 were VOPs. VOPs accounted for about 14.52% of the total petitions, a very rough indicator of recidivism overall. Without more analysis, however, it is not clear whether 6 children re-offended 10 times or 60 children re-offended 1 time.

### 7.4 Community service.

In this context, community service refers to service performed by delinquent youth, whether as wards or on informal probation, a type of diversion. Youth on informal probation agree to a behavioral contract. If they complete it, they are diverted out of the juvenile justice system. Community service is an opportunity for youth not only to make amends, but also to learn positive behavior and teamwork. The experience of being a contributor to community well-being, rather than a detriment, can help turn a child around. Probation, LCDSS, and Mendo-Lake Alternative Services ("MLAS") (which coordinates community services programs for adults and juveniles) developed an innovative and successful juvenile community service program: **Youth for Seniors**. Youth for Seniors brings work crews of juveniles, with tools and a trailer, to the homes of seniors who need help with brush, weeds, trash, pruning, and other yard work. It operates from Spring to November, during fire season.

LCDSS gave the program its initial funding. Probation has continued to support it with a variety of grants and is contracting with MLAS to operate it. MLAS works with the six Senior Centers, City and County Code Enforcement or Abatement Departments, LCDSS, and others to identify seniors who need yard work done. Many of our seniors are too frail to do their own yard work. Many can no longer afford the tools and hauling required or the cost of paying someone else for these services. Some are in danger of losing their homes due to non-compliance with local codes. Others face significant fines for weeds, brush, and other fire hazards.

**Youth for Seniors** creates community service opportunities for youth on probation and provides vital support for local seniors. Youth are proud of making a visible contribution. The intergenerational bonding fostered by the program helps youth attach to their neighborhoods. They become very protective of the homes and seniors they help. Seniors appreciate the help and the company of the youth. Youth have been surprised and delighted with the traditional hospitality offered by their older clients, such as lemonade, home-made chocolate chip cookies, and so on. LCDSS, local Fire Departments, Code Enforcement and Abatement divisions, and senior service providers all strongly support this program, since it helps seniors remain safely at home. Probation and MLAS have found that youth enjoy Youth for Seniors, leading to higher rates of community service completion.

- ✓ In 1997-98, 200 youth performed community service (all programs).
- ✓ By 1999-2000, 310 performed community service (all programs).
- ✓ In 2004, only 265 performed community service.
- ✓ By 2005, 280 performed community service, rising to 354 in 2006.
- ✓ As of May 2007, 110 youth performed community service; if that pace continues about 300 youth will perform community service in 2007.<sup>20</sup>

## 8.0 Youth Participation in Activities

Youths' participation in activities contributes to their long-term well-being, in terms of safety and lifelong health. As detailed above, the boys and young men who committed lethal violence at school generally did not participate in any type of group activity. Research has confirmed the power of participation to decrease high risk youth behaviors, as follows:

- ✓ In 2005, most (92.4%) of youths aged 12-17 had participated in at least one activity in the past year, whether school-based, church-or-faith-based, or other (karate lessons, etc.).
- ✓ Youths who did not participate in any activities had higher rates of cigarette and illicit drug use in the past 30 days than those who participated in 4 to 6 or more activities, regardless of family income. For example, 23.0% of non-participating youth from families with incomes below \$20,000 smoked compared to only 10.2% of those with 7 or more activities in the past year.
- ✓ Of youth who did participate, those with higher family incomes showed a consistent pattern of decreasing rates of cigarette, alcohol, and illicit drug use in the past 30

days. For example, 24.2% of non-participating youth from families with incomes of \$75,000 or more used alcohol in the past 30 days, compared to 19.7% of those with 4-6 activities, and only 14.3% of those with 7 or more activities.<sup>21</sup>

Youth activities are investments in the well-being of youth and communities and should be prioritized as such.

Lake County has developed a remarkable array of youth-oriented activities for an area that remains relatively poor, isolated, and with many geographic challenges. The last Report Card estimated about 1,800/youth/year participated in positive activities in representative organizations. During the last 7 years, more groups have formed and others have either grown or stabilized. The following list of activities illustrates the growing opportunities for youth. These activities complement the array of school-based activities, such as school sports, after school programs, etc. This ***list is only a sample*** of Lake County youth activities; no one is intentionally left out.

- ✓ Sports leagues, such as the Channel Cats (swimmers), Konocti Youth Soccer, Clearlake Cardinals Flag Football, Little League. Despite the recent loss of City support, Clearlake volunteers have kept the flag football leagues active.
- ✓ Other recreation activities, such as the Junior Horsemen, Ranger Program, etc.
- ✓ The Tennis Association of Kelseyville offers free or discount activities for youth, including summer tennis camps.
- ✓ The Junior Golf Association (Kelseyville) offers a summer program.
- ✓ Boy Scouts, Girl Scouts, Sea Scouts, and the Sheriff's Explorers' Post (scouting for youth interested in a career in law enforcement)
- ✓ Sheriff's Activities League, offering boxing, drama, cooking, kayaking, Junior Giants baseball, and Sacramento trips
- ✓ Story Hour at the Libraries
- ✓ The Lake County Arts Council's Summer Youth Camp, Youth Art Exhibits at the Main Street Gallery, etc.
- ✓ Kids 4 Broadway theatrical productions
- ✓ Junior Symphony and other musical groups
- ✓ Konocti Kids Day, an annual Spring/Early Summer event
- ✓ Hunger Task Force Community Gardens
- ✓ Parents and Community for Kids (PACK) provides many youth activities in the Middletown area and has done so for over a decade.
- ✓ 4-H and Future Farmers of American continue to offer youth opportunities.
- ✓ "All That Camp", a wellness day camp for teen girls aged 11-15, a collaborative event sponsored by Lake FRC, Lake DV Prevention Council, Sutter Lakeside Wellness Center, Lake County AODS, Lake County Tribal Health, Inter-Tribal Council of California, Lake County Hospice, Bi-Coastal Media, Lakeport Police Department
- ✓ The Native American Olympics, organized by Tribal Health

In addition to formally organized groups and activities, the County and the Cities, with community support, have added recreational resources or made existing ones more available, including, by way of example only:

- ★ The skateboard park is open in Austin Park, together with soccer and baseball fields.
- ★ Basketball courts and sports fields are available throughout the County and are being maintained, although youth would like them to be lighted at night.
- ★ The remodeled and upgraded Westshore Community Pool is re-opening in Summer 2007.
- ★ The Westside Community Park is open, featuring sports fields, hiking and riding trails, and other amenities, with more to come.
- ★ New playground equipment has been installed in many of the parks. Children can play while listening to the sounds of waves and birds from nearby Clear Lake.

There are plans to expand recreational options, including opening a BMX bike track (to replace the track closed in 2005), opening a skate park in Nice, and relocating equipment from the Outrageous Waters' water park. Outrageous Waters averaged 50,000 visitors/year (about 80% from out-of-County), generated gross revenues of about \$1 million, and created 75 youth jobs. Its closure was a severe blow to youth recreation.

Lake County's beautiful natural environment is one of its crown jewels. The County has over 10,000 acres of parks and public lands, plus 500 square miles of waterways. There are 31 parks operated by the County, the Cities, Lake County Water Resources, the Lake County Land Trust, California Fish & Game, and others. Fishing, boating, picnicking, kayaking, bird watching, bicycling, hiking, horseback riding, and hang gliding, are available. Access is free or at a low cost. Lake County youth do not have to be "nature-deprived" like so many urban youth. These resources can give youth a holistic vision of the world and their place in it, as well as providing many low-cost opportunities for exercise and exciting physical challenges.

So many resources are now available that the County has issued a series of lovely color brochures, including the Recreation Guide to Parks & Public Lands and the Cultural Arts Guide. The Child Care Planning Council publishes an annual Family Resource Guide, which lists programs, youth organizations, places to go, things to do, outdoor activities, and other tips for parents. It is short, user-friendly, and published in English and Spanish.

#### 8.1 Mizone Youth Resource Center and Jobzone Career Center.

The new Mizone youth resource center uses the family resource model, co-locating multiple services at one site. This exciting new development is a partnership between LCDSS and Arbor Education and Training, Inc. ("Arbor"). Its initial service population will be foster youth in LCDSS's Independent Living Program and youth whose parents are clients of CalWORKs. Mizone's coordinators will extend services to other youth, depending on available funding. The Center is youth-friendly, with comfortable furniture,

computer lab with internet access, study areas, and telephones. LCDSS, Arbor, the Lake County Youth Center, the Parkwoods Property Owners' Association, and other agencies will help youth plan their careers, learn job skills and obtain jobs, learn how to manage their finances (budget, open a bank account, buy a car), find housing, finish school, plan for post-secondary education and training, and overcome personal and professional challenges. It may even be possible to set up community gardens behind the buildings, using raised beds. Over time, the Center is likely to draw in many community partners, such as small business owners, landlords willing to rent to youth, motivational speakers, banks, health providers, and the like. There is an opportunity for an exciting and productive partnership with the proposed Ukiah Youth Resource Center, a collaborative process being led by Redwood Children's Services.

Until recently, the Workforce Investment Act operated two career centers, one on the Yuba Community College Campus and one in Lakeport. Due to funding cutbacks, WIA closed the Southshore center. However, the majority of LCDSS clients are from the Southshore and urgently need these services. Therefore, LCDSS, Arbor, and WIA have re-established a Southshore Career Center, called the "Jobzone". It will serve youth and adults, providing assistance with work readiness, job search, placement, etc.

Mizone and Jobzone are located in Lower Lake, off Highway 53, in the building that housed a prior Youth Center funded by State DHS Tobacco Control. Mizone began providing services in August 2007 and is scheduled to be fully operational in September 2007.

## 8.2 Lake Youth Services and Lake County Youth Center

Lake County Big Brothers/Big Sisters and the Boys and Girls Club have merged to form Lake Youth Services. The Lake County Community Action Agency is the parent agency for this new program, which is headquartered at the Boys and Girls Club facility in Clearlake. The national Big Brothers/Big Sisters organization established new policies for local organizations which forced the Lake County chapter to close, as it could not maintain the required \$200,000 bank balance, \$50,000 in operating expenses, and a minimum service population of 276 children. The new Youth Center opened in August 2007 and is serving about 70 enrolled children. It offers drop-in services as well, allowing parents to drop-off their children for the day.

Big Brothers/Big Sisters has become One-on-One Mentoring, with new options, including:

- ✓ Matching some of the 30+ children on the waiting list with trained and screened local high school students. To participate, the high school students must have good grades and good behavior. The high school students will earn community service credits for serving as mentors.
- ✓ Family mentoring, in which an entire family mentors a youth, an option which may reassure volunteers who are uncertain about working one-on-one with youth.

8.3 Cultural Events. The number of annual events that promote cultural understanding is an indicator of the County's growing diversity and sophistication. This section intentionally excludes indoor art exhibits at museums and galleries. Examples of such cultural events include, but are not limited to:

- ★ The Tule Boat races, in which Pomo tribes and friends build traditional tule boats and sponsor racing teams
- ★ Tribal Health Olympics
- ★ Cinco de Mayo
- ★ Binational Health Week (Binacional Semana de Sante)
- ★ Special Olympics
- ★ Relay for Life, an event supporting cancer survival
- ★ Bluegrass Festival, in its second year September 2007
- ★ Lake County Children's Art Day
- ★ The Vineyard Run for Literacy
- ★ The Pear Festival, celebrating the County's pear harvest and heritage
- ★ Heron Days, celebrating the County's beauty and birdlife
- ★ Spring Dance Festival, offering multi-cultural dance performances
- ★ Wild West Days, held every June in Upper Lake

There are a number of interactive outdoor art exhibits. Their blend of art, nature, and (in some cases) movement integrates art with other aspects of local culture, creating a distinctively Lake County way of looking at the world. These include:

- ★ Art & Nature at the Rodman Preserve, held each April
- ★ EcoArts: Lake County Sculpture Walk, sponsored by EcoArts of Lake County, and installed annually from May to mid-October at the 107-acre Middletown County Trailside Park. Materials/messages must relate to nature. The display is free. Exhibits from youth groups, including Clearlake Girl Scouts, Riviera Kid Connection, students from Carle' High School and the Lake County International Charter, are installed on equal footing with those of other local, Bay Area, and national artists.
- ★ Art in the Garden (Kelseyville), Art in the Pines (Cobb Mountain Artists), Art in the Park (Library Park), Artists on the Promenade in Lucerne, Open Studio Tour (Cobb Mountain Artists), and Holiday in the Pines (Cobb Mountain Artists) also demonstrate the blending of art and nature in Lake County.

The arts are emerging as a key force for cultural diversity and harmony. The all-volunteer Lake County Arts Council offers more activities and events every year and is in the process of completely renovating the Soper-Reese Community Theater, which will be a multi-disciplinary performing arts center for the County and even the northern Region, akin to the Wells Fargo Performing Arts Center (formerly, the Luther Burbank Performing Arts Center). The Clearlake PRIDE Foundation has partnered with the Konocti Unified School District to create a black box theater on the Lower Lake High School Campus. The theater will provide an up-to-date venue for school and community performances, as well as providing students with work-study experience, theater arts career tech education, and community service opportunities.

The vitality of the arts in Lake County is a very positive development for children and families. The power of the arts to catalyze economic development, promote children's healthy development, and foster community well-being is substantiated by extensive research. National and state studies all confirm the positive impact of the arts on the communities served. Arts organizations are employers and consumers. They generate revenue for local, state, and federal governments. They support local and outside businesses. They purchase scripts and music scores, pay royalties, buy instruments, costumes, lumber, lights, computers, etc. Local businesses, especially in low-income areas such as Lake County, benefit from the leveraging of event-related spending. On average, attendees spend \$22.87/event/person over and above the price of admission, for parking, meals, snacks, coffee, shopping, hotels, gasoline, etc. Non-local attendees spend nearly twice as much as local attendees (\$38.05 compared to \$21.85). This influx of cash translates to more jobs and stronger businesses.<sup>22</sup>

“Cultural activities attract tourists and spur the creation of ancillary facilities such as restaurants, hotels, and the services needed to support them. Cultural facilities and events enhance property values, tax resources, and overall profitability for communities. In doing so, the arts become a direct contributor to urban and rural revitalization.”  
-National Governors Association, “The Role of the Arts in Economic Development”, 2001

Additional studies found comparable or greater economic and other benefits of arts and culture to California. Selected findings relevant to this Update are:

- ✓ The economic impact of nonprofit arts and culture in California rose 152% between 1994 and 2004, from \$2.15 billion to \$5.4 billion. Art is a growth industry.
- ✓ Creative industries support the information economy, one of the fastest-growing segments of the national economy. The information economy includes technology and research. Lake County's current economy is dominated by government, services, and hospitality. We need to diversify, developing clean new industries and a creative workforce able to embrace new ideas and “adaptive thinking” to work in them. A vibrant arts sector will foster a smooth transition to sustainable prosperity.
- ✓ “Non-profit arts contribute to California's ranking as the most visited state in the nation. Six million tourists come to California each year to enjoy the nonprofit arts.” The same principle applies to Lake County: we have good fishing; we will add art and increase our attractiveness to visitors.
- ✓ To be affordable and accessible to the entire community, the arts require philanthropic support (foundations, individuals, corporations, and government).
- ✓ In California's rural areas, “arts venues are essential elements in downtown revitalization.” The Main Street Gallery's First Friday Flings have already had a positive effect on downtown Lakeport.

- ✓ **“Californians value the arts first and foremost because they contribute to quality-of-life.”** A statewide survey of California arts audiences found that the most important impact of the arts is on quality-of-life in their communities. They believed that the arts’ contributions to individual health and enrichment are more important than their contribution to economic activity or even job creation.<sup>23</sup> Many of Lake County’s new residents moved here seeking a better quality-of-life. They are willing and able to invest in the arts to achieve it.

The arts contribute to social and economic development in other, less quantifiable, ways. For example, a 2002 Carnegie Mellon study found a close correlation between a region’s openness to artists and its prosperity.<sup>24</sup> It appears that a tolerant and diverse community attracts the type of knowledge worker essential to modern economies. Susannah Malarkey, Executive Director of the Washington State Technology Alliance, attributes the creativity of the entrepreneurial culture of the Seattle area (e.g., Microsoft, Starbucks, Nintendo, Nextel, and Amazon.com) to an influx of artists in the early 1990s.<sup>25</sup> Arts education is associated with better test scores, improved learning in general, non-violence, and emotional health.<sup>26</sup>

Arts are essential as communities become more diverse. “Kids feel safe because they come to a school community where differences are bridged by the arts. The arts give us a way to knit our kids together into a community”<sup>27</sup> Lake County youth and their families are being challenged by growing socio-economic diversity. The arts can help us find unity and strength from our diversity.

Finally, the arts foster compassion, citizenship, and, therefore, civic well-being:

[They] “. . . make a vital and irreplaceable contribution to citizenship without which we will very likely have an obtuse and emotionally dead citizenry, prey to the aggressive wishes that so often accompany an inner world dead to the images of others. . . .”<sup>28</sup>

A vibrant arts community is a key to Lake County’s long-term civic and economic well-being, as the 2006 Vision and Indicators meetings enthusiastically affirmed.



## 9.0 General Findings

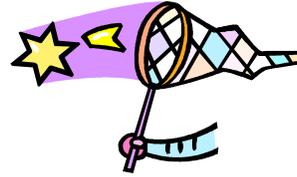
- ★ **Most Lake County children are safe and feel safe, at least at school.**
  - ★ **Most children appear to be avoiding weapons.**
  - ★ **Reported child abuse has stabilized.**
  - ★ **Differential Response is a creative, collaborative response to a long-felt need for a coordinated, structured response that actively addresses the problem of neglect before it rises to the level of justifying a CWS case.**
  - ★ **The range of activities and organizations for youth is richer and more varied than it has ever been.**
  - ★ **In keeping with the County's growing diversity, the array of annual events promoting cultural understanding is also growing.**
  - ★ **The County's multifaceted and vigorous arts community is helping to create an environment that welcomes and supports all children and families.**
- 
- ➔ **Gang encroachment is on the rise, after years of quiescence.**
  - ➔ **Juvenile delinquency may be rising; juveniles enter the system at younger ages and with more problems than even seven years ago.**
  - ➔ **Law enforcement resources are stretched too thin to fully patrol neighborhoods, assign SROs to schools, and protect residents.**
  - ➔ **Although reported bullying and harassment remain quite low, any level of chronic victimization is disturbing and requires a prompt, careful, nuanced response.**

## 10.0 Conclusion

Most of Lake County's children are safe at school and, overall, appear to be safe at home and in the neighborhood. They express high levels of connectedness to school and community, which protect them from the temptation of high risk behaviors, including lethal violence. However, the arrest rates, CWS reports, foster care rates, and other indicators strongly suggest that children remain vulnerable to violence and victimization. The community's investment in activities, cultural events, and the arts is creating an environment in which children and families feel accepted and nurtured, with concomitant positive effects on peace at home, neighborhood, and school.



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- <sup>2</sup> [http://stats.doj.ca.gov/cjsc\\_stats/prof05](http://stats.doj.ca.gov/cjsc_stats/prof05)
- <sup>3</sup> Center for Economic Development, *Lake County 2007 – Economic and Demographic Profile*, CSU-Chico, p.131.
- <sup>4</sup> Felitti, V.J., The Relationship of Adverse Childhood Experiences to Adult Health: Turning gold into lead, English translation of: Felitti, V.J., Belastungen in der Kindheit unter Gesundheit im Erwachsenenalter: die Verwandlung von Gold in Blei. *Z. psychosom Med Psychother* 2002; 48(4): 359-369, p.4.
- <sup>5</sup> *Research Summary: Children Exposed to Violence, Zero To Three*, National Center for Infants, Toddlers, and Families.
- <sup>6</sup> Lake County Sheriff's Office, *Crime Statistics*, 2005.
- <sup>7</sup> Compiled from California Department of Justice websites and data supplied by Lake FRC.
- <sup>8</sup> California Department of Health Services, EPIC, Source: California Office of Statewide Health Planning and Development, Patient Discharge Data.
- <sup>9</sup> California Department of Health Services, EPIC; Source: California Office of Statewide Health Planning and Development, Patient Discharge Data.
- <sup>10</sup> CDHS, Injury Hot Spot Report, M-01.
- <sup>11</sup> California Department of Health Services, EPIC; Source: California Office of Statewide Health Planning and Development, Patient Discharge Data.
- <sup>12</sup> California Department of Health Services, EPIC; Source: California Office of Statewide Health Planning and Development, Patient Discharge Data.
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- <sup>14</sup> "Deadly lessons: School shooters tell why. Chicago Sun-Times, October 15, 2000.
- <sup>15</sup> Stop Bullying Now! <http://stopbullyingnow.hrsa.gov/adult/indexAdult.asp?>
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- <sup>18</sup> Kids Count Census Data On-line, Annie E. Casey Foundation, <http://www.accf.org/cgi-bin/aecensus.cgi>
- <sup>19</sup> <http://stats.doj.ca.gov/cjso-states/prof05/17/3B.htm> & 4B.htm
- <sup>20</sup> Interview, Tom Engstrom, Executive Director, MLAS.
- <sup>21</sup> Substance Abuse and Mental Health Services Administration, Office of Applied Studies (April 19, 2007). *The NSDUH Report: Youth Activities, Substance Use, and Family Income*. Rockville, MD.
- <sup>22</sup> Quote and data from Arts and Economic Prosperity: The Economic Impact of Nonprofit Arts Organizations and their Audiences, 2002, Americans for the Arts. The study documented the economic impact of the arts in 91 communities, chosen for geographic and population diversity.)
- <sup>23</sup> The Arts: A Competitive Advantage for California II, California Arts Council, funded by The William and Flora Hewlett Foundation, 2004.
- <sup>24</sup> Florida, R., Carnegie Mellon University, 2002.
- <sup>25</sup> Financial Times, Friday, March 19, 2004, p. 26.
- <sup>26</sup> Pankratz, D. and O'Donnell, C., Current Research in Arts Education: An Arts in Education Research Compendium, ARTS, Inc., Los Angeles, 2001.
- <sup>27</sup> Former Superintendent of Education Delaine Easton, quoted in *California Educator*, June 2001, p. 31
- <sup>28</sup> Nusbaum, M. Upheavals of Thought: The Intelligence of Emotions, Cambridge University Press, 2001.



## CHAPTER 7: BUILDING STRONG FAMILIES AND COMMUNITIES

Strong safe families embraced by strong safe communities: this is the desired outcome of all of the thinking, planning, investment, hard work, and love described in the previous chapters. It is the culmination of a community's work. Lake County has made amazing progress in the last fifteen years, creating a depth and richness of service and a collaborative culture that is recognized as a model for rural communities statewide. This Chapter summarizes and attempts to analyze where we stand. The well-being of Lake County's families is one of the key determinants of the success of its Welfare-to-Work programs. So, how are we doing?

Over a decade ago, the Children's Council described a balanced relationship between community and families. As a community, we want parents to treat their children well; as a community, we must balance that demand with help and support – whatever it takes. Since then, a consensus has evolved that the *right thing* (helping children and families) is also the *smart thing*, proven by the benefit-cost analyses detailed above.

### Section 1: Snapshot of Progress - What's changed? Where do we stand?

The Report Card's Vision for this Chapter is: **Strong safe families, embraced by strong safe communities. Community strength through diversity, family strength through unity**, a powerful idea and commitment. The Update Vision and Indicators meetings reaffirmed the pivotal role of a vital, prosperous, diverse, and inclusive community in strengthening families and nurturing children. Social services, child welfare services, mental health services, job creation and business development, juvenile justice, arts and cultural groups – all will play a larger role in creating self-sustaining networks of families and friends who are engaged with the larger community.

Realizing the Vision for this Chapter requires realizing the Visions of the other Chapters. As we succeed in creating a strong economy, a revitalized community, support for parents and families, and family safety, we achieve the Vision for this Chapter: Like the Report Card, this Update addresses the effects of Welfare-to-Work on children. Overall, Lake County's Welfare-to-Work program has achieved its basic goal: to move families off cash aid and into the workforce. LCDSS has worked closely and creatively with many collaborative partners and the community to achieve this end. However, as families arrive at this seemingly-final step, they find it is really just the prelude to a greater challenge: finding and keeping gainful, meaningful work while maintaining a stable, healthy, happy family unit. The gap between wages and cost of living, detailed above, indicates the scope of this challenge. As the need for cash aid dwindles, other needs grow, as anticipated by the original Vision and Indicators meetings.



The Update meetings agreed with the original Report Card's list of essential building blocks for family strength:

- ✓ Community revitalization
- ✓ Job creation
- ✓ Child care

However, they also found that, in the new Lake County, diversity and unity are going to be much more important to family strength than before. The Update planners felt that inclusion is the key to maintaining the County's positive momentum. Everybody has a role to play; everybody brings something to the table. They also took an inclusive view of diversity. It's defined not only by ethnicity, but also sweeps in the old Lake County families, pear growers, ranchers, farmers, and others, new residents, old birdwatchers, everybody.

#### **How can we measure family strength?**

- Fewer Child Welfare Services referrals
- Fewer child dependency cases in Family Court
- Decrease in poverty-related public assistance to families with children
- Reduction of juvenile arrests
- No identifiable youth gangs (where purpose of gang includes criminal behavior)
- Decrease in teen pregnancy
- Increase in high school graduation rate

*-selected and re-affirmed at Report Card and Update Vision and Indicators meetings 1999 & 2006*

The chosen family strength indicators have all been discussed in the previous Chapters. This Chapter recognizes that the separation among indicators is artificial – a convenient way to analyze them and highlight their unique strengths and issues. Families thrive when every access point in the continuum of care is strong, indicating that the community as a whole is strong. This Update weaves together economics, education,

health, and safety and looks to the intergenerational impact of what we know and do. For example, quality preschool leads to lower welfare dependency 20+ years later. High school graduation leads to higher tax receipts, due to higher incomes. Higher tax receipts let communities invest in parks, recreation, pools, art, gardens, child care, roads, buses, and so on – the human, social, and physical infrastructure upon which we all depend. Peaceful, sober families raise happy children who grow up to be healthy adults, with reduced rates of mental illness, obesity, depression, suicide, and so on. Strong families with strong support networks surround children with protective factors, helping them resist the temptation to try out crime, alcohol, drugs, violence, and gangs. Much of this Vision is within our reach, but it all depends on our continued commitment, bolstered by a strong, stable economy.

## **Section 2: How can we measure family strength?**

### **1.0 How Can the Community Strengthen Families?**

The first Vision and Indicators meetings asked and answered this question, identifying three types of intervention to increase the community's capacity to help families:

- ✓ Support community economic and social revitalization
- ✓ Use strength-based service strategies to build individual motivation and positive family dynamics
- ✓ Integrate family service delivery systems

This Update will briefly discuss progress under these three headings.

#### **1.1 Economic and community revitalization.**

The previous chapters very clearly demonstrate that poverty and economic stress can short circuit all of the progress made to date. We have achieved so much and are closing in on sustaining and embedding all of our innovations into a stable continuum. Economic vulnerability is our Achilles Heel. However, so many stakeholders have already established such strong relationships and programs that we are better positioned than in prior decades to ride out economic turmoil. In fact, so much has been achieved that it is no longer possible to list, much less describe, it all. The following discussion highlights some of the advances that have changed how Lake County looks and feels to residents and visitors alike.

Community revitalization projects around the County have changed our image. At points of entry into the County and some towns, we see impressive structures with well-designed signs and plantings announcing “Welcome to Lake County” or “Welcome to “Lakeport”, “Upper Lake”, etc. This investment sends a message: “This is a great place and we are proud of it.” Even simple things like the County bumper stickers: “Lake County – We love it!” reinforce that positive message. Main streets have been cleaned up, new plantings installed, store fronts upgraded, new signs put up – all adding up to lovely places to live, work, and shop. Prosperity breeds prosperity.

Lake County is beginning to have enough economic strength to invest in itself. Annual events such as the Wine Auction (entering its 7<sup>th</sup> year) raise significant money for local activities, such as art in the schools. The Soper-Reese Theater renovation project has raised over \$400,000 from local sources. The PRIDE Foundation and Konocti are building a black box theater in Lower Lake, to serve schools and community. Major bond monies are upgrading schools throughout the County. The new Lake Community Foundation will create a local source of funding and investment for a wide range of locally-driven activities. Lake County's traditional small-town community culture is a powerful force for change when linked to adequate resources.

Lake County is very family-friendly. Many parks and recreational activities are free and readily accessible. Hiking trails, forests, mountains, Clear Lake, Blue Lakes, Cache Creek – all provide inexpensive opportunities for families and children to participate in positive activities. Community-based events, such as Heron Days, the Blue Grass Festival, the Lower Lake Memorial Day Parade, Red Hot and Rollin', Farmers Markets, and so on, are evidence of a lively local culture. ESPN/Bass tells us that Clear Lake is the second best bass lake in the world. We have been featured on national television and in Sunset Magazine as a great place to visit. More and more events promote cultural exchange and understanding. In fact, we have so many events, so much to offer, and enough funding to justify production of glossy, color brochures and maps of our trails, parks, events, wineries, farm trails, and so on.

Our economy's greatest vulnerability is its dependence on services, as detailed in **Economics**. Manufacturing and mining have largely left the area, taking their high-paying jobs with them. We need something to sell besides fishing. As the world and California struggle to adapt to the end of the fossil fuel era, Lake County could emerge as a significant player. We have many days of sun and many areas of high wind. We have a population that values hard work and practical skills – the career tech path. We have almost no light manufacturing, so there is little competition and few entrenched interests to stifle local innovation. We can create a self-sustaining future, weaving together our natural and human capital. For example, we can set up light manufacturing for solar, wind, and other alternatives. Career Tech pathways can teach youth and adults how to build the factories, how to build and install the products, and how to repair both factory and product. We can power the factories with clean sources, creating models for others. Eventually, we could become a net exporter of clean, renewable energy and a model for the world.

Some first steps have been taken. Clearlake Community School, with PG&E, installed solar panels. An increasing number of residents are switching to solar, geothermal, and/or wind energy. There are now local solar engineers and builders. New buildings are going "green" to a greater or lesser extent. There is a reservoir of skills and interest that could drive a major economic shift.

## 1.2 Strength-based family service strategies.

In Lake County, strength-based family service strategies have evolved from innovations (“we’ve *never* done that”) to the accepted way of doing business (“that’s how we’ve *always* done it!”) The strength-based approach eschews the traditional risk-based or problem-based service model. It requires that people working with families take a holistic approach, assume that a family has assets to apply to the issue at hand, and place that issue in context, as just a paragraph in their story. Agencies and service providers become partners with families and individuals. Examples of agencies or programs that expressly include parents as partners include, but are not limited to: Head Start, Early Head Start, AFLP, Mental Health Services Act Community Services and Supports programs, Probation’s Project Return, SARB, Safe Schools/Healthy Students prevention programs, and so on. Ironically, many of the programs highlighted in this section of the original Report Card were grant-funded and are gone. Fortunately, many of the personnel who worked them are still working with families, just in other programs or contexts. We have created a way of doing business that survives transitions and leadership changes.

The need for positive parenting support was identified as early as 1998-1999 by Project Home Peace. The first Southshore Family Resource Center, coordinated by Lake FRC and funded by 1<sup>st</sup> 5 Lake, attempted to inventory and analyze all of the parenting curricula in use around the County. The Children’s Council identified lack of parenting skills as a contributor to the high rates of child neglect. Agencies working with parents identified specific barriers to participating in parenting classes: (1) transportation, food, and on-site child care; and (2) perceived stigma that parenting classes are only for CWS clients, i.e., “bad parents”. Lake County is still small enough that very small groups can catalyze a major change. For parenting classes and supports, the key change agent was the Children’s Council. The Council’s approach was to: (1) focus on quality parenting as a key strategy to reduce child abuse and neglect and improve children’s well-being; and (2) develop an interagency agreement to choose one curriculum and implement it in as many ways as possible. Healthy Start, Lake FRC, and 1<sup>st</sup> 5 collaborated to bring “Nurturing Parenting” to Lake County.

### 1.2.1 Nurturing Parenting.

Nurturing Parenting is administered by LCOE’s Healthy Start program. Lake FRC is the primary delivery partner. It teaches Nurturing Parenting in its Child Abuse Prevention, Intervention, and Treatment (CAPIT) classes, which are mostly for mandated or higher risk parents. Healthy Start offers the ABC’s of Parenting, described below. RCS will be adding Nurturing Parenting to its services. 1<sup>st</sup> 5 has already funded training for RCS staff to become certified Nurturing Parenting facilitators. Some Rancherias are now providing selected skills classes. AODS and CWS are partnering to offer Nurturing Parenting to dual diagnosis clients. In addition to skills, Nurturing Parenting also offers parents something else they need: social support networks. Going through the classes together, sharing the trials, tribulations, and triumphs of trying to be a good parent, is a

bonding experience. This aspect of Nurturing Parenting has been very helpful for the at-risk and mandated parents, many of whom are socially and economically isolated.

The Nurturing Parenting philosophy is strength-based. It supports the development of parents and children as caring people who treat themselves and others with respect and dignity. Everyone in a family needs understanding, respect, praise, and a sense of self-worth, i.e., nurturing. Nurturing Parenting has different classes for parents looking for help raising children of different ages, from perinatal through age 18. This approach recognizes that effective parenting of a two-year old and a 14-year old requires different skills. The need for nurturing is the common thread. Nurturing Parenting has already expanded throughout the County, as evidenced by the preliminary schedule for the 2007-2008 school year:

- ★ **ABC's of Parenting – for families with children 4-7 years old**
  - Pomo Elementary
  - East Lake Elementary
  - Middletown Elementary
  - Redwood Children's Services, Upper Lake, for foster families
  
- ★ **School-aged parenting – for families with children 5-11 years old (15 weeks)**
  - Lakeport Site
  - Clearlake Site
  
- ★ **Infants, Toddlers, & Preschool – for families with children 0-5 (24 weeks)**
  - Northshore site
  - Soutshore site
  
- ★ **Adolescent Parenting – for families of adolescents 12-18 years**
  - Lakeport
  
- ★ **Prenatal – for pregnant women and their partners (9 weeks)**
  - Redbud Community Hospital
  
- ★ **School-aged – for CWS-mandated parents (15 weeks)**
  - LCDSS, CWS
  
- ★ **Individual Skills Classes – For parents of children of all ages (can pick and choose applicable sessions)**
  - Ongoing, rotating between Lakeport and Clearlake
  
- ★ **Teen Parenting – for pregnant and parenting teens (26 weeks)**
  - ASPIRE (Lakeport), weekly classes (Note: ASPIRE may be moving to Clearlake temporarily.)
  
- ★ **Parenting for Spanish-speaking families - TBA**

In addition, New Beginnings (formerly, Drug Abuse Alternatives Center or DAAC) is incorporating Nurturing Parenting classes into its drug education classes at the Transitional Living Center. Nurturing Parenting classes will be offered at the Hill Road Correctional Facility (County Jail).

Nurturing Parenting is exactly the type of focused, collaborative, adaptable family-strengthening intervention sought by parents and recommended by agencies. Our success in identifying the need, choosing the curriculum, and implementing the program so rapidly and in so many versions demonstrates how effective the children's service system has become.

### 1.2.2 Parent Advocates, Parent Partners, and Parent Councils.

Since the Report Card was issued, agencies and parents have continued to explore ways to establish parent advocates, parent partners, and parent councils both within agencies and across agency and disciplinary boundaries. Many agencies do require parent participation, such as Head Start and Early Head Start. LCMH is funding parent partners and advocates through its MHSAs programs to provide guidance and support for parents whose children (even as adults) are dealing with a mental illness. The Children's Council is funding and training a Parent Partner. She is working with an Agency Representative from North Coast Opportunities and a Parent Leader from the California Leadership Team. They are recruiting other parents to form a Lake County Parent Support Council. The budding Council has already met and has held at least one public meeting. The Lake County Parent Leader is one of only 10 in the State. The Council will train Parent Leaders who will then serve at other agencies, mentor other parents, and provide agencies with direct access to parent perspectives in their planning and service delivery.

Over time, however, these and other parent groups could be united into an umbrella Parent Council with the responsibility of providing parent perspectives to the entire health and human services continuum. The various mandated parent groups (EHS, et al.) could each have a place on the larger Council. Collectively, the Lake County Parent Council could become a great source of strength, not only for the services continuum, but also for the parents themselves. They would benefit from the contacts, civic engagement, experiences, and training. The grass-roots voices and authentic experience from the parents would help service providers and planners respond to the actual needs of the community.

### 1.3 Integrated family service delivery systems.

Service integration has progressed since 2000, with many of the efforts highlighted by the Report Card still underway. Ironically, again, two of the three specific programs discussed were grant-funded and are gone: Children's System of Care and Answers Benefiting Children. However, as before, the training, lessons learned, and personal commitment to integrated services survived to be infused into successor programs and activities. One obvious example is the children's wraparound service design

incorporated into the Mental Health Services Act Community Services and Supports Program. Differential Response, described in **Safety**, is another example of integration, linking LCDSS and community partners in a shared effort to reach out to neglected children and their parents. This Update reaffirms the continuing value of, and need for, the integration efforts described by the prior Report Card:

- ★ Collaborative County-wide needs assessments, such as the 2002 and 2007 Child Care Needs Assessments published by the Child Care Planning Council and the 2004 MCH 5-Year Needs Assessment
- ★ Collaborative planning for child and family well-being through groups such as the Children's Council, Healthy Start, 1<sup>st</sup> 5 Lake, HLN, and others
- ★ Interagency and community collaboration on multi-disciplinary service teams, such as SARB, the Inter-agency Placement Review Team, et al.
- ★ Collaboration among schools, Healthy Start staff, and local service providers to link students to services
- ★ Establishment of Family Resource Centers, including Lake FRC's northshore and its new Southshore sites, Healthy Start's school-based Family Service Centers, Mizone, and the Lake County Youth Center
- ★ Continuation of the One-Stop Career Centers in both the northshore and Southshore (Jobzone)

In addition, agencies are integrating their programs. For example, LCOE's Healthy Start, McKinney-Vento, and Safe Schools/Healthy Students programs share a user-friendly web-based database, which includes a common intake form and on-line case notes. Lake FRC has formally eliminated the silo structure that can arise from grant-based programs.

These and other efforts express stakeholders' commitment to create a seamless, inter-agency, multi-disciplinary system that provides consistent high quality services to participants, regardless of their portal of entry. Integration and collaboration both leverage limited resources, avoid duplication, and focus resources where they are most needed. Lake County agencies have become adept at using these tools to improve and extend their work. ***Neither integration nor collaboration can substitute for stable, adequate funding.***

## **2.0 Report Card Recommendations Revisited**

The first Report Card drew five conclusions regarding recommended key changes to strengthen the health and stability of the systems serving Lake County's children and families. This Update revisits those conclusions, assessing progress toward them and evaluating their continuing relevance, as follows:

## 2.1. Revitalize Communities.

The Report Card concluded that community revitalization supports family self-sufficiency, leading to improved quality of life for Lake County's children. This Update found the same to be true: continuing revitalization remains fundamental if we are to maintain the momentum of the last 10-15 years. County and City governments can take a lead, by integrating economic and community development projects with their social and human service initiatives. Other government agencies can do the same, in partnership with non-profits and individuals. Examples include: the revitalized Westshore Community Pool, the ring of new County parks in the northshore, the collaborative LCDSS/Arbor/WIA Mizone/Jobzone complex, Youth for Seniors, the Youth Center, the Soper-Reese Theater Project, the PRIDE Foundation/Konocti black box theater project, and many others. This recommendation still stands. Without a strong economy, Lake County families are vulnerable and the County's progress can be compromised. Community revitalization requires creative economic and business innovation, such as "green" manufacturing, career tech education, and many other opportunities still to be discovered.

## 2.2. Increase staffing at children's service agencies.

The status of this conclusion is mixed. Adequate and stable staff lead to stable relationships among agencies and between staff and the people they serve. Relationships are the basis of success in social services and education, i.e., children will do homework if they like their teacher or will stay out of trouble because their DPO comes to see them play football. Years of successful collaboration have built a culture of trust, so agencies are increasingly willing to share data, resources, and responsibility. LCDSS has been able to recruit and retain more staff and is providing a more consistent level of services. Healthy Start, Safe Schools/Healthy Students, and others are also able to recruit and retain staff. The continuing struggle by Probation, LCSD, and others to recruit and retain staff, however, directly affects the safety and well-being of children and the community.

The issues that have affected recruitment and retention still apply, to some degree:

- ➔ As noted, some County departments do not pay competitive wages. Lake County becomes a training ground for new employees, who come here, gather 2-5 years of experience, and take their training and experience to higher paying areas. We lose our investment just when it is beginning to pay off.
- ➔ There continues to be an increase in the number of children who are exhibiting serious negative behaviors and other problems at younger and younger ages. Probation, LCMH, foster youth service providers, teachers, and others connected to children have all commented on this phenomenon. These young, but deep-end, children are difficult and expensive to serve, but they urgently need help.
- ➔ Housing costs are rising much faster than wages, creating a further disincentive for workers to move or stay here. Intra-County distances, coupled with high gasoline costs, also affect people's willingness to stay here.

- Other issues arising from the essential need for stable staffing are:
- ✓ Despite the growth in resources, many critical services rely on one or two dedicated individuals. When those people retire or leave, the services may vanish or diminish in quality, creating new gaps in the system.
  - ✓ Key leaders must train their successors.
  - ✓ Health and human services planning must walk middle way between duplicating resources and failing to create back-ups and depth so that the continuum of care is sustainable. As in the natural environment, diversity promotes stability.

### 2.3 Integrate child and family services.

As the number of families receiving cash aid (welfare) continues to decline, the need for community support rises. Families still need help to successfully take control of their futures and raise healthy well-balanced children. During the last 10-15 years, Lake County's public agencies have become accustomed to working together to integrate services. The habit of collaboration and integration has now extended to public and private sector relationships, leading to some very impressive results. One example is the Westshore Community Pool: Lakeport Unified houses it, the City of Lakeport contributes funding and maintenance, and the Channel Cats paid for the grant application that funded the much of the recent upgrade. Thanks to this exemplary collaboration the pool is back in service, doubling the number of public pools open in the County.

### 2.4 Build integrated County databases for children's well-being and services.

This is a continuing challenge and a continuing recommendation. Since the Report Card was released, many more local agencies have automated their internal information systems and were able to produce sophisticated, detailed information quickly. However, compatible cross-agency data systems are still largely in the planning stage. Some agencies are working together to share information while protecting client confidentiality. As noted, LCMH is working with local agencies to switch to the same data collection system. Much local, state, and regional data has become readily available through the internet. There are inconsistencies in how data is reported and presented, plus a 1-3 year delay, i.e., 2005 data is the most current data available in 2007. Data collection and retrieval are expensive, but are increasingly recognized as investments in quality control and communication. Local data and analysis systems are more and more important as we need to make the case, both individually and collectively, for the effectiveness of our work. Ideally, agencies will use the Report Card indicators as a matrix for data collection.

## 2.5. Update the Report Card frequently.

The first Report Card was groundbreaking. It collected multiple perspectives and priorities in the attempt to obtain a clear and balanced picture of the County. The process drew stakeholders together, not only during the Vision and Indicators meetings, but also during the following years. Together, they established beautiful, well-articulated visions and well-chosen indicators with continuing validity. The Report Card process infused the County with a positive, high energy vision of itself and outlined a clear path toward improving outcomes for children and families.

The Report Card was and is a tool, providing both objective information and the context that surrounds that information. It was widely used within the County and quoted in many successful grant applications. The Report Card was a catalyst for many of the changes described in this Update. Although local data is available from state and even national sources, those sources don't tell **our story in our words**. The Report Card does.

The Update Vision and Indicators meetings viewed the Update as re-setting the baseline, using 2000 Census data, enhanced with current and trend line information. The meetings expressly recommended that the 2007 edition be updated one chapter at a time, so the document as whole remains current. The **Economics** chapter should be updated after the 2010 Census. The annual Update process will also inspire stakeholders to collect and bank data according to these mutually-agreed priorities and in compatible formats. A Vision and Indicators meeting should accompany each chapter update, to ensure that the vision and indicators reflect the community's current status and self-perception. However, the chapter-specific meetings should invite a broad spectrum of stakeholders. Integrated services require integrated planning. As this Update demonstrates, the components of children's well-being are interwoven and interdependent:

A strong economy supports housing, parks, and stay fit. Physical fitness and leads to greater school better jobs and pay more drive a strong economy. Investing in children is an effective and up-beat long-term strategy for continuous community vitality.



safer neighborhoods with good recreation where kids can play and reduces overweight and obesity success. Successful students rates. As adults they earn more in taxes. Higher tax revenues help

### 3.0 Conclusion

The Report Card catalyzed community change. It became a resource, a guide, and an inspiration that changed how Lake County saw itself: overcoming poverty and achieving vitality and prosperity. The long-term vision of ongoing community change eloquently captured by the Report Card continues to inspire the health and human services community with hope and energy. Years of working together have helped us realize that true systems change can take 10 years or more, but that we will achieve our goals and make our visions into realities.

Lake County has always been a beautiful place to live. The vibrant, diverse, inclusive community growing right before our eyes is a remarkable achievement. The first edition of the Report Card was dedicated to all of the people in the “community of caring” and to everyone who is “re-creating Lake County as a place of health and peace and potential for all of its children.” This Update respectfully re-dedicates itself in the same spirit, to the same people, and for the same purpose.



## CHAPTER 8: WHO ARE WE? AGENCIES SERVING CHILDREN AND FAMILIES



### Introduction.

This Chapter was envisioned by the 2006 Vision and Indicators meetings as a guide to the agencies serving children and families in Lake County. Agencies were sent a brief questionnaire asking for contact information, a short narrative of how they address the Report Card's 5 issue areas, numbers served, number of employees, and their own categorization of each program's primary focus, by issue area. The original goal was to provide:

- ✓ Brief profiles of each agency
- ✓ Summary tables of numbers of children and families served and employees
- ✓ An overall picture of coverage and gaps within the issue areas

Two issues limit the number of entries: (1) not every agency serving children and/or families was contacted; (2) only some of the agencies contacted were able to respond. Therefore, this Chapter is only a sample of what is available for children and families in Lake County. It is offered as an example of one possible format. The information on numbers of employees is not provided because the health and human services workforce changes so often, due to unstable funding and relatively low wages. A copy of the Agency Questionnaire is attached as Appendix D. Each agency received a copy of its own section for review and revision; agency changes were included. Many of the responding agencies wrote all or some of their sections, a significant contribution to completing this Chapter!

### I.0 Economics

- ✓ **Lake County Business and Employment Services – WIA (formerly, Lake County Career Center or Lake County One-Stop)**
- ✓ **Lake County Child Support**

### 1.1 Lake County Business and Employment Services - WIA

#### 1.1.1 Contact Information.

55 First Street, Lakeport, CA 95453  
707-263-0630 Fax: 707-263-7637  
[www.nccc-inc.com](http://www.nccc-inc.com)

Who are we? Agencies Serving Children and Families

[Note: The Jobzone is the successor to the South Shore Career Center. It is a collaborative effort among LCDSS, the Arbor, and WIA, located at 9055 Highway 53, Clearlake, CA 95422.]

The North Central Counties Consortium is a non-profit division of the Northern California Employment Network (“NCEN”), comprised of Lake, Glenn, Colusa, Yuba, and Sutter counties. Its core funding is provided by the WIA. Its governing board is created by the 5-Counties’ Joint Powers Agreement and includes a member of each County’s Board of Supervisors. It is guided by the Workforce Investment Board, an advisory group with non-profit, business, and community representatives from the 5-counties. The services offered by Lake County Business and Employment Services – WIA include:

- ✓ Employee recruitment
- ✓ Interview and conference facilities
- ✓ Business resources (human resources, labor law, financing, labor market statistics, economic indicators, etc.)
- ✓ Business seminars and workshops
- ✓ Needs assessment
- ✓ Consultations with business professionals
- ✓ Training opportunities, On-The-Job-Training (OJT) contracts and Work Experience (WEX)
- ✓ Layoff aversion assistance to employers
- ✓ Services for downsized employees
- ✓ Business-to-business referrals
- ✓ WIA Youth Program

1.1.2 Programs serving children and families. The WIA Youth Program serves younger youth (14-18) and older youth (19-21), providing the following:

- ✓ Assessments
- ✓ Workshops, including career planning, labor market exploration, job search techniques [applications, resumes, cover letters, mock interviews (clothing, grooming, manners), life skills (telephone etiquette, time cards, shopping, renting, bank accounts, transportation), WEX/OJT, other support (clothing, transport, training, one-on-one employment counseling)]
- ✓ Support for high school completion, with diploma

1.1.3 Numbers served.

**Data for Second Quarter July 1, 2006 – December 31, 2006**

<b>Name of Program</b>	<b># children served</b>	<b># families served</b>
WIA Youth Program		
▪ Older youth	▪ 8	N/A
▪ Younger youth	▪ 25	

1.1.4 Programs by Report Card issue area.

Name of Program	New (2000+)	Economic Well-being	Education Success	Health	Safety	Families
WIA Youth Program	X	X	X			

**1.2 Department of Child Support Services**

1.2.1 Contact information.

525 North Main Street, Lakeport, 95453  
 707-262-4300 Fax 707-263-3948  
 Department Head: Gail Woodworth

Child Support also provides co-located services at LCDSS for all clients applying for welfare.

1.2.2 Programs serving children and families.

The Department of Child Support Services' main functions are: (a) to establish paternity, child support, and medical support; and (b) thereafter, to enforce support orders. Its overarching goal is to ensure that both parents contribute to their child's financial needs.

1.2.3 Numbers served.

**Data for 2005-2006**

Name of Program	# children served	# families served
Child Support	4,811	N/A

1.2.4 Programs by Report Card issue area.

Name of Program	New (2000+)	Economic Well-being	Education Success	Health	Safety	Families
Child Support		X				

## 2.0 Education

- ✓ Lake County Office of Education
- ✓ 1<sup>st</sup> Five Lake

### 2.1 Lake County Office of Education (“LCOE”)

2.1.1 Contact Information. 1152 South Main Street, Lakeport, CA 95453  
707-262-4100 Fax 707-263-1097  
[www.lake-coe.k12.ca.us](http://www.lake-coe.k12.ca.us)  
Dave Geck, Superintendent of Schools

Satellite Offices: Child Development Division  
16170 Main Street, Lower Lake CA 95457  
707-994-7908 Fax 707-994-7948

AmeriCorps Program  
1209 Main Street, Lakeport, CA 95453  
707-263-6291 Fax 707-263-8061

Safe Schools/Healthy Students  
3970 Main Street, Ste. 4, Kelseyville, CA  
95451  
707-279-4607 Fax 707-279-4092

Healthy Start Sites: LCOE/Lakeport - (Administration)  
Pomo Elementary  
Burns Valley Elementary  
East Lake Elementary  
Lower Lake Elementary  
Oak Hill Middle  
Lower Lake High  
Carle and Blue Heron  
Kelseyville Elementary  
Lucerne Elementary  
Middletown (co-located school site)  
Upper Lake Elementary  
Lakeport Schools  
Clearlake Community School

Early Connection State  
Preschool sites: Burns Valley Elementary  
East Lake Elementary  
Lower Lake Elementary  
Pomo Elementary  
Kelseyville Elementary  
Lakeport (2007-2008) Elementary

Who are we? Agencies Serving Children and Families

	Lucerne Elementary Minnie Cannon Elementary
Kid Connection After School: (ASES and Latchkey)	Burns Valley Elementary East Lake Elementary Lower Lake Elementary Pomo Elementary Kelseyville Elementary Riviera Elementary Lucerne Elementary Upper Lake Elementary
Teen Connection After School:	Lucerne Elementary Oak Hill Middle Upper Lake Middle
Taylor Observatory & Planetarium	5725 Oak Hill Lane Kelseyville, CA 95451 707-279-8372 <a href="http://www.taylorobservatory.org">www.taylorobservatory.org</a>

The Lake County Office of Education is focused on finding and making available resources and programs that help schools throughout the County provide the highest quality education for all children. Such resources and programs include:

- ✓ Direct educational services from preschool through high school
- ✓ Extended learning opportunities for students through after school programs
- ✓ Eliminating barriers to students' healthy development and learning (health, oral health, emotional/mental/behavioral wellness, truancy, etc.),
- ✓ Infusing balance into the educational system with career/vocational opportunities for all students, including school-to-career, Transition Partnership Program (work readiness & job placement), GED testing, etc.
- ✓ Work readiness
- ✓ Grant seeking and grant writing for programs that provide direct services to schools and districts
- ✓ Professional development for teachers and administrators
- ✓ Direct assistance to schools/districts that focuses on increasing student achievement for all students
- ✓ Development of a "college-going" culture in coordination with local high schools

LCOE also operates the two community schools, one community day school, the juvenile hall school, and the California School Age Families Education program, serving pregnant and parenting high school students and their very young children. It owns and has invested over \$30,000 to upgrade the Taylor Observatory and Planetarium, which is available to all schools and the public.

LCOE has created a comprehensive infrastructure that supports the 7 other school districts and 35 schools. Through LCOE, schools and districts have access to a wide range of services without having to set up dozens of separate administrative structures and programs, e.g., separate Healthy Start programs for each school, with separate project directors and grants administration costs. In a small County with many small districts, this is an efficient use of resources. Further, a central source of continuity is valuable as so many students ping-pong in and out of districts.

2.1.2 & 2.1.3 Programs serving children and families/Numbers served.

LCOE serves children aged 0-18+, depending on their enrollment status and the program in question, plus parents and other family members, as applicable.

**Data for 2006-2007 School Year (unless otherwise noted)**

<b>Name of Program</b>	<b># children served</b>	<b># families served</b>
Healthy Start:		
▪ General	▪ 3,200	
▪ PAL	▪ 235	
▪ Homeless		
Student Assistance	▪ 788	
▪ Oral Health	▪ 2,293	▪ 116 parents
▪ Nurturing Parenting	▪ 93	▪ 159 (adults)
Safe Schools/Healthy Students	369	N/A
Child Development	700 (projected @ 840 for 2007-08)	419 (projected @ 459 for 2007-08)
Teen Connection	146+	N/A
Foster Youth Services	50	N/A
Transition Partnership Program	120	N/A
SARB	1,458 1 <sup>st</sup> Letters	N/A
Regional Occupation Program	1,350 students 275 adults	N/A
AmeriCorps	244	N/A
Taylor Observatory	1,822 children and adults served	
Community Schools	162	147
CalSAFE	54	50
Juvenile Hall School	208	201
SELPA	1,261	@1,261

Who are we? Agencies Serving Children and Families

Note: The Oral Health Project is collaboration among 1<sup>st</sup> 5 Lake, Healthy Start, and the Dental Disease Prevention Program. The numbers served will be shown for all three agencies, representing a duplicated count.

2.1.4. Programs by Report Card issue area.

Name of Program	New (2000+)	Economic Well-being	Education Success	Health	Safety	Families
Healthy Start:			X	X		
▪ General			X	X		
▪ PAL			X	X		X
▪ McKinney-Vento						
Homeless Student Assistance	X					
▪ Nurturing Parenting	X			X		X
▪ Oral Health Project	X			X		
Safe Schools/Healthy Students	X		X	X	X	X
Child Development (all programs)			X	X	X	X
Teen Connection			X	X	X	
Foster Youth Services			X	X	X	X
Transition Partnership		X	X			
SARB			X			
Regional Occupation		X	X			
AmeriCorps			X	X		
Taylor Observatory			X			
Community Schools			X		X	X
CalSAFE			X	X	X	X
Juvenile Hall School			X		X	
SELPA			X	X		X

**2.2 1<sup>st</sup> Five Lake County**

2.2.1 Contact Information.

Tom Jordan, Executive Director  
 55 First Street, Ste. 309, Box K  
 Lakeport, CA 95453  
 707-263-6169 Fax: 707-263-6171  
[lccfc@ncen.org](mailto:lccfc@ncen.org)  
[www.first5lake.org](http://www.first5lake.org)

Who are we? Agencies Serving Children and Families

1<sup>st</sup> Five Lake County is the Proposition 10 Commission, formerly known as the Children and Families Commission (the “Commission”). The 9-member Commission is responsible for developing and updating a strategic plan that will improve child development throughout the County, through strategically-chosen positive formative experiences for children aged 0-5. Its activities are funded by a tax on tobacco products and dedicated to early childhood development. Lake County receives about \$825,000/year, an amount expected to decrease as more people quit smoking. The 1<sup>st</sup> Five Lake County Strategic Plan focuses on four general areas:

- ✓ Child care and early childhood education
- ✓ Teacher and parent education and support
- ✓ Health and wellness
- ✓ Improved systems integration

1<sup>st</sup> Five Lake County does not provide direct services. Instead, it collaborates with other agencies and groups to create and implement its strategic plan, through a system of large grants, special projects, and mini-grants.

2.2.2 & 2.2.3 Programs serving children and families/ Numbers served.

1<sup>st</sup> Five Lake supports several programs dedicated to serving children and families, listed below.

<b>Data for 2005-2006</b>		
<b>Name of Program</b>	<b># children served</b>	<b># families served</b>
Oral Health	2,293	116 parents
School Readiness	262	420 parents 67 families
NCO/RCCC: CARES: Stipends for child care providers		393 child care providers (duplicated count) received 1 or more services: stipends, training, or technical assistance; 51 received stipends for completing next level of CARES)
Lake FRC- Healthy Families Insurance Enrollment	445	273
Easter Seals: Training for child care providers	N/A	38 providers 355 parents
Nurturing Parenting	44 completing	24 (completing)

Who are we? Agencies Serving Children and Families

Drug Abuse Alternatives Center	42	29
Tribal Health – Preschool Coop w/ parenting activities	36	24 + 27 (indirect services)
AmeriCorps	240+ (LCOE state preschools)	280+ (at a minimum, w/ assessment)

2.2.4 Programs by Report Card issue area.

Name of Program	New (2000+)	Economic Well- being	Education Success	Health	Safety	Families
LCOE Oral Health	X		X	X		
LCOE School Readiness			X			X
NCO/RCCC (CARES)	X		X			
Healthy Families				X		
Easter Seals				X		
Nurturing Parenting	X					X
DAAC/New Beginnings	X		X	X	X	X
Tribal Health			X			X
AmeriCorps			X	X	X	

### 3.0 Health

- ✓ **Lake County Department of Health Services**
- ✓ **Dental Disease Prevention Program**
- ✓ **Women, Infants, and Children**
- ✓ **Health Leadership Network**

Please note that some programs which provide services supporting children's health were described above, e.g., Healthy Start and SS/HS.

As demonstrated in the data chapters, the various components of children's well-being are mutually reinforcing. Good health (physical, emotional, mental, oral, et al.) is fundamental to economic well-being, educational success, safety, and family strength.

### 3.1 Lake County Department of Health Services

Lake County DHS is reorganizing to be congruent with the reorganized State DHS. California DHS now consists of two major divisions: (1) the Department of Health Care Services, focused on the financing and delivery of services; and (2) the California Department of Public Health, focused on public health services (i.e., public health programs, such as AFLP, AIDS, etc.), health care financing, and public health infrastructure. The state reorganization took effect as of July 1, 2007.

#### 3.1.1 Contact information.

922 Bevins Court, Lakeport, CA 95453  
707-263-1090 Fax 707-262-4280  
Director: Jim Brown  
Public Health Division: Jane MacLean,  
MSN, NP, PHN, RN  
Health Officer: Craig McMillan, MD,  
MPH

#### Satellite Office:

7000 B Civic Center Drive, Clearlake,  
CA 95422  
707-994-9433 Fax 707-994-6739

#### 3.1.2 Programs serving children and families.

DHS provides a wide range of services through many programs, including:

- ✓ *Targeted case management* ("TCM"): Public Health Nurses visit the homes of new mothers and others to connect them with health care services
- ✓ *Maternal, Child, and Adolescent Health* ("MCH"): MCH Director and MCH Coordinator serve as liaisons with State and Federal MCH programs and with the community on policy issues
- ✓ *California Children's Services* ("CCS")
- ✓ *Child Health and Disability Program* ("CHDP")

Who are we? Agencies Serving Children and Families

- ✓ *Well Child Clinics*
- ✓ *Immunization Clinics*
- ✓ *California Lead Poisoning Prevention Program ("CLPP") (contracted with Easter Seals to do direct services)*
- ✓ *Disaster Preparedness*
- ✓ *Communicable Disease Surveillance and Control*
- ✓ *AIDS Education and Prevention*

3.1.3 Numbers served. (Data from California Department of Health website.)

**Data for calendar year or fiscal year, as shown**

<b>Name of Program</b>	<b># children served</b>	<b># families served</b>
TCM	N/A	N/A
MCH	N/A	N/A
CCS	350 (2004-05)	N/A
CHDP	2,167 (2003-04)	N/A
Well Child Clinics	N/A	N/A
Immunization Clinics	N/A	N/A
CLPP	N/A	N/A
Disaster Preparedness	N/A	N/A
AIDS Education and Prevention	N/A	N/A

3.1.4 Programs by Report Card issue area.

<b>Name of Program</b>	<b>New (2000+)</b>	<b>Economic Well-being</b>	<b>Education Success</b>	<b>Health</b>	<b>Safety</b>	<b>Families</b>
TCM				X		
MCH				X		
CCS				X		
CHDP				X		
Well Child Clinics				X		
Immunization Clinics			X	X		
CLPP	X		X	X	X	
Disaster Preparedness					X	
AIDS Education & Px				X		

### 3.2 Dental Disease Prevention Program

#### 3.2.1 Contact information.

Lake County Department of Health Services  
 922 Bevins Court, Lakeport, CA 95453  
 707-263-1090 Fax 707-262-4280  
 Director: Jim Brown  
 DDPP: Marta Fuller, RN,  
 Program Manager

#### 3.2.2 Programs serving children and families.

DDPP is funded as a dental education and prevention program to serve preschoolers through 6<sup>th</sup> grade. It provides:

- ✓ Screenings
- ✓ Oral health education
- ✓ Fluoride supplementation
- ✓ Free sealants to 100+ children

DDPP also provides screenings, sealants, and dental treatment to about 200 children and their families through the Toothmobile (dental van). In collaboration with Healthy Start, DDPP serves CWSN and other students as requested and as feasible, including older students at Oak Hill Middle School, Upper Lake Middle School, ASPIRE, Carle High School and Blue Heron school, plus preschools not covered by the DDPP grant.

DDPP also serves as a liaison between the private and safety-net dental providers, e.g., by participating in Dental Health Month, educating providers on the Kindergarten Oral Health Assessment requirement, etc. DDPP works closely with Lake FRC, serving on the Early Head Start, Lake/Mendo Early Head Start, and Head Start Advisory Committees. DDPP participates on the MCAH Advisory Board. Our DDPP program manager also sits on the Board of the Pediatric Dentistry Initiative, which has begun offering sedated dentistry at its new facility in Windsor, scheduled to open for full services in Fall 2007.

#### 3.2.3 Numbers served.

<b>Data for 2005-2006</b>		
<b>Name of Program</b>	<b># children served</b>	<b># families served</b>
DDPP	Funded for 3,200, serving @ 4,000	N/A
DPP screenings w/ Healthy Start	2,293	@2,000
DDPP/1 <sup>st</sup> 5 Oral Health Project	300-500	300-500

3.2.4 Programs by Report Card issue area.

Name of Program	New (2000+)	Economic Well-being	Education Success	Health	Safety	Families
DDPP			X	X		X
DDPP Screenings w/ Healthy Start			X	X		
DDPP/1 <sup>st</sup> 5 Oral Health Project			X	X		X

**3.3 Women Infants and Children (WIC)**

3.3.1 Contact information.

122 D Street, Lakeport, CA 95453  
 707-263-5253 Fax 707-263-0165  
 1-877-942-2220  
 Director: Helaine Moore

Satellite Offices/Clinic sites:

14085 # 4 Lakeshore Drive  
 Clearlake, CA 95422

1<sup>st</sup> Baptist Church  
 15576 Graham  
 Middletown, CA 95461

Lucerne Senior Center  
 10<sup>th</sup> & Country Club  
 Lucerne, CA 95458

3.3.2 Programs serving children and families.

WIC is a nutrition program that helps pregnant, breastfeeding, and postpartum women, infants, and young children by providing:

- ✓ Food vouchers for healthy foods, plus a few introductory sets of vouchers for fresh fruits and vegetables at local farmers' markets
- ✓ Information about nutrition and health
- ✓ Support and information about breastfeeding
- ✓ Information and referrals for health care and other community services
- ✓ Growth checks for children

Who are we? Agencies Serving Children and Families

Eligible clients include:

- ✓ Women who are pregnant, breastfeeding, or postpartum
- ✓ Children under 5 years old (including foster children)
- ✓ Families with low to medium income  $\leq$  185% Federal Poverty Level

3.3.3 Numbers served.

**Data for 2006-2007**

<b>Name of Program</b>	<b># children served</b>	<b># families served</b>
WIC	1,564	~537 women

3.3.4 Programs by Report Card issue area.

<b>Name of Program</b>	<b>New (2000+)</b>	<b>Economic Well-being</b>	<b>Education Success</b>	<b>Health</b>	<b>Safety</b>	<b>Families</b>
WIC				X		

Note: Although good nutrition in early childhood is fundamental to educational success, WIC's primary role is to promote health, with good educational outcomes being a by-product of their work.

**3.4 Health Leadership Network**

3.4.1 Contact Information.

707-279-8827  
Fax: 707-279-8801  
Susan Jen, Director  
s.jen@mchsi.com

The HLN was launched to develop a network of public and private entities who would work together to improve population health, as stated in its vision: "Partners creating a healthier Lake County." It currently functions under the umbrella of Sutter Lakeside Hospital's Wellness Division. It is the only consortium of its kind in Lake County and is designed to address varying health issues in response to community need. As its name implies, the HLN draws upon the expertise of multiple entities to achieve its mission of providing innovative leadership to better coordinate services, maximize use of resources, implement best practices across agencies, and seed change. It does not provide services directly, but is a unique collaborative vehicle for addressing how services are delivered so that consumers receive optimal benefit.

Who are we? Agencies Serving Children and Families

HLN members include:

- ✓ Sutter Lakeside Hospital
- ✓ Adventist Health Redbud Community Hospital
- ✓ Lakeside Health Center (Mendocino Community Health Clinics)
- ✓ Lake County Department of Health Services
- ✓ Lake County Department of Social Services
- ✓ Lake County Office of Education (Healthy Start)
- ✓ 1<sup>st</sup> Five Lake County
- ✓ Lake County Tribal Health Consortium, Inc.
- ✓ Easter Seals of Northern California
- ✓ Lake Family Resource Center

3.4.2 and 3.4.3 Programs serving children and families/Numbers served.

HLN does not provide direct services. Its activities directly impact the thousands of children and families served by its partners, however.

3.4.4 Programs by Report Card issue area.

<b>Name of Program</b>	<b>New (2000+)</b>	<b>Economic Well- being</b>	<b>Education Success</b>	<b>Health</b>	<b>Safety</b>	<b>Families</b>
Health Leadershp Network	X			X		X

#### **4.0 Safety**

- ✓ **Lake County Victim/Witness Assistance Program**
- ✓ **Lake County Probation Department**

The agencies listed are directly serving children. Other local law enforcement agencies also serve children and families, with outreach to the schools, etc. For example, the Lake County Sheriff's Department sponsors the Explorers' Scouting Post and the Sheriff's Activity League. When updated, this Chapter should be expanded to include all of the local law enforcement agencies serving Lake County. Please note that Lake FRC, which provides services to survivors of domestic violence and child abuse, is described under Family Strength.

#### 4.1 Lake County Victim/Witness Assistance Program.

4.1.1 Contact information. District Attorney's Office, Victim/Witness Division  
420 2<sup>nd</sup> Street, Lakeport CA 95453  
707-262-4282 Fax 707-262-5851  
Director: Sam Laird

#### 4.1.2 Programs serving children and families.

Victim/Witness serves victims of crime if a police report has been made. This Update focuses on its services to survivors of domestic violence and child abuse. Victim/Witness has victim advocates dedicated to child abuse and domestic violence. Victims are served by the same advocate throughout their participation in the criminal justice system and may stay in contact afterward as well. This investment allows victims to develop trusting, stable relationships and minimizes the trauma of having to re-tell their stories to strangers in order to obtain help. Victim/Witness provides 24/7 crisis response coverage in cases of domestic violence and child abuse and is a founding member of the Child Abuse Response Team, Sexual Assault Response Team, and Domestic Violence Response Team.

Victim/Witness assists direct victims of crime, non-offending family members, and witnesses to obtain help from the State's Victims of Crime Compensation Program. This program supports direct compensation to victims, including medical care and counseling. Victim/Witness also provides assistance with temporary restraining orders for victims of domestic violence. Other services include witness protection and relocation, temporary housing, transportation, escort to and from the courtroom, and court support. Child victims have a child-friendly waiting room. All victims receive orientation to the criminal justice system. Parents of child victims and victims of domestic violence also receive regular updates on case status.

Who are we? Agencies Serving Children and Families

4.1.3 Numbers served.

**Data for 2006-2007 or 2005-2006, as indicated**

<b>Name of Program</b>	<b># children served</b>	<b># families served</b>
Child Advocacy	150 (06-07)	N/A
DV Advocacy	N/A	475 survivors (05-06)

4.1.4 Programs serving children and families.

<b>Name of Program</b>	<b>New (2000+)</b>	<b>Economic Well-being</b>	<b>Education Success</b>	<b>Health</b>	<b>Safety</b>	<b>Families</b>
Child Advocacy				X	X	
DV Advocacy				X	X	X

**4.2 Lake County Probation Department**

4.2.1 Contact information.

201 South Smith Street  
 Lakeport, CA 95453  
 707-262-4285 Fax 707-262-4292  
 Chief Probation Officer: Steven R. Buchholz

Satellite Office:

Lake County Juvenile Hall  
 1111 Whalen Way  
 Lakeport, CA 95453  
 707-263-3025 Fax 707-263-3835  
 Superintendent: Dean Thornquist

4.2.2 Programs serving children and families.

**a. Juvenile Probation and Camps Funding.** This program serves youth who are engaging in delinquent behavior or who are at risk of becoming at risk. Interventions can include informal hearings and behavioral agreements, as well as supervision and referrals to services. DPOs provide general supervision and meet with the juveniles, their parents or guardians, educators, and service providers.

**b. School/Law Enforcement Partnership.** This program is a joint effort among Probation, the Clearlake Police Department, and the Konocti Unified School District to provide a safer environment for students. It is a grant-funded program that supports a team consisting of a School Resource Officer (“SRO”) from the Clearlake Police Department and a DPO. The SRO provides quick response to on-campus incidents. The DPO provides oversight of local students who are on Probation and assists with education, outreach, and response to incidents.

**c. Project Return.** This program provides intensive supervision of juveniles on probation who have been identified as being at risk for out-of-home placement or who have returned from an out-of-home placement. DPOs develop detailed case plans with each juvenile and his or her family, if applicable. Together, they establish goals and objectives that, if met, will eliminate the need for the juvenile to be placed in, or returned to, foster care or a group home. DPOs monitor the juvenile's and family's progress in meeting the objectives and assist them to obtain appropriate services.

**d. Placement.** This program provides intensive supervision of juveniles on probation who have been placed in a group home, foster home, or with a relative. While the juvenile is in placement, DPOs monitor both the juvenile's progress and that of the parents or guardians, with the goal of returning the juvenile home.

4.2.3. Numbers served.

**Data for 2006 Calendar Year**

<b>Name of Program</b>	<b># Children Served</b>	<b># Families Served</b>
JPCF	392	36
Project Return	33	30
Placement	48	47

Note: The School/Law Enforcement Partnership Program is not included in the table above as the DPO position has been vacant for the last 2 years, with the exception of very brief periods.

4.2.4 Programs by Report Card issue area.

<b>Name of Program</b>	<b>New (2000+)</b>	<b>Economic Well-being</b>	<b>Education Success</b>	<b>Health</b>	<b>Safety</b>	<b>Families</b>
JPCF					X	
School/Law Enforcement Partnership	X		X		X	
Project Return	X				X	X
Placement					X	

4.2.5 Closed programs.

First Offender Family Preservation was a partnership among Probation, Alcohol and Other Drug Services, and the Community and Family Network. It focused on juveniles at their first entry into the juvenile justice system, although it did not serve seriously violent first offenders. It provided intensive supervision, supported by substance abuse counseling and treatment, mental/emotional/behavioral health services, and referrals to

Who are we? Agencies Serving Children and Families

other services, and other support. It was recognized as a model program by the State of California. When the Community and Family Network closed in 2002, First Offender was discontinued. Elements of this successful model were continued in Project Return.

## 5.0 Family Strength

- ✓ Lake County Department of Social Services
- ✓ Lake Family Resource Center
- ✓ Redwood Children's Services

## 5.1 Lake County Department of Social Services

### 5.1.1 Contact Information.

Social Services Administration  
CalWORKs and Other Program  
Assistance  
Fraud Investigations  
15975 Anderson Ranch Parkway  
Lower Lake, CA 95457  
800-628-5288  
707-995-4200 Fax: 707-995-4204  
<http://www.dss.co.lake.ca.us>  
Carol J. Huchingson, Director

Children's Services  
926 South Forbes Street  
Lakeport, CA 95453  
800-386-4090  
707-262-0235 Fax: 707-262-0299

Adult Services  
16170 C Main Street  
Lower Lake, CA 95457  
888-221-2204  
707-995-4680 Fax: 707-995-4661

Section 8 Housing Program  
16170 D Main Street  
Lower Lake, CA 95457  
707-995-7120 Fax: 707-995-7129

Lake County DSS provides a wide range of services to children and families that affect health, education, and safety. Because the Department's mandate is family reunification and the cumulative impact of its services is, ideally, family strengthening, DSS is discussed under this issue area. Only services directly related to children and families are noted; adult-only services, public guardian, et al. are excluded.

Note: The following discussion is adapted from the Department's Overview of Programs and Services 2006/2007. Please see the Overview for detail.

**a. Child Welfare Services.** CWS's focus is on reducing child abuse and neglect, while increasing the well-being of children and families. Services are provided directly or through contract. The four traditional components of CWS are:

- ✓ *Emergency Response:* ER services are provided 24/7. All reports of suspected child abuse are screened and evaluated. Some reports do not warrant an investigation and a case is not opened. Families may be referred to services, e.g., the new Differential Response program. If there is sufficient evidence, the next decision is whether to respond immediately or within 10 days. If the child is removed from the home, a petition must be filed in juvenile court within 48 hours requesting court intervention for the safety of the child.
- ✓ *Family Maintenance:* FM is generally 6 months of protective services to families in crisis to prevent or remedy abuse or neglect. Social Workers work with the family while keeping the child in the home.
- ✓ *Family Reunification* provides 6-12 months of intervention and support services to children and families when the child has been removed from the home. It requires satisfactory completion of a reunification plan before the child can return home.
- ✓ *Permanent Placement* services occur after reunification fails.

As discussed above under **Safety**, DSS and community partners have developed a fifth component of CWS: Differential Response ("DR"). DR has five stages:

- Report received by CWS
- Report evaluated by CWS according to the Manual
- Path I or II determination made by CWS
- Families authorize CWS to make referrals to support services
- CWS refers family to agency determined as appropriate access points for support services. Upon receiving the referral, the agencies will conduct comprehensive needs assessments with the family and tailor case planning and follow-up services accordingly.

**b. CalWORKs and Other Program Assistance.** This broad heading covers a number of programs, including cash aid, food stamps, and medical coverage.

- ✓ *CalWORKs* (California Work Opportunity and Responsibility to Kids). CalWORKs assistance is limited to 60 months to provide eligible families with temporary cash aid and services. Most recipients are also eligible for Food Stamps and Medi-Cal.
- ✓ *CalWORKs Welfare-to-Work* ("W2W"): Unless exempt, all CalWORKs recipients are required to participate in W2W activities to remain eligible. W2W activities assist recipients to obtain and retain jobs. W2W services include job search, employment development, assessments, training, and barrier elimination (domestic abuse counseling and shelter, drug and alcohol treatment, etc., and mental health

counseling.) While participating in W2W, CalWORKs recipients are eligible for supportive service payments for child care, transportation, and work or training related expenses.

- ✓ *Food Stamp Program:* The Food Stamp Program helps meet the nutritional needs of low income individuals and families. Able-bodied adult participants must work 20 hours/week. Benefits are now issued via the Electronic Benefit Transfer card.
- ✓ *Medi-Cal:* Medi-Cal provides health care services to qualified low income persons, including families with children. Individuals receiving CalWORKs, Foster Care, Social Security Income/State Supplemental Program (SSI/SSP), and Adoption Assistance are usually categorically eligible. Some recipients must pay a monthly share-of-cost, depending on their monthly income.
- ✓ *Foster Care:* Foster Care services coordinate payments to foster homes for each foster child within Lake County. Upon request from CWS Social Workers, Foster Care eligibility staff open a case for each child in foster care and re-certify each case every 12 months.

**c. Housing Programs.** As noted, the Director of DSS is also the Executive Director of the Lake County Housing Commission. DSS is responsible for administration of the Lake County Section 8 Housing Choice Voucher Program. Section 8 is a rental assistance program for very low income households. Staff keeps a waiting list of eligible families and issues vouchers to maintain a near-100% lease-up rate. In December 2005, DSS resumed administration of the First-Time Home Buyer Program and the Owner Occupied Rehabilitation Program.

**d. Other Contracted Programs.** DSS contracts with numerous agencies to provide specific service components for its programs. For purposes of this Update, the most relevant contracted services are:

- ✓ *CalWORKs Cal-Learn Program:* Pregnant and parenting teens who are receiving CalWORKs assistance and have not received a high school diploma or equivalent are required to participate in Cal-Learn. It is intended to assist these teens to obtain a high school diploma and achieve self-sufficiency. The program includes incentives (cash awards at certain milestones, e.g., high school graduation), disincentives (deductions from cash assistance), and supportive services (child care assistance, transportation, other expenses related to Cal-Learn participation).
- ✓ *CalWORKs Pediculosis Anti-Lice (PAL):* PAL provides lice eradication services through the schools, performing head checks and following up with home visits to CalWORKs participants, as needed. The goal of PAL is to enable children to return to school lice-free, so parents can return to work or their job search. Healthy Start is the contractor for PAL services.

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- ✓ *CalWORKs Stage 1 Child Care*: Stage 1 child care is provided through the local Alternative Payment Provider (NCO). NCO meets with W2W participants to determine their child care needs and to provide assistance in choosing appropriate child care providers. NCO must verify participation hours, authorizes payments, and forwards them to LCDSS for payment.

5.1.3 Numbers served.

**Data for 2006-2007 (YTD Averages)**

<b>Name of Program</b>	<b># children served</b>	<b># families served</b>
CWS	271 total	N/A
CalWORKs	N/A	1,126 families
W2W	N/A	398
Food Stamps <sup>1</sup>	N/A	N/A
Medi-Cal <sup>1</sup>	N/A	N/A
Foster Care	232	N/A
Cal-Learn	N/A	44
PAL <sup>2</sup>	N/A	N/A
Stage 1 Child Care <sup>2</sup>	N/A	N/A
Section 8 vouchers	N/A	224

<sup>1</sup>Figures for these two programs include all recipients, regardless of age; children and families served are not disaggregated. <sup>2</sup>Not yet reported to LCDSS at this time.

5.1.4. Programs by Report Card issue area.

<b>Name of Program</b>	<b>New (2000+)</b>	<b>Economic Well-being</b>	<b>Education Success</b>	<b>Health</b>	<b>Safety</b>	<b>Families</b>
CWS				X	X	X
CalWORKs		X	X	X		X
W2W		X				
Food Stamps		X		X		
Medi-Cal				X		
Foster Care			X		X	X
Cal-Learn		X	X			X
PAL		X	X	X		X
Stage 1 Child Care		X	X		X	X
Section 8 vouchers		X			X	X

## 5.2 Lake Family Resource Center

### 5.2.1 Contact information.

Lake Family Resource Center  
896 Lakeport Blvd.  
Lakeport, CA 95453  
707-262-1611 Fax 707-262-0344  
Executive Director: Gloria Flaherty

### Satellite Office:

Lake FRC Southshore Office  
14264 Austin Road  
Clearlake, CA 95422  
707-994-1808

### 5.2.2 Programs and services.

Introduction. Lake Family Resource Center, formerly known as “Sutter Lakeside Community Services”, is one of Lake County’s largest community-based organizations. It provides a continuum of strength-based family support services that address many issues for families throughout Lake County. Within the Lake FRC umbrella, specific programs address early childhood education, health, safety (domestic violence response), and family strength. For example, Lake FRC operates Lake County’s only Early Head Start, serving low-income children aged 0-3. It operates the County’s only domestic violence shelter and its rape crisis center, plus a community crisis line. Its behavioral services are available to children and adults. It operates the Adolescent Family Life Program and Cal-Learn, serving pregnant and parenting teens, with a focus on healthy family life, educational success, and economic autonomy. Lake FRC is an enrollment agency for the Healthy Families Program.

The Early Head Start and Teen Parenting programs provide services to children and families that address all of the Report Card’s 5 issue areas. Teen parents are encouraged to find educational programs that fit their needs and ultimately graduate from high school. Both programs track information on children’s health, including immunizations and well baby checks. When requested, parents in both programs are provided with transportation assistance to doctor’s appointments. Parents are given information about keeping their children safe, including the effects of domestic violence on children. Both programs also give parents information regarding the importance of being involved in their children’s lives.

Lake FRC’s goal in these programs, consistent with the goals of all Lake FRC programs, is to help families become self sufficient and to build strong families and communities.

Who are we? Agencies Serving Children and Families

5.2.3. Numbers served.

Data for 2006 Calendar Year

<b>Name of Program</b>	<b># children served</b>	<b># families served</b>
Early Head Start	110	113
Teen Parenting	114	139
DV Shelter	22	53
Behavioral Services	43	N/A
Nurturing Parenting	44	24

\*EHS numbers include 14 pregnant women, 110 children 3 and under, 99 families (56 two parent families, 43 one parent families)

5.2.4. Programs by Report Card issue area.

<b>Name of Program</b>	<b>New (2000+)</b>	<b>Economic Well-being</b>	<b>Education Success</b>	<b>Health</b>	<b>Safety</b>	<b>Families</b>
Early Head Start		X	X	X	X	X
AFLP		X	X	X	X	X
CLRN		X	X	X	X	X
DV Shelter					X	
Behavioral Services				X		
Nurturing Parenting	X				X	X

5.2.5. Closed programs.

The Adolescent Sibling Pregnancy Prevention Program (ASPPP), a program for the siblings of teen parents, was eliminated in 2006. There are currently no comparable services for this population.

**5.3 Redwood Children’s Services, Inc.**

5.3.1 Contact information.

780 South Dora  
 Ukiah, CA 95482  
 707-467-2000 Fax 707-467-2002  
 Executive Director: Camille Schraeder

Satellite Offices:

RCS Foster Family Agency  
 320 First Street  
 Lakeport, CA 95453

Clover House  
 570 Clover Drive  
 Upper Lake, CA 95485

Children's Therapeutic Services  
9860 Middle Creek Road  
Upper Lake, CA 95485

Cross Roads Group Home  
9425 Main Street  
Upper Lake, CA 95485

Westlake Ranch  
7460 Westlake Drive  
Lakeport, CA 95453

(MHSA) One-Stop Drop-In Center  
for TAY (just opened)

### 5.3.2 Programs serving children and families. .

RCS's focus is on improving the lives of at-risk children and families by providing community support, housing, quality therapeutic services, and access to a wide range of other services and supports. RCS is an RCRC vendor. Only programs provided in Lake County are noted here. RCS is planning to add a new group home in Lake County, open a Transitional Housing Partnership Program, and expand to a THPP+ program. Programs currently provided in Lake County include:

- a. Foster Family Agency (“FFA”).** RCS serves at-risk and CWSN in Lake and Mendocino Counties. It provides about 50 Treatment and Intensive Treatment foster care homes in both Counties. RCS requires potential foster parents to complete an advanced certification program to address the complex issues related to providing care and supervision for these high risk youth. Case managers provide weekly in-home support. RCS provides homes and respite for RCRC clients. The Agency provides 24-hour on-call support systems for foster parents, annual training, and respite relief.
- b. Clover House, Crossroads, and Westlake (“Group Homes”).** RCS operates two community-integrated group living programs for girls and one for boys in Upper Lake and Lakeport, serving 7 to 17 year-olds. The program serves foster youth who are severely emotionally disturbed, having experienced abuse, neglect or other family turmoil. Mental health services have reduced the length of stay and improved outcomes for the children served. The program provides 24-hour awake staff and on-site Therapeutic Specialty Mental Health Services. Most residents attend public school and join community activities such as sports or Girl Scouts.
- c. Children's Therapeutic Services (“CTS”).** RCS has been providing mental health services since 2002. RCS first began services for Lake County with the Redwood Community Counseling and Enrichment Center, a fee-for-service facility that also served victims of crime. In 2003 RCS began CTS, a Specialty Mental Health

program in Mendocino and Lake Counties. CTS offices in Lake County are located in Upper Lake and Lakeport. This program provides:

- ✓ Therapy – individual, group, and family
- ✓ Rehabilitation services, including assistance in improving or restoring children’s or youth’s functional skills, daily living skills, social and leisure skills, grooming and personal hygiene, and other daily living competencies. Services may include group rehabilitation, one-on-one, or both.
- ✓ Therapeutic behavioral support to foster children, those at risk or transitioning home, and those in need of treatment. Children are directly referred through the County Mental Health Departments, Departments of Social Services, State Adoptions, and private parties.

**d. MHSA One-Stop Drop-In Center for TAY.** RCS just received a contract from LCMH to operate a drop-in center for TAY with serious emotional and/or mental health issues. The Center will be a safe place for TAY to socialize, develop personal skills, attend support groups, obtain housing, job placements, and other resources.

RCS is an organizational provider for the County Mental Health Departments in Mendocino, Lake, Sonoma, San Mateo, Sutter-Yuba and Napa.

5.3.3 Numbers served.

Data for 2006-07 ( fiscal year)

<b>Name of Program</b>	<b># children served</b>	<b># families served</b>
Clover/Crossroads	20/30	N/A
LAKE FFA	132	N/A
LAKE CTS	76	N/A

5.3.4. Programs by Report Card issue area.

<b>Name of Program</b>	<b>New (2000+)</b>	<b>Economic Well-being</b>	<b>Education Success</b>	<b>Health</b>	<b>Safety</b>	<b>Families</b>
Lakeport FFA			x	x	x	x
Clover House/Crossroads			x	x	x	
Lake County CTS	x	x	x	x	x	x

## 6.0 Native American Programs and Providers

- ✓ Lake County Citizen's Committee on Indian Affairs, Inc.
- ✓ Lake County Tribal Health Consortium, Inc.
- ✓ California Tribal TANF Partnership, Inc.

Native American programs and providers are highlighted in this separate section to demonstrate the growing strength and richness of services available from within this community.

### 6.1 Lake County Citizen's Committee on Indian Affairs, Inc./ Native American Community Education Center (CCIA/NACEC)

#### 6.1.1 Contact information.

341 North Main Street, Suite 203  
Lakeport, CA 95453  
707-263-8424 Fax: 707-263-0120  
Executive Director: John W. Johnson

The LCCCIA/NACEC serves Native Americans from all tribes. Due to Lake County's increasing tribal diversity, this inter-tribal approach is increasingly relevant. The NACEC utilizes Tribal facilities for its training sessions. Its Parent Effectiveness Training Workshop(s) and the first Lake County Native American Domestic Violence Symposium were held at the Robinson Rancheria facilities. The NACEC reaches beyond Lake County to bring in internationally-recognized American Indian Consultants and organizations. A key example is Brenda Hill, M. A., Education Specialist for Sacred Circle in South Dakota. The LCCCIA/NACEC also hires American Indian interns, AmeriCorps members, and American Indian staff to promote economic well-being and inter-tribal fusion.

#### 6.1.2 Programs serving children and families.

**a. Education.** LCCCIA/NACEC's primary focus is on educational success for American Indian students. This is addressed with a multi-pronged approach of in-school and after-school educational support services. In-school services are tailored to the academic needs identified by the parent(s), teacher(s) and/or student(s), with a focus upon Reading, English, and Mathematics. The actual service delivery depends upon the school site. The NACEC serves many schools in five school districts. Services are delivered on-site, in multiple venues, including the classroom, during a free period (PE or Study Hall), or a "pull-out". The NACEC prefers not to pull-out students. Additionally, NACEC staff organize Homework Study-Halls. The average in-school caseload for one Tutor or Education Liaison is 20 to 30 active students, depending on student needs and schedules. An on-site After-School program can serve up to 30 students.

**b. Improving Children’s Health.** The NACEC Summer Program strives to create and maintain healthy habits by offering students nutritional snacks (fresh fruit, low-fat milk, sandwiches, and 100% fruit juice) and discussing portions, sharing, and the importance of a balanced diet. Students walk about three blocks to the the park daily to run, swing, and play. Field Trips include activities at Big Valley (Tule Boat Races), Anderson Marsh (hiking), Native American Olympics (numerous events), Highland Springs Park (hiking and swimming), Clear Lake State Park (hiking), and tours of museums featuring Native art.

**c. Keeping Children Safe.** Students attending the Summer Program and After-School programs participate in daily discussions about drug and alcohol abuse, vehicle safety, crossing the street, safety around strangers, first aid, and more. Many of these discussions take place at opportune times (before crossing the street, while riding in the van, when someone needs a band-aid, etc.) for maximum impact.

**d. Building Strong Families & Communities.** The NACEC staff works closely with the families and school staff of the students we serve. Materials are shared, assistance and troubleshooting provide solutions for difficulties, and strong communication unites the students, staff, families, and schools to form a network of support. Parent Effectiveness Training, Health and Wellness events, and Domestic Violence Prevention from an American Indian perspective provide opportunities for the community to hold open discussions, share experiences, and learn effective ways to maintain healthy relationships, reduce stress, and address problematic situations.

6.1.3. Numbers served.

**Data for 2006 Calendar Year**

<b>Name of Program</b>	<b># children served</b>	<b># families served</b>
Summer Porgram	8	8
P.E.T.	---	12 Instructors Trained
Tutorial Services	*149 (2005-06)	---
Domestic Violence Prevention Symposium	N/A	60 attendees, including community members

6.1.4 Programs by Report Card issue area.

<b>Name of Program</b>	<b>New (2000+)</b>	<b>Economic Well-being</b>	<b>Education Success</b>	<b>Health</b>	<b>Safety</b>	<b>Families</b>
Summer Program			X	X	X	X
P.E.T.	X					X
Tutorial Services			X			
DV Prevention				X	X	X

6.1.5. Closed programs.

In 2006, the NACEC discontinued its After-School Program services at its Lakeport Center. This was done because: (a) we found that there is significantly less space at the new site; and (b) research confirms that services can be provided on a broader basis at the school sites.

**6.2 Lake County Tribal Health Consortium, Inc.**

6.2.1 Contact information.

925 Bevins Court  
Lakeport, CA 95453  
707-263-8382  
1-800-750-7181  
Executive Director: Robert Ottone

The Lake County Tribal Health Consortium, Inc. provides a wide range of services, using a broad definition of wellness. Programs include:

- ✓ On-site Medical Clinic, which offers treatment of acute and chronic conditions, well-child exams (Tribal Health is a CHDP provider), immunizations, physicals and school assessments, annual screenings (pap smears, etc.), family planning, prenatal care, health education, and referrals
- ✓ On-site Dental Clinic, providing pediatric dentistry, preventive care, oral surgery, dentures, crowns, bridges, etc.
- ✓ Community Health Outreach, including home visits, hospital follow-up, immunization tracking, health education, car seat classes
- ✓ Human Services, including alcohol and other drug counseling, drug and alcohol education and rehabilitative services, mental health counseling, social services assistance, cultural wellness, etc.

6.2.2 Programs serving children and families.

All of the programs listed above serve children and families. Tribal Health accepts Medi-Cal, Denti-Cal, and other public health insurance.

6.2.3 Numbers served.

Data TBD

<b>Name of Program</b>	<b># children served</b>	<b># families served</b>
Medical Clinic	--	--
Dental Clinic	--	--
Community Health Outreach	--	--
Human Services	--	--

6.2.4 Programs by Report Card issue area.

Name of Program	New (2000+)	Economic Well-being	Education Success	Health	Safety	Families
Medical Clinic				X		
Dental Clinic				X		
Public Health Outreach				X		
Human Services				X		

**6.3 California Tribal TANF Partnership (“CTTP”)**

6.3.1 Contact information.

2985 Lakeshore Blvd.  
 P.O. Box 988  
 Nice, CA 95464  
 707-262-4400 Fax 707-262-4419  
 1-866-720-8263  
[info@cttp.net](mailto:info@cttp.net)  
 Executive Director: Thomas Leon Brown

CTTP was established in 2003 as a collaborative project of 22 member tribes and non-profit organizations throughout Northern and Central California. Its overarching goal is to help Native American families achieve self-sufficiency. It provides assistance to families so that children can remain in the home, promotes self-sufficiency through job preparation, work, and marriage, and works to reduce out-of-wedlock pregnancies and increase two-parent families. To do so, it provides social services, education, career development, and other support to families with a Native American child or youth in residence.

Lake County tribal partners include:

- ✓ Big Valley Rancheria
- ✓ Elem Indian Colony
- ✓ Middletown Rancheria
- ✓ Robinson Rancheria
- ✓ Scotts Valley [Rancheria]
- ✓ Habematolel of Upper Lake Rancheria

CTTP now serves 26 tribes in 17 counties with 13 site offices and over 510 families with about 300 children. In Lake County, CTTP serves 130 families and 95 children.

6.3.2 Programs serving children and families. Services include:

- ✓ Cash, housing, and emergency assistance
- ✓ Career development/education, including job search, job skills training, higher education, incentives, transportation, referrals, and GED preparation

Who are we? Agencies Serving Children and Families

- ✓ Teen pregnancy prevention, including: social skills; youth leadership training and events; traditional art and culture; assistance with substance abuse, disabilities, juvenile justice issues; domestic violence; health and relationship choices
- ✓ Parenting Workshops, to promote family strength, e.g., positive parenting, parenting CWSN, high risk behavior prevention and intervention, substance abuse, domestic violence, traditional parenting ways, historical trauma, and cultural awareness
- ✓ Marriage promotion, including counseling, financial planning, domestic violence services, culturally relevant support services
- ✓ Life skills for parents, including budgeting, credit, banking, balancing work and family, legal, coping, wellness, communication, and Native American cultural values

The CTTTP also sponsors a wide range of events and activities for children, youth, and families, such as Big Times, Pow Wows, Gatherings, Tribal Teen Basketball Tournament, Wellness Retreats and Day Camps, and Native American Film Festivals. It publishes a newsletter, *Tribal Voice*.

6.3.3 Numbers served (in Lake County).

Data as of July 24, 2007

<b>Name of Program</b>	<b># children served</b>	<b># families served</b>
Career Development	(total below)	(total below)
Healthy Families/Family Wellness	(total below)	(total below)
Youth Activities	(total below)	(total below)
Teen Pregnancy Prevention	(total below)	(total below)
	95	130

6.3.4 Programs by Report Card issue area.

<b>Name of Program</b>	<b>New (2000+)</b>	<b>Economic Well-being</b>	<b>Education Success</b>	<b>Health</b>	<b>Safety</b>	<b>Families</b>
<b>CTTP founded in 2003</b>	X					
Career Development	X	X				
Healthy Families/Family Wellness	X			X	X	X
Youth Activities	X			X		X
Teen Pregnancy Prevention	X			X		X

**7.0 Collated Programs by Issue Area**

Name of Program	New (2000+)	Economic Well-being	Education Success	Health	Safety	Families
WIA Youth Program	X	X	X			
Child Support		X				
Healthy Start:						
▪ General			X	X		
▪ PAL			X	X		
▪ McKinney-Vento	X		X			
Homeless Student Assistance						
▪ Nurturing Parenting	X			X		X
▪ Oral Health Project	X			X		
Safe Schools/Healthy Students	X		X	X	X	X
Child Development (all programs)			X	X	X	X
Teen Connection			X	X	X	
Foster Youth Services			X	X	X	X
Transition Partnership		X	X			
SARB			X			
Regional Occupation		X	X			
AmeriCorps			X	X	X	
Taylor Observatory			X			
Community Schools			X		X	X
Juvenile Hall School			X		X	
CalSAFE			X	X	X	X
SELPA			X	X		X
LCOE Oral Health	X		X	X		
LCOE School Readiness			X			
NCO/RCCC (CARES)	X		X			
Healthy Families				X		
Easter Seals				X		
DAAC/New Beginnings	X		X	X	X	X
Tribal Health			X			X
TCM				X		
MCH				X		
CCS				X		
CHDP				X		
Well Child Clinics				X		
Immunization Clinics			X	X		
CLPP	X		X	X	X	
Disaster Preparedness					X	
AIDS Education & Px				X		
DDPP			X	X		X
DDPP Screenings w/ Healthy Start			X	X		

Who are we? Agencies Serving Children and Families

DDPP/1 <sup>st</sup> 5 Oral Health Project			X	X		X
WIC				X		
Health Leadership Network	X			X		X
Child Advocacy				X	X	
DV Advocacy				X	X	X
JPCF					X	
School/Law Enforcement Partnership	X		X		X	
Project Return Placement	X				X	X
CWS				X	X	X
CalWORKs		X	X	X		X
W2W		X				
Food Stamps		X		X		
Medi-Cal				X		
Foster Care			X		X	X
Cal-Learn		X	X			X
PAL		X	X	X		X
Stage 1 Child Care		X	X		X	X
Section 8 vouchers		X			X	X
Early Head Start		X	X	X	X	X
AFLP		X	X	X	X	X
CLRN		X	X	X	X	X
DV Shelter					X	
Behavioral Services				X		
Nurturing Parenting	X				X	X
Lakeport FFA			X	X	X	X
Clover House/Crossroads			X	X	X	
Lake County CTS	X	X	X	X	X	X
Summer Program			X	X	X	X
Parent Effectiveness Training	X					X
Tutorial Services			X			
Domestic Violence Prevention				X	X	X
T. H. Medical Clinic				X		
T. H. Dental Clinic				X		
Public Health Outreach				X		
Human Services				X		
Family Violence Prevention & Services Program					X	X
CTTP	X			X		
Career Development	X	X				
Healthy Families/Family Wellness	X			X	X	X
Youth Activities	X			X		X
Teen Pregnancy Px	X			X		X

## 8.0 General Findings

This Update looked back over 12 years to a comprehensive assessment that included agencies, the Lake County Needs Assessment and Resource Evaluation, prepared by Richard Heasley and Associates in 1995 (the “Heasley Assessment” or “Heasley”).

This Update confirms the validity of most of the Heasley Assessment’s major findings:

- ★ (Heasley) “The current service system is comprehensive in scope, despite its limited financial resources and uneven technology. It is staffed by resourceful, highly committed, and knowledgeable people, who practiced collaboration long before it became fashionable or required.”
- ★ (Update) Since 1995, most agencies have become relatively proficient in basic business computer systems, internet access, and email. Some have more advanced desktop publishing, web-based case management, and database management systems than others. Some agencies are now collaborating to create inter-agency compatible data systems.
- ★ (Heasley) “The current system is adequately diversified. Local public, private, non-profit agencies, as well as local schools and several regional service providers, appropriately share the service demands.”
- ★ (Update) Although the service system is diversified and responsibility for the well-being of children is shared, the service system has little or no back-up or redundancy. For example, if the current DDPP contractor retires without a trained successor, the program and the partnerships centered on it will be jeopardized. If Healthy Start loses funding, an entire system of comprehensive school-based services will cease. If Lake FRC closes, Lake County loses its primary source of safety net services for families uncomfortable with public agencies.
- (Update) This statement is not accurate. Clearlake is the County’s largest population center, yet services have not been proportionally concentrated there. WIA and the Employment Development Department closed the Southshore Career Center. Jobzone is attempting to fill the gap left by that closure. Public and private agencies have increased services in Kelseyville and Clearlake and attempted to extend services to more isolated areas, such as Middletown and the Northshore (Upper Lake, Nice, Lucerne), etc.

- ★ (Heasley) “Like most of the families and individuals it serves, the service system itself is at-risk, operating at, near, or just beyond the capacity of its current resources.”
- ★ (Update) Lake County has made significant progress in expanding the resources serving children and families. Demand/need still exceeds capacity, e.g., the gap between child care supply and demand. The chief risks to agencies serving children and families remain economic and political. So much funding is dependent on continuing budget appropriations, grant funding, local revenues, and a strong economy that our agencies are always vulnerable. Creating local economic and political capacity to take care of our own is a continuing challenge.
- ★ Our agencies and service providers have been able to transcend artificial disciplinary and agency definitions to help children and families. Many agencies and programs provide services in multiple domains, e.g., health and education.
- ★ (Heasley): *“One of the major assets of the service systems we found was the level of collaboration among service providers.”*
- ★ (Update) Even 12 years ago, Lake County exhibited a high degree of informal linkages among professional providers and among professional providers and volunteers. Since then, the number of formal, documented linkages has increased greatly, although some of these linkages are grant-driven.

## 9.0 Conclusion

Lake County has a stronger array of public and private agencies and networks dedicated to children and families than it did in 2000. The preceding Chapters described a system in which providers collaborate smoothly to provide multiple points of access to services and to leverage funding. This collaborative practice is remarkable and has survived changes in leadership at key agencies. This suggests that collaboration has become the way Lake County agencies do business, i.e., “That’s how we’ve *always* done it!” The areas which require further progress to stabilize and strengthen the children’s services continuum are:

- ✓ Compatible data systems and improved data sharing
- ✓ A greater concentration of services in dispersed population areas (notably, Clearlake)
- ✓ Redundancy and back-up capability
- ✓ An emphasis on current leaders’ training their successors to ensure stability of services, continuity of the collaborative culture, and smooth transitions
- ✓ More resources to target services where they are most needed and to adapt services to changing conditions

## TABLE OF ACRONYMS

***This ..... means this!***

ACE	Adverse Childhood Experience
AODS	Alcohol and Other Drug Services
API	Academic Performance Index
AYP	Annual Yearly Progress
BBTD	Baby Bottle Tooth Decay
BMI	Body Mass Index
CAHSEE	California High School Exit Examination
CalSAFE	California School Age Families Education Program
CalWORKs	California Work Opportunity and Responsibility to Kids Act
Cat/6	California Achievement Test, 6 <sup>th</sup> Edition Survey
CCPC	Lake County Child Care Planning Council
CCS	California Children's Services
CDC	Child Development Center
CDE	California Department of Education
CDHS	California Department of Health Services
CDRT	Child Death Review Team
CHDP	Children's Health & Disability Program
CHIS	California Health Interview Survey
CHKS	California Healthy Kids Survey
CST	California Standards Test
CWSN	Children With Special Needs
DDPP	Dental Disease Prevention Program
DHS	Lake County Department of Health Services
DR	Differential Response
DV	Domestic Violence
EHS	Early Head Start
ELL	English Language Learners
EPSDT	Early Periodic Screening Diagnosis and Treatment

**APPENDIX A: TABLE OF ACRONYMS**

FAS	Fetal Alcohol Syndrome
FMR	Fair Market Rent
FPL	Federal Poverty Level
HLN	Health Leadership Network
HUD	Housing and Urban Development
IPV	Intimate Partner Violence
LCCAA	Lake County Community Action Agency
LCDSS	Lake County Department of Social Services
LCMH	Lake County Mental Health Services
LCOE	Lake County Office of Education
LCSD/LCSO	Lake County Sheriff's Department/Lake County Sheriff's Office
LFRC	Lake Family Resource Center
LTA	Lake Transit Authority
MCH	Maternal Child Health
MHSA	Mental Health Services Act
MLAS	Mendo-Lake Alternative Services, Inc.
NCEN	North Central Counties Consortium
NCES	National Center for Educational Statistics
NCO	North Coast Opportunities, Inc.
NPR	National Percentile Rank
NTAC	National Threat Assessment Center
OJT	On-the-Job Training
PAL	Pediculosis Anti-Lice
PCIT	Parent-Child Interaction Therapy
PDI	Pediatric Dental Initiative
PTSD	Post-Traumatic Stress Disorder
RAD	Reactive Adjustment Disorder
RCRC	Redwood Coast Regional Center
RCS	Redwood Children's Services
RFEP	Redesignated Fluent English Proficient
SAMHSA	Substance Abuse and Mental Health Services Administration

**APPENDIX A: TABLE OF ACRONYMS**

SARB	School Attendance Review Board
SAT	Scholastic Aptitude Test
SELPA	Special Education Local Plan Area
SS/HS	Safe Schools/Healthy Students
SRO	School Resource Officer
STD	Sexually Transmitted Disease
TAY	Transition Age Youth
VOP	Violation of Probation
W2W	Welfare-to-Work
WEX	Work Experience
WIA	Workforce Investment Act

## APPENDIX B: ACKNOWLEDGEMENTS

### ACKNOWLEDGEMENTS



Like the Lake County Children's Report Card, this Update is also the product of "many minds, hearts, and data banks." Their contributions, commitment, and collaboration are gratefully acknowledged herein.

However, neither the Report Card nor this Update would exist without the leadership and commitment of Carol J. Huchingson, Director, Lake County Department of Social Services, who provided funding and support for both endeavors.

A very special note of thanks to three people without whom this Update would never, ever have been finished:

- ★ The inspiring team of Randy Thomas and Susan Berry, Health & Environment, generously gave time, encouragement, data, flip charts, graphics, and permission to use any and all resources from the original Report Card process. They were the leaders of the original team. The positive spirit which infused the original Report Card and, we hope, this Update, is a gift from them to all of us.
- ★ The dedicated, diligent, and patient Jennifer Fitts, Senior Staff Services Analyst, LCDSS, gave time, encouragement, and data. Without ever losing her good humor, she nevertheless made sure the process kept moving forward.



#### Participants in the 2006 Vision and Indicators Meetings:

These are the people who met in November and December 2006 to consider, affirm, and expand the Vision and Indicators for the Update. Many also provided data, granted interviews, and reviewed sections of the draft for accuracy and quality. They gave generously of their own time and of their agencies' resources for a project that will benefit children and families for years to come! Thank you!

- ★ Lynn Andre, Site Supervisor, Healthy Start; Channel Cats
- ★ Bonnie Bonnett, R.N., Easter Seals of Northern California
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## APPENDIX B: ACKNOWLEDGEMENTS

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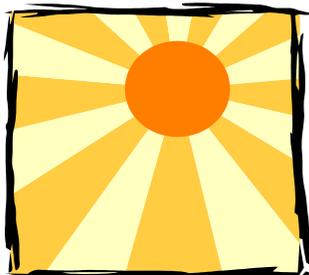
## DATA DONORS, COACHES, AND CONTRIBUTORS:

- ★ Cindy Adams, Director, LCOE, Child Development Division
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## APPENDIX B: ACKNOWLEDGEMENTS

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And, finally, to everyone who collected data and gave it to the people who gave it to me – thank you! And to everyone who cares and strives to make life better for Lake County children and families – thank you!



## APPENDIX C: DATA DEVELOPMENT AGENDA

### DATA DEVELOPMENT AGENDA

The Data Development Agenda lists the indicators and data which are relevant to children's well-being, but are not currently/readily available. Some of the indicators and data were identified by participants in the 2006 Vision and Indicators meetings; others were discovered during the process of preparing this Update. They are listed under the applicable issue area.

#### A. Economic Indicators

1. Geographic shift of housing availability in the County
2. Analysis of population shifts by Census Tracts and Blocks to identify socio-economic and demographic trends within the zip-code-based communities. For example, Kelseyville includes the downtown (covered by the CDP), but also the Rivas and Buckingham. Each area has its own socio-economic profile and disparate strengths and needs.
3. Per-person Medi-Cal benefits paid for children

#### B. Education Indicators

1. Children with parents in prison, jail (6 months – 1 year) or who have been abandoned or “thrown away” (Note: This indicator is also relevant to **Safety** and **Family Strength**.)
2. Student transiency, i.e., develop a common definition and use it to identify student mobility within and between districts
3. Home school enrollment and graduation rates
4. Post-secondary activities:
  - 4.1 Track high school students who go to college or technical school, but do not do so directly after finishing high school.
  - 4.2 Track post-secondary success rates and attrition: how many students enroll, attend, and complete college or technical school. For those students who enroll, but do not attend or who leave prior to completion, identify the factors that impede their success.

#### C. Health Indicators

1. Number and/or rate of Human Papilloma Virus infections
2. Cytomegalovirus incidence (associated with developmental disabilities)
3. Sexual activity, including unprotected sex
4. Actual health care costs
5. Fair and meaningful “tox pos” data, i.e., data which does not stigmatize low-income women

## APPENDIX C: DATA DEVELOPMENT AGENDA

### D. Safety Indicators

1. Juvenile recidivism rates: new law violations, violations of probation, and an analysis of the seriousness of each new law violation. These indicators will quantify the number and percentage of such incidents and the rate of progression to more serious criminality, if any. At this time, developing this data will require a manual review of Probation case files. Only individuals with appropriate clearances can do this and all data must be reported in numerical form only, with all identifying information removed.
2. The number of juveniles who are wards of the court or on informal probation who also have a formal history of dependency, i.e., were removed from the home and/or made dependent wards of the court. The same issues apply as in Item 1, above: developing this data requires a manual review of Probation cases, which further requires individuals with appropriate clearances and numerical reporting only.
3. The number of reported cases of domestic violence/intimate partner violence in which children are living in the home. This may require a manual review of police reports, either at the department level or at the District Attorney level. If done at the District Attorney level, many reports will have been screened out, as not every police report made is forwarded to the DA's Office for review and filing of a criminal complaint.

### E. Family Strength

1. Divorce rates: The County classifies these as "civil cases" which are not disaggregated further, according to the Superior Court Clerk's Office. During the course of the Update development process, various stakeholders considered this indicator and concluded that it may not be meaningful. Divorces happen for a variety of reasons, which may or may not be related to the impact on the family of living in Lake County.



## Lake County Children's Report Card Agency Questionnaire

1. Contact Information: Agency Name, address of main office, telephone & fax numbers, name of executive or department head.
  
2. Address of satellite offices, if they provide different services than main office. For example, the Department of Social Services has four offices, each with different programs. If you want to find out about Section 8 housing, you call that office.

3.a. Please list and describe briefly (1-2 paragraphs) each program that serves children and/or families using the Report Card's 5 Issue Areas which are:

Economic Well-being  
Educational Success  
Improving Children's Health  
Keeping Children Safe  
Building Strong Families & Communities

Feel free to attach a brochure or other document which you have already written, in electronic form please!

**APPENDIX D: AGENCY QUESTIONNAIRE**

3.b. Using the Table below, please include, for each program, # of children and/or families served. Please use data from the most recent full year. If you have families using multiple programs and do not disaggregate the data, just say so. We expect some double-counting. Please include, if available, # of FTE employees by program.

Data for \_\_\_\_\_(calendar year or fiscal year)

<b>Name of Program</b>	<b># children served</b>	<b># families served</b>	<b># FTE employees</b>

4. Please complete the following Table for each program. Some programs serve more than one area. Please either indicate the primary area or indicate all areas served, whichever is most accurate. For example, dental health directly affects academic achievement, but dental disease prevention falls primarily in the health area.

<b>Name of Program</b>	<b>New (2000+)</b>	<b>Economic Well-being</b>	<b>Education Success</b>	<b>Health</b>	<b>Safety</b>	<b>Families</b>
<b>SAMPLE: "Perfect Health"</b>	X			x		

These tables will be compiled for all programs, all agencies, to give us a picture of which areas are well-covered and which may have gaps. We will also see what has been gained since 2000.

5. Please list any major programs which have closed since 2000 and have not been replaced with comparable services.

**APPENDIX D: AGENCY QUESTIONNAIRE**

Please return this form, with attachments, if any, by February 22<sup>nd</sup> to:

[karenmac@jps.net](mailto:karenmac@jps.net)

Please make as many copies or use as many pages as you need.

You will receive a proof copy of the write-up for your agency before it is included in the Report Card for review and approval.



*THANK YOU!*