

10. Welfare

The amount of assistance available to families and individuals in need and the total demand for such services illustrate the overall health of a community. By assessing the available services and the amount of existing need, it becomes apparent what additional services and/or assistance might improve the quality of life in a specific area.

Welfare assistance in El Dorado County and throughout Northern California has shown consistent trends in the last decade. The number of TANF/CalWORKs recipients and households receiving food stamps has been steadily decreasing, after a peak in FY94 and FY95. Meanwhile, Medi-Cal expenditures were at their highest in 2003 and increased 10 percent since the preceding year, compared to an 8 percent increase in California. In the same year, the number of Medi-Cal eligibles in El Dorado County increased 7 percent, and the percent of Hispanic eligibles increased the most, at 17 percent.

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TANF/CalWORKs Caseload & Expenditures

Overview

CalWORKs (California Work Opportunity and Responsibility to Kids) is California's implementation of the federal welfare program, known as Temporary Aid to Needy Families (TANF). Information about these programs is useful in determining which areas need the most assistance and which areas have the greatest number of people utilizing assistance programs. Temporary Assistance for Needy Families (TANF) provides assistance and work opportunities to needy families by granting states the federal funds and wide flexibility to develop and implement their own welfare programs. TANF is a block grant program that helps move recipients into work and turns welfare into a program of temporary assistance. Under the welfare reform legislation of 1996, TANF replaced the old welfare programs known as Aid to Families with Dependent Children (AFDC), the Job Opportunities and Basic Skills Training (JOBS) program, and the Emergency Assistance (EA) program. The law ended federal entitlement to assistance and created TANF as a block grant that provides federal funds each year to states and tribes. These funds cover benefits, administrative expenses, and services targeted to needy families. The reauthorization of the TANF program is currently pending, and TANF has been operating under a series of continuing resolutions and extensions. The House has passed an extension until September 30, 2004; however, Senate approval and the president's signature are still required.

CalWORKs is a welfare program that gives cash aid and services to eligible needy California families. The program serves all fifty-eight counties in the state and is locally operated by county welfare departments. If a family has little or no cash and needs housing, food, utilities, clothing, or medical care, they may be eligible to receive immediate short-term help. Families that apply and qualify for ongoing assistance receive money each month to help pay for housing, food, and other necessary expenses. Families eligible for cash aid are those with needy children who are

TANF/CalWORKs Caseload

Year	Average number of cases	Average number of recipients
90-91	1,760	5,041
91-92	1,847	5,204
92-93	1,854	5,211
93-94	1,965	5,631
94-95	2,131	5,906
95-96	2,087	5,753
96-97	1,885	5,274
97-98	1,575	4,232
98-99	1,237	3,178
99-00	1,022	2,491
00-01	922	2,224
01-02	1,044	2,375
02-03	881	2,103

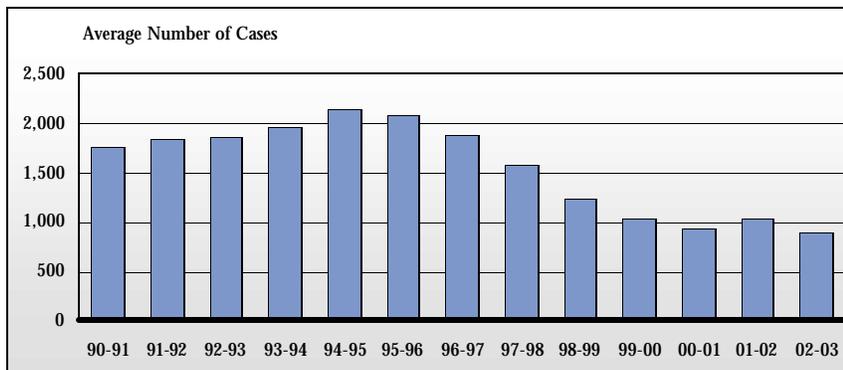
Source: California Department of Social Services

deprived because of a disability, absence or death of a parent, or unemployment of the principal earner. The assistance is intended to encourage work, enable families to become self-sufficient, and provide financial support for children who lack the proper support and care.

CalWORKs payments are issued in the form of a check. The amount of a family's monthly assistance payment depends on a number of factors, including the number of people who are eligible and the special needs of any of those family members. The income of the family is considered in calculating the amount of cash aid the family receives.

El Dorado County

In El Dorado County, the number of TANF/CalWORKS recipients has been steadily decreasing since a peak in FY94. Between FY02 and FY03, the number of TANF/CalWORKS cases in the county decreased 16 percent, compared to a 13 percent decrease in California. In the same year, the number of recipients decreased 11 percent, compared to a 17 percent decrease in California. Overall, the annual average decrease in the county between FY90 and FY02 was about 5 percent, similar to trends throughout California.



Food Stamps Caseload & Expenditures

Overview

The food stamp program is a federally funded program aimed at ending hunger and improving nutrition and health. The program is available to people whose income falls below a certain level, but who are actively seeking employment or are currently employed.

The food stamp program is administered through the U.S. Department of Agriculture. The department pays all of the costs of the food stamps issued and half of the administrative costs of the program. The state and county share the other half of the administrative costs. Through this system a county can improve the nutrition of its population without suffering a major drain on its economy. Food stamps cannot be used to buy pet food, soaps, paper products, household supplies, alcoholic beverages, vitamins, or any food prepared in the store or ready-to-eat.

The U.S. Department of Agriculture (USDA) reports, based on a national U.S. Census Bureau survey of households representative of the U.S. population, that 11.1 percent of all U.S. households were food insecure in 2002 because of lack of resources. Of the 12.1 million households that were food insecure, 3.8 million suffered from food insecurity so severe that USDA's very conservative measure classified them as hungry.

Since 1999, food insecurity has increased by 3.9 million individuals: 2.8 million adults and more than one million children. In 2002, 34.9 million people lived in households experiencing food insecurity, compared to 33.6 million in 2001 and 31 million in 1999.

In 2004, California ranked second in the nation with 1,932,892 food stamp participants behind Texas with 2,327,410 food stamp participants.

Food Stamps, Recipients, and Expenditures

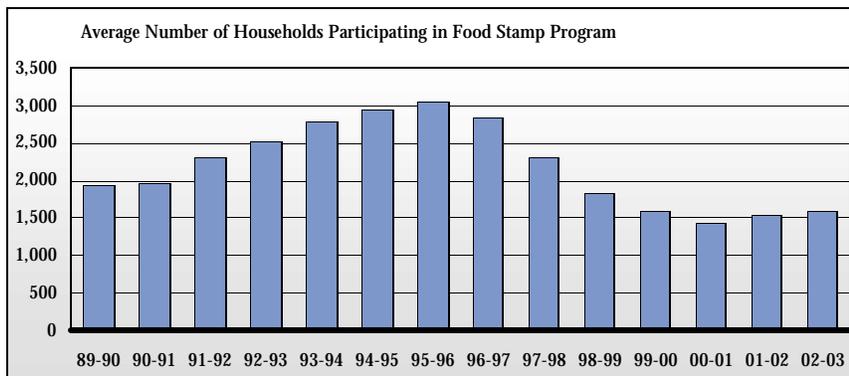
Year	Average number of households	Average number of persons	Total expenditures
89-90	1,945	5,176	\$ 2,669,143
90-91	1,966	5,292	\$ 3,059,384
91-92	2,299	6,142	\$ 4,140,368
92-93	2,516	6,672	\$ 4,786,581
93-94	2,791	7,314	\$ 5,444,985
94-95	2,950	7,629	\$ 5,931,421
95-96	3,046	7,500	\$ 6,318,619
96-97	2,820	6,922	\$ 5,858,217
97-98	2,293	5,630	\$ 4,950,498
98-99	1,830	4,432	\$ 3,749,311
99-00	1,585	3,695	\$ 3,163,832
00-01	1,444	3,288	\$ 2,914,634
01-02	1,532	3,452	\$ 3,225,318
02-03	1,587	3,516	\$ 3,535,809

Source: California Department of Social Services

El Dorado County

The average number of food stamp recipients in El Dorado County has been steadily decreasing since a peak in FY95. Between FY01 and FY02, the number of households receiving food stamps increased 4 percent, while the number of persons increased 2 percent. In comparison, the number of persons receiving food stamps in California decreased 2 percent in the same year.

While total expenditures in the county decreased significantly each year between FY96 and FY00, they increased again in recent years, with 10 percent growth in FY02, compared to a similar 4 percent increase in California. Overall, expenditures in the county have increased at an annual average rate of 3 percent since FY89, compared to 6 percent in the state since the same year.



Medi-Cal Caseload & Expenditures

Overview

Information on Medi-Cal programs is helpful in determining the need for medical assistance in a particular community. Many Medi-Cal recipients are also either CalWORKs or food stamp recipients, creating an overlap in program enrollment.

The Medi-Cal program covers people who are disadvantaged physically or financially. Some examples of Medi-Cal eligibles are people aged 65 or older, those who are blind or disabled, those who receive a check through the Supplemental Security Income/State Supplemental Payments program, children and parents who receive financial assistance through the CalWORKs program, and women who are pregnant or diagnosed with cervical or

breast cancer. Information is also collected by the California Department of Health regarding Medi-Cal eligibles by race/ethnicity, which can provide a further overview of the county's population in regards to income level and assistance need.

NOTE: As there are numerous groups related to those of Asian decent, the CED compiled the following designations for the purpose of efficiency. Asian/Pacific Islander includes Amerasian, Asian Indian, Asian/Pacific Islander, Cambodian, Chinese, Filipino, Guamanian, Hawaiian native, Japanese, Korean, Laotian, Samoan, and Vietnamese.

Medi-Cal Eligibles, Users

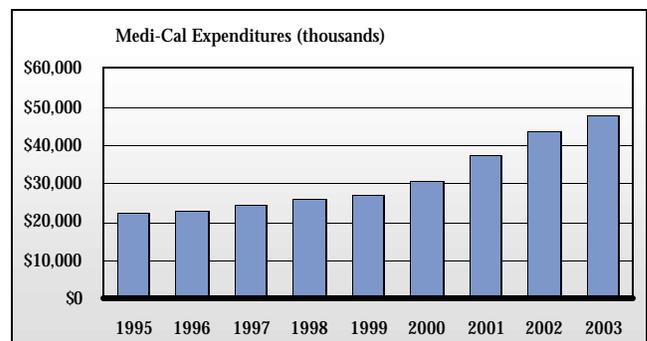
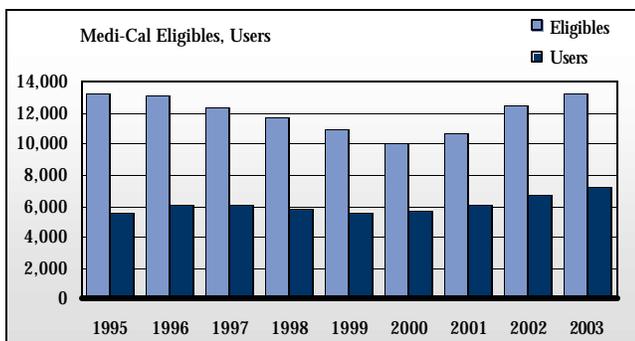
Year	Eligibles	Percent of county pop.	Users	Percent of county pop.	Percent of eligibles
1995	13,228	9.3%	5,557	3.9%	42.0%
1996	13,173	9.1%	6,043	4.2%	45.9%
1997	12,406	8.6%	6,098	4.2%	49.2%
1998	11,774	7.9%	5,776	3.9%	49.1%
1999	10,951	7.2%	5,559	3.7%	50.8%
2000	10,018	0.6%	5,660	3.7%	620.2%
2001	10,749	6.7%	6,103	3.8%	56.8%
2002	12,450	7.6%	6,713	4.1%	53.9%
2003	13,263	8.0%	7,282	4.4%	54.9%

Source: California Department of Health Services

Medi-Cal Expenditures

Year	Total expenditures	Average cost per unit/per day	Cost per user	Cost per eligible
1995	\$ 22,253,946	\$ 26.21	\$ 333.71	\$ 140.19
1996	\$ 22,939,272	\$ 24.01	\$ 316.36	\$ 145.12
1997	\$ 24,707,733	\$ 25.30	\$ 337.63	\$ 165.96
1998	\$ 25,890,705	\$ 27.21	\$ 373.53	\$ 183.24
1999	\$ 26,870,814	\$ 30.47	\$ 402.81	\$ 204.48
2000	\$ 30,887,215	\$ 30.42	\$ 454.74	\$ 256.94
2001	\$ 37,287,783	\$ 36.00	\$ 509.13	\$ 289.10
2002	\$ 43,769,379	\$ 38.85	\$ 543.34	\$ 292.97
2003	\$ 47,932,215	\$ 34.80	\$ 548.55	\$ 301.17

Source: California Department of Health Services



El Dorado County

In 2003, approximately 8 percent of the population in El Dorado County was eligible for Medi-Cal programs. Despite this, only about 4 percent of the county population made use of those programs. In comparison, 9 percent of the population throughout California was eligible, and 6 percent of the total population made use of Medi-Cal programs in the same year. The number of eligibles in California saw a low of about 2,500,000 people in 2000, before beginning to rise again. In El Dorado County, that number has remained steadier, although it has risen in recent years.

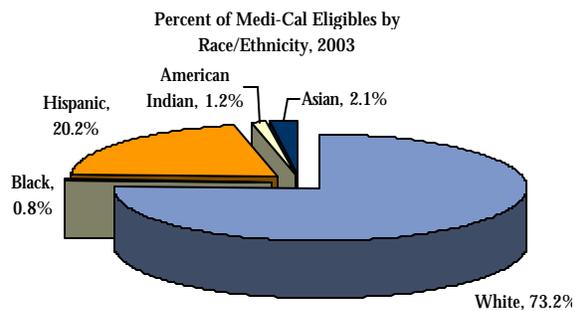
Between 1995 and 2003, Medi-Cal expenditures in El Dorado County steadily increased, and grew 10 percent in 2003—down from a 21 percent increase in 2001. At the same time, the cost per user increased only 1 percent in 2003 in the county. In California, total expenditures increased 8 percent, while the cost per user decreased 1 percent in the same year.

The pie chart below shows that in 2003, about 72 percent of those eligible for Medi-Cal in El Dorado County were white, followed by 20 percent Hispanic, and 2 percent Asian. Despite these figures, the ratio of total race/ethnic populations eligible for Medi-Cal illustrates a different trend. While the largest race/ethnic group in the county was white in 2003, only 7 percent of those persons were eligible for Medi-Cal, while 16 percent of the Hispanic population was eligible. This was followed by 10 percent of the black population, 8 percent of American Indians, and 6 percent of the Asian population in the county were eligible. These figures are helpful in considering the race/ethnic makeup of the county in terms of Medi-Cal eligibility. Please see section 1.4 for more details on population trends in the county.

Medi-Cal Eligibles by Race/Ethnicity

Race/Ethnicity	1997	1998	1999	2000	2001	2002	2003
White	9,720	9,153	8,357	7,675	8,439	9,214	9,709
Black	85	85	72	71	88	101	103
Hispanic	1,488	1,541	1,401	1,322	1,849	2,281	2,674
American Indian/Alaskan Native	82	67	68	61	106	155	157
Asian/Pacific Islander	94	163	126	137	248	323	273
Other	684	685	663	665	543	530	589

Source: California Department of Health Services

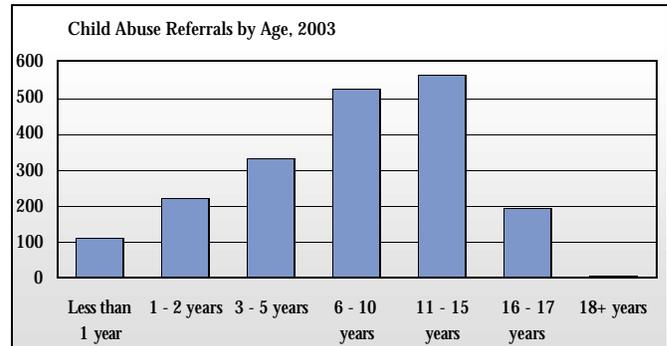


Child Abuse Referrals & Allegations

Overview

Child abuse is determined by improper treatment or the neglect of a child by a caretaker. Mistreatment of the child is defined as the actions, or lack of actions, that present a safety risk to the child. The four main types of mistreatment include physical abuse, neglect, sexual abuse, and emotional abuse. In child abuse cases, the age of the child is a key factor in determining the needs and risks of the child. Child abuse and neglect are often the result of multiple forces that interact with each other. The following factors can contribute to the causes of child abuse: substance abuse, lack of supportive services for families, economic stress and poverty, lack of knowledge regarding child care and child development, domestic violence, and fragmented families. Studies have shown that child abuse is more likely to occur when all or any of the following exist: lack of parenting knowledge, parents are socially isolated, parents with unmet emotional needs, drug or alcohol problems in the home, parents were abused as children, and/or violence or force is used as a solution.

The number of child abuse referrals in a particular area can indicate the need for Child Protection Services (CPS) in that area. CPS is a division of Child Welfare Services and is responsible for investigating child abuse alle-



gations and determining their validity. A CPS caseworker will evaluate the circumstances of a particular abuse case and make a categorical conclusion based on the evidence he/she discovers. The three assessment categories are as follows:

- **Substantiated:** there is sufficient evidence to prove that some kind of abuse has taken place, and the child is taken out of parental or caretaker custody.
- **Inconclusive:** there has not been sufficient evidence for or against the occurrence of abuse, and the case is left open but no action is taken.
- **Unfounded:** evidence has proven that no abuse has taken place, and the child remains in parental or caretaker custody.

NOTE: In the following data, a child is counted only once per year in the county for the category of the highest severity. Percent calculations do not include the allegation missing/other. The number zero under the allegation category missing/other acts as a placeholder. Those numbers representing between one and four allegations are denoted as n/a to protect confidentiality.

County Child Abuse Referrals by Age, 2003

Age-Class	Assessment				Total
	Substantiated	Inconclusive	Unfounded	only	
Missing	0	0	0	0	0
Less than 1 year	38	15	11	48	112
1 - 2 years	63	23	33	103	222
3 - 5 years	88	44	59	142	333
6 - 10 years	108	69	102	248	527
11 - 15 years	96	62	101	305	564
16 - 17 years	25	20	31	115	191
18+ years	0	0	1	7	8
Total	418	233	338	968	1,957

Source: CWS/CMS Q1 2003 Extrzt

El Dorado County

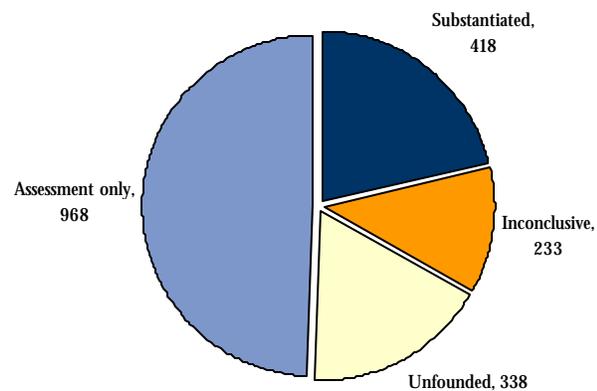
Of the 1,957 child abuse referrals made in El Dorado County in 2003, 418 were substantiated cases. The most common type of abuse in these cases was general neglect with 148 cases, substantial risk with 105 cases, and emotional caretaker absence/incapacity with sixty-eight cases. Substantial risk is defined as an environment that had severe overall effects on a child's emotional and physical well-being. In addition to the 418 substantiated abuse cases in El Dorado County in 2003, there were 233 inconclusive cases and 338 unfounded cases.

County Child Abuse Referrals by Allegation, 2003

Allegation	Assessment				Total
	Substantiated	Inconclusive	Unfounded	only	
Sexual abuse	6	4	25	190	225
Physical abuse	54	46	124	179	403
Severe neglect	17	1	5	8	31
General neglect	148	114	119	372	753
Exploitation	0	0	1	2	3
Emotional abuse	20	16	13	52	101
Caretaker absence/incapacity	68	13	21	41	143
At risk, sibling abused	0	3	5	2	10
Substantial risk	105	36	25	122	288
Missing/other	n/a	n/a	n/a	n/a	n/a
Total	418	233	338	968	1,957

Source: CWS/CMS Q1 2003 Extrzet

Total Child Abuse Referrals, 2003



Foster Care Entries

Overview

Foster care is an out-of-home care system designed to protect children who cannot safely remain in the care of their families. Child abuse and/or neglect are the main causes of child removal from the home, making the child a dependent of the court. The foster care program is aimed at placing these children (who have been removed from their family) in an environment where they will receive proper care and attention. Foster care entries can be of many different types, including kinship, foster, foster family agencies, group homes, shelters, and guardian care.

According to the state of California's Little Hoover Commission's report *Now in Our Hands: Caring for California's Abused & Neglected Children*, policy-makers, since 1999, have recognized the need to improve foster care and have responded by implementing increased investments in prevention and early intervention services. These improvements include placement of 270 public health nurses in county welfare and probation offices statewide to improve access to health care services, installment of a toll-free help line to provide children in foster care and their families with information and assistance, and establishment

of five regional training centers to provide training to new and continuing child welfare workers. However, despite these significant efforts, many children in foster care are not receiving the services they need. State and federal laws mandate that while children are in foster care they are entitled to a full range of education, health, dental, mental health, and substance abuse treatment services. Despite these laws, many individuals involved in foster care situations testify that many children are delayed or denied access to the care they need.

In a letter written to the commission from the Department of Health Services, it is reported that children in foster care should receive a medical assessment within one month of eligibility; however, only 65 percent of these children actually do receive the assessment within the first two months. Another 10 percent will wait for three months, while even still another 14 percent of foster care children will wait more than three months for medical assessments. Half of all children in foster care never receive mental health or dental care services.

County Foster Care Entries by Age

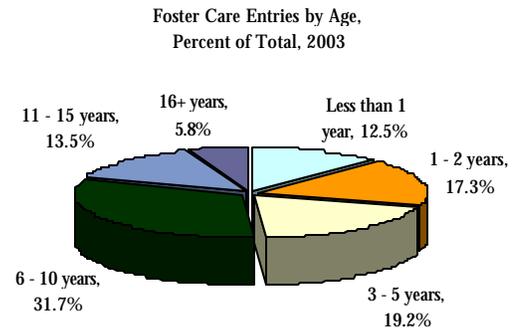
Year	Less than 1 year	1 - 2 years	3 - 5 years	6 - 10 years	11 - 15 years	16+ years	Missing	Total	Annual percent change
1990	11	8	12	8	20	9	0	68	n/a
1991	n/a	7	14	22	14	12	0	73	7.4%
1992	5	8	10	7	24	9	0	63	-13.7%
1993	12	5	9	34	27	0	0	89	41.3%
1994	10	9	13	18	16	n/a	0	70	-21.3%
1995	10	13	27	26	20	0	0	99	41.4%
1996	6	20	21	31	27	6	n/a	112	13.1%
1997	15	30	23	36	25	7	0	136	21.4%
1998	6	11	15	27	32	7	n/a	101	-25.7%
1999	11	12	18	21	21	0	0	85	-15.8%
2000	7	13	8	12	16	6	0	62	-27.1%
2001	11	12	14	20	21	0	0	82	32.3%
2002	12	9	8	12	15	5	0	61	-25.6%
2003	13	18	20	33	14	6	0	104	70.5%

Source: CWS/CMS Q1 2003 Extrct

It is common for children placed in foster care to remain in the system, with multiple placements, until age 18. Depending on the success of the initial placements, the time spent in the welfare foster system can have lasting effects on the child's adult life following emancipation. For example, statistics show that children with over five placements suffer more hardships than a child who had less than five placements. A small but disturbing number of males enter the state prison system after they leave the child welfare system, while those women that become mothers while in foster care are four times as likely to receive welfare or state aid compared to other young females in their age group. It has been identified by the California Youth Connection that many emancipating foster youth are not made aware of their eligibility for benefits that could support their housing, child care, and employment needs. Furthermore, roughly two-thirds of foster youth have college ambitions, but many emancipating youths do not attend because information on higher education and financial aid opportunities is not consistently provided in a timely manner.

Other outcomes of multiple placements and prolonged participation in the foster care system may include mood, behavior, psychotic, anxiety, and adjustment disorders. Though the occurrence of these disorders is not solely due to the foster care system, the percentage of children in foster care with these conditions far exceeds those children not in foster care.

NOTE: In the following data, a child is counted only once per year in the county for the category of the highest severity. Percent calculations do not include the allegation missing/other. The number zero under the allegation category missing/other acts as a placeholder. Those numbers representing between one and four allegations are denoted as n/a to protect confidentiality.



El Dorado County

A total of 104 children entered foster care in El Dorado County in 2003, a 70.5 percent increase from the previous year and the highest in the county in the last five years. The age of these children varied greatly, ranging from less than one-year old to 11-15 years of age. Only six children who entered foster care in 2003 were age 16 or above.

County Foster Care Entries by Placement Type and Entry Year

Year	Kinship	Foster	FFA	Group	Shelter	Guardian	Missing	Total	Annual Percent Change
1990	12	43	6	5	n/a	n/a	0	68	n/a
1991	17	38	16	n/a	0	n/a	0	73	7.4%
1992	10	23	22	5	0	n/a	n/a	63	-13.7%
1993	26	36	24	n/a	0	n/a	0	89	41.3%
1994	17	26	22	n/a	0	n/a	0	70	-21.3%
1995	44	15	34	0	0	n/a	n/a	99	41.4%
1996	42	48	20	n/a	0	n/a	0	112	13.1%
1997	52	35	42	0	n/a	5	n/a	136	21.4%
1998	15	27	32	5	n/a	5	16	101	-25.7%
1999	14	25	37	5	0	n/a	n/a	85	-15.8%
2000	11	19	22	n/a	0	5	n/a	62	-27.1%
2001	11	26	30	7	n/a	n/a	n/a	82	32.3%
2002	6	17	26	8	0	n/a	n/a	61	-25.6%
2003	5	45	47	7	0	0	0	104	70.5%

Source: CWS/CMS Q1 2003 Extrct

