



SANTA BARBARA COUNTY

2024 CHILDREN'S SCORECARD





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WELCOME



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The Santa Barbara County Children's Scorecard has been a cornerstone resource for understanding our children's needs since 1994. The years since our last publication in 2017 have been marked by unprecedented challenges, most notably the COVID-19 pandemic and its effects. The pandemic exacerbated existing inequities, with low-income communities and communities of color bearing a disproportionate burden of health and economic impacts.

The 2024 Scorecard reflects a crucial understanding: Children are more likely to grow up healthy, resilient, and successful when their families and neighborhoods are strong.

Recognizing that no one organization will be successful alone, County government departments and local nonprofit organizations in Santa Barbara County have forged new collaborations. We celebrate these innovative efforts. Our work, however, is far from complete. The 2024 Scorecard includes thoughtful recommendations that merit our consideration.

The extensive list of contributors to this Scorecard underscores a consensus among leaders of organizations serving children and families in our county. These experts have identified key celebrations and challenges, as well as indicators of conditions impacting children and their well-being. These indicators, particularly when tracked over time, can serve as vital tools to assess the effectiveness of changes in policy and practice.

We encourage you to consider this Scorecard seriously. Examine it carefully, raise questions, engage with your County Supervisor, and be an active participant in our collective efforts to enhance our impact in this post-pandemic landscape. Together, we can build stronger, more resilient communities for all our children and families.

EXECUTIVE SUMMARY

The 2024 Santa Barbara County Children's Scorecard was collaboratively developed by professionals and parents with an impressive breadth of expertise and experience about children and families and the multi-level system of prevention that supports them. The contributors are members of the KIDS Network, formed by the Board of Supervisors in 1991 to advise on issues impacting children, and Together for Children, formed in 2022 in response to the Families First Prevention Services Act. The dedicated individuals in these collaboratives work for a number of departments in the County of Santa Barbara, the Santa Barbara County Education Office, philanthropic foundations, and almost two dozen local nonprofit organizations.

First produced in 1994 and most recently in 2017, this Scorecard is the first produced after the COVID-19 pandemic. It communicates the broad strokes of child outcomes, factors that help explain them, and recommendations for interest holders and the County Board of Supervisors. It lays out a collective vision of healthy outcomes for children and families and essential context for understanding the state of affairs: community conditions for raising children and the system of care for families.

OUTCOMES FOR CHILDREN INCLUDE:

- ◆ 84% of births received prenatal care in the first trimester, compared to 86% in the state.
- ◆ 33% of children start kindergarten ready for school.
- ◆ 40% of public school students met English language arts standards and 29% met math standards, both below state averages.
- ◆ 91% of public high school students graduated in 4 years, higher than the state average.
- ◆ 42% of teens have a healthy weight, compared to 61% in the state.
- ◆ Youth's mental health needs are high; 43% of teens said they needed help, compared to 33% in the state.
- ◆ Child maltreatment rates have decreased over the past decade.

These outcomes are impacted by the conditions for raising children and the wide-ranging and fragmented system of care for families.

FINDINGS ABOUT CONDITIONS FOR RAISING CHILDREN INCLUDE:

- ◆ **Economic stability.** 18% of children live in poverty, but the percentage ranges widely across the county. The cost of living, especially housing, in Santa Barbara County is high, impacting families of all income levels. Licensed child care spaces do not exist for 91% of infants.
- ◆ **Health care access and quality.** About two-thirds of children are enrolled in Medi-Cal public health insurance, but only 64% of those on Medi-Cal received well child visit exams in the first 15 months of life. Initiatives like California Advancing and Innovating Medi-Cal (CalAIM) promise to address social drivers of health.
- ◆ **Education access and quality.** The public education system serves 92% of elementary, middle, and high school students and offers a variety of courses to help prepare for college and career.

- ◆ **Social and community context.** Thirty-seven percent of workers were paid under \$19.69 per hour in 2022. Our economy relies on these low-wage workers, and public benefits supplement the wages of many as they care for their families. Participation in CalFresh by those eligible is below that in the state overall, although the rate for children is similar to the state's, 23%. Undocumented adults are not eligible for CalFresh, and around 28% of children live with at least one parent who is an undocumented immigrant, potentially influencing access to services and community engagement.
- ◆ **Neighborhood and built environment.** Strong civic engagement and outdoor recreational opportunities exist, although the risk of natural disasters is relatively high.

FINDINGS ABOUT THE SYSTEM OF CARE FOR CHILDREN AND FAMILIES INCLUDE:

- ◆ The system of care is a loosely connected network of government, nonprofit, and community organizations that provide prevention and intervention services. These services encompass a spectrum of resources and support programs — from early assistance that aims to stop challenges before they develop (like home visiting programs for new parents) to targeted help when problems arise (such as substance abuse treatment).
- ◆ Cross-sector collaborations seized major funding opportunities designed to improve system integration, prevention, and whole-person care including California Advancing and Improving Medi-Cal (CalAIM) and ACEs Aware.
- ◆ Organizations assessed and took action toward diversity, equity, and inclusion to increase community belonging and reduce the discrimination and marginalization that negatively impacts families and children.
- ◆ Critical needs that are beyond the scope of the County administration alone include increasing programs' focus on positive childhood experiences (PCEs), addressing workforce shortages, and collecting and using data to inform the system of care.

Important data about child and family outcomes, conditions for raising children, and the system of care is missing. For example, data about health care is generally only available for those on Medi-Cal public health insurance. Also, there is no county-level data about organizations' referrals to partner organizations or waitlists for needed services.

Key Recommendations for the Board of Supervisors are summarized below:

1. Maximize opportunities to improve families' economic stability.
2. Ensure County departments are part of a "no wrong door" approach to care for families.
3. Increase investment and effort in North County, where needs are greatest.
4. Address workforce issues across child- and family-serving sectors at a county level.
5. Adopt data infrastructure that supports continuous improvement across the County departments.

Raising children is a collective endeavor; the outcomes shape Santa Barbara County's future. Success requires investment, coordination across sectors, and a commitment to a more equitable future for all children and families.

INTRODUCTION

Anthropologist Margaret Mead astutely observed, “The solution to all adult problems tomorrow depends in large measure upon the way our children grow up today.” This insight underpins the 2024 Scorecard. When children and families thrive, they contribute positively to the community’s social fabric, economic prosperity, and overall quality of life. Healthy, well-supported families are better equipped to participate in community life, engage in the workforce, and nurture the next generation.

The Children’s Scorecard is produced by the Santa Barbara County KIDS Network, a planning and program development body created by the Santa Barbara County Board of Supervisors in 1991 to advise them on children, youth, and family issues. The 2024 edition was developed in collaboration with Together for Children in Santa Barbara County, a committee formed in 2022 by Santa Barbara County’s Child Welfare Services in response to the Families First Prevention Services Act. The committee’s work resulted in a funded Comprehensive Prevention Plan aligned with this major policy.

The 2024 Scorecard exemplifies a new level of collaboration among County government departments, nonprofit organizations in health and human services, the County Office of Education, and parents who have experienced the systems serving children and families. It rests on the invaluable knowledge and wisdom of parents, staff, and leaders.

While the Scorecard is written primarily for policy makers and people working in human services fields, we hope parents will be interested in what these dedicated experts believe are important for raising children.

PURPOSE AND METHODOLOGY

Building on the 2017 Scorecard, the 2024 Santa Barbara County Children’s Scorecard aims to

- ◆ **Create a collaborative vision** for community, family, and child wellness that can be monitored over time.
- ◆ **Establish a post-pandemic baseline and provide current information** on key data points related to this vision; the support system for children, youth, and families; and the well-being of children.
- ◆ **Celebrate recent accomplishments** and highlight promising practices.
- ◆ **Identify critical needs** that call for collaboration and/or policy changes.
- ◆ **Inform the continuous improvement of comprehensive efforts** to ensure children are healthy and successful.

This Scorecard is structured around a basic social ecological model. Ecological models emphasize that a child’s health and future prospects are shaped by a complex interplay of people and institutions including family, schools, medical care, neighborhood conditions, and broader societal influences. The model can be understood as a theory of change that has three overlapping, inextricably linked components: If **conditions for raising children** are improved and the **system of care for families** is effective, **outcomes for families and their children** will be positive (see Figure 1).

During workshops and follow-up meetings, contributors developed and refined lists of indicators to represent performance in each of the three components. These indicators reflect the values of the contributors, highlighting what they deem most crucial to monitor. Indicators were selected for conceptual importance without regard to whether there are data that speak to them currently.

To establish a post-COVID pandemic baseline, the research team compiled county-level, publicly available data related to the indicators in two sections: conditions for raising children and outcomes for children and families. This process involved significant support from key reviewers from various agencies, including the Public Health Department, Santa Barbara County Office of Education, Help Me Grow, and CenCal Health. We included information about trends, patterns, or comparisons to state or broader regional data to provide context for Santa Barbara County’s performance. Optimal results for Santa Barbara County may differ from broader averages due to our distinct local challenges and opportunities.

The state of the system of care for families is explained differently because there is currently little data about how the many sectors in it work together. Committee members were asked to identify celebrations and critical needs that have emerged since the 2017 Scorecard, and these were refined during several subsequent meetings.

To ensure actionable insights, we asked committee members to focus on issues they believed policymakers and residents should be aware of and for which there may be a reasonable chance of improvement. This approach led to the exclusion of some important but less malleable issues—such as the high cost of housing—and to consensus around celebrations and calls to action for the system.

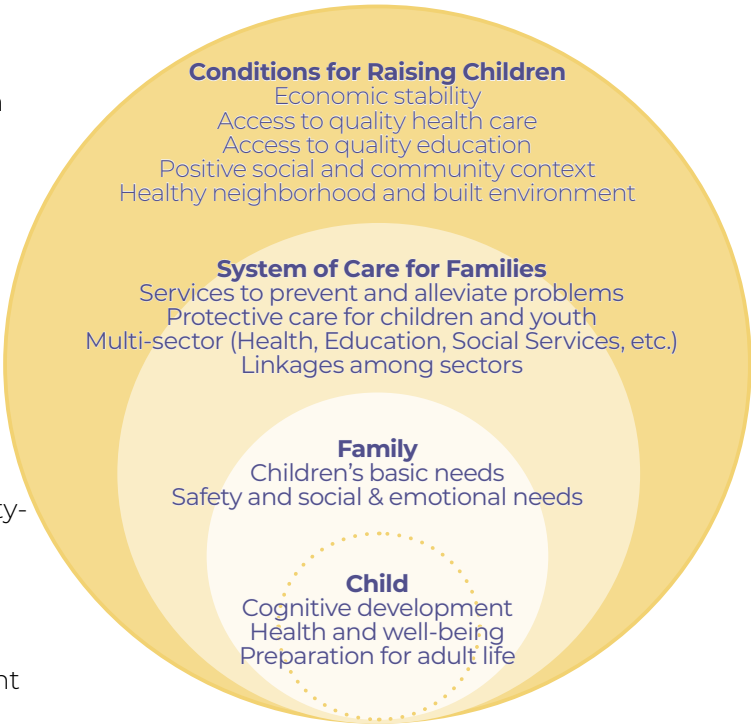


Figure 1. Three-component social ecological model and framework of the 2024 Scorecard

USING THIS REPORT

This Scorecard lays out a collective vision of healthy outcomes for children and families, community conditions for raising children, and an effective system of care. Within that framework, we aim to paint a realistic picture of the complex environment in which our children and families live, learn, and grow. This context is crucial for understanding the outcomes and recommendations for improvement.

Data tell us something, but they cannot tell us the whole story. We report measures at the county level whenever possible. This too often masks differences and disparities among regions and racial and ethnic groups within the county. For example, the cost of housing varies widely in the different regions of Santa Barbara County. In 2021, the median value of owner-occupied housing in the city of Santa Barbara was \$1,130,900, while it was \$353,100 in Lompoc, and \$376,100 in Santa Maria. Median monthly rent was \$2,038 in the city of Santa Barbara, \$1,294 in Lompoc, and \$1,583 in Santa Maria.

Disaggregating data by factors such as region, race or ethnicity can more accurately represent the experience of groups of people. Still, even smaller groups are not homogeneous. For example, recent immigrants and 3rd generation Americans may have very different lives.

Also, the race and ethnicity identifications offered by surveys may themselves be confusing. Hispanic, in particular, is a term used differently by [different surveys](#). Also, people may feel a part of several races and be challenged by the options a particular survey offers.

Productive insights may come when we approach the goal of understanding societal problems with compassion and curiosity. We assume that people are trying their best, want the best for themselves and their children, and act logically given the choices they see.

For instance, some workers in our county's low-paying jobs have declined raises or additional work hours to maintain their families' eligibility for public medical insurance or government subsidized housing.¹

We encourage you to approach this Scorecard with curiosity and to use the resources within it to deepen your understanding. You might

- ◆ Explore multiple explanations for what the data say. Many sources allow for disaggregation, or breaking down, measures by demographic factors or geographic areas, potentially revealing inequities and deepening understanding (see the appendices).

- ◆ Follow the links in the **Available data** column in the appendices to access source measures. We used numbers and percentages as they are in the source or included an explanatory footnote. For example, if the source used 65.0% instead of 65%, so did we.
- ◆ Interpret measures in the **Available data** column cautiously. Many are estimates based on population samples and have inherent margins of error. Unless otherwise stated, all measures pertain to Santa Barbara County. In many cases, language in this column is quoted from the source.
- ◆ For some measures, we provide comparisons to state-level results. We urge readers to consider whether state results are good enough to be a standard and whether Santa Barbara County is similar enough to the state for the comparison to be relevant.
- ◆ Consider the impact of the COVID-19 pandemic, which began in spring 2020. The pandemic significantly disrupted school and services for children and families; some measures may reflect short-term effects or emerging trends.
- ◆ Refer to the [2017 Children's Scorecard](#) for more explanation of key problem areas, their effects, potential solutions, and contextualized data trends. The previous Scorecard also details services provided by County departments and others that address child safety, child health, education, and family well-being.

¹ Economists use two key terms to describe the financial challenges families may face as their income increases. A “benefits cliff” occurs when a family becomes financially worse off due to losing public assistance, while a “benefits plateau” happens when increased earnings are offset by reduced benefits, leaving the family no better off financially (see Federal Reserve Bank of Atlanta's [explanation](#) and [Policy Rules Database Dashboard](#)).

CHILD & FAMILY OUTCOMES

The vision for child and family outcomes—what the important indicators are—was developed by the Scorecard committees (see p. 13). The vision includes three categories:

- ◆ Families are nurturing and stable.
- ◆ Children are healthy and successful.
- ◆ Fewer children and families require Child Welfare and Juvenile Justice services.

The summary of the data associated with the indicators includes possible explanations that stem from the analysis of the conditions for raising children and the description of the system of support. These are found in the next two sections of this report. The pandemic is another important context that should be held in mind when interpreting recent data and the root causes of challenges.



EFFECTS OF THE PANDEMIC

The COVID-19 pandemic has had profound and far-reaching effects for children and families. For example, during the pandemic years standardized test results in both English language arts and math dropped substantially—particularly those of disadvantaged students.² There were also declines in children’s perceived physical health and in parents’ and children’s mental health.³ Notably, Child Welfare Services faced challenges in identifying and responding to cases of abuse or neglect because children were not seen in person by teachers and others who might recognize signs of maltreatment. Some impacts of the pandemic may be temporary and others longer-term.

² See, for example, [Test Score Patterns Across Three COVID-19-impacted School Years \(January 2022\)](#)

³ See [Impact of COVID-19 on Households with Children](#) (2021), [Impact of the COVID-19 pandemic on children’s mental health: A systematic review](#) (2022)

CHILD & FAMILY OUTCOMES 2024

SNAPSHOT

		Santa Barbara County	CA
	Received prenatal care	84%	86%
	Read to at home 3+ days/ week (ages 0-5)	75%	81%
	Visited dentist at least once	89%	85%
	Ready for kindergarten	33%	-no measure-
	Have a healthy weight (teens)	42%	61%
	Said they needed help for emotional or mental health problems (teens)	43%	33%
	Agree that people in their neighborhood are willing to help (teens)	92%	86%
	Met or exceeded English language standards	40%	47%
	Met or exceeded math standards	29%	36%
	Graduated from high school in 4 years	91%	86%
3.4 PER 1000	Found to be maltreated	3.4 per 1000	5.6 per 1000
388	In foster care	3.4 per 1000	4.0 per 1000
287	Supervised by Probation Department		

*Percentages are rounded to the nearest whole number. Details in Appendix A.

STATE OF AFFAIRS: CHILD & FAMILY OUTCOMES

The following summary and the infographic on the previous page draw on the indicators identified as important by our committees (see page 13) and the existing data that address them. We found adequate data for about 60% of the indicators, and no data at the county level for about 30% of the indicators. For about 10%, we found data that measure part of the population in question. Details are presented in Appendix A.

FAMILIES ARE NURTURING AND STABLE

- ◆ **Most children's basic needs for housing and food are met.** About a quarter of families are on public assistance and are better able to meet children's basic needs as a result. The CalFresh (food stamps) Program reaches under 60% of those eligible in Santa Barbara County. More families would qualify for this and other public benefits. Some may not be aware of them, and some documented immigrants may fear that accessing them will impact their progress toward citizenship or their ability to sponsor family members' moves to the United States in the future.
- ◆ **Evidence about the amount of sleep children are getting is missing**, despite the fact that sleep is increasingly understood as critical to children's healthy mental and physical development, mental health, emotional regulation,⁴ and outlook on school.⁵
- ◆ **Most families meet children's safety needs, but many are not connected to the traditional medical system.** In 2021, nearly 85% people who gave birth in the county had received prenatal care in the first trimester, compared to 89% in the state. Fewer children—64% of the children on Medi-Cal—received well child exams in their first 15 months. Utilization of traditional medical care for very young children might be lower because some families follow indigenous or other practices from their home country and culture. It also may be lower because the number of providers is limited, and the number who are culturally and linguistically proficient in Spanish and Mixteco is even more limited.
- ◆ **Available evidence makes it hard to say whether parents are meeting children's social and emotional needs.** Families are children's first and most important teachers, perhaps especially when it comes to modeling and sharing strategies that support social and emotional development. If Santa Barbara County parents of children aged 6 to 17 are similar to those in the state overall, only about 60% feel confident that they can share ideas or talk about things that really matter with their children. A new emphasis on mental health in public schools and in the media, however, may help both children and parents learn skills and strengthen their relationships. One measure related to parents' attunement to children's social and emotional needs is available at the county level: about 70% of parents read to their young child at least three days of the week, compared to about 80% in the state. Talking, reading, or singing with young children can support both the adult-child relationship and school readiness skills.

CHILDREN ARE HEALTHY AND SUCCESSFUL

- ◆ **Student achievement is lower than in the state overall.** Only about a third of children started kindergarten ready, less than a third met or exceeded grade level standards for math, and just under 40% met or exceeded grade level standards for English language

⁴ See <https://www.nih.gov/news-events/nih-research-matters/children-s-sleep-linked-brain-development> and <https://magazine.hms.harvard.edu/articles/childs-need-sleep>.

⁵ See <https://www.sciencedaily.com/releases/2019/10/191025075604.htm>

arts. Although schools of any student make-up can be effective, research indicates that academic achievement is correlated with socioeconomic status and that school poverty, not racial composition, is a strong predictor of achievement gaps.⁶ In 2022-23, 61% of students in Santa Barbara County public schools qualified for free or reduced-price meals. Also, 25% were English learners.⁷

- ◆ **Evidence about children's physical health is incomplete.** Only about a quarter of students met all physical fitness standards (although that is similar to the state result). Over 80% of young children are taken outside at least 3 days a week, more than in the state as a whole. Data about young children's attainment of developmental milestones, in contrast, is lacking. If data were collected and publicized, it could focus the attention of both parents and providers on the importance of developmental screenings⁸ and early intervention when appropriate.
- ◆ **Mental health needs are high.** Nearly half of teens thought they needed help for emotional or mental health problems in the last year, and nearly 1 in 10 ninth graders in public schools had used alcohol or drugs in the last month. Seven out of 10 ninth graders in public schools were satisfied with their friendships, suggesting most have positive relationships with peers.

FEWER CHILDREN AND FAMILIES REQUIRE CHILD WELFARE SERVICES & JUVENILE JUSTICE

Child Welfare Services' data suggests that the rate of child maltreatment has decreased in the last decade. In 2023, the county's rate was lower than the state's (3.4 per 1000 versus 5.6).

- ◆ In 2023-24, the [hotline](#) that mandated reporters and others in the county call with concerns about a child's welfare received 8194 calls during the day and 1259 calls after hours. Those 10,353 calls resulted in 5866 reports alleging child abuse and/or neglect. Statewide, a large number of unfounded reports stemmed from parents' economic disadvantage. As a result, there is a new [legal definition of general neglect](#). Community supporting may become a policy response; it already aligns with the upstream prevention focus of [Family First Prevention Services Act](#). When there are concerns about a child's welfare, [community supporting](#) focuses on proactive, supportive services that can address economic disadvantage rather than on punitive interventions.
- ◆ An average of 388 children were found to be living in unsafe situations and were placed in foster care with Child Welfare Services in 2024. Best practice for children is [kinship care](#) by a relative or non-related extended family member (NREFM). Over 2015-20, the County increased relative/NREFM placements by 50% and reduced placements in group homes or shelters by about a fifth.
- ◆ After a dip during the pandemic, the number of youth supervised by the Probation Department has risen along with the number of crimes committed by youth. At the end of June 2024, 287 youth were being supervised. To prevent or reduce the potentially negative impacts of a young person's involvement in the justice system, more youth under probation supervision were not formal wards of the court because lower level interventions were matched to their needs.

6 See <https://news.stanford.edu/stories/2019/09/new-data-tool-shows-school-poverty-leads-racial-achievement-gap>

7 From <https://www.ed-data.org/county/Santa-Barbara/>: 43,665 qualified for free/reduced meals/68,720 cumulative enrollment; 17,442 English learners/68,720 cumulative enrollment

8 Ages & Stages is a free developmental screener parents can complete, see <https://agesandstages.com/>

VISION FOR CHILD & FAMILY OUTCOMES IN SANTA BARBARA COUNTY

FAMILIES ARE NURTURING AND STABLE

An adult is physically present and responsive to the needs of their children.

Children receive well child visits and additional medical care if needed.

Children have a dental home.

Pregnant people receive prenatal care in the first trimester.

Families can communicate and solve conflicts nonviolently.

Families provide nutritious food.

Families provide safe housing.

Children get an adequate amount of sleep.

Families seek support in times of need.

A caring adult actively engages children in learning, for example by regularly reading, talking, or singing with them.

An adult is emotionally present for children in a way that is in tune with the child's needs.

Families belong to communities and have relationships that provide social support and learning opportunities.

Adults provide positive experiences for children that may include family/ cultural traditions and opportunities for self-expression.

Adults provide predictable routines and teach children social, emotional, and life skills.

CHILDREN ARE HEALTHY AND SUCCESSFUL

Children are ready for kindergarten.

Children can read proficiently for their age and developmental level.

Children are proficient in math for their age and developmental level.

Students graduate from high school in four years.

Students earn post-secondary degrees or certificates (vocational, technical schools or colleges).

Children are physically active.

Children spend time outdoors.

Children have a healthy weight.

Children are free from chronic health conditions or the conditions are managed.

Children reach age-appropriate developmental milestones or receive appropriate services and support.

Children and youth have coping skills that help them resist alcohol, tobacco, and other drugs.

Children and youth can recognize and name their feelings and seek and accept support when feeling overwhelmed.

Children have trusted adults in their home, school, and community environments.

Children have positive relationships with peers.

Children are motivated to succeed in school, and youth can envision themselves as self-sufficient adults.

FEWER CHILDREN AND FAMILIES REQUIRE CHILD WELFARE AND JUVENILE JUSTICE SERVICES

Fewer children experience maltreatment.

After being served by Child Welfare Services, children do not experience maltreatment again.

Fewer children require out-of-home (foster) care. If children must be separated from their parent or legal caregiver, they are placed with family or other people they know.

Fewer youth require formal supervision by Probation.

Racial and ethnic disproportionality is decreased in both Child Welfare Services and Juvenile Justice.

Note: See Appendix A for associated data.

CONDITIONS FOR RAISING CHILDREN

This section of the Scorecard examines the social drivers of health to provide a comprehensive view of the conditions affecting parents' and children's well-being in Santa Barbara County. By framing the analysis around these drivers, we aim to highlight the interconnected nature of influences on children's lives.

The Centers for Disease Control and Prevention (CDC) defines social determinants of health as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” We have adopted the CDC's frame but use “social drivers” rather than “social determinants” to more accurately indicate that they can change and that their influence is not predetermined (for more, see <https://health.gov/healthypeople/priority-areas/social-determinants-health>). The CDC groups social drivers into five key domains:

Economic Stability

Health Care Access & Quality

Education Access & Quality

Social & Community Context

Neighborhood & Built Environment

The social drivers are used as a framework in a number of national and state initiatives that emphasize the importance of improving environmental conditions to promote health equity and well-being for all.

Among these initiatives are the [Healthy People 2030](#) and [Families First Prevention Services Program](#) (see [Addressing the Social Determinants of Health in Federal Programs](#) for more).

By examining these drivers, we can better understand the root causes of health disparities and inequities in our communities. For example, access to safe housing, quality education, nutritious food, and reliable transportation can all play crucial roles. These factors can create opportunities for children to thrive or present barriers that impact their health and well-being far into adulthood.

EFFECTS OF THE PANDEMIC

The COVID-19 pandemic, which began in spring 2020, had far-reaching and complex effects on the conditions for raising children in Santa Barbara County. It exacerbated existing inequities and created new challenges across all social drivers of health. Economic stability was significantly impacted; many families faced job losses, reduced work hours and increased child care responsibilities. Education access and quality were disrupted as schools shifted to remote learning, highlighting disparities in Internet access and technology resources. Health care access was affected by both increased demand and reduced in-person services, while mental health needs escalated.

Social interactions were strained and dramatically reduced by physical distancing measures. While some impacts may be temporary, others could have long-lasting effects on child development and family well-being.

KEY CONDITIONS FOR RAISING CHILDREN IN SANTA BARBARA COUNTY

Community well-being influences children's health and success and can be described by five interdependent drivers, represented by the puzzle pieces.



18% of children live in poverty county-wide. 37% of children in Guadalupe City live in poverty.

91% of infants cannot access a licensed child care space.

144 work hours per week at minimum wage are required to afford to rent the average 2-bedroom home.

13% of households can afford to purchase an entry-level home -only one CA county has a lower percentage.

Approximately **68%** of children under 18 are enrolled in Medi-Cal public health insurance.

Less than half of children on Medi-Cal are screened for risk of developmental, behavioral, and social delays before their 3rd birthday. Data about children on other health plans is not available.

98% of students in public high schools are offered courses required for admission to CA public universities.

ALL children will be offered free transitional kindergarten, a new grade level for younger children, by 2025-26.

22% of residents are foreign born. This is similar to the percentage of immigrants in 1920.

58% of those eligible for CalFresh food stamps receive them compared to 77% in the state. This excludes an estimate of those ineligible because of immigration status and other reasons.

Less than 10% of 7th, 9th, and 11th grade public school students feel unsafe at school.

2.7 parks are within a half-mile of neighborhood population centers, compared to 0.4 in the median US city.

Risk Index of over **99%** reflects relatively high risk for natural hazards like droughts and floods combined with social vulnerability and community resilience.

*Percentages are rounded to the nearest whole number. Details in Appendix B.

STATE OF AFFAIRS: CONDITIONS FOR RAISING CHILDREN

Committees determined that conditions for raising children in Santa Barbara County should be represented by the indicators on page 17. We found data that adequately speaks to about 65% of those indicators. For 15% of the indicators, we did not find measures at the county level (see Appendix B). The following is a summary of the results of our analysis.

- ◆ **Economic stability:** The cost of living in Santa Barbara County is high, impacting families at almost all income levels.
- ◆ **Health care:** Access to and quality of health care is generally positive. Promising initiatives like [CalAIM](#) and screening for [Adverse Childhood Experiences \(ACEs\)](#) are being implemented to address social drivers of health more comprehensively. That said, most of the information available is about Medi-Cal patients, and it does not include those with private insurance.
- ◆ **Education:** The public education system, serving about 92% of students from transitional kindergarten through 12th grade, provides widespread access.⁹ Nearly all public high schools adequately offer courses required for admission to California public universities.
- ◆ **Social and community context.** Thirty-seven percent of workers were paid under \$19.69 per hour in 2022. Our economy relies on these low-wage workers, and public benefits supplement the wages of many as they care for their families. Participation in CalFresh by those eligible is below that in the state overall, although the rate for children is similar to the state's, 23%. Undocumented adults are not eligible for CalFresh, and around 28% of children live with at least one parent who is an undocumented immigrant, potentially influencing access to services and community engagement.
- ◆ **Neighborhood and built environment:** The county boasts relatively strong public safety and outdoor recreation opportunities. However, it faces a comparatively high risk of natural hazards as evidenced by recent disasters.

These observations paint a picture of layered realities in Santa Barbara County. This is not surprising given the county's dramatic range of income levels. In 2020, just over 70% of children under one year of age and just under 60% of those aged 1 to 18 were enrolled in Medi-Cal, California's public health insurance. Another public benefit, State Preschool, is open to, for example, two-parent, two-child families who earn up to \$122,993 per year, and if there is space in the classroom, some can be admitted if they earn as much as \$141,442.

9 There has been tremendous progress on more equitable funding across public school districts in California in the past 10 years but it is still not equal. Public schools are primarily funded by property taxes and for generations have reflected the economic conditions of the neighborhoods they serve. Also, funds and expertise within schools may not be focused on the students who need the most support (see <https://www.ppic.org/blog/commentary-on-california-funding-formulas-10th-anniversary-celebrate-progress-but-double-down-on-fairness/>).

CONDITIONS FOR RAISING CHILDREN IN SANTA BARBARA COUNTY

ECONOMIC STABILITY	HEALTH CARE ACCESS & QUALITY	EDUCATION ACCESS & QUALITY	SOCIAL & COMMUNITY CONTEXT	NEIGHBORHOOD & BUILT ENVIRONMENT
Child poverty rate	Enrollment in health insurance	Accessible quality early education	Trauma-informed care	Internet access
Parental Employment	Availability of prenatal care	Services for young children with developmental delays	Access to resources when needed	Public safety
Cost of housing	Availability of contraceptives	School safety	Availability of parenting support	Outdoor and other Recreation
Children who lack a fixed and regular nighttime residence	Availability of primary care	High school courses that prepare for college and career	Domestic Violence	Air quality
Food security	Availability of mental health care	Students feel connected to their school	Voting in elections	Emergency preparedness
Accessible child care	Availability of dental homes	Access to mental health care in or near schools	Incarceration rates	Climate resilience
Accessible transportation	Language accessibility of OBs and pediatricians		Opportunities for leadership and advocacy development	
	ACEs screenings in pediatric well visits and OB visits		Immigration	
	Developmental screenings in pediatric well visits		Racial equity	
	Availability of peer support		Employment	
			Gathering places and events	

Note: See Appendix B for associated data.

SYSTEM OF CARE FOR FAMILIES

Understanding how our community responds to families in need—whether the need is ongoing or acute—is crucial for comprehending the full picture of child and family outcomes in Santa Barbara County. The system of care, albeit loosely connected, addresses three levels of prevention and includes a number of sectors that interact in a variety of ways. Service providers in the system share both frameworks that guide their work and challenges including workforce shortages.

Levels of prevention. Every family faces challenges while raising children. In fact, managing adversity is an essential part of growing up and preparing for adult life. When families are healthy and community conditions are supportive, parents and their children can navigate common struggles successfully.

The conditions for raising children described in the last section together with community-based, family-oriented programs provide a level of support called **primary prevention** (see Figure 2).

Primary prevention includes education programs that promote stress management, social skills, and drug resistance. It also includes concrete support for working families who face persistent hardship due to limited earning potential. For these families, public programs such as Medi-Cal (public health care) and CalFresh can become an integral part of how they care for themselves and their children.

Reliance on such supports may be a long-term reality, with significant changes in economic circumstances not likely until the next generation enters the workforce.

No matter what a family's economic situation is, at times stressors can accumulate and become harmful. In these situations, individual family members or the family unit as a whole may need a higher level of support.

For families experiencing short or long-term challenges, Santa Barbara County has a system of care that includes programs and services. Collectively they represent the **secondary level of prevention**, a level that is designed to help families reduce risk and strengthen protective factors.

In some cases, children may require protection that their original families are unable to provide, necessitating intervention from Child Welfare Services and the legal system. Similarly, if youth engage in criminal behavior, Juvenile Justice may need to play a role in their lives. Care at this level can be voluntary or court-ordered, and families receiving services at this level are sometimes referred to as system-involved. These **tertiary prevention** services aim to ensure that children and families who need this sort of extra support receive optimal care and coordinated services that can help them positively change the trajectory of their lives.

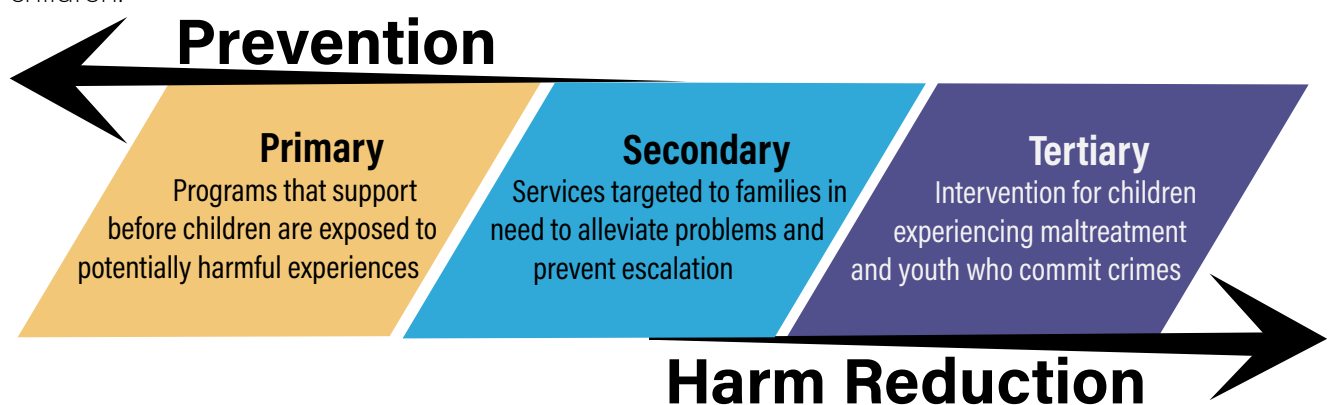
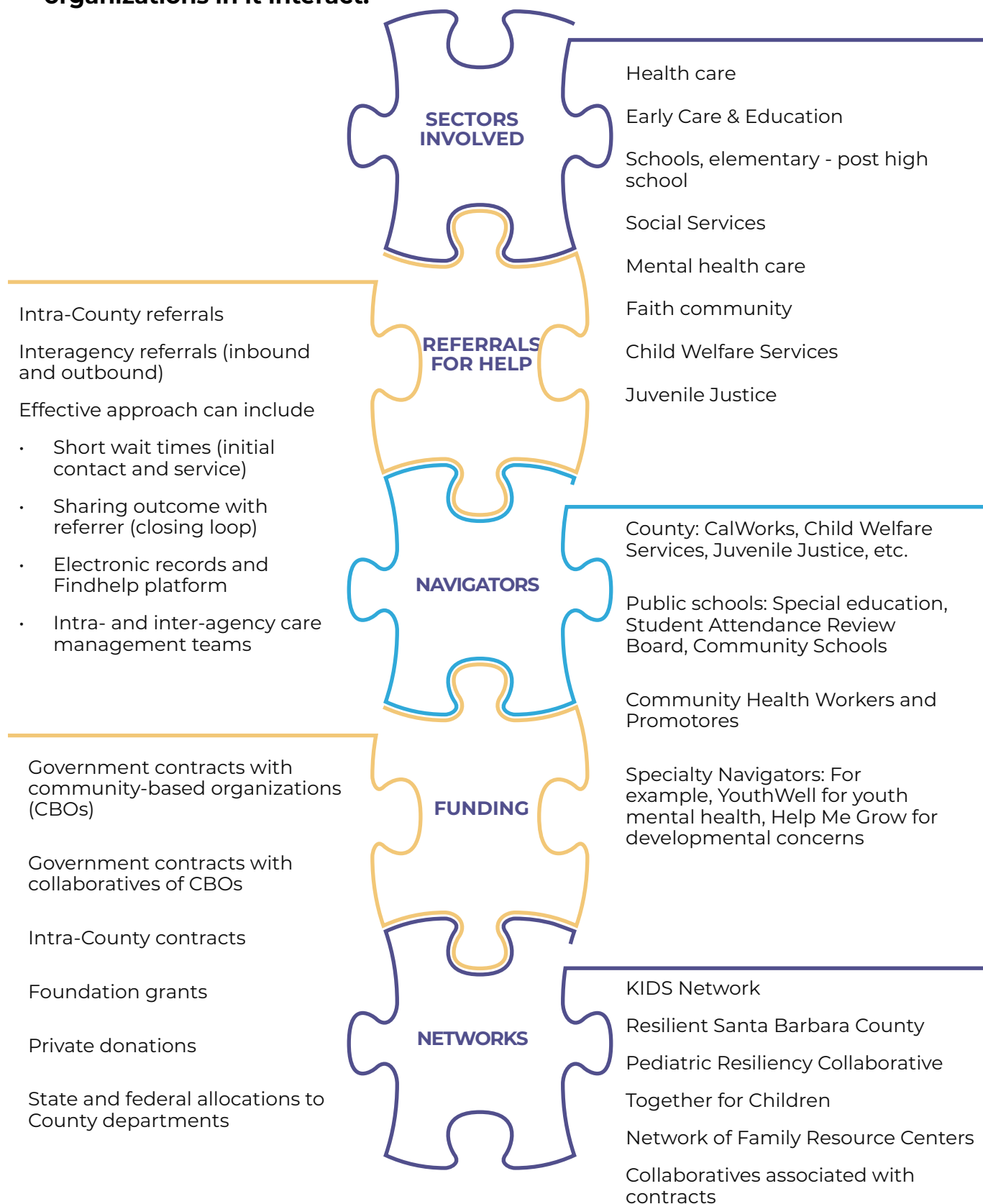


Figure 2. Basic intentions and design of the system of care for families (Graphic modified from one created by the [Recovery Research Institute](#))

SYSTEM OF CARE FOR CHILDREN & FAMILIES IN SANTA BARBARA COUNTY

Consistent with a whole person approach, collaboration and integration of care across sectors that serve children and families is increasing. This graphic describes the components of the system and outlines how organizations in it interact.



Sectors involved. Santa Barbara County's system of care for families is a loosely coupled, complex network of interconnected services and organizations. The system is a mix of government agencies, nonprofit organizations,¹⁰ for-profit organizations, and volunteer groups funded by government and philanthropic sources. It's important to note that the system of care looks different for various age groups; for instance, there is no Juvenile Justice system for children aged zero to twelve.

The system of care includes multiple sectors and specialized sub-sectors, each with its own primary function, among them:

- ◆ Health care
- ◆ Mental and behavioral health care including substance abuse prevention and treatment
- ◆ Education including public, public charter, and private schools
- ◆ Early care and education
- ◆ Social services
- ◆ Faith community
- ◆ Child Welfare Services and foster care
- ◆ Juvenile Justice and Probation

In recent years, with the growing focus on whole-person care, the lines between these sectors have blurred. Whole person care aims to provide more comprehensive support to families and calls sectors to work together more closely. For example, the medical system is increasingly attending to social needs, while the public education system is increasingly charged with identifying and addressing students' mental health needs and serving young children (see, for example, [CalAIM](#) and [Universal Prekindergarten](#)).

Most sectors employ navigators who help connect (or refer) families to a range of services offered by their organization or others.

Programs and services offered within the sectors can include eligibility criteria, often based on household income or the presence of a disability. Many government- and philanthropy-funded programs are free to participants, and fee-based programs sometimes charge on a sliding scale depending on income.

Interactions within the system. Organizations in the system of care work together through both formal and informal relationships, including:

- ◆ Grantor, grantee, and subgrantee. For example, First 5 of Santa Barbara County and the Department of Social Services offer a variety of competitive grants that fund services at nonprofit organizations. Sometimes grantees apply as networks with subgrantees who will meet some of the service requirements.
- ◆ Coalitions that come together to advocate for policy changes, apply for funding together, or gain efficiencies of scale to solve common problems (see [Celebration: Cross-sector collaboration on pp. 24-25](#)).
- ◆ Networks that work together to improve or expand services for families. [KIDS Network](#), [Resilient Santa Barbara County](#), [Pediatric Resiliency Collaborative](#), and [Network of Family Resource Centers](#) are examples.
- ◆ Collaboration and shared learning around continuous improvement. The [Partnership 4 Excellence](#) funded by the Foundation Roundtable is an example, as are offerings of [Leading From Within](#).
- ◆ Sending and receiving referrals. Referrals connect families to services in different agencies, generally those near where they live.

¹⁰ The [State of Nonprofits in Santa Barbara County](#) by Santa Barbara Foundation reports that in 2022 there were 287 registered 501(c)(3) nonprofits in education, 138 in health, and 533 in human services.

For families, ideally, there would be “no wrong door” into the system of care; families would learn about and have access to needed services no matter where they entered the system. For instance, a parent seeking to improve their economic stability could seek advice from their medical provider, school, or church and receive a brief introduction and confident warm hand-off to the Department of Social Services or their local Family Resource Center. In reality, though, the referrals a family receives reflects the referrer’s knowledge and connections, highlighting the need for improved cross-system communication and awareness.

Common frameworks and values. While the system was not intentionally designed, common frameworks guide many organizations in the system of care. These frameworks have served as unifying principles for multi-sector collaborations within the system of care:

- ◆ [Adverse Childhood Experiences \(ACEs\)](#) can have a cumulative impact on health and achievement throughout a person’s life. Lasting harm can be prevented and counteracted by building resilience (see [2017 Scorecard](#), pp. 19-22).
- ◆ [Strengthening Families Framework](#), which focuses on five protective factors, is an approach to increasing families’ strengths, enhancing child development, and reducing the chance of child maltreatment (see [2017 Scorecard](#), pp. 23 - 26).
- ◆ [Social Drivers of Health](#) provide a framework in many sectors including social services (see explanation in the previous section).
- ◆ Organizations collaborating to align efforts to improve child and family outcomes often rely on a tested approach. [Collective impact](#) and [Self-Healing Communities](#) are examples.

Similar to common frameworks, common values and approaches related to diversity, equity, inclusion, and belonging (DEIB) are driving action across sectors.

- ◆ To improve climate and outcomes, organizations are improving policies and procedures to increase DEIB of people of, for example, different races, ethnicities, genders, sexual orientations, and disabilities (see [Celebration: Toward diversity, equity, inclusion, and belonging](#) on pp. 26-27).
- ◆ To capture their wisdom about what could be improved, programs are working to amplify and expand the voices of people who have experienced the social problems they address (see this theme across the celebrations and critical needs presented on pp. 24-33).
- ◆ Peer learning and community-based supports are emerging as additional service delivery approaches. Examples include community health workers and Parent Cafes, which offer shared learning opportunities for families.

Critical needs, in addition to those mentioned above, include

- ◆ Coordinated, county-level responses to the workforce shortages in child- and family-facing organizations (see [Critical Need: Address workforce shortages](#) on pp. 28-29).
- ◆ A data infrastructure that facilitates coordination, continuous improvement, and shared accountability for the system of care serving families (see [Critical Need: Need for system-level data infrastructure](#) on pp. 30-31).
- ◆ In addition, our committees felt strongly that an emerging framework, [Positive Childhood Experiences](#), should more commonly be used to guide care for families (see [Critical Need: Positive Childhood Experiences](#) on pp. 32-33).

CELEBRATION: CROSS-SECTOR COLLABORATION

Cross-sector collaborations seized opportunities in a new policy environment to improve the system of care for families at risk or experiencing challenges.

Since the last scorecard in 2017, promising policies and funding in many sectors—health care, social welfare services, public education, and Child Welfare Services among them—have created new opportunities for a more integrated and responsive system of care. Santa Barbara County leaders are at the forefront of seizing these opportunities, leveraging strong relationships to design innovative programs and secure major grants.

Policies designed to support children and families increasingly

- ◆ **focus on prevention and early intervention** when children and families experience challenges¹¹
- ◆ aim to **support or treat the whole person, whole child, or whole family** rather than addressing one component of their lives without regard to the influence of the others
- ◆ **require sectors to coordinate their work** to achieve whole person care.

Recent and promising policies in California that take this approach include

- ◆ Families First Prevention Services Act: A major overhaul of federal Child Welfare financing to prioritize prevention services that keep children safe and supported at home.
- ◆ California Advancing and Innovating Medi-Cal (CalAIM): A far-reaching reform of Medi-Cal, which provides free or low-cost health care to people who live in the state of California and meet eligibility criteria, such as an income under a limit. The reform aims to integrate physical, behavioral, and social services to address social drivers of health.
- ◆ Children and Youth Behavioral Health Initiative (CYBHI): An umbrella initiative of twenty different projects that brings school districts, behavioral health providers, and insurers together to increase early identification and mental and behavioral health treatment pathways for children and families.
- ◆ California Community Schools Partnership Program: A whole-child school improvement strategy in which schools work closely with teachers, students, families, and community partners to align community resources to improve student outcomes.
- ◆ ACEs Aware: An effort to screen patients for Adverse Childhood Experiences (ACEs), train and reimburse Medi-Cal providers who conduct screenings, and expand access to prevention and treatment services for parents and children.

¹¹ That said, the recently passed Proposition 1 requires a shift in counties' use of Mental Health Services Act funds away from core mental health and prevention services toward services for families experiencing homelessness.

Santa Barbara County was well poised for these new policies and funding opportunities. The KIDS Network, other collaboratives, and organizations, notably Leading from Within, have for years encouraged leaders of child- and family-facing organizations to build trusting, productive relationships and work together to improve equity and conditions. Leaders have broadened existing cross-sector relationships and designed promising approaches including the ones below.

- ◆ The **Together for Children** collaborative is leveraging the Families First Prevention Services Act to strengthen partnerships between Child Welfare Services, Juvenile Justice, other County government departments, and nonprofit organizations— building on groundwork laid by previous policies and the Santa Barbara County Child Abuse Prevention Council.
- ◆ The **Pediatric Resiliency Collaborative (PeRC)**, spearheaded by Cottage Health with broad philanthropic support, is operationalizing ACEs research through innovative partnerships between health care and social service providers. PeRC pediatricians and obstetricians refer to wellness navigators at Family Service Agency or Carpinteria Children's Project who help educate families and connect them to existing services including counseling from CALM.
- ◆ Many initiatives have adopted **Findhelp.org**, a closed-loop referral platform that, if fully implemented, promises to improve families' access to an array of services and coordination among health and other providers about families' care. Adopters include Sansum Clinic, Cottage Health, the Public Health Department, CenCal Health, YouthWell, and the following school districts: Lompoc, Cuyama, Carpinteria, Guadalupe, and the County Office of Education. Santa Barbara County has so far avoided the technical challenge of communication across multiple platforms that results when more than one platform is adopted.

Invitation to collaborate. Taken together, Santa Barbara County is re-envisioning how local systems support child and family well-being. KIDS Network and Together for Children urge others to join successful collaborative efforts to weave a stronger system of care so that

- ◆ Leaders and providers throughout the system of care serving families understand whole person care and implications for practice, among them
 - ◇ People's own strengths and motivations are the best foundation for their work with supportive services.
 - ◇ Trauma-informed care can encourage families to take advantage of service and treatment options.
 - ◇ Positive childhood experiences should be promoted to protect against adverse conditions and traumatic experiences (see [Critical Need: Positive Childhood Experiences](#) on p. 30).
- ◆ The work across sectors that is required for whole-child, whole-family care is effectively and efficiently implemented and sustained. This requires that the voice of parents and youth with lived experience is prominent in the design, implementation, and evaluation.
- ◆ No matter where families touch the system of care – at the dentist's office, school, child care center, government or nonprofit service provider – they learn about supports that are available. There is “no wrong door” to the system of care and available resources.

CELEBRATION: TOWARD DIVERSITY, EQUITY, INCLUSION & BELONGING

The convergence of the pandemic and George Floyd's murder in May 2020 catalyzed a nationwide and local reckoning with racial justice. The first [Central Coast Regional Equity Study](#), released in December 2021 and developed by The Fund for Santa Barbara and partners from universities, summarizes:

The two-county region [Santa Barbara and Ventura Counties] faces a multi-dimensional crisis of inequality that manifests in wages and employment, housing, criminal justice, education, environmental exposures, and access to health care. This crisis weighs most heavily on working-class communities of color. The depth and extent of these inequities were brought to the surface by the devastating, racially disparate impacts of the COVID-19 pandemic, but they are rooted in structural trends, policies, and practices that have been shaping regional fortunes for decades (p. 4).

In nonprofit, for-profit, and government agencies, there is a growing recognition that we must confront the persistent inequities and structural racism that limit opportunity and well-being for too many in our community. The pervasive and persistent stress of discrimination and marginalization places pressure on families and communities and can have profound impacts on children's health and development.

Organizations and systems throughout Santa Barbara County assessed, evaluated, and took action toward addressing issues of diversity, equity, and inclusion to create a community of belonging.

People and organizations across Santa Barbara County have taken notable steps to address issues of diversity, equity, inclusion and belonging (DEIB) in recent years. While much work remains, it is important to celebrate the progress made thus far and reaffirm our commitment to building a truly inclusive community where all can thrive.

Recently formed grassroots groups are playing a vital role in this ecosystem of change. C4, Healing Justice Santa Barbara, and One Community Action are important examples. C4 (Collective Cultures Creating Change) Lompoc contributors are leading a multi-faceted Self-Healing Communities Project. They have hosted Community Speaks meetings, Walk the Block events, and supported residents' community improvement projects, funded by mini-grants from Supervisor Joan Hartmann and others. Healing Justice Santa Barbara, formed in May 2020, and Juneteenth Santa Barbara were instrumental in the creation of a police oversight commission in the City of Santa Barbara. One Community Action (OCA) formed in response to violent deaths and works for culturally competent solutions for the Santa Maria Valley community and larger Santa Barbara County. The Racial Equity Fund of the County of Santa Barbara, born out of the advocacy of Black Femme leaders and administered by the Fund for Santa Barbara, has invested over \$1,500,000 in BIPOC communities and organizations (see the [Central Coast Regional Equity Study](#), p. 29-31, about the tradition of organizations of and for Chumash and other Native, Black, Filipino, Mixteco, and other groups).

To support victims of hate incidents and crimes and prevent future hate incidents and crime, seven organizations received Stop the Hate grants from the California Department of Social Services: Future Leaders of America, Gateway Educational Services, LEAP (formerly Isla Vista Youth Projects), Pacific Pride Foundation, Santa Barbara County Immigrant Legal Defense Center, Santa Barbara Trust for Historic Preservation, and The Fund for Santa Barbara. These organizations and their subgrantees are serving groups that have experienced or are at greatest risk of experiencing bias and hate crimes because they are Asian American, Black/African American, Indian/Native American and Tribal, Latinx, LGBTQ+, disabled, and/or members of religious minorities including Muslim, Sikh, and Jewish.

Steps toward organizational transformation have taken many forms in long-established organizations. Nonprofit organizations that have turned commitment into ongoing learning and action include Family Service Agency, Santa Barbara County Action Network, and the Cottage Health-led ACEs Network of Care. Local governments have done the same; for example, the City of Goleta embedded equity in its 2023-25 Strategic Plan.

The County of Santa Barbara brought interest-holders together to learn and strategize at DEI Regional Symposia in spring 2022 and 2023. In addition, the Department of Social Services' human resources department created a training video and interview rubric designed to minimize the impact of implicit bias when interviewing and hiring.

Other County government departments have reexamined practices as well. For example, Behavioral Wellness (BWell) is piloting expanded hours of service at their Santa Maria clinic to increase access to outpatient services. In addition, twenty bilingual direct service staff from BWell's partner agencies now offer an evidence-based message to increase Spanish-speaking community members' awareness of the early stages of psychotic illness.

Staying the Course. These efforts and many others have built momentum and laid the groundwork for enduring change. The work must be ongoing. We must

- ◆ prioritize DEIB in our strategic planning and resource allocation decisions
- ◆ provide opportunities and bring down barriers to authentic and meaningful engagement in policy decisions by people with relevant lived experience
- ◆ deepen partnerships with grassroots BIPOC-led groups and center their voices
- ◆ normalize conversations about racism, power, and privilege in our organizations
- ◆ support staff and leaders in processing vicarious trauma and practicing self-care
- ◆ share lessons learned and best practices across the county to accelerate change

Children can succeed if they have access to the financial and human resources they need. With firm resolve for action and building on the foundation laid over the past few years, we can create a future in which every child in Santa Barbara County—no matter their race, ethnicity, or neighborhood—has the opportunity to reach their potential.

CRITICAL NEED: ADDRESS WORKFORCE SHORTAGES

Coordinated, county-level responses to the workforce shortages in child- and family-facing organizations are needed.

Santa Barbara County is facing a critical workforce crisis that threatens the foundation of our prevention and support system for families. The KIDS Network and Together for Children, representing both County government departments, other government agencies, and nonprofit organizations, are rallying for coordinated, county-level responses to address these urgent shortages.

The challenge. High costs of housing and child care are not only impacting families but also the staff serving them. While raising wages is important, it alone can lead to intra-county turnover and instability. Key statistics highlight the severity:

- ◆ Thirty-five percent of the Probation department's current workforce have worked there less than five years, highlighting a critical retention problem.
- ◆ Behavioral Wellness is struggling to hire staff who are bilingual in Spanish and English, and they are facing even greater difficulty finding Mixteco speakers.
- ◆ Family Service Agency, which serves families across the county, reports they have not been fully staffed since before the pandemic. They are grappling with the high cost of living in the southern part of the county and an extremely limited pool of clinical staff in Mid and North County.
- ◆ CommUnify's Early Head Start classroom in Carpinteria and a classroom in Mid-County are closed because they have been unable to fill positions.
- ◆ Across the board, there are fewer applicants for positions, and those who do apply often have less experience and require longer training periods.

These shortages result in increased burnout, potential service quality decline, disrupted client relationships, and a looming succession crisis as experienced leaders retire. We must tackle this issue comprehensively, uniting leaders across the county to develop bold solutions for the workforce in the system of care.

- ◆ Ensure that wages and benefits are fair and competitive. Advocate for appropriate reimbursement for work contracted by local, state, and national government agencies.
- ◆ Build or expand career pathways and leadership development programs to attract and retain diverse local talent.
- ◆ Create strategies to successfully attract people from outside the county when necessary.
- ◆ Develop affordable, secure housing and accessible, high-quality child care options for employees.
- ◆ Ensure the well-being of those currently in the workforce.

Promising efforts to strengthen workforce pipelines. Several initiatives are already underway and offer foundations to build upon. They include:

1. Santa Barbara County Workforce Development Board is partnering with the County Education Office, Chambers of Commerce, and others to create an asset map of workforce development providers/programs and K-16 career pathways. This project aims to create a structure that connects employers, educators, and job seekers to resources relevant to them.
2. Santa Barbara Unified School District's [Program for Effective Access to College](#) (PEAC) provides historically underrepresented high school students with an array of academic and social supports to help them succeed in high school, [attend college](#), and, in some cases, return to serve locally as [teachers](#) or [nurses](#).
3. Santa Barbara County Education Office's [Early Childhood Education Apprenticeship Program](#) allows aspiring teachers and supervisors to receive paid on-the-job training, free college coursework, and mentoring.
4. [Scholarship Foundation of Santa Barbara](#) serves more than 25,000 high school graduates annually, providing scholarships for college and vocational schools as well as advising on various educational paths and the financial aid process.



The stability of child- and family-serving organizations is crucial to our county's prevention and support system, underpinning the well-being of our entire community. We need the collective wisdom, resources, and commitment of government agencies, nonprofits, businesses, philanthropic organizations, and community members to bolster existing efforts; consider connections, synergies, and gaps; and pursue the future health of the system of care for children and families.

A data infrastructure should be built to facilitate coordination, continuous improvement, and shared accountability for the system of care serving families.

As Santa Barbara County's organizations work to weave a stronger system of care for children and families experiencing challenges, a critical foundation is missing: a robust data infrastructure that reveals what's working, illuminates gaps in services, and drives continuous improvement. Despite growing momentum around whole person care and data-driven decision-making, efforts remain hampered by fragmented and incomplete data collection and a lack of integration across systems. To fully realize the potential of collaborative initiatives and policy reforms designed to support family and community well-being, we must invest in developing a shared data infrastructure.

The Current Data Landscape: Silos, Gaps and Untapped Potential. Whole person care recognizes that personal wellness is dependent on physical, mental, social, spiritual, and economic factors. Service delivery systems in these areas, however, are largely separated by sectors, for example, health, social services, and education. When a parent or any resident reaches out for help, their journey often involves multiple touch-points with different organizations and sectors.

To varying degrees, providers in each sector help families identify and access appropriate services. Data about these referrals could yield valuable insights for the parent, their providers, and the system at large—but too often it is not collected or remains trapped in silos, constrained by lack of integration, differing privacy rules, or simply the absence of a framework for collection and analysis.

Indeed, the committees that developed this Scorecard identified basic information needed to understand child, family, and community well-being in Santa Barbara County. We were unable to locate existing county-level data to address 18 of the 74 indicators they identified, and data for another 10 do not include a noticeable segment of population in question.

The committees raised other questions that are difficult to answer. For example,

- ◆ How many Santa Barbara County residents are on wait-lists for mental health services for mild, moderate, and severe needs? For other services?
- ◆ How many residents have sought help and given up before they received it?
- ◆ Is there an adequate supply of supportive services like career development and connections to services that can help with family economics in the short term?
- ◆ What percentage of the community members who accept services are successfully completing? Why or why not? How do organizations measure success and how does that compare to families' judgments of success?

System-level Data as a Flashlight, Not a Hammer. Efforts to strengthen data infrastructure at the systems level must approach data as a flashlight to guide improvement, not a hammer for judgment or blame. Bringing greater transparency to the system will inevitably shine a light on disparities and gaps that demand our attention and investment. If those insights are met with a spirit of collaboration, curiosity, and commitment to families' well-being, they can be powerful catalysts for change.

A Task Force to Design Infrastructure. To knit together a truly responsive, effective, and equitable system of care for families, we need to better understand the existing supports and how well they work together. We recommend the creation of a task force that can

- ◆ Determine how to gather information needed to drive improvement in the functioning of the cross-sector system of care for families. Data needed includes the volume of referrals, the length of wait-lists, and the outcomes of referrals. Findhelp, an on-line referral platform, may become an important partner if it becomes more widely used.
- ◆ Take full advantage of existing county-wide data collection efforts. The Santa Barbara Community Wellbeing Dashboard facilitated by Legacy Works with initial funding from Santa Barbara Foundation, for example, could be a part of a larger data-collection and reporting system. Indeed, some progress has been made with existing efforts during the development of this Scorecard. The next Scorecard promises local data about youth's sleep and connection to community because the County Office of Education will add items to the Fall 2024 administration of the California Healthy Kids Survey. In addition, items that address other indicators may be added to the Community Health Needs Assessment that will be jointly developed by Cottage Health, Public Health Department, Behavioral Wellness, Sansum Clinic, Dignity Health, and Lompoc Valley Medical Center.
- ◆ Collect additional county-level data if more is needed from residents. Input from those accessing (and eligible but not accessing) the system can help improve it.
- ◆ Analyze cross-system data regularly to surface trends and disparities in access, experience and outcomes.
- ◆ Foster a culture of learning and improvement by using data insights to drive decision-making at all levels. Embed data reviews and action planning into collaborative meetings and celebrate resulting improvements in service coordination.

The vision of a community where all families can thrive depends on our ability to understand their needs, track what's working, and improve. By investing in the data infrastructure to make that possible, Santa Barbara County leaders can accelerate progress toward a more seamless, responsive and impactful system of care. With shared commitment and well-supported action, we can weave the power of data throughout the system of care and create a clearer picture of the path to family and community well-being.

Positive childhood experiences should be emphasized in prevention and intervention efforts because they counteract the physical and mental health consequences of adversity and trauma.

As our understanding of the impact of childhood experiences on lifelong health and well-being grows, it is increasingly clear that promoting positive childhood experiences (PCEs) must be a priority for our community. While we have rightly focused on preventing and mitigating adverse childhood experiences (ACEs), we now know that PCEs can be just as powerful in shaping child outcomes.¹²

From feeling supported by family to having a sense of belonging at school, positive experiences build resilience and buffer against the effects of adversity like bullying, scarcity of housing or food, or inappropriate parenting.

Children need PCEs to thrive. Research indicates that they lead to lifelong health and well-being.

The Healthy Outcomes from Positive Experiences (HOPE) framework developed by the Tufts Medical Center includes four building blocks:

- ◆ **Relationships** within the family and with other children and adults through interpersonal activities
- ◆ **Environments** that are safe, equitable, and stable for living, playing, and learning at home and in school
- ◆ **Engagement**, both social and civic, to develop a sense of belonging and connectedness
- ◆ **Emotional growth** through playing and interacting with peers for self-awareness and self-regulation¹³

The Power of Positive Experiences. The research base is growing: PCEs shape the developing brain, laying the foundation for lifelong resilience and well-being. Moreover, PCEs have the power to counteract the negative health impacts of trauma and adversity.

Children who feel loved, safe, and supported are better equipped to weather life's challenges and emerge with their physical and mental health intact. Indeed, PCEs have been linked to better physical and mental health in adulthood and less substance abuse and depression, even among those who have faced significant adversity.¹⁴

12 Specific domains of positive childhood experiences (PCEs) associated with improved adult health: A nationally representative study Published December 2023, Population Health, Volume 24, <https://doi.org/10.1016/j.ssmph.2023.101558>

13 <https://positiveexperience.org/wp-content/uploads/2023/08/HOPE-Two-Page-2023.pdf>

14 Bethell C, Jones J, Gombojav N, Linkenbach J, Sege R. Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. JAMA Pediatr. 2019:e193007.



A call to action. While we can't always control the adversities that children face, we absolutely can create environments rich in PCEs. This must be our north star as we work to improve outcomes for children and families in Santa Barbara County. Making PCEs a reality for all children will require a collaborative, multi-pronged approach. We must weave this focus into all our child- and family-serving systems. Some key strategies:

1. **Invest in community-building** by supporting initiatives that families in our communities design to bring families together, celebrate diverse traditions, and build social connections.
2. **Train our workforce** in PCE promotion. From health care providers to teachers to social workers, those who work with children should understand the power of PCEs and how to cultivate them.
3. **Embed PCE education** into programs for parents and caregivers. From prenatal care to parenting classes, we can equip families with strategies for creating positive experiences and the time and space to do so.
4. **Ensure access** to high-quality child care and enriching out-of-school time programs—supportive environments that foster joy and belonging.
5. **Screen for PCEs along with ACEs.** As providers assess adversity, they should also ask about the positive. This balanced approach can guide intervention strategies and help track a more complete picture of progress over time.
6. **Shift our messaging to celebrate strengths.** Too often, providers' communication with families focuses on deficits and risks. We must also uplift the incredible resilience of children and families, and the everyday moments of joy that make a real difference.

As leaders, parents, and parent educators in Santa Barbara County, we have a responsibility to ensure that every child has ample opportunity to experience joy and belonging. This will require us to re-examine practices, reallocate resources, and try new approaches. Importantly, we will need to listen closely to families and be responsive to the unique needs of our diverse communities. By making PCEs a central focus of our prevention and intervention efforts, we can help all youngsters feel seen and valued and set all our children on a path to thriving.

CONCLUSIONS & RECOMMENDATIONS

The 2024 Santa Barbara County Children's Scorecard presents a nuanced picture of the intertwined conditions for raising children, system of care for families, and outcomes for children and families in our community. Collaboratively developed by KIDS Network and Together for Children, the framework developed offers points of connection for organizations and collaborations, and the post-pandemic baseline data can be monitored over time as markers of evolution and progress.

The Scorecard reveals a complex and uneven landscape for families. The county boasts many strengths, including health care access, civic engagement, outdoor recreation opportunities, and a relatively large number of organizations providing support services. It also faces significant challenges. The high cost of living, especially housing, impacts families across all income levels.

Some economic engines rely on low-wage jobs that may be subsidized by public benefits. Many families have jobs but struggle to make ends meet even when sharing a rental unit with other families. These factors, combined with the larger society's persistent inequities in earnings among racial and gender groups, shape outcomes for children and families.

Acknowledging these economic realities, efforts should focus on offering families a hand up while they work to achieve their own version of "the good life" and the best possible outcomes for their children.

Based on the findings of this Scorecard and the comprehensive prevention plan for Families First Prevention Services developed by the Together for Children collaborative, we offer the following recommendations to the Board of Supervisors and other interest holders:

1. Maximize opportunities to improve families' economic stability.

- ◆ Improve outreach efforts and increase accessibility so that more eligible people understand the opportunity of public benefits such as Medi-Cal, WIC, CalFresh, and encourage and incentivize the Earned Income Tax Credit (EITC).
- ◆ Ensure County government programs strategically inform family caregivers about recently expanded opportunities for financial support:
 - ◆ [In-Home Supportive Services](#) for children with disabilities
 - ◆ Alternative Payment Program for child care through [Santa Barbara County Education Office](#) or [Children's Resource & Referral](#)
 - ◆ [Higher income ceilings](#) for the California State Preschool Program.
- ◆ Increase coordination among County government and partner providers, including those in the faith community, to reach more families about available benefits.

2. Ensure the County government is part of a "no wrong door" approach to care for families.

- ◆ Ensure public-facing County government staff are aware of and refer to early childhood education and prevention and early intervention programs including those available through prenatal, maternal, and pediatric healthcare. See [Celebrations on pp. 22-25](#).

- ◆ Promote positive childhood experiences with parents served by the County government and through public service announcements. See [Critical Need on pp. 30-31](#).
- ◆ Consider the community pathway being piloted by the Child Welfare Services in North County as a model that can be expanded.
- ◆ Adopt Findhelp as a referral platform for County government operations.
- ◆ Provide navigation summits at which policy makers and other leaders consider areas for growth in the system of care and navigators from health, education, and social services learn more about available public benefits and trauma-informed, resilience-focused practices.

3. Increase investment and effort in North County, where needs are greatest.

- ◆ Review the design of County programs to ensure they are responsive to families' languages and cultures.
- ◆ Increase the supply and accessibility of free and affordable after-school activities, sports, and recreational pursuits for children.
- ◆ Encourage teaming among school programs and available service providers, including Child Welfare Services and Juvenile Justice.

4. Address workforce issues across child- and family-serving sectors at a county level.

See [Critical Need on pp. 26-27](#).

- ◆ Support affordable child care and housing for low and middle-income workers.
- ◆ Support the recruitment of service providers who speak Spanish and Mixteco.
- ◆ Contribute to collaborative efforts to recruit new service providers and/or develop them within the county.

5. Adopt a data infrastructure that supports continuous improvement of the system of care for families across the County departments. See [Critical Need on pp. 28-29](#).

- ◆ Seek information about the strengths and areas for growth around referrals within the County government and the multi-sector system of care.
- ◆ Allow for cross-sector provider teams when families would like them.
- ◆ Encourage measurement of indicators in this Scorecard for which there are incomplete or inadequate data.
- ◆ Learn from parents with lived experience so that the system becomes easier to navigate and more coherent from the families' perspective.
- ◆ Align the County government budget with priority goals for the system of care for families.

Investments made today in enhancing conditions for raising children, better coordinating the care provided, and creating opportunities that lift up families can shape the future of Santa Barbara County for generations to come. By working together, we can build a brighter, more equitable future for all children and families in Santa Barbara County.

CONTRIBUTORS

The [KIDS Network of Santa Barbara County](#) is a planning and program development body created by the Santa Barbara County Board of Supervisors in 1991 to advise them on children, youth and family issues. It also operates as a countywide network of agencies and individuals dedicated to implementing comprehensive, collaborative and integrated services for children, youth and families.

KIDS Network and Children's Scorecard efforts are led by Barb Finch, Children & Adult Network Director of the Santa Barbara County Department of Social Services.

Together for Children (TFC) in Santa Barbara County was formed by Santa Barbara County's Child Welfare Services in 2022 to meet the opportunity of the national Families First Prevention Services Act (FFPSA), a significant reform to Child Welfare services. The state of California's Families First Prevention Services (FFPS) Program goes further than the federal FFPSA to allow broader prevention services for families when risk factors first arise so that traditional Child Welfare services like foster care are less likely to be needed. TFC's comprehensive prevention plan for 2023-25 goes further than what is required for FFPS. It is a collaboratively developed vision for change that leaders and residents can align with to deepen and expand their efforts.

The following people contributed their and/or their team's time and expertise to determining and reviewing measures for indicators used in this report:

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	Indicator	Available data	Source and year data were collected
Cognitive development	1 Children are ready for kindergarten.	33% of children entered kindergarten ready for school.	First 5 Child Development , p. 4, 2023-24
	2 Children can read proficiently for their age and developmental level.	39.85% of public school students met or exceeded the grade level standard for English language arts, compared to 47.04% in the state. ¹	California Assessment of Student Performance and Progress , 2023-24
	3 Children are proficient in math for their age and developmental level.	28.93% of public school students met or exceeded the grade-level standard for math, compared to 35.54% in the state. ²	California Assessment of Student Performance and Progress , 2023-24
	4 Students graduate from high school in four years.	91.4% of public school students graduated from high school in four years, compared to 86.4% in the state	California Department of Education DataQuest , 2023
	5 Students earn post-secondary degrees or certificates (vocational, technical schools, or colleges).	A new College/Career Indicator for high schools and school districts represents the percentage of public high school seniors who have completed work that prepares them for success after graduation, for example, A-G requirements , a Career Technical Education Pathway, or college credit-bearing course(s). 38.7% of graduates of Santa Maria Joint Union were prepared, 42% of Lompoc Unified, 57.2% of Santa Barbara Unified, and 58.8% of Santa Ynez Valley Union, and 66.1% of Carpinteria Unified. In Carpinteria, a high percentage of Hispanic students and a high percentage of socioeconomically disadvantaged students were prepared, and a very high percentage of white students were prepared.	California School Dashboard , 2023

1 Santa Barbara: 24.44% met + 15.41% exceeded = 39.85%; California: 26.02% met + 21.02% exceeded = 47.04%
2 Santa Barbara: 15.87% met + 13.06% exceeded = 28.93%; California: 17.65% met + 17.89% exceeded = 35.54%

Measure(s) were not found at the county level or inadequately capture the intent of the indicator.

Measure(s) do not represent all of the population in question. For example, measures about Medi-Cal members do not include people enrolled in other health plans.

	Indicator	Available data	Source and year data were collected
Physical health and well-being	6 Children are physically active.	25.9% of 7th grade public school students met all fitness standards, compared to 28.2% in the state. 37% of 9th grade public school students met all fitness standards, compared to 33.0% in the state. In California, 90.9% of 6 to 17 year olds exercised, played a sport, or participated in physical activity at least one day for at least 60 minutes in the last week.¹	KidsData, 2019 Child and Adolescent Health Measurement Initiative, 2021-22
	7 Children spend time outdoors.	76.3% children aged 5 years and younger were taken out somewhere at least 3 days a week, for example, to the park, store, or playground, compared to 73.4% in the state.²	Frequency of taking child out of the house, years to 2023, Child California Health Interview Survey, 2020-2023 pooled (requires free login)
	8 Children have a healthy weight.	42.4% of teens were of a normal weight (5th up to 85th percentile), compared to 61.3% in the state.	Body Mass Index - 4 level (teen only) California Health Interview Survey, 2020 - 2023 pooled (requires free login)
	9 Children are free from chronic health conditions or the conditions are managed.	In the United States, 13.7% of children and adolescents with special health care needs were receiving care in family-centered, coordinated systems.	National Survey of Children's Health, 2020-21
	10 Children reach age-appropriate developmental milestones or receive appropriate services and support.	There is not an established measure that addresses this indicator. An ideal measure might be the number of children first identified for special education in kindergarten or first grade who were not served before starting school.	

1 100% - 9.1% 0 days = 90.9%
2 Santa Barbara: 36.9% every day + 39.4% 3-6 days/week = 76.3% ; California 31.6% every day + 41.8% 3 to 6 days of the week = 73.4%

Measure(s) were not found at the county level or inadequately capture the intent of the indicator.

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	Indicator	Available data	Source and year data were collected
Mental and emotional health	11 Children and youth have coping skills that help them resist alcohol, tobacco, and other drugs.	Approximately 6% of middle and high school public school students in Santa Barbara County reported using a tobacco product in the last 30 days, compared to 7.3% in the state. 6% of 7th graders, 9% of 9th graders, and 14% of 11th graders in traditional public schools report alcohol or drug use in the last 30 days.	California Youth Tobacco Survey , 2023 California Healthy Kids Survey Secondary , p. 48, 2021-2023
	12 Children and youth can recognize and name their feelings and seek and accept support when feeling overwhelmed.	43.2% of teens reported that, during the past 12 months, they thought they needed help for emotional or mental health problems, such as feeling sad, anxious, or nervous, compared to 32.7% in the state.	Teen needed help for emotional/mental health problems California Health Interview Survey , 2020 - 2023 pooled (requires free login)
Social relationships	13 Children have trusted adults in their home, school, and community environments.	91.8% of teens agree that people in their neighborhood are willing to help, compared to 86.1% in the state. ¹ 59% of 7th graders, 53% of 9th graders, and 56% of 11th graders in traditional public schools reported that it's pretty much or very true that they have a teacher or other adult at school who cares about them.	People in neighborhood willing to help - teens California Health Interview Survey , 2020 - 2023 pooled (requires free login) California Healthy Kids Survey Secondary , p. 17, 2021-2023
	14 Children have positive relationships with peers.	74% of 7th graders, 71% of 9th graders, and 70% of 11th graders in public schools were satisfied or very satisfied with their friendships. ²	California Healthy Kids Survey Secondary , p. 33, 2021-23
Economic & material	15 Children are motivated to succeed in school, and youth can envision themselves as self-sufficient adults.	60% of 11th grade public school students are motivated to try hard to do well on their schoolwork, down about 10 percentage points compared to 2015 - 2020. In California, close to 11.5% of youth, or nearly half a million young people aged 16 to 24, were neither in school nor participating in the labor market. This is the 22nd highest rate in the nation.	School Engagement and Supports domain, Academic motivation measure, All Students California Healthy Kids Survey , 2021-23, 2015-2020 Public Policy Institute of California , 2022

1 Santa Barbara: 19.0% strongly agree + 72.8% agree = 91.8%; California: 19.9% strongly agree + 66.2% agree = 86.1%
2 7th grade: 37% satisfied + 37% very satisfied = 71%; 9th grade: 42% satisfied + 29% very satisfied = 71%; 11th grade: 41% satisfied + 29% very satisfied = 70%

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	Indicator	Available data	Source and year data were collected
Safety needs	1 An adult is physically present and responsive to the needs of their children.	State, and to a lesser extent, federal funding provides expanded learning opportunities that offer a safe place for students when school is not in session. These programs operate in schools in which 40% or more of the students are eligible for free and reduced lunch.	
	2 Children receive well child visits and additional medical care if needed.	64.16% of infants in families on Medi-Cal received well child exams in the first 15 months of life, compared to 58.56% in San Luis Obispo County.	CenCal Health Population Needs Assessment , p. 31, 2023
	3 Children have a dental home.	11.0% of children under 12 including those under 3 who have teeth had never visited a dentist or dental clinic, compared to 15.2% in the state.	Time since last dental visit, years to 2023, Child California Health Interview Survey , pooled 2020-2023 (requires free login)
	4 Pregnant people receive prenatal care in the first trimester.	83.5% of births had received prenatal care in the first trimester. The percentage for mothers who completed 16 or more years of education (91.9%) is higher than the percentage for mothers who attended 0 to 8 and 9 - 11 years of education (60.3% and 77.7%). In the state in 2022, 86.3% of births had prenatal care in the first trimester.	Santa Barbara County Birth Report 2017-2021 , p.9, 2021 Prenatal Care State Dashboard
	5 Families can communicate and solve conflicts nonviolently.	In a 5-county region including Santa Barbara, 9.7% of adults with caregiving responsibilities for children aged 0 to 17 reported that they spanked, slapped, or hit their children in the previous week; and 15.5% threatened to. 39.8% of adults in the region shouted, yelled, or screamed at their children.	KidsData , 2022

Measure(s) were not found at the county level or inadequately capture the intent of the indicator.

Measure(s) do not represent all of the population in question. For example, measures about Medi-Cal members do not include people enrolled in other health plans.

	Indicator	Available data	Source and year data were collected
	6 Families provide nutritious food.	15.8% of children under age 18 lived in households that were food insecure at some point during the year, compared to 11.8% for all people in the county. In the state, 16.9% of children under age 18 and 12.6% of all ages were food insecure at some point during the year.	Demographic Child and Overall Feeding America , 2022
	7 Families provide safe housing.	220 children under the age of 18 were either living on the street, outdoors, in a vehicle, emergency shelter, or transitional housing. The number of households with minor children experiencing this type of homelessness was 115 in 2019, 63 in 2022 when shelter capacity was restricted because of the pandemic, and 125 in 2024.	Point in Time Count , p. 10 and 8, 2024
Basic needs	8 Children get an adequate amount of sleep.	In the United States, 65.0% of children aged 4 months to 14 years got a sufficient number of hours of sleep for their age. 10% of Santa Barbara County 11th graders in traditional schools missed school in the last 30 days because they didn't get enough sleep. The same was true for 8% of 9th graders and 6% of 7th graders.	Healthy People 2030 , 2016-17 California Healthy Kids Survey Secondary , p. 15, 2021-2023
	9 Families seek support in times of need.	Approximately 23% of children under age 18, 22,926 children, were receiving CalFresh (food stamps). ¹ In California, 26% of children under age 18 live in families that receive public assistance. 0.9% of the families who are eligible for CalEITC live in Santa Barbara County, and 1.1% of CalEITC funds were received by Santa Barbara tax filers, suggesting reasonable access to this resource. That said, differences in the ratio of claims to families with incomes under \$30,000 indicate that relatively more eligible people are claiming the tax credit in some communities. The ratio was lower in zip codes of Lompoc, Guadalupe, Solvang, and Santa Ynez (fewer claims) and higher in Goleta, parts of Santa Barbara, Santa Maria and Orcutt (more claims).	CalFresh Data Dashboard , 2023 United States Census Bureau , 2023 Kids Count Data Center , 2022 Figure 4 (CalEITC dollars), Figure 2 Public Policy Institute of California , 2022

¹ 22,926 children under 18 on CalFresh/98,163 population under 18 years = .2335

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	Indicator	Available data	Source and year data were collected
Social-emotional needs	10 A caring adult actively engages children in learning, for example by regularly reading, talking, or singing with them.	53.0% of children ages 0-5 were read to by a parent or other family member every day, compared to 55.4% in the state. 21.9% read to their child 3 to 6 days of the week, compared to 25.3% in the state.	Days per week reading books with child (0-5) California Health Interview Survey , 2020-2023 pooled (requires free user id)
	11 An adult is emotionally present for children in a way that is in tune with the child's needs.	In California, 60.7% of parents of children aged 6 to 17 could share ideas or talk about things that really matter very well.	Child and Adolescent Health Measurement Initiative , 2020-21
	12 Families belong to communities and have relationships that provide social support and learning opportunities.	Santa Barbara County residents have higher social involvement than the median US city, suggesting that more residents belong to groups or organizations, see or hear from friends and family, do favors for neighbors, or do other positive things for their community.	Social involvement index, an indicator of Engagement AARP Livability Index , 2021
	13 Adults provide positive experiences for children that may include family/cultural traditions and opportunities for self expression.	In California, 74.9% of parents with children aged 6 to 17 always or usually attend events or activities that their children participated in, compared to 79.2% in the United States. ¹	Child and Adolescent Health Measurement Initiative , 2020-21
	14 Adults provide predictable routines and teach children social, emotional, and life skills.	There is not an established measure that addresses this indicator.	

¹ California: 51.2% always + 23.7% usually = 74.9%; United States: 57.6% always + 21.6% usually = 79.2%

- Measure(s) were not found at the county level or inadequately capture the intent of the indicator.
- Measure(s) do not represent all of the population in question. For example, measures about Medi-Cal members do not include people enrolled in other health plans.

Indicator	Available data	Source and year data were collected
1 Fewer children experience maltreatment.	55.3 per 1000 children aged 0 to 17 were alleged to be abused or neglected, compared to 49 per 1000 in the state. 3.4 per 1000 children aged 0 to 17 were found to be maltreated, compared to statewide rate of 5.6 per 1000. For Santa Barbara County, this is the lowest rate in 10 years, down from the highest rate of 6.1 in 2018.	Allegation Rates and Substantiation Rates California Child Welfare Indicators Project, 2023
2 After being served by Child Welfare Services, children do not experience maltreatment again.	5.5% of children who were victims of maltreatment during the year experienced subsequent maltreatment within the next year. Rates went up during the pandemic but have come back down to near-record lows. Santa Barbara County meets the federal standard, which is set at less than 9.7%.	Recurrence of Maltreatment California Child Welfare Indicators Project, 2023 Santa Barbara County 2024 SIP Progress Report, pg. 61
3 Fewer children require out-of-home (foster) care. If children must be separated from their parent or legal caregiver, they are placed with family or other people they know.	An average of 388 children were in out-of-home (foster) care with Child Welfare Services. The in-care rate was 3.4 per 1000 children, lower than the state rate of 4.0 per 1000. 48.1% of children who were placed in foster care were placed with a relative/non-related extended family member (NREFM). Santa Barbara County's 5-year percent change showed an increase of 50% in relative/NREFM predominant placement type and a decline of 20.9% in group home/shelter placements.	Child Welfare Services Snapshot, monthly average July 2023-June 2024 California Child Welfare Indicators Project, July 1, 2024 Child & Family Services Review County-Self Assessment, p. 148, 2020

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Indicator	Available data	Source and year data were collected
4 Fewer youth require formal supervision by Probation.	287 youth were supervised by the Probation Department on June 30, 2024, up from the post-pandemic low of 205 supervised youth in 2021, but lower than the peak of 646 youth supervised on the same date in 2017. 26% of youth were placed on diversionary probation supervision as an alternative to formal court involvement thereby ensuring youth are receiving the appropriate level of intervention aligned with their assessed risk and needs.	Santa Barbara County Board of Supervisors , Board Letter, p. 3
5 Decreased racial and ethnic disproportionality in both Child Welfare Services and Juvenile Justice	Black, Latino, and Native American families are disproportionately represented in the Child Welfare Services system, and more likely to be involved with Child Welfare Services than White families. Asian/Pacific Islander families, however, are less likely than White families to be system involved. Juvenile Justice is “committed to understanding the extent to which disparities exist within the criminal justice system, and addressing and implementing processes to assist in reducing disproportionality.”	California Child Welfare Indicators Project, 2023 Juvenile Justice Plans, p. 65, 2024

Measure(s) were not found at the county level or inadequately capture the intent of the indicator.

Measure(s) do not represent all of the population in question. For example, measures about Medi-Cal members do not include people enrolled in other health plans.

Indicator	Available data	Source and year data were collected
1 Child poverty rate	18.3% of children under 18 years lived in poverty, compared to 14.9% in the state. The percentage varies across the county. 37.0% in Guadalupe City, 27.3% of children in Santa Maria City, 12.9% in Santa Barbara City, and 4.3% in Carpinteria City lived in poverty.	United States Census Bureau Santa Barbara County (2023), Guadalupe City (2023), Santa Maria City (2023), Santa Barbara City (2023), Carpinteria City (2023)
2 Parental Employment	26.4% of children aged 0 to 17 lived in families without secure parental employment, compared to 28.9% in the state.	KidsData , 2016-2020
3 Cost of housing	144 hours of work per week were required to rent the average 2-bedroom home if making minimum wage without spending more than 30% of income on housing costs, compared to 83.2 hours in the state. 13% of households can afford to purchase an entry-level home; the percentage is lower in only one California county. The minimum income to purchase a house at 85% of the median price of \$1,166,630 with 10% down is \$240,000.	Casey Family Programs' Community Opportunity Map , 2024 California Association of Realtors , 2024
4 Children who lack a fixed and regular nighttime residence	13.2% of public school students lacked a fixed and regular nighttime residence including those sharing housing, compared to 4.8% in the state. Only Monterey County's percentage is higher than Santa Barbara County's. ¹ In Santa Barbara County, 95.2% of students who lacked a fixed and regular nighttime residence are temporarily sharing housing with other people due to the loss of housing or economic hardship, or similar reasons.	California Department of Education, DataQuest , 2023-24
5 Food security	11.8% of people including children faced food insecurity, the economic and social condition of limited or uncertain access to adequate food, compared to 12.6% in the state.	Feeding America , 2022
6 Accessible child care	91% of infants aged 0 to 2 could not access a licensed child care space because of lack of supply. Middle-income parents in Santa Barbara County likely pay around 30% of their household income for child care. 78% of families report that child care costs are a significant financial burden.	Santa Barbara Foundation Santa Barbara County Child Care Facilities Needs Assessment p. 23, 2024 United Way Santa Barbara County Child care Needs and Assets Assessment , p. 7, 2023
7 Accessible transportation	6,228.2 jobs were accessible within a 45-minute commute by public transit which is better than two-thirds of other US communities for which there were data.	Access to jobs by transit, an indicator of Neighborhood AARP Livability Index , 2021

¹ Santa Barbara: 9,105 homeless student enrollment/69,156 cumulative enrollment = .132; California: 286,852 homeless student enrollment/6,023,851 cumulative enrollment= .048

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Measure(s) were not found at the county level or inadequately capture the intent of the indicator.
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Measure(s) do not represent all of the population in question. For example, measures about Medi-Cal members do not include people enrolled in other health plans.

Indicator	Available data	Source and year data were collected
1 Enrollment in health insurance	93.8% of adult residents were enrolled in some kind of health care coverage, compared to 91.6% in the state. Approximately 36% of people were enrolled in Medi-Cal public health insurance. Just under half were aged 0 to 21. In comparison, 23% of people in San Luis Obispo were enrolled.¹ Approximately 68% of children under 18 were enrolled in Medi-Cal.²	Santa Barbara County Community Health Needs Assessment, p. 57, 2022 CenCal Health Population Needs Assessment, p. 8, 2023 Population data from US Census Bureau, 2023 California Department of Health Care Services, June 2024
2 Availability of prenatal care	General access to providers emerged as the top theme in barriers people face around accessing maternal health care. An inadequate number of providers and lack of culturally and linguistically relevant services and providers affected access.	Santa Barbara County Community Health Needs Assessment, p. 109-114, 2022
3 Availability of contraceptives	26.66% of women on Medi-Cal aged 21 to 44 at risk of unintended pregnancy were provided a most or moderately effective method or a long-acting reversible method of contraception, compared to 21.59% in the state.	CenCal Health Non-HEDIS Results, 2022
4 Availability of primary care	59.6% of people who delayed necessary medical care did so because they couldn't get an appointment soon enough, compared to 41.9% in 2016. 40.2% of people delayed or did not get medical care they thought they needed, compared to 19.1% in 2016.	Santa Barbara County Community Health Needs Assessment, p. 58, 2022
5 Availability of mental health care	Youth struggle to find counseling and therapy services. The Health and Resources Services Administration (HRSA) has designated mental health professional shortages for the low-income migrant farmworker population in Santa Maria and Solvang/Lompoc/Guadalupe.	Santa Barbara County Community Health Needs Assessment, p. 94, 2022 Marian Regional Medical Center Community Health Needs Assessment, p. 6, 2022

¹ 160,820 Medi-Cal member population/448,229 total population = .36; San Luis Obispo: 66,255 Medi-Cal member population/282,424 total population = .23
² 66,416 Medi-Cal members under age 18/98,163 population under age 18

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Indicator	Available data	Source and year data were collected
6 Availability of dental homes	26.49% of young people on Medi-Cal aged 1 to 21 years of age received at least two fluoride varnish applications, compared to the 2022 state aggregate of 19.30%.	CenCal Health Population Needs Assessment , p. 31, 2023
7 Language accessibility of OBs and pediatricians	There was a need for services and providers of maternal health that is culturally and linguistically relevant, especially for Indigenous and migrant communities. People on Medi-Cal who have limited proficiency in English have access to language assistance at medical points of contact. Of people from Santa Barbara County on Medi-Cal, 57.9% speak English, 41.3% speak Spanish, and 0.8% speak another language.	Santa Barbara County Community Health Needs Assessment, pp. 109-114, 2022 CenCal Health Population Needs Assessment, p. 55 and 52, 2023
8 ACEs screenings in pediatric well visits and OB visits	In Santa Barbara and San Luis Obispo Counties, over a period of 3 years and 9 months, 26,185 people on Medi-Cal aged 0 to 20 and 2027 people aged 21 to 64 were screened for Adverse Childhood Experiences (ACEs).	ACEs Aware Quarterly Progress Report , 2020-2023
9 Developmental screenings in pediatric well visits	46.62% of children on Medi-Cal were screened at least once for risk of developmental, behavioral, and social delays using a standardized screening tool before their 3rd birthday. Developmental screenings are recommended and funded for Medi-Cal recipients.	CenCal Health Population Needs Assessment , p. 31, 2023
10 Availability of peer support	As a result of California policies enacted since 2020, 46 Certified Medi-Cal Peer Support Specialists (CMPSS) working in local organizations are eligible for Medi-Cal reimbursement through mental health and substance use disorder plans. There are 4150 in the state. Also, two local organizations are piloting the use of Community Health Workers as part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative. The Santa Barbara County Promotores Network also provides peer-to-peer education. California Mental Health Services Authority, p. 2, as of October 9, 2024	California Mental Health Services Authority, p. 2, as of October 9, 2024 CenCal Health Provider Directory, as of October 9, 2024

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Indicator	Available data	Source and year data were collected
1 Accessible quality early education	44.5% of children aged 3 to 4 were enrolled in preschool or transitional kindergarten. By the 2025-26 school year, Transitional Kindergarten will be offered free to all four-year-olds by public school districts. 62,316 students are enrolled in traditional (non-charter) public schools, 4,548 in public charter schools, and 5,493 students attend private schools with 6 or more students enrolled.	Kid Count Data Center, 2020 Education Data Partnership, 2023-24; California Department of Education Private School Data, 2023-24
2 Services for young children with developmental delays	Through the Early Start program, any child birth to 36 months of age at risk of developmental delay or disability is eligible for free intake and assessment services and those who qualify are eligible for services that are free to the family. Qualified children aged three and older are served by their school district and/or Tri-Counties Regional Center.	
3 Students feel connected to their school	56% of 7th graders, 53% of 9th graders, and 50% of 11th graders in traditional public schools felt a high level of connectedness to their school, likely making them more motivated to achieve.	California Healthy Kids Survey, pg. 16, 2021-2023
4 School safety	Over 90% of 7th, 9th, and 11th grade public school students felt very safe, safe, or neither safe nor unsafe when they were at school.	California Healthy Kids Survey, p. 36, 2021-23
5 Availability of A-G courses in high school	98% of students in public high schools including charter schools are offered at least two courses for each required high school subject area (“A-G” requirements) for admission to California State University and University of California.	High schools from Santa Barbara County Education Office Directory, 2023-24 A-G Course List per high school, 2024 Enrollment count from California Department of Education DataQuest, 2023-24
6 Access to mental health care in or near elementary, middle, and high schools	CenCal Health, the administrator of Medi-Cal benefits in Santa Barbara County, is partnering with 6 school districts to increase the number of TK-12 students enrolled in Medi-Cal receiving behavioral health services on or near school campuses through the Student Behavioral Health Incentive Program.	CenCal Health press release, 2023

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Indicator	Available data	Source and year data were collected
1 Trauma-informed care	27 organizations and individuals demonstrated their commitment to being ACEs-informed, trauma-responsive and resiliency-focused by signing the Resilient Santa Barbara County Community Partner Agreement.	
2 Access to resources when needed	Santa Barbara County 2-1-1 received over 15,000 webpage visits and 14,103 calls and texts. Of the information and referral calls, 38% were from Santa Maria, 30% from Santa Barbara, 14% from Lompoc, 6% from Goleta, 2% from Carpinteria, and 10% from other areas in the county. The Santa Barbara County Department of Social Services supports new enrollment for public benefits such as Medi-Cal, CalFresh, and CalWorks online and in offices in Santa Barbara, Santa Maria, and Lompoc. Also, nonprofit organizations offer Family Resource Centers that support new enrollment in public benefits and other family support services. The CalFresh Program Reach Index was 57.7%, and for the state it was 77.0%. Santa Barbara County ranks 10th out of 58 counties. (The index excludes an estimate of those ineligible because of immigration status and other reasons.)	2-1-1 Annual Data Report, 2023 Program Reach Index CalFresh Data Dashboard, 2021
3 Availability of parenting support	In California, 66.9% of children aged 0 to 17 lived with parents who have someone to turn to for day-to-day emotional support with parenting or raising children. California has the lowest percentage (the least support) in the country for this measure.	Child and Adolescent Health Measurement Initiative , 2021-22
4 Domestic Violence	5.6 people per 1,000 adults called for assistance with domestic violence, compared to 6.1 in the state. The rate has typically been lower than the state's over the years.	KidsData , 2020
5 Voting in elections	41.97% of registered voters turned out for the March 5, 2024 Presidential Primary Election, compared to 34.96% in the state.	Voter Participation Statistics by County , 2024
6 Incarceration rates	270 people per 100,000 county residents were in state prisons, compared to 310 per 100,000 in California.	Prison Policy Initiative county source , 2020 and state source (just under state map), 2020

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Indicator	Available data	Source and year data were collected
7 Opportunities for leadership and advocacy development	There were 25.5 civic, social, religious, political, and business organizations per 10,000 people in Santa Barbara County, compared to 8.0 for the median US city.	Opportunity for civic involvement, an indicator of Engagement AARP Livability Index , 2022
8 Immigration	22% of the population were immigrants (foreign born). This is close to the percentage of immigrants in 1920; it was as low as 8.1% in 1970.	California Immigrant Data Portal , 2021
	9.9% of the population were undocumented immigrants. 71% of undocumented immigrants had been US residents for more than 10 years.	Undocumented Immigrants and Their Economic Impact on the Central Coast of California , p. 15, 2019 (5-year estimate).
	28% of children lived with at least one parent who is an undocumented immigrant. There were around 5 immigrant-serving organizations per 10,000 non-citizen immigrants, compared to a high of 21 in San Francisco City and County and a low of 2 in San Bernardino County.	California Immigrant Data Portal , 2021 Central Coast Regional Equity Study , p. 28, 2014-2018 average California Immigrant Data Portal , 2019
9 Racial equity	Compared to the other counties in California, Santa Barbara had lower than average racial disparity across indicators and above average outcomes. There was more disparity in crime and justice, health access, and healthy built environment than in democracy and education. Outcomes were worst in housing and health access.	Race Counts , 2017-2021
	The county's gross domestic product would have been \$7.5 billion higher without racial and ethnic disadvantages in wages and employment between white and workers of color.	Central Coast Regional Equity Study , p. 97-8, 2018
10 Employment	The industries that employed the most employees were government (15.7% of those employed), farm (15.4%), health services and private education (14.3%), and leisure and hospitality (12.7%). ¹	State unemployment report , October 2024
	37.0% of workers were employed in low-wage jobs, i.e. they were paid less than \$19.69/hour, compared to 35.2% in the state.	Low-Wage Work Data Explorer , 2022 (under Geography tab)
11 Gathering places and events	There were 5.5 movie theaters and entertainment centers within 5 miles and performing arts and sports venues within 15 miles per 10,000 people, compared to 1.9 for the median US city.	Cultural, arts, and entertainment institutions, an indicator of Engagement AARP Livability Index , 2022

1 36,000 government, 35,300 total farm, 32,800 private education and health services, and 29,200 leisure and hospitality. Each was divided by 229,300 total employed in all industries.

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Indicator	Available data	Source and year data were collected
1 Internet access	96.6% of residents were using broadband, wireless, or a smartphone for everything they need.	Santa Barbara County Community Health Needs Assessment , p. 72, 2022
2 Public safety	There were 387 violent crimes and 1,968 property crimes per 100,000 residents, compared to 494 and 2,311 in California. Santa Maria recorded a higher violent crime rate with 649 per 100,000, compared to 478 in Santa Barbara and 498 in Lompoc. 74.3% of teens and 88.6% of adults feel safe in their neighborhood all or most of the time, compared to 85.9% of teens and 86.7% of adults in the state.¹	Juvenile Justice Plans, p. 9-10, 2022 Feels safe in neighborhood - teens, adults California Health Interview Survey, 2021 - 2023 pooled (requires free login)
3 Outdoor and other recreation	2.7 parks were within a half-mile of the neighborhood population center, compared to 0.4 in the median US city.	Access to parks, an indicator of Neighborhood AARP Livability Index , 2022
4 Air quality	Air quality was good on 78.4% or 286 days and moderate on the remaining 21.6% or 79 days. Unlike most years, there were no days that were unhealthy for sensitive groups, unhealthy, or hazardous.	Annual Air Quality Report , p. 12, 2022
5 Emergency preparedness	Census tracts range from the lowest to highest ratings on the capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters...to human-caused threats, such as toxic chemical spills. Generally, more areas in North County and population centers are rated highly vulnerable.	Social Vulnerability Index , 2022
6 Climate resilience	For 18 natural hazards, the risk index is 99.40% , a relatively high risk index compared to the rest of the US.	National Risk Index , 2024

¹ Teens in Santa Barbara: 35.4% All of the time + 38.9% Most of the time = 74.3%; Teens in California: 32.1% All of the time + 53.8% Most of the time = 85.9%. Adults in Santa Barbara: 35.8% All of the time + 52.8% Most of the time = 88.6%; Adults in California: 33.8% All of the time + 52.9% Most of the time = 86.7%.

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