

County of Los Angeles

Children and Families Budget

Fiscal Year 2007-08

Board of Supervisors

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David E. Janssen
Chief Administrative Officer

Participating Departments/Agencies

Children and Family Services, *Patricia S. Ploehn*
Child Support Services, *Steven J. Golightly*
Community and Senior Services, *Cynthia D. Banks*
Health Services, *Bruce A. Chernof, M.D.*
Mental Health, *Marvin J. Southard, D.S.W.*
Probation, *Robert B. Taylor*
Public Health, *Jonathan E. Fielding, M.D.*
Public Social Services, *Philip L. Browning*

Children's Planning Council, *Yolie Flores Aguilar*
New Directions Task Force, *Philip L. Browning*

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*Introduction***MESSAGE FROM
CHIEF ADMINISTRATIVE OFFICER
DAVID E. JANSSEN****INTRODUCTION**

The Fiscal Year (FY) 2007-08 Children and Families Budget is mapping an entirely new course in the effort to promote more integrated performance-based budgeting. The Children and Families Budget is being redesigned to further enhance interdepartmental service integration and to focus improvements for achieving better results for children and families. The evolution of these revisions, the timeline for accomplishing them, and how they will impact the Children and Families Budget will be elaborated in more detail in the subsequent sections discussing the “History and Purpose of the Children and Families Budget” and “Tool for Decision Making.”

This year’s budget documents the collaborative efforts of eight of the County of Los Angeles Health and Human Services Departments to improve the well-being of children and families as measured by achievements in the five strategic outcome areas adopted by the Board of Supervisors in 1993:

1. Good Health
2. Economic Well-Being
3. Safety and Survival
4. Social and Emotional Well-Being
5. Educational/Workforce Readiness

The County’s Strategic Plan Goal 5: *Children and Families’ Well-Being* serves as the foundation for the County’s efforts to make substantive improvements within the five Countywide Strategies. Goal 5 Strategies are intended to gain better results for children and families through: focused and collaborative service planning; implementing and integrating coordinated service delivery actions across County departments; building strong County-community partnerships; and stressing accountability for results. The Children and Families Budget is a Goal 5 objective and represents an important tool for promoting accountability and measuring the results of County efforts that contribute to the well-being of the County’s children and families.

HISTORY AND PURPOSE OF CHILDREN AND FAMILIES BUDGET

In FY 2002-03, the County issued a restructured Children and Families Budget (Budget) building on an earlier Children’s Budget developed by the Children’s Planning Council (CPC) and the Chief Administrative Office (CAO). The restructured Budget incorporated a five-year implementation plan to comprehensively inventory 93 programs serving children and families provided by 19 County departments and two commissions, which linked program performance data to program budgets. Documenting program performance in conjunction with departmental spending on children and families provided a better picture of how much was spent in the County in support of children and families, how resources were being utilized, and how children and families were faring as a result.

The Budget’s other intended purposes, to serve as a tool for departments in making programmatic and budgetary decisions and to enhance overall

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interdepartmental service coordination has not been fulfilled. Therefore, after the issuance of the FY 2006-07 Children and Families Budget, a series of meetings were convened with key stakeholders and Departmental representatives from the Health and Human Services' Departments to discuss the future direction of the Children and Families Budget. Three central themes emerged from these discussions:

- Focus the budget around the five countywide strategic outcome areas and move away from a Departmental program inventory;
- Simplify the content of the Budget to enhance its usefulness; and
- Emphasize big picture information that analyzes and demonstrates the impacts of County expenditures on improving the lives of children and families; shifting the focus from an inventory of the individual program budget detail.

The changes to the Children and Families Budget represent the County's continuing cultural shift to performance-based accountability and service integration that the Children and Families Budget helped to bring to the forefront. In connection with other long-standing efforts such as CPC's tracking of Children's ScoreCard indicators,¹ the Children and Families Budget has effectively laid the ground work for a new focus on how performance management metrics can foster discussion and further enhance service coordination efforts among County departments, programs and the County's service partners.

There is a growing Countywide momentum – both externally and internally - to embrace performance management processes to strengthen service delivery systems, enhance programmatic outcomes, and improve upon the overall well-being of the County's citizens, particularly children and families. An outstanding example is the Department of Public Social Services' new initiative DPSS – Total Accountability Total Success "DPSSTATS," which incorporates performance measurement data to track and benchmark the progress of the Department's delivery of social services. Due to the success of the program, additional County departments are scheduled to pilot the "STATS" process in 2007.

TOOL FOR DECISION-MAKING

The FY 2007-08 Children and Families Budget is being redesigned to transition from a departmental program inventory to a more integrated and analytical performance-based budget report aligned around the five Countywide strategic areas in Goal 5. For this revised edition, performance measures from the following eight Health and Human Services Departments will be the focus:

- Children and Family Services
- Child Support Services
- Community and Senior Services
- Health Services
- Mental Health
- Probation
- Public Health
- Public Social Services

Program performance measures from additional departments serving children and families will be phased in gradually in subsequent years.

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In calendar year 2007, two editions of the Children and Families Budget will be issued. This abbreviated version, which is an addendum to the FY 2007-08 Proposed Budget includes performance measurement data **only**; a second, complete version of the Children and Families Budget which will include budget information will be released in the fall of 2007, following departmental final changes for FY 2007-08. On a permanent basis following 2007, the Children and Families Budget will be released the latter part of each calendar year when final budget numbers are available. Postponing the release of the Children and Families Budget after final budget numbers are available enables all costs and revenues for children and families' programming to be based on budget actuals – instead of estimates.

The children and families performance measurement data is being extracted from departmental submissions to *Performance Counts!* – the Countywide performance measurement framework developed for reporting program results on all of the discrete County programs included in the Proposed Budget. The redesign of the Children and Families Budget utilizes the *Performance Counts!* data to provide a more analytical budget report that is intended to focus discussions on enhanced interdepartmental service coordination and integration instead of the silo approach to service delivery.

Performance measures for the Children and Families Budget have been grouped so that progress can be tracked individually and collectively by departments for each of the Goal 5 Strategies, which are presented in Section 2. Beginning with the second 2007 edition of the Budget, departmental performance measures for each of the Goal 5 Strategies, will be contrasted with the County's investment in programs benefiting children and families based upon final budget figures. Delaying the full release of the Children and Families Budget until actual budget numbers are available along with the proposed content revisions will enhance its effectiveness as a policy tool. These revisions may better inform programmatic and budgetary discussions in FY 2008-09 Proposed Budget.

An additional feature planned for the full release of the Children and Families Budget is a special population profile which will highlight the cross-departmental collaborations around the five Goal 5 Countywide Strategies. The first population profile will be Transition Age Youth (TAY), generally defined as young adults between the ages of 16-25. The TAY population is the focus for the Departments of Children and Family Services, Probation and Mental Health, particularly since the inception of the 2004 State Mental Health Services Act, which is designed to expand the delivery of mental health services to a variety of populations. What we know about the TAY population nationally in relation to mental health disorders is:

- More than 3 million TAY have been diagnosed with a serious mental illness;
- Adolescents transitioning to adulthood with a serious mental illness are three times more likely to be involved in criminal activity than adolescents without an illness; and
- TAY with serious mental illness have higher rates of substance abuse than any other age group with mental illness.²

We intend to learn much more about how this population is faring Countywide and how departments are servicing TAY in the first full edition of the Children and Families Budget to be released in late 2007.

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AUDIENCE AND PARAMETERS FOR INCLUDING PERFORMANCE MEASURES IN THE CHILDREN AND FAMILIES BUDGET

The Children and Families Budget is intended to be useful for several different audiences: the Board of Supervisors – to provide an overview of the County's progress in improving the well-being of children and families; County departments – to assist managers with making data-driven programmatic and budgetary decisions; the public – to provide an overview of the County's efforts and progress on behalf of children and families; and community partners – to foster information sharing and opportunities for enhanced community-County collaboration.

All performance measures highlighted in the Children and Families Budget derive from departmental programs, which define children and families as follows:

Children – individuals ages 0-17. *(If a program's eligibility requirements define children beyond this age range, the program is also included.)*

Family – consists of two or more people who are members of the same household and comprise a child, as defined above, and at least one person who is a parent, guardian, or adult fulfilling the parental role.

Programs, from which the performance measures are selected for inclusion in the Budget, must also meet at least one of the following criteria:

- The primary target population of the program is children, families, or pregnant women;
- The program represents an effort by the department to improve the well-being of children and families; and/or
- The program's services are provided to at least one of the following populations:
 - Child/children in a family;
 - Adult family members who are receiving services because they are part of a family with children;
 - Adult family members who are receiving services because a child in the family is a recipient of County services; or
 - Adult family members, pregnant women, or other adults who are receiving services that provide a direct benefit to a child.

RELATIONSHIP BETWEEN CHILDREN AND FAMILIES BUDGET AND PROPOSED BUDGET

The Children and Families Budget has traditionally been issued as an addendum to the County's Proposed Budget. The Proposed Budget includes the Chief Administrative Office's yearly recommended departmental budgets; provides summary budget information; describes major resource allocation changes and resulting impact on operations and services; and reports *Performance Counts!* data. As previously discussed, this will be the last year the Children and Families Budget is issued as an addendum to the Proposed Budget.

The Children and Families Budget played a significant role in shaping the *Performance Counts!* measurement framework implemented in the FY 2004-05 Proposed Budget. The shift in the County to reporting performance data in the

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Proposed Budget is a direct result of the Children and Families Budget's efforts to link program performance with budgetary allocations and expenditures.

The tracking and collection of performance and budgetary data continues to be a challenge for the County, however, departments are gradually developing and improving on the data, tools, and automated processes such as the electronic Countywide Accounting and Purchase System (eCAPS the County's enhanced financial accounting system) necessary to assist them with collecting, tabulating, and analyzing performance and budgetary data.

CONCLUSION

The FY 2007-08 Children and Families Budget is attempting to make a distinct contrast in the way it evaluates departmental and Countywide progress in improving conditions within the Goal 5 Strategies of:

- Good Health;
- Economic Well-Being;
- Safety and Survival;
- Social and Emotional Well-Being; and
- Educational/Workforce Readiness

The Budget's shift from a departmental program inventory to a more integrated performance-based budget report aligned around the Goal 5 Strategies can help identify issues that will strengthen interdepartmental collaboration as well as service and resource integration which will ultimately improve child and family outcomes. Postponing the Children and Families Budget release until the end of the calendar year, when actual budget allocations and program expenditures can be linked to program performance measures, provides a better context for making future policy and budgetary decisions. The Children and Families Budget continues to be an evolving document, and will be improved upon in future years as it steers a new course in tracking the County's progress in improving the well-being of children and families.

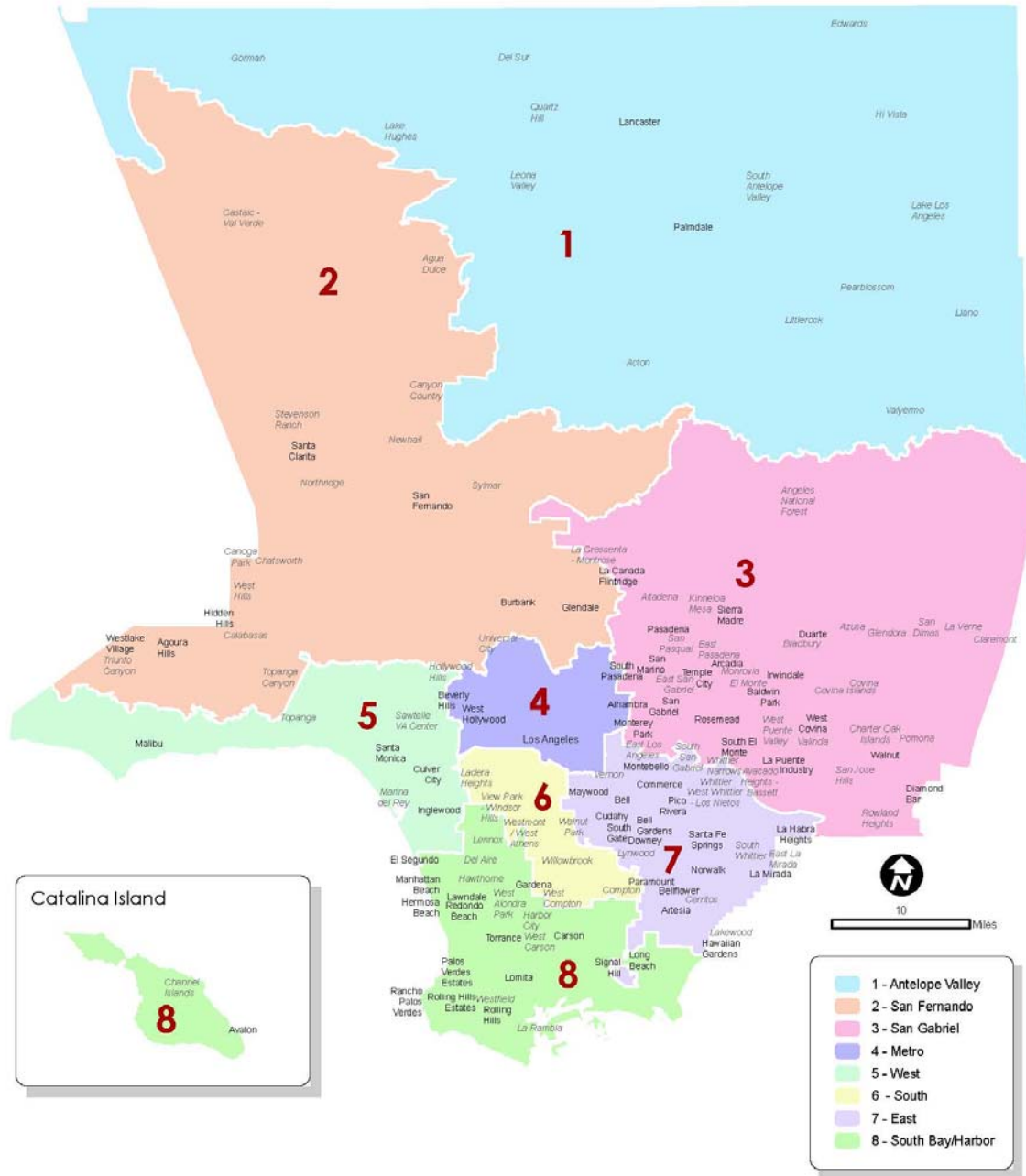
Endnotes

¹ The Children's ScoreCard produced every other year by the Children's Planning Council tracks a core set of indicators reflective of the County's progress around the five Countywide Strategic areas under Goal 5. For more information see www.childrensplanningcouncil.org

² The Bazelon Center for Mental Health Law. "Facts on Transitional Services for Youth with Mental Illnesses." www.bazelon.org/issues/children/factsheets/transition.htm

Child Demographics

Los Angeles County Service Planning Areas



Note: City names are shown in Black.
Community names are shown in *Italics*.

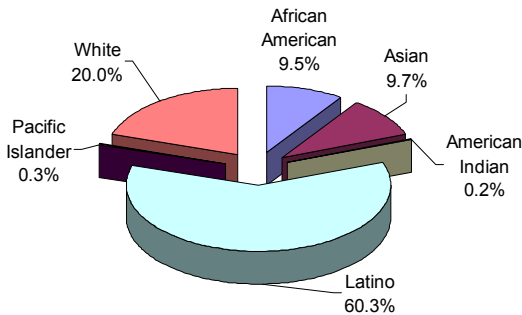
Los Angeles County CAO/SIB

Child Demographics for the County of Los Angeles

Race/Ethnicity

In 2005, the County was home to almost 2.8 million children and youth (ages 0 to 17), who accounted for 27 percent of the County’s 10.3 million residents. These children are predominantly children of color, with Latino children representing 60.3 percent of the total child population. African Americans account for 9.5 percent and Asians account for 9.7 percent, while American Indian and Pacific Islander children each represent significantly less than 1.0 percent of the child population. White children comprise the remaining 20.0 percent.¹

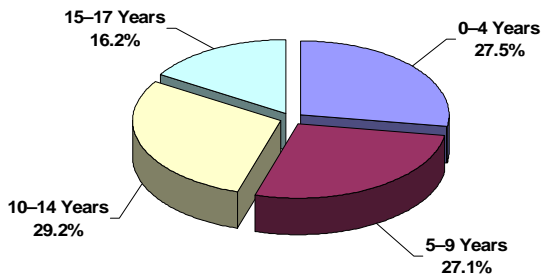
Racial/Ethnic Composition of Children in County of Los Angeles, 2005

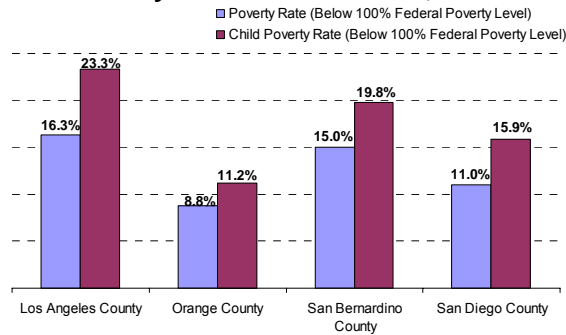


Age Groups

In terms of age diversity, the majority of the County’s children are spread fairly evenly between the 0-4, 5-9, and 10-14 age groups, each ranging from 27.1 percent to 29.2 percent of the child population. High school teenagers, ages 15-17, account for the smallest proportion at 16.2 percent. Since 2002, the 0-4 year old age group increased by 5.1 percent and 15-17 year olds increased by 3.0 percent. In contrast, 5-9 year olds decreased by 3.2 percent and 10-14 year olds increased by almost 1 percent. The younger and older age groups demonstrated the largest growth over the last few years.²

Age Composition of Children in County of Los Angeles, 2005



Child Demographics**Poverty****Poverty Rates for Counties, 2005**

Los Angeles County, in 2005, reported the highest overall poverty and child poverty rates, at 16.3 percent and 23.3 percent respectively, in comparison to three other Southern California Counties.³ Between 2001 and 2004 Census estimates for child poverty rates (children under 18) increased by almost 10 percent for Los Angeles County. Child poverty also increased in California between 2001 and 2004 from 17.6 percent to 18.7 percent. Nationally, child poverty rates rose from 16.3 percent to 17.8 percent over the same 4-year time period.⁴

Endnotes

¹ Los Angeles County Chief Administrative Office, Service Integration Branch, Urban Research, "2005 Population Estimate of Children 0-17 by Age and Ethnicity in Los Angeles County."

² Ibid.

³ California Budget Project, "New Census Data Show Few Gains for California." www.cpb.org

⁴ U.S. Census Bureau, Small Area Income and Poverty Estimates for California Counties, www.census.gov

GOAL 5: CHILDREN AND FAMILIES' WELL-BEING

STRATEGY 1: GOOD HEALTH

ENHANCE THE ABILITY OF CHILDREN AND FAMILIES TO ACCESS QUALITY HEALTH CARE

Good Health**WHAT ARE THE OUTCOMES?**

- Health Insurance Outreach and Enrollment
- Health Promotion
- Prenatal and Infant Care
- Screening and Intervention for Special Needs
- Substance Abuse Prevention and Treatment

WHY ARE THESE IMPORTANT?

Health Insurance Outreach and Enrollment: Over 300,000 children and youth in Los Angeles County lack health insurance.¹ Those with health insurance are more likely to access regular preventive and primary care that can prevent illness and provide better treatment of chronic conditions. Access to regular care also leads to fewer emergency room visits, increased cost savings, and more importantly, better health outcomes. Medi-Cal is California's Medicaid program,² which provides free or low-cost health care insurance for low-income families with children, pregnant women, as well as the elderly and adults with disabilities. Low- to moderate-income children of families who are not eligible for Medi-Cal may qualify for other programs, including the State's Healthy Families program,³ and local programs such as Healthy Kids. County personnel work with community organizations and schools to inform families about the availability of various health insurance programs and assist with the enrollment process.

Health Promotion: When children and families choose to eat nutritious meals, participate in physical activity, and avoid unhealthy behavior, their decisions support a healthier lifestyle. Through preventive practices supplemented with wellness check-ups and immunizations, families gain knowledge and work in partnership with their health care team to achieve optimal health. Moreover, when families regularly receive wellness check-ups, the primary care physician can better manage chronic conditions and detect medical conditions that require treatment before becoming more serious. The County health system offers wellness check-ups and immunizations for children and families as well as public health programs designed to promote child safety and a healthy environment.

Prenatal and Infant Care: Monitoring the health of mother and child before and after birth provides opportunity to inform pregnant women about good nutrition, exercise, and infant care to enhance knowledge and promote healthy behavior. Expectant mothers who practice healthy behavior increase the likelihood of birthing a healthy child, and ultimately enhance overall health outcomes for mother and child. Low-income, African American women under age 20 who are less educated are less likely to receive prenatal care and their babies are most likely to have low birth weight.⁴ The County administers targeted programs for these higher risk populations to decrease racial/ethnic disparities that contribute to infant mortality. In addition, several prenatal programs focus on outreaching to pregnant women throughout the County to provide them with information about accessing prenatal care early in pregnancy. Through these programs, the County helps more expectant mothers make informed decisions to protect their unborn children and give birth to healthy babies.

Good Health

Screening and Intervention for Special Needs: In collaboration with pediatricians, school nurses, community-based organizations, and parents, the County supports the early screening of children to detect risk factors indicating the need for further developmental or medical assessment. In addition to early detection and intervention for children with special needs, the County provides comprehensive supports and services to coordinate care for a diverse group of chronic medical, developmental, and behavioral conditions. Among such County programs, Children's Medical Services (Department of Public Health) and Rancho Los Amigos National Rehabilitation Center (Department of Health Services) support the health of children with special needs through integrated resources and medical services. By providing coordinated and comprehensive care to children with special needs, these programs improve the children's quality of life and help them achieve greater independence.

Substance Abuse Prevention and Treatment: Tobacco, alcohol, and drug abuse impairs the physical health of the user as well as his or her relationships with family and friends at home, work, or school. For example, a parent who smokes in the household, impacts the heart and lung function of other family members through inhalation of second-hand smoke. Informing children and youth about the psychological and physical dangers of alcohol and drug abuse and countering advertising that glamorizes such substances can help prevent use. Through treatment and support, parents and youth can overcome substance abuse and heal emotionally and physically. The County's Alcohol and Drug Program Administration (ADPA) administers alcohol and drug programs through contracts with over 300 community-based agencies. These agencies provide a wide array of prevention, intervention, treatment and recovery services for Los Angeles County residents. Additional County services integrate mental health and medical services with substance abuse prevention and treatment.



Good Health

“Health Insurance Outreach and Enrollment”



Are these Outcomes Changing Conditions for Children and Families?

Program Indicators quantify program achievements and describe how many or what portion of the clients served underwent a change based on the service intervention. Specifically, these measures are intended to answer: Are children and families better off? How did the outcomes improve for clients? Program operational measures tell us how well a program is working by answering the following questions: How much service was delivered? How well was the service delivered? The measures reported for the various outcomes are primarily indicators, however, operational measures are sometimes included to provide a context of the amount of service delivered. Operational measures are depicted in burgundy font in the tables.

Departments and programs providing measures for the five outcomes are listed under each table: Health Insurance Outreach and Enrollment, Health Promotion, Prenatal and Infant Care, Screening and Intervention for Special Needs, Substance Abuse Prevention and Treatment. The last column in each table “Percent Change” reflects the change between FY 2004-05 and FY 2006-07.

HEALTH INSURANCE OUTREACH AND ENROLLMENT	Indicators	FY 04/05 Number/ Percent	FY 05/06 Number/ Percent	FY 06/07 Number/ Percent	PERCENT CHANGE
HOW SUCCESSFUL IS THE COUNTY IN ENROLLING CHILDREN AND FAMILIES?	Number of children enrolled in Medi-Cal	1,133,127	1,149,029	1,149,890	1.5%
	Average number of months eligible children are enrolled in Medi-Cal	n/a	51	50	-
	Number of children and adults enrolled in Medi-Cal through outreach	174,023	160,001	180,430	3.7%
	Percent of health coverage applications submitted by MCAH contracted agencies that are confirmed enrolled	75.8% (23,702/ 31,251)	73.6% (20,915/ 28,405)	73.6% (20,915/ 28,405)	- 2.9%

Departmental Programs:

Public Social Services: Medi-Cal

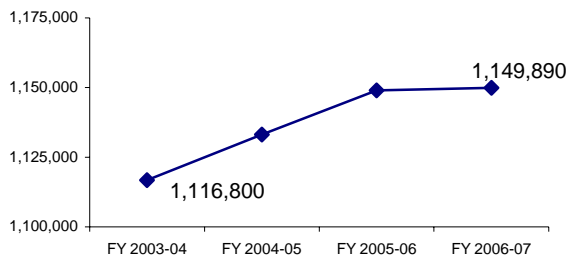
Public Health: Maternal, Child, and Adolescent Health (MCAH); Children’s Health Outreach Initiative (CHOI)

n/a = not available

What Does the Data Tell Us

In California, about 60 percent of all Medi-Cal recipients are 20 years of age or younger and over one-third of these children live in Los Angeles County.⁵ With recent public attention focused on providing health coverage to the uninsured, California experienced a large increase in Medi-Cal enrollment from 2000-02. While the number of children enrolled in Medi-Cal in Los Angeles County has gradually and steadily increased since 2003 [Figure 1], nine percent (303,000) of all children and youth (0-20 years of age) in Los Angeles County remain uninsured and 42 percent are eligible for Medi-Cal or Healthy Families.⁶ The proportion of uninsured children rises with poverty level, and the poorest children (below 100 percent of the Federal Poverty Level) are most likely (15 percent) to be uninsured. In addition, many uninsured children are Latino (14 percent), and one barrier may involve a concern that using public benefits could negatively influence immigration status.

Figure 1: Number of Children Enrolled in Medi-Cal



According to a national survey, 87 percent of Medi-Cal beneficiaries indicate satisfaction with the program, which is similar to participants in private insurance.⁷ Furthermore, although over half of Medi-Cal beneficiaries report difficulty in locating a doctor, the publicly insured are more likely to utilize health care services than the uninsured, and this provides increased opportunity for preventive care. In FY 2005-06, Medi-Cal outreach efforts continued as the Department of Public Social Services (DPSS) established new enrollment sites and participated in community events and health fairs. Although 160,001 children and adults were enrolled into Medi-Cal, enrollments decreased from the previous year. In partnership with community-based organizations and schools, the County continues its efforts to outreach to low-income children and increase Medi-Cal enrollments. In collaboration with DPSS and community agencies, the Children's Health Outreach Initiative (CHOI) of the Department of Public Health (DPH) coordinates outreach efforts for various health insurance programs and has developed health coverage outreach materials to educate the public. With new Medi-Cal eligibility requirements for U.S. Citizens, the California Department of Health Services has developed an automated Vital Records Match for applicants born in California. In response, in 2007 DPSS will establish special teams in district offices to efficiently process documents required by U.S. citizens applying for or renewing Medi-Cal benefits.



Good Health



One barrier to maintaining continuous coverage is the complexity of the Medi-Cal application and redetermination of eligibility.⁸ The failure to complete and submit the necessary paperwork upon enrollment and redetermination at six months often leads to gaps in coverage and such inefficiency increases unnecessary administrative costs and diminishes the quality of care. The County of Los Angeles is noted for innovative practices in increasing retention by improving staff and client knowledge about enrollment requirements. For example, publications encourage clients to communicate with staff, and tools have been created to simplify procedures.⁹ Compared to most other counties in California, Los Angeles County has longer coverage periods for children and greater rates of enrollment. On average, 88 percent of Medi-Cal beneficiaries in California obtain a break in coverage within three years or 36 months, with typically three months without coverage. The average continuous coverage for Medi-Cal children in Los Angeles County is 50 months (over four years). In FY 2006-07, the County Maternal, Child and Adolescent Health (MCAH) contractors predict about 73.6 percent of clients with confirmed enrollment. In contrast, estimates indicate a 50 percent disenrollment rate for families on welfare,¹⁰ and 22-82 percent for California counties.¹¹

In June 2006, the County launched LACountyHelps online (www.lacountyhelps.org) to help L.A. County families determine potential eligibility for various health and social programs. In addition to pre-screening families for program eligibility, the website provides contact information, and families can download applications to begin the enrollment process. To increase health insurance outreach and enrollment, the County's Chief Administrative Office (CAO)/Service Integration Branch is working with DPH to develop a media campaign to inform the public about LACountyHelps. In February 2007, One-e-App, a web-based, single application system was implemented to assist community-based organizations in determining whether their clients are eligible for various public programs, including public health insurance programs.¹² After determining potential eligibility, registered users of One-e-App may electronically send a completed application to the State for Child Health and Disability Prevention (CHDP), Healthy Families, Medi-Cal for Children and Pregnant Women, or to L.A. Care for Healthy Kids for definitive eligibility determination and enrollment. Created in partnership with several County departments (DHS, DPH, DPSS, CAO, Chief Information Officer), LA Care Health Plan, Children's Planning Council, and community-based organizations, LACountyHelps and One-e-App are examples of collaborative efforts to simplify enrollment of various public programs by allowing families to better understand their own eligibility and the necessary documentation required to begin the enrollment process.

Through simplification of procedures and the application of technology, Los Angeles County is working to enhance efficiency of Medi-Cal enrollment and redetermination. Further, outreach efforts are leading to increased coverage and making it easier for families to determine eligibility. The County will continue to monitor future federal and State policy changes to work towards all children and families having health insurance.

Good Health

“Health Promotion”

HEALTH PROMOTION	Indicators	FY 04/05 Number/ Percent	FY 05/06 Number/ Percent	FY 06/07 Number/ Percent	PERCENT CHANGE
HOW WELL IS THE COUNTY PROMOTING AND PROTECTING HEALTH?	Percent of children adequately immunized at age two	80.1%	79.0%	80.5%	0.5%
	Percent of children in licensed child care facilities and kindergartens who are age-appropriately vaccinated	96.1%	95.9%	96.5%	0.4%
	Percent of asthmatic children who are DHS patients and had a DHS hospital admission for asthma during the year	6.4%	6.9% ¹³	6.0%	-6.3%
	Percent of asthmatic children who are DHS patients and had a DHS emergency department visit for asthma during the year	12.9% ¹⁴	12.2% ¹⁵	12.0%	-7.0%
	Percent of screened children under age six who show elevated blood lead results	0.5% (933/ 194,000)	0.4% (512/ 119,000)	0.4% (512/ 119,000)	-20.0%



Departmental Programs:

Public Health: Immunization Program, Childhood Lead Poisoning Prevention Program (CLPPP)

Health Services: Hospital Outpatient Services (Pediatrics)

What Does the Data Tell Us

Health promotion encompasses: 1) prevention of disease through diet, exercise, wellness check-ups, and immunizations; 2) management of chronic disease for optimal health; and 3) protection of health through a safer environment free from harmful substances.

The Centers for Disease Control (CDC) recommends for at least 90 percent of all children to be immunized at age two for all vaccine-preventable diseases.¹⁶ Currently, almost 81 percent of children two years of age have received immunizations in the County of Los Angeles. In FY 2003-04, the immunization rate for children at two years of age was 77.5 percent, and this rate continues to increase through the DPH’s Immunization Program and the LINK (Los Angeles-

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Orange Immunization Network) initiative, which increases the participation of Los Angeles County providers. Nearly 97 percent of children in licensed child care and kindergartens have received age-appropriate vaccinations, however, racial/ethnic disparities exist, specifically for African American children. For instance, only 57 percent of African American children received age-appropriate immunizations at age two.¹⁷

Focused on providing quality preventive care, the County health system offers pediatric primary care to children and youth. In Los Angeles County, over eight percent of children and youth indicate not having a regular source of health care.¹⁸ Regularly visiting a primary care physician allows parents and children to communicate about their health concerns, receive wellness check-ups, and provide up-to-date immunizations. Opportunities to discuss the benefits of a healthy diet and physical fitness can empower youth to choose behaviors that promote health and prevent disease. Increasingly becoming a national concern, the Los Angeles County Health Survey shows that the proportion of overweight children in 5th, 7th, and 9th grades at Los Angeles County public schools has increased from 18 percent in 1999 to 23 percent in 2005.¹⁹ Being overweight increases the risk of heart disease, hypertension, and diabetes and costs the County nearly \$4 billion in health care expenditures.²⁰ The DHS, in collaboration with the City of Los Angeles and the Los Angeles Unified School District (LAUSD) participated in the first “Leadership for Healthy Living Forum” in February of 2006 to identify policies and solutions to reverse the child obesity epidemic. Another example of promoting a healthier lifestyle involves the DPH’s Children’s Health Initiative (CHI), which convenes the Physical Activity and Nutrition Task Force (PANTF) to implement policy recommendations to address childhood obesity.

About 13 percent of U.S. children have chronic health conditions such as asthma, and they can benefit from treatment and regular care from a personal physician.²¹ It is estimated that nearly nine percent of children in Los Angeles have asthma, with African American children in the County at even higher rates (18.5 percent; higher than national rate of 7 percent).²² Children with asthma who do not receive regular care are more likely to receive emergency treatment or become hospitalized, which increases costs and poses additional risk to the child. Currently, six percent of children receiving care from a DHS facility are admitted to a hospital, and this trend appears to be declining. Yet, 12 percent of pediatric DHS patients had a DHS emergency department visit for asthma during the year, which impact costs. These trends suggest the importance of a personal doctor guiding families in chronic disease management. To strengthen care, Maternal Child and Adolescent Health (MCAH) provides staff support to the Asthma Coalition of Los Angeles County, an organization that collaborates with health care providers and public health stakeholders to develop policy recommendations and systems change regarding the diagnosis and management of asthma. By bringing together medical professionals, policymakers, and the community, continued discussion can lead to finding solutions to better connect patients to improve management of chronic medical conditions.

The home environment of a child includes the air they breathe and substances in the home. Homes built prior to 1980 may contain lead-based paint, and exposure to lead can have a detrimental impact on brain development for young children. Soil, certain ceramics and imported Mexican candies also may contain lead. Since FY 2004-05, the percent of Los Angeles County children under age six who show elevated blood lead levels has been declining and less than one-half percent are expected to have such levels in FY 2006-07. The Childhood Lead Poisoning Prevention Program (CLPPP) has increased public awareness of

Good Health

“Prenatal and Infant Care”

childhood lead poisoning, and targets high-risk neighborhoods to inform families of the dangers of lead, screens children for elevated blood levels, and monitors the home and health of children with elevated levels. It is estimated that about 32,000 housing units with lead-based paint are likely to be occupied by low-income families with children under age six.²³ Moreover, to eliminate childhood lead poisoning by 2010, the CLPPP of DPH has defined goals and objectives in Lead Safe Los Angeles 2010 (based on Healthy People 2010).

Through public awareness and direct services, the County works to prevent disease and promote and protect the health of children and families in Los Angeles County.



PRENATAL AND INFANT CARE	Indicators	FY 04/05 Number/Percent	FY 05/06 Number/Percent	FY 06/07 Number/Percent	PERCENT CHANGE
HOW WELL IS THE COUNTY PROVIDING CARE BEFORE AND AFTER BIRTH?	Total number of births (County hospitals)	4,012	4,068	4,074	1.5%
	Percent of newborns with low birth weight (less than 2,500 grams)	7.1% (10,717/151,504)	n/a ²⁴	7.1%	0
	Infant Mortality Rate	0.5% (757/151,504)	n/a ²⁵	0.5%	0
	Percent of mothers beginning prenatal care in the first trimester ²⁶	89.9% (136,144/151,504)	n/a ²⁷	90.0%	0.1%

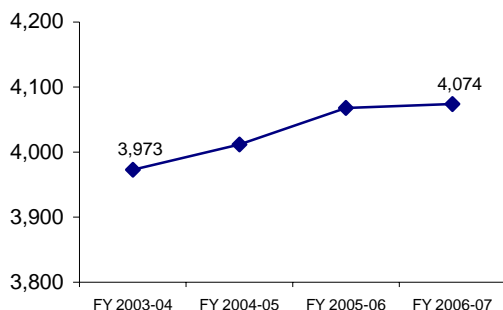
Departmental Programs:

Health Services: Obstetrics, Pediatrics
 Public Health: Maternal, Child, and Adolescent Health (MCAH)
 n/a = not available

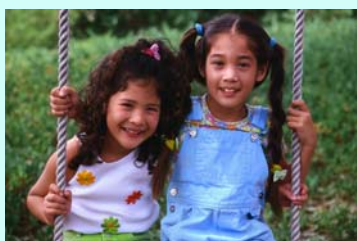
What Does the Data Tell Us

In FY 2006-07, of the nearly 160,000 births in Los Angeles County, about 2.5 percent of children were born at County hospitals, and the County hospital birth rate has increased 1.5 percent since 2004 [Figure 2]. The birth rate for the entire County has declined in recent years from 20.6 per 1,000 population in 1993 to 16.2 per 1,000 population in 2003. Latinos have the highest birth rate at 20.1, and Whites have the lowest birth rate at 9.0 per 1,000.²⁸

Figure 2: Total Number of Births (County Health System)



Good Health



Several Maternal, Child, and Adolescent Health (MCAH) programs within DPH inform pregnant women about behaviors that lead to a healthy birth, which positively affects a child's future development and well-being. Pregnant women who have access to obstetric care are advised about good nutrition, exercise, stress management, and abstinence from drugs and alcohol. The infant birth weight and survival rate are two important indicators of a healthy birth. In Los Angeles County, over seven percent of newborns have low birth weight;²⁹ trends show this rate has been rising since 1991, when it was six percent.³⁰ The percent of African American newborns with a low birth weight is 12.7 percent.³¹ In FY 2006-07, the Infant Mortality Rate (IMR) in Los Angeles County is 0.5 percent or 5 per 1,000 live births³² and is approaching the Healthy People 2010 goal of less than 4.5 per 1,000. However, disparities among racial and ethnic groups continue to exist. For instance, African American infants have an 11.7 per 1,000 IMR rate.³³ The County's Black Infant Health (BIH) program focuses on eliminating this disparity through improvement of birth and health outcomes for African American babies. Between 2000 and 2005, the rate of low birth weight infants born to BIH participants decreased from 14.4 percent to 10.4 percent, which is lower than the 13.8 percent of non-participating African American women who received Medi-Cal services in 2003. By providing positive support, home visits, referrals to family supportive services, and health education, the BIH program empowers women to increase self-awareness and self-esteem through knowledge and peer support.

The earlier an expectant mother begins prenatal care, more opportunities exist to promote health and prevent any potential problems. Quality prenatal care involves consistent visits to monitor health and educate parents about early childhood development. In California, 87 percent of mothers began prenatal care in the first trimester, slightly above the national percentage (84 percent).³⁴ In Los Angeles County, about 90 percent of pregnant women received prenatal care in the first trimester, and the number of mothers accessing early prenatal care increased from 71 percent to 92 percent between 1991 and 2004.³⁵ White mothers were more likely to begin prenatal care in the first trimester (97.1 percent) than Latino (89.0 percent) and African American (85.7 percent) mothers. Los Angeles County DPH (MCAH) and DHS offer several programs that educate and provide prenatal care: Nurse Family Partnership Program (home visits); Black Infant Health Program; Prenatal Care Guidance Program; Lactation Specialist and Breastfeeding Program; and the Comprehensive Perinatal Services Program (CPSP). Each of these programs contributes to the healthy birth outcome and encourages behaviors that support infant health following birth.

Good Health

“Screening and Intervention for Special Needs”



SCREENING AND INTERVENTION FOR SPECIAL NEEDS	<i>Indicators</i>	<i>FY 04/05 Number/Percent</i>	<i>FY 05/06 Number/Percent</i>	<i>FY 06/07 Number/Percent</i>	<i>PERCENT CHANGE</i>
<i>HOW WELL IS THE COUNTY PROVIDING CARE FOR CHILDREN WITH SPECIAL NEEDS?</i>	Percent of CCS children with special health care needs seen in special care center who have a documented annual visit, including treatment plans	61.8% (286/463)	58.4% (289/495)	59.0% (295/500)	- 4.5%
	Percent of eligible CHDP children, whose screening exams reveal a condition requiring follow-up care, who received follow-up care	20.0% (9,865/49,425)	13.9% (7,140/51,392)	14.0% (7,200/51,500)	-30.0%
	Average change in functional independence (FIM) score ³⁶ from admission to discharge for youth 8-21 years of age at Rancho Los Amigos National Rehabilitation Center	35.3	33.3	29.4 ³⁷	-16.7%

Departmental Programs:

Public Health: Children’s Medical Services includes California Children’s Services (CCS) and Child Health and Disability Prevention (CHDP)

Health Services: Rehabilitation

What Does the Data Tell Us

Nearly 16 percent of children in Los Angeles County have special health care needs (SHCNs).³⁸ Special health needs include medical, developmental, behavioral, or emotional conditions. The highest rates of children with special needs are among African American children (25.4 percent) and children in the West/Service Planning Area (SPA) 5 (23.4 percent) and Antelope Valley/SPA 1 (22.6 percent).³⁹ National data suggests that fewer than 50 percent of children with developmental or behavioral disabilities that impact school readiness are diagnosed before entering school.⁴⁰ By the time children enter kindergarten, significant delays may have occurred and present missed opportunities for early intervention. Through early detection of learning disabilities and developmental delays, more children can benefit from early intervention. For instance, the Head Start program provides comprehensive developmental and health screening for every child prior to kindergarten entry to determine which children should undergo additional assessment. In Los Angeles County, nearly 30 percent of children enrolled in Head Start were referred for medical treatment or additional assessment upon initial screening, and nearly all of these children received medical treatment.⁴¹ In addition, the County offers surveillance programs to detect conditions of newborns at County hospitals, including the Newborn Screening Program and Newborn Hearing Screening Program. Screening

Good Health

newborns for hearing, inherited metabolic (i.e. phenylketonuria (PKU)) and blood disorders (i.e. sickle cell) and monitoring referrals of those newborns with positive screens can provide early detection and prevent developmental delay for specific disorders.

Based on parents' responses from the Los Angeles County Health Survey (LACHS), the percent of children with SHCNs was higher in households above 300 percent of the Federal Poverty Level. Knowing that lower income children are not less likely to have special needs, this finding suggests that they may be at increased risk for having unrecognized needs.⁴² While most children with SHCNs have health insurance and a regular source of care, 21 percent reported difficulty in receiving medical care when needed and were more likely to indicate language and transportation barriers.⁴³ Recognizing that about half of the patients at Rancho Los Amigos National Rehabilitation Center (Rancho) are less than English proficient, the County hospital recently obtained Video Medical Interpreter (VIM) technology to enable more children and families to communicate with interpreters in the Health Care Interpreter Network (HCIN). By offering expanded language services, Rancho hopes to improve patient-provider communication and overall satisfaction with quality of care.

Noting that Functional Independence Measure (FIM) scores, which measure functional improvement after rehabilitation, decline after discharge for Rancho patients, the hospital is focusing on increasing patient self-management to reverse this trend. By increasing patient responsibility and improving communication with providers, Rancho will monitor changes in FIM scores to improve functional independence. Although FIM scores for FY 2006-07 appear to be lower, the hospital is caring for a greater proportion of patients with more severe cases, and these patients are experiencing greater functional gains and reduced lengths of stay. Rancho provides both pediatric inpatient and outpatient care for children and youth with physical disabilities.

For families with children with SHCNs, having a relationship with a personal doctor and being an active partner in their child's health, benefits overall care. In addition to having a personal physician, California Children's Services (CCS) offers case management to integrate and coordinate care and benefits for families and children with SHCNs as well as provides physical and occupational therapy directly through its Medical Therapy Program (MTP). In FY 2006-07, 59 percent of children with special health care needs in the CCS program are estimated to be seen in a special care center and have a documented annual visit with treatment plans. The percent of children in CCS that have been seen with an annual visit has slightly decreased since 2004; continued monitoring of this trend will provide further information.

Another component of Children's Medical Services (CMS), the CHDP⁴⁴ makes preventive health assessments available for children who appear well and for children with existing health problems. Children identified with suspected problems during a health assessment are referred for necessary diagnosis and treatment. With prompt diagnosis and treatment, many health conditions can be prevented, corrected or reduced in severity. In FY 2005-06, it is estimated that 14 percent of eligible CHDP children, whose screening exams reveal a condition requiring follow-up care, received follow-up care and this is a 30 percent decrease from FY 2004-05. This decline is partially due to decreased funding and subsequent staff reductions as well as difficulty in connecting with parents for follow-up care. As a result, CHDP has focused on providing families with follow-up care and coordination from Public Health Nurses (PHNs).

Good Health

“Substance Abuse Prevention and Treatment”

SUBSTANCE ABUSE PREVENTION AND TREATMENT	Indicators	FY 04/05 Number/ Percent	FY 05/06 Number/ Percent	FY 06/07 Number/ Percent	PERCENT CHANGE
HOW WELL IS THE COUNTY PREVENTING AND TREATING SUBSTANCE ABUSE?	Percent of teenagers (age 14-17) who are current cigarette smokers based on the Youth Behavioral Risk Survey	n/a	11.8% (18,100/ 153,369)	9.5% (14,570/ 153,369)	-
	Successful substance abuse treatment (percent discharged with positive compliance): ⁴⁵				
	Male youth	49.4% (310/627)	54.1% (326/603)	55.0%	11.3%
	Female youth	46.0% (115/250)	54.4% (142/261)	55.0%	19.6%
	Women with children	51.2% (43/84)	48.4% (31/64)	50.0%	-2.3%
	Percent change in women with children who report being homeless from admission to discharge (perinatal residential treatment program)	48.4% (30/62)	52.2% (24/46)	54.0%	11.6%



Departmental Programs:

Public Health: Tobacco Control Program, Alcohol and Drug Programs Administration (ADPA) [Adolescent Intervention, Treatment and Recovery Program, Perinatal Alcohol and Drug Program, Women with Children Residential Alcohol and Drug Program]
n/a = not available

What Does the Data tell Us

In Los Angeles County, over six percent of children are exposed to tobacco smoke at home, with nearly 17 percent of African American children being exposed.⁴⁶ Smoking during pregnancy has been linked to low birth weight and young children who live in an environment with tobacco are more likely to develop asthma. According to the American Cancer Society, teenage smoking has declined since the late 1990s, however, more teens smoke than adults. Of all U.S. high school students, girls were equally as likely to smoke as boys and White students (25 percent) were more likely to smoke than African American (11 percent), Hispanic/Latino (22 percent), or Asian (11 percent) students.⁴⁷ Smoking has been linked to poor lung function, lung cancer, as well as heart disease, which is the leading cause of death in the U.S. for both men and women. Educational campaigns appear to be contributing to the decline in youth smoking. In Los Angeles County, 9.5 percent of teenagers indicate they currently smoke cigarettes, and this trend appears to have declined by nearly 20 percent from the previous year.

Good Health

The County offers substance abuse treatment programs for youth and women with children. Data from FY 2006-07 anticipates that 55 percent of both male and female youth will successfully complete substance abuse treatment and will be discharged with positive compliance. Compared to FY 2004-05, the rate of successful treatment is expected to increase by over 11 percent for males and nearly 20 percent for females. Similarly, half of women with children who receive substance abuse treatment will complete the program successfully in FY 2006-07, however, the completion rate for women with children is projected to decrease. As a result of the perinatal residential substance abuse treatment program, it is expected that 54 percent fewer women with children will report being homeless at the point of discharge. Treating substance abuse shows an associated decrease in homelessness for women in the program and this rate has improved since FY 2004-05.

As the County continues to invest in housing and homeless prevention through the Homeless Prevention Initiative (HPI) and Housing and Homeless Program Fund (HHPF), monitoring of this and similar trends will show the impact of support services, including substance abuse treatment for at-risk women with children. Moreover, in May 2006, a pilot program with the ADPA, DCFS and Los Angeles Superior Court formed the Dependency Drug Court Team to identify barriers to reunify children with their parents. The substance abuse services for this new program include a full range of treatment and recovery services for participating families.

Collaborations with schools and community-based organizations can strengthen parent involvement and awareness to protect their children by providing them with knowledge and support to prevent substance abuse. Through treatment and support, the County works to help people suffering from substance abuse to function in society by contributing at work or school, forming relationships with family and friends, and having a safe and stable place to live.

Endnotes for Good Health

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- ¹ Children and youth ages 0-20 years. California Health Interview Survey (CHIS) 2005, available at: <http://www.chis.ucla.edu>
 - ² The Medicaid Program is funded by state and federal governments.
 - ³ California's State Children's Health Insurance Program (SCHIP)
 - ⁴ California Department of Health Services, Center for Health Statistics. Infant Mortality in the Antelope Valley. Los Angeles County Board of Supervisors letter from Department of Health Services, May 31, 2005.
 - ⁵ California Health Interview Survey (CHIS), Ibid. (62% of all Medi-Cal participants are 0-20 years of age in California, and 35% of these children live in LA County)
 - ⁶ California Health Interview Survey (CHIS), Ibid. (31.6% are eligible for Medi-Cal and 10.9% are eligible for Healthy Families)
 - Note that national estimates of uninsured children are 9-14%.
 - ⁷ Medi-Cal Policy Institute, Medi-Cal Beneficiary Survey, 1999.
 - ⁸ Hughes D and Brewster L. Keeping Eligible Families Enrolled in Medi-Cal: Results of a Survey of California Counties. California HealthCare Foundation, UCSF Institute for Health Policy Studies, and Brewster Consulting, September 2004. <http://www.chcf.org/topics/medi-cal/index.cfm?itemID=105971>
 - ⁹ For example, publications encourage clients to communicate with staff, such as "words your worker might use," and "Don't lose your health benefits." In addition, tools that simplify procedures for staff include the Medi-Cal Verification Guide, Quick Verification Chart, Tips for Processing Medi-Cal Redeterminations, and the Medi-Cal MSR Guide.
 - ¹⁰ Medi-Cal after Welfare Reform: Enrollment among Former Welfare Recipients. RAND 2002.

- ¹¹ Hughes D. and Brewster L. Ibid.
- ¹² The following public health insurance programs are included: Child Health and Disability Prevention (CHDP), Healthy Kids, Healthy Families, and Medi-Cal for Children and Pregnant Women.
- ¹³ These data will need to be modified after repairs have been completed by EDR.
- ¹⁴ These data will need to be modified after repairs have been completed by EDR.
- ¹⁵ These data will need to be modified after repairs have been completed by EDR.
- ¹⁶ The coverage level at 24 months of age is 4:3:1 (includes 4 doses of diphtheria-tetanus-pertussis (DTP) vaccine, 3 doses of polio vaccine and 1 dose of measles-mumps-rubella (MMR) vaccine).
- ¹⁷ Los Angeles County Kindergarten Retrospective Survey (2005).
<http://lapublichealth.org/phcommon/public/reports/>
- ¹⁸ Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Health Assessment Unit, 2005 Los Angeles County Health Survey (LACHS). Estimates are based on self-reported data by a random sample of 8,648 Los Angeles County adults and 6,302 parents/guardians, representative of the population in Los Angeles County.
- ¹⁹ Los Angeles County school children, grades 5, 7, and 9. Prepared by the Office of Health Assessment Epidemiology, Los Angeles County Department of Public Health from data obtained from the 2005 California Physical Fitness Testing Program, California Department of Education. www.ladhs.org/phcommon/public/media
http://www.lapublichealth.org/mch/CHI/chi_obesity.htm
- ²⁰ Fielding, J. Department Head of Department of Public Health. DHS Communication. "Nearly One in Six Children in Los Angeles County has Special Health Care Needs." June 8, 2005.
- ²¹ Ibid.
- ²² 2006 Children's Planning Council ScoreCard (CPC ScoreCard).
LA County DHS MCAH Programs 5 Year Plan Needs Assessment Report (2005-2009).
- ²³ Los Angeles County Childhood Lead Poisoning Prevention Program (CLPPP) website:
<http://lapublichealth.org/lead/index.htm>
- ²⁴ The Los Angeles County Health Survey (LACHS) is conducted every other year.
- ²⁵ The Los Angeles County Health Survey (LACHS) is conducted every other year.
- ²⁶ 2006 CPC ScoreCard, Ibid.
- ²⁷ The Los Angeles County Health Survey (LACHS) is conducted every other year.
- ²⁸ Demographic and Economic Report on the First Supervisorial District Los Angeles County. Urban Research, Service Integration Branch, Chief Administrative Office, Los Angeles County, January 2007. (Based on 2003 LA County Vital Stats.)
- ²⁹ Low birth weight is defined as weighing less than 2,500 grams (5 pounds, 8 ounces) at birth. www.statehealthfacts.org
- ³⁰ LA County DPH MCAH website: <http://lapublichealth.org/mch>
- ³¹ 2006 CPC ScoreCard, Ibid.
- ³² Ibid.
- ³³ Ibid.
- ³⁴ www.statehealthfacts.org (2004 data)
- ³⁵ 2006 CPC ScoreCard, Ibid.
- ³⁶ Functional Independence Measure refers to a scale that is used to *measure* one's ability to *function* with *independence*. FIM measures the functional ability of individuals for 18 items across the motor, cognitive, and self-care domains. The data collected across these assessments provides a measure of functional change and burden of care upon discharge. http://www.udsmr.org/fim2_about.php
- ³⁷ Includes inpatients discharged through 2/14/07.
- ³⁸ LACHS, Ibid.
- ³⁹ 2006 CPC ScoreCard, Ibid.
- ⁴⁰ Centers for Disease Control (CDC), <http://www.cdc.gov/ncbddd/child/devtool.htm>
- ⁴¹ Los Angeles County Office of Education (LACOE), HSSP 2005-2006 Program Information Report (PIR). Of the 25 Head Start agencies, 29.9% of children (ages 3-5) who were screened needed medical treatment and 97.2% of these children received medical treatment.
- ⁴² Fielding J., DHS Communication, Ibid.
- ⁴³ Ibid.

Good Health

⁴⁴ California's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. States with Medicaid are to provide preventive, diagnostic, treatment and supporting services for eligible children.

⁴⁵ Positive compliance refers to discharged participants who have successfully completed treatment or who have made significant progress toward achieving treatment goals despite leaving treatment before completion. Retention in treatment for at least 90 days is the minimum number of days that federally-supported research indicated is needed to produce positive client outcomes. ADPA includes both measures to assess client progress and to promote best practices for addiction treatment.

⁴⁶ 2006 CPC ScoreCard.

⁴⁷ Centers for Disease Control (CDC), www.cdc.gov/HealthyYouth/alcoholdrug/index.htm

Economic Well-Being

GOAL 5: CHILDREN AND FAMILIES' WELL-BEING
STRATEGY 2: ECONOMIC WELL-BEING

*ENHANCE THE ABILITY OF FAMILIES TO ACHIEVE SELF-SUFFICIENCY AND
ECONOMIC WELL-BEING*

Economic Well-Being



WHAT ARE THE OUTCOMES?

- Child Support Enforcement
- Employment Supports

WHY ARE THESE IMPORTANT?

Child Support Enforcement: The Child Support Services Department (CSSD) ensures that children receive the economic and medical support to which they are entitled, and families receive timely, accurate, and responsive child support services. In Federal Fiscal Year (FFY) 2005, Los Angeles County comprised roughly 28 percent (470,595) of California's child support cases.¹ CSSD is fulfilling a very important role ensuring that custodial parents and their children receive this needed source of income to help pay costs associated with raising children. Based on 2004 Census data, approximately 83 percent of all custodial parents nationally are women, and child support accounts for a large proportion of income for many lower income groups, particularly single-mothers. Among custodial mothers below the poverty level who received any support, the average annual child support received (\$3,700) represented approximately half of their average income in 2003. Approximately 24 percent of all custodial parents nationally lived below the poverty line in 2003.² CSSD is helping to promote family self-sufficiency by ensuring that financial, medical, and legal obligations are enforced, in an effort to support family responsibility and reduce the burden on public assistance programs.

Employment Supports: California Work Opportunities and Responsibility to Kids (CalWORKs) provides temporary financial assistance, employment-focused services, and specialized supportive services to families with children. The program is focused on a "work first" approach by encouraging adults to adopt the goal of obtaining and retaining employment. The program targets barriers to employment by providing child care and other essential supportive services, such as domestic violence, substance abuse, and mental health services. These services support at-risk families to transition to stable employment and eventually attain self-sufficiency. Similarly, the Independent Living Program (ILP) provides current and former foster youth between the ages of 14-21 with life skills, vocational training, housing, and educational services, so that they may live independently on their own. The co-location of the Department of Children and Family Services (DCFS) and Probation staff at nine Transition Resource Centers strategically located throughout Los Angeles County is making the delivery of services for emancipating foster youth more accessible, and has resulted in a more integrated, better-informed service delivery model poised to achieve stronger results for these youth.



Economic Well-Being**“Child Support Enforcement”****Are these Outcomes Changing Conditions for Children and Families?**

Program Indicators quantify program achievements and describe how many or what portion of the clients served underwent a change based on the service intervention. Specifically, these measures are intended to answer: Are children and families better off? How did the outcomes improve for clients? Program operational measures tell us how well a program is working by answering the following questions: How much service was delivered? How well was the service delivered? The measures reported for the various outcomes are primarily indicators, however, operational measures are sometimes included to provide a context of the amount of service delivered. Operational measures are depicted in burgundy font in the tables.

Departments and programs providing measures for the two outcomes are listed under each table: Child Support Enforcement and Employment Supports. The last column in each table “Percent Change” reflects the change between FY 2004-05 and FY 2006-07.

CHILD SUPPORT ENFORCEMENT	Indicators	FY 04/05 Number/ Percent	FY 05/06 Number/ Percent	FY 06/07 Number/ Percent	PERCENT CHANGE
HOW WELL IS THE COUNTY SUPPORTING FAMILY ECONOMIC WELL-BEING THROUGH ENFORCEMENT OF CHILD SUPPORT OBLIGATIONS?	Total support collected in millions	\$505.3	\$494.9	\$504.8	-0.1%
	Percent of cases with paternity established	80.9% (316,921/ 391,980)	82.3% (321,250/ 390,391)	83.7% (326,757/ 390,391)	3.5%
	Percent of cases with court orders	75.0% (352,946/ 470,595)	75.4% (353,400/ 468,412)	75.9% (355,525/ 468,412)	1.2%
	Percent of current support collected in comparison to the total amount owed in millions	43.0% (\$276.5/ \$643.6)	45.4% (\$282.9/ \$623.3)	49.0% (\$305.4/ \$623.3)	14.0%
	Percent of cases with collections in arrears	46.8% (120,766/ 58,194)	47.0% (120,221/ 255,600)	50.0% (127,800/ 255,600)	6.8%

**Departmental Programs:**

Child Support Services: Child Support Enforcement

What Does the Data Tell Us

The Child Support Services Department (CSSD) has employed several innovative programs to increase child support collections over the years. In collaboration with the Treasurer Tax Collector, CSSD’s County License Review Program matches persons seeking County business licenses with those who are delinquent in child support. Other efforts involve the criminal prosecution of child support obligors, electronically filing real property liens with the County Recorder to amortize child support arrears, and the ongoing coordination and exchange of data with the Department of Public Social Services to expedite case processing of child support obligors for welfare recipients.³ The total support collected by the Department in FY 2004-05 reached a record high of \$505.3 million and subsequently decreased by \$10.4 million the following year, however, collections are anticipated to increase in FY 2006-07 to almost the same levels reported in FY 2004-05. CSSD, in an effort to improve upon overall performance, has contracted with a company that specializes in strategic change management

Economic Well-Being



efforts geared toward child support services departments. These efforts have led to demonstrated success in locating up-to-date employer information for non-custodial parents who owe child support, as well as securing employer cooperation in enforcement of wage withholding orders.⁴

The Department is intent on improving upon their federally mandated performance measures for paternity establishment and cases with a child support court order. CSSD is responsible for fulfilling a minimum performance threshold of 50 percent for both federal performance requirements. The percent of cases with paternity established has slowly been increasing over the past few years and is anticipated to reach 83.7 percent in FY 2006-07. Similarly, the percent of cases with child support court orders has increased by approximately one percentage point between FY 2004-05 and FY 2006-07. Slow, yet steady, progress has been occurring in improving the performance of these two measures. In comparison to the five other “very large” counties that the State Department of Child Support Services has grouped together for comparison purposes, for FFY 2005, Los Angeles ranked fifth, out of six, respectively in terms of paternity establishment and cases with child support court orders [Figures 1 and 2]. All of the counties, including Los Angeles, have substantially exceeded the minimum threshold for performance on these two indicators.⁵

Figure 1: Percent of Paternity Established Federal Fiscal Year 2005

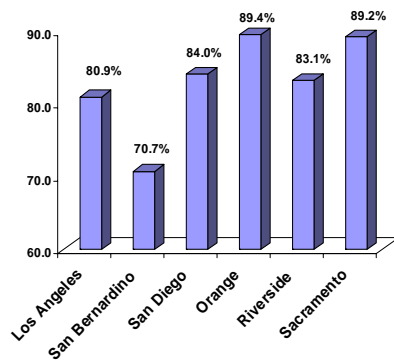
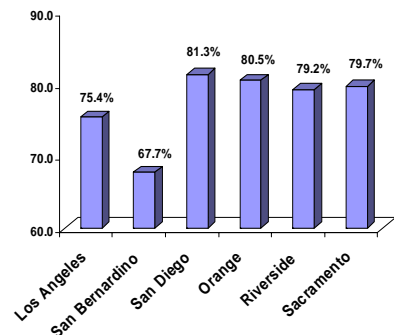


Figure 2: Percent of Cases with Court Orders Federal Fiscal Year 2005



CSSD is also required to meet a 40 percent federal performance mandate for current support collected in comparison to the total owed and cases with collections in arrears. CSSD exceeds the federal mandate and expects to raise the performance targets considerably to 49 and 50 percent, respectively, in FY 2006-07. In comparison to the other counties, Los Angeles is ranked last for FFY 2005 for these two measures [Figures 3 and 4]. However, the other counties are also having difficulty performing in these areas.⁶

Los Angeles County is actively working to improve performance for these functions as well as the long term management of the Department by contracting with a company with a proven track record of implementing strategic, organizational changes to improve child support service operations. These investments to improve overall performance should reap more positive results for children and families, particularly custodial parents who will be able to become more self-sufficient and less reliant on other public assistance programs to provide the necessary care and cover the associated costs required for raising their children.

Economic Well-Being

“Employment Supports”

Figure 3: Percent of Current Support Collected
Federal Fiscal Year 2005

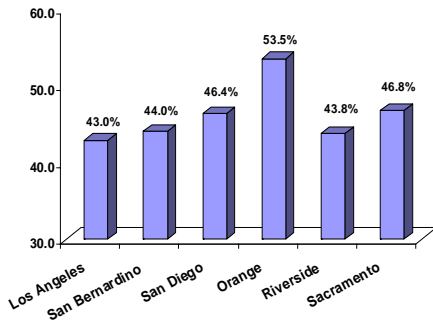
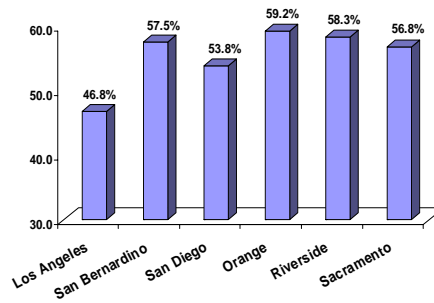


Figure 4: Percent of Cases with Arrearage Collections
Federal Fiscal Year 2005



EMPLOYMENT SUPPORTS	Indicators	FY 04/05 Number/Percent	FY 05/06 Number/Percent	FY 06/07 Number/Percent	PERCENT CHANGE
HOW WELL IS THE COUNTY PROVIDING AT-RISK YOUTH AND FAMILIES WITH FINANCIAL AND EMPLOYMENT SUPPORTIVE SERVICES?	Percent of aided Welfare-to-Work participants who are employed ⁷	25.6% (14,384/56,099)	26.3% (13,233/50,350)	30.0%	17.2%
	Average hourly wage at job placement for Welfare-to-Work	\$8.31	\$8.52	\$9.25	11.3%
	Percent of persons in CalWORKs required to work, who are employed, or in federally countable activities (average monthly sample selected and randomly drawn by the State) ⁸	27.0% (44/163)	26.5% (44/166)	35.0%	29.6%
	Number of children receiving CalWORKs child care (monthly average)	43,418	39,881	34,563	-20.4%
	Percent of Probation youth who received Independent Living Program (ILP) employment services, and report being employed (full or part-time)	40.0% (600/1,500)	32.3% ⁹ (135/418)	45.0%	12.5%
	Percent of foster youth, ages 18-21, who received ILP employment services, and report being employed (full or part-time)	54.4% (1,341/2,466)	54.2% (1,366/2,519)	54.2%	-0.4%

Departmental Programs:

- Public Social Services: CalWORKs
- Probation: Juvenile Suitable Placement (includes ILP)
- Children and Family Services: Intensive Services

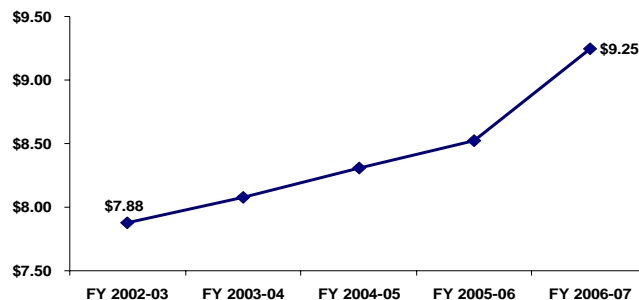
Economic Well-Being**What Does the Data Tell Us**

Since the mid 1990s, the CalWORKs caseload has been steadily declining. Between fiscal years 1995-2006 Los Angeles County's average monthly caseload declined by 48.9 percent, which closely resembled the Statewide decline of 47.3 percent.¹⁰ The decline can be attributed to several factors including California's continued economic expansion, as well as welfare reform change. The reauthorization of the Temporary Assistance to Needy Families (TANF) in February 2006 imposed more stringent work requirements on Welfare-to-Work families that, if unmet, may cause significant fiscal burdens to the State and participating counties, not to mention the families dependent on the assistance.

The California Budget Project reported in September 2006 that in California four out of five CalWORKs recipients were children.¹¹ Child poverty in Los Angeles County reached 23.3 percent in 2005, and considering that Californians in poverty are less likely to receive cash assistance (in 2005 only 25.7 percent of those in poverty Statewide received CalWORKs cash assistance)¹² the overall picture of families receiving financial supports necessary to reach self-sufficiency is not promising. However, in Los Angeles County progress is occurring in the number of Welfare-to-Work participants who are employed or in federally countable activities. The percent of aided participants projected to be employed in FY 2006-07 is expected to climb to 30 percent - a 17 percent jump over FY 2004-05. The percent of CalWORKs recipients required to work, who are employed or in federally countable activities is anticipated to reach 35 percent in FFY 2006-07, which is based on the average monthly sample extracted by the State.

DPSS is actively employing 29 new strategies aimed at increasing work participation rates. Moreover, the average hourly wage at job placement is expected to reach \$9.25 in FY 2006-07 – an 11 percent increase over FY 2004-05. This is still below what the California Budget Project estimated as necessary for a two-working parent family in Los Angeles County (\$15.16/hourly wage per individual) to maintain a basic standard of living.¹³ However, the trend for hourly wages is heading in the right direction – up – and since FY 2002-03 has increased by 17 percent [Figure 5].

Figure 5: CalWORKs Average Hourly Wage at Job Placement



In contrast, the number of families receiving child care is declining because of the welfare reform changes, which have shortened the time limits for families to receive certain benefits such as subsidized child care. The number of children receiving CalWORKs child care (monthly average) in FY 2006-07 is forecasted to decline by over 20 percent in comparison to FY 2004-05. Socio-economic supports for at-risk families are dwindling and it is becoming increasingly difficult for them to become self-sufficient, let alone advance to careers that will help lift them out of poverty. More departmental resources need to be leveraged to

Economic Well-Being

maximize local and federal opportunities for the County's most vulnerable families to have better employment prospects and greater economic stability.

The Independent Living Program (ILP) for foster care youth provides educational assistance and employment related services to help youth enter the workforce and attain self-sufficiency. The co-location and stronger coordination between DCFS and Probation staff at nine Transition Resource Centers throughout the County make it possible to provide requisite life skills and employment-related services to foster youth in an expedited manner. The percent of Probation youth who received ILP services, and reported either full or part-time employment is projected to increase by 12.5 percent in FY 2006-07. The percent of DCFS ILP youth reporting full or part-time employment is holding fairly steady, but anticipated to decline by less than half a percent in FY 2006-07. Probation's data collection limitations make it very difficult to accurately identify the number of Probation youth with either full or part-time employment who benefited from any of the ILP supportive services, excluding employment-related services, as this service is the only trigger for being included in the count. Moreover, the population of Probation youth receiving ILP employment services declined by 72 percent in FY 2005-06 (from 1,500 to 418). At this time, it's unknown what prompted this decline, and may be reflective of the need for better data collection controls and systems. The Emancipation Services Independent Living Program (ESILP) Tracking System, which has web-based capabilities to enable out-stationed Transition Resource Center staff to track client services and outcomes, may be a valuable resource in advancing the data reporting capabilities for ILP services.

The trend for employed foster youth (ages 16-20) has been somewhat erratic according to the State's Child and Family Services Review Outcome and Accountability County Data Report for Los Angeles. The number of foster youth employed during the annual study periods has peaked and ebbed. A total of 1,787 foster youth were employed in 2001-02, however, that number has ultimately declined by 16 percent to 1,501 employed foster youth (includes foster Probation youth) in 2005-06.¹⁴ This trend must be viewed in context with the number of children in out-of-home care, which has rapidly declined by 36 percent from 32,286 in FY 2001-02 to 20,708 in FY 2005-06.¹⁵ The overall population decline in out-of-home care is affecting the population base for ILP services. The subset of foster youth ages 18-21 that received ILP services from DCFS has remained stable and 54 percent of these youth report full or part-time employment. Through intensified outreach with non-profit employment agencies that provide job training and placement for youth, ILP Probation and foster youth are able to make the transition to the workforce. For example, in FY 2006-07 Probation obtained an \$800,000 workforce development grant from the Department of Labor. The collaboration between DCFS and Probation is focused on leveraging resources and integrating available services to support all foster youth in gaining stable employment, and in providing career development opportunities so that more youth may become productive and self-supporting adults.



Endnotes for Economic Well-Being

- ¹ California Department of Child Support Services, Child Support Facts. <http://www.childsup.cahwnet.gov/reference/facts/>
- ² Timothy S. Grall, U.S. Census Bureau, Child Support, "Custodial Mothers and Fathers and their Child Support: 2003." July 2006. <http://www.census.gov/hhes/www/childsupport/childsupport.html>
- ³ Chief Administrative Office, "Status of New Directions Task Force Service Integration Efforts and Action Plan to Strengthen Interdepartmental Coordination and Collaboration when Searching for Non-Custodial Parents upon a Child's Entry Into the Foster Care System." December 19, 2006.
- ⁴ Child Support Services Department, "Approval of a Sole Source Consultant Services Agreement with Williams Alliance International (WAI) for Expanding and Strengthening Performance Improvement in the Child Support Services Department (CSSD)." July, 7 2006.
- ⁵ California Department of Child Support Services, Child Support Facts, Comparative Data for Managing Program Performance 04-05 Table 01.1.1. - yearly data (2/06). <http://www.childsup.cahwnet.gov/reference/facts/>
- ⁶ Ibid.
- ⁷ This measure excludes sanctioned participants, employment consists of subsidized/unsubsidized public and private-sector employment. The aid provided to these recipients ranges from cash aid to basic education/job training and a host of supportive services including mental health, domestic violence, and substance abuse assistance.
- ⁸ Data reported is based on the Federal Fiscal Year.
- ⁹ Reflects only those eligible youth, 18 and over, who accessed employment related services that would have required them to have a job at the time. Youth who had full or part time jobs and did not access employment related services were not included.
- ¹⁰ California Department of Social Services, Research and Data Reports, "CalWORKs Program Percent Decline in Average Monthly Caseload FY 1995/96 to 2005/06." http://www.dss.cahwnet.gov/research/CalWORKsDa_399.htm
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- ¹² Ibid.
- ¹³ California Budget Project, "Making Ends Meet: How Much Does it Cost to Raise a Family in California?" November 2005. <http://www.cbp.org>
- ¹⁴ Child Welfare Research Center, Independent Living Program (8A), "Number of Children Transitioning to Self-Sufficient Adulthood." http://www.dss.cahwnet.gov/research/soc405A-In_415.htm
- ¹⁵ Weisbart, Alan. DCFS. Out-of-Home Care rates for FY 2001-2005. March 15, 2007.

Safety and Survival

GOAL 5: CHILDREN AND FAMILIES' WELL-BEING

STRATEGY 3: SAFETY AND SURVIVAL

ENHANCE THE ABILITY OF CHILDREN TO LIVE IN SAFE, STABLE, AND NURTURING FAMILIES

Safety and Survival**WHAT ARE THE OUTCOMES?**

- Child Safety
- Food Security
- Public Safety

WHY ARE THESE IMPORTANT?

Child Safety: Child safety is a societal concern. In 2005, 28,389 unduplicated substantiated referrals of child maltreatment for children under age 18 were reported in Los Angeles County. For every ethnic group, the largest proportion of referrals are for children under one year – the County’s most vulnerable population - approximately 40 percent of all substantiated referrals are for this age group.¹ The Department of Children and Family Services (DCFS) provides a continuum of care from the investigation phase to permanency to help protect children from harm. When child safety dictates out-of-home care, the Department’s emphasis is to expedite family reunification through the provision of supportive services to help the family address the issues that prompted the attention of DCFS. Alternative permanency plans are developed and adoption becomes a possible outcome only when child safety pre-empts the return of children to the home. The preferred approach is to stabilize families with children at risk of abuse and/or neglect so that children are able to remain safely in their own home or in a home-like setting.

Food Security: The Economic Research Service of the U.S. Department of Agriculture estimated that in 2005, 38 million Americans could be classified as food insecure, that is they do not have enough food to eat.² The nation’s most populous cities have the largest proportion of people reporting food insecurity, roughly 17 percent of urban residents fit that description.³ A study conducted by the Los Angeles County Department of Public Health in 2004, using findings from the most recent Los Angeles County Health Survey, found that over 400,000 households with annual incomes of less than 300 percent of the Federal Poverty Level (FPL) experienced food insecurity, of which, 141,000 reported someone in the family had experienced hunger in the past year. Not surprisingly, a greater percentage of lower income households with children reported food insecurity (25 percent) versus lower income households without children (19 percent).⁴ The Department of Public Social Services’ (DPSS) Food Stamp Nutrition Program and Community and Senior Services’ (CSS) Community Service Centers alleviate food insecurity and promote nutrition for children and families.

Public Safety: Although the incidence of violent crime has declined over the last several years, Los Angeles County’s crime rates are still troubling especially in relation to juvenile crime. In 2005, 17,648 juvenile felony arrests were reported, which is an increase of six percent over the previous year.⁵ However, violent crime in general has been steadily declining since the mid - 1990s for Los Angeles County. It’s too soon to know if the recent spike in juvenile felony crime rates will begin to trend downward similar to violent crime. Unlike juvenile crime, the domestic violence literature purports that nearly half of all domestic violence related incidents are not reported. In 2005, Los Angeles County recorded 45,684 calls to the police for domestic violence assistance.⁶ CSS and Probation are trying to curb some of these statistics with targeted programming. CSS provides crisis counseling, shelter, food, clothing, transportation, crisis hotline and other needed services 24-hours a day, seven-days a week, to victims of domestic violence. Probation provides an array of educational and psychological services

*Safety and Survival**“Child Safety”*

in an effort to rehabilitate juvenile probationers who remain in the community, as well as to those who are detained in juvenile halls and camp placements.

Are these Outcomes Changing Conditions for Children and Families?

Program Indicators quantify program achievements and describe how many or what portion of the clients served underwent a change based on the service intervention. Specifically, these measures are intended to answer: Are children and families better off? How did the outcomes improve for clients? Program operational measures tell us how well a program is working by answering the following questions: How much service was delivered? How well was the service delivered? The measures reported for the various outcomes are primarily indicators, however, operational measures are sometimes included to provide a context of the amount of service delivered. Operational measures are depicted in burgundy font in the tables.

Departments and programs providing measures for the three outcomes are listed under each table: Child Safety; Food Security; and Public Safety. The last column in each table “Percent Change” reflects the change between FY 2004-05 and FY 2006-07.



CHILD SAFETY	Indicators	FY 04/05 Number/ Percent	FY 05/06 Number/ Percent	FY 06/07 Number/ Percent	PERCENT CHANGE
HOW WELL IS THE COUNTY PROTECTING THE SAFETY OF CHILDREN?	Total number of referrals for DCFS services	143,971	143,790	143,609	-0.3%
	Percent of children with a substantiated referral of abuse/neglect that had a subsequent substantiated referral within 12 months ⁷	13.9% (4,546/ 32,725)	n/a	12.4%	-10.8%
	Percent of children who re-enter foster care within 12 months of being returned home	5.9% (329/ 5,586)	n/a	5.9%	0%
	Percent of children who remained in home of parent or guardian at least 12 months after DCFS case closure	97.1% (13,398/ 13,799)	n/a	97.5%	0.4%

Departmental Programs:

Children and Family Services: Crisis Intervention; Intensive Services; Permanency
n/a = not available

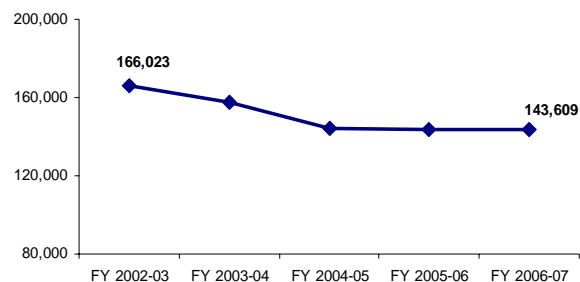
Safety and Survival**What Does the Data Tell Us**

Slow, but steady improvement is occurring in protecting the safety of children at risk of abuse/neglect. DCFS is continuing to make systematic improvements in terms of service delivery and departmental restructuring. The goals of the Department are to:

- 1) Increase child safety once children enter the child welfare system;
- 2) Increase timelines to permanency: reunification; legal guardianship; and adoption; and
- 3) Reduce the reliance on out-of-home care.

Through the Department's efforts, the number of Child Protection Hotline referrals is projected to decrease by 362 or 0.3 percent from FY 2004-05 to FY 2006-07. Programmatic enhancements such as the use of Structured Decision-Making assessment tools have enabled the Department to incorporate more objectivity into evaluating hotline referrals, which has resulted in greater decision consistency and a reduction in the number of referrals. The long-term improvements have been substantial; between FY2002-03 and FY 2006-07 referrals for service have decreased by nearly 14 percent [Figure 1].

Figure 1: Total Number of DCFS Hotline Referrals



The recurrence of child maltreatment (abuse/neglect) is projected to sharply decline by 10.8 percent since FY 2004-05. The focus of the Department to provide families with family-centered, strength-based supports, such as Family Preservation Services and Team Decision-Making where family assets and deficits are openly discussed is helping to empower more families. Streamlining the delivery of service actions so individual tasks can be completed concurrently rather than sequentially (Concurrent Planning) is expediting the reunification of children with their families, and when children cannot return home safely alternative permanency plans are developed. The Child and Family Services Reviews, under the Federal Administration for Children and Families, has identified six national performance standards to track state and local child welfare progress in relation to child maltreatment, as well as family reunification and adoption rates for children in out-of-home care. The federal standard requires that 6.1 percent or fewer children experience a subsequent substantiated referral for child abuse and/or neglect within six months.⁸ According to the most recent California Child Welfare Services Outcome and Accountability Data Report for Los Angeles, it appears that the County is very close to meeting this standard. The most current review periods (April 2005 – March 2006) reported an incidence rate of 7.7 percent for substantiated referrals of abuse or neglect within six months.⁹ This trend will continue to be closely monitored and improved upon. The Department's restructured programming and emphasis on greater

Safety and Survival

“Food Security”

collaboration with community providers to address the specific needs of a family in a multi-disciplinary setting is having a positive effect on the recurrence of maltreatment.

The percent of children who re-enter foster care within 12 months of being returned home has been stable over the years at nearly 6 percent. Similarly, the percent of children who remained in the home of a parent or guardian at least 12-months after DCFS case closure is also fairly constant at approximately 97 percent. The Department is having an impact through the implementation of family-centered initiatives mentioned above and through the provision of the holistic continuum of health and social services wrapped around a family. These enhancements are enabling DCFS to achieve the goals of improving child safety, expediting plans for permanency, and reducing the reliance on out-of-home care. All of these efforts are helping to stabilize families sooner, more effectively minimizing the risks of child neglect and/or abuse.



FOOD SECURITY	Indicators	FY 04/05 Number/ Percent	FY 05/06 Number/ Percent	FY 06/07 Number/ Percent	PERCENT CHANGE
HOW WELL IS THE COUNTY DECREASING CHILD AND FAMILY HUNGER?	Number of households receiving Food Stamp benefits	283,209	278,358	281,650	-0.6%
	Percent of households receiving Food Stamps 12 months after CalWORKs is terminated	31.8% (2,248/ 7,062)	31.2% (1,837/ 5,888)	31.0%	-2.5%
	Annual percentage increase in households receiving Food Stamp only benefits	17.3% (12,438/ 72,045)	11.1% (9,385/ 84,473)	14.0%	-19.1%
	Number of food baskets distributed through Community Service Centers	50,422	19,572 ¹⁰	18,593	-63.1%

Departmental Programs:

Public Social Services: Food Stamps

Community and Senior Services: Community and Senior Centers

What Does the Data Tell Us

Intensified efforts are still needed to improve food security for low-income residents of Los Angeles County. In 2005, the California Budget Project estimated the monthly food expenses for a two-working parent, two-child Los Angeles County family at approximately \$710 a month, or 13.5 percent of their monthly income. Moreover, it's proposed that this family of four needs an annual income of roughly \$63,000 to meet basic expenses (housing, child care, transportation, food, health care, taxes and miscellaneous – clothing, personal

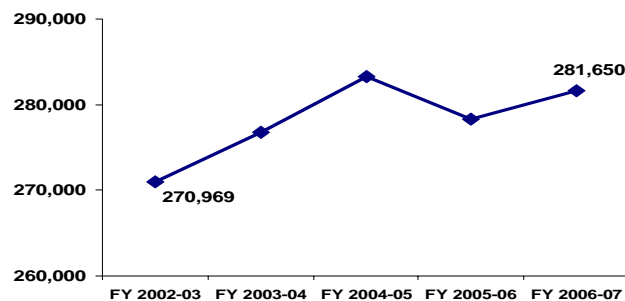
Safety and Survival

care, household supplies).¹¹ Considering that in 2005, 300 percent of the FPL was at the \$59,418¹² and the median County income only reached \$42,627,¹³ a large proportion of families struggled to make ends meet and put food on the table.

DPSS' Food Stamp Program is helping to alleviate food insecurity Countywide and has implemented a new outreach campaign to improve participation rates. Low income households below 130 percent of the FPL are eligible to participate. In July 2005, DPSS developed a food stamp outreach plan to increase Food Stamp utilization Countywide. The effort entailed dedicating one Food Stamp Intake Eligibility Worker from each DPSS Food Stamp district office to conduct outreach efforts at health clinics, food pantries, schools, and Women Infants and Children Program offices. Moreover, DPSS strategically co-located additional workers at 11 CSS emergency food distribution sites and intensified outreach to Medi-Cal recipients not receiving Food Stamp benefits.¹⁴ As a follow-up to this effort, in January 2007, the Department implemented a 60-day Food Stamp advertisement campaign targeting local radio stations, newspapers, and MTA bus lines. DPSS hopes to dispel the myths regarding Food Stamp Program regulations and immigrant eligibility in an effort to boost participation rates.¹⁵ At the conclusion of the advertisement campaign, DPSS will evaluate the effectiveness of the outreach. The overall Food Stamp outreach plan appears to be making progress from FY 2005-06 as the total number of households receiving benefits was augmented by 3,292 the following year. Since FY 2002-03 the number of households receiving Food Stamps increased by 3.9 percent [Figure 2]. However, the number of families whose CalWORKs services terminated 12-months ago and continued to receive Food Stamps has remained relatively flat across the three fiscal years at nearly one-third.



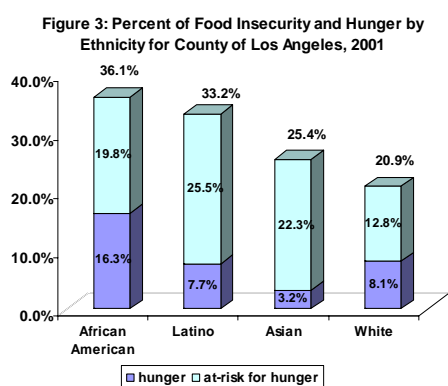
Figure 2: Number of Households Receiving Food Stamp Benefits



Community and Senior Services' food basket distribution program administered through its Community Service Centers is also helping to ease the burden of food insecurity. However, budget cutbacks and the closure and relocation of Refugee Services diminished the number of food baskets that could be distributed by the service centers, and this resulted in a 63 percent decline in the number of baskets estimated for distribution in FY 2006-07 from FY 2004-05, which severely affects some of the most at-risk population groups.

Safety and Survival

A study conducted by the UCLA Center for Health Policy Research (2004) reported that food insecurity affects all low-income population groups. It's estimated that Los Angeles County has over one third of all low-income, food insecure adults in the State. The findings indicate that some population groups are more susceptible to food insecurity than others. Roughly 36.1 percent of African Americans and 33.2 percent of Latinos are food insecure in comparison to 20.9 percent of Whites [Figure 3]. Employment differences were also a factor and no guarantee against food insecurity; approximately 30 percent of employed, low-income adults reported being food insecure. Unemployed adults had a greater rate of food insecurity at approximately 39 percent, and were twice as likely to suffer from hunger as their employed counterparts (14.3 percent versus 7.2 percent.)¹⁶



Similar to the study conducted by the County's Public Health Department, UCLA's study found that a higher percentage of low-income households with children (31.6 percent) reported a greater prevalence of food insecurity in comparison to households without children (27.6 percent). It's believed that 160,000 children or more experienced food insecurity in Los Angeles County.¹⁷ Clearly the County needs to do much more through DPSS and CSS to increase food assistance participation rates and to advocate for additional resources to augment food assistance programs.



Safety and Survival

“Public Safety”



PUBLIC SAFETY	Indicators	FY 04/05	FY 05/06	FY 06/07	PERCENT CHANGE
		Number/ Percent	Number/ Percent	Number/ Percent	
How Well Is The County Protecting Individual and Community Safety?	Number of clients served in Domestic Violence (DV) Program ¹⁸	7,950	8,400	9,200	15.7%
	Percent of DV clients who successfully attained a court restraining order ¹⁹	10.0%	15.0%	20.0%	100%
	Percent of Probation youth successfully completing Camp Residential Treatment and transitioning to the community	99.0% (5,055/ 5,106)	98.8% (4,685/ 4,744)	99.0%	0%
	Percent of Probation youth who successfully complete community-based supervision without a subsequent sustained arrest	n/a	91.1% (3,975/ 4,363)	91.0%	-
	Total number of juvenile hall detentions	15,020	15,492	15,800	5.2%
	Number of escapes from juvenile hall	0	6	0	0%
	Number of Probation gang youth intensively monitored and supervised	960	873	950	-1.0%

Departmental Programs:

Community and Senior Services: Domestic Violence Programs

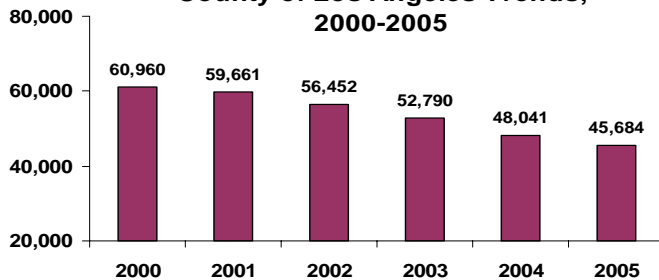
Probation: Residential Treatment; Juvenile Services; Detention Services

n/a = not available

What Does the Data Tell Us

Community and Senior Services Domestic Violence Program is currently being reviewed and re-evaluated due to new legislative changes to the program. The program provides emergency crisis shelters and basic service needs such as food, clothing, transportation, and crisis counseling. The program also provides a variety of supportive services to CalWORKs domestic violence clients to emotionally and financially prepare them to become self-sufficient, such as information and referrals, education, legal assistance and other supportive services. CSS anticipates it will be serving more clients in FY 2006-07 – nearly 16 percent more than in FY 2004-05. The data indicates that domestic violence calls for police assistance have been slowly declining over the last five years from 60,960 calls in 2000 to 45,684 calls in 2005; a 25 percent reduction between 2000 and 2005 [Figure 4].²⁰

**Figure 4: Domestic Violence Related
Calls for Police Assistance
County of Los Angeles Trends,
2000-2005**



Research indicates that half of all domestic violence related incidents are not reported to the police, so the decline in the number of calls for police assistance does not provide a complete picture. However, it appears that the trend is heading in the right direction, due in part to increased media attention and public education campaigns stemming from high-profile domestic violence cases. CSS anticipates that 20 percent of DV clients will successfully obtain a court restraining order in FY 2006-07. The supportive services that CSS provides helps the victims and children of domestic violence to move forward in their recovery.

The Probation Department is undergoing an extensive reorganization and converting to evidence-based practices (EBP) to determine the most effective strategies in community-based corrections, which will better inform policy decisions in promoting programs that have clear objectives and outcomes. However, the tracking and monitoring of program outcomes continues to be a challenge and this has prompted Probation to invest in a new management information system referred to as Probstat, which is designed to improve data reporting. These policy and systematic reforms in conjunction with enhanced quality assurances and staff training are expected to improve Departmental operations.

The Camp Community Transition Program (CCTP) assists juveniles completing their camp stays to seamlessly transition back to their communities. Many juvenile offenders who receive camp dispositions face a number of risk factors that escalate their chances of future recidivism including gang affiliations, substance abuse, mental health issues, and poor school performance. The CCTP program provides core life skills programming along with a host of supportive services that target education, health, mental health, socialization skills, individual/family therapy, and vocational needs. Nearly 100 percent of youth are successfully completing the program and returning to the community.

The majority of juveniles completing Community-Based Supervision without a subsequent sustained arrest is projected to remain stable at 91 percent. Implementation of the Los Angeles Risk and Resiliency Checkup (LARRC) - a risk and needs assessment tool - is assisting Probation Officers to determine appropriate supervision levels based on six core domains. Innovative assessment tools, such as the LARRC, are helping the Probation Department to make standardized decisions utilizing validated risk and need instruments, which help protect community safety while effectively maximizing the utilization of limited resources so high-risk juvenile offenders are adequately monitored in their neighborhoods. In addition, the number of gang youth intensively monitored in the community is anticipated to increase nearly 9 percent from FY 2004-05.

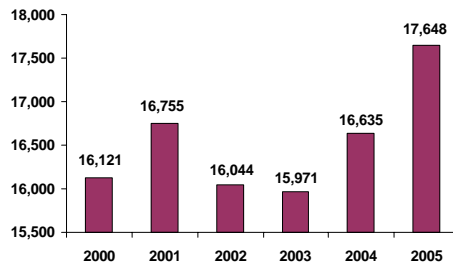


Safety and Survival

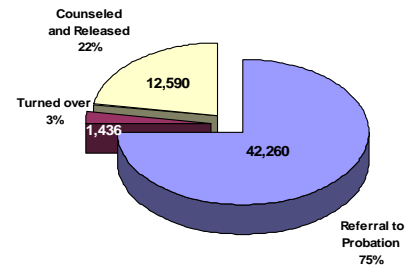


Escapes from juvenile Probation facilities spiked in FY 2005-06. The Department reported that the proliferation of criminally sophisticated juvenile offenders coupled with fewer commitments of chronically violent youth to the California Youth Authority have exacerbated security concerns.²¹ The number of juvenile hall detentions has increased by 5 percent since FY 2004-05, and this is reflected in the surge of juvenile felony arrests in Los Angeles County in 2005 [Figure 5].²² Since the majority of arrest level dispositions (75 percent) were referred to Probation versus being counseled and released or referred to other law enforcement agencies [Figure 6],²³ the Department could continue to see increases in the number of juveniles it detains.

**Figure 5: Juvenile Felony Arrests
County of Los Angeles Trends,
2000-2005**



**Figure 6: Juvenile Arrest Level Dispositions
for Los Angeles County, 2005**



The programmatic improvements that Probation is undertaking such as the Camp Redesign will provide more targeted mental health therapies and skill building programs based on EBP in an effort to treat and diminish juvenile crime. The collective strategies implemented by the Department will enhance community safety, and provide needed rehabilitative interventions to achieve better outcomes for juveniles under the supervision of Probation.

Endnotes for Safety and Survival

- ¹ Child Welfare Research Center, "California Child Welfare Services Outcome & Accountability Data Report (Child Welfare Supervised Caseload). Los Angeles, January 2007." <http://cssr.berkeley.edu/cwscmsreports/ccfsr.asp>
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- ³ Ibid. "A Rural Struggle to Keep the Family Fed." November 21, 2005. <http://www.npr.org/templates/story/story.php?storyID=5018670>
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- ⁶ Office of the Attorney General, Crime Statistics, Domestic Violence. "Table 14 Domestic Violence – Related Calls for Assistance, 2005: Type of Call and Weapon, Los Angeles County." <http://aq.ca.gov/cjsc/statisticsdatatabs/dtabscrim.php>
- ⁷ Actual FY 2005-06 data will not be available until 9/30/07 for all 3 DCFS measures.
- ⁸ Administration for Children and Families, "Background Paper: Child and Family Services Reviews National Standards." <http://www.acf.hhs.gov/programs/cb/cwmonitoring/legislation/background.htm>

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- ⁹ Child Welfare Research Center, "California Child Welfare Services Outcome & Accountability Data Report (Child Welfare Supervised Caseload). Los Angeles, January 2007." <http://cssr.berkeley.edu/cwscmsreports/ccfsr.asp>
- ¹⁰ FY 2005-06 numbers have been affected by the August 2005 closure and relocation of Refugee Service Centers' staff and tenant agencies. The data collected for FY 2005-06 were based on four sites, CSS is currently in the process of revisiting its data collection system and plans to expand data collection across all centers in FY 2007-08.
- ¹¹ California Budget Project, Work, Wages and Incomes, "Making Ends Meet: How Much Does it Cost to Raise a Family in California?" November 2005. <http://www.cbp.org>
- ¹² United States Census Bureau, Poverty Thresholds 2005, <http://www.census.gov/hhes/www/poverty/threshld/thresh05.html>
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- ¹⁵ Department of Public Social Services, "Department of Public Social Services – Food Stamp 60-Day Advertisement Campaign Project." January 11, 2007.
- ¹⁶ UCLA Center for Health Policy Research, Population Focus, Low-income, "Hunger in Los Angeles County Affects over 200,000 Low-Income Adults, Another 560,000 At Risk." June 2004. <http://www.healthpolicy.ucla.edu/default.asp>
- ¹⁷ Ibid.
- ¹⁸ These are estimates. New DV legislation has prompted the review and revision of all DV performance measures. The new measures will be in place in FY 2007-08.
- ¹⁹ Ibid.
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Social and Emotional Well-Being

GOAL 5: CHILDREN AND FAMILIES' WELL-BEING

STRATEGY 4: SOCIAL AND EMOTIONAL WELL-BEING

ENHANCE THE ABILITY OF FAMILIES TO LIVE IN SAFE, STABLE, AND SUPPORTING COMMUNITIES

Social and Emotional Well-Being



WHAT ARE THE OUTCOMES?

- Mental Health Interventions
- Family Connections and Permanency
- Independent Living

WHY ARE THESE IMPORTANT?

Mental Health Interventions: The County of Los Angeles Department of Mental Health (DMH) provides a range of services to children and families who meet established diagnostic and functional impairment requirements. With the inception of the Mental Health Services Act (MHSA), adopted by the California electorate on November 2, 2004, a new permanent revenue source administered by the State Department of Mental Health is enabling the State and counties to expand the delivery of mental health services. The funding provided through MHSA will transform the current mental health system from one that primarily focuses on clinical services to one that is geared toward early intervention. This system is more collaborative and responsive to client and community needs, so that individuals can fulfill their goals toward wellness and recovery. At the community level, DMH is seeking to improve mental health promotion and awareness, service delivery capacity, consumer satisfaction, and tracking of large-scale community indicators.¹

The most current data released by the National Health Interview Survey reporting the prevalence of serious psychological distress during the past 30 days between January – June 2006, indicated that 2.9 percent of adults (age 18 and older) experienced serious psychological distress.² Locally, the 2001 California Health Interview Survey reported that 4.3 percent of Los Angeles County teens – approximately 36,000 – reported feeling downhearted or sad most of the time within a sequential four-week period.³ The economic costs for mental health disorders are high, but the costs in human suffering are incalculable. The State's allocation of additional financial resources through MHSA will enable DMH to develop more innovative, culturally competent, and responsive mental health therapies for the residents of Los Angeles County.

Family Connections and Permanency: Two key goals for the Department of Children and Family Services (DCFS) are promoting permanency for children, which includes a continuum of services aimed at expediting family reunification, legal guardianship or adoption, as well as reducing the reliance on out-of-home care through the provision of various supportive services designed to stabilize families. In Los Angeles County, about three-fourths of all children in supervised foster care are placed with one or more siblings. There has been a great deal of focus on maintaining the parent-child bond when children enter the child welfare system, along with the need to provide families with tailored supportive services so children can remain in the home as long as safety is not an issue. Maintaining family relationships and kin living arrangements mitigates the emotional turmoil and loss children experience when they are placed in out-of-home care. Recently, more attention has been paid to the importance of sibling relationships and the grief children experience when they are separated from brothers and sisters. Data from New York and California clearly show that siblings placed with kin, when out-of-home care is necessary, have fewer placements and achieve greater stability and permanency than those placed with non-relatives.⁴ DCFS is helping to lead the way nationally in maintaining these family connections to achieve greater permanency outcomes.

Social and Emotional Well-Being

Independent Living: The Independent Living Program (ILP) established by the Foster Care Independence Act of 1999, provides states with more funding and greater flexibility to help youth make the transition from foster care to self-sufficiency. Generally, youth are eligible for ILP services up to age 21, if they meet one of the following criteria:

- The youth was/is in foster care any time between their 16 -19th birthday; or
- The youth was/is between the ages of 16-18 and participating in the Kinship Guardianship Assistance Payment Program (Kin-Gap).

There is substantial overlap between youth involved with DCFS and the Probation system, therefore, the departments work cooperatively to provide current and former foster youth and foster Probation youth with an array of services, including, but not limited to:

- Life skills;
- Money management;
- Self-esteem building;
- Interpersonal/social and self-development skills;
- Financial assistance with college or vocational schools;
- Educational resources;
- Housing (transitional housing);
- Employment/vocational training;
- Substance abuse prevention; and
- Preventive health and safety activities, including nutrition education and pregnancy prevention.⁵

These services provide the bridge to adulthood and self-reliance for a growing number of youth that age out of the system every year, however, youth participation in ILP is voluntary. In California alone, each year more than 4,000 foster youth turn 18. Those emancipating from foster care in California face daunting odds: 46 percent do not complete high school; 51 percent are unemployed; and 10-25 percent are homeless.⁶ The confluence of services provided by co-located DCFS and Probation staff at strategically located Transition Resource Centers across the County help these youth with the life skills and supportive services they desperately need to make the difficult transition from foster care to independent living.



Social and Emotional Well-Being

“Mental Health Interventions”



Are these Outcomes Changing Conditions for Children and Families?

Program Indicators quantify program achievements and describe how many or what portion of the clients served underwent a change based on the service intervention. Specifically, these measures are intended to answer: Are children and families better off? How did the outcomes improve for clients? Program operational measures tell us how well a program is working by answering the following questions: How much service was delivered? How well was the service delivered? The measures reported for the various outcomes are primarily indicators, however, operational measures are sometimes included to provide a context of the amount of service delivered. Operational measures are depicted in burgundy font in the tables.

Departments and programs providing measures for the three outcomes are listed under each table: Mental Health Interventions; Family Connections and Permanency; and Independent Living. The last column in each table “Percent Change” reflects the change between FY 2004-05 and FY 2006-07.

MENTAL HEALTH INTERVENTIONS	Indicators	FY 04/05 Number/ Percent	FY 05/06 Number/ Percent	FY 06/07 Number/ Percent	PERCENT CHANGE
HOW WELL IS THE COUNTY PROVIDING MENTAL HEALTH SERVICES TO AT-RISK CHILDREN AND FAMILIES?	Percent of out-patient clients who are satisfied or very satisfied with DMH services and their quality of life:				
	Youth (13-17)	75.0% (1,586/ 2,114)	79.0% (2,321/ 2,938)	n/a	-
	Families of children 0-17	89.0% (3,198/ 3,593)	88.0% (3,784/ 4,301)	n/a	-
	Percent of DMH clients not re-hospitalized after 91 days of discharge:				
	Children (15 and under)	80.2% (1,907/ 2,378)	62.8% (1,400/ 2,230)	70.0% (1,545/ 2,208)	-12.7%
	Transition Age Youth (16-25 years)	77.7% (2,627/ 3,379)	62.3% (2,112/ 3,388)	70.0% (2,380/ 3,400)	-9.9%
	Percent of Domestic Violence clients whose emotional well-being improved as a result of County services, measured by client self-reported data ⁷	65.0%	70.0%	80.0%	23.1%

Departmental Programs:

Mental Health: Outpatient Mental Health Services; Psychiatric Hospitalization Services in 24-Hour Facilities

Community and Senior Services: Domestic Violence Programs

n/a = not available

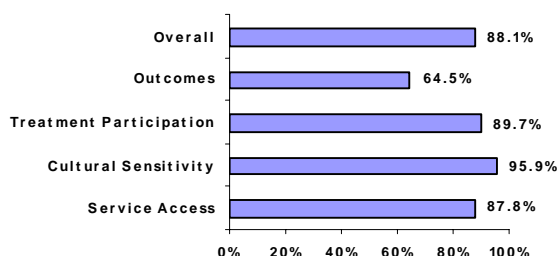
*Social and Emotional Well-Being***What Does the Data Tell Us**

The State Department of Mental Health mandates that all counties administer standardized customer satisfaction surveys twice annually – the Mental Health Statistics Improvement Program (MHSIP), Youth Services Survey for Families (YSS-F), and Youth Services Survey for Youth (YSS-Y). The surveys are administered in May and November and are provided in five languages in Los Angeles County. Approximately 200 sites participated in the May 2005 study period.⁸ Among the County of Los Angeles' outpatient clients surveyed for FY 2005-06, 79 percent of youth, ages 13-17, indicated they were satisfied or very satisfied with the services received from DMH as well as with their quality of life. Youth satisfaction with DMH services and quality of life increased by roughly 5 percent from the previous fiscal year, but it was generally lower than the satisfaction levels of family members/caregivers. This finding mirrored statewide trends. Families with children (ages 0-17) reported a slight decrease (1 percent) regarding satisfaction of services from FY 2004-05. It's unclear what prompted the decline, however, a statewide report to the Legislature on performance outcomes suggested that there has been some difficulty in the mental health systems' capacity to meet consumers' community housing needs, and in coordinating and integrating mental health services with partnering health and human service agencies.⁹ In any case, the satisfaction with mental health services in Los Angeles County for both youth and families is quite high. Data from FY 2006-07 was collected in November 2006 and is still being processed and analyzed by the State. This data is anticipated to be released in late 2007.

Regional Summary Reports released by the State for the YSS-F, a 21 item self-administered survey that queries consumers' (youth and families') perceptions within 5 domains: 1) access to services, 2) cultural sensitivity, 3) consumer participation in treatment planning, 4) service outcomes, and 5) general satisfaction, reported the following results for the Southern California region (includes other counties besides Los Angeles) [Figure 1]:

- 87.8 percent of consumers are “satisfied” or “very satisfied” with access to services;
- 95.9 percent of consumers are “satisfied” or “very satisfied” with cultural sensitivity;
- 89.7 percent of consumers are “satisfied” or “very satisfied” with participation in treatment planning;
- 64.5 percent of consumers are “satisfied” or “very satisfied” with service outcomes; and
- 88.1 percent of consumers are “satisfied” or “very satisfied” overall.¹⁰

Figure 1: Southern California Youth Services Survey for Families, May 2005



Social and Emotional Well-Being



The satisfaction with mental health services for the Southern California region is very high and closely resembles Los Angeles County's findings. Satisfaction with services is generally 85 percent or higher, however, satisfaction with outcomes focused on a child's improved functioning at home, school/work, or with friends is lower at 64.5 percent. This could be a reflection of a family's general satisfaction with services, yet frustration that a child's progress is not occurring as quickly as the family would desire. The majority of clients have reaffirmed that Los Angeles County is performing on par in consumer satisfaction in relation to State regional data, and with the support of the Mental Health Services Act the County will be able to obtain better mental health outcomes for children and families.

In FY 2006-07, the percent of DMH clients not re-hospitalized after 91 days of discharge is expected to reach 70 percent for both children and transition age youth (TAY are generally between 16-25). DMH has made this under-served TAY population a primary focus for enhanced service delivery. The percent of children and TAY hospitalized in FY 2005-06 represents 4 and 7 percent, respectively, of the total outpatient client populations (55,725 and 47,792) for these two age groups. From FY 2004-05, there has been an increase in the proportion of children and TAY re-hospitalized 3-months or more from discharge. In FY 2005-06 generally 38 percent of children and TAY were re-hospitalized after 91 days of discharge. This could indicate a need for more intensive outpatient therapy and/or more innovative treatments to address severe emotional disturbances in order to prevent relapse and re-hospitalization. More mental health interventions are required to stabilize these populations, once they are released from County Psychiatric Emergency Services or Institute for Mental Disease Programs.

Community and Senior Services (CSS) through its Domestic Violence (DV) Programs assists victims of domestic violence to begin their road to recovery with a variety of supportive services such as crisis counseling, information and referrals, transportation, food/clothing/shelter, and legal representation. The DV Program is currently being reformulated since the enactment of new legislative changes; new performance measures and more efficient data collection protocols will be in place the following fiscal year. The DV Program estimates that in FY 2006-07, approximately 80 percent of clients will report an improvement in their emotional well-being and outlook following the receipt of services. A longitudinal study conducted by the California Institute for Mental Health evaluating the effectiveness of CalWORKs mental health services in Los Angeles County corroborated CSS' projections. Some of the clients that CSS serves were participants in the study. Roughly 95.7 percent of surveyed CalWORKs clients receiving supportive services for mental health, substance abuse, or domestic violence reported receiving "a lot" or "some" help in 2004-05 to address their emotional problems. To contrast client self-reports with actual improvement, mental health clinicians were asked to rate the amount of positive change in mental health status for discharged clients in 2004-05; clinicians reported 70 percent of clients had made "some" or "strong" positive change regarding their mental health.¹¹ Through the combined efforts of DMH and CSS, Los Angeles County residents are benefiting from mental health interventions, however, clients with serious emotional disturbances may need additional resources to help them achieve long-term mental health stability.

*Social and Emotional Well-Being**“Family Connections and Permanency”*

	<i>Indicators</i>	<i>FY 04/05 Number/ Percent</i>	<i>FY 05/06 Number/ Percent</i>	<i>FY 06/07 Number/ Percent</i>	<i>PERCENT CHANGE</i>
FAMILY CONNECTIONS AND PERMANENCY HOW WELL IS THE COUNTY SUPPORTING FAMILY/ NEIGHBORHOOD CONNECTIONS AND PERMANENCY WHEN CHILDREN ARE PLACED IN OUT-OF-HOME CARE?	Percent of children placed in home of a relative when out-of-home care is required	51.7% (11,501/ 22,247)	52.9% (10,961/ 20,709)	54.2%	4.8%
	Percent of sibling sets in which at least 2 siblings are placed together in out-of-home care	74.2% (3,770/ 5,082)	75.2% (3,570/ 4,747)	76.2%	2.7%
	Percent of children in non-relative care who remained in the same school attendance area when moved from one placement to another	4.9% (475/ 9,735)	4.7% (466/ 9,822)	4.9%	0%
	Percent of children adopted within 24 months of removal from home	14.3% (309/ 2,164)	16.6% (336/ 2,025)	19.3%	35.0%
	Percent of children adopted by a relative within 24 months of removal from home	41.4% (128/309)	41.4% (139/336)	41.4%	0%

Departmental Programs:

Children and Family Services: Intensive Services; Permanency

What Does the Data Tell Us

The Department of Children and Family Services is committed to preserving family connections when children enter the child welfare system. Slightly more than half of all children placed in out-of-home care are living with relatives and this proportion is slowly increasing and is projected to reach 54.2 percent in FY 2006-07. The Department has hired additional social workers to increase permanency outreach and recruitment efforts of resource families (families providing out-of-home care and/or becoming adoptive parents), particularly among kinship families. Steady progress is also occurring regarding the placement of sibling sets in out-of-home care; approximately three-fourths of all children in out-of-home care are placed with at least two siblings. This rate has increased by roughly three percent since FY 2004-05. In relation to data analyzed at one point in time for Los Angeles County by the State Child Welfare Services/Case Management System, the proportion of children in foster care that were placed with one or more siblings was slightly less, but close to the annual data extractions, and ranged between 68.4 percent and 69 percent for four different dates in 2006.¹² These high rates are reflective of California's legislation concerning sibling placements, which is the most specific in the country. The law outlines requirements at every stage of the placement process that courts and child welfare agencies must implement, including the need for placement resources, such as sibling set foster homes, targeted recruitment of foster parents

Social and Emotional Well-Being

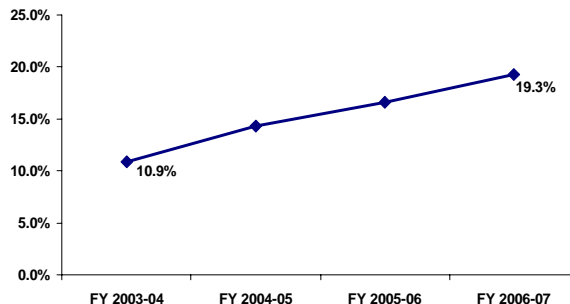
for large sibling sets, and placing children within close geographic proximity, when siblings cannot be placed in the same home.^{13,14} As of July 1, 2006, 86 percent of the children in supervised foster care in Los Angeles County were in placements within the County in contrast to 76.7 percent in San Bernardino and 75.4 percent in Orange County.¹⁵

As discussed above, maintaining community/neighborhood connections is a priority for the State and County. Children have a sense of stability and normalcy when they are able to remain in their neighborhoods/school, even when general child safety and well-being necessitate out-of-home care. Maintaining family/neighborhood continuity is crucial for children, so that the trauma of separation can be minimized. The proportion of children who are able to remain in the same school attendance area when moved from placement to placement is fairly low, but constant at approximately 5 percent across the three fiscal years. DCFS is striving to improve this rate, but when kin are unable to care for youth, the availability of space in foster homes and group homes in the same geographic areas may be inadequate. DCFS is making a concerted effort to maintain family connections through its Family Preservation programming and initiatives such as Points of Engagement and Team Decision Making (TDM) meetings that request family, extended family, community, and service provider involvement in critical junctures of the case plan development, particularly in promoting permanency when children are in out-of-home care.



In FY 2005-06, 16.6 percent of children were adopted within 24 months of removal from home and the rate is expected to climb to 19.3 percent in FY 2006-07 – a 35 percent increase over FY 2004-05. The Federal Administration for Children and Family Services, Child and Family Services Reviews established national performance standards to improve child maltreatment, length of time to achieve family reunification, as well as length of time to achieve adoption – six measures in total. The federal standard for adoption requires that 32 percent or more children have finalized adoptions within 24 months of the most current removal from home.¹⁶ DCFS is working hard to achieve this rate and has made substantial progress since the development of the 2004 State Improvement Plan, when only 10.9 percent of children in FY 2003-04 were adopted within 24 months of entering supervised foster care in Los Angeles County [Figure 2].¹⁷ The Department is continually refining its performance through programming that enhances collaboration with family members, resource families, and other significant adults/service providers invested in a child - all to maintain these essential family connections and achieve more timely permanency outcomes for children placed in out-of-home foster care.

Figure 2: Percent of Children Adopted within 24 Months of Removal from Home



Social and Emotional Well-Being

“Independent Living”

INDEPENDENT LIVING	<i>Indicators</i>	<i>FY 04/05 Number/Percent</i>	<i>FY 05/06 Number/Percent</i>	<i>FY 06/07 Number/Percent</i>	<i>PERCENT CHANGE</i>
HOW WELL IS THE COUNTY ASSISTING CURRENT/ PRIOR FOSTER CARE YOUTH TO LIVE INDEPENDENTLY?	Percent of Probation youth in Independent Living Program (ILP) completing life skills classes who report improved skills, attitude, and knowledge	62.8% (253/403)	84.4% (401/475)	90.0%	43.3%
	Percent of Probation youth between 18-21 who accessed safe and affordable housing upon ILP service termination at age 21	65.0% (325/500)	80.0% ¹⁸ (854/1,067)	82.0%	26.2%
	Percent of foster youth who received ILP and are living in safe and affordable housing upon service termination at age 21	91.4% (2,478/2,710)	95.8% (2,412/2,519)	95.8%	4.8%

Departmental Programs:

Probation: Juvenile Suitable Placement (includes ILP)

Children and Family Services: Intensive Services

What Does the Data Tell Us

A host of studies have documented that youth who age out of foster care at age 18 are less ready to take the necessary steps toward independence than children who have never experienced the child welfare system and have the financial, educational, and emotional support of a loving family. Many youth in foster care do not benefit from the normative experiences of growing up in a family where they are able to participate in extra-curricular activities, learn practical financial lessons from parents such as balancing a checkbook or developing a budget, or being responsible for performing daily chores. Emancipating foster youth often lack these basic life skills, and have difficulty navigating the more complex tasks in life such as locating safe housing, finding and keeping a steady job, staying healthy, and avoiding financial or legal trouble. Most disturbing, four years after leaving foster care only one in five former foster youth is fully self-supporting.¹⁹

To change these trends, the foster youth – both current and former – jointly served by DCFS and Probation are receiving targeted, essential ILP life skills and supportive services to help them make the challenging transition to self-sufficiency and adulthood. As a result of these services, youth are beginning to realize some notable gains in terms of improved skills and attitudes, including

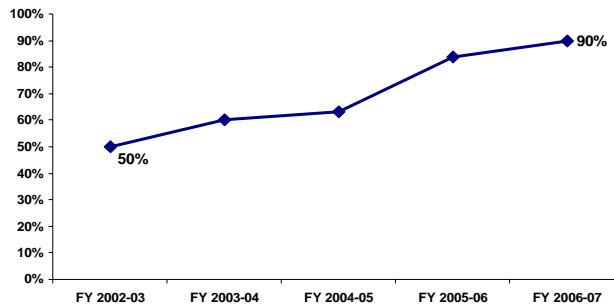


Social and Emotional Well-Being



their ability to transition to safe and affordable housing upon termination of services at age 21. A little over 84 percent of foster Probation youth reported an increase in their skills and abilities after having received ILP services, which is a 34 percent increase over FY 2004-05 and is projected to reach 90 percent in FY 2006-07. This rate has been steadily improving since FY 2002-03 when only 50 percent of Probation youth participating in ILP reported any improvement in knowledge or attitude [Figure 3].

Figure 3: Percent of ILP Probation Youth with Improved Skills



The majority of foster youth (95.8 percent) in FY 2005-06, reported living in safe and affordable housing upon emancipation and related service termination, which is nearly a 5 percent increase over FY 2004-05. Similarly, 80 percent of Probation youth transitioned to safe and affordable housing in FY 2005-06. The large jump in the number of Probation youth – more than double – accessing safe and affordable housing since FY 2004-05 is partly due to better data collection procedures for tracking housing. To put these numbers in context, in FY 2000-01, 52.2 percent of Foster/Probation youth in Los Angeles County (out of 1,340 emancipating youth) lacked safe and affordable housing at service termination.²⁰ Substantial improvements have occurred in the County, such as better-integrated services between DCFS and Probation, and the opening of additional Transition Resource Centers to serve more foster youth in their communities. Enhancements such as these have resulted in an increased number of foster youth transitioning to safe housing.

To minimize the double-counting of youth straddling both the DCFS and Probation systems, the Emancipation Services Independent Living Program (ESILP) Tracking System Application was designed to address this problem, as well as reduce the duplication of services delivered to youth by both departments. This system is also very important from a financial perspective as it tracks expenditures (services) per youth and prevents the “double dipping” of youth for particular services, such as educational expenses. Costs for ILP are fully expended by both departments every year, therefore, expenditures have to be closely monitored and efficiently administered in order to maintain an equitable delivery of services among youth.

Most encouraging is that more youth will be assisted in future years, through one-time additional funding being allocated through the County’s Homeless Prevention Initiative/Homeless and Housing Program Fund (HPI/HHPF), which will provide moving assistance, rental subsidies, and support services to assist emancipating foster youth obtain permanent housing. A total of \$3.5 million

Social and Emotional Well-Being

will be distributed between DCFS and Probation.²¹ These funds will enable both departments to augment ILP services, although not indefinitely. This additional funding will help to ensure that more foster youth receive the support and services they need to make the difficult transition to self-supporting adulthood.

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Educational/Workforce Readiness

GOAL 5: CHILDREN AND FAMILIES' WELL-BEING
STRATEGY 5: EDUCATIONAL/WORKFORCE READINESS

*CREATE AFFORDABLE, ACCESSIBLE, AND QUALITY CHILD DEVELOPMENTAL, EDUCATIONAL,
CULTURAL, AND VOCATIONAL SKILL DEVELOPMENT OPPORTUNITIES FOR CHILDREN AND FAMILIES*

Educational/Workforce Readiness**WHAT ARE THE OUTCOMES?**

- Pre-Employment Training
- Educational Attainment

WHY ARE THESE IMPORTANT?

Pre-Employment Training: Unemployment is a national priority and affects the nation's economic ability to thrive and grow. The State Employment Development Department (EDD) reported that in December 2006, the California Adjusted Unemployment Rate (AUR) was 4.8 percent, (865,300 individuals were unemployed) while the U.S. Unemployment Rate was at 4.3 percent.¹ During this same period, the AUR for Los Angeles County peaked at 4.5 percent with roughly 220,000 individuals unemployed.² The U.S. Bureau of Labor Statistics indicates that the unemployment rate was highest for Californians age 16 to 19 years, at 17.5 percent.³ A research study conducted by the Government Accountability Office (GAO) concluded that youth who are living in poverty with low or no educational attainment are more likely to be unemployed. The California Budget Project indicates that more than one-fifth of the County's workforce (22 percent) had not completed high school in 2005, and on average earn \$9,200 less per year than high school graduates;⁴ lower levels of educational attainment translate to lower wages. These statistics result in lower rates of economic growth for Los Angeles County and the State. Therefore, it is necessary to equip and prepare these youth with the skills, abilities, and knowledge prior to their entering the workforce so that they may gain meaningful employment. In spite of these numbers, the Departments of Community and Senior Services' (CSS), Public Social Services' (DPSS), and Probation have made concerted efforts to mitigate unemployment for at-risk youth and families by assisting them with the job readiness training skills needed to obtain and sustain employment; the departments' programs promote economic independence and help prepare participants to transition to productive and fulfilling lives.



Educational Attainment: Education in California is in crisis and is getting worse with growing numbers of adolescents failing and dropping out of public schools. The high school drop out rate is a severe problem coupled with the difficult financial burdens California's schools face. According to the California Department of Education, in FY 2004-05, 6,324 12th grade students dropped out of Los Angeles County high schools.⁵ High School drop outs are more likely to live in poverty and require public assistance. A study published by Peter D. Hart Research Associates reports that each year almost one third of all public high school students and nearly one half of all African American, Hispanic, and Native American high school students fail to graduate from public high school.⁶ It is also noteworthy to mention that the high school drop out rates in 2004 were four times higher for students from low-income families than those in high-income families.⁷ Since education determines lifelong earning potential, it is critical that California improve core K-12 education to equip future workers with the skills and information necessary for careers in the 21st century economy. County programming prepares at-risk youth to succeed in school and provides them the opportunity for developing and achieving career goals through education and workforce training.

Educational/Workforce Readiness

Are these Outcomes Changing Conditions for Children and Families?

Program Indicators quantify program achievements and describe how many or what portion of the clients served underwent a change based on the service intervention. Specifically, these measures are intended to answer: Are children and families better off? How did the outcomes improve for clients? Program operational measures tell us how well a program is working by answering the following questions: How much service was delivered? How well was the service delivered? The measures reported for the two outcomes are primarily indicators, however, operational measures are sometimes included to provide a context of the amount of service delivered. Operational measures are depicted in burgundy font in the tables.

Departments and programs providing measures for the two outcomes are listed under each table: Pre-Employment Training and Educational Attainment. The last column in each table "Percent Change" reflects the change between FY 2004-05 and FY 2006-07.

"Pre-Employment Training"



PRE-EMPLOYMENT TRAINING	Indicators	FY 04/05 Number/Percent	FY 05/06 Number/Percent	FY 06/07 Number/Percent	PERCENT CHANGE
HOW WELL IS THE COUNTY PREPARING AT-RISK YOUTH AND FAMILIES WITH TRAINING RESOURCES TO PROMOTE SELF-SUFFICIENCY?	Percent of youth exiting the Workforce Investment Act (WIA) program who are employed, in military, or enrolled in post-secondary education nine months after exit ⁸	71.0%	71.0%	69.0%	-2.8%
	Percent of aided CalWORKs Welfare-to-Work participants engaged in education and training (monthly average)	15.0% (8,508/56,657)	18.7% ⁹ (9,403/50,350)	20.0%	33.3%
	Percent of Community Services Block Grant (CSBG) participants who were unemployed and obtained a job	73.4% (245/334)	59.4% (316/532)	65.0%	-11.4%
	Number of CSBG participants receiving pre-employment skills required for employment that received a training certificate ¹⁰	221	564	590	167.0%
	Number of Probation youth who accessed job/vocational training through the Independent Living Program (ILP) skill centers	300	250	250	-16.7%

Educational/Workforce Readiness**Departmental Programs:**

Community and Senior Services: Workforce Investment Act

Public Social Services: CalWORKs; Community Services Block Grant Program

Probation: Juvenile Suitable Placement (includes ILP)

What Does the Data Tell Us

The County's efforts to prepare at-risk youth with training resources to promote self-sufficiency have been progressing, but there is still room for improvement. These efforts must be rethought and should continue to enhance the effectiveness of youth job training skills so that they result in youth obtaining and maintaining employment. Research shows that youth who are provided with job preparation/readiness skills are more likely to succeed in the workplace. DPSS administers several programs that are designed to alleviate hardship and promote better economic opportunities for families. DPSS' CSBG Program provides a range of services to assist low-income youth and families in attaining the skills, knowledge, and motivation necessary to achieve self-sufficiency. Youth and families are provided with workforce development activities to prepare them for the expectations they will face in the working world. Activities include exposure to the job market, job preparation skills, and employment training so that they may obtain a job. The program also provides low-income people with immediate life necessities such as food, shelter, and health care.



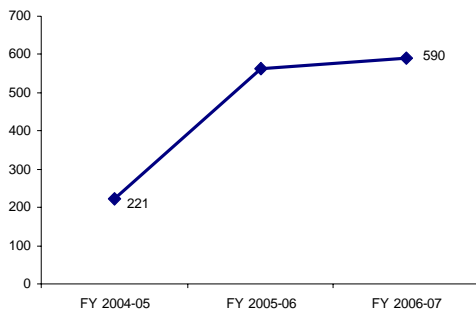
Implementation of the DPSS-Total Accountability Total Success (DPSSTATS) Program, which provides the Department's executive management team with quick feedback on operations, has helped to improve the management of programs such as CSBG by increasing community outreach to low-income individuals and families. Due to the Department's aggressive outreach efforts, the number of CSBG participants obtaining pre-employment skills required for employment who received a training certificate increased from 221 in FY 2004-05 to 590 in FY 2006-07, which represents a 167 percent increase [Figure 1]. In contrast, the percent of CSBG participants who were unemployed and obtained a job declined by 11 percent. Part of the decline can be attributed to the transfer of the program from CSS to DPSS in April 2005. DPSS has been focusing on strengthening internal strategies to stabilize the trend in FY 2006-07. The trend for percent of aided CalWORKs Welfare-to-Work participants engaged in education and training has been steadily increasing and is expected to reach 20 percent in FY 2006-07 – an increase of approximately 33 percent from FY 2004-05.

Similar to the work-related supports of DPSS, CSS administers the federal Workforce Investment Act (WIA) Program to high-risk, low-income individuals ranging in age from 14 to 21. The WIA Program offers a comprehensive range of core services and workforce development activities designed to prepare high-risk, low-income youth for a successful transition to the workforce. The purpose of these activities is to promote an increase in the employment, job retention, earnings, and occupational skills of participants. This, in turn, improves the quality of the workforce, reduces welfare dependency, and improves the productivity of the County. Due to significant State budget cuts, the percent of youth exiting the WIA Program who are employed, in the military, or enrolled in post-secondary education nine months after exit is expected to slightly decline to 69 percent in FY 2006-07, which reflects a reduction of 2.8 percent from FY 2004-05. The funding allocated for this program is fully expended, which means the needs of the youth exceed available funding. CSS anticipates soliciting additional revenue sources from the State in FY 2007-08.

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The Independent Living Program (ILP) administered through DCFS and Probation assists current and former foster care youth ages 14-21 with employment and education/training-related services. These services enable youth to successfully transition into their communities when they emancipate from the system in their journey to become self-sufficient. In FY 2004-05, the number of Probation youth who accessed job/vocational training through the ILP skills centers declined from 300 to 250 in FY 2005-06 or 16.7 percent. This decline was primarily due to the program experiencing changes in procedures and staff turnover. Despite these changes, DCFS and Probation will continue to collaborate to expand services for participants and they are moving towards increasing these numbers in the coming years.

**Figure 1: Number of CSBG Participants
Receiving Pre-Employment Skills**



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“Educational Attainment”



EDUCATIONAL ATTAINMENT	Indicators	FY 04/05 Number/Percent	FY 05/06 Number/Percent	FY 06/07 Number/Percent	PERCENT CHANGE
HOW WELL IS THE COUNTY PROVIDING AT-RISK YOUTH AND FAMILIES WITH EDUCATIONAL RESOURCES TO PROMOTE SELF-SUFFICIENCY?	Percent of Probation youth in school based supervision graduating high school	74.1% (286/386)	92.4% (550/595)	90.0%	21.5%
	Percent of Probation youth who received Independent Living Program services and obtained a high school diploma/GED and/or enrolled in higher education ¹¹	55.0% (825/1,500)	43.8% (253/577)	60.0%	9.1%
	Percent of foster youth ages 18-21 who received Independent Living Program services and obtained a high school diploma or GED upon leaving foster care	49.3% (1,474/2,987)	65.6% (1,653/2,519)	65.6%	33.1%
	Percent of foster care youth ages 18-21 who received Independent Living Program services and are enrolled in higher education	45.0% (1,336/2,967)	47.0% (1,183/2,519)	47.0%	4.4%
	Percent of CalWORKs Cal Learn High School youth who graduated from high school or received a GED	44.4% (367/826)	52.0% (236/454)	53.0%	19.4%
	Percent of Workforce Investment Act (WIA) youths who obtained a high school diploma or GED credential ¹²	68.0%	72.0%	71.0%	4.4%

Departmental Programs:

- Community and Senior Services: Workforce Investment Act
- Public Social Services: CalWORKs-Cal-Learn Program
- Children and Family Services: Intensive Services
- Probation: Juvenile Suitable Placement (includes ILP)

*Educational/Workforce Readiness***What Does the Data Tell Us**

Improvements are occurring to prepare at-risk youth with the educational resources they need to succeed academically in school. Not graduating from high school is clearly detrimental to a youth's future. High school dropouts are much more likely than their peers who graduated to be unemployed, living in poverty, and/or incarcerated. According to the California Department of Education, in FY 2004-05 African American, Asian, and Latinos had the largest high school drop out rates in Los Angeles County among racial/ethnic groups.¹³ Furthermore, those with less than a high school diploma have unemployment rates almost three times greater than those with a college degree.¹⁴ In an effort to reduce the high school drop out rate, the Probation Department administers the School-Based Supervision Program that provides prevention and intervention services to Probation and at-risk youth on school campuses in high crime/high need areas. The percent of Probation youth in School-Based Supervision graduating from high school is outstanding at 92.4 percent in FY 2005-06 as compared to FY 2004-05 at 74.1 percent. The program continues to be supported by parents, school officials, and law enforcement.

ILP provides emancipation services to current and former foster care and Probation youth between the ages of 14 and 21. Services include daily living, money management, and life skills to prepare them for the transition from foster care to self-sufficiency. During FY 2005-06, the percent of Probation youth who received ILP services and obtained a high school diploma/GED and/or enrolled in higher education decreased by 20 percent from 55 percent in the previous fiscal year, however, it's anticipated that the number of Probation youth that obtain educational degrees will stabilize and increase to 60 percent in FY 2006-07. This drop between fiscal years could be due to data collection protocols. Probation is continuing to strengthen their data collection methods and conduct ongoing program evaluation to improve operations. In contrast, the percent of DCFS foster youth who received ILP services and obtained a high school diploma or GED upon leaving foster care increased from 49.3 percent in FY 2004-05 to 65.6 percent in FY 2005-06. Moreover, almost half of all ILP foster youth are enrolled in higher education and this trend is expected to continue in FY 2006-07. Both DCFS and Probation along with their partners will continue to work collaboratively to increase educational and employment-related resources for this population.

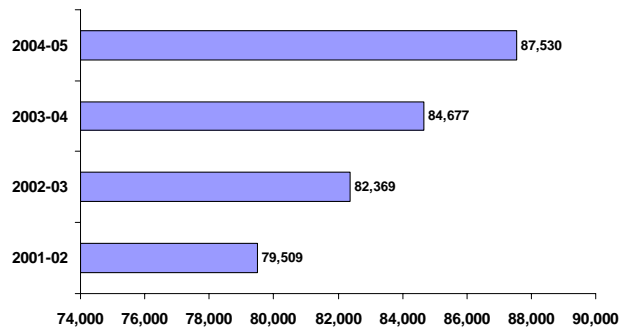
DPSS' CalWORKs program provides temporary financial assistance, employment-focused services, and specialized supportive services to families with children. The Department's CalWORKs caseload has continued a slow but steady decline. In FY 2005-06, the caseload decreased by approximately 2.5 percent. The Department is currently working on meeting new family work requirements based on the reauthorization of Welfare-to-Work; but educational improvements are still a focus. In Los Angeles County, public high school graduation rates have slowly increased from FY 2003-04 (84,677 or 79.4 percent) to FY 2004-05 (87,530 or 79.5 percent) [Figure 2].¹⁵ DPSS' CalWORKs/Cal-Learn Program is contributing to this effort by providing mandatory educational support services to CalWORKs participants who are under the age of 19, are pregnant or parenting, and have not completed their high school education. The program serves a complex population of participants who face barriers to continuing their education. Since last year, the Department placed greater emphasis on encouraging teens to successfully complete their classes. As a result, the percent of CalWORKs/Cal-Learn high school youth who graduated from high school or received a GED went up slightly from 44.4 percent in FY 2004-05 to 52.0 percent in FY 2005-06. In the next fiscal year, the Department will continue to strategize and formulate proposals to increase



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this rate. By encouraging pregnant and parenting teens to focus on completing their high school education, there is a greater likelihood they will be able to secure gainful employment as they move toward self-sufficiency.

Figure 2: 12th Grade Graduation Rate in Los Angeles County



CSS predicts a slight increase in their WIA Program for youth who obtained a high school diploma or GED credential. It's anticipated that 71 percent of participants will receive a high school diploma or GED in FY 2006-07. State funding cuts to the program have prompted the Department to leverage existing resources as well as seek additional funding sources to continue to provide quality services to youth.

Endnotes for Educational/Workforce Readiness

- ¹ State of California, Employment Development Department, Labor Market Information Division (LMID), California Labor Market Review for the month of December 2006 (Data are Seasonally Adjusted). www.labormarketinfo.edd.ca.gov
- ² State of California, Employment Development Department, Labor Market Information Division (LMID-Los Angeles-Long Beach-Glendale Metropolitan Division) (Los Angeles County). www.labormarketinfo.edd.ca.gov
- ³ U.S. Department of Labor, Bureau of Labor Statistics, Current Population Survey (CPS). www.bls.gov
- ⁴ California Budget Project, "Left Behind: Workers and Their Families in a Changing Los Angeles." September 2006. www.cbpp.org
- ⁵ California Department of Education, Educational Demographics Unit, CBEDS October 2005. Graduation Rates based on NCES Definition-County Report for Los Angeles. www.cde.ca.gov
- ⁶ A report by Civic Enterprises in association with Peter D. Hart Research Associates for the Bill & Melinda Gates Foundation, March 2006 "The Silent Epidemic, Perspectives of High School Dropouts," by John M. Bridgeland, John D. DiTulio, Jr., and Karen Burke Morison.
- ⁷ National Center for Education Statistics, U.S. Department of Education, "Dropout Rates in the United States: 2004," (Washington D.C. November 2006), p.4. <http://nces.ed.gov/pubsearch>
- ⁸ Numerator and denominator data not available. The data will be released from the State later in the year.
- ⁹ Includes data for the Refugee Employment Program, which was previously not included.
- ¹⁰ Projections are based solely on the distribution of program funding by service category as stated in the 2006 CSBG Request for Proposals.

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¹¹ Reflects only those ILP eligible youth who by age 21 accessed education related services from Probation's Independent Living Program.

¹² Numerator and denominator data not available. The data will be released from the State later in the year.

¹³ California Department of Education, Educational Demographics Unit, Dropouts by Grade by Ethnic Group, Year 2004-05, Los Angeles County. www.cde.ca.gov

¹⁴ United States Government Accountability Office (GAO), "Poverty in America." January 2007. www.gao.gov

¹⁵ California Department of Education, Educational Demographics Unit, Graduation Rates Based on NCES Definition-County Report Los Angeles, CBEDS October 2005. www.cde.ca.gov

Conclusion**THE JOURNEY TO ENHANCED SERVICE INTEGRATION CONTINUES**

The Children and Families Budget (CFB) is one of several products resulting from Goal 5 (Children and Families' Well-Being) of the County Strategic Plan. The CFB presents one tool to measure the achievements in the five outcome areas of Goal 5: Good Health; Economic Well-Being; Safety and Survival; Social and Emotional Well-Being; and Educational/Workforce Readiness. Over the years, the CFB has helped shift the County's focus away from counting inputs or process-related measures, i.e. number of files audited, as the sole method for evaluating achievement. Other efforts such as the Children's Planning Council's ScoreCard, *Performance Counts!*, and DPSSTATS have expanded this emphasis on performance beyond the Health and Human Service Departments. Countywide conversations are beginning to converge on obtaining better outcomes not just for children and families, but for all County residents. Performance-based accountability and the desire to attain better results for the clients the County serves is changing the way the County does business. Chief Administrative Officer, David Janssen, summed it up best saying the County has slowly started moving from Condition A to Condition B. The cultural change that County leadership is committed to achieving can be seen in the gradual transition from reactive to proactive County services, in a service delivery system moving from needs-based to strengths-based, and in an operational framework that is much more interdependent than independent.

The County's cultural shift of moving from Condition A to Condition B is evidenced by a number of new initiatives that enhance the coordination of inter/intradepartmental programs and resources. These departmental partnerships are poised to achieve better results within the five outcome areas focused on improving the conditions for children and families. There are too many integrated initiatives to mention in detail, but a select handful of these directly benefiting the Goal 5 outcome areas consist of the following for each area:

Good Health

Through the use of technology, both One-e-App and LACountyHelps simplify the health insurance enrollment process and provide families with centralized information about various health and social programs available for Los Angeles County residents.

Economic Well-Being

The Family Economic Success initiative is enlisting support from public and private partnerships to build workforce/economic development strategies, asset building and leveraging strategies, as well as improving access to tax credits (Earned Income Tax Credit) and public benefits to promote greater economic security for families.

Safety and Survival

Healthier Communities, Stronger Families and Thriving Children is focused on strengthening community and family outcomes by organizing broad Community/County partnerships in a few demonstration sites throughout the County. This approach is different from others in that it places the *shared* responsibility for community and family well-being on the symbiotic

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relationship between communities and County government, which will maximize the resources and expertise of its members to improve the conditions for children and families.

Social and Emotional Well-Being

The Homeless Prevention Initiative/Homeless Housing Program Fund provides ongoing homeless assistance and one-time funding to fill the existing gaps in a continuum of support services including mental health, substance abuse, domestic violence, health care, job training, as well as subsidized housing. This multi-departmental County/city effort is designed to prevent more at-risk residents from becoming homeless by addressing the root causes that contribute to homelessness.

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The Los Angeles County Education Coordinating Council is working toward raising the educational achievement of foster and Probation youth by convening key stakeholders responsible for educational performance. Through a collaborative of school districts, County departments, juvenile court, city and county children's commissions, and youth these networks are expanding upon best practices and filling in community gaps where little help or support is available for families, so that every child has the ability to succeed academically.

The confluence of these initiatives, individually and collectively, impact one or more outcome areas under Goal 5. All of these initiatives are in different stages of the development process, and the results of these investments in new integrated programming will be evaluated in various intervals – both short and long-term. The County of Los Angeles is breaking new ground in its transition from Condition A to Condition B by putting performance first and emphasizing accountability and the attainment of better outcomes for all County residents.