



CALIFORNIA  
STATE  
UNIVERSITY,  
FRESNO

---

**June 2006**

**Preface**

**to**

***Social Services in Central California's San Joaquin Valley:  
Today's Challenges – Tomorrow's Outcomes***

In keeping with the mission of the Central California Area Social Services Consortium, it is our pleasure to present a brief strategic plan to address some of the significant issues faced by residents of the San Joaquin Valley.

It is our belief that this briefing can serve as a policy and planning road map toward improving the economic and social quality of life for Central Valley residents. The Consortium is committed to working with state, federal, and local entities toward that goal, serving both the San Joaquin Valley counties and its other member counties.

Ken Patterson, Director  
Stanislaus County Community Services Agency

Consortium Chair

David Foster, Consortium Staff Director

**Central California Area  
Social Service Consortium**

College of Health  
and Human Services

5310 N. Campus Drive MS PH102  
Fresno, CA 93740-8019

559.278.5250

Fax 559.278.7229

THE CALIFORNIA STATE UN

**Social Services in  
Central California's San  
Joaquin Valley**

**Today's Challenges -**

**Tomorrow's Outcomes**

**June 2006**

# **ACKNOWLEDGEMENTS**

Central California Area Social Services Consortium

Member Counties:

Fresno

Kern

Kings

Madera

Merced

San Joaquin

San Luis Obispo

Santa Barbara

Stanislaus

Tulare

California State University, College of Health and Human Services,  
Department of Social Work Education

Central California Social Welfare Research, Training and Evaluation Center

J. Fiorello, Valley Professional Services, Author

# **Social Services in Central California's San Joaquin Valley**

## **Today's Challenges – Tomorrow's Outcomes**

### **BACKGROUND**

In recent years there has been increasing public and governmental awareness of the demographic and social differences between California's Central Valley counties – Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare – and the rest of the state. The San Joaquin Valley, with agriculture as its primary industry, is experiencing explosive population growth rates with consequent increasingly intense stressors on its human services and fiscal support systems. In comparison to the rest of California, the Valley is home to increasing numbers of immigrant and monolingual families, and relatively flat growth rates in non-agriculture industry. Allocation of available state and federal social service resources continues to fall behind the escalating levels of public demand, while local economies struggle to maintain fiscal viability.

In recognition of the Valley's unique challenges, Governor Arnold Schwarzenegger, through the California Partnership for the San Joaquin Valley, has requested information and recommendations for improving social services-related outcomes for residents of the Central Valley. The Central California Area Social Services Consortium (CCASSC), comprised of eight Valley and two coastal counties, provided the staff and technical support needed to respond to the Governor's request.

Although the focus of this briefing is on the eight inland counties, there is no intent to imply that the Consortium's Central Coast members, San Luis Obispo and Santa Barbara counties, are not affected by similar socioeconomic conditions. As an example, Appendix 1 illustrates that, when income evaluation measurements reflect the impact of a county's housing costs on its low-income residents, the coastal counties' picture of poverty more closely resembles that of the Valley.<sup>1</sup>

As in the Central Valley and California, the Central Coast population is aging, and the working-age adult population is shrinking. This changing age structure affects the local revenue base and signals an increasing need for senior health services, including long term care. Also, although the Central Coast has a population that is nearly half white (49.8%), it has a higher percentage of Latinos than California as a whole.<sup>2</sup> Future efforts to evaluate, understand and address the basic needs of under-served populations in California's geographic heartland would be incomplete if the demographic similarities between the two regions are ignored.

Preparation of this briefing included research of existing demographic studies and reports that reflect the Valley's relevant quality-of-life indicators, and participation by the Social Service Director in each of the Central Valley counties. The Directors themselves selected the recommended outcomes and action strategies to be submitted to the Partnership for evaluation. The discussions that follow provide brief descriptions of the influential socio-economic conditions common to all Central Valley counties, areas of top-priority needs with supporting data, and strategies for improvement.

## THE NEED

It is important to note that, even though each county is unique in the Central Valley, they share a number of demographic characteristics that exert influence on the demand and need for social services. Poverty cross-cuts virtually all boundaries of social and economic indicators of community well-being in the Valley. Lack of sufficient income to meet the basic survival needs of self and family is usually an underlying barrier to employment, health care, education, and safe and stable living. Any discussion of Valley needs is understood to contain poverty as a continuous underlying human condition. Other characteristics include:

- Social conditions of the individual and family, such as head of household, language, educational attainment, and income status.
  - In 2000, an average of 9.06% Valley households were headed by single females, compared to a state average of 7.3%. Appendix 2 provides other family composition data. Female householders reported a median income that's less than half the median income reported for all families.<sup>3</sup>
  - Teen birth rates in the region are declining more slowly than in the state. From 2000 to 2004 the state rate decreased 17%; the Central Valley rate declined 11%.<sup>4</sup>
  - Approximately 65.1% of children in female householder homes were under age 12. In 1999, one in two children ages 0-17 in female households lived below the federal poverty level.<sup>5</sup>
  - A 2004 study of English Language Proficiency in the Central Valley counties indicates that, in 2001, 10.5% of Valley children ages 5-17 years spoke a language other than English at home, compared to 9.2% in the state.<sup>6</sup>
  - 21.9% of children enrolled in K-12 schools in the Valley were English Learners, compared to 26.2 in California.<sup>7</sup>
  - In 2002, California's per capita income was \$32,989. In the Central Valley, per capita income ranged from a low of \$18,500 to a high of \$27,500.<sup>8</sup>
  - Poverty is often measured by children's eligibility for free lunch programs. In 2002, 55.8% of Valley children qualified; the rate was 45.8% in California.<sup>9</sup>
  - The Valley's overall poverty rate was 22% in 2002, highest in the state when compared to California's rate of approximately 13% during that period; at the same time the median family income was the lowest in all regions. The San Joaquin Valley also had the highest rate of poverty among eight geographic regions in California.<sup>10</sup>
  
- Conditions of the community, including rural and urban geography, predominately seasonal employment, lack of industry, and high unemployment rates
  - The population in the eight county-region is generally either concentrated in a few metropolitan areas and smaller incorporated cities, and unincorporated rural, desert and mountain areas. Geography alone is a barrier to transportation, public services availability, and employment opportunities.
  - Seasonal agriculture and other low-wage employment are the primary industries in the Central Valley, forcing many families to remain at or below poverty levels.
  - Some assistance programs perpetuate poverty. For example, the prevalence of low-paying jobs often means that both parents in an intact family may work more than a total of 100 hours and therefore not qualify for application to CalWORKs, but still remain in poverty.

## Social Services in Central California's San Joaquin Valley

- The temporary, short-term nature of those industries, and the lack of higher-paying opportunities for unskilled workers, contributed to the Valley's unemployment rate of 10.7%, well above the state rate of 6.8%.<sup>11</sup>
  - Seasonal and low-wage jobs and chronic unemployment contribute to family transiency, disrupting stability for children at home and in school.
- Related social factors such as population growth rates, especially in children under age 18 and adults over age 64, and the impact of substance abuse
- Growth projections for the San Joaquin Valley predict a 50% increase in population by 2020<sup>12</sup>.
  - In 2003, 33.5% of the Valley's population was 0-19 years of age, while the state rate was 29.1%.<sup>13</sup> Many of those children reside in single-parent household, generally with a female parent, further increasing the likelihood of poverty-level income, lower educational attainment rates, and incidents of abuse and neglect.<sup>14</sup>
  - Aged, blind, and/or disabled adults in the San Joaquin Valley generally receive less Social Security benefits compared to other geographic areas. The percentage of low income seniors residing in the San Joaquin Valley is 43% higher than the California average and 73% higher than the national average.
  - Methamphetamine production and use is one of the fastest-growing crimes in the Central Valley; it destroys lives, disrupts families and puts children in jeopardy.
- Funding issues that impact the Central Valley
- Every San Joaquin Valley county received fewer federal funds than the national and state per-capita average in 2002 and 2003.<sup>15</sup> Collectively and individually, Valley counties ranked at or below the lowest per-capita levels in the state (Appendix 3).
  - Per capita federal expenditures in Valley counties in 2002 averaged \$4,736, more than \$2,000 less than per capita federal expenditures in the nation.<sup>16</sup>
  - Per-capita philanthropic grant dollars to the region<sup>17</sup> increased from \$5.42 in 1996 to \$17.43 in 2002. During that same period, per capita grants statewide increased from \$26.60 to \$47.17, a range approximately 480% greater than funding to the Central Valley.
  - Decreasing philanthropic funding in late 2001 and 2002, combined with shifts in foundation resources and grantmaking priorities, make it unlikely that the regional funding level will be matched in the future.
  - Ongoing lack of funding parity and disproportionality in public and private per-capita expenditures have left the San Joaquin Valley counties chronically fiscally underserved.

Studies and reports cited here, as well as other statistically valid demographic information resources and the expertise of participating public service agencies, clearly support the need for far-reaching, innovative programmatic and fiscal reform. Significant resource deficiencies and the historic inequality of public and private investment continue to stand as barriers to economic development and community well-being in Valley counties. The recommendations offered below are only a few of many possible steps toward such reform. They cannot and are not intended to address all of the relevant issues, but rather to begin the process of change.

The desired outcomes can be achieved over a period of less than two years to no more than four years. Full development and implementation of each strategy will serve as a springboard to the next level of improvement in critical life domains for children, families and adults. State and federal commitment to these initiatives will help bring Central Valley communities closer to the promise of a higher quality of life already available in other California regions.

## RECOMMENDATIONS AND STRATEGIES

1. **Increase outpatient and residential methamphetamine abuse treatment facilities**  
The Central Valley region, like other areas of the nation, is plagued by the criminal and social consequences of alcohol and substance abuse. In 2001, 40% of adult arrests nationwide were related to alcohol or illegal substance issues. However, the San Joaquin Valley is particularly impacted by the production, sale, and abuse of methamphetamine.

Addiction rates tend to increase as production increases, and the production rate is escalating. In 1991, hundreds of labs were identified in the San Joaquin Valley area (Appendix 4). By 2003 the counties of Fresno, Kern, Kings, Los Angeles, Madera, Merced, Orange, Riverside, Sacramento, San Bernardino, San Joaquin, Stanislaus, and Tulare led California in reported methamphetamine laboratory seizures, with 74.3% of all methamphetamine laboratories seized statewide. Moreover, of the 130 superlabs seized in California in 2003, 121 (93.0%) were located in these counties.<sup>18</sup>

There were 11,685 methamphetamine arrests in the Central Valley counties in 2001; in 2002, there were 13,125, compared to 9,499 heroin arrests in 2001 and 8,553 in 2002.<sup>19</sup> Funding for eradication and law enforcement has been steadily increasing, including \$20 million added to the state's budget in May 2006, while treatment funding in the region has remained static. But the effects of methamphetamine abuse reach far beyond the law enforcement costs. Serious, even life-threatening results can destroy the lives of men, women and children (Appendix 5).

Treatment is effective when it is available, and an increasing number of persons are seeking recovery. Over the period 1992-2002, admissions for treatment of methamphetamine and/or amphetamine (MA) use increased substantially in California, with a more than five-fold increase in numbers of MA admissions. Because treatment capacity increased at a slower rate during this period, the increased numbers of MA treatment admissions in 2002 represent a larger percentage of total treatment admissions (27%) than in 1992 (7%).<sup>20</sup>

Although the region's rate of methamphetamine and other drug use and availability are highest in the state, the number of treatment facilities, particularly for adolescents and women with children, is the lowest. The lack of effective, accessible treatment has a significant negative impact on virtually every life domain.

- Public child welfare data indicates that as much as 75% of child protection removals are due to parental substance abuse issues
- In a 2000 survey of San Joaquin County CalWORKs recipients, 24% reported drug and alcohol abuse issues as barriers to program participation that led to subsequent sanctioning.<sup>21</sup> Given the common characteristics of the eight Valley counties, similar results could be demonstrated throughout the Valley.

- With a higher-than-average rate of single female householders, the Central Valley is particularly impacted when single mothers abuse substances. Responsibility for young children poses multiple barriers when treatment modalities do not include women's needs as parents.
- Continued substance abuse increases the risk of out-of-home placement of children and decreases reunification rates for children already in foster care.

A study of the California Treatment Outcomes Project indicates that methamphetamine abusers can achieve long-term abstinence with the help of focused outpatient and residential treatment programs. Nine months after beginning therapy, 87 percent of patients treated for heavy or long-term methamphetamine abuse in California outpatient and residential programs were abstinent from all drugs.<sup>22</sup>

In addition, review of current knowledge about treatment for women suggests programming that includes auxiliary and/or wraparound services, such as child care services, prenatal care services, women-only treatment, mental health services, and supplemental services and workshops addressing women-focused topics, can be beneficial. Programs that narrowly define the problems that females face solely as alcohol or other drug abuse may not improve outcomes substantially.<sup>23</sup>

Research also indicates that increased length of stay in treatment is associated with improved postdischarge outcomes. Studies have found that programmatic changes to enable women to bring their children into residential treatment were associated with increased stays in treatment. One study suggested that the earlier a mother's infant resides with her in the treatment setting, the longer her stay in treatment will be.<sup>24</sup>

**Proposed Strategy:**

Develop research-based treatment modalities designed specifically to address methamphetamine and other drug addictions, with a focus on achievement and maintenance of recovery.

- Establish a residential treatment facility in the region specifically to serve substance-abusing mothers with the minor children for whom they have custody.
- Provide sufficient fiscal support for counties to establish partnerships with community-based providers to assure access to the full scope of treatment services.
- Establish a technical assistance process to assure that each partnership includes longitudinal tracking of treatment outcomes and impact on related public services, and development of program models that could be replicated at other sites.

2. **Sustained funding for proactive foster care prevention services**

In recent years a wide number of research studies, prevention models, and system improvement demonstration projects have underscored the successes of foster care diversion programs. Differential Response, for example, seeks to connect low-risk families with community supports and services before situations escalate into child placement in foster care. Counties have demonstrated decreasing foster care caseloads where prevention services are consistently available.

The value of investment in early intervention and prevention can be demonstrated by the results of failure to invest in youth who eventually emancipate from foster care:



- 75% work below grade level
- 50% do not complete high school
- 45% are unemployed
- 33% are arrested
- 30% are on welfare
- 25% are homeless.<sup>25</sup>

Another significant outcome is the apparent prevalence of mental health issues in former foster youth, compared to the general population.<sup>26</sup> As demonstrated in a study by the Casey Foundation, these youth experience a greater incidence of multiple disorders (Appendix 6); research suggests direct links to stressors leading to and existing in out-of-home placement.

Under current funding structures, counties can access Title IV-E only when a child is removed from home and brought into foster care. Child welfare systems are left with few resources to provide early intervention services to keep families intact. When prevention is successful in reducing foster care expenditures, counties lose the federal share of savings associated with that reduction. However, keeping children out of foster care can require substantial investments in prevention, treatment, and support.<sup>27</sup>

The current funding structure is inflexible, emphasizing foster care. Title IV-E funds foster care on an unlimited basis without providing for services that would either prevent the child's removal from the home or speed permanency. Foster care funding represents 65% of federal funds dedicated to child welfare purposes, and adoption assistance makes up another 22%. Funding sources that may be used for preventive and reunification services represent only 11% of federal child welfare program funds.<sup>28</sup>

In addition to the impact of lower rates of overall per-capita federal funding described earlier, Central Valley counties are further limited by national federal investments in foster care categories (Appendix 7).

It should be noted that additional funds have been provided to California counties in special Child Welfare Outcomes Improvement allocations. This allocation is a step in the right direction and reflects CDSS efforts to be responsive to SB2030. However, several limitations placed on this allocation prevent reforms from being institutionalized in counties. Specifically, the allocation of these funds in the middle of the budget year, leaving counties with limited opportunities to use the allocation.

Central Valley counties need a stable, ongoing source for Child Welfare Outcome Improvement Program funding to provide preventive services. Prevention is effective in decreasing the human and fiscal costs of foster care, but counties have few resources for voluntary services.

**Proposed Strategy:**

- Provide counties with an allocation letter at the beginning of the budget year.

- Inclusion of prevention funding in a separate funding allocation with a new claiming PIN code for Central Valley counties to allow delivery of prevention activities and help decrease the cost of funding core child welfare services within base allocations.

3. **Higher rates of relative placements and fewer placement changes attributable to approval process delays.**

Since the enactment of the more stringent Relative Approval Process, Central Valley counties have experienced decreasing numbers of relative placements.<sup>29</sup> In September 2001 the Valley counties averaged 36.75% relative placement for first entries to care; by March 2005 the average had dropped to 29.6%. For virtually all counties **the inherent process delays can cause** multiple placements for every child who must be removed from his/her parental home.

**To receive federal funding and avoid the use of state-only funding for kinship care, California requires that relatives meet the same licensing standards as non-relative foster care providers.** Current licensing standards for relatives, including the mandated housing standards, usually mean at least two placements for children who are not returned to their parents and have potential relative placement available – placement in non-relative care while the approval process is completed, including any modifications needed for the home to meet criteria, and subsequent placement with the approved relative.

**Temporary placement while the approval process is completed** can be required for an extended period if, for any reason, relative background checks cannot be completed quickly, further extending the disruption of children's lives by placement in stranger care.

**Proposed Strategy:**

**Authorize Central Valley counties to pilot a temporary approval process for emergency placement with relatives who pass an initial safety screening.**

- **Authorize Central Valley counties to make placement decisions based on the best interests of the child, rather than on funding criteria. Social Workers will perform relative home investigations,** assess the appropriateness of living accommodations based on the child's needs, interview relatives and obtain relative signatures on self-declarations regarding personal and familial backgrounds.
- **Waive the requirement for relatives to qualify for federal funding in order for placement to be approved. State fiscal support of expedited relative placements will** result in decreased placement changes before permanency, decreased staffing and workload levels, and decreased foster care costs.

4. **Sufficient funding is available to maintain Child Welfare staffing at SB 2030 recommended levels**

Adequate child welfare staffing, and the resulting decreases in caseloads for individual workers, will allow counties to maintain closer contact with children and families and focus on the following critical outcome measures as defined by the Federal Child and Family Service Review:

- Prevent unnecessary removals from the family home.
- Insure services are provided to child/family that remediate problems and prevent re-abuse.
- Enable children exiting foster care to meet their basic needs.

- Assure children in out-of-home care achieve timely permanence through reunification, adoption, and legal guardianship.
- Assure children removed from their homes maintain family and/or community ties.

The SB2030 Child Welfare Workload Study<sup>30</sup> provided California leaders with extensive documentation indicating that changes in Federal and State requirements for CWS staff have significantly increased the time needed to provide services. A detailed time/task study demonstrated that current allocation methodologies are grossly inadequate to support the staffing needs of counties. Specifically, the study called for a dramatic increase in staff, thereby reducing caseloads and allowing staff to meet minimum service mandates.

Although all counties would clearly benefit from the reforms suggested by the study, Valley counties in particular are negatively impacted by California's failure to implement SB2030 recommendations. The rural nature of Valley counties places increased travel demands on staff and further erodes service capacity. In addition, Valley counties have historically been disadvantaged by budget methodologies. Consistently, San Joaquin Valley counties rank in the bottom 25<sup>th</sup> percentile in Federal and State reimbursement for FTE and service costs.<sup>31</sup>

In addition, discontinuance of the PCAB (Proposed County Administrative Budget) eliminated from budget formulas a method to keep pace with demographic shifts that increase the costs associated with providing service. In essence, Valley counties are permanently locked into a chronic under-funding status, in spite of data and demographic trends that show Valley residents are among the most needy in the state.<sup>32</sup>

**Proposed Strategy:**

Fund Valley counties to pilot the following SB2030 recommendations:

- Re-establish the PCAB budget methodology based on current workload/caseload data.
- Increase CWS staffing to levels that assure achievement of the recommended levels for the minimum provision of permanence, safety, and well being services as defined by the Federal CFSR and AB636.
- Increase resources to counties and the Central Regional Training Academy to assure new staff are adequately trained.

5. **Increase social services for adults and older adults**

Aged, blind, and/or disabled adults in the San Joaquin Valley generally receive less Social Security benefits compared to other geographic areas. The average annual award received in 2000 was \$10,825, compared to \$11,331 in California and \$11,320 in the United States.<sup>33</sup> For those who meet low-income and other requirements, Supplemental Security Income (SSI) provides cash assistance. In 2000, 7.6% of Central Valley households qualified for SSI, compared to 5.3% in California and 4.4% in the nation.

Workforce development and competency-based education/training have become necessary prerequisites to assuring quality service delivery. Due to the lack of sustained funding, the field of social work practice with aged and dependent adults has lagged behind other areas of public human services in these critical areas. Most notable among

successful models for workforce education and development in social work is the CalSWEC (California Social Work Education Center) model, implemented in 1993 to improve public child welfare service delivery.

The CalSWEC workforce development model is grounded in the following goals:

- Recruit and prepare a diverse group of social workers for careers in public human service.
- Define and operationalize a continuum of social work education and training
- Engage in research and evaluation of best practice in social work.<sup>34</sup>

A key component is the institution of BSW and MSW stipends at California Schools of Social Work. These stipends allow current members of the workforce to pursue additional education/learning in their field. In return, public employees who participate are obligated to return to the public workforce for a period of time. In addition, the program provides a “ladder of learning” that gives students a path to follow if they wish to pursue a career in social work.

In Child Welfare, employees and students who participated in the program demonstrated workforce improvements in knowledge, skill retention, and job satisfaction.<sup>35</sup> Clearly, these same workforce improvements are called for in public human services to the aged and disabled. As was the case with Child Welfare in 1993, the workforce serving the aged is besieged by factors that have a negative impact on service quality.

- California's population over age 65 is expected to increase 172% over the next 40 years. Appendix 8 illustrates older adult population increases from 2000-2004, a trend expected to continue over at least the next 15 years.
- Despite the fact that Social Work is one of the 10 fastest-growing professions, less than 4% of the social workers registered with NASW claim aging as a primary field of practice.
- In a survey of 55 California county Adult Services /AAA directors, 72% cited a “lack of qualified and properly educated applicants” as the number one workforce barrier.”<sup>36 37</sup>

Age, disability, and low income tend to increase the need for publicly funded support services. However, counties in the region experience difficulty in maintaining staffing for adult service programs. In counties where salary levels are not competitive with surrounding regions, additional incentives are required to recruit and retain Social Workers.

**Proposed Strategy:**

Given the documented gaps between workforce capability and community need, the Valley counties request funding to:

- Support implementation of BSW and MSW stipend programs at the three schools of social work, (CSU Bakersfield, Fresno and Stanislaus) that serve the region.
- Pilot the current CalSWEC Aging Initiative, specifically to serve poor and Medi-Cal eligible adults who are age 65 or older, blind, or disabled.

**6. Increase opportunities to obtain state funding through new or existing grant application processes.**

In general, existing criteria for proposal review and evaluation are the same for all counties' submissions for competitive state funding. Although the quality, scope and content of proposed grant-funded efforts may be equal, county proposals are also evaluated on demonstrated ability to match grant monies. Grant opportunities which require county contributions or matching funds, such as systems of care funding for children, often place the Central Valley at a fiscal disadvantage.

Even though the public service needs are statistically more severe in the Valley compared with the state, Valley counties cannot compete fiscally with levels of support for service delivery that may be proposed by other California counties. This limitation on the ability to bring other funding into the region further compounds the lack of service accessibility.

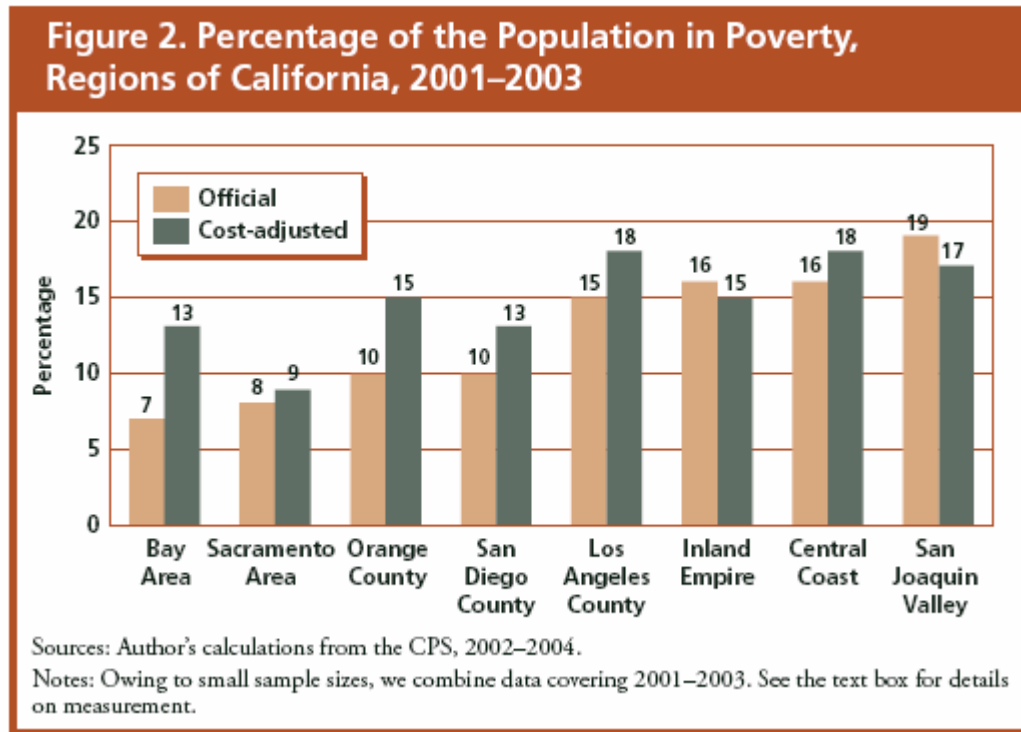
### **Proposed Strategy:**

Develop a system of assigning "preference points," a methodology for proposal evaluation that takes into account the applicant county's socioeconomic conditions as they apply to the services to be funded. For example, if the state's Request for Application/Proposal addresses a target population's level of job skills, then counties with low educational attainment levels would be awarded an additional weighted value during the review process.

### **SUMMARY:**

The Central Valley continues to be home to a faster-growing number of people with lower resource levels and higher levels of need, in a geographic area that is experiencing increasing costs and decreasing fiscal opportunities. Counties in the San Joaquin Valley continue to work toward achieving social and financial parity with the rest of the state. Collaborative efforts like the Regional Jobs Initiative bring community leaders together to identify today's challenges. Increased State and Federal support, particularly in areas addressed in these recommendations, are critical to long-term improvement in tomorrow's outcomes.

Appendix 1



Source: *California Counts: Population Trends and Profiles*, Public Policy Institute of California, May 2006

HOUSEHOLD SIZE, HOUSEHOLD TYPE, AND PRESENCE OF OWN CHILDREN

Appendix 2

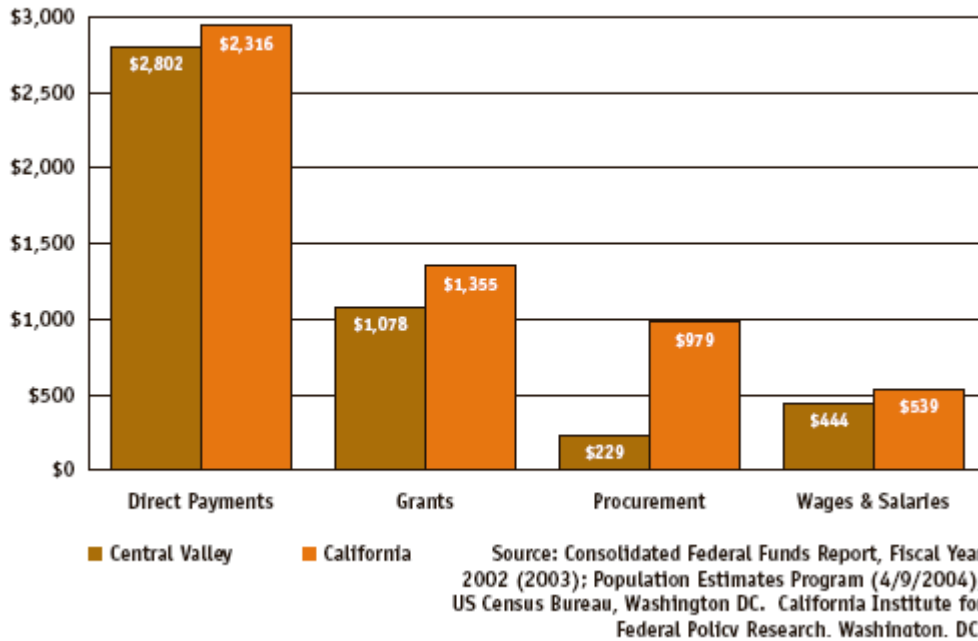
	California	Fresno County, California	Kern County, California	Kings County, California	Madera County, California	Merced County, California	San Joaquin County, California	Stanislaus County, California	Tulare County, California
Total:	11,502,870	252,940	208,652	34,418	36,155	63,815	181,629	145,146	110,385
1-person household:	2,708,308	52,100	42,379	5,843	5,975	11,318	37,650	28,211	18,913
Male householder	1,212,065	22,325	19,241	2,600	2,581	4,919	16,157	11,678	7,582
Female householder	1,496,243	29,775	23,138	3,243	3,394	6,399	21,493	16,533	11,331
2 or more person household:	8,794,562	200,840	166,273	28,575	30,180	52,497	143,979	116,935	91,472
Family households:	7,920,049	186,736	156,401	26,989	28,610	49,760	134,708	109,517	87,061
Married-couple family:	5,877,084	132,874	114,025	19,948	22,016	36,854	98,604	81,323	64,123
With own children under 18 years	2,989,974	71,371	60,737	11,318	10,627	20,748	51,718	42,984	35,132
No own children under 18 years	2,887,110	61,503	53,288	8,630	11,389	16,106	46,886	38,339	28,991
Other family:	2,042,965	53,862	42,376	7,041	6,594	12,906	36,104	28,194	22,938
Male householder, no wife present:	594,455	15,293	12,114	2,112	2,193	3,893	10,637	8,335	6,953
With own children under 18 years	292,346	8,512	7,236	1,297	1,204	2,324	5,949	4,659	4,023
No own children under 18 years	302,109	6,781	4,878	815	989	1,569	4,688	3,676	2,930
Female householder, no husband present:	1,448,510	38,569	30,262	4,929	4,401	9,013	25,467	19,859	15,985
With own children under 18 years	834,716	24,351	20,161	3,366	2,705	5,876	15,959	12,176	10,426
No own children under 18 years	613,794	14,218	10,101	1,563	1,696	3,137	9,508	7,683	5,559
Nonfamily households:	874,513	14,104	9,872	1,586	1,570	2,737	9,271	7,418	4,411
Male householder	506,103	8,283	6,110	1,064	968	1,695	5,584	4,478	2,700
Female householder	368,410	5,821	3,762	522	602	1,042	3,687	2,940	1,711

**Female-householder families with own children under 18 years**

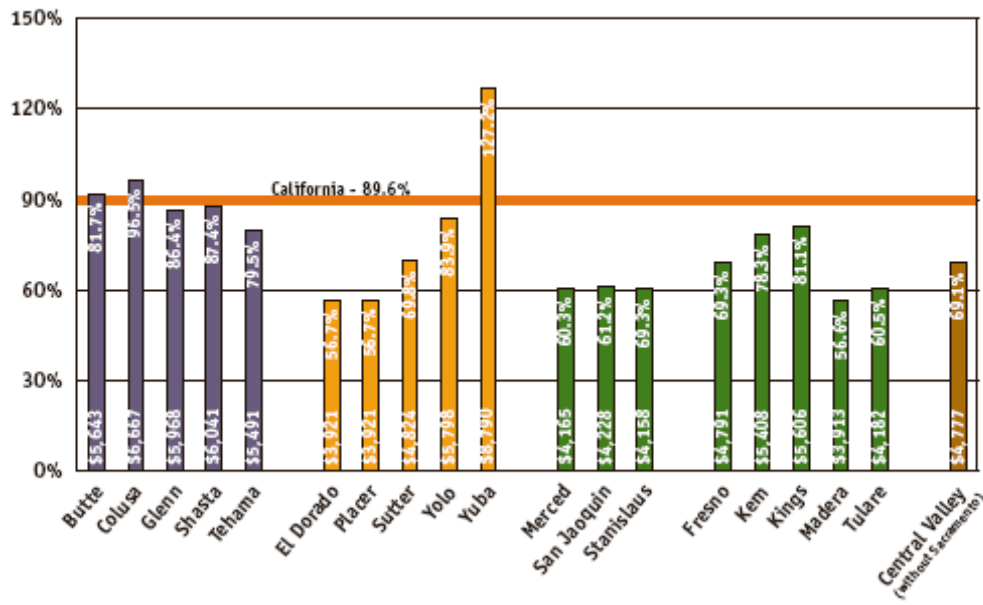
<b>7.3%</b>	<b>9.6%</b>	<b>9.7%</b>	<b>9.8%</b>	<b>7.5%</b>	<b>9.2%</b>	<b>8.8%</b>	<b>8.4%</b>	<b>9.4%</b>
-------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------

Source: Sutton, P., Rondero Hernandez, V., Perez, M. A., & Curtis, K.A. (2004), *Children in Jeopardy: A sourcebook for community action*. Fresno: Central California Children’s Institute, California

Per Capita Federal Expenditures In California and the Central Valley  
2002

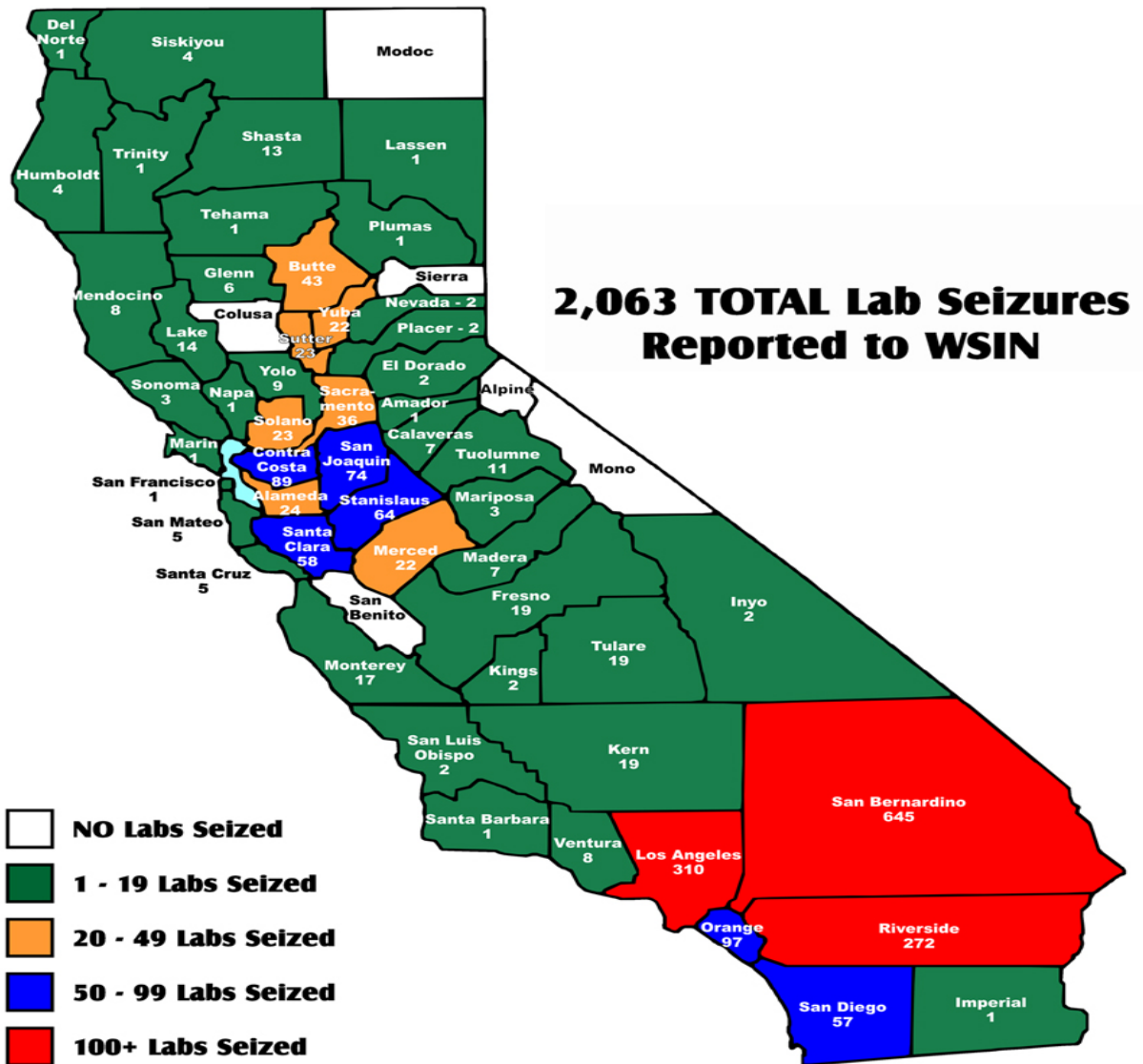


Per Capita Federal Expenditures In the Central Valley by Subregion as a Percent of the US  
Fiscal Year 2003





## California 1999 Clandestine Laboratory Seizures



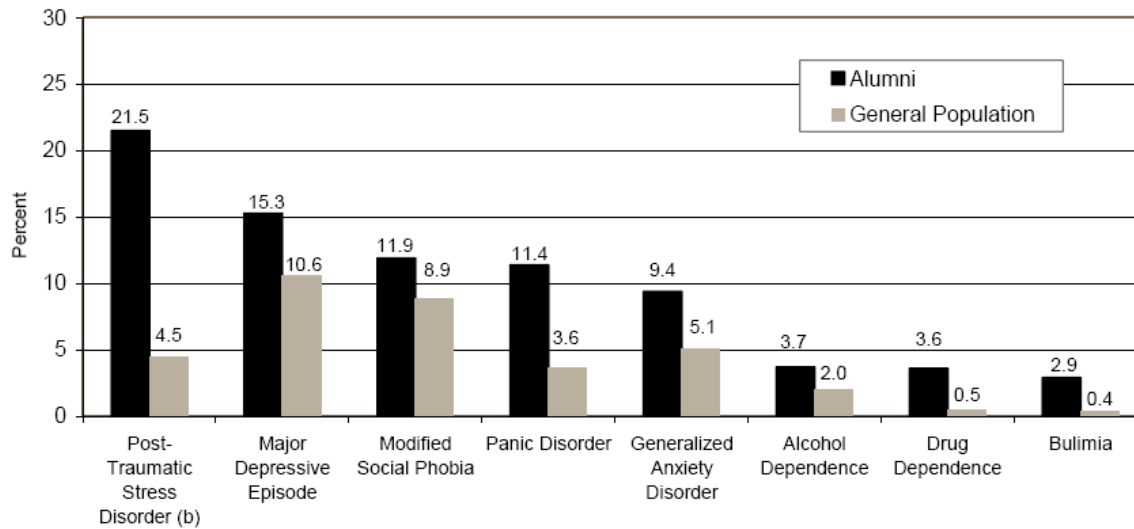
Source: State of California, Dept. of Justice, Office of the Inspector General, *Clandestine Meth Labs*

<b>MEN, WOMEN EXPERIENCE DIFFERENT PROBLEMS</b> Women beginning treatment for methamphetamine abuse reported more psychosocial problems, while men reported more crime and criminal justice involvement.			
<b>Family and Social Circumstances</b>	<b>Women, % (n=567)</b>	<b>Men, % (n=506)</b>	<b>Total, % (N=1073)</b>
Children living with someone else by court order	29.3	9.9	20.1
Parental rights terminated	10.1	2.2	6.3
Family abused substances	21.7	10.5	16.4
Physically abused (past month)	5.5	1.8	3.7
Sexually abused (past month)	2.5	0.6	1.6
Employed	23.8	43.9	33.3
On public assistance	63.1	37.0	50.8
<b>Criminal Justice System Involvement</b>			
On parole	4.4	12.7	8.3
On probation	32.3	37.6	34.8
Ever arrested	76.7	88.3	82.2
Arrest in past year	36.7	45.1	40.6
Criminal activity (past month)	55.2	71.7	63.0
<b>Psychiatric Symptoms (Past Month)</b>			
Serious depression	38.8	29.8	34.6
Difficulties with understanding, concentrating, remembering	36.2	26.5	31.6
Suicidal thoughts	11.3	6.3	9.0
Prescribed psychiatric medicine	21.3	15.4	18.6

Source: Hser, Y.-I.; Evans, E.; and Huang, Y.-C. Treatment outcomes among women and men methamphetamine abusers in California. *Journal of Substance Abuse Treatment* 28(1):77-85, 2005.

**Appendix 6**

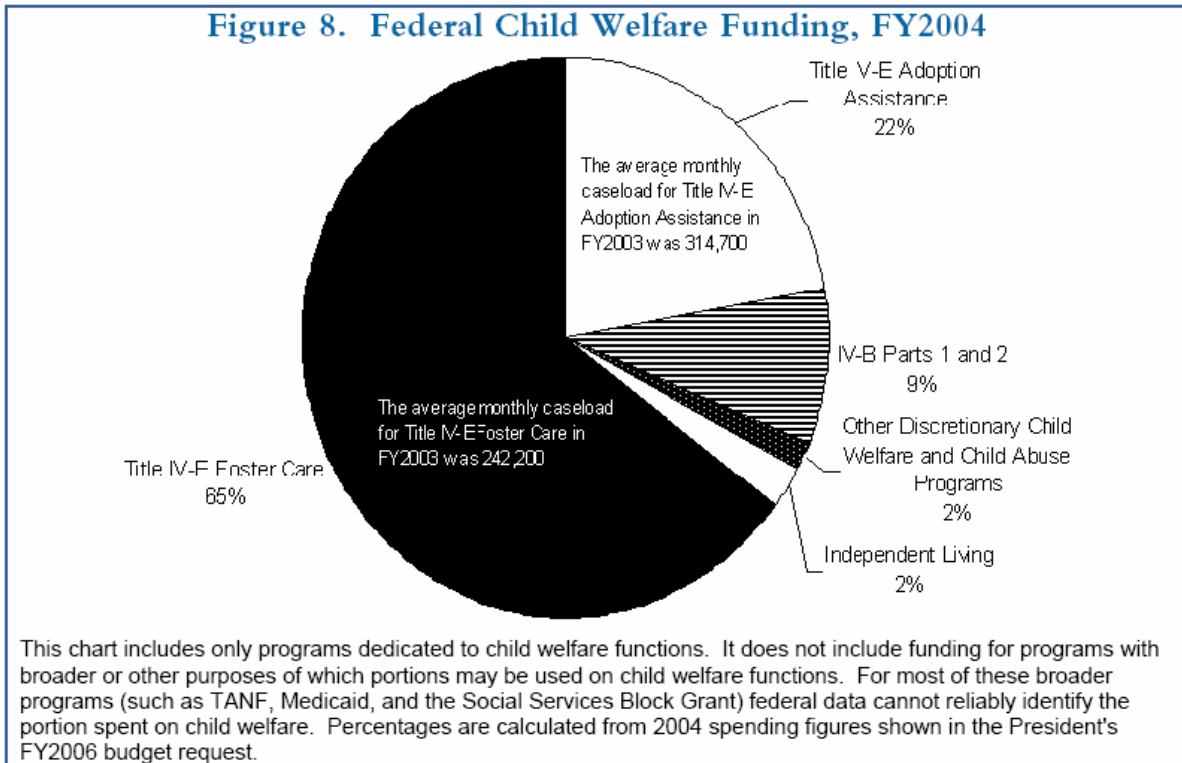
**Fig. 1. 12-month Mental Health Diagnosis among Casey National Alumni and the General Population<sup>(a)</sup>**



<sup>(a)</sup> Anorexia was measured but was extremely low in prevalence.

<sup>(b)</sup> Although questions relating to post-traumatic stress disorder were not identical between the National Alumni Study and the NCS-R, the measures are comparable.

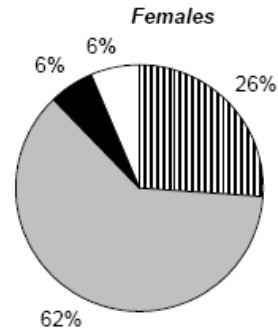
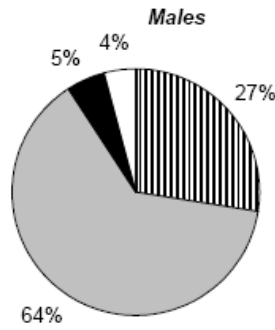
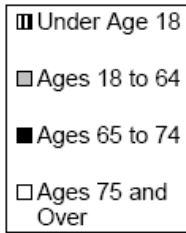
Source: Casey National Alumni Studies



Source: U.S. Department of Health and Human Services

**Appendix 8**

**2004 Population**



<b>Population and Poverty</b>	<b>Population</b>				<b>Poverty Rate</b>	
	1994	2004	Percentage Change 1994-2004		2004	
	CA	CA	CA	US	CA	US
Total Population.....	31,317,179	35,893,799	14.6%	12.8%	13.3%	13.1%
Males.....	15,657,731	17,913,717	14.4%	13.8%	12.2%	11.6%
Under Age 18.....	4,451,724	4,914,300	10.4%	7.8%	18.8%	18.3%
Ages 18 to 64.....	9,789,760	11,380,919	16.3%	16.7%	10.2%	9.6%
Ages 65 to 74.....	867,536	896,157	3.3%	1.6%	6.5%	6.5%
Ages 75 and Over.....	548,711	722,341	31.6%	28.8%	6.2%	6.8%
Females.....	15,659,448	17,980,082	14.8%	11.9%	14.4%	14.5%
Under Age 18.....	4,220,380	4,682,163	10.9%	8.1%	19.0%	18.6%
Ages 18 to 64.....	9,464,600	11,093,460	17.2%	14.6%	13.6%	13.6%
Ages 65 to 74.....	1,075,189	1,053,928	-2.0%	-3.6%	8.1%	9.7%
Ages 75 and Over.....	899,279	1,150,531	27.9%	19.6%	9.8%	13.3%

Source: U.S. Bureau of the Census

## REFERENCES

- 
- <sup>1</sup> *California Counts – Poverty in California*, Public Policy Institute of California, May 2006
- <sup>2</sup> Et seq.
- <sup>3</sup> Sutton, P., Rondero Hernandez, V., Perez, M. A., & Curtis, K.A. (2004), *Children in jeopardy: A sourcebook for community action*. Fresno: Central California Children's Institute, California State University, Fresno
- <sup>4</sup> *No Time For Complacency: Teen Births in California*, Public Health Institute, May 2006
- <sup>5</sup> *Children in jeopardy: A sourcebook for community action*
- <sup>6</sup> Et seq.
- <sup>7</sup> *Selected San Joaquin Valley Regional Statistics*, Great Valley Center April 2006
- <sup>8</sup> Et.seq
- <sup>9</sup> Et seq.
- <sup>10</sup> Public Policy Institute of California, 2005)
- <sup>11</sup> California Employment Development Department, Labor Market Information Division, 2003
- <sup>12</sup> *Selected San Joaquin Valley Regional Statistics*, Great Valley Center, April 2006
- <sup>13</sup> Rand California, 2003a
- <sup>14</sup> *California's San Joaquin Valley: A Region in Transition*
- <sup>15</sup> U.S. Census Bureau, *Consolidated Federal Funds Reports*
- <sup>16</sup> Et seq.
- <sup>17</sup> *Philanthropic Activity in California's Central Valley 1996-2002*, USC Center on Policy, Planning and Development; Ferris, James M. and Graddy, Elizabeth, August 2004, defines the Central Valley region as 19 northern and central counties, and the San Joaquin Valley as Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare.
- <sup>18</sup> National Drug Intelligence Center, April 2004
- <sup>19</sup> Office of National Drug Control Policy
- <sup>20</sup> *Admissions to Treatment for Methamphetamine Abuse, California 1992-2002 (CADDs): Trends and Predictors of Treatment Completion and Retention*, Mary-Lynn Brecht and Lisa Greenwell, UCLA Integrated Substance Abuse Programs, August 2004
- <sup>21</sup> UC Policy Research Center, *Assessing Barriers to Work Among CalWORKs Participants in San Joaquin County: Final Report*
- <sup>22</sup> Hser, Y.-I.; Evans, E.; and Huang, Y.-C. Treatment outcomes among women and men methamphetamine abusers in California. *Journal of Substance Abuse Treatment* 28(1):77-85, 2005
- <sup>23</sup> Substance Abuse and Mental Health Services Administration, Office of Applied Sciences, *Lengths of Stay Among Female Clients in Substance Abuse Treatment*
- <sup>24</sup> Et seq.
- <sup>25</sup> *Facts-At-A-Glance, Child Welfare In California*, California Department of Social Services
- <sup>26</sup> Casey national Alumni Studies, *Assessing the Effects of Foster Care*
- <sup>27</sup> *Fostering the Future*, May 2004, the PEW Commission
- <sup>28</sup> *Federal Foster Care Financing: How and Why the Current Funding Structure Fails to Meet the Needs of the Child Welfare Field*, Assistant Secretary for Planning and Evaluation Issue Brief, U. S. Department of Health and Human Services, August 2005
- <sup>29</sup> Center for Social Services Research, University of California at Berkeley, *First Entries to Foster Care by Predominant Placement Type*
- <sup>30</sup> *SB 2030 Child Welfare Services Workload Study: Final Report*, American Humane Association, April 2000

<sup>31</sup> Fiscal Year 2006 CWS Allocation Data: Comparison of 58 Counties, April 2006

<sup>32</sup> *Selected San Joaquin Valley Regional Statistics*

<sup>33</sup> *California's San Joaquin Valley: A Region In Transition*

<sup>34</sup> *Annual Report of the California Social Work Education Center*, UC Berkeley School of Social Welfare, 2005

<sup>35</sup> Et seq.

<sup>36</sup> Kelley Mills-Dick, MSW; Jaimie Simon, BA, Gerontology Social Work Training, *Facing the Future of Aging in California*" UC Berkeley Center for Advance Study of Aging Series, April 2002

<sup>37</sup> National Association of APS Administrators, *Report on Problems Facing State's APS and the Resources Needed to Resolve Them,*" January 2003