

Sacramento County

Children's

Report Card

September 2002



Sacramento County Children's Coalition
909 12th Street, Suite 200
Sacramento, CA 95814

Committed to enriching the lives of children in our community
by keeping them safe, healthy, nurtured, educated, and happy

To the People of Sacramento County

Children hold our future in their hands. As a community, we hold their health, safety and happiness in ours. The Sacramento County Children's Report Card, first published in September 2000, was established to determine how well the Sacramento community is fulfilling this responsibility.

The Children's Report Card 2002 reports on the state of the children in Sacramento County, highlighting many of our county's successes and challenges. The Report Card presents findings in five result areas regarding economics, education, health, safety, and social and emotional well-being. It builds on the community's work achieved in the first report card.

The five result areas and 45 indicators selected by the community in 2000 remain unchanged. Data was revised and updated to best tell the story about how our community cares for its children and families.



Information about children aged 0–5 is also included. This is the target population for the Sacramento County Children and Families Commission, which is a major funding source for early childhood development.

The reader will note that the report card does not make recommendations, but rather portrays facts about children's situations, in the belief that it is valuable information for making strategic decisions. The Children's Report Card 2002 should continue to be the impetus that guides policy development, sets goals for improvement, tracks changing conditions, supports allocation of resources, and promotes community responsibility for positive change.

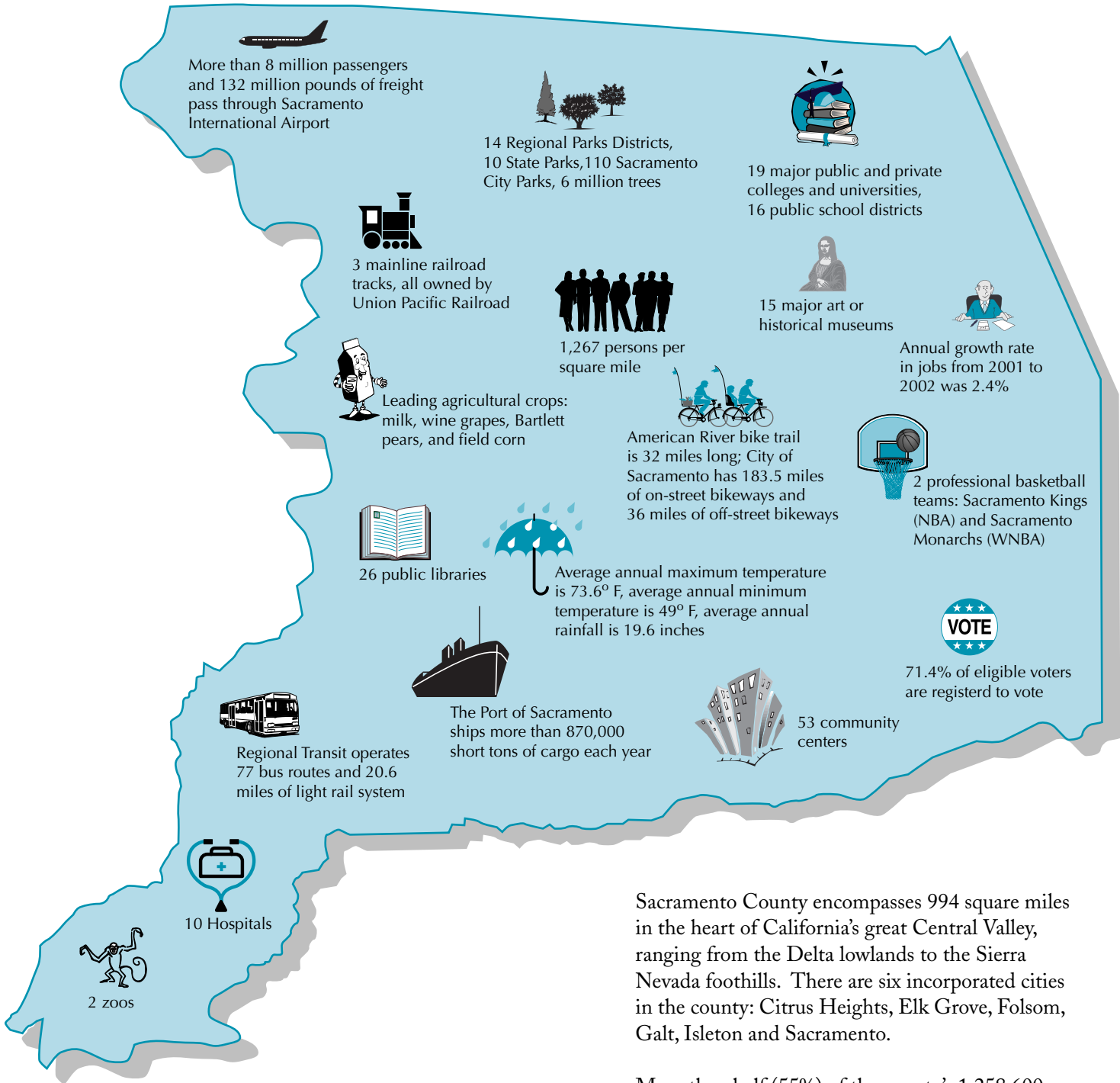
Our community has come together, working collaboratively to address the needs of children and families. While we still have work to do, all who have tirelessly built partnerships to foster collaboration should take pride in the results that have been achieved. We invite you to consider the trends outlined in this report. We hope you join us in our commitment to enhance the lives of our children by keeping them safe, healthy, nurtured, educated, and happy.

Sincerely,

The Report Card Committee
A Committee of the Sacramento County Children's Coalition



SACRAMENTO COUNTY



Sacramento County encompasses 994 square miles in the heart of California's great Central Valley, ranging from the Delta lowlands to the Sierra Nevada foothills. There are six incorporated cities in the county: Citrus Heights, Elk Grove, Folsom, Galt, Isleton and Sacramento.

More than half (55%) of the county's 1,258,600 residents live in unincorporated areas, a situation unique among California's urban counties.

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DEMOGRAPHICS

■ Sacramento County is the eighth most populous county in California. ■ 27.6% of the county residents are under 18. ■ 90,000 children in the county live in single-parent-head-of-household families. ■ Families having a single male as head of the household have increased 50% since 1990. ■ There are more than 45 languages spoken by students in county schools. ■ English Language Learner students make up 18.9% of students in grades 1–8 and 25.7% of kindergartners. ■ Census 2000 shows 65,901 county children under 18 (20%) live in poverty.



Photo: San Juan Unified School District

INDICATORS:

Population by Groups

Family Composition

Population Diversity

Children Living in Poverty

Population by Groups

How was this measured?

Data from the 2000 Census for age and ethnicity was used.

The Census 2000 data on race is not directly comparable to data from the 1990 Census because data was collected differently. In order to reflect the country's growing diversity, the 2000 Census enabled people to select more than one race category.

In addition, the question on Hispanic origin, although similar to the 1990 Census question, was placed directly before the question on race for the 2000 Census. By moving the question, the response rates were better, improving the measurement of the Hispanic population over the previous census.

Why is this important?

Both population growth and the percentage of children in the population have important implications for the community. Population growth has an impact on schools, healthcare, transportation, housing, and public services.



Photo: Sacramento City Unified School District, Healthy Start Family Resource Center

How are we doing?

Sacramento County is the eighth most populous county in the state and has more people than any of the surrounding counties of El Dorado, Placer, Yolo, Yuba, and Sutter. According to the California Department of Finance, Sacramento County will be home to almost 1.5 million people by the year 2010, a projected increase of 21.5% over the next 10 years.

Of the more than 1.2 million people living in Sacramento County, 27.6% are under 18. More than 108,000 (8.8%) are ages 5 and under. Since 1990 the 0–17 population has increased nearly 22.8%, compared to a 17.5% increase in the county population as a whole for the same time period.

Sacramento County Population , Ages 0–17 by Ethnicity, 2000

	Total 0–17 Population	% of Total Population	0–5	% of Total 0–5 Population	6–17	% of Total 6–17 Population
Total population	337,602	100.0	108,055	100.0	229,547	100.0
White alone*	155,178	46.0	47,672	44.1	107,506	46.8
Hispanic or Latino	73,978	21.9	26,799	24.8	47,179	20.5
Asian alone*	39,833	11.8	11,556	10.7	28,277	12.3
Black or African American alone*	40,127	11.9	12,246	11.3	27,881	12.1
American Indian and Alaska Native alone*	2,385	0.7	652	0.6	1,733	0.8
Native Hawaiian and other Pacific Islander alone*	2,170	0.6	634	0.6	1,536	0.7
Some other race alone*	1,200	0.4	404	0.4	796	0.4
Population of 2 or more races	22,731	6.7	8,092	7.5	14,639	6.4

* Alone refers to one race only and not Hispanic or Latino.

Family Composition

How was this measured?

The report reflects the number of children living in single- and two-parent households in Sacramento County using data from the U.S. Bureau of the Census. Data on the number of grandparents responsible for their grandchildren was also included.

Why is this important?

Family is the core element in a child's life and development. Understanding the makeup of families in Sacramento County can help paint a picture of how children are

living. Family composition can affect the resources available to raise a child. For example, children raised in single-head-of-household families are far more likely to be impoverished than those in two-parent households.

How are we doing?

At the time of the 2000 Census, 61% of the county's children under 18 were living in a two-parent household compared to 66% in 1990. Twenty-one percent were living in a single-female-head-of-household family, only a marginal

increase from 20.5% in 1990. The 2000 Census shows 20,302, or 6%, of the county's children living in single-male-head-of-household families compared to 10,839 children, or 4%, in 1990.

Of the more than 90,000 children living in single-parent-head-of-household families, 24% were children age 5 and under.

According to the *1998 Working Poor* report prepared by the Community Services Planning Council, families headed by a single mother are five times more likely to be impoverished than two-parent households. Income for the majority of single mothers with children is less than half that of married-couple households with children. Nearly 40% of female-headed households live in poverty compared with 7% of married-couple households with children.

Nearly 30,000 children (8.7%) are being raised by relatives other than a parent, and more than 8,000 children (2.5%) are being raised by nonrelatives.

Grandparents raising grandchildren is a growing occurrence in our community. According to the 2000 Census, nearly 7% of California's 9.2 million children under the age of 18 are being raised by grandparents. This is a 49.8% increase from 1990. In Sacramento County almost 21,000 (6.2%) children are being raised by grandparents.

Family Type and Age of Children under 18 in Family with Own Parents

Sacramento County, 1990 and 2000

	Number Ages 0-5	Percentage Ages 0-5	Number Ages 0-17	Percentage Ages 0-17
1990				
Married-couple family	67,675	67.2	180,713	65.7
Male householder	3,812	3.8	10,839	3.9
Female householder	17,934	17.8	56,238	20.5
Total number of children in single-parent households	21,755	21.6	67,077	24.4
Total number of children	100,760	100.0	274,979	100.0
2000				
Married-couple family	68,286	63.2	206,827	61.2
Male householder	6,344	5.9	20,302	6.0
Female householder	19,587	18.1	70,629	20.9
Total number of children in single-parent households	25,931	24.0	90,931	26.9
Total number of children	108,055	100.0	337,602	100.0
CHANGE 1990-2000				
Married-couple family	611	0.9	26,144	14.5
Male householder	2,532	66.4	9,463	87.3
Female householder	1,644	9.2	14,391	25.6
Total number of children in single-parent households	4,176	19.2	23,854	35.6
Total number of children	7,295	7.2	62,623	22.8

Source: U.S. Bureau of the Census; Census 1990, Census 2000



Population Diversity

How was this measured?

Diversity is broadly defined to include gender, age, race, ethnicity, languages, economic status, faith, and persons with disabilities.

Data by age groups, race, and economic status is reported under other indicators in the Children’s Report Card. Two other aspects of diversity are discussed here: languages spoken and disabilities.

Data on English Language Learner (ELL) students and their primary languages was gathered from the California Department of Education.

Data from the U.S. Census and the California Department of Education on the number of students enrolled in Special Education was collected.

Why is this important?

Variety of art, music, cuisine, faiths, and languages enriches a community. However, despite the positive benefits of diversity, there may be barriers to be bridged. Information about diversity in a community can help design and target programs, to provide equitable distribution of resources and improve access to services. Community life and services should be accessible to all children. Education, health, and safety, as well as adequate food and housing, should be available to all children regardless of race, ethnic background, economic status, or disability.

How are we doing?

The racial, ethnic, and cultural diversity of the population in Sacramento County continues to increase. The percentage of ELL students in Sacramento County schools has more than tripled since the early 1980s. In 1982–83 ELL students represented less than 5% of students. Today, there are more than 45 languages spoken in our schools, and the number of ELL students in grade levels 1–8 make up 18.9% of the student population. Almost 26% of kindergartners begin their educational journey with limited English proficiency. Of all ELL students, 44% speak one of 28 Asian languages.

Another aspect of diversity in our community is persons with disabilities. The official definition of disability, according to the U.S. Census Bureau, is a long-lasting physical, mental, or emotional condition.

According to data from the 2000 Census, 24,078, or 8.1%, of children and youth from 5 to 20 years of age in Sacramento County have a disability. In comparison, 20% of the population ages 21 to 64 have a disability, as do nearly 43% of the population age 65 and above.

Special Education Local Plan Area (SELPA) statistics from the California Department of Education indicate that there are 1,324 children ages 0 to 4 in Sacramento County enrolled in special education and



Photo: River Oak Center for Children

25,926 students from kindergarten through age 22.

Orthopedic impairments can be visible at birth; however many disabilities are not recognized until much later. More than half of the disabilities represented are specific learning disabilities, which are usually recognized in children about the ages of 9 or 10. Students with speech or language impairments composed more than 25% of the students; such impairments usually are recognized in children about the ages of 8 or 9. One possible reason for the difference in the times these disabilities are recognized may be attributed to the different academic skills that are emphasized at certain ages.

DEMOGRAPHICS

Percentage of English Learners in Sacramento County Public Schools

Languages Spoken Ranked by Percent of Total Enrollment

	<i>Number of Students in Kindergarten</i>	<i>Percent of Total Kindergarten Enrollment</i>	<i>Number of Students in Grades 1–8</i>	<i>Percent of Total 1–8 Enrollment</i>
1. Spanish	1,805	10.60	11,113	7.94
2. Hmong	684	4.02	4,844	3.46
3. Russian	325	1.91	2,324	1.66
4. Vietnamese	237	1.39	1,512	1.08
5. Ukrainian	205	1.20	1,328	0.95
6. Cantonese	234	1.37	1,166	0.83
7. Mien	118	0.69	952	0.68
8. Hindi	106	0.62	688	0.49
9. Lao	72	0.42	577	0.41
10. Punjabi	107	0.63	543	0.39
11. Pilipino (Tagalog)	50	0.29	361	0.26
12. Other non-English	48	0.28	238	0.17
13. Rumanian	41	0.24	238	0.17
14. Armenian	54	0.32	234	0.17
15. Khmer (Cambodian)	18	0.11	182	0.13
16. Urdu	26	0.15	150	0.11
17. Farsi (Persian)	30	0.18	147	0.11
18. Tongan	16	0.09	148	0.11
19. Korean	21	0.12	121	0.09
20. Arabic	27	0.16	121	0.09
21. Mandarin (Putonghua)	19	0.11	52	0.04
22. Samoan	6	0.04	68	0.05
23. Ilocano	11	0.06	46	0.03
24. Portuguese	3	0.02	36	0.03
25. Pashto	6	0.04	37	0.03
26. Serbo-Croatian	4	0.02	28	0.02
27. Japanese	9	0.05	35	0.03
28. German	3	0.02	27	0.02
28. Marshallese	4	0.02	18	0.01
30. Gujarati	5	0.03	21	0.02
31. Indonesian	2	0.01	13	0.01
32. French	2	0.01	16	0.01
33. Cebuano (Visayan)	3	0.02	12	0.01
34. Thai	3	0.02	9	0.01
35. Turkish	5	0.03	10	0.01
36. Croatian	2	0.01	9	0.01
37. Greek	0	0.00	10	0.01
38. Hungarian	0	0.00	7	0.01
39. Polish	1	0.01	5	0.00
40. Italian	2	0.01	3	0.00
41. Dutch	1	0.01	3	0.00
42. Chamorro (Guamanian)	1	0.01	3	0.00
43. Albanian	1	0.01	1	0.00
44. Chaozhou (Chaochow)	1	0.01	3	0.00
45. Khmu	0	0.00	2	0.00
46. Taiwanese	0	0.00	3	0.00
47. Assyrian	0	0.00	3	0.00
48. Tigrinya	0	0.00	1	0.00
49. Toishanese	1	0.01	1	0.00
English learner totals	4,319	25.36	27,469	19.64
TOTAL ENROLLMENT	17,033	100.00	139,881	100.00

Source: California Department of Education, 2001



Children Living in Poverty

How was this measured?

Estimates of children living in poverty in 1995 from the U.S. Census and Children Now were used. Children in poverty, 1999, was obtained from the Census 2000 Long Form poverty data. A two-parent family of four earning \$16,895 or less annually is considered to be living in poverty, according to the U.S. Census Bureau 1999 Poverty Thresholds.

This report also measured students in kindergarten through twelfth grade receiving free and reduced-price meals at school each year since 1995. Data on free and reduced-price meals is available in the years between the Census. Eligibility for free meals is determined by calculating 130% of federal poverty guidelines based on household size. In 2001–02, 130% of poverty for a family of four was \$22,945. It should be noted that the number of students who qualify for meal assistance may be more than the number who received services, as the data reflects only those people who applied for assistance from the Department of Education.

Why is this important?

The percentage of children living in poverty is a key indicator of how well a community is caring for its children. Children who grow up in poverty are more likely to lack the basics of daily living—food, clothing, adequate housing, and healthcare. They are more likely to do poorly in school and have a higher risk for long-term poverty.

How are we doing?

Children Now’s 2001 California Report Card shows that poverty

	Students Receiving Free or Reduced-Price Meals			
	Sacramento		California	
	Number	Percent	Number	Percent
1995	83,258	43.0	2,535,100	46.4
1996	89,900	45.1	2,642,368	47.1
1997	93,630	46.2	2,717,007	47.4
1998	93,894	45.1	2,781,435	47.6
1999	93,389	44.1	2,809,186	47.3
2000	98,232	45.0	2,829,787	46.8
2001	100,159	42.8	2,908,516	47.0

Source: California Department of Education

	Percentage of Sacramento County and California Children Living in Poverty			
	Sacramento County			
	1995*		1999	
	Number	Percent	Number	Percent
Total	78,926	24.5	65,901	20.2
0–4 (est.)	27,189	28.5	23,934	26.9
5–17	51,737	23.4	41,967	19.9

	California			
	1995*		1999	
	Number	Percent	Number	Percent
Total	2,214,535	24.3	1,705,797	19.0
0–4 (est.)	729,590	28.6	489,256	19.7
5–17	1,484,945	23.4	1,216,541	18.5

Note: Data on children 0–5 is not available at this time.

* Children in Poverty, 1995: Estimates for number and percent of total children in poverty
 Children in Poverty, 1999: Census 2000 Long Form poverty data was obtained for number and percent of children by age in poverty

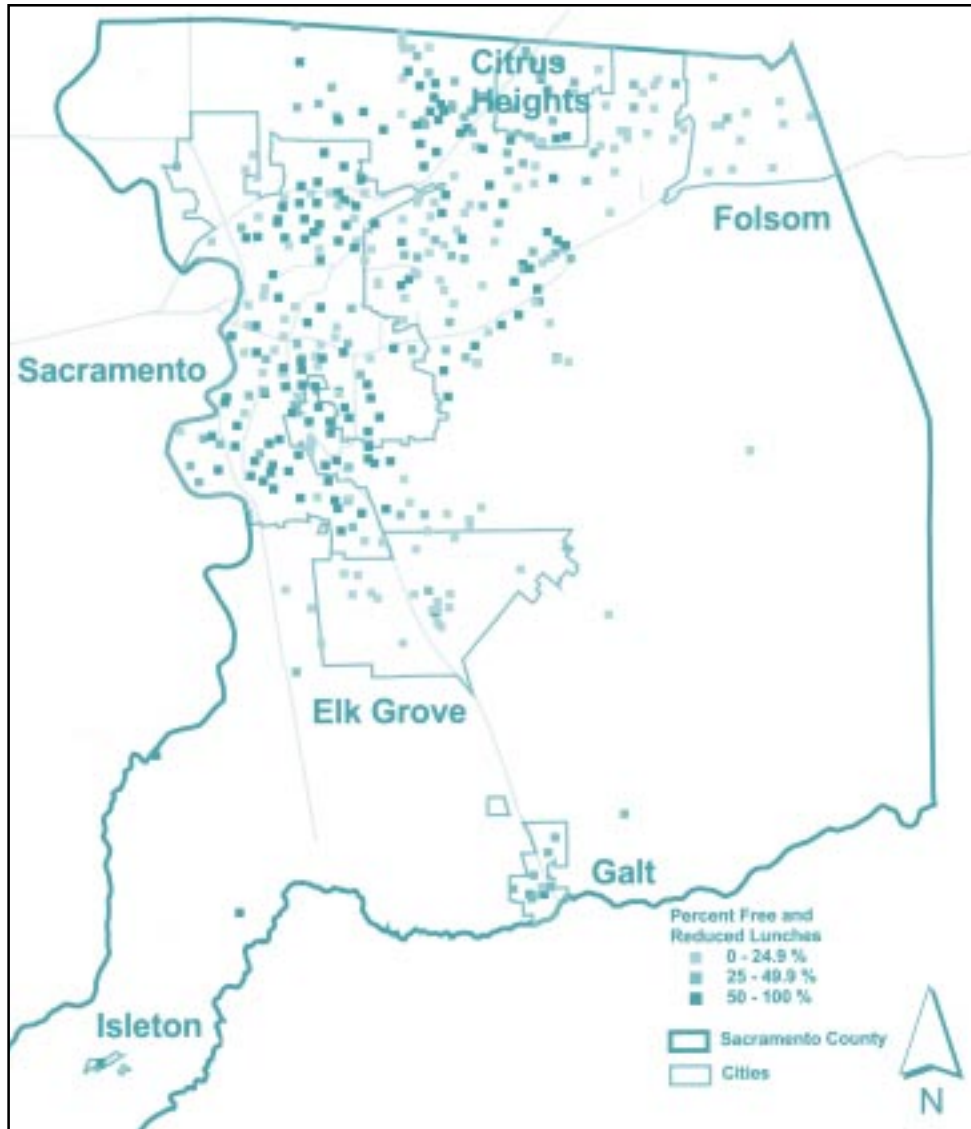
Sources: U.S. Bureau of the Census; Children Now, California County Data Book

rates decreased in California by 5% from 1995 to 2000, partly attributable to the economic boom of the mid- to late 1990s. California children, however, are more likely to live in poverty than kids nationwide. Central Valley counties, including Sacramento, continue to have some of the highest child poverty rates in

the state. Sacramento County has a higher proportion of children ages 0–17 in poverty than 35 other counties in California.

The U.S. Census data indicates that 20% (65,901) of the children in Sacramento County under the age of 18 were living in poverty in 1999. The

DEMOGRAPHICS



Sources: California Department of Education, Educational Demographics Office, CalWORKS, California Work Opportunity and Responsibility to Kids, Fiscal Year 2001

16.5% reduction in the number of children living in poverty between 1995 and 1999 may indeed be a reflection of the economic boom from the mid- to late 1990s as noted above. Another factor in the variance may be the difference in data methodology—the 1995 figures represent estimates, whereas the 1999 figures are from Census 2000 Long Form poverty data.

While this data is encouraging, looking at data on subsidized school meals shows us that poverty has not gone away in Sacramento County. The number of children in kindergarten through twelfth grade receiving free and reduced-price meals in Sacramento County has increased from 30% in 1990 to 43% in 2001. The number in California increased from 35% to 46% in that same period of time.

In some neighborhoods in the county, the percentage of students receiving subsidized school meals is much higher. In 20% of our schools, more than three-fourths of the students are receiving free and reduced-price meals.



FAMILY ECONOMICS

■ Sacramento County ranks 17th out of 58 counties in employment rates (4.7% unemployment in May 2002).

■ Average rental rates in the county continue to exceed what a minimum-wage earner can afford; affordable housing is diminishing. ■ Mean travel time to work for county residents is 25.4 minutes; 74% of commuters drive alone. ■ 2001 ridership of public transportation increased slightly over 2000. ■ The need for affordable quality child care continues to increase, particularly for children whose parents work nontraditional schedules. ■ More data is needed to assess the availability of out-of-school-time programs for children and youth.



Photo: Pioneer School

INDICATORS:

Employment

Living Wage

Housing Affordability and Safety

Highway Congestion

Ridership of Public Transportation

Availability of Quality Child Care

Affordability of Child Care

Availability of and Access to Out-of-School-Time Programs

Employment

How was this measured?

Data was reviewed on the unemployment rate in Sacramento County and employment by industry in Sacramento, Placer, and El Dorado Counties.

Why is this important?

Living in a community with a strong economic base presents opportunities for employment for both adults and youth. Employment of adults supporting a household raises the economic status of families and contributes to their well-being.

How are we doing?

The unemployment rate in the Sacramento Metropolitan Statistical Area (MSA) was 5.2% in January 2002. California's unemployment rate was 6.7% and the nation's was 6.3% during the same time period. In 2001, Sacramento MSA average annual unemployment rate remained at 4.2%—a constant average since 1999.

Among the larger Sacramento area employers are state government, high-technology manufacturing, higher education, warehousing and distribution, and business services. State government employs 87,000 people, or 12% of the total employed population, and helps to stabilize the area's economic base.

During the past 5 years employment in the Sacramento area has increased an average of 3.9% annually. Between January 2001 and January 2002, the total job count was up by 17,200 jobs or 2.4%.

Three occupations projected to have the greatest job growth from 1997 to 2004 in Sacramento County are: systems analysts, general office clerks, and salespersons/retail. The estimated hourly wage for entry level positions for these jobs starts at \$6.75–\$9.20. The Workforce Investment Board has identified the following five areas for further focus

and investment: tourism/hospitality/food service industries; high tech industries; healthcare industries; construction industries; and the customer service/call center industry. The Board believes it is critical to train workers for these industries and to prepare youth for competition in the local economy.

The Regional Occupational Program (ROP), established by the Sacramento County Office of Education, enrolls approximately 20,000 high school students and adults each year. More than 6,000 businesses participate in providing on-site training. The program offers approximately 90 courses at more than 200 locations and has been successful in fostering youth and adult employment in Sacramento County.

Related Indicators: Living Wage, Post-Secondary Enrollment, Graduation Rates

Employment by Industry, Sacramento MSA (Sacramento, Placer and El Dorado Counties)

Number and Percent of Total, 1997–00 Annual Averages

Selected Industry Category	1997		1998		2000		2001	
	No.	%	No.	%	No.	%	No.	%
Agriculture	3,600	0.6	3,900	0.6	4,000	0.6	4,400	0.6
Mining/Construction	36,200	5.6	43,700	6.3	47,800	6.7	53,400	7.2
Manufacturing	46,700	7.2	48,500	7.0	50,700	7.1	51,300	7.0
Transportation	12,300	1.9	27,100	3.9	27,500	3.9	28,100	3.8
Wholesale/Retail	139,800	21.5	144,900	21.0	152,500	21.4	156,500	21.2
Finance/Insurance/Real Estate	47,300	7.3	49,700	7.2	47,800	6.7	49,100	6.7
Services	181,700	27.9	193,400	28.0	202,000	28.3	205,700	27.9
Government	170,500	26.2	178,600	25.9	181,400	25.4	188,400	25.6
Total	651,700	100.0	689,800	100.0	713,700	100.0	736,900	100.0

Source: California Employment Development Department

Living Wage

How was this measured?

Average costs in Sacramento County for food, shelter, healthcare, child care, and transportation were compared to family income.

Why is this important?

A stable source of sufficient income is critical for families to lead healthy, secure, self-sufficient lives. Self-sufficiency is the income level at which a family can be sustained without relying on income supports or public assistance.

How are we doing?

Despite strong job growth in recent times, many working families still struggle to make ends meet.

From 1998 to 1999 there was a 1.9% increase in per capita income, but the income distribution gap is increasing. The income amount for the 0–20 percentile has gone down by 24.8% while the highest income, the 80–100 percentile, has increased 66.3%. Low wage jobs, even above minimum wage and official poverty level, simply do not meet a family's needs.

In 2001, a person in Sacramento County working fulltime at minimum wage (\$6.25/hr) would have to work 70 hours a week to afford a one-bedroom or 87 hours a week to

Hypothetical Family Budget, January 2002

Following is a hypothetical budget for a one-parent Sacramento family of three (mother, two children, 7 and 1½); the mother is a bookkeeper earning \$28,017.60 (\$13.47/hr), and a two-parent Sacramento family of four (father, mother, two children, 7 and 1½); the father works fulltime as a general utility maintenance repairer and the mother works fulltime as a child care worker. Together they earn \$36,000 annually (combined income of \$17.31/hr.).

	1-Parent Family	2-Parent Family
Monthly Gross Pay—Bookkeeper	\$2,335.00	\$3,000.00
Deductions: Federal, State, Social Security, Medicare, Disability	\$498.63	\$391.50
Dependent health coverage	153.11	234.47
Monthly Net Pay	\$1,683.26	\$2,374.00
Expenses:		
Rent—2 bedroom	\$709.00	\$709.00
Child care (full-time and after school)	955.00	955.00
Food	367.90	539.10
Bus pass	60.00	120.00
Utilities	60.00	75.00
Total Expenses	\$2,151.90	\$2,398.00
Surplus (Deficit)	(\$468.64)	(\$24.00)

Sources: California Cooperative Occupational Information System (salaries); Internal Revenue Service (taxes); PackAdvantage (health coverage); U.S. Department of Housing and Urban Development (rental costs); Child Action, Inc. (child care); U.S. Department of Agriculture (food budget); Regional Transit (bus pass); Sacramento Municipal Utility District (utilities estimate)

afford a two-bedroom unit based on year 2000 Fair Market Rents.

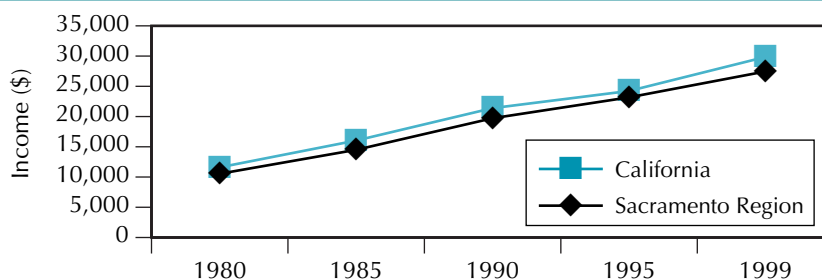
A single mother working fulltime as a bookkeeper making \$13.47 does not earn enough to cover the basic necessities (see chart). After taxes and healthcare she is left with a deficit of \$468.64 every month. To cover costs, the mother would need

to gross \$2,804 a month or would need to rely on state and federal assistance programs. But for some of these programs, she does not qualify because she is making “too much.” For example, the mother’s income exceeds the food stamp gross income limit of \$1,533.

According to the 2000 Census, single parents headed 36.1% of families in Sacramento County; 75.7% of those single parents are female. At the time of the 1990 census, single parents headed 29% of households.

Related Indicators: Employment, Housing Affordability and Safety, Affordability of Child Care, Healthcare

Per Capita Personal Income



Source: California Department of Finance



Housing Affordability and Safety

How was this measured?

Average rental rates, incomes needed to rent or buy a home, the number of affordable units available, and data on homelessness were reviewed.

Why is this important?

Housing affects a family’s safety, comfort, and quality of life. For families in lower income brackets, the cost of housing is a major portion of the family budget. If housing costs for those families are more than 30% of the budget, those expenses are likely to divert resources away from other basic needs such as food, child care, and healthcare.

There is a high correlation between housing quality and children’s health, nutrition, and educational success.

Research has found that asthma and respiratory problems (resulting from inadequate heating, dust mites in old carpeting, mold from water damage, rats, and other vermin) are common in children living in poor housing. Poorly maintained older housing puts children at high risk for lead poisoning from contact with excessive amounts of lead-based paint.

People live where they can afford housing and not necessarily near jobs—this increases highway congestion.

How are we doing?

Affordable housing in Sacramento County appears to be diminishing when taking into account average occupation and wages. Landlords are generally more apt to rent to “regular tenants” than Section 8 (housing vouchers) approved tenants. The lack of housing severely affects low and very low income children and families. At least 600–800 families who have been issued a housing voucher are out looking for housing at any one time. Of these, 35% are successful in leasing a unit.

The lack of affordable housing may be one reason more families are driven into substandard housing or onto the streets. From the 1999–00 to 2000–01 winters, there was a 33% rise in the number of children using the county overflow shelter. The average number of children using the shelter daily rose 340% from 1997–98 to 2000–01. Local shelters



Photo: Sacramento City Unified School District, Early Head Start

frequently have to turn away children because of a lack of space.

Last year, Sacramento Housing and Redevelopment Agency (SHRA) provided 32 new rental units in Sacramento County and rehabilitated 1,265 rental units in the county for low and moderate income households.

Income Levels and Maximum Housing Payments, Sacramento County, 1999 and 2001

Maximum Monthly Housing Expense (Income Limits x .30/12)

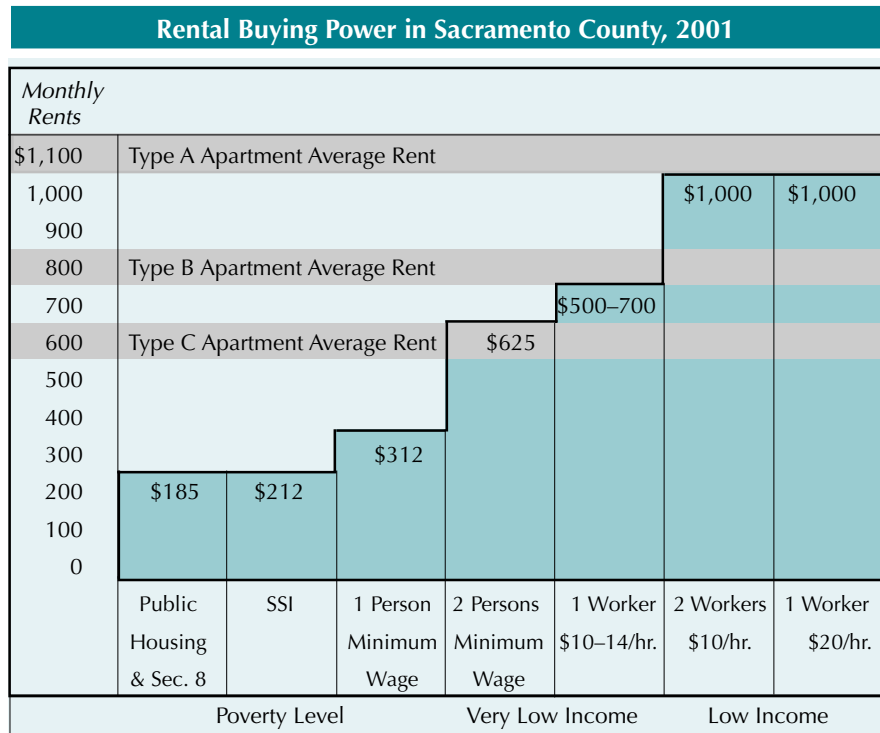
	Household Size	Very Low		Low		Median		Moderate	
		Income	Payment	Income	Payment	Income	Payment	Income	Payment
1999	4	\$25,950	\$648.75	\$41,500	\$1,037.50	\$51,900	\$1,297.50	\$62,300	\$1,557.50
2001	4	28,150	703.75	45,050	1,126.25	56,300	1,407.50	67,550	1,688.75

Source: Department of Housing and Community Development

The balance between jobs and housing is an important issue to consider, given the growth in the Sacramento region. The Sacramento Area Council of Governments (SACOG) projects the number of jobs per housing unit to increase from 1.13 to 1.23 between 1999 and 2025. The Sacramento region has had an annual employment growth of 30,000 new jobs for the last 3 years, which has increased housing demand by 10,000 per year. The result has been a tightening of the rental market and a rise in housing sales prices.

The U.S. Department of Housing and Urban Development (HUD) recommends spending no more than 30% of take-home income on housing. The “Rental Buying Power” graph displays what 30% of various income levels (vertical bars) can obtain in Sacramento County. The quality of housing is noted by Type A, B, and C (horizontal bars).

Type A housing is typically luxury apartments of high quality, Type B housing is older with fewer amenities, and Type C apartments are those of lowest quality and in the worst condition. Rents for older, smaller apartments (Type C) have increased by 18% since 1999. The rents for the newest and highest quality apartments (Type A) have increased by 30%. Yet the median income for a family of four in Sacramento County has increased by only 8.5% (\$51,900 in 1999; \$52,900 in 2000; \$56,300 in 2001). This means



The chart shows what the U.S. Department of Housing and Urban Development’s recommended 30% of various income levels can rent in Sacramento County.

Source: CB Richard Ellis, per Sacramento Housing and Redevelopment Agency.

that more households are spending proportionately more of their income on housing. As shown in the chart, all households at the poverty level are paying more than 30% of their income on housing.

Forty-four percent of renters in California are unable to afford Fair Market Rent (FMR) for a two-bedroom unit. FMR is the figure below which 40% of the housing units in an area rent and above which 60% rent.

The 2001 FMR for a two-bedroom unit, as defined by HUD, is \$709 in Sacramento County. A family earning the annual income necessary to afford an FMR two-bedroom unit, \$28,360, spends 49% of its income on rent. This leaves little money for other necessities such as child care, healthcare, transportation, and nutritious meals.

Related Indicators: Living Wage, Homeless Children, Employment, Highway Congestion



Highway Congestion

How was this measured?

Data was examined from California Department of Transportation (Caltrans), Sacramento Area Council of Governments, Western Economic Research, the U.S. Census, and Sacramento Metropolitan Air Quality Management District.

Why is this important?

Time spent traveling affects the quantity, and sometimes the quality, of time spent with one's family. Extended commute times can increase the cost of child care and reduce time available for leisure activities.

Transportation is a critical element in maintaining employment.

Highway congestion affects air quality. About 70% of our ozone problem is caused by vehicles and other mobile sources with internal combustion engines. Chronic air pollution poses health risks and can cause

or exacerbate lung conditions—especially asthma in children.

How are we doing?

Traffic congestion on California urban freeways is increasing an average of 10% a year, costing motorists nearly \$8 million in lost time and excess fuel use each day, according to Caltrans. Increased traffic congestion in the greater Sacramento area is attributable partly to rapid population growth in El Dorado and Placer Counties, and southern Sacramento. Congestion in greater Sacramento increased 53% between 1996 and 1998.

Sacramento ranks in the top 10 list of U.S. cities with polluted air. Our ozone air pollution readings are consistently higher than the standard set to protect health. Motorists in the Sacramento region drive more than 47 million miles every day. Growth in businesses and home

development in the surrounding areas of Sacramento will increase this problem.

Census 2000 reports that in Sacramento County the estimated mean travel time to work is 25.4 minutes, an increase over the 22 minutes reported in the 1990 census. Out of an estimated 536,310 workers 16 years old and over, 75% drive alone, 14% carpool, 3% use public transportation (including taxicabs), 2% walk, 1.7% travel by other means such as bicycle, and 3% work from home (percentages do not total 100% because of rounding).

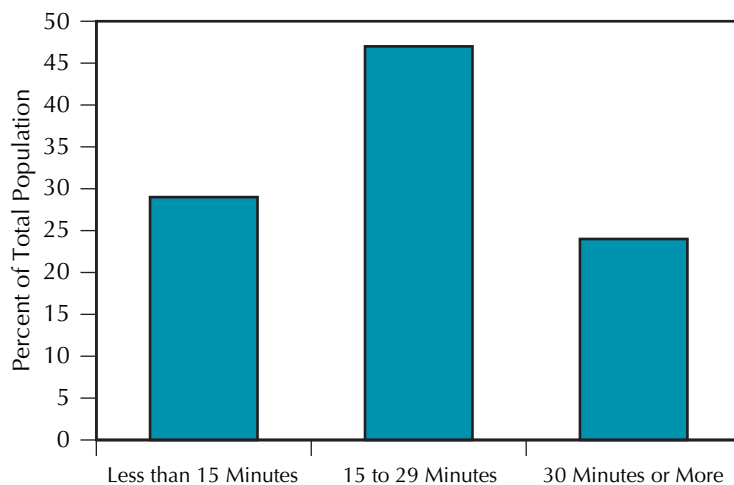
A common myth is that building more roads and expanding capacity of existing roads relieves congestion. However, studies show that increasing road capacity only encourages more driving and is ineffective in the battle against traffic congestion. This phenomenon of induced traffic is especially prevalent in California. A recent study by U.C. Berkeley's Institute for Transportation Studies showed that 90% of all new highway capacity added to California's metropolitan areas is filled within 4 years.

Sacramento County's ongoing expansion of the light rail system can help lighten the increasing congestion on our region's highways.

Related Indicators: Air Quality, Children Suffering from Asthma, Ridership of Public Transportation

Travel Time to Work

Sacramento County, 1999



Source: Western Economic Research

Ridership of Public Transportation

How was this measured?

Data on numbers of riders using public transportation in Sacramento County was reviewed.

Why is this important?

Transportation can affect one's job criteria or opportunity. Transportation that functions day and night and has broad routes and strategically located stops increases the ability to work nontraditional hours and expands the geographical area in which one may seek employment. Times of non-service, route infrequency, or distance to/from a transit stop may make it hard, if not impossible, for an individual to work certain hours or at a certain location. Public transportation increases the ability to access healthcare, child care, and school and out-of-school activities for youth. Use of public transportation can reduce congestion and improve air quality. It offers mobility to families that do not own cars.

How are we doing?

Sacramento Regional Transit (RT) provides service weekdays and weekends, every 15 minutes from 4 am to midnight on weekdays on light rail, and between 15 minutes and an hour from 5 am to midnight on the bus. Weekend schedules are less convenient.

Regional Transit is preparing to start major construction on the Amtrak/Folsom Light Rail extension project, to be completed by December 2003. The South Line to Meadowview will be completed in fall 2003. Additionally, RT, the Department of Human Assistance, and local cities are providing neighborhood shuttles. RT has reduced its student ticket fare from \$1.50 to \$.75. In response to student advocates and parents who cannot afford to purchase a \$27 student monthly pass, RT began selling a \$15 monthly student pass January 1, 2001. All youth ages 5 to 18 pursuing a high school diploma can ride RT for \$.75 or purchase a daily pass for \$1.75.

Ridership has increased for each measure, including a 5-percentage-point increase of daily student passengers from Fiscal Year 2000 to 2001. Travel time to work for Sacramento County residents tends to be shorter than for other California residents on average, with 40% of workers commuting less than 30 minutes compared to less than 25% in the state. However, only 3% of Sacramento County residents ride public transit to work compared with 5.6% for California as a whole.

Related Indicators: Highway Congestion, Availability of Quality Child Care, Availability of and Access to Out-of-School-Time Programs, Healthcare

Public Transportation Ridership				
Sacramento County, 1998-01				
System	FY 1998	FY 1999	FY 2000	FY 2001
Total annual boardings	26,070,000	28,847,000	27,427,000	27,581,000
Average weekday ridership	90,213	93,125	93,000	97,000
Passengers per schedule	35.8	35.8	36.0	38.0
Daily student passengers (est.)			4,000	4,200

Source: Sacramento County Regional Transit; *Short Range Transit Plan*



Availability of Quality Child Care

How was this measured?

Reports and data from California Budget Project; California Child Care Resource and Referral Network; and Child Action, Inc., were reviewed.

Why is this important?

Children need adult supervision and quality care in a safe and nurturing environment. When a child's parent, parents, or guardian works outside the home, that care must be provided by another adult in the home or in another setting. The extent to which these needs are met adequately is an indicator of the investment the community makes in its children and families.

Adequate child care ensures that a child's primary needs are met in a safe environment. *Quality* child care goes beyond the basics and builds relationships with the child and his or her family, contributing to the child's feeling of stability and continuity of care. Quality child care provides individualized programs, routines, and schedules, preferably in a small-group setting.

The quality of child care may be especially important for low income children who, according to researchers, are more likely to experience ill health, reduced verbal ability, and other characteristics associated with lower school achievement.

How are we doing?

Sacramento County ranks 36th among California's 58 counties in its supply of licensed child care slots. Licensed child care supply in the county meets only 25% of the estimated need for licensed care of chil-

Sacramento County Number of Child Care Slots, 1998 and 2000

<i>Child Care Centers</i>	1998	2000	Change %
For infants	1,512	1,508	0
For ages 2-5	17,481	17,101	-2
For ages 6 and older	5,080	5,609	10
<i>Family Child Care Homes</i>			
All ages	14,057	13,298	-5
TOTAL	38,130	37,516	

Source: California Child Care Portfolio, California Child Care Resource and Referral Network

dren of all ages, with 149,523 children needing care and only 37,516 placements available.

Additionally, available child care may fail to match nontraditional work schedules. National data indicates that about 40% of preschoolers have mothers who work during evening or weekend hours. The figure increases to 52% for low income mothers. Care for infants and toddlers, children with special needs, and mildly ill children is more difficult to find.

Low pay, limited funding, and a high turnover rate of employees have created a child care staffing crisis that undermines the ability of many community-based child care programs to provide quality, stable child care. Child Action's "Wage Survey" reports

a 34% turnover rate for child care workers in Sacramento County. Employers generally report that it is difficult to find applicants who meet their hiring standards.

In 1998, Proposition 10 increased tobacco taxes to pay for programs for children ages 0 through 5. Twenty percent of the funds raised were allocated to the state's Children and Families Commission, with the balance administered by county children and family commissions. Initiatives considered include efforts to improve child care quality and to establish programs to attract and retain qualified staff.

Related Indicators: Affordability of Child Care, Employment, Availability of and Access to Out-of-School-Time Programs, School Readiness

Fulltime Licensed Child Care Centers and Homes
Sacramento County, 1997 and 2001

Year	Age	Total Children	Needing Child Care	Children Needing Child Care	Licensed Child Care Slots	Kids per Slot	Child Care Needs Met
1997	0-5	118,084	50%	59,042			
	6-13	145,348	60%	87,209			
	0-13	263,432	55.5%	146,251	33,355	4	23%
2001	0-5	108,562	50%	54,281			
	6-13	156,134	61%	95,242			
	0-13	264,696	56.5%	149,523	37,516	4	25%

Source: Child Action, Inc.

Affordability of Child Care

How was this measured?

Data on the cost of child care was reviewed.

Why is this important?

Child care continues to be one of the largest family expenditures, with full-time toddler care costing more than 50% of Fair Market Rent (FMR) for a two-bedroom apartment in almost every county in the state. Nearly two-thirds of California mothers are in the paid workforce; meanwhile, 280,000 children who need subsidized child care are not receiving it because of underfunding. Access to quality early care and education reduces the likelihood that a child will repeat a grade, drop out of school, or need to be placed in special education.

How are we doing?

A family's income and budget determine whether child care is affordable. If child care costs were not subsidized, a single mother with children 7 and 1½ years old and an annual gross income of \$28,017 would spend approximately \$955 per month, or 41% of her income, on child care.

Child care subsidies are limited to children under age 13 (unless a child meets special needs requirements). In

Sacramento County, 2001 total subsidy estimates are \$144,588,000, a growth of 486% over the last 10 years.

Families receiving child care subsidies must have a family income no greater than 75% of the state median income (\$2,925/month for a family of three in 2000). Children in low income families may also enroll in state preschool or Head Start programs, which provide opportunities for social and educational enrichment. Parents may find the variety of options confusing and frustrating because not everyone who qualifies is able to receive care because of limited funding and enrollment opportunities.

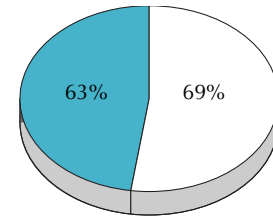
According to UCLA School of Public Health, "Implementation of the welfare-to-work requirement under federal welfare reform, known as CalWORKs in California, is resulting in a large increase in the number of children, including very young children, spending a significant portion of their days in child care. These societal and policy changes are resulting in an ever-growing need for child care programs."

Related Indicators: Availability of Quality Child Care, Living Wage, Employment

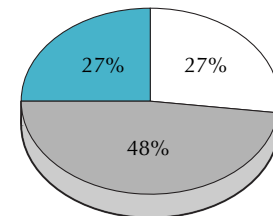
Portion of Income Needed to Pay for Basic Family Needs:

Housing and One Infant in a Licensed Center

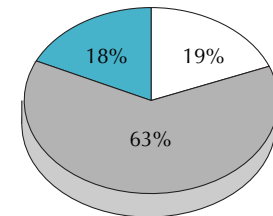
For a Family at Minimum Wage (without subsidies)¹ (\$11,960/year)



For a Low-Income Family (\$30,000 or less)²



For a Family at Medium Income (\$42,329/year)



- Housing
- Child Care
- Other

1. When the combined actual percentages for housing and child care costs are more than 100% of minimum wage, each is shown proportionately.

2. Although low income families are defined as those earning less than \$30,000 per year, eligibility for child care subsidies is based on 75% of the state median income level. In 2000, a family of three earning less than \$33,852 was eligible for a child care subsidy.

Source: California Child Care Resource & Referral Network, 2001

Funds to Subsidize Child Care Sacramento County, 1992, 1997, 2001

	Total Funds	10-Year Growth
1992	\$29,742,133	
1997	\$49,587,912	167%
2001	\$144,587,981	486%

Source: Child Action, Inc.



Availability of and Access to Out-of-School-Time Programs

How was this measured?

An out-of-school-time program is any organized activity that youth participate in before or after school, on weekends, in the evening, or during school breaks. There is limited data on the availability of services and activities during these times. In May 2001, the Sacramento County Children's Coalition sponsored a survey on services for youth, collecting data on age of youth served, location, time, and type of activity or service.

Why is this important?

How children and youth spend time when they are not in school can have a significant impact on their lives—academically, socially, and emotionally. Out-of-school-time programs offer excellent opportunities to develop social, academic, and athletic skills, and enrich cultural experiences.

Out-of-school-time programs can go a long way in reducing juvenile crime, teen pregnancy, sexually transmitted diseases, teen smoking, school violence, and youth substance abuse, both through the information they can provide and by offering a positive environment in which youth may spend their nonschool hours.

Research over the past 20 years provides growing evidence that young people need positive opportunities to develop skills and experiences that prepare them for adulthood. These supports need to be in place from the time children get up until they go to bed, not just in the home and in school. Children and youth need safe places, caring adults and rela-



Photo: Rio Linda Union School District

tionships, opportunities to participate, various skills, and community support and involvement.

In a recent report called *Prevention Works*, out-of-school-time programs were also found to reduce drug and alcohol use.

In a study by *Fight Crime: Invest in Kids*, it was shown that crime increases between the hours of 3 pm and 6 pm and that after-school programs reduce crime. The study found that on average, young people without adult supervision experience greater stress, do less well in school, and engage in more risky behavior.

How are we doing?

According to *A Matter of Time* by the Carnegie Council on Adolescent Development, youth spend 50% of their time with supervision and structure and 50% without supervision or structure. Based on this research, this amounts to approxi-

mately 1,200 hours per year that youth need developmental supports and opportunities.

In 1997 the local Child Care Planning Council found a need for 200 more school-age care programs in Sacramento. A significant number of Sacramento County families are low income and cannot afford to pay for before- and after-school care for children. Even when parents can afford enrichment services, many families are unable to transport their children to these programs unless they are offered at school sites or in neighborhood settings.

A September 2001 report on out-of-school time for Sacramento County youth, *Sacramento Investing in Youth*, included data from a survey of 130 providers. The survey found that 60% of the programs surveyed were at capacity; 87% operated Monday through Friday from 2 to 6 pm. Few programs were offered during eve-

nings and weekends. Funding, staff, and space were constraints for programs at capacity. Among the programs, 65% served all youth, 37% served low income youth, 25% served special needs youth, and 15% served limited English-speaking youth. Programs and supports decrease as youth get older.

This data is not systematically collected and therefore the picture of what is available for youth is not complete. The survey did not include the less formal out-of-school-time services offered by churches and recreation programs. The lack of data impedes planning and is a barrier for parents and youth who are looking for services and activities.

The good news is that a variety of providers do offer out-of-school-time services. State and federal funds over the past few years have increased the number of school-

based programs in middle and elementary schools. The Boys and Girls Club has expanded. The Department of Human Assistance has funded programs for older Temporary Assistance for Needy Families youth. San Juan Building Bridges offers in-school and out-of-school services for youth. The Coral Initiative will provide after-school programs in North Sacramento and Meadowview to support academic success.

The out-of-school-time system in Sacramento County is not well coordinated; several groups provide technical assistance and training, fewer groups address planning and coordination, and a small number, if any, are working on systems change and advocacy at the local level.

On May 17, 2001, the Chair of the Sacramento County Children's Coalition, the Mayor of the City of Sac-

ramento, the Chair of the County of Sacramento Board of Supervisors, and the Mayor of the City of Citrus Heights invited youth, parents, and service providers to participate in a community forum on out-of-school-time. Recommendations from forum participants included the creation of a coordinating council. The forum recommended removing barriers and improving and expanding services to youth in the following areas: funding, transportation, staffing, facilities/space, resource clearinghouse, community awareness, quality programs and evaluation, diversity, parent involvement, youth engagement, and teen transitions.

Related Indicators: Ridership of Public Transportation, Availability of Quality Child Care, Living Wage, Affordability of Child Care, Sexually Transmitted Diseases, Birth Rates among Teens, Youth Substance Abuse



E D U C A T I O N

■ Private school enrollment dropped slightly during 2000–01. ■ Developing an effective means to measure school readiness as defined by the National Education Goals Panel will be a focus in the near future. ■ Sacramento County tenth and eleventh graders exceeded the state math ranking in 2001. ■ 2000–01 figures show a 70% graduation rate for ninth graders entering 4 years earlier. ■ Data is still lacking on enrollment of county students in private, out-of-state, and vocational colleges. ■ The teacher shortage continues in the state and county.



Photo: Sacramento City Unified School District

INDICATORS:

School Enrollment, Public and Private

Classroom Teacher Credential and Experience

School Readiness

Test Scores

Academic Performance Index (API) Growth

Children Who Are Not in School

Graduation Rates

Post-Secondary Enrollment

Per-Pupil Expenditures

Student and Family Support Services

School Enrollment, Public and Private

How was this measured?

Data on the number of children and youth enrolled in public schools and private schools in Sacramento County was used, including program data.

Why is this important?

Schools prepare students for full civic participation, for employment, and for higher education. Education in the U.S. is compulsory beginning at age 6 until age 18.

How are we doing?

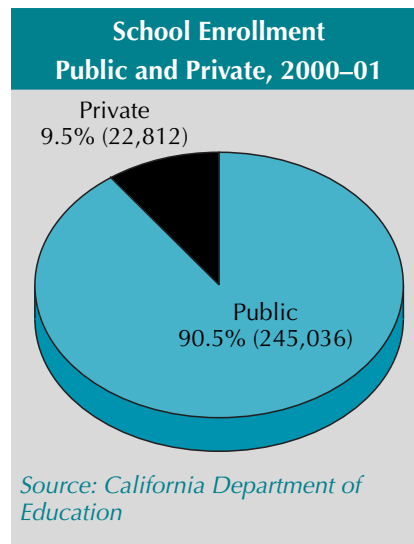
During the 2000-01 school year, almost 91% of Sacramento County students were enrolled in public schools. Private school enrollment at 9.5% was slightly lower than the 10.0% of the previous year.



Photo: Sacramento City Unified School District

To help meet the needs of the school-aged population, Sacramento County districts have expanded the educational options open to students, offering both alternative programs and alternative schools. Types of alternative education programs in Sacramento and throughout the state include continuation, community/experience-based, opportunity, magnet, pregnant/parenting, independent study, home independent study, and others. Enrollment in the majority of these alternative programs has increased.

Charter schools are public schools that operate outside many state laws and regulations governing public education. They are publicly funded but granted greater flexibility than other public schools in return for



being held accountable for their students' educational progress. In June 2000, about 105,000 students in California were enrolled in 309 charter schools. Up to 100 more

Alternative Education Programs within Public Schools Enrollment Sacramento County, 2000-01

	K-8	9-12
Continuation classes	108	3,387
Community/ experienced-based	28	419
Opportunity	164	135
Magnet	1,132	335
Pregnant and parenting	0	154
Independent study	571	1,700
Other programs	1,429	2,397

Source: California Department of Education

charter schools are permitted in the state each year until the Legislature reviews the charter school laws in 2003.

Classroom Teacher Credential and Experience

How was this measured?

Data from the California Department of Education on the number of classroom teachers fully credentialed, the average number of years of experience in the classroom, and the number of teachers in their first and second years in the classroom was reviewed. Employed teachers holding interim or emergency credentials or for whom the requirement was waived were considered not fully credentialed.

Why is this important?

A professionally trained teacher is usually better equipped to help students succeed. A teacher's ability to respond effectively to a variety of situations and students is honed by his or her experience in the classroom. According to the *California Journal* (2001), low-performing and urban schools have disproportionate numbers of teachers who are not fully credentialed, as do certain areas of specialization, such as mathematics, science, and special education.

How are we doing?

More than 95% of the teachers in Sacramento County are fully credentialed, an increase of 2% over the last 2 years. The 95% includes teachers that are teaching outside of their credentialed subject area.

The average number of years of experience dropped from 15 in 1994 to 12.9 in 2000–01, which is slightly higher than the state average of 12.6. In 2000–01 in Sacramento County, 1,331 first- and second-year teachers were employed, compared to 1,730 in the previous school year.

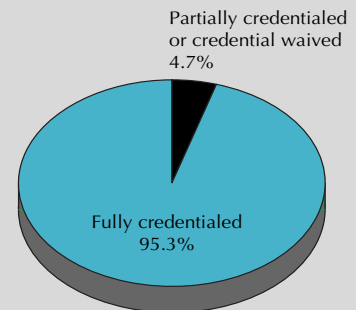
California continues to suffer a critical teacher shortage. Nearly 300,000 new teachers must be hired over the next decade. The pressing need for more teachers comes at a time of rising enrollment, a looming exodus of retiring teachers, and an uncertain economic future for the state.

Related Indicator: Post-Secondary Enrollment

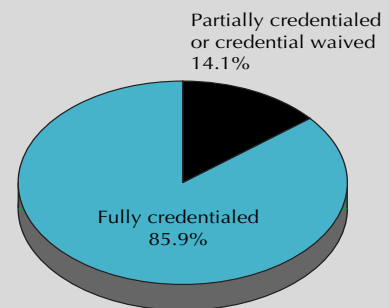


Classroom Teachers Credentialed 2000–01

Sacramento County



California



Source: California Department of Education

Teacher Employment History

1999–00

	Average Years Teaching	First-Year Teachers	Second-Year Teachers
Sacramento County	12.5	919 (8.3%)	811 (7.3%)
California	12.7	23,256 (7.8%)	22,627 (7.6%)

2000–01

	Average Years Teaching	First-Year Teachers	Second-Year Teachers
Sacramento County	12.9	717 (6%)	614 (5%)
California	12.6	24,824 (8%)	21,005 (7%)

Source: California Department of Education



School Readiness

How was this measured?

Sacramento County School Readiness initiatives have agreed upon a definition of school readiness (see next page), but work needs to be done to develop measures.

Why is this important?

The amount of emphasis given to meeting the needs of prekindergarten-age children is growing. With newfound interest at the national, state, and local levels, a common measurement of school readiness is in the developmental stages.

Current research clearly indicates that the emotional, physical, and intellectual environment that a child is exposed to in the early years of life has a profound impact on brain development. The experiences a child has with respect to parents and caregivers significantly influence how a child will function in school and later in life.

How are we doing?

The Sacramento County Office of Education is leading an inclusive effort to develop a countywide approach to school readiness. The collaborative group of stakeholders has analyzed research, standards, and models from local, state, and national sources. The group is working toward creating common language and a set of indicators for school readiness. The document is in the final stages and will provide program and policy guidance as well as recommendations regarding school



Photo: Sacramento City Unified School District

readiness. This document will include the National Education Goals Panel's information on valid assessment of young children and potential problems surrounding assessment tools and procedures. The plan will be disseminated throughout the county.

The California Children and Families Commission recommends that every school readiness program contain the following five elements in some form:

- early care and education with kindergarten transition programs;
- parenting/family support;
- health and social services;
- school capacity to prepare children and families for school success; and
- program infrastructure, administration, and evaluation.

The Sacramento Countywide Approach to School Readiness Planning Committee adopted The National Education Goals Panel definition of School Readiness as the template for building strategies in each school district's communities.

Related Indicators: Prenatal Care, Availability of Quality Child Care, Healthcare

NATIONAL EDUCATION GOALS PANEL: DEFINITION OF SCHOOL READINESS

Adopted by California Children & Families Commission

CHILDREN'S READINESS FOR SCHOOL

Physical well-being and motor development—Health status, growth and disabilities/physical abilities: i.e., gross and fine motor skills/condition before birth: i.e., exposure to toxic substances

Social and emotional development—Social development: refers to children's ability to interact socially, i.e., ability to take turns and to cooperate/Emotional development: includes a child's perception of him/herself, ability to understand emotions of other people, ability to interpret and express one's own feelings

Approaches to learning—Inclination to use skills, knowledge, and capacities. Key components include enthusiasm, curiosity, and persistence on tasks, temperament, cultural patterns and values

Language development—Verbal language, i.e., listening, speaking, and vocabulary/Emerging literacy i.e., print awareness (e.g., assigning sounds to letter combinations), story sense (understanding that stories have a beginning, middle and end) and writing process (representing ideas through drawing, letter-like shapes, or letters)

Cognition and general knowledge—Knowledge about properties of particular objects/Knowledge derived from looking across objects, events, or people for similarities, differences, and associations/Knowledge about societal conventions (assignment of particular letters to sounds), shapes and spatial relations, number concepts (one-to-one correspondence of numbers and objects and the association of counting with the total number of objects)

SCHOOLS' READINESS FOR CHILDREN

A smooth transition between home and school—i.e., they show sensitivity to cultural differences/have practices to reach out to parents and children as they transition to school

Continuity between early care and education programs and elementary grades—A student-centered environment focused on helping children learn—i.e., they utilize high-quality instruction, appropriate pacing, and an understanding that learning occurs in the context of relationships

A commitment to the success of every child—Aware of the needs of individual children, including effects of poverty and race/attempt to meet special needs within regular classroom

Approaches that have been shown to raise achievement for each student—Introduce or expand such approaches, i.e., provide appropriate interventions to children who are falling behind, encourage parent involvement, and monitor different teaching approaches

A willingness to alter practices and programs if they do not benefit children—Use assessments to help teachers and parents plan for individual students and for purposes of accountability/take responsibility for results

Assuring that their students have access to services and supports in the community—Assure access to services and supports in community

FAMILY AND COMMUNITY SUPPORTS AND SERVICES THAT CONTRIBUTE TO CHILDREN'S READINESS FOR SCHOOL SUCCESS

Access to high-quality and developmentally appropriate early care and education experiences—Appropriate preschool programs that help prepare them for school

Access by parents to training and support that allows parents to be their child's first teacher and promotes healthy functioning families—Devote time each day to helping his/her preschool child learn

Prenatal care, nutrition, physical and health care that children need to arrive at school with healthy minds and bodies and to maintain mental alertness—To this end, the number of low birthweight babies should be significantly reduced through prenatal care



Test Scores

How was this measured?

Stanford 9 (SAT 9) is a standardized test used statewide. Tailored to the grade level of the student, it measures performance in reading, language, spelling, mathematics, science, and social science. The percentile associated with a particular score is referred to as the National Percentile Rank. For the purposes of this report card, only math and reading scores and the percentage of students scoring at or above the national median score, or the 50th National Percentile Ranking, are included.

Why is this important?

Standardized testing gives educators, parents, and employers an understanding of how students are doing and whether they are meeting certain standards. It demonstrates how well the schools are teaching the material that has been identified by

the state board of education as the most important skills for students to master—what is being learned and how well. It is outcome-based.

How are we doing?

The percentages of county students meeting or surpassing the 50th national percentile are similar to last year. Tenth and eleventh grade students in Sacramento County exceeded the state math ranking in 2001, whereas they did not in 2000.

Although children in Sacramento County are testing higher than the state average, they are below the national average at many grade levels in both reading and math. This is especially true of high-school reading scores.

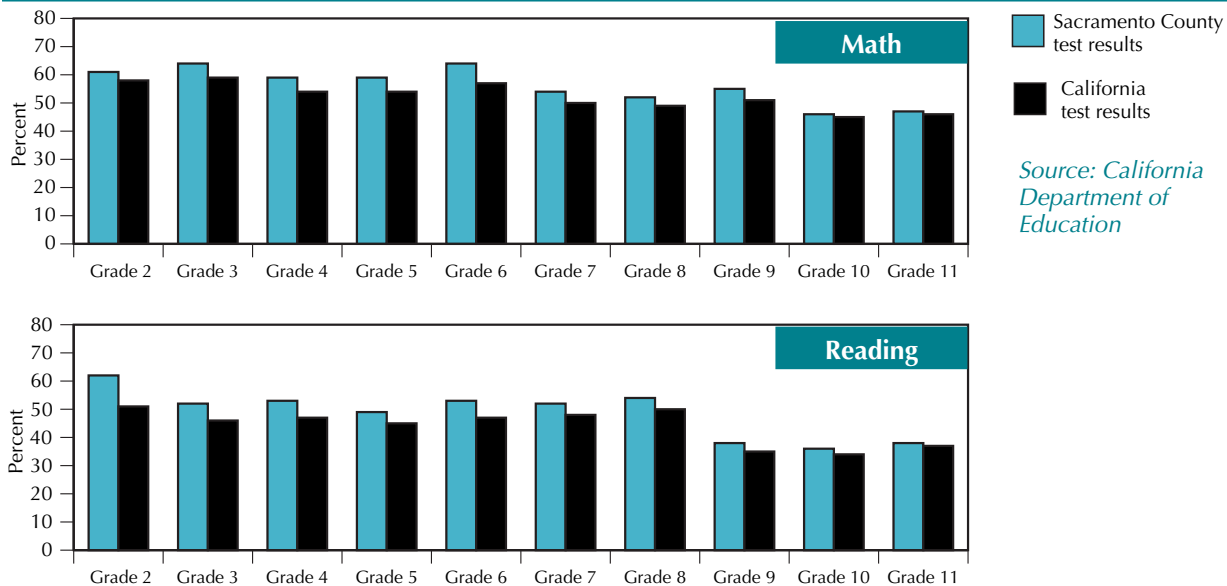
Seniors in California high schools take the Scholastic Achievement Test (SAT) for the college admissions process.

Public and private school seniors in California rank lower at 497 than the nation's 505 on 2000 SAT verbal scores, yet higher nationally on math scores (518 compared to 514).

Starting with the class of 2004, California's new High School Exit Exam, a pass/fail test that students must pass to receive their high school diplomas, will be administered. The exam is designed to measure knowledge of basic academic skills and covers English/language arts through tenth grade curriculum and math through Algebra I. The test questions are based on the state's academic content standards.

Related Indicators: API Growth, Children Who Are Not in School, Per-Pupil Expenditure

Percent of Students Scoring at or above the 50th National Percentile Ranking
Sacramento County and California, Spring 2001



Academic Performance Index (API) Growth

How was this measured?

Academic Performance Index (API) Growth measures the improvement of a school's Stanford 9 scores from year to year. API scores range from 200 to 1000; the statewide goal is 800. For grades 2 through 8, mathematics, reading, language, and spelling are emphasized; for grades 9 through 11, history and social science are added, and science replaces spelling.

API Growth consists of a school's score improvement from 2000 to 2001. Two forms of improvement are examined. Schoolwide improvement includes the performance of all students at the school. Comparable improvement focuses on the growth for each numerically significant

ethnic and socioeconomically disadvantaged group.

Schools may achieve the following goals: 5% improvement schoolwide, 4% comparable improvement, reaching both targets, and meeting the Governor's Performance Award requirements.

Why is this important?

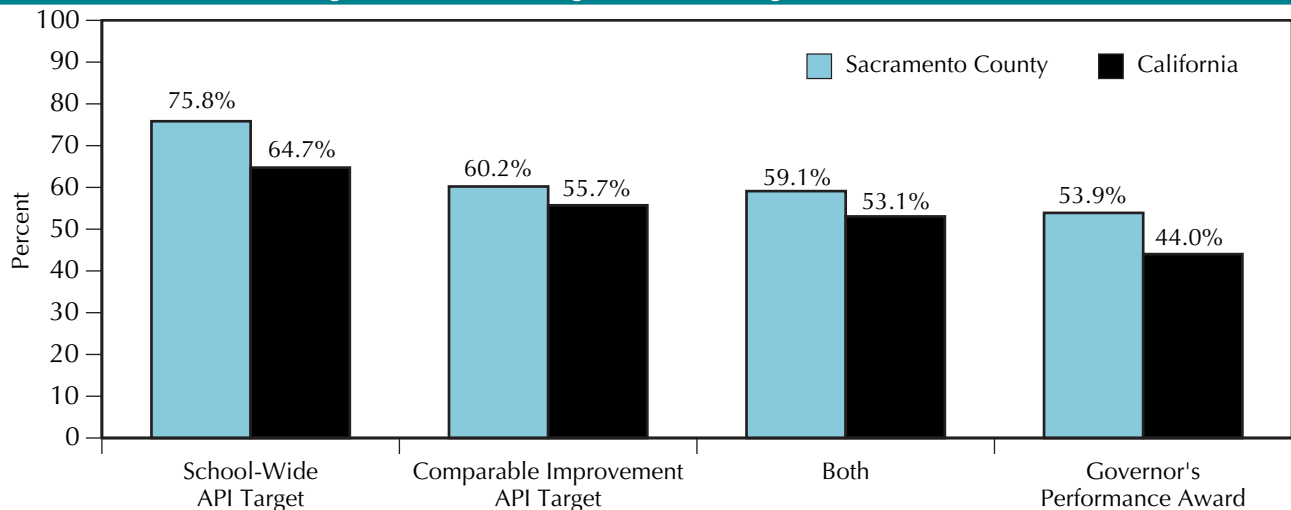
Each school is measured by how much their students improve overall and, in addition, how much each numerically significant ethnic group and socioeconomically disadvantaged group has improved. By focusing on API growth rather than their basic score, schools are evaluated on their improvement, leveling the playing field for gains and financial incentives.

How are we doing?

From 2000 to 2001, Sacramento County percentages were higher than those of the state as a whole for every goal. More than 75% of schools participating in API ranking achieved their schoolwide target in Sacramento County as compared with about 65% in the state. For comparable improvement, 60% of Sacramento schools achieved 4% API growth, compared to 56% of California schools. More than half of all schools in Sacramento County (53.9%) are eligible for the Governor's Performance Award; 44% of schools statewide received that distinction.

Related Indicator: Test Scores

Percentage of Schools Meeting API Growth Targets, 2000–01 School Year



Source: California Department of Education



Children Who Are Not in School

How was this measured?

Truancy and other absences are not measured consistently among the 16 school districts in Sacramento County. The District Attorney's office in partnership with school district School Attendance Review Board (SARB) officers has been drafting guidelines for absenteeism policies that may be adopted by all county school districts.

Why is this important?

Children who are not in school are not receiving the education they need to lead successful and fulfilled lives. Additionally, truancy/absence reduces a school's operating budget and in the long run affects the children who are in school.

Schools help to educate and socialize our children. Children attending school regularly do better academically and have more opportunity to gain the tools necessary to lead a productive adult life.

Excessive absences can compromise a high school student's ability to earn the credits required for graduation.

Children who are not in school are often unsupervised and have more opportunities to practice behavior that puts them at risk.

How are we doing?

Educators, parents, and community members alike aspire to provide adequate education for our young people. Truancy and absences have a negative impact on student achievement and motivation, and many



school districts are actively seeking ways to support student attendance. Districts in the county use the SARBs to enforce compulsory attendance laws. These boards are a partnership between schools, the District Attorney's Office, law enforcement, and local agencies. SARB hearings are held for students not in compliance with their districts' attendance policies.

Sacramento County school districts report an average of 95% attendance on any given day. According to one large school district, two-thirds of absent students have excessive unexcused absences without a doctor's

note. Excused illness also plays a large part in missed school days. Absenteeism and truancy cost one of the county's large school districts (with an enrollment of 47,000 students) roughly \$11 million a year in state funding.

Schools and communities are working to provide resources for those students with excessive absences or trancies.

Related Indicators: Living Wage, Graduation Rates, Birth Rates among Teens, Sexually Transmitted Diseases, Juvenile Felony Arrest Rates

Graduation Rates

How was this measured?

Twelfth-grade students graduating from public schools were measured by the California Department of Education as a percentage of students who enter ninth grade 4 years earlier.

Why is this important?

Typically the more education one has, the more opportunities are available and the more likely one is to earn a living wage. The absence of a high school diploma can impede entry to higher education and training programs and limit job opportunities.

How are we doing?

In 1999–00, Sacramento County had a slightly higher graduation rate than California as a whole (70.2% compared to 68.7%). Data based on ethnicity shows that students of Filipino descent have the highest graduation rate in Sacramento County (85%) and African American students have the lowest (54.7%) for that school year.

In 2000–01, the percentage of graduates changed minimally at both the county and state levels.

Related Indicators: Children Who Are Not in School, School Enrollment, Post-Secondary Enrollment, Employment, Living Wage



Photo: Sacramento County Office of Education, Friday Night Live Mentoring Program

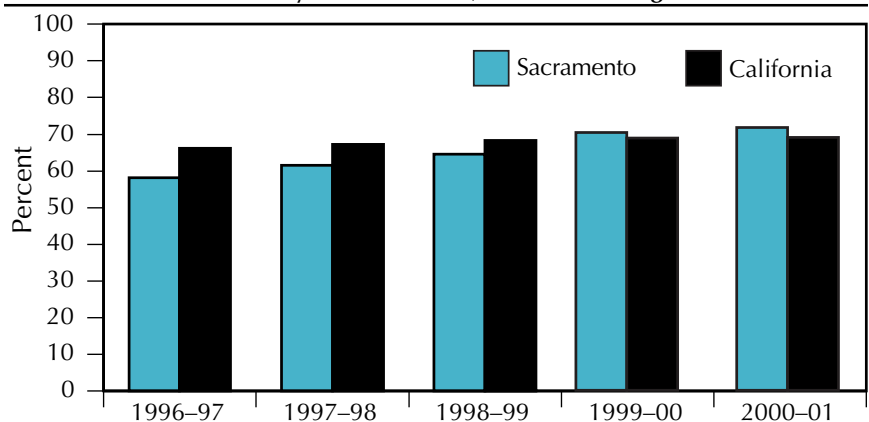
Graduation Rates, 1999–00

	Sacramento County	California
African American	54.7	57.8
American Indian/Alaska Native	56.7	61.4
Asian	79.5	86.3
Filipino	85.3	86.0
Hispanic or Latino	56.9	56.9
Pacific Islander	74.8	70.7
White (not Hispanic)	76.0	77.6
Total	70.2	68.7

Source: California Department of Education

Students Graduating from Public Schools Calculated as a Percent of Students Who Entered 9th Grade 4 Years Earlier

Sacramento County and California, 1996–97 through 2000–01



Source: California Department of Education



Post-Secondary Enrollment

How was this measured?

Data was collected on the number of high school graduates enrolling in California higher education. Additionally, data comparing the number of students eligible for enrollment in the University of California and California State University systems to all graduates from the same year was collected by total and by gender. Data on Sacramento County high school graduates attending private schools, out-of-state-schools, and the wide array of vocational institutions is lacking.

Why is this important?

The job market is increasingly competitive. Entire careers can be built now in areas that were unheard of 20 years ago. Keeping pace necessitates lifelong learning. The more educated a person is, the more opportunities he or she has to find satisfying employment. In today's technology-based employment arena, candidates without post-secondary training can be excluded even from entry-level positions.

How are we doing?

In 2000, 56.1% of Sacramento County graduates enrolled in state public higher education compared



Photo: Sacramento City Unified School District

with 46.7% of graduates throughout the state.

In 1999–00, 30.4% of graduates in Sacramento County completed all the courses required for University of California and/or California State University entrance with a grade of “C” or better. This was lower than the state’s 34.8%.

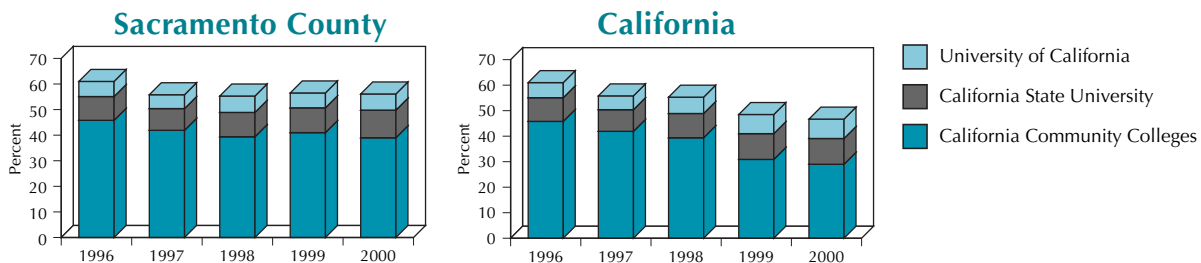
Related Indicators: Employment, Living Wage, Graduation Rates

Educational Demographics 2000–01

	Sacramento County	California
Graduates	11,206	309,866
UC/CSU–Eligible Graduates	3,406	107,926

Source: California Department of Education

Recent Graduates Enrolling in California Public Post-Secondary Institutions



Source: California Postsecondary Education Commission

Per-Pupil Expenditure

How was this measured?

Current cost of education is the direct cost of educational services per Average Daily Attendance (ADA) for students. Only costs directly associated with educational services are included, unlike the annual per-pupil expenditures or total cost per student used nationally, which is an estimate and includes expenditures not directly related to educational services. Total cost per

student, last measured at the county level in 1997–98, is not comparable to current cost of education because the methods of calculation differ.

EdSource provided information on California’s national ranking.

Why is this important?

The current cost of education is a method to compare effectiveness of educational dollars spent. Taxpayers

can make comparisons over time and with schools, districts, counties, and the state as a whole.

How are we doing?

From 1997–98 to 1999–00, California moved up from 40th to 38th in the country in expenditures per student, based on ADA. California continues a decade-long pattern of ranking below the national average in spending per student.



Photo: Sacramento County Office of Education Friday Night Live Mentoring Program

Schools in California receive funding primarily from the state, whereas schools in most states are funded through local jurisdictions.

Per-pupil spending tends to be similar between Sacramento and California. In 1998–99, Sacramento had a slightly higher expenditure per pupil (\$5,409) than California (\$5,379). However, in 1999–00, California increased its expenditure by 6% to \$5,705 per pupil, and Sacramento County increased spending by 4.3% to \$5,643.

Related Indicators: Test Scores, Student and Family Support Services, School Enrollment

Current Cost of Education*				
	1989–99	1999–00	1999–00 Inflation-Adjusted	Change Percent
Sacramento County	\$5,409	\$5,643	\$5,482	1.3
California	5,379	5,705	5,543	3.0
Difference	.56%	–1.10%		

* Cost of direct educational services to students per average daily attendance.

Source: California Department of Education, School Fiscal Services Division



Student and Family Support Services

How was this measured?

Data on ratios of student to professional staff and average class size was gathered from the Department of Education. In addition, information on comprehensive systems of support such as various collaboratives and partnerships throughout Sacramento County was examined.

Why is this important?

Academic success is not a product of instruction alone. Educational achievement, physical and emotional health, and family strength are inter-related. Schools must ensure that each child receives the physical, emotional, and intellectual support that he or she needs—in school, at home, and in the community—to learn well. This is achieved when students have access to a variety of learning support systems. Such support systems cannot be provided by schools alone, but evolve in an environment shared with families and communities.

How are we doing?

Schools, communities, and families are making efforts to form collaborative partnerships to provide students



Photo: Rio Linda Union School District

with learning support systems. Some support systems that currently exist in schools throughout Sacramento County include: after-school programs provided by schools in collaboration with community-based organizations; Healthy Start Initiatives; Systems of Care; Wraparound Services; Student Resource Offices; mentor programs; and parent, teacher, and student associations.

Sacramento County has improved its ratios of counselors, psychologists, and nurses per student from 1998 to 2000. The student-counselor ratio in Sacramento County is still high at 966:1, even higher than the state's average of 945:1.

In 2000–01, California had the second highest ratio of students to teacher of any state. The ratio is 20.7 students to 1 teacher, compared to the U.S. average of 16.1 to each teacher. The pupil-to-teacher ratio county average is slightly lower at 20.4 than the state's average. It is important to note that the county's pupil-teacher ratio has been steadily decreasing since 1997–98.

Related Indicators: Per-Pupil Expenditures, Mental Health Services, School Enrollment

Number of Schools, Pupil/Teacher Ratio, and Average Class Size, 1999–00 and 2000–01

	<i>Number of Schools</i>	<i>Pupil/Teacher Ratio</i>	<i>Average Classroom Size</i>
1999–2000			
Sacramento County	328	20.7	26.4
California	8,563	20.9	26.7
2000–2001			
Sacramento County	345	20.4	26.3
California	8,761	20.7	26.5

Source: California Department of Education

HEALTH

■ Alcohol and/or illicit substance use is a factor in almost one-fourth of infant deaths caused by prematurity and other perinatal conditions.

■ In Sacramento County, 80% of women report entering prenatal care in the first trimester. ■ The county is designated a nonattainment area for ozone and PM10. ■ Teenage birth rates have gone down during the past 5 years.

■ Gonorrhea and chlamydia rates in Sacramento County remain higher than in the state. ■ Approximately 11,000 children have no health insurance. ■ Rates for 2-year-olds being fully immunized increased from 40% in 1994 to 63% in 2001.



Photo: San Juan Unified School District

INDICATORS:

- Prenatal Care
- Immunization by Age 2
- Perinatal Substance Exposure
- Air Quality
- Birth Rates among Teens
- Sexually Transmitted Diseases
- Tobacco Use and Youth
- Healthcare
- Breastfeeding
- Dental Health
- Children Suffering from Asthma

Prenatal Care

How was this measured?

Data from the California Department of Health Services on prenatal care during the first trimester was reviewed.

Why is this important?

Mothers who obtain prenatal care in general have better birth outcomes. They are more likely to carry their babies to term, and their babies have a better birth weight. Low birth weight babies, who weigh 2.2 pounds or less at birth, often suffer from major disabilities such as cerebral palsy, mental retardation, blindness, and deafness. Later in childhood they may suffer from behavioral difficulties.

Accessing prenatal care early can help identify potential medical problems and other risk factors that could jeopardize the pregnancy (smoking, alcohol use, nutritional deficiencies, STDs) and provide early and effective intervention. Prenatal care is an opportunity to educate the expectant mother about issues such as drug use that can have long-term effects on the baby and mother.

How are we doing?

In Sacramento County, 80% of women report entering prenatal care in the first trimester. This is an improvement over previous years, but this rate is still lower than the Healthy People 2000 objective of 90% and lower than the state's 84.8%. Minor-

ity women, women under 20, and women over 45 are less likely to start early prenatal care.

Women who are most at-risk for poor birth outcomes are also the ones who have the most barriers to obtaining medical care. Lack of transportation and child care are common obstacles. Cultural sensitivity of providers can be a barrier to care, as well as the patient's fear of discovery by local officials (e.g., Immigration or Child Protective Services).

Poverty and lack of insurance have been strongly associated with seeking late or no prenatal care. Every health plan in Sacramento County encourages prenatal care. Medicaid recipients in managed care plans are covered in the first trimester, but many do not take full advantage of available prenatal benefits. An investigation in Sacramento County uncovered the fact that many women

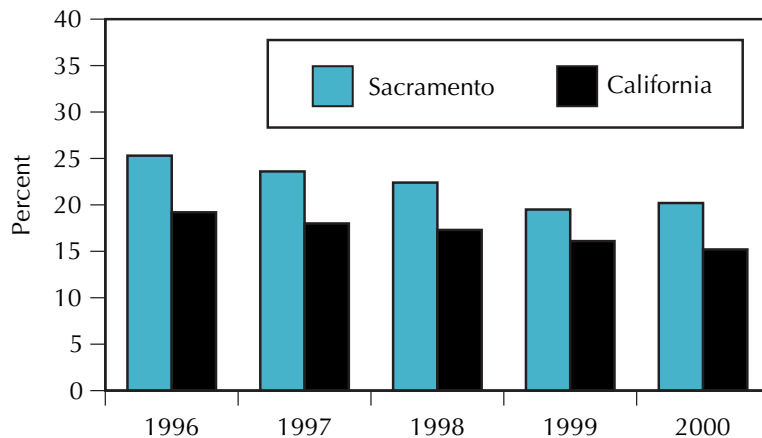


Photo: Sacramento City Unified School District Early Head Start Program

are unaware of the Presumptive Eligibility program, which allows pregnant women to see a doctor before their Medi-Cal eligibility is approved. However, only about one-fourth of obstetrician/gynecologist providers in Sacramento County accept presumptive eligibility for Medi-Cal.

Related Indicators: Healthcare, Sexually Transmitted Diseases, Perinatal Substance Abuse

No Prenatal Care during First Trimester
Measured as a Percent of Total Live Births



Source: California Department of Health Services

Immunization by Age 2

How was this measured?

The immunization rate was measured by the number and percentage of children who have received all of the recommended immunizations by age 2. The immunization rate in Sacramento County (North Central Valley) is measured by reviewing a child's immunization record when he or she enters school, making the data retrospective. Missing, incomplete, or incorrect records may result in an inaccurate picture.

Why is this important?

Many diseases are preventable by vaccination. Children who are not immunized are at risk for contracting those diseases, many of which are serious and can be fatal.

How are we doing?

Over the past 12 years, up-to-date immunization rates in California have steadily increased at all ages. The percentage of children completing their basic series on time by 19 months of age almost tripled between 1990 and 2001.

In Sacramento County, rates for 2-year-olds being fully immunized have increased from 40% in 1994 to 63% in 2001. A concentrated effort has been made in the last few years to educate providers on continuing changes in immunization recommendations. With approximately 18,500 births in Sacramento County every year, it is a challenge to ensure that all children are fully immunized



Photo: San Juan Unified School District

by age 2. Many projects and outreach efforts have helped to increase county rates, including public awareness campaigns and campaigns targeting high-risk groups such as children enrolled in Women, Infants and Children (WIC) programs and CalWORKs assistance programs. The goal is to have 90% of children fully immunized by age 2.

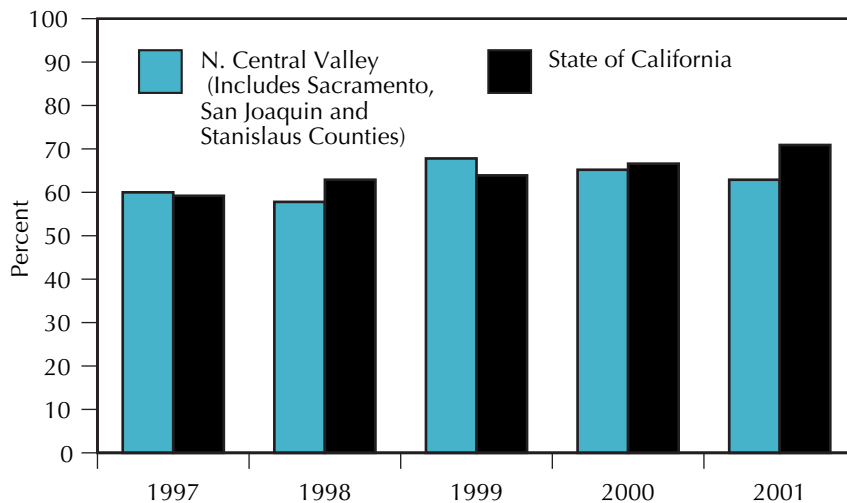
It is important to note that according to data at the state level reported in the 2001 Kindergarten Retrospective Survey, immunization rates for Hispanic and African American children are below average.

A new policy, effective October 2002, requires immunization screening every 6 months of all children enrolled in WIC up to age 2.

Related Indicator: School Readiness

Children Fully Immunized at Second Birthday

3 Polio; 4 Diphtheria, Pertussis, Tetanus (DPT); 1 Measles, Mumps, Rubella, (MMR)



Source: California Department of Health Services, Immunization Branch. Based on the 2001 Kindergarten Retrospective Survey.



Perinatal Substance Exposure

How was this measured?

Currently, there is no system in place in Sacramento County to collect local data on perinatal substance use. Perinatal describes the period from 28 weeks of gestation through the first week of life. This period of time includes pregnancy, delivery, and post-partum. Child Protective Services (CPS) encourages hospitals to report both positive toxicology screens or history of perinatal substance abuse, but not all mothers are screened for drugs. The hospital has discretion regarding who is screened and reported to CPS.



Why is this important?

The use of alcohol, tobacco, and other drugs during pregnancy is one of the leading preventable factors contributing to infant mortality.

Babies born exposed to drugs before birth have a higher risk of prematurity, low birth weight, Sudden Infant Death Syndrome (SIDS), having a small head and brain, brain and heart damage, deformed face and limbs, addiction and withdrawal at birth, birth defects, infection, and short attention span and behavioral problems in childhood.

Legal substances such as alcohol and tobacco have a much greater cumulative effect on birth outcomes than illegal substances.

When a pregnant woman smokes, so does the baby. Smokers inhale poisons such as nicotine and carbon monoxide. These poisons enter the placenta and prevent the unborn baby from getting the food and oxy-

gen needed to thrive. Babies often weigh less at birth when the mother smokes. Smaller babies are more likely to need special care and may stay longer in the hospital. Smoking during pregnancy increases the risk of SIDS, the most frequent cause of death in infants aged 1 month to 1 year.

The cost of substance use during pregnancy is high to society in both human and economic terms. *Saving Babies' Lives Community Health Plan*, 2001, reports that the average medical cost for the birth of a healthy baby is around \$5,000 while the average medical cost associated with the birth of a drug-exposed infant is approximately \$100,000–\$150,000.

Alcohol and other drug use may also interfere with a parent's caregiver role. Children with prenatal exposure to drugs are 2 to 3 times likelier to be abused or neglected.

How are we doing?

It is important to know whether we are doing better in substance abuse prevention in general, but recent data is not available. The most recent study on alcohol and drug use during pregnancy, conducted in 1992, *Profile of alcohol and drug use during pregnancy in California*, found that 15.2% of infants in Sacramento County were born to mothers who used alcohol or other drugs during pregnancy. This was higher than the rate for California overall (11.4%) and for most other counties in the state.

Examination of Sacramento County deaths in 1999 revealed a family history of alcohol and/or illicit substance use in almost one-fourth of infant deaths caused by prematurity and other perinatal conditions. CPS tracks a variety of referral characteristics relating to perinatal substance abuse. This data includes: hospitals

from whom referrals are made, ethnicity, age, zip code, “drug of choice,” and additional risks. No economic data is collected. From this data the following is known: many perinatal substance abusers are mothers in their late 20s to 40s; the problem is evident in the entire community—not just concentrated in one area; and methamphetamines and poly-drug abuse (multiple

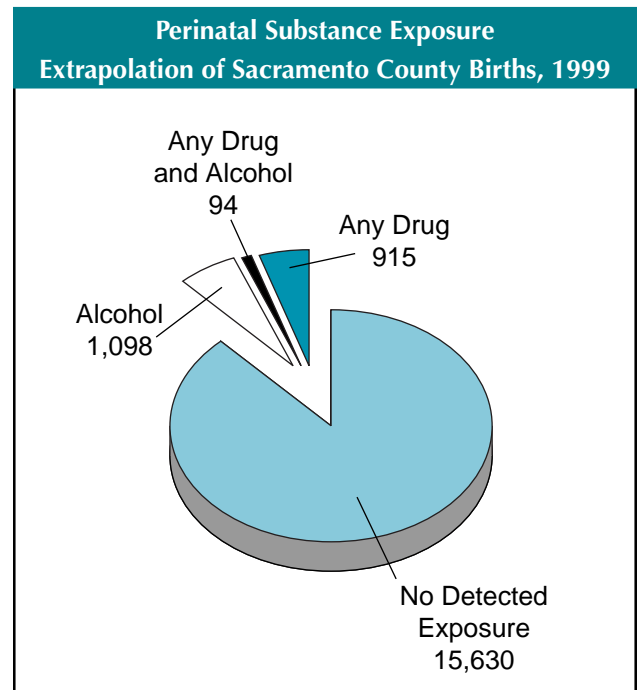
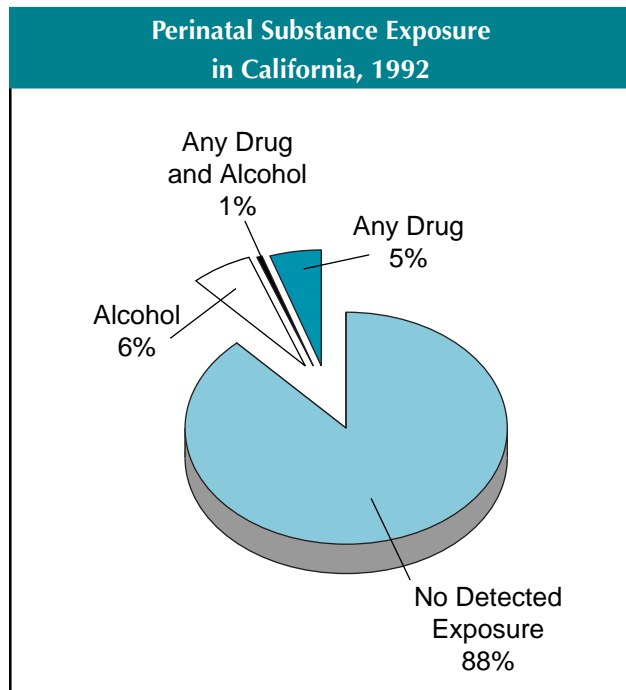
drugs) are among the most common illegal substances.

As shown in the charts below, however, the primary substance use issues for pregnant women and their infants are those involving alcohol.

In Sacramento County, government- and privately funded programs provide support for families with preg-

nant moms or newborns through home visitation and family resource centers. Such programs, along with early prenatal care, can be a step toward addressing the problem.

Related Indicators: Child Deaths, Tobacco Use and Youth, Youth Substance Abuse, Prenatal Care



In a 1992 study of the prevalence of perinatal substance exposure in California, 11.4% of newborns studied were found to have perinatal exposure to one or more drugs. This is the most comprehensive information available to extrapolate perinatal exposure in Sacramento County.

The second chart above uses this data to extrapolate the numbers of infants likely to have substance exposure in Sacramento County in 1999.

Source: “Changing the Landscape: A Study of Alcohol and Other Drug Abuse in Sacramento County,” published by the Public Health Advisory Board and the Alcohol and Drug Advisory Board, January 2001. 1992 Source: “Profile of alcohol and drug use during pregnancy in California,” Vega, WA; Noble, A; Kolody, B; Porter, D; Hwang, J; Bole, A.



Air Quality

How was this measured?

The number of days air quality exceeds the 1-hour state ozone standard and the 24-hour state particulate matter PM10 (particulates 10 microns or less in diameter) standard were used.

Why is this important?

Chronic and acute exposures to air pollution at levels above state standards can cause or exacerbate lung conditions like asthma, bronchitis, and emphysema. Exposure to air pollution can contribute to premature death in people with heart and lung disease. Research indicates that high levels of air pollution are particularly risky for children, whose lungs are still in the formative stages. Effects of air pollution on children include respiratory illnesses and decreases in the development of lung function. Consequences are both short- and long-term.

Children’s airways are smaller and more likely to become blocked when irritated. They breathe more rapidly, taking in more air per pound of body weight. Children spend a lot of time outdoors and do not recognize or acknowledge the effects of exposure to polluted air, even when they are experiencing difficult breathing.

A study funded by the California Environmental Protection Agency’s Air Resources Board (ARB) has revealed that exposure to high air pollution levels can slow down the lung function growth rate of chil-

dren by up to 10%. The 10-year study is the nation’s first large-scale effort to explore the effects of long-term exposure to outdoor air pollution.

In recent years, the effects of indoor air pollution on children have received attention. Although it is difficult to find definitive data, concern about contaminants such as secondhand smoke and vapors from building materials, paints, furniture, and cooking/heating appliances appears valid.

How are we doing?

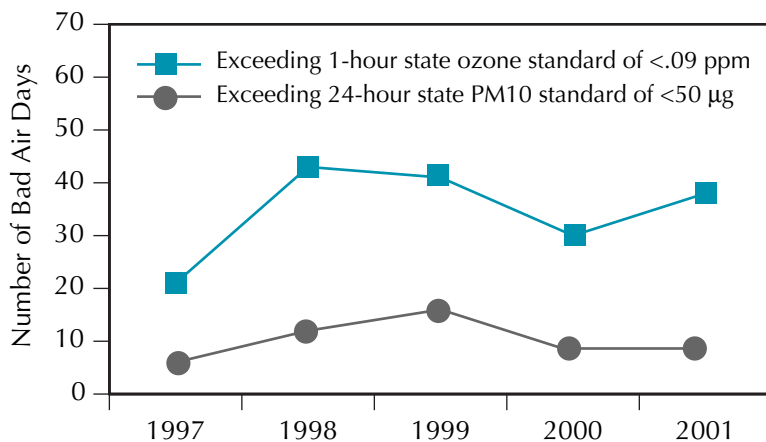
The Sacramento Valley is shaped like a bowl, and air pollution levels in Sacramento County can rise when the inversion layer acts as a lid and traps pollutants. As a result, the county is designated a nonattainment area for ozone (federal and

state) and PM10 (state). In addition, wind patterns can transport air pollution to our area from neighboring counties, with an impact that has been classified as significant by the ARB. Children in Sacramento County are exposed to air pollution for extended periods of time. They are at greater risk of suffering from asthma and other lung diseases than children in communities that meet clean air standards.

Understanding air pollution and its adverse effects is an area of intense current research. Results of this research will enable the state to ensure that the standards set protect the health of all Californians.

Related Indicator: Traffic Congestion, Children Suffering from Asthma, Tobacco Use and Youth

Sacramento Air Quality



Source: Sacramento Metropolitan Air Quality Management District

Birth Rates among Teens

How was this measured?

Birth rates by age and ethnicity for teenage mothers in Sacramento County were reviewed.

Why is this important?

Numerous risk factors link early childbearing with poor health outcomes for both the teen mother and the child. Teenage girls face increased risk of both physical and emotional complications during pregnancy. Because the teen's body is still developing and maturing, the

added demands of developing a fetus can result in physical stresses not experienced by the fully mature adult female. In addition, teens are more likely to experience problems such as anemia and inappropriate weight gain during pregnancy. Teen birth has been linked to increased risk of cervical cancer.

According to Sacramento County data, the younger the female, the less likely she was to receive prenatal care and the fewer prenatal visits she had.



Photo: San Juan Unified School District

Many pregnant or parenting teens are not able to graduate from high school and experience lifelong economic limitations.

Birth Rates by year of Age for Teenage Mothers

Rate per 1,000 Female Population by Age Group:
Under 15 (10–14 years), 15, 16, 17, and 18 years
Sacramento County and California, 1997–00

	1997		1998		1999		2000	
	Sacramento	CA	Sacramento	CA	Sacramento	CA	Sacramento	CA
Under Age 15	1.3	1.1	0.9	1.0	0.8	0.9	0.7	0.8
Age 15	17.4	17.2	12.5	14.7	12.7	13.5	11.1	12.1
Age 16	30.2	34.2	32.6	33.6	26.9	30.2	25.1	28.1
Age 17	53.6	55.6	55.6	57.2	43.9	50.0	37.9	45.4
Age 18	75.0	79.4	84.6	81.3	77.0	76.4	65.9	71.7

Sources: California Department of Health Services, Birth Records; California Department of Finance, 1997–2000 Population Projections by Age, Sex, and Race/Ethnic Groups

Births by Age and Ethnicity of Mother

Number and Percent of Births by Age Category, Sacramento County, 2000

	Under Age 15		Age 15–17		Age 18–19	
	Number	Percent	Number	Percent	Number	Percent
TOTAL	32	100.0	628	100.0	1,366	100.0
African American/Black	8	25.0	122	19.4	262	19.2
American Indian	1	3.1	9	1.4	22	1.6
Asian or Pacific Islander	2	6.3	57	9.1	92	6.7
Latino/Hispanic	12	37.5	200	31.9	373	27.3
White	4	12.5	189	30.1	538	39.4

Source: Rand California, 2002

How are we doing?

There were 18,192 babies born in 2000. Of these births, 6.5% were to young mothers age 18 and younger. The *Sacramento County Teenage Community Health Plan, 2000*, reports that teenage birth rates have gone down during the past 5 years. However, there are still ethnic and economic disparities among the adolescent parent population. Higher adolescent birth rates continue to be heavily concentrated among poor and low-income teenagers.

Fathers of babies born to teenage mothers are likely to be older than the females and more difficult to involve in most prevention efforts. At this time, prevention programs are focused primarily on adolescent females.

Related Indicator: Prenatal Care



Sexually Transmitted Diseases

How was this measured?

Data was collected on rates of gonorrhea and chlamydia by age and gender from the California Department of Health Services, STD Branch, and the Sacramento County Department of Health and Human Services.

Why is this important?

Sexually transmitted diseases (STDs) can have serious and long-term, even permanent, consequences and have been known to cause infertility, chronic pelvic pain, poor pregnancy outcomes, and death. STDs and vaginal infections have an enormous influence on adverse outcomes for pregnancy. It is estimated that 30–40% of preterm births may be associated with STDs and vaginal infections. With appropriate treatment, many of these adverse outcomes can be altered for the better.

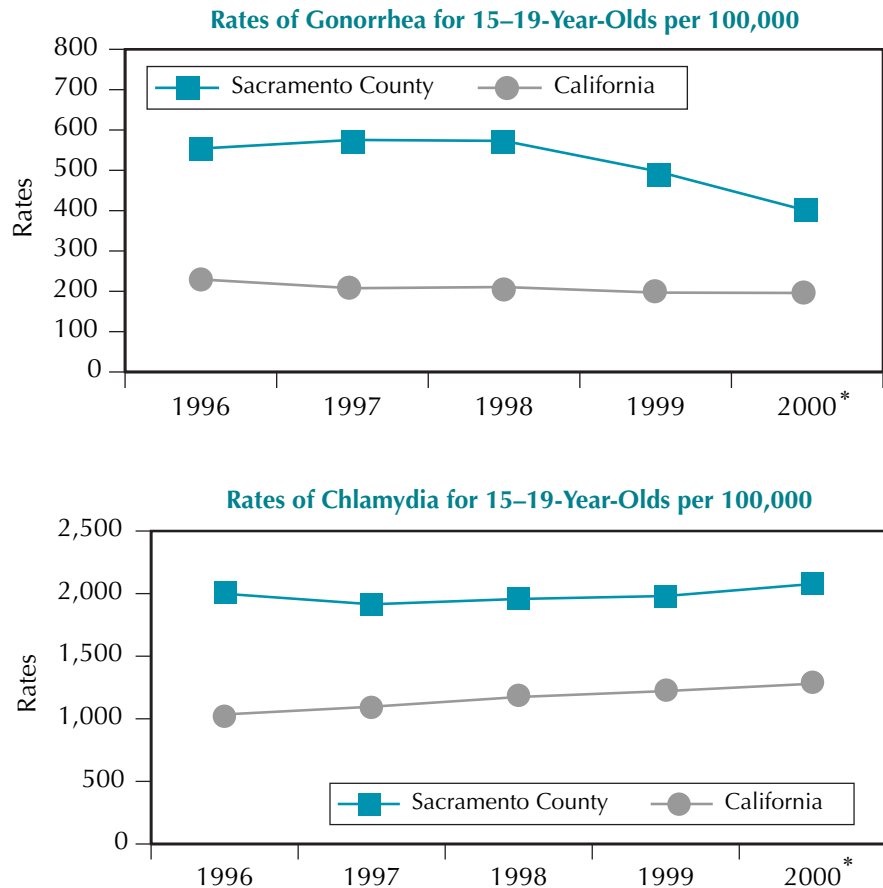
How are we doing?

Gonorrhea and chlamydia rates in Sacramento County continue to remain higher than those for the state as a whole.

It is likely that many cases of STD go undiagnosed for a variety of reasons. Some are asymptomatic. The shame factor and confidentiality concerns may interfere with youth seeking evaluation and treatment.

Some children have STDs at a very young age. Generally these infections are acquired at or before birth or by child molestation.

Rates of Sexually Transmitted Diseases



* Provisional rates for California in 2000

Sources: California Department of Health Services, STD Control Branch; Sacramento County Department of Health and Human Services; Department of Finance

Currently, there is no comprehensive data on the prevalence of HIV infection in California, although on July 1, 2002, a non-name HIV reporting system was implemented.

Related Indicator: Prenatal Care

Tobacco Use and Youth

How was this measured?

The percentage of youth who smoked cigarettes one or more times in the past 30 days was measured in grades 7, 9, and 11 in the 2000 Healthy Kids Survey.

Why is this important?

Cigarette smoking is a major cause of emphysema, chronic bronchitis, lung cancer, and coronary heart disease. In the U.S. it is the number one cause of illness and premature death. Each year, more Americans die from smoking-related diseases than from AIDS, drug abuse, car accidents, and murder—combined. Statistics show that smokers are sick more days per year than nonsmokers.

Smoking hurts more than just the smoker. Cigarettes and other burned forms of tobacco generate environmental tobacco smoke, a major contributor to asthma attacks, heart attacks, and lung cancer among nonsmokers. Secondhand smoke is an issue—a child has no choice but to be exposed to the ill effects of smoke when he or she is brought up in a smoking household. This involuntary smoking is widespread in our society and exposure may accumulate over a lifetime to create important health risks. Secondhand smoke has been classified as a Group A carcinogen by the U.S. Environmental Protection Agency, a rating used only for substances proven to cause cancer in humans.

Additionally, smoking by pregnant women can contribute to a baby's low birth weight, and youth are more likely to smoke if their parents do.

Although smokeless tobacco is likely to hurt only the user, its use is of concern. Long-term adverse effects include poor oral health, even cancer.

How are we doing?

Smoking by youth in Sacramento County appears to be declining. The percentage of seventh, ninth, and eleventh graders who smoked cigarettes one or more times in the last 30 days has decreased steadily from 1998 through the spring of 2000. Among seventh graders, the percentage has gone from 14% in 1998 to 6%; among ninth graders, from 24% to 14%; and among eleventh graders, from 26% to 19%. These figures are lower than the state's 2000 percentages at 11% of seventh graders, 23% of ninth graders, and 27% of eleventh graders. The same survey reported that in Sacramento County 79% of seventh graders, 74% of ninth, and 80% of eleventh graders perceive frequent



Photo: Sacramento County Office of Education, Friday Night Live Mentoring

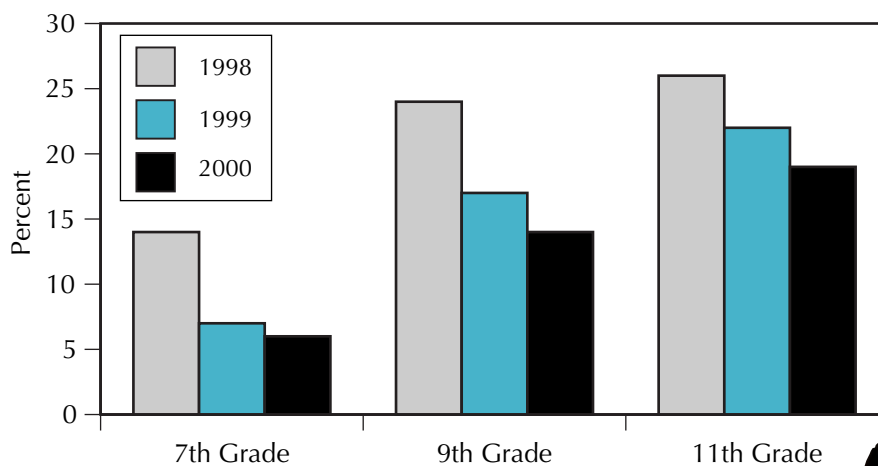
use of cigarettes as extremely harmful.

Almost all first tobacco use occurs before high school graduation. It is clear that youth must be targeted at an early age to prevent tobacco use. Although marketing tobacco to youth has been restricted, this vulnerable population is still targeted by advertisers.

Related Indicators: Perinatal Substance Exposure, Children Suffering from Asthma, Air Quality

Sacramento County Smoking Rates among Youth

Percent Who Smoked Cigarettes
1 or More Times in Past 30 Days



Source: 2000 California Healthy Kids Survey



Healthcare

How was this measured?

National data was gathered from the Center for Cost and Financing Studies. For local data, the 2001 California Health Interview Survey (CHIS) and the Regional Community Health Needs Assessment: El Dorado, Placer, Sacramento and Yolo Counties were used.

Why is this important?

Children without preventive and ongoing healthcare are more likely to suffer chronic health conditions and are less likely to succeed in school. Access to regular healthcare helps avoid the “crisis management” form of care.

Regardless of cultural or linguistic norms, many people feel alienated from the healthcare system, which reduces their willingness to seek care when problems first arise and results in more serious illness later.

How are we doing?

In early 2000, 16.1% of the U.S. population (44.0 million people) had no health insurance coverage. Young adults ages 19–24 were more likely than any other age group to be uninsured.

In California, one out of five children (1.85 million) is uninsured. About 1.3 million uninsured children are eligible for, but are not yet enrolled in, government-funded health coverage programs such as Medi-Cal and Healthy Families. Latino children are 3.5 times as likely as white children to be uninsured, and Asian/Pacific Islander and African-American children are

more than twice as likely as white children to lack health insurance. The uninsured rate for white children from 1994 to 1999 decreased 43%, while the uninsured rate for other ethnic groups remained the same or increased. California employees are one-third more likely than employees in the nation as a whole to work for an employer that does not offer health benefits. Eighty-two percent of the uninsured are in working families and 47% are in families headed by at least one fulltime, full-year employee.

The 2001 CHIS reports that 3.4% of the children in Sacramento County—approximately 11,000 children—are uninsured; 72.2% are covered by employment-based programs; and 21.8% are covered by Medi-Cal or Healthy Families insurance.

Locally, the “Regional Community Health Needs Assessment” states that access to care was identified as a key issue in every focus group and interview they conducted. Even where the supply of services is adequate, there are barriers that prevent people from getting the help they need.

The report noted common barriers to access are language (especially in Russian- and Spanish-speaking communities); transportation (particularly lack of bus service to rural areas and not enough specialized transportation such as Paratransit for the elderly and disabled); difficulty getting an appointment; lack of child care during doctors’ appointments;



and lack of responsiveness from healthcare providers.

Despite efforts to insure the health of the region’s population, there are still substantial gaps in coverage.

Even when insured, a large percentage of people either do not know that they have a primary care physician, or do not know how—or do not choose—to access him or her. Many of these people end up using emergency rooms as their health care provider. Emergency rooms are expensive and not well-suited to provide non-emergency care.

Related Indicator: Employment

Breastfeeding

How was this measured?

Data on mothers who initiate breastfeeding from California Department of Health Services and available data on breastfeeding from Women, Infants, and Children (WIC) were reviewed.

Why is this important?

Overwhelming scientific research indicates that breastfeeding fosters great health and economic benefits. Breastfeeding can prevent or reduce the severity of gastrointestinal disorders, ear and respiratory infections, lung disease, heart disease, diabetes, childhood cancer, other diseases, allergies, poor vision, lower IQ, and Sudden Infant Death Syndrome. Mothers who breastfeed show a lower incidence of abusing or abandoning their children.

Breastfeeding has benefits for a mother as well. Breastfeeding can help her regain her shape more quickly. Mothers who breastfeed have a lower incidence of breast, ovarian, and endometrial cancer; osteoporosis; and rheumatoid arthritis.

The American Academy of Pediatrics recommends exclusive breastfeeding for the first 6 months, with gradual introduction of other foods combined with breastfeeding until at least 12 months of age, and breastfeeding thereafter as long as is mutually desired by mother and infant.

How are we doing?

Countywide, the percentage of mothers to initiate combined breast and

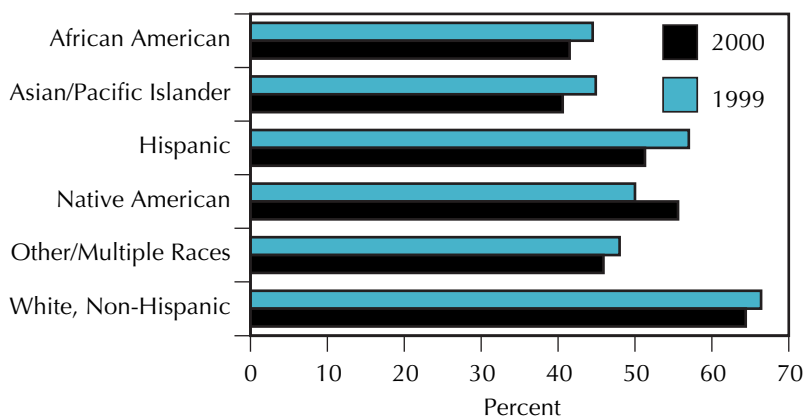
formula feeding in the hospital increased from 21.1% in 1999 to 24.2% in 2000; the percentage of mothers to initiate exclusive breastfeeding decreased from 58% to 55%.

These rates of initiation indicate a strong interest in breastfeeding, but there is a rapid decline after mothers leave the hospital. WIC has breastfeeding duration data on 5,000

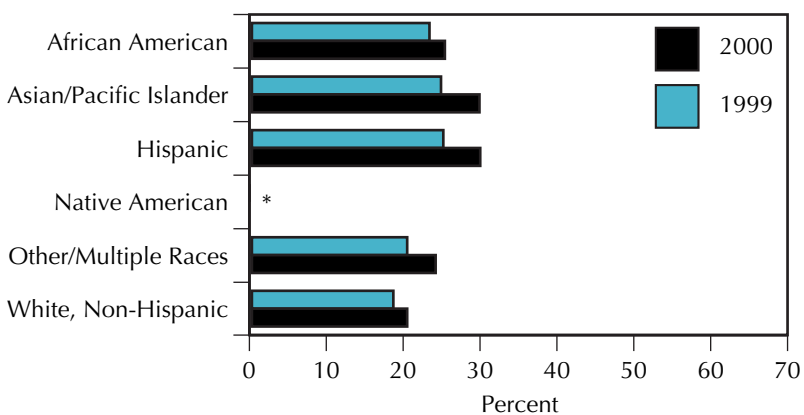
of the county's 20,000 infants born annually. This data shows typical drop-off points in the breastfeeding rates are during the first week, as a result of problems and uncertainty where to obtain help; at 6 weeks or later, when many mothers return to work and believe they cannot work and breastfeed; and at 5 to 6 months.

Related Indicator: Healthcare

Mothers Who Initiate Exclusive Breastfeeding, Sacramento County



Mothers Who Initiate Combination Breastfeeding/Formula, Sacramento County



* Numbers not shown when fewer than 5 cases.

Source: California Department of Health Services, Epidemiology and Evaluation Section, Maternal and Child Health Branch



Dental Health

How was this measured?

There is little data available to measure the extent of dental disease among children in Sacramento County and the amount of remedial care given. Data from Sacramento District Dental Society, the Sacramento County Healthy Start Collaborative, and from water districts that provide fluoridated water was reviewed.

Why is this important?

Oral disease continues to be the most prevalent untreated disease nationwide. The California Dental Association recognizes that early childhood caries is an infectious and preventable disease. It has long-range consequences because it predisposes the individual to a lifetime of dental, medical, and social problems that affect health and quality of life, at enormous cost to society. Oral disease can cause severe pain, interfere with eating, create poor self-image, and contribute to school absence.

How are we doing?

The extent of dental disease in Sacramento County children has not been accurately measured; it varies significantly with education, income, and dental insurance coverage. Every year, volunteer dentists and hygienists conduct cursory visual exams of more than 12,000 Healthy Start students in the county. Students in participating schools are largely from lower socioeconomic levels and are among the 153,557 Sacramento County Medi-Cal-eligible children enrolled in the Denti-Cal program.



Photo: Earl Warren and Elder Creek Elementary Schools

Between 1995 and 1999, the percentage of children in these schools with visible decay who required dental care or urgent care increased from 38% to 49%. In 2000 the percentage improved slightly.

In 1998, the Denti-Cal program was converted to a pilot program, Geographic Managed Care (GMC), with four HMOs as providers. In 1997, Sacramento County ranked 50th of 58 counties in the state in utilization of Medi-Cal dental services, with only 40% of Medi-Cal recipients receiving dental services. There is no reliable data on the

number of children treated or the number of dental treatments.

According to the American Dental Association (ADA), most people can and do access the dental care delivery system and receive the care they need and desire. A distinction must be drawn between demand and the unmet need for services. The level of demand is affected by income, family size, education level, prepayment coverage, health history, ethnicity, and age, among other factors (ADA Future of Dentistry report, 2001).

HEALTH

Nationally 62% of the population has fluoridated water; 30% of California's population has fluoridated community water. Studies have shown that children raised in communities with fluoridated water can expect a 36–54% lifetime reduction in dental caries compared to children raised in nonfluoridated communities.

In 1995 a state law mandated water fluoridation in water districts with more than 10,000 service connections when funds for equipment, operations, and maintenance are provided. The city water became fluoridated in April 2000. The same month, the Sacramento County Board of Supervisors made a unanimous resolution urging all water districts in Sacramento County to fluoridate community water. In September 2001 the Sacramento County Children and Families Commission approved the funding of equipment for Citizen's Utilities Parkway to fluoridate water in South Sacramento. The commission also expressed interest in participating in the fluoridation of the entire county as a regional project.

The majority of Sacramento County is not fluoridated. Of the 11 water districts in the county with more than 10,000 service connections, only the City of Sacramento is optimally fluoridated. Some time in 2002, Citizen's Utilities Parkway plans to be the second.

Several dental programs for children are at work in Sacramento County.

Smiles for Kids, formerly called Raley's Dental Days, was organized to serve children identified through the Healthy Start screenings as having dental needs but no access to regular care. Over the years, it has delivered more than \$2 million of free dentistry.

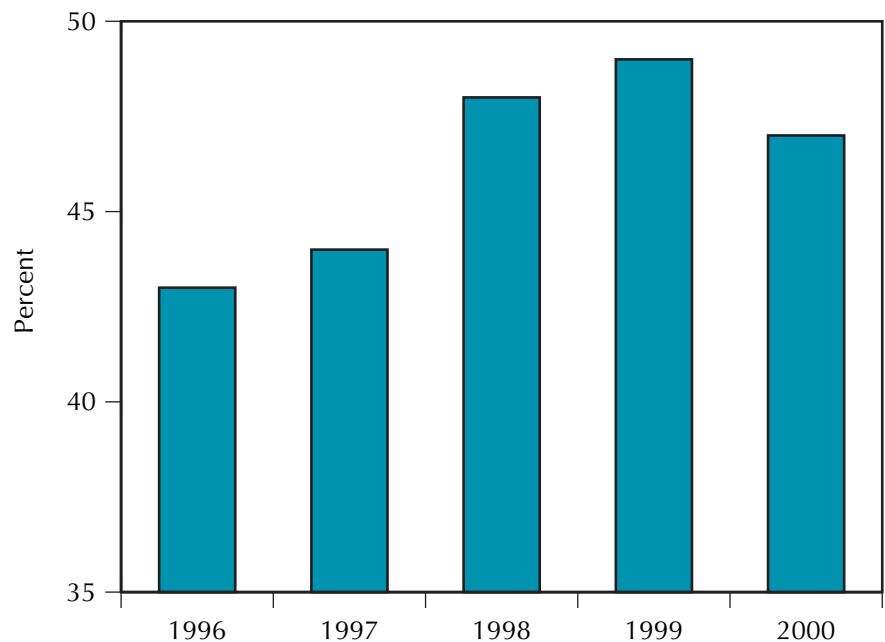
Sacramento County Smile Keepers Sealant Program was started more than 20 years ago. It provides for dental hygienists and dentists to visit schools to teach dental education and administer fluoride tablets through teachers when appropriate. They also hold Health Fairs to do

dental screenings. In 2000–01, they screened 1,989 children and applied dental sealants for 1,476 children in low income, high need schools. More than 2,000 children are expected to be treated this year from a mobile van with two dental chairs.

Additionally, Sacramento Dental Alliance volunteers teach children about dental care and produce pamphlets on baby bottle decay for hospitals and physicians to give to new mothers.

Related Indicator: Healthcare

Children with Dental Cavities or Needing Immediate Dental Care*



*Based on visual exams of more than 12,000 students in Sacramento County

Source: Sacramento District Dental Society and Sacramento County Healthy Start Collaborative



Children Suffering from Asthma

How was this measured?

Data on percentage of asthma symptom prevalence in Sacramento County and California in 2001 from California Health Interview Survey (CHIS), UCLA Center for Health Policy Research, was reviewed.

Why is this important?

Asthma can have a significant impact on the quality of life for children and youth, including causing them to miss school and limiting their participation in sports and physical activity.

Asthma is the leading serious chronic illness among children, and the one that causes them to miss the most school. Most children have mild to moderate problems, and their illness can be controlled by treatment at home or in the doctor's office. For some children, however, the illness becomes a formidable problem prompting numerous visits to the hospital emergency room and multiple hospitalizations. Asthma is the number one cause of hospitalization among children under the age of 15. Nationwide, asthma accounts for 1 in 6 pediatric emergency visits.

How are we doing?

Nationally, the prevalence and morbidity of asthma are growing problems that appear to affect urban populations and impoverished centers disproportionately.

Complete statewide data is available only for hospital discharges and deaths. Without incidence and prevalence estimates at the state and local levels, health planners cannot



Photo: San Juan Unified School District

accurately gauge the full extent of the disease burden, nor can they estimate the scope of the measures necessary to combat this illness.

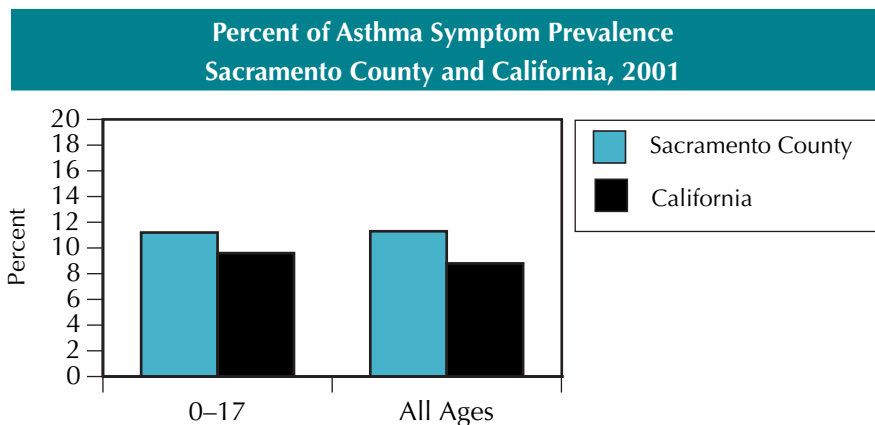
The limited data that we do have on the occurrence, trends, and impacts of asthma in California corroborates troublesome nationwide patterns.

According to the 2001 CHIS, an estimated 11.9% of Californians—3.9 million children and adults—report that they have been diagnosed with asthma at some point in their lives, compared to the national average of 10.1%. Nearly 2.9 million

Californians with asthma (8.8%) experienced asthma symptoms in the past 12 months, including 667,000 school-aged children. According to CHIS, 11.2% of children ages 0–17 in Sacramento County, approximately 37,811 children, experienced asthma symptoms in 2001.

The American Lung Association of Sacramento, Emigrant Trails' Asthma Collaborative is working to implement the three top priorities determined through the community needs assessment—an informational book, development of an asthma education campaign, and in-service training for school districts. The collaborative represents county and state health departments, local school districts, school nurses, respiratory therapists, pharmaceutical companies, healthcare insurance companies, physicians, and parents of asthmatic children.

Related Indicator: Air Quality



Source: California Health Interview Survey, UCLA Center for Health Policy Research

S A F E T Y

■ Child deaths from natural causes increased significantly between 1999 and 2000. ■ Responses within 24 hours to reports of child abuse and neglect have increased significantly. ■ Domestic violence calls for assistance increased 12% in 2000. ■ Approximately one out of four juvenile arrests involves a female offender. ■ Use of shelters for homeless people was at an all-time high in the winter of 2000–01.



Photo: Sacramento City Unified School District

INDICATORS:

Child Abuse and Neglect

Child Deaths

School Violence and Student Crime Rates

Domestic Violence

Driving Under the Influence

Juvenile Felony Arrest Rates

Runaways

Homeless Children

Child Abuse and Neglect

How was this measured?

Statistical information related to child abuse and neglect was compiled by Sacramento County Department of Health and Human Services, Child Protective Services Division (CPS), Quarterly Statistical Report, and the statewide Child Welfare Services Case Management Data System.

Why is this important?

Child abuse and neglect are community problems that cross socioeconomic boundaries and have profound effects on the safety and well-being of children. Without support and intervention, at-risk

children can remain unsafe, which can result in tragic consequences.

How are we doing?

Public awareness and education continue to play a significant role in lowering the tolerance of abuse and neglect. State law designates “mandated reporters” (doctors, nurses, clergy, etc.) who are trained to give accurate information to CPS. The number of trained reporters continues to increase and leads to appropriate responses when they report a problem.

The number of child abuse and neglect reports has remained stable over the past 3 years (approximately

16,000 per year). There has been an increase of approximately 350 reports that were responded to within 24 hours in 2000–01, which is a significant change. This shift to more immediate responses has resulted in more timely investigations that protect children. (Chart 1)

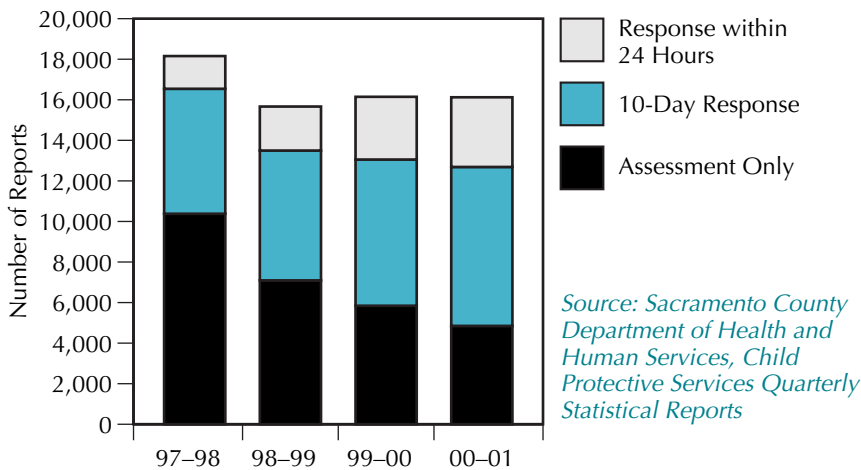
Neglect is the most frequently reported type of child maltreatment; however, once an investigation is initiated, additional types of maltreatment are often identified. In 2000, general and severe neglect accounted for 45.6% of all substantiated reports of child maltreatment in Sacramento County and 41% of all substantiated reports of child maltreatment in California. (Chart 5)

In 1997, the filing of Juvenile Court petitions to protect children from abuse and neglect reached a monthly average of 245. It was at this time that CPS shifted its emphasis to child safety from family preservation. Since 1997 the number of petitions filed has leveled off with a monthly average of 148 petitions filed in fiscal year 2000–01. (Chart 2)

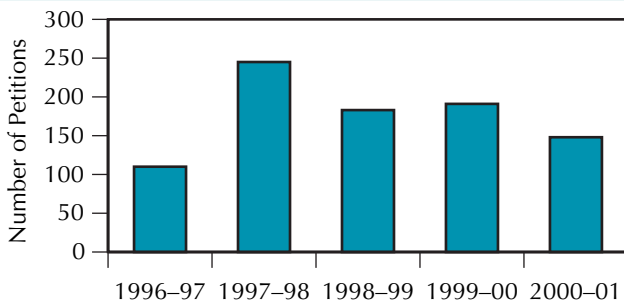
While maintaining its priority on child safety, CPS has emphasized voluntary early intervention services, (Family Maintenance and Informal Supervision). These voluntary services have resulted in fewer families being separated by court intervention. However, if the risk to the child increases while receiving voluntary services, safety measures are taken and/or the child is taken into protective custody.

When a child cannot remain safely at home, the Juvenile Court must intervene. When the court takes

1. Emergency Response—Child Abuse and Neglect Reports



2. Average Monthly Child Protection Petitions Filed in the Sacramento Juvenile Court



S A F E T Y

jurisdiction, the court can order that the child be placed out of his or her home or that the child remain in the home under court supervision. Parents are generally allowed 12 months to change their behavior to safely reunite with their children.

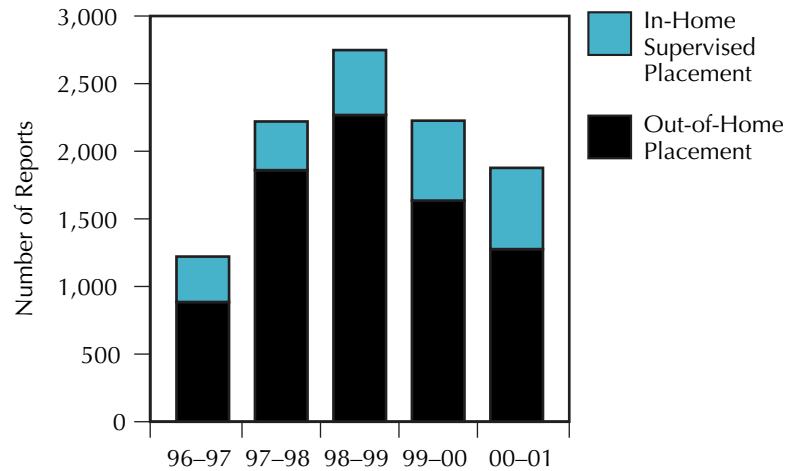
Since 1998 the number of children placed out-of-home has decreased, with more children being placed in their own homes with court supervision. In fiscal year 1997–98 the percentage of children placed in their own homes with court supervision was 16%; in 2000–01 it was 32%. This increase of in-home supervision provides the opportunity for more families to remain together while still being accountable to the court for their actions. (Chart 3)

The number of children reunited with their parents has steadily increased from 7% in 1997 to 26% in 2001. A child may be returned home with court supervision only when the court is assured that the child will be safe. Juvenile Court will make an order to terminate its jurisdiction only when there is assurance that the child will be safe in his or her own home without court supervision. (Chart 4)

The number of cases open in CPS has decreased over the past year. In July 2000 there were 8,641 cases open, and in July 2001 there were 7,796 cases open. This decrease is attributed to the reduction in the need to file protective petitions on behalf of children and the increase in the number of children being reunited with their families.

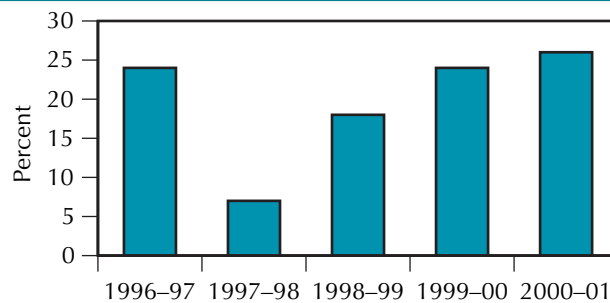
Related Indicators: Child Deaths, Out-of-Home Placement

3. Monthly Averages of Children in the Family Reunification Program



Source: Sacramento County Department of Health and Human Services, Child Protective Services Quarterly Statistical Reports

4. Percentage of Children in Out-of-Home Placement Reunited with Their Families



Source: Sacramento County Department of Health and Human Services, Child Protective Services Quarterly Statistical Reports

5. Percentage of Types of Substantiated Maltreatment

Allegation	1998		1999		2000	
	California	Sacramento County	California	Sacramento County	California	Sacramento County
General neglect	34.4%	37.7%	34.3%	32.8%	36.0%	33.9%
Severe neglect	5.1	6.7	5.1	14.9	5.0	11.7
Physical abuse	19.5	24.7	18.1	23.9	17.0	23.8
Emotional abuse	10.8	2.2	12.7	2.4	14.0	7.0
Caretaker abuse/incapacity	13.3	12.9	12.0	8.6	12.0	8.0
Sexual abuse	9.9	12.5	9.7	14.2	9.0	13.2
Exploitation	0.2	0.2	0.2	0.2	.01	0.1
Referred to services, but not abused	6.8	3.1	7.9	3.0	6.8	2.3

Source: Child Welfare Services Case Management Data System



Child Deaths

How was this measured?

The causes of child death were compiled by the Sacramento County Child Death Review Team. The numbers represent the deaths of resident children, age newborn to 18.

Why is this important?

Child death is a meaningful indicator of the effectiveness of public health and accident prevention programs and statutes, such as those promoting the use of smoke detectors, seat belts, and bicycle helmets. For younger children, inattention or lack of appropriate supervision is a factor in many injury-related deaths. In older children, the death rate may help assess risk-taking behavior.

How are we doing?

Overall deaths of children from natural causes increased significantly between 1999 and 2000, from 118 to 138, with the largest increases in deaths related to cancer and congenital anomalies. Injury-related deaths have remained about the same in the last 2 years, with the most notable changes being an increase in motor vehicle deaths and suicide and a decrease in deaths attributable to abuse or neglect.

Most children killed by cars while riding their bikes are 10–16, and head injuries caused the majority of deaths. California law requires all bicyclists under 18 to wear a helmet. Three years ago a bicycle safety campaign funded by the Office of Traffic Safety, U.C. Davis’s Trauma Outreach and Prevention unit estimated helmet use among children at 10%.

More children die from motor vehicle-related injuries annually than any other unintentional cause of death. Riding unrestrained is the greatest risk. The National Safe Kids Campaign estimates that approximately 29% of children under 4 ride without appropriate restraint, putting them at twice the risk of injury or death.

Homicides involving children are divided into two categories—those caused by friends, strangers, or acquaintances (third-party homicides) and those caused by caretakers

(abuse or neglect). Most children who die from abuse or neglect are 4 years old or younger. Most victims of homicides involving teens age 13 to 17 are male; drugs and gang activity are associated with one out of three third-party homicides in this age group. Most third-party homicides, and half of all suicides, involve firearms.

Related Indicators: Children Living in Poverty, Youth Substance Abuse, Domestic Violence, Child Abuse and Neglect

Causes of Child Death, Sacramento County

	1996	1997	1998	1999	2000
NATURAL CAUSES					
Perinatal conditions	42	52	48	40	42
Congenital anomalies	19	30	27	27	33
Sudden Infant Death Syndrome	21	20	19	18	18
Cancer	9	5	10	10	15
Infections	7	3	4	6	8
Respiratory	9	8	4	1	3
Other	15	12	4	11	16
Undetermined (natural)	4	1	1	5	3
Total Natural Causes	126	131	117	118	138
INJURY-RELATED					
Homicides					
Child abuse or neglect	9	14	7	13	6
Third-party	7	9	4	3	4
Motor vehicle accidents					
Occupant	15	10	7	4	8
Pedestrian	2	7	1	5	5
Bike	2	0	3	2	1
Drowning	4	6	7	6	5
Suicide	4	5	8	0	6
Suffocation/choking	2	4	2	1	1
Fire	3	5	4	0	0
Other	0	5	1	1	1
Undetermined (injury)	3	0	2	1	0
Total Injury-Related Deaths	51	65	46	36	37
Undetermined manner	4	2	2	3	4
Total Child Deaths	181	198	165	157	179

Source: Sacramento County Child Death Review Team

School Violence and Student Crime Rates

How was this measured?

A student is defined as anyone enrolled in kindergarten through twelfth grade. Crime rates per 1,000 students as reported in the California Safe Schools Assessment were used.

Why is this important?

Children spend much of their time in school. They are better able to learn if they feel safe while they are there. A parent’s and child’s perception of school safety can also affect the family’s level of enthusiasm and participation in the educational process.

How are we doing?

Sacramento County appears to have more incidents of school violence than the state average. However, it is difficult to evaluate school violence because school policies and

methods of collecting data vary widely from school to school. Statistical changes also could be attributed to changes in school policy.

Sacramento County student crime statistics have shown an increase in 2000–01 in battery, sex offenses, and property crimes. Drug and alcohol offenses and robbery/extortion have decreased, and possession of a weapon and assault with a deadly weapon have remained about the same as in 1999–00.

The Sacramento Police Department and the Sacramento County Sheriff’s Department provide School Resource Officers to Sacramento County schools to help ensure a safe learning environment for students.

Related Indicators: Youth Substance Abuse, Juvenile Felony Arrest Rates



Crime Rates per 1,000 Students*

	<i>Drug/Alcohol Offenses</i>	<i>Battery</i>	<i>Assault with a Deadly Weapon</i>	<i>Robbery/ Extortion</i>	<i>Sex Offenses</i>	<i>Possession of a Weapon</i>	<i>Property Crimes</i>
Sacramento County							
1996–97	3.3	7.1	0.6	0.2	0.3	1.3	5.2
1997–98	3.0	5.2	0.5	0.3	0.1	1.4	5.0
1998–99	4.0	4.7	0.6	0.3	0.2	1.5	4.7
1999–00	5.6	5.4	0.7	0.3	0.3	1.6	4.5
2000–01	5.2	7.6	0.7	0.2	0.4	1.6	5.7
California							
1996–97	3.5	3.1	0.4	0.2	0.2	1.1	4.6
1997–98	3.6	3.0	0.4	0.2	0.2	1.2	4.5
1998–99	4.0	3.3	0.4	0.2	0.2	1.3	4.1
1999–00	4.0	3.9	0.4	0.2	0.3	1.1	4.3
2000–01	4.3	4.6	0.4	0.9	0.3	1.2	4.3

* Crime rates of school districts with more than 999 students enrolled.

Source: California Safe Schools Assessment



Domestic Violence

How was this measured?

The number of domestic violence calls received by law enforcement agencies in Sacramento County was reviewed for the last 5 years.

Why is this important?

Domestic violence has its worst impact on the most vulnerable members of society—children. While child deaths and injuries are at the extreme end of the spectrum of domestic violence, these tragedies indicate the powerlessness of children to effect change in the behavior of their parents and caregivers.

Domestic violence is defined as physical, emotional, psychological, and sexual abuse, threats, and stalking behavior perpetrated against an intimate partner. The majority of domestic violence is perpetrated by males against females. National studies indicate that 3.3 million children witness physical and verbal spousal abuse each year, including a range of behaviors from insults and hitting to fatal assaults with guns and knives. In homes where domestic violence occurs, children are physically abused and neglected at a rate 15 times higher than the national average.

There is equally alarming data available about the impact of domestic violence on pregnant women. In a study released in the March 2001 *Journal of the American Medical Association*, findings revealed that pregnant or recently pregnant women are more likely to be victims of homicide, primarily at the hands of their intimate partners, than to die from any other cause.

How do you know if it's happening to you?

Here's one quiz you don't want to miss.

Domestic violence isn't just an adult problem — it happens to teens too. 1 out of 10 high school students report that a date has turned violent. And violence doesn't get better with time. It usually gets worse.

Look for the warning signs:

- 1) Does your boyfriend or girlfriend act really jealous of your friends and the time you spend with them?
 YES NO
- 2) Does he or she want to know where you've been and who you're with every minute?
 YES NO
- 3) Does he or she put you down with cruel comments?
 YES NO
- 4) Does he or she tell you what to do or what to wear?
 YES NO
- 5) Does he or she slap or shove you or threaten to hurt you in any way?
 YES NO

If you answered "yes" to any of these questions, call the domestic violence hotline number nearest you to talk to someone who will listen, not lecture. You can also call for help if someone you know is in an abusive relationship.

Numbers To Keep

Immediate Danger? Call: (911)

For experienced assistance: (24 hours a day)

Sacramento County	(916) 628-2952
Placer County	(909) 575-6362
El Dorado County	(530) 628-1131
Yuba & Sutter Counties	(530) 674-2943
San Joaquin County	(209) 485-4878
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Break the
silence
on domestic
violence.

SPONSORED BY WEAT AND KVIE CHANNEL 8. MADE POSSIBLE BY A GRANT FROM THE CALIFORNIA GOVERNMENT. ©IMC/MediaCom

Source: *Break the Silence on Domestic Violence Campaign*

Various studies have also revealed that violence frequently occurs among teenagers in their intimate relationships. Nearly one in ten high school girls and one in twenty boys reported abuse by dates or boyfriends or girlfriends, including date-forced sex. Other studies have found anywhere between 25% and 32% of

girls and 10% of boys experience violence in their own intimate relationships.

How are we doing?

On a local level, the prevalence of domestic violence is equally alarming. Local law enforcement reported 8,606 domestic violence calls for

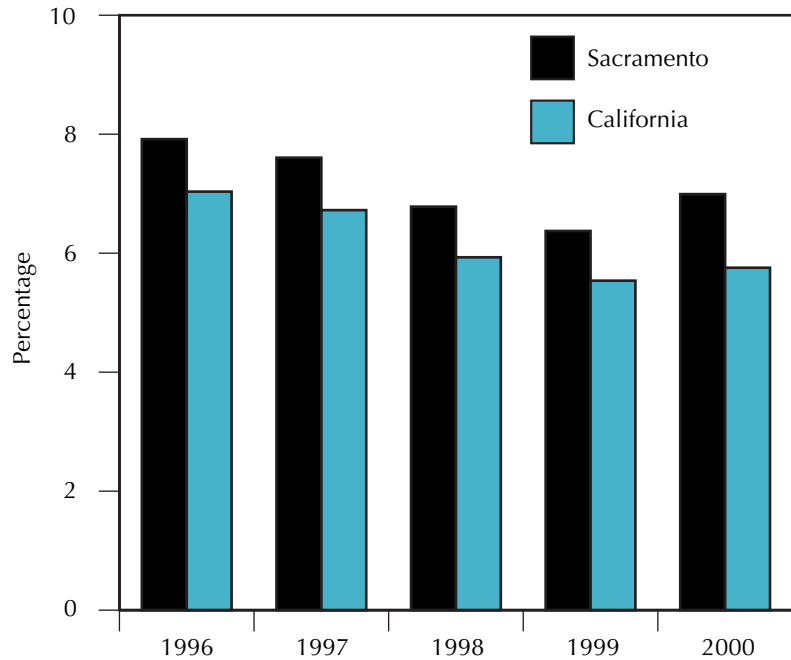
S A F E T Y

assistance in 2000, a 12% increase from the previous year. According to the Sacramento County Child Death Review Team Annual Report for 2000, review of data from 1996 reveals that locally, children who die from abuse or neglect are 6 times more likely to come from a home where there is a history of domestic violence. In a 1999 Sacramento County Human Assistance Field Survey, findings revealed that 25% of women in emergency shelters and 46% of women in transitional housing, many if not most accompanied by children, cited domestic violence as the reason for their homelessness.

Many efforts are underway in Sacramento County to reduce the occurrence of domestic violence, involve the local citizenry, and improve system coordination. In 1998, one of the largest private foundations in the state, The California Endowment, funded a 4-year domestic violence public awareness media and outreach campaign entitled "Break the Silence on Domestic Violence." The \$4 million initiative, led by Women Escaping a Violent Environment (WEAVE), was a broad-based collaborative effort involving battered women's shelters in four surrounding counties, local media, faith community leaders, major employers, neighborhood associations, public policy leaders, and organizations serving Southeast Asians, Russians, Latinos, and African Americans. A booklet is available from WEAVE about the strategies and impact of the Break the Silence initiative.

Other efforts underway in Sacramento County include: establishing

**Domestic Violence Calls Received by Law Enforcement Agencies*
Rate per 1,000 Population[†]**



* Complaint of abuse from an adult or a fully emancipated minor who has or has had a close, intimate, or cohabitating relationship with the abuser

[†] Total number of calls per 1,000 estimated population derived from Department of Finance figures.

Sources: California Department of Justice, 1996–00 and 2002 Department of Human Assistance

Domestic Violence Response Teams by the Sacramento County Sheriff's Department and the Sacramento Police Department to support domestic violence victims and their children through the criminal justice system; a Domestic Violence Prosecution Unit through the Sacramento County District Attorney's Office; a multidisciplinary Domestic Violence Death Review Team; a special program in the Sacramento County jail that targets first-time domestic violence offenders with intensive education on domestic violence and its impact on adult victims and children; and a

Healthcare Providers Domestic Violence Network that meets monthly to coordinate the local healthcare system's response to domestic violence.

Related Indicators: Homeless Children, Child Deaths



Driving Under the Influence

How was this measured?

California Department of Justice tracks arrests of youth ages 10–17 for driving under the influence (DUI) of alcohol and/or drugs. Data measuring use of controlled substances among youth in the county is not conclusive.

Why is this important?

Unsafe driving among youth, under the influence of a controlled substance or not, is of concern to all residents of the county. Reckless driving, inexperience, and peer pressure to cruise or race cars can contribute to injuries to youthful drivers engaging in the behavior and their passengers, other drivers, and bystanders.

How are we doing?

There were 78 arrests in 1999 and 75 in 2000 for driving under the influence, down from 1998.

It is the mission of the *National Every 15 Minutes Organization* to prevent impaired-driving tragedies and to save lives by building and supporting a national network of organizations with similar missions. Friday Night Live programs are active in Sacramento County and are peer programs designed to build partnerships for positive and healthy youth. Friday Night Live members encourage their peers to live healthy lifestyles by providing a safe and supportive environment where they are much less likely to engage in

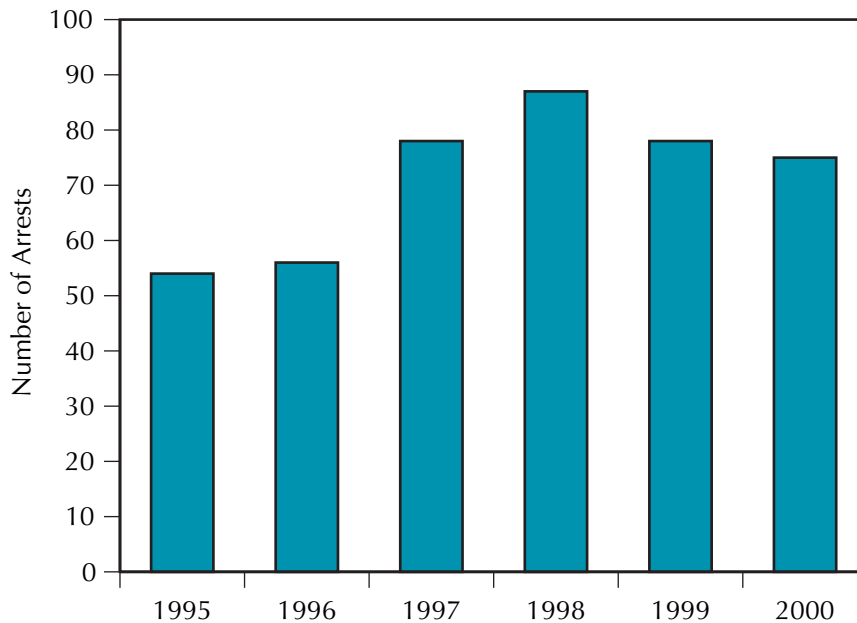
risky behaviors. Friday Night Live programs foster resiliency and protective factors in young people and are planned and implemented by young people themselves.

Many community organizations work hard to increase young people’s awareness of the dangers of alcohol abuse and the hazards of driving under the influence. While professionals advocating for the safety of children believe use of drugs and alcohol to be an indicator of unsafe behavior, there is no conclusive data to measure the extent to which children and teens in Sacramento County use controlled substances.

Drug and alcohol use may be the result of peer pressure. Providing children and teens with supportive environments and activities may go a long way to help them develop the self-confidence and self-awareness to resist.

Related Indicator: Youth Substance Abuse

Driving Under the Influence (DUI) Juvenile Arrests*



* Includes Felony and Misdemeanor DUI Arrests

Source: California Department of Justice, Criminal Justice Statistics Center

Juvenile Felony Arrest Rates

How was this measured?

Data from the California Department of Justice and the Sacramento County Juvenile Justice System Delinquency Case Processing Trends Report was used to show the number of arrests per 1,000 juveniles (ages 10–17) for a crime that is punishable by death or imprisonment in a state prison.

Why is this important?

Youth who are arrested for felony crimes, particularly violent crimes, are exhibiting self-destructive and antisocial behavior. A felony crime is one that would be punishable by death or imprisonment in a state prison if it had been committed by an adult.

How are we doing?

Since 1996, juvenile felony arrest rates have steadily declined. Countywide, juveniles were responsible for 14.3% of all law enforcement arrests. Approximately one



out of four juvenile arrests involves a female offender.

In spite of the fluctuations in yearly juvenile arrests, nearly one out of every five felony and misdemeanor arrests processed through the Probation Department still involves juve-

niles who have been arrested for serious crimes of violence and weapons charges.

Related Indicator: School Violence and Student Crime Rates

Juvenile Felony Arrests					
Rates Per 1,000 Population Ages 10–17					
	1996	1997	1998	1999	2000
Sacramento County					
Arrests	2,705	2,714	2,679	2,549	2,572
Rate	19.6	19.1	19.4	18.1	17.2
California					
Arrests	85,640	82,748	76,104	68,503	63,889
Rate	23.0	21.6	20.2	17.8	15.8

Source: California Department of Justice



Runaways

How was this measured?

Juvenile missing persons reports from the unincorporated area of the county, and the cities of Sacramento, Citrus Heights, and Elk Grove were used.

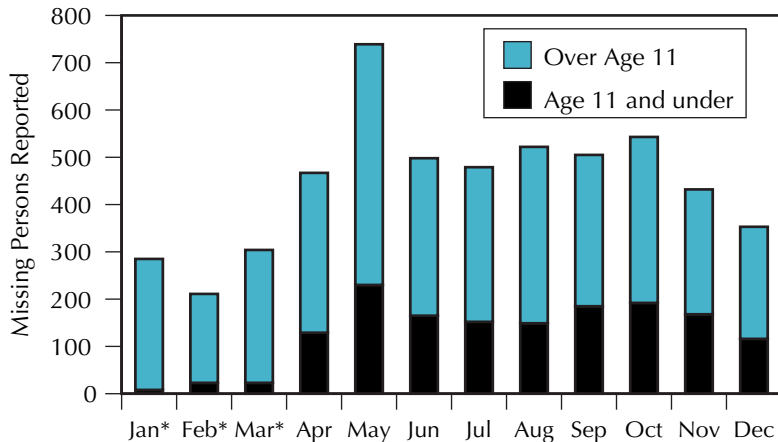
Why is this important?

Runaway youth are young people under the age of 18 who are away from home at least 1 night without the permission of parents or guardians. These young people are at an increased risk of sexual abuse, sexual exploitation, prostitution, and drug and alcohol abuse. Runaway youth often suffer from poor hygiene, lack of sleep, exposure to violence and extreme weather, and risk of sexually transmitted diseases. Medical problems go untreated or are aggravated by neglect. Runaways often lose connections to family, friends, school, and the community and feel alienated and abandoned by society.



Photo: San Juan Unified School District

Juvenile Missing Person Reports Sacramento County, 2001



* January through March data not available for the City of Sacramento

Sources: City of Sacramento Police Department, Sacramento County Sheriff's Department

Tragically, many youth leave their homes seeking a safer environment. The "Stanford Studies of Homeless Families, Children and Youth" (1991) found that more than half of teen runaways report physical abuse in their homes. Many report emotional abuse by a parent or guardian, parental neglect (not providing food, shelter, clothing), or having an alcoholic parent or drug-abusing parent.

How are we doing?

The exact number of runaway youths is extremely hard to determine because there is no common agreement on what constitutes runaway behavior; many families fail to report their absences; such youth tend to be transient and thus not in a fixed place long enough to be surveyed; research tends to be gathered in urban areas and cannot be generalized to other geographic areas; and youth generally distrust service systems and tend to avoid them. The

data in the missing persons chart is only part of the story. Based on Diogenes Youth Services' (DYS) hotline data and street outreach programs, these numbers, even though large, are probably significantly under-reported because many parents do not report runaways.

According to DYS, runaway youth are generally between 12 and 21, with the majority between 14 and 17. Most are male, and youth of color are over-represented.

Related Indicators: Homeless Children, Sexually Transmitted Diseases, Children Who Are Not in School

Homeless Children

How was this measured?

Data from local shelters and the Continuum of Care Gap Analysis (2000, 2001, and 2002), Sacramento County Department of Human Assistance, was reviewed.

Why is this important?

Homelessness severely affects the health and well-being of all family members. Homeless children often experience poor health and developmental delays. They may suffer from anxiety, depression, and behavioral problems and can have lower educational achievement than their peers. Length-of-stay restrictions in shelters, short stays with friends and relatives, and/or relocation to seek employment make it difficult for children to attend school regularly.

Homelessness frequently breaks up families. Families may be separated as a result of shelters being unable to accommodate families.

How are we doing?

From October 2001 to April 30, 2002, the Winter Overflow Shelter Program listed an unduplicated count of 2,357. Of these, 350 were children up to age 18. The daily average number of children at the shelter during that period was 21.2.

The turnaway count for November 25–December 8, 2001, as collected from St. John’s Shelter and Sacramento Area Emergency Housing Center (SAEHC), was 645. Three hundred fifty-six (55.1%) of those turned away in that timeframe were children.

WIND youth program reports 1,200 youth ages 12–18 seeking services each month.

During 2001, approximately 120 children accompanied by one or two adults were turned away from emergency shelters because of lack of capacity. This unmet need is shown in the graph, which shows for 2002 the estimated need of 150 additional emergency shelter beds for persons in families with children.

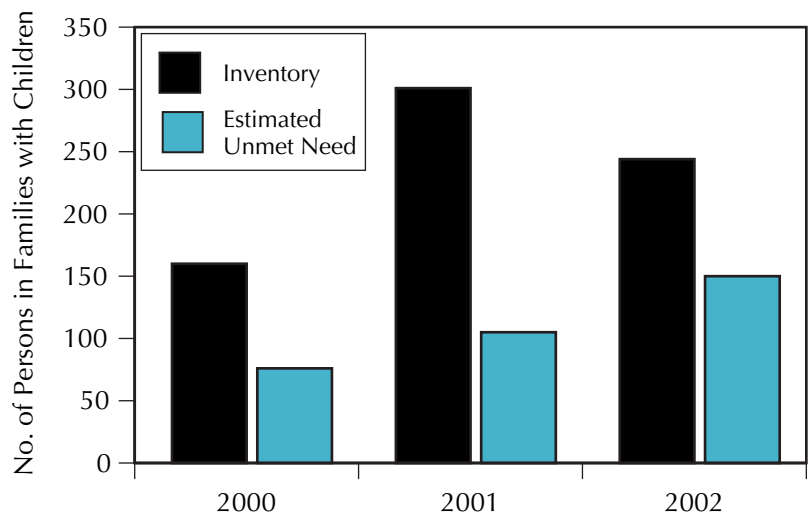
It is estimated that in Sacramento County 358 foster children will “age-out” of the foster care system this year. Efforts are being made to provide housing, life skills, and support to ensure that they do not become homeless.

A critical factor associated with homelessness is the need for adequate medical care. Health Care

for the Homeless (HCH) is a program provided through the Sacramento County Department of Health and Human Services/Primary Health Services. HCH is a collaborative effort with nonprofit health services, nine county clinics, and programs that serve the county’s homeless population. HCH’s main partners are Mercy Health Care Sacramento, Loaves and Fishes, U.C., Davis, Medical School, and homeless shelters. This collaboration provides primary and public health services, as well as health education and specialty referrals for the homeless. During 2001, a total of 682 homeless children between the ages of under 1 and 19 received HCH services. This represents 11% of the total HCH services.

Related Indicator: Children Who Are Not in School, Out-of-Home Placement

Emergency Shelter
Persons in Families with Children



Source: Continuum of Care Gap Analysis (2000, 2001, and 2002), Sacramento County Department of Human Assistance



SOCIAL AND EMOTIONAL WELL-BEING

■ Fewer children have required out-of-home-placement since 1997. ■ More children in the foster care system were adopted in 2000–01, even though there were fewer children in the system. ■ Significant barriers to achieving positive social and emotional outcomes remain for children in out-of-home-placement. ■ 70% of Sacramento youth surveyed report having used alcohol by eleventh grade. ■ Children and youth receiving public mental health services have increased 283% over the last 6 years. ■ Youth volunteerism is becoming more visible in Sacramento County.



Photo: Sacramento County Office of Education Friday Night Live Mentoring Program

INDICATORS:

Out-of-Home Placement

Youth Substance Abuse

Mental Health Services for Children

Youth Involved in Community Service and Volunteerism

Out-of-Home Placement

How was this measured?

Data for Sacramento County on the number of children in Child Welfare Supervised Foster Care and Probation Supervision was provided by the statewide Child Welfare Services/Case Management Service data system.

Why is this important?

Children require safe and stable families to thrive. Removing a child from a dangerous environment is necessary. But the reasons for removal, and the process itself, have negative effects on a child's emotional well-being. The risk of harm to children who experience out-of-home placement can be reduced if the child is able to reside with a parent or guardian who is committed to meeting the child's developmental needs, including supporting the child's preparation for adulthood.

There is overwhelming evidence that the child welfare system does not make a good parent. The ideal plan for a child in out-of-home placement is early reunification with biological parent(s) when it is safe. However, not all parents are able to resume daily caregiving responsibility, and alternative permanent plans must be developed. The timely provision of permanence for children residing in out-of-home care is critical to their social and emotional well-being.

Current studies indicate that when a child is not able to return to the home of the parent, it is important to try to place sibling groups together so that they retain a sense of family in their new environment.

How are we doing?

At the end of 2001, more than 5,400 children in Sacramento County required out-of-home placement as a means of protection from child abuse or neglect. Out-of-home placement for children under traumatic and disruptive circumstances has the potential to result in substantial harm to a child.

For the 528 Sacramento children in group home or residential treatment, the outlook for permanent placement is particularly dismal. According to a recent state report, these are children who are "high-risk." They require intensive services in a well-supervised, therapeutic setting. On the average, they have experienced five different placements before being placed in a group home.

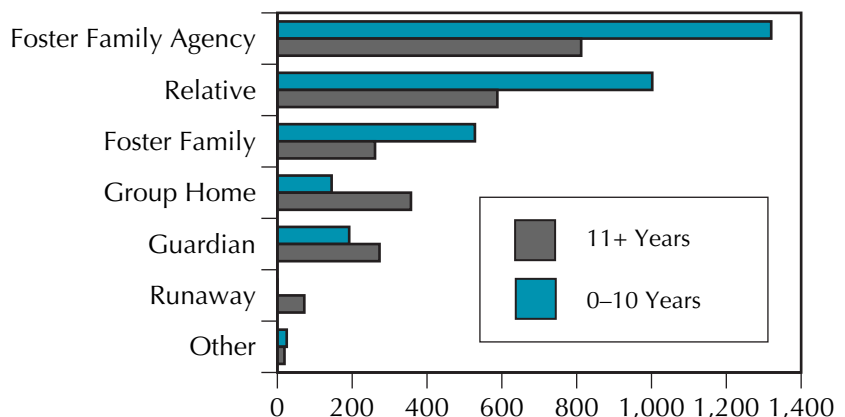
In addition, 373 children and adolescents were in placement through probation because of criminal offenses. Of this group, 33% were

placed out-of-county and 6% were placed out of the state, making family visitation and aftercare planning difficult.

Sacramento County does not have adequate placement resources for children requiring out-of-home care. Approximately 65% of group home children must be placed out-of-county to secure the level of placement to meet their needs.

There is good news. Fewer children in Sacramento County have required out-of-home care since 1997. For those children requiring placement, there is evidence of systemwide efforts to achieve permanency. Services to assist youth who have remained in foster care and are facing emancipation have improved. In December 2001, slightly more than 1,400 youth were receiving Independent Living Program services to assist them in a successful transition to emancipation. Child Protective

Children in Child Welfare Supervised Foster Care by Placement Type and Age, July 1, 2001



Source: Center for Social Services Research, University of California at Berkeley, School of Social Welfare, CWS/CMS 2001 Quarter 2 Extract from Department of Social Service, Research and Development Department

SOCIAL AND EMOTIONAL WELL-BEING

Services (CPS) received state funding to provide earlier services to foster care youth ages 12–15.

CPS has strengthened voluntary early intervention services, which has resulted in fewer children being separated from their families. Also, the number of children receiving court-ordered services in the family home has increased significantly from 16% in 1998 to 32% in fiscal year 2000–01.

Family Reunification Services have been successful in helping families get back together. The reunification rate of families receiving services has increased markedly from 7% in 1997 to 26% in 2001.

Another favorable sign is that adoptions of dependent children in-

creased to 425 in 2000–01 from 381 in 1999–00, even though there were fewer children in out-of-home placement.

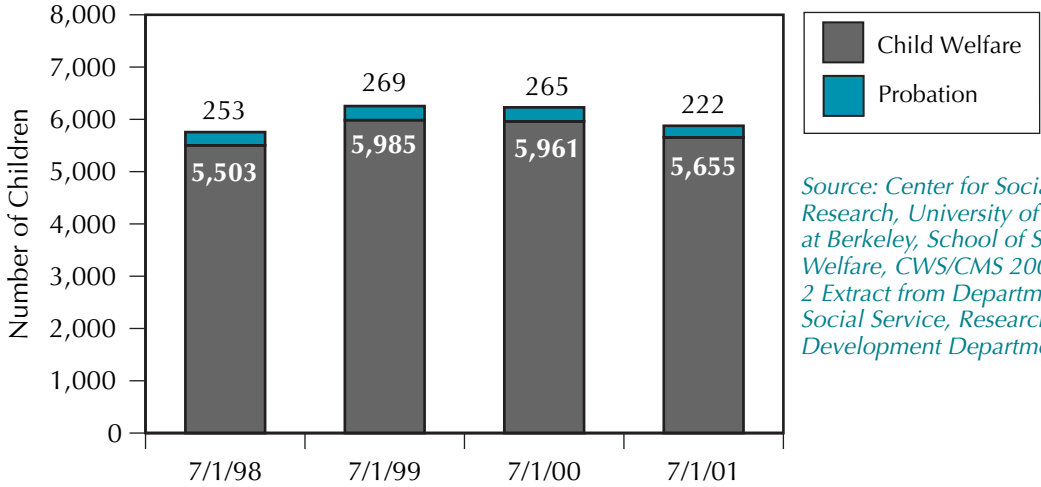
Although there is progress, barriers exist to positive outcomes for a significant number of children in placement. For example:

- Approximately 2,000 children who reside in out-of-home placement do not have a plan for reunification, adoption, or guardianship in progress.
- There was a 31% decrease in local licensed foster homes over the past 2 years.
- 43% of children in out-of-home placement are not placed with any of their siblings.

- Statewide 40% of foster care youth are in care for more than 5 years.
- 33% of youth in foster care have been in at least five placements.
- Research indicates that 50–67% of foster children need mental health services.
- 189 youth emancipated from placement in Sacramento County in 2001 without the support of permanent legal families.

Related Indicators: Child Abuse and Neglect, Homeless Children, Juvenile Felony Arrest Rates, Mental Health Services for Children

Children in Foster Care: Child Welfare and Probation Supervision, Sacramento County 1998–01



Source: Center for Social Services Research, University of California at Berkeley, School of Social Welfare, CWS/CMS 2001 Quarter 2 Extract from Department of Social Service, Research and Development Department



Youth Substance Abuse

How was this measured?

Data from the California Healthy Kids Survey 2000, Sacramento County Youth Commission Report, California Safe Schools Assessment, and Community Indicators of Alcohol and Drug Risks was reviewed.

Why is this important

Although the majority of youth (more than 60%) do not engage in alcohol and other drug (AOD) use, the issues are problematic and devastating for those who do. Recent national studies note that:

- alcohol is a contributing factor in the three leading causes of death among 12–18-year-olds—accidents (vehicle and drowning), homicide, and suicide;
- teens who use alcohol and other drugs are seven times more likely to engage in risky sexual activities and at an earlier age;
- they are five times more likely to drop out of school;
- they are 12 times more likely to be on juvenile probation; and
- they are twice as likely to think about killing themselves.

How are we doing?

In the last Children's Report Card, there was no consistent data available to provide a realistic overview of the problem of youth substance abuse. Since then, we have learned the following information.

For Sacramento youth, alcohol is the substance of choice. According to

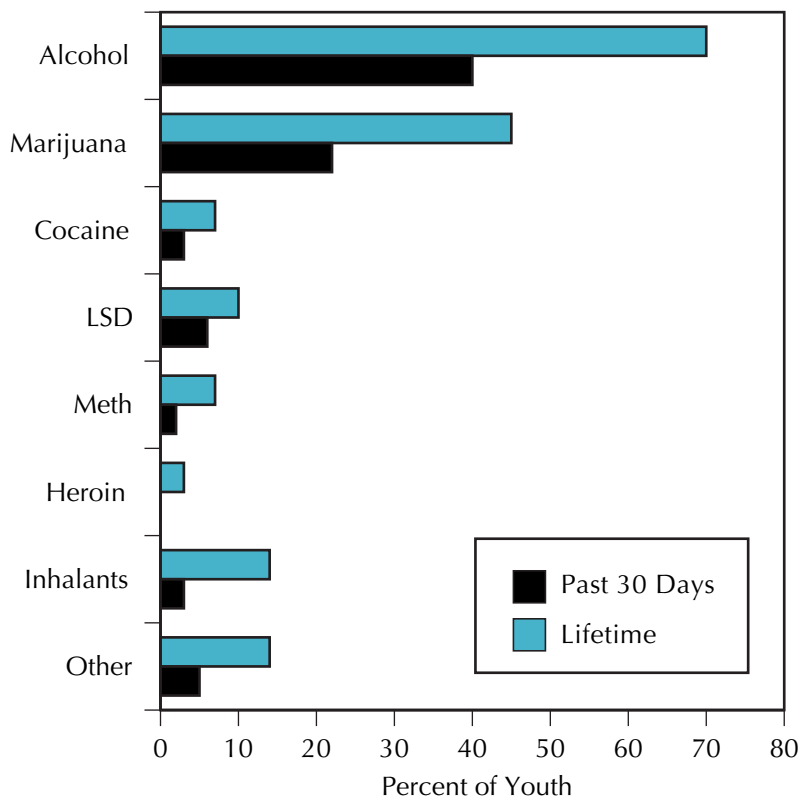
the Healthy Kids Survey, by eleventh grade 70% of youth surveyed report alcohol use in their lifetime and 40% indicate that they have used in the last 30 days. For seventh graders, inhalants are the most frequently reported substance of choice, although it appears that young people use inhalants less as they age.

Risky behaviors are related to substance use; 34% of eleventh graders and 25% of ninth graders surveyed report having driven after drinking, and 46% of eleventh graders, 28% of ninth graders, and 10% of seventh

graders report using alcohol to the point of being drunk or sick (California Healthy Kids Survey 2000).

In 1999, there were an average of 7.1 arrests per 1,000 youth (10–17 years old) for alcohol and drug offenses in the county, up from 5.5 arrests per 1,000 in 1994 (Community Indicators of Alcohol and Drug Risks). School-related alcohol and drug incidents on campus have risen over the last 3 years from three per 1,000 in 1998–99 to five per 1,000 in 2000–01.

Most Frequently Used Substance of Choice by Sacramento County Youth



Source: The chart is based on the California Healthy Kids Survey data on eleventh graders in Sacramento County (as reported in the "Changing the Landscape" Report).

New treatment services for youth are collecting data on consumers, as are the school systems through the California Healthy Kids Survey, so data about youth and the in-treatment population will improve over time.

The last report card identified a lack of services to address youth AOD treatment needs. There have been some improvements. The County Divisions of Alcohol and Drug Services and Children's Mental Health (Department of Health and Human Services) have worked collaboratively to provide adolescent outpatient treatment services for AOD and mental health issues.

Federal funding of prevention programs has diminished. Providers are working to improve their research-based focus and improve their program planning and accountability efforts.

Related Indicators: Mental Health Services for Children, Sexually Transmitted Diseases, Juvenile Felony Arrest Rates



Photo: Sacramento County Office of Education Friday Night Live Mentoring Program

Mental Health Services for Children

How was this measured?

The number of youth receiving public mental health services was measured by Sacramento County Department of Health and Human Services. No data is available to capture the number of children who receive mental health services privately.

Why is this important?

The availability of mental health services ensures that children and youth have the necessary treatments for mental health conditions that impede appropriate emotional growth and well-being.

How are we doing?

Over the last 6 years, the annual number of children and youth receiving public mental health services has increased a phenomenal 283%, from 2,495 to 9,544 children. Early Periodic Screening, Diagnosis, and Treatment (EPSDT), a part of Medi-Cal, has funded mental health services for eligible children. Using these funds, Sacramento County has developed a system of care that includes professionals in social services, probation, education, and health as partners advocating for children. The division has established strong relationships with 28 organizational providers, providing services in more than 70 sites countywide. Services include a full continuum of traditional and rehabilitation outpatient services. The most intensive programs are available 24 hours a day, 7 days a week. The county also provides acute psychiatric services and hospitalization whenever needed.

Youth under 10 years of age represented only 27% of those receiving services in 1995, but account for more than 46% of those receiving services in 2001. This is significant because early intervention and treatment for children have tremendous and long-term impacts on the quality of life for children and families in Sacramento County.

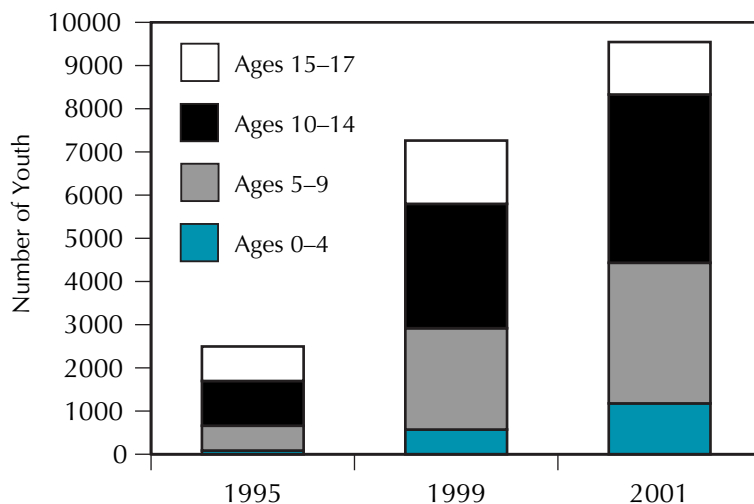
Despite successful collaboration among county agencies, schools, and private providers, and substantial growth in service capacity, there continues to be a growing number of youth in high-level out-of-home placements and juvenile justice institutions. A disproportionate level of funding is being used to provide expensive, “high-end” services including hospitalization, incarceration, and residential care. The majority of service capacity growth has been to the Medi-Cal population; however, 15% of services provided were to Seriously Emotionally Dis-



turbed (SED) children regardless of Medi-Cal eligibility. In Sacramento County, like most counties in California, there are insufficient resources to provide mental health services to children who do not have Medi-Cal or private insurance.

Related Indicators: Healthcare, Out-of-Home Placement

Number of Sacramento County Youth Receiving Mental Health Services



Source: Sacramento County Department of Health and Human Services

Youth Involved in Community Service and Volunteerism

How was this measured?

There is no comprehensive data on the number of children who are involved in volunteering in Sacramento County.

Why is this important?

Community service is a way for youth to feel they have a useful role and are valued members of society. Numerous studies have reported the positive relationship of service-learning with personal and social responsibility and personal development. Youth who volunteer are more likely to do well in school and develop leadership skills, and are less likely to abuse alcohol and drugs. Youth who donate their time are more likely to participate in service as adults as well as donate money. Other positive impacts include academic performance; increased self-concept, self-esteem, and self-efficacy; and positive attitudes toward adults.

How are we doing?

Youth service programs in schools have been growing steadily. Service-learning is being used as a core educational strategy that links hands-on experience with a school's curriculum—helping the student learn in a



Photo: Sacramento County Office of Education Friday Night Live Mentoring Program

way that improves both the student and the community.

Community agencies are also integrating children and youth into their volunteer activities. Youth organizations are integrating service-learning into their youth development programming. Congregations and religious denominations also have opportunities for youth involvement in summer work trips and other service activities.

Community service and service-learning are becoming more visible

in Sacramento County. Locally, an estimated 30% of schools have a service-learning component or requirement or are considering integrating one. Many schools throughout the county require a set amount of hours of service per year. One private high school requires 25 hours of service per year and reports that 60% of the students perform more than the minimum requirement.

Related Indicators: Graduation Rates, Availability of and Access to Out-of-School-Time Programs



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DEMOGRAPHICS

Population by Age Group—Population numbers for this indicator are from the U.S. Census Bureau, Census 2000. For additional information visit the website: www.census.gov.

Family Composition—The number of children under 18 years of age living in families with their own parents by married-couple and single-parent (male householder and female householder) families from U.S. Census Bureau, Census 1990 and Census 2000 (www.census.gov).

Diversity—The number of students designated as “English Learners” (EL) students are those students for whom there is a report of a primary language other than English on the state-approved Home Language Survey, and who, on the basis of the state-approved oral language (grades K-12) and literacy (grades 3-12 only) assessments, have been determined to lack the clearly defined English language skills of listening comprehension, speaking, reading, and writing necessary to success in the school’s regular instructional programs. For more information on English learners visit the website: www.cde.ca.gov/demographics. Source: California Department of Education, Educational Demographics Unit, 2000-01.

Children in Poverty—Estimates for the number of children living in poverty from 1995 were gathered from the U.S. Census Bureau (Census 2000 Long Form) and from Children Now, California County Data Book (www.childrennow.org).

“Free and Reduced-Price Meals” is a federal program administered by the U.S. Department of Agriculture. Program participation is by application and is based on the income of the child’s parent or guardian. Data was obtained from the California Department of Education (www.cde.ca.gov).

FAMILY ECONOMICS RESULT AREA

Employment by Industry—The annual averages (by number and percent) of people employed within each selected category of industry in the Sacramento Metropolitan Statistical Area (MSA). Source: California Employment Development Department, Labor Market Information (www.calmis.ca.gov).

Employment—Additional information on job growth was gathered from the local Workforce Investment Board, Sacramento Employment and Training Agency (SETA). For more information visit: www.seta.net.

Living Wage—Two hypothetical family budgets: a Sacramento family of three (mother and two children (7 year old and 18-month old). The mother is employed full-time as a book-keeper with an annual salary of \$28,017.60 (\$13.47 per hour), and a 2-parent family of 4 (father, mother, and two children, a 7 year old and 18-month old); The father works as a general utility maintenance repairer and the mother works as a child care worker. Both work full-time and together earn \$36,000 annually. Sources: Wages were based on information found in the Occupational Outlook Training Directory for Sacramento and Yolo Counties. For more information visit the website:

www.work-info.com/products.htm. Health coverage based on Pack Advantage rates. Rental housing costs based on the Fair Market Rent (FMR) determined by the U.S. Department of Housing and Urban Development (www.hud.gov). Child care expense based on information from Child Action, Inc. (www.childaction.org). Food Budget based on figures for the U.S. Department of Agriculture. For more information visit: www.usda.gov/cnpp/using3.htm. Buss pass expense from Regional Transit (www.sacrt.com). Utility estimates based on Sacramento Municipal Utility District rates (www.smud.com).

Per Capita Income—The annual total personal income of residents divided by the total resident population. Sources: California Department of Finance; Bureau of Economic Analysis.

Housing Affordability—See Sacramento Housing and Redevelopment Agency (www.shra.org) and U.S. Department of Housing and Urban Development (www.hud.gov) for additional information.

Income Levels and Maximum Housing Payments—The maximum housing payment that a household could afford based on a 7% interest rate, 5% down payment and a 30 year loan term. Sources: Department of Housing and Community Development, as reported by the City of Sacramento Housing Element of the General Plan, November 1999 (1999 data); Department of Housing and Community Development, Division of Housing Policy Development, “2001 Income Limits” (2001 data).

Rental Buying Power in Sacramento County—The chart shows what the U.S. Department of Housing and Urban Development’s recommended 30% of income can rent a person or family in Sacramento County in 2001.

Highway Congestion—Mean travel time to work from the U.S. Census Bureau (www.census.gov), Census 1990 and 2000 (percentages may not add to 100 percent due to rounding). Additional information gathered from: the California Department of Transportation (www.dot.ca.gov); Sacramento Metropolitan Air Quality District (www.sparetheair.org); Sacramento Area Council of Governments (www.sacog.org); and U.C. Berkeley’s Institute for Transportation Studies, Division of Mass Transportation (www.its.berkeley.edu).

Travel Time to Work—1999 Sacramento County data. Source: Western Economic Research

Public Transportation—Regional Transit calculates and compiles system-wide ridership data through annual on-board ridechecks on bus route and light rail on/off counts. In addition, ridership figures for some special services and boarding counts for supplemental school service are collected. Source: Sacramento Regional Transit, Short Range Transit Plan.

Ridership of Public Transportation—Chart information was collected from Sacramento County Regional Transit, Short Range Transit Plan. See Regional Transit’s website (www.sacrt.com) and Sacramento Area of Council Government’s website (www.sacog.org) for additional information.

Availability of Quality Child Care—The total number of licensed childcare center slots and the potential childcare need from 1998 and 2000 by children age groups. Percentages are calculated of the potential need met by the available childcare slots and the percent change from 1998 to 2000. For more information visit the website: www.rnnetwork.org. Source: California Resource and Referral Network, California Child Care Portfolio 2001.

Fulltime Child Care Centers and Homes Licensed in Sacramento County—Source: Child Action, Inc. For additional information visit: www.childaction.org.

Affordability of Child Care—Total Funds Available in Sacramento County to Subsidize Child Care in 1992, 1997 and 2001 data gathered from Child Action, Inc (www.childaction.org).

Portion of Income Needed to Pay for Basic Family Needs—The portion of income a family needs to pay for housing and one infant in a licensed child care center (without subsidies) is based on California’s minimum wage in 2000 (\$5.75/hour); low-income based on an annual household income under \$30,000; and median income based on median income by the U.S. Census Bureau (\$42,329/year). Source: California Resource and Referral Network, California Child Care Portfolio 2001 (www.rnnetwork.org).

Availability of and Access to Out-of-School-Time Programs—The local service provider survey results can be found in the “Sacramento Investing in Youth” report (www.communitycouncil.org). Results were compiled by the Community Services Planning Council.

EDUCATION RESULT AREA

Enrollment—The number of students enrolled in public school as measured on “Information Day,” a Wednesday in early October. The number of students enrolled in only those private schools with six or more students (Source: California Department of Education, California Basic Educational Data System).

Classroom Teacher Credential—The number of teachers in public schools by credential type: “Fully Credentialed” are those teachers who have completed a teacher preparation program and hold a preliminary, clear, professional clear or life credential. “Partially credentialed or credentialed waived includes: (1) “District Internship” are interns who participate in school district credential programs which includes staff development, but may or may not include college coursework; (2) “University Internship” are interns who are enrolled in a university credential program and are taking coursework while teaching; (3) “Emergency Permit” are persons who do not qualify for a credential or internship but meet minimum requirements and can complete credential requirements through a college or university; (4) “Waiver” are requested by an employer on behalf of an individual when the employer is unable to find credentialed teachers or individuals who qualify for an emergency permit (Source: California Department of Education).

School Readiness: Visit the California Children and Families Commission website for additional information: www.cffc.ca.gov.

Stanford 9 Test Scores (Reading and Math)—The results from the Stanford 9 test scores which include: for grades 2 through 8, reading, written expression (language), spelling, and mathematics; and for grades 9 through 11, reading, writing (language), mathematics, science, and social science (Source: California Department of Education).

Academic Performance Index (API)—The Academic Performance Index (API) is a measurement of school achievement as mandated by the 1999 Public Schools Accountability Act. Each school's API is calculated from Stanford 9 scores, ranging from 200 to 1000. API scores are calculated for schools only and are not calculated at the state, county, or district level. For more information on the API visit the website at: www.cde.ca.gov/psaa/api/. Source: California Department of Education.

API Growth—The California Department of Education determines API percentage growth targets from year to year. For 2000-01 the percentage of schools that met their targets were measured in the following categories: Annual Percentage Growth School-Wide Target (five percent improvement between 2000 API and statewide API goal of 800); Annual Percentage Growth Comparable Improvement Target (four percent improvement from 2000 to 2001); API for numerically significant ethnic and socio-economically disadvantaged groups; Governor's Performance Award (participants rates and growth criteria met and eligible for awards). Source: California Department of Education.

Graduation Rates—Total of twelfth-grade graduates who received a diploma in the school year indicated divided by the number of ninth graders enrolled four years prior. It does not include students graduating on the basis of the California High School Proficiency Examination, from programs administered by a community college, from adult education programs or receiving a General Education Development (GED) certificate. Graduation rates were also calculated for 1999-00 by ethnicity. Source: California Department of Education.

Post-Secondary Enrollment—Recent public high school graduates in the county enrolled at public higher education institutions as first-time freshman (19 years old and younger (Source: California Postsecondary Education Commission). UC/CSU eligible graduates determined by the number of twelfth-grade graduates, for the school year indicated, completing all the courses required for University of California (UC) and/or California State University (CSU) entrance with a grade of "C" or better (representing only a portion of the entrance requirements for UC or CSU) (Source: California Department of Education).

Per Pupil Expenditure—The cost of direct educational services to students per average daily attendance (Source: California Department of Education; School Fiscal Services Division).

Student and Family Support Services—*Average Class Size*: Enrollment in classes divided by number of classes. Class count and enrollment counts used in calculation do not include the following: classes with enrollment of 0 or more than 50 students; special education, other instruction-related assignments, and department chairs. *Pupil/Teacher Ratio*: The enrollment in a

school or district divided by the full-time equivalent (FTE) number. Source: California Department of Education (www.cde.ca.gov).

HEALTH RESULT AREA

Prenatal Care—The percent of live births in a calendar year for which no prenatal care was received during the first three months of pregnancy. Source: Sacramento County Department of Health Services (www.dhs.ca.gov). Information and data was also gathered from the Saving Babies Lives Community Health Plan, November 2001, Public Health Advisory Board and Sacramento Count Maternal, Child & Adolescent Health Program. Call 1-800-BabyCal for prenatal care resources.

Immunization by Age 2—The percentage of kindergarteners who had received three doses of polio vaccine, four doses of diphtheria/tetanus/pertussis, and one dose of mumps/measles/rubella by their second birthday. This data is based on a retrospective examination of kindergarteners. Source: California Department of Health Services, Immunization Branch.

For additional information on immunization visit: www.immunize.org; www.immunizationinfo.org; and www.shotsfortots.org.

Perinatal Substance Exposure—The number of infants referred to Child Protective Services because of confirmed exposure to illegal substances prior to birth. Data for this indicator has not consistently been reported since 1992. Source: Profile of alcohol and drug use during pregnancy in California, 1992, Vega, WA; Noble, A; Kolody, B; Porter, P; Hwang, J; Bole, A. Information from the following reports were also reviewed: Saving Babies Lives Community Health Plan, November 2001, Public Health Advisory Board and Sacramento Count Maternal, Child & Adolescent Health and Changing the Landscape: A Study of Alcohol and Other Drug Abuse in Sacramento County, January 2001, Public Health Advisory Board and the Alcohol and Drug Advisory Board.

Air Quality—The number of days the air quality exceeded the 1-hour state ozone standard of more than .09 parts per million (ppm), and the number of days the air quality exceeded the 24-hour state particulate matter 10 (PM 10) standard of more than 50 micrograms per cubic meter (ugcm). Source: Sacramento Metropolitan Air Quality Management District. See www.sparetheir.org for additional information.

Birth Rate by Year and Age for Teenage Mothers—Rate per 1,000 female population by age group: under 15, 15, 16, 17, and 18 years of age. Sources: California Department of Health Services, Birth Records; California Department of Finance, 1996-2000 Population Projections by Age, Sex and Race/Ethnic Groups.

Births by Age and Ethnicity of Mother—Number and percent of teen births by age category: under 15, 15-17, and 18-19. Source: Rand California, 2002.

Sexually Transmitted Diseases (STDs)—The reported incidence of Gonorrhea and Chlamydia for 15-19 year olds per 100,000 (2000 California data is provisional). Sources: California Department of Health Services, Sexually Transmitted Disease Control Branch; Sacra-

mento County Department of Health and Human Services; Department of Finance.

Visit: www.dhs.ca.gov/ps/dcde/STD/stdindex.htm for additional information.

Youth Smoking—The percent of students by grade level (7, 9 and 11) who have smoked at least one cigarette in the past 30 days. Data was collected by the 2000 California Healthy Kids Survey. For more information visit the website at: www.wested.org/hks.

Healthcare—National data was gathered from the Center of Cost and Financing Studies (www.ahcpr.gov). The 2001 California Health Interview Survey (CHIS) was used for local data. Visit: www.healthpolicy.ucla.edu/shic062002.html; www.healthpolicy.ucla.edu/shic062002.html for additional information. The Regional Community Health Needs Assessment: El Dorado, Placer, Sacramento and Yolo Counties Needs Assessment Report, 2002, Prepared for Healthy Community Forum by Harder & Company Community Research was also reviewed.

Breastfeeding—The percentage of mothers by ethnicity who initiate exclusive breastfeeding and combination breastfeeding/formula at the time of discharge from the hospital. The data is captured on the Newborn Screening Form by hospital staff. Source: California Department of Health Services, Epidemiology and Evaluation Section, Maternal and Child Health Branch. Data on duration of breastfeeding collected by Women, Infants, and Children (www.fns.usda.gov/wic/).

Children with Dental Cavities or Needing Immediate Dental Care—Based on visual exams of more than 12,000 students in various school districts throughout Sacramento County. Sources: Sacramento District Dental Society (www.sdds.org) and Sacramento County Healthy Start Collaborative. Additionally, children can call the Tooth Fairy Hotline (916-446-1310) for basic information on dental health.

Asthma Symptom Prevalence—Local and state data from the 2001 California Health Interview Survey (www.healthpolicy.ucla.edu/shic062002.html) by the UCLA Center for Health Policy Research is reported. The survey data was collected from a telephone interview survey with 55,428 adults; 5,801 teenagers; and 12,592 parents of young children (4,733 ages 0 to 4; 7,859 ages 5 to 11). Survey participants are from every county in California. For information on the number of adults interviewed, by race/ethnicity, and on county sample counts, visit www.chis.ucla.edu. Additional information on asthma can be found on the American Lung Association's website: www.lungusa.org

SAFETY RESULT AREA

Emergency Response/Child Abuse and Neglect Reports—The number of reports of child abuse. Monthly statistics are collected from the hand-counted Child Protective Services telephone logs completed by Emergency Response Intake social workers. Source: Sacramento County Department of Health and Human Services, CPS, Quarterly Statistical Reports.



Child Protection Petitions—The average number of child protection petitions filed in the Sacramento Juvenile Court as compiled by CPS. Source: Sacramento County Department of Health and Human Services, Child Protective Services, Quarterly Statistical Reports

Children in the Family Reunification Program—Monthly averages of children in “In-Home Supervised Placement” and “Out-of-Home Placement.” Source: Sacramento County Department of Health and Human Services, Child Protective Services, Quarterly Statistical Reports. For additional information on Family Reunification visit: www.sacdhs.com/article.asp?content=194

Children in Out-of-Home Placement Reunited with their Families—Source: Sacramento County Department of Health and Human Services, Child Protective Services, Quarterly Statistical Reports

Substantiated Maltreatment—Sacramento and California percentages by type of maltreatment. The Child Welfare Services (CWS/CMS) reports attempts to count each child with a child abuse referral once per year for the calendar years 1998, 1999 and 2000. If a child has more than one referral in a calendar year, they are counted in the category considered to represent the most severe occurrence. First, children are grouped into disposition outcomes: Those with substantiated reports are counted first. After that, children are grouped according to the allegation type severity hierarchy established by CWS/CMS within the child’s outcome column: † sexual abuse, physical abuse, severe neglect, general neglect, exploitation, emotional abuse, caretaker absence/incapacity, and referred to services but not abused. Source: Center for Social Services Research, University of California at Berkeley, School of Social Welfare, Child Welfare Services Case Management Data System (CWS/CMS). For additional information visit: <http://cssr.berkeley.edu/CWSCMSreports/>.

Child Death—The number and causes of child deaths. Source: Sacramento County Child Death Review Team.

School Violence—The number of criminal incidences per 1,000 students by type of crime. School districts with fewer than 1,000 students are not included in this measure. Because of space constraints, the California Safe Schools Assessment (2000-01) did not report the following crimes, which constituted less than 2% of the total crimes reported: bomb threats, destructive/explosive devices, and loitering/trespassing. When drawing conclusions from individual rates changes, remember that improved reporting practices by some local educational agencies may have resulted in increases in their crime rates, which may not represent actual increases in crime. Source: California Department of Education, Safe Schools and Violence Prevention Office, California Safe Schools Assessment. The California Safe Schools Assessment for 2000-2001 is available at: <http://www.cde.ca.gov/spbranch/safety/cssa/00-01results.pdf>

Domestic Violence—The chart that was originally used in the September 2000 edition of the Sacramento County Children’s Report Card, “Crises Line Calls Received by WEAVE,” was eliminated from the 2002 edition in favor of

“Domestic Violence Calls Received by Law Enforcement Agencies.” The new chart also provides statewide data on domestic violence calls for assistance, as reported by the Attorney General’s Office.

Juvenile DUI Arrests—The number of juveniles (10-17) arrested for misdemeanor and felony driving under the influence (DUI). Source: California Department of Justice, California Criminal Justice Profile.

Juvenile Felony Arrest Rates—The number of arrests per 1,000 juveniles (ages 10-17) for a crime committed by a juvenile that is punishable by death or imprisonment in a state prison. For more information on juvenile crime visit the website: www.caag.state.ca.us/cjsc. Source: California Department of Justice; California Criminal Justice Profile.

Juvenile Missing Persons—The number of children reported missing in each month to the City of Sacramento, City of Elk Grove and City of Citrus Heights Police Departments, as well as the Sacramento County Sheriff’s Department for unincorporated areas. Source: City of Sacramento Police Department, Sacramento County Sheriff’s Department.

Homeless Children—The number of families with children needing shelter and support services based on analysis of reports provided by area agencies serving homeless families with dependent children and homeless runaways. Source: Continuum of Care Gap Analysis (2000, 2001, & 2002), Department of Human Assistance.

SOCIAL AND EMOTIONAL WELL-BEING RESULT AREA

Children in Child Welfare Supervised Foster Care by Placement Type—Source: Center for Social Services Research, University of California at Berkeley, School of Social Welfare, California Welfare Services/Case Management System 2001 Quarter 2 Extract from Department of Social Service, Research and Development Department. For further information visit: <http://cssr.berkeley.edu/CWSCMSreports/Pointintime/services/>.

Children in Foster Care: Child Welfare and Probation Supervision—Counts are monthly point in time averages. Source: Center for Social Services Research, University of California at Berkeley, School of Social Welfare, California Welfare Services/Case Management System 2001 Quarter 2 Extract from Department of Social Service, Research and Development Department. For further information visit: <http://cssr.berkeley.edu/CWSCMSreports/Pointintime/services/>.

Most Frequently Used Substance of Choice—Based on responses by Sacramento County 11th graders on the California Healthy Kids Survey 2000.

Mental Health Services—The number of youth receiving public mental health services by age groups. Source: Sacramento County Department of Health and Human Services, Research and Evaluation Division.

Youth Involved in Community Service and Volunteerism—“Service-Learning” is an educational strategy that uses community service to achieve educational goals, while “Community Service” means volunteering done in the com-

munity. These terms are often used interchangeably, but they are distinct concepts. Sources: Sacramento County Parks and Recreation, Survey of Parks and Recreation Districts and Sacramento County Office of Education (SCOE).

Our thanks to the following for their assistance in providing information and data for the Sacramento County Children’s Report Card:

American Lung Association of Sacramento—Emigrant Trails
 California Department of Education
 California Department of Finance
 California Department of Health Services
 California Department of Justice
 California Department of Transportation
 California Employment Development Department
 California Office of Criminal Justice Planning
 California Postsecondary Education Commission
 California State Department of Parks and Recreation
 California State Board of Equalization
 California State Library
 Center for Social Services Branch, University of California at Berkeley
 Child Abuse Prevention Council of Sacramento, Inc.
 Child Action, Inc.
 Child Death Review Team
 Children NOW
 City of Sacramento Convention Center
 City of Sacramento Parks and Recreation
 City of Sacramento Police Department
 Community Services Planning Council
 Department of Housing and Community Development
 Elk Grove Unified School District
 Kelly Robert Grieve
 National Center for Health Statistics
 Victoria Phanthai
 Project TEACH
 Rio Linda Union School District
 Sacramento Area Council of Governments
 Sacramento City Unified School District
 Sacramento County Department of Health & Human Services
 Sacramento County Department of Health & Human Services—Child Protective Services
 Sacramento County Department of Human Assistance
 Sacramento County Healthy Start Collaborative
 Sacramento County Office of Education
 Sacramento County Public Health Advisory Board
 Sacramento County Recreation & Parks Agencies
 Sacramento County Sheriff’s Department
 Sacramento District Dental Society
 Sacramento Employment & Training Agency
 Sacramento ENRICHES
 Sacramento Housing and Redevelopment Agency
 Sacramento Metropolitan Air Quality Management District
 Sacramento Regional Transit District
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 Shots For Tots Regional Coalition
 Debra Steubing
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