

Sponsored by



Children & Families
Commission of Orange County

Produced by

Orangewood Children's
Foundation

CELEBRATING 25 YEARS OF HELPING OVER 62,000 KIDS SOAR



CALIFORNIA STATE UNIVERSITY
FULLERTON

Center for Community Collaboration
College of Health & Human Development

CDR
Center for Demographic Research



The 19th Annual Report

on the

**Conditions
of Children**

in Orange County

2013

The 19th Annual Report on the Conditions of Children in Orange County

2013

This year's Special Section
focuses on military families.
Please see page 22.



Contributors

Orange County Health Care Agency

Janel Alberts, Ph.D.
Cary Clevenger, LCSW
Curtis Condon, Ph.D.
Suzanne Smith-Ellis, LMFT, ATR
Marcy Garfias, LCSW
Elisabeth J. Gonzalez, Ph.D.
Kenneth P. Grebel, Ph.D.
Jim Harte, Ph.D.
Travers Ichinose, MS, MA
Stephen W. Klish, MPH
Mark Lawrenz, LCSW
Rebecca Mares
Alaka Nafday, MS, MSc
Jenna Sarin, RN, BSN
David L. Núñez, MD, MPH
Dawn Robinson, RD
Jenny Qian, MA
Susan Weidhaas, LCSW

Orange County Social Services Agency

Raquel Amezcua
Ben Blank
Scott Burdick, MS
Anne Broussard
Elliott Bubis, Ph.D.
Lillian Chang, Ph.D.
Inna Padmawidjaja, Ph.D.
Thu Le Phan, MA
Mike Ryan, MS
Tricia Smith, MSW, MPA
Gary Taylor, MS
David Zietz, MA, LMFT

Orange County Department of Education

Wendy Benkert
Elizabeth Brown
Mae Chaplin
Ellin Chariton
Betsy DeGarmoe
Vanessa Galey
Rick Martin
Alisa McCord
Aracely Salazar
Stephanie H. Schneider, Ph.D.
Karen Simpson
Laurie Weiss

Regional Center of Orange County

Jerrold Bonner
Janis White, Ed.D.
John Zeimantz

Orange County Probation Department

Sean Barry
Chris Bieber
Evelyn Davis, MS
Brian Prieto, MA
Steven Sentman

Orange County District Attorney

Additional Agencies

Frances Cadenas, Office of Supervisor Janet Nguyen
Carrie O'Malley, Office of Supervisor Todd Spitzer
Karen Cianfrani, Contract Attorney for Dependent Children
Melinda Konoske, Children's Home Society of California
Shawne Marsh, CalOptima
Roger Onofre, Orange County Child Support Services
Dana Stits, LJC Supervising County Counsel

SPECIAL THANKS TO:

Orange County United Way



Orange County United Way
UnitedWayOC.org



Editor-in-Chief

Michelle G. Berelowitz, MSW
Center for Community Collaboration
California State University, Fullerton
(657) 278-5681
mberelowitz@fullerton.edu.

ORANGEWOOD CHILDREN'S FOUNDATION

Cal Winslow
Mary Ann Soden, M.SC./JD.
Kathy Yutchishen

CALIFORNIA STATE UNIVERSITY, FULLERTON

College of Health and Human Development

Shari McMahan, PhD
Kathy Koser, PhD
Steve Walk, PhD

Center for Community Collaboration

Alicia Recob
Victoria M. Torres, MS
Marta Ortégón Davis, MSW

Interns: Marisa Haley

Rachel Moreno
Angela Rodriguez
Melissa Rogers

Center for Demographic Research

Deborah Stickley Diep, MA
Scott Martin
Ian Boles

CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY

Christina Altmayer, MA
Alyce K. Mastrianni, MPA
Sharon Boles, PhD

CONSULTANTS

Graphic Design

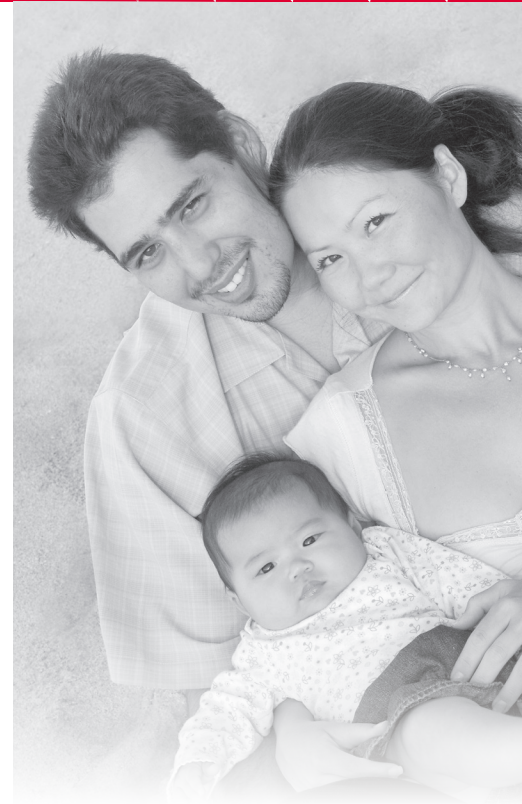
Mandy Loo, *MLoo Creations*

Printer

Diversified Printers, Inc.

Editing

Carole Mintzer, MPA



ORANGE COUNTY

ORANGE COUNTY CHILDREN'S PARTNERSHIP

Chair: Janet Nguyen, *Supervisor, 1st District*

Co-Chair: Mike Ryan, *Orange County Social Services Agency*

Members:

Christina Altmayer, *Children and Families Commission of Orange County*

Eldon Baber, *The Raise Foundation*

Nicholas S. Chrisos, *Orange County County Counsel*

Eric Handler, MD, MPH, *Orange County Health Care Agency / Public Health Officer*

Hon. Douglas J. Hatchimonji, *Presiding Judge of the Orange County Juvenile Court*

Sandra Hutchens, *Orange County Sheriff*

Harold LaFlamme, J.D., *Contract Attorney for Children*

Susan Leibel, *Juvenile Justice Commission*

Al Mijares, Ph.D., *Orange County Superintendent of Schools*

Frank Ospino, J.D., *Public Defender*

Tony Rackauckas, *Orange County District Attorney*

Mark Refowitz, *Orange County Health Care Agency / Behavioral Health Director*

Michael Riley, Ph.D., *Orange County Social Services Agency Director*

Ilia Rolon, *CalOptima*

Steven J. Sentman, *Chief Probation Officer*

Linda Smith, *Parent Representative*

David Wesson, *Foster Home Association*

Janis White, Ed.D, *Regional Center of Orange County*

Jennie Zamora, *Former Foster Youth*

Vacant, *Foster Parent Representative*

Vacant, *Special Education Local Plan Areas*

Sponsored by:

Orange County Board of Supervisors, 2013

Janet Nguyen, First District

John M.W. Moorlach, Second District

Todd Spitzer, Third District

Shawn Nelson, Fourth District

Patricia Bates, Fifth District

Orange County Social Services Agency

Children and Families Commission of Orange County

To obtain additional copies of the Report, contact Orangewood Children's Foundation at (714) 704-8777 or the Center for Community Collaboration, CSUF at (657) 278-5681 or hhd.fullerton.edu/ccf/. The Report, Quick Guide, and links are also available online at <http://ochealthinfo.com/occp/report>.



TABLE OF CONTENTS



Table of Contents	2
About the Report	4
Orange County Children's Partnership	5
Executive Summary	
First the Good News	6
Conditions Needing Improvement	7
Summary of Indicators	8
MAP: Orange County Cities and Communities	10
MAP: Orange County Facts & Figures	11
Orange County Today	12
Demographics	
Orange County Population by Age, Gender, and Race/Ethnicity, 2010	14
Orange County Youth Population (Ages 0 to 17) by City/Community and Race/Ethnicity, 2010	16
MAP: Children 0 to 17 Years Old in Orange County, 2010	17
MAP: Total Births in Orange County, 2011	18
MAP: Children Ages 0 to 5, 2010	19
MAP: Orange County Youth Population by Race and Ethnicity, 2010	20
Special Section: The Impact of Military Service on Children and Families	22
Good Health	
Vignette- Missy	32
Discussion Topic: Children's Vision	33
MAP: Orange County Public Health Services	37
Access to Health Care	38
Early Prenatal Care	40
Births and Low Birth Weight	42
Pre-Term Births	44
Substance-Exposed Infants in Out-of-Home Care	46
Infant Mortality	48
Breastfeeding	50
Immunization of Children	52
Developmental Disabilities	54
Physical Activity	56
Body Composition	58
Births to Teens	60
Sexually Transmitted Diseases	62
Mental Health Services	64
Substance Abuse Services	66
Economic Well-Being	
Vignette- Rosa	68
Discussion Topic: Food Insecurity	69
MAP: CalWORKs Child Recipients 2012	72
MAP: Free and Reduced Lunch 2011/12	73
CalWORKs	74
Free and Reduced Lunch	76
Supplemental Nutrition Programs: WIC & CalFresh	78
Child Support	80
Cost of Early Care and Education	82

Educational Achievement

Vignette- Brianna	84
Discussion Topic: Foster Youth Services Program to Support Academic Achievement	85
Education Data	90
Early Care and Education	92
Academic Performance Index (API)	94
5th Grade Achievement	96
English Learners	98
Average Dollar Expenditure Per Pupil	100
High School Dropout	102
High School Graduation	104
SAT I Scores	106
Special Education	108

Safe Homes and Communities

Vignette- Natalie and Kayla	110
Discussion Topic: Impact of Driving Under the Influence on Youth and Families	111
Child Welfare Outcomes	115
Child and Youth Deaths	116
Child Abuse Reports	118
Child Abuse: Dependency Petitions	120
Dependents of the Court and Out-of-Home Care	122
Foster Care	124
Family Reunification	126
Adoptions	128
Emancipation Services	130
Juvenile Arrests	132
Referrals to Probation	134
Gang Membership	136
MAP: Orange County Substantiated Child Abuse Referrals, Ages 0-17, 2012 and Median	
Household Incomes, 2011	138
MAP: Orange County Juvenile Probation Population, 2012/13 and Median	
Household Incomes, 2011	139

Supplemental Tables

Index of Supplemental Tables	140
------------------------------	-----

References

Resources

Appendix

Appendix A: Census 2010 Definitions	220
Appendix B: Health Programs for Low-Income Families in Orange County	221
Appendix C: 2013 Federal Poverty Income Level Guidelines (FPL)	222
Appendix D: Recommended Immunization Schedule 2013	223

Additional Resources





The First Annual Report on the Conditions of Children in Orange County was developed in 1993 and presented information and data on 28 indicators describing the status of Orange County's children. The purpose of the report was "to provide a comprehensive picture of the present condition of children in Orange County and to establish a baseline from which to measure future progress and track changing conditions." The 19th Annual Report on the Conditions of Children in Orange County, 2013, has been expanded to include 41 indicators, but the purpose of the Report remains the same.

As with past reports, the indicators are presented in four sections - Good Health, Economic Well-Being, Educational Achievement and Safe Homes and Communities. Each section opens with a vignette describing an Orange County child or family - a real life perspective the data cannot fully portray. The definition, findings and trends of each indicator are presented along with a discussion of why the indicator is important and what is happening in Orange County. More detailed data and information on the indicators can be found at the back of the report in the Supplemental Tables and Appendices.

This year, in the 19th Annual Report, a Special Section focuses on the Impact of Military Service on Children and Families. This year's discussion topics include: Children's Vision in the Good Health section; Food Insecurity in the Economic Well-Being section; Foster Youth Services to Support Academic Achievement in the Education section; and the Impact of Driving Under the Influence on Children and Families in the Safe Homes and Community section.

The Report's reputation as a fair and accurate assessment of the conditions of children in Orange County is measured by the evolving improvement of indicators presented. Throughout the years input was gathered from users of the Report, contributors of data and community stakeholders regarding how to improve the information and data presented in the Report.

Based on the feedback, there have been changes to some of the indicators. Within the Good Health section, data is presented on Body Composition instead of Obesity Among Low-Income Children in order to present more comprehensive information for all children. Body Composition measures student's body fat percentage or Body Mass Index within predetermined health fitness standards. In addition, CalFresh data has been added to Supplemental Nutrition Programs indicator since CalFresh provides nutrition assistance for families.

The Orange County Children's Partnership (OCCP) continually reviews the purpose and content of this report and welcomes input from those who use it. If you have any suggestions for improving the report or would like to obtain additional copies, please contact Orangewood Children's Foundation at 714-704-8777, or Michelle G. Berelowitz at the Center for Community Collaboration at 657-278-5681 or mberelowitz@fullerton.edu.

The report, quick guide and links to resources are available at <http://ochealthinfo.com/occp/report> or at <http://hhd.fullerton.edu/ccf/>. The Quick Guide, posted as an on-line resource, serves as a user-friendly abridged version of the report's key indicators.

NOTE: Any revisions/corrections to the report will be noted on the <http://ochealthinfo.com/> website.

**Mission Statement:**

Orange County Children's Partnership is a unified voice that champions health, education, safety, and economic stability by advancing more responsive services that effectively meet the needs of children and families in Orange County communities.

The Orange County Children's Partnership (OCCP) (formerly the Children's Services Coordination Committee) is a 22-member advisory body made up of public agencies and representative community agencies and individuals. It was established by the Board of Supervisors in 1982 in order to address community needs and also benefit from the greatest return on investment of government funds. The OCCP focuses its efforts to achieve common goals related to improving the conditions of Orange County's children. A complete list of members can be found on the inside front cover of this Report.

The responsibilities of the OCCP include sharing information on services for wards, dependents, and seriously emotionally and/or behaviorally disturbed children; identifying gaps in the service system for high-risk children and their families; and recommending collaborative programs to better serve this population. Since August 1993, the OCCP has sponsored the Annual Report on the Conditions of Children in Orange County.

The unifying focus of the OCCP is to ensure that all children attain a high school diploma. The OCCP members have identified education as a strong indicator of economic success that positively correlates with job attainment, wage earning and civic responsibility. Lack of educational achievement can have a significant effect on the need for public services. The higher the rate of high school completion, the lower the rate of dependency on public assistance. Thus, the greater impact on community economic sustainability. Therefore, the OCCP established a task force addressing the issue of high school completion (Please see page 209 for Ten Ways to Promote Educational Achievement and Attainment Beyond the Classroom).

The OCCP has subcommittees and task force committees:

- Emancipation Services
- Child Welfare Services Redesign Planning Council
- Children's Domestic
- Foster Youth Education
- High School Completion

The OCCP meets on the third Thursday of each month. OCCP meetings are open and members of the public are welcome to attend. If you would like more information about the OCCP and its activities, please visit the OCCP web page at: <http://ochealthinfo.com/occp>.





First the Good News

For several of the indicators in the Conditions of Children Report, improvements are visible over time. Improvement in these indicators can be explained by several factors including state funding increases, the impact of expanded community-based programs, expanded outreach, changes in consumer attitudes and behaviors and increased knowledge about certain issues. Although the data does not establish a causal link between improvements in the indicators and these expanded programmatic efforts, several leaders in the health, human services, education and criminal justice fields have made statements underscoring the importance of these connections. The following is a summary of several indicators in which there has been a visible improvement in the trend line.

Good Health

- Over the past ten years, enrollments in **Medi-Cal and Healthy Families** increased by 22.6%, from 244,741 in 2004 to 300,210 in 2013. Most of that growth occurred between 2007 and 2011, and has since leveled off. The 2011 American Community Survey (ACS) conducted by the US Census Bureau estimated that 8.2% of children in Orange County (60,445) were uninsured (pg. 38).
- From 2002 to 2011, there was a 31.0% decrease in the number of **Infant Mortalities** from 216 infant deaths to 160 infant deaths. The rate per 1,000 live births also decreased from 4.8 in 2002 to 4.2 in 2011 (pg. 48).
- Over the past decade, the proportion of **Births to Teens** in Orange County has declined from 7.0% in 2002 to 5.8% in 2011, and the teen birth rate has declined from 32.6 per 1,000 to 20.1 per 1,000 (pg. 60).

Economic Well-Being

- From 2003/04 to 2012/13, there was a 28.8% decrease in the number of **Child Support** cases, from 99,134 to 70,608, with a high of 103,598 in 2008/09. The average net collection per case increased 5.9% from \$1,734 in 2003/04 to \$2,580 in 2012/13. In the same time period, the percent of current support distributed increased 24.1% (pg. 80).

Educational Achievement

- From 2009/10 to 2011/12, there was a 26.0% decrease in **Grade 9-12 Cohort Dropout Rates**, from 12.3% to 9.1% (pg. 102).
- From 2009/10 to 2011/12, there was a 3.3% increase in **Grade 9-12 Cohort Graduation Rates**, from 82.6% to 85.3% of 12th graders (pg. 104).

Safe Homes and Communities

- From 2002/03 to 2011/12, the monthly average number of **Dependent Children** of the court decreased by 30.4% from 4,007 to 2,790. During the same time period, **Children in Out-of-Home Care** decreased 24.6% from 2,939 to 2,215. However, from 2010/11 to 2011/12, the average monthly number of children in out-of-home care increased 9.7% from 2,018 to 2,215, due to the inclusion of AB 12 youth, non-minor dependents remaining in foster care from 18 to 21 years old (pg. 122).
- From 2002 to 2011, there was a 20.8% decrease in **Juvenile Arrests** from 13,646 to 10,801. Misdemeanor arrests decreased 25.1%, arrests for status offenses decreased 15.6% and felony arrests decreased 13.3% (page 132).

While improvements in these indicators are important signs of progress made in the overall conditions of children in Orange County, it is necessary to go a step further to disaggregate the data and determine whether or not success is being achieved for all age groups and racial/ethnic groups. Given the diversity of Orange County's youth population, it is meaningful to use these disaggregated numbers as evidence of where progress is being made and as a guide to where additional focus should be placed to drive more improvements.

Conditions Needing Improvement

For all the progress outlined in the previous section, several indicators exhibit trend lines that are not improving as much as would be desirable. The following is a summary of the indicators in which there is room for improvement.

Good Health

- From 2003 to 2012, the percentage of kindergarten children with **Up-to-date (UTD) Immunizations** decreased from 92.9% to 89.3%. The percentage of children at their 2nd birthday with UTD immunizations increased over the ten-year period from 71.4% to 75.7%, however it has declined from the highest level of 81.1% in 2008 (pg. 52).
- There was a 24.0% increase in the **Sexually Transmitted Diseases (STD)** case rate per 100,000 youth 10 to 17 years of age, from 174.0 in 2003 to 215.7 in 2012. The rate of STD cases for adolescents 15 to 17 years of age increased 15.5% from 457 in 2003 to 528 in 2012 (pg. 62).

Economic Well-Being

- There was a 17.8% increase in the number of children receiving **CalWORKs**, from 38,997 in 2002/03 to 45,950 in 2011/12. More recently, there was a 43.9% increase from the low in 2007/08 of 31,932 children receiving financial assistance. Of all children under the age of 18 in Orange County, the percent of children receiving financial assistance increased from 4.9% in 2002/03 to 6.3% in 2011/12, while the child population in Orange County decreased 6.8% (pg. 74).
- The **Free and Reduced Lunch (FRL)** indicator is a proxy for children living at or near the poverty level. The proportion of students receiving FRL as a percent of the total public school enrollment increased from 38.7% in 2002/03 to 46.4% in 2011/12. There was a 14.5% increase in the number of students receiving FRL from 198,167 (2002/03) to 226,854 (2011/12) while public school enrollment decreased 1.9% for the same time period (pg.76).

Educational Achievement

- From 2005/06 to 2012/13, there was a 34.1% decrease in the number of spaces within licensed family child care homes providing **Early Care and Education** from of 19,239 down to 12,688. While there was a 52.3% increase in the number of licensed Child Care Center spaces from 40,125 in 2005/06 to 61,095 in 2012/13, there was a 41.0% decrease from its high of 103,605 in 2010/11. More specifically, Child Care Center spaces for school-age children 6 to 12 years old decreased 73.1% from 51,221 in 2010/11 to 13,801 in 2012/13 (pg. 92).
- From 2002/03 to 2011/12, there was a 16.4% increase in the County's **Average per Pupil Expenditure** from \$6,715 to \$7,817. However, there was a 11.6% decrease from the high of \$8,844 in 2007/08. Comparatively, in 2011/12, the average expenditure per pupil in California was \$9,053 and in the United States was \$10,834 (pg. 100).

Safe Homes and Communities

- From 2003 to 2012, the number of known **Gang Members** 11 to 17 years of age increased by 14.2% from 845 in 2003 to 965 in 2012. However, there was a 49.1% decrease from the high of 1,896 in 2008 (pg.136).

Many of the indicators in this year's Report are available to provide an analysis of the trends over the past ten years. A summary of all the indicators is provided on pages 8 and 9, which summarizes the most recent data, the earliest available data of the past ten years, and California and national comparisons, where available. The summary of indicators identifies if the indicator is improving (I), needs improvement (NI), remaining constant (RC), difficult to assess (DA), or not applicable/available (NA). There may be indicators in which a determination of improvement based on an increase or decrease in the number or rate is difficult to assess (DA) due to the nature of the data. For some indicators, the status reflects the earliest year available rather than the ten-year trend.



SUMMARY OF INDICATORS

Good Health

Indicator Name and Description	Past 10-Year Data Value (Year)	New Data Value (Year)	Status*	California (Year)	United States (Year)
Access to Health Care					
Number of children receiving health care total:	249,793 (2004)	300,860 (2013)	DA		
Medi-Cal under age 18	178,124 (2004)	255,695 (2013)	DA		
Healthy Families	66,617 (2004)	44,515 (2013)	DA		
California Kids	4,610 (2004)	650 (2013)	DA		
Kaiser Permanente's Child Health Plan	442 (2004)	N/A	NA		
Early Prenatal Care					
Percent of births that received early prenatal care	90.8% (2002)	88.7% (2011)	NI	81.7% (2011)	73.1% (2010)
Births and Low Birth Weight					
Total Births	44,760 (2002)	38,100 (2011)	NA		
Percent of infants born with low birth weight (weighing under 2,500 grams)	6.1% (2002)	6.7% (2011)	NI	5.7% (2011)	6.8% (2011)
Percent of infants born with very-low birth weight (weighing under 1,500 grams)	1.0% (2002)	1.1% (2011)	RC		
Preterm Births					
Percent of preterm births	10.0% (2002)	9.0% (2011)	I	9.8% (2011)	11.7% (2011)
Substance-Exposed Infants in Out-of-Home Care					
Number of infants in protective custody due to alcohol/drug exposure at birth	120 (02/03)	82 (11/12)	I		
Infant Mortality					
Rate of infant mortality per 1,000 live births	4.8 (2002)	4.2 (2011)	I	4.8 (2011)	6.05 (2011)
Breastfeeding					
Percent of mothers breastfeeding (Any)	92.7% (2010)	93.2% (2012)	I	92.3% (2012)	
Percent of mothers breastfeeding (Exclusive)	55.6% (2010)	62.1% (2012)	I	62.6% (2012)	
Immunization of Children					
Percent of children who received combined series immunization coverage by 2 years of age	71.4% (2003)	75.7% (2012)	NI	77.4% (2010)	78.8% (2010) ¹
Developmental Disabilities					
Total number of children under 18 years of age served at Regional Centers	7,200 (2003)	8,821 (2012)	DA		
Percent of those served at Regional Center who are diagnosed with developmental disabilities	72.5% (2003)	71.1% (2012)	DA		
Physical Activity					
Percent of Students in Healthy Fitness Zone (HFZ) for Aerobic Capacity					
Grade 5	69.0% (10/11)	68.4% (11/12)	NI	62.4% (11/12)	
Grade 7	71.1% (10/11)	73.3% (11/12)	NI	63.6% (11/12)	
Grade 9	69.5% (10/11)	70.5% (11/12)	NI	62.4% (11/12)	
Body Composition					
Percent of Students in Healthy Fitness Zone (HFZ) for Body Composition					
Grade 5	58.1% (10/11)	56.4% (11/12)	NI	52.5% (11/12)	
Grade 7	61.4% (10/11)	61.3% (11/12)	NI	55.4% (11/12)	
Grade 9	67.3% (10/11)	65.5% (11/12)	NI	59.0% (11/12)	
Births to Teens					
Birth rates per 1,000 females 15 to 19 years of age	32.6 (2002)	20.1 (2011)	I	28.0 (2011)	31.3 (2011)
Sexually Transmitted Diseases					
Chlamydia case rates per 100,000 children 10 to 17 years of age	163.5 (2003)	200.5 (2012)	NI		
Gonorrhea case rates per 100,000 children 10 to 17 years of age	9.4 (2003)	14.6 (2012)	NI		
Syphilis case rates per 100,000 children 10 to 17 years of age	1.1 (2003)	0.6 (2012)	I		
Mental Health Services					
Total number of children through age 25 served by Children and Youth Services	12,552 (07/08)	14,918 (11/12)	DA		
Substance Abuse Services					
Total number 17 and under receiving substance abuse services	2,527 (02/03)	1,764 (11/12)	NI		
Total number 17 and under receiving outpatient and residential services	574 (02/03)	471 (11/12)	NI		
Children Living in Poverty					
Percent of children below the official federal poverty level	15.9 % (2000)	16.0% (2010)	RC	21% (2011)	21% (2009)
CalWORKS					
Total number of children receiving financial assistance through CalWORKS	38,997 (02/03)	45,950 (11/12)	NI		
Percent of children receiving CalWORKS of total population	4.9% (02/03)	6.2% (11/12)	NI	11.5% (11/12)	
Free and Reduced Lunch					
Percent of students participating in the Free and Reduced Lunch Program	38.7% (02/03)	46.4% (11/12)	NI	57.5% (11/12)	
Supplemental Nutritional Programs: Women Infant and Children (WIC) & CalFresh					
Total number of participants served by the WIC program	97,882 (02/03)	98,219 (11/12)	DA	1,472,468 (2012)	8,907,840 (2012)
Total number of children served by CalFresh	49,172 (02/03)	130,263 (11/12)	DA	3,964,221 (2012)	17,823,116 (2012)
Child Support					
Total number of child support cases	99,134 (03/04)	70,608 (12/13)	DA		
Annual per case collection	\$1,734 (03/04)	\$2,580 (12/13)	I		
Cost of Early Care and Education					
Average cost per week for Child Care Centers, infant child care	\$194 (03/04)	\$264 (12/13)	NI		
Average cost per week for Child Care Centers, preschool child care	\$131 (03/04)	\$178 (12/13)	NI		
Average cost per week for Child Care Centers, school age child care	\$93 (03/04)	\$156 (12/13)	NI		

***Legend: The status of each indicator is determined by the ten-year trend data analysis and the healthy standards set for the well-being of children.**

RC Remaining Constant I Improving NI Needs Improvement DA Difficult to Assess NA Not Applicable/Available

Economic Well-Being

SUMMARY OF INDICATORS

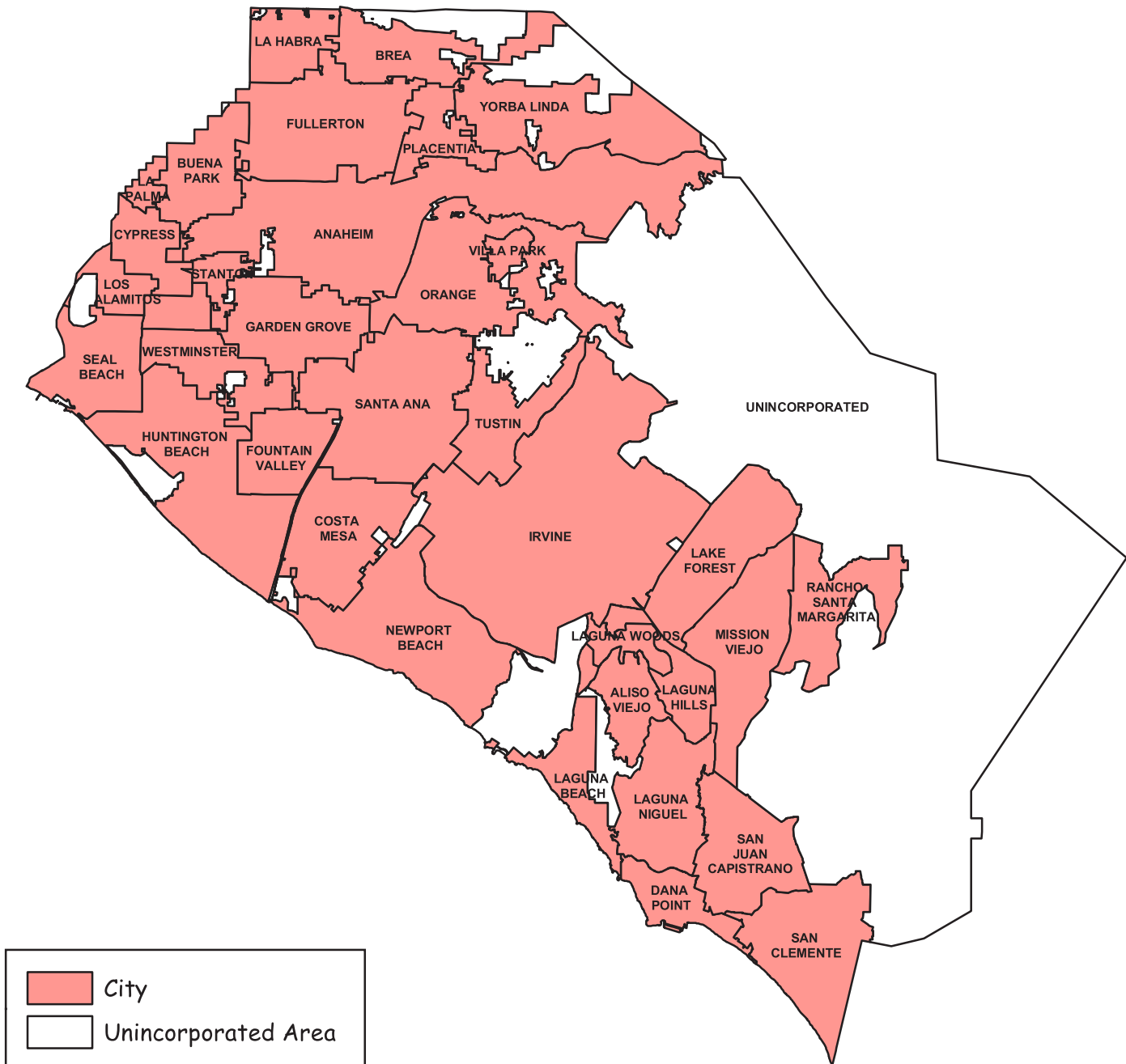
Indicator Name and Description	Past Year Data Value (Year)	New Data Value (Year)	Status*	California (Year)	United States (Year)
Education Data					
Total public school enrollment	515,464 (03/04)	501,801 (12/13)	NA	6,226,989 (12/13)	
Early Care and Education					
Total number of licensed Family Child Care Homes and Child Care Centers	59,364 (05/06)	73,783 (12/13)	I	1,403,327 (2013)	
Total number of Child Care Center spaces	40,125 (05/06)	61,095 (12/13)	I		
Academic Performance Index (API)					
Elementary school growth score range	558-939 (2003)	700-993 (2012)	I	815 (2012)	
Middle school growth score range	523-878 (2003)	652-958 (2012)	I	792 (2012)	
High school growth score range	541-850 (2003)	643-932 (2012)	I	752 (2012)	
5th Grade Achievement (California Standards Test (CST))					
CST English Language Arts Mean Scale Score	347 (03/04)	375 (12/13)	I	365 (12/13)	
CST Mathematics Mean Scale Score	348 (03/04)	412 (12/13)	I	393 (12/13)	
CST Science Mean Scale Scores	327 (03/04)	385 (12/13)	I	367 (12/13)	
English Learners (EL)					
Percent English Learners of total enrollment	29.7% (03/04)	24.6% (12/13)	I	21.6% (12/13)	
Average Dollar Expenditure per Pupil					
Average dollar expenditure per pupil	\$6,715 (02/03)	\$7,817 (11/12)	NI	\$9,053 (11/12)	\$10,834 (11/12)
High School Dropout Rates					
Grade 9 to 12 Cohort dropout rates	12.3% (09/10)	9.1% (11/12)	I	14.7% (11/12)	
High School Graduation					
Grade 9 to 12 Cohort graduation rates	82.6% (09/10)	85.3% (11/12)	I	77.1% (11/12)	
SAT Reasoning Test Scores					
Average combined SAT Reasoning Scores	1,593 (05/06)	1,588 (11/12)	RC	1,492 (11/12)	1,498 (11/12)
Special Education					
Total number of students K to 12 receiving special education services	51,514 (03/04)	51,905 (12/13)	DA	695,173 (12/13)	
Percent of students K to 12 receiving special education services relative to total enrollment	10.0% (03/04)	10.3% (12/13)	RC	11.2% (12/13)	
Child and Youth Deaths					
Death rate per 100,000 children 0 to <1 year of age	492.2 (2002)	420.8 (2011)	I	470.0 (2010)	623.4 (2010)
Death rate per 100,000 children 1 to 4 years of age	21.5 (2002)	16.4 (2011)	I	19.8 (2010)	26.5 (2010)
Death rate per 100,000 children 5 to 9 years of age	12.4 (2002)	6.1 (2011)	I	8.7 (2010)	11.5 (2010)
Death rate per 100,000 children 10 to 14 years of age	10.4 (2002)	9.1 (2011)	I	11.4 (2010)	14.3 (2010)
Death rate per 100,000 children 15 to 19 years of age	37.5 (2002)	30.8 (2011)	I	36.9 (2010)	49.4 (2010)
Child Abuse Reports					
Total number of child abuse reports filed	37,015 (03/04)	34,554 (11/12)	I	487,242 (2012)	3,400,000 (2011)
Child Abuse: Dependency Petitions					
Total number of dependency petitions filed	1,948 (03/04)	1,436 (11/12)	I	84,590 (2012)	
Percent of child abuse reports with petitions filed	5.3% (03/04)	4.2% (11/12)	I	17.4% (2012)	
Dependents of the Court & Out-of-Home Care					
Average monthly number of children in out-of-home care	2,939 (02/03)	2,215 (11/12)	I		
Average monthly number of dependents of the court	4,007 (02/03)	2,790 (11/12)	I		
Foster Care					
Total number of children in foster care	2,963 (2004)	2,249 (2013)	I	55,409 (2011)	399,546 (2012)
Family Reunification (Exit Cohort)*					
Reunification within 12 months	58.3% (03/04)	59.7% (11/12)	I	64.4% (10/11)	75.2% (11/12)
No Reentry following reunification	95.0% (02/03)	92.7% (11/12)	NI	88.3% (09/10)	90.1% (11/12)
Median Time to Reunification (months)	9.7 (02/03)	9.4 (11/12)	I	8.8 (11/12)	
Adoptions					
Total number of children placed in adoptive homes	335 (01/02)	275 (11/12)	DA	5,825 (2012)	
Percent of legally free foster children who were adopted within 12 months	67.5% (02/03)	66.5% (10/11)	NI		
Percent of legally free foster children who were adopted within 24 months	17.5% (02/03)	36.7% (11/12)	I		
Emancipation Services					
Number of youth ages 15 to 20 receiving emancipation services (Monthly Average)	1,803 (02/03)	2,649 (11/12)	I		
Juvenile Arrests					
Total juvenile arrests for youth 10 to 17 years of age	13,646 (2002)	10,801 (2011)	I	148,750 (2012)	
Juvenile arrest rates per 100,000 youth 10 to 17 years of age	3,961 (2002)	3,071 (2011)	I	3,358 (2011)	
Felony arrest rates per 100,000 youth 10 to 17 years of age	963 (2002)	818 (2011)	I	975 (2011)	
Referrals to Probation					
Total number of juvenile referrals 10 to 18 years of age	10,770 (2002)	10,454 (2011)	I		
Gang Membership					
Total number of known gang members 8 to 17 years of age	845 (2003)	965 (2012)	NI		

*Due to methodological differences the reporting period of no reentry following reunifications will always be one year behind what is reported for other measures.

1 Percentage based on children who were adequately immunized between 19 to 35 months of age.

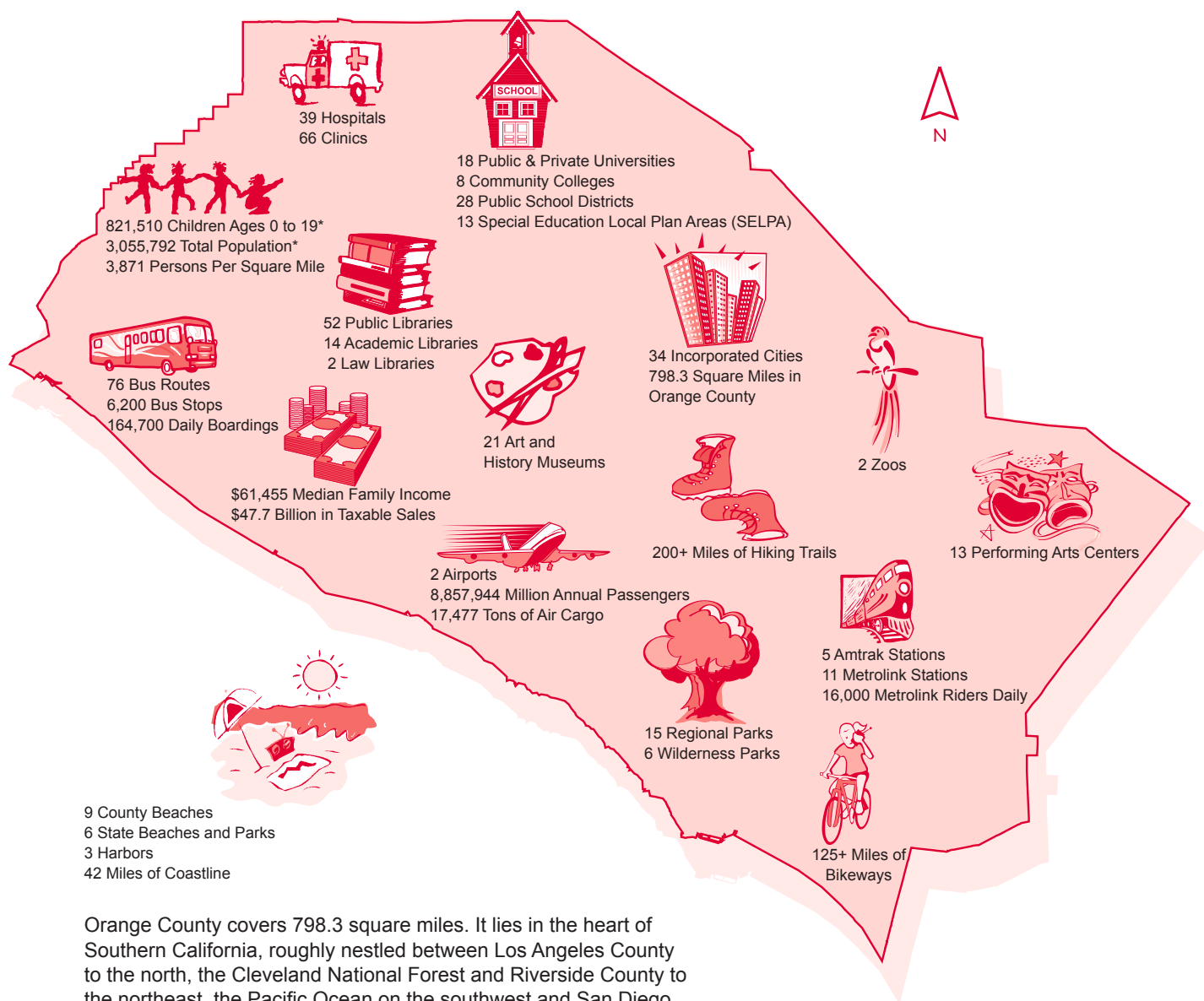
***Legend: The status of each indicator is determined by the ten-year trend data analysis and the healthy standards set for the well-being of children.**
 RC Remaining Constant I Improving NI Needs Improvement DA Difficult to Assess NA Not Applicable/Available

Orange County Cities and Communities, 2013



Note: Census Designated Places (CDPs) are unincorporated communities with relatively large concentrations of population that are identifiable by name and are recognized locally but do not have legal status, powers or functions; they are governed by the County of Orange. The geographic boundaries of CDPs are determined by the Bureau of the Census in Washington D.C. with regional and local input. They are not necessarily consistent from year to year as a result of annexations and incorporations, and do not necessarily reflect the established boundaries of planned communities. U.S. Census Bureau.

Orange County Quick Facts



Orange County covers 798.3 square miles. It lies in the heart of Southern California, roughly nestled between Los Angeles County to the north, the Cleveland National Forest and Riverside County to the northeast, the Pacific Ocean on the southwest and San Diego County to the southeast.

Over the past decade, Orange County's population has grown to 3,055,792 according to the US Census Bureau Population Estimates for 2012. Orange County has more residents than 20 of the country's states, including Mississippi, Arkansas, Kansas, Utah, and Nevada, and is one of the most densely populated counties in the nation with 3,827 persons per square mile.¹

*US Census Bureau Population Estimates 2012

¹Orange County 2013 Community Indicators Report



Demographics

According to the Census 2010, Orange County has a population numbering 3,010,232, making it the third largest county in California, trailing Los Angeles and San Diego County, and ranking as the sixth most populated county in the nation. Orange County's population increased by approximately 31.0% since 1990 and only 5.8% since 2000. The average annual increase slowed considerably to 1.7% between 1990 and 2000, with a 0.9% increase in population in the last year. The population growth is expected to continue at a slower rate with population projections over 3.4 million by the year 2035.¹

Since the 1980s, international immigration, largely from Asia and Latin America, has contributed to the shifting of Orange County's proportion of foreign born residents from 6% in 1970 to 31% in 2011. Natural population increase, births minus deaths, has outpaced migration as the county's principal source of growth. In the last year (2011 to 2012), the county added 20,970 residents through natural increase and 8,805 through international migration.²

Ethnicity and Age

Orange County continues to experience increasing racial and ethnic diversification of its population. The Census 2010 reports that since 2000, overall the population has increased by 5.8% comprising of 44.1% Non-Hispanic Whites, 33.7% Hispanics or Latinos, Non-17.7% Hispanic Asians, 1.5% Non-Hispanic Blacks and All Other Non-Hispanic Races/Ethnicities at 3.1%.

As for Orange County's youth population, the Census 2010 reports demographic changes among all ethnicities as well. The Hispanic or Latino youth comprised 46.7% of the total population, a 15.7% increase from 2000; Non-Hispanic White youth comprised 31.9%, a 9% decrease since 2000; Non-Hispanic Asian youth saw the largest increase since 2000 of 38.8%, comprising 15.2% of the population in 2010; and Non-Hispanic Blacks youth increased by 3.2% in the last 10 years, comprising 1.3% of the population in 2010.

In 2011, 31% of the people living in Orange County were foreign born. Among those residents who were at least five years of age or older, 46% spoke a language other than English, the majority being Spanish (58%), followed by Asian or Pacific Islander languages (30%). In that same year, the median age was 36 years, with 24% of the population being 18 years of age or younger. From 2001 to 2011, Orange County's population increased for all age groups except for 25 to 34-year-olds.³

Education

In the 2012/13 school year for public school enrollment (501,801), the largest racial/ethnic student group in the county was Hispanic or Latino representing 48.3% of school enrollment, an 8.3% increase since the 2002/03 school year. The Non-Hispanic White student population was the second largest racial/ethnic group, representing 29.5% of students in 2012/13; however they have seen the largest decline, down 21.1% in the last ten years, compared to other racial or ethnic groups. As for the other racial or ethnic student groups in 2012/13, Asian, Pacific Islander or Filipinos represented 17.1%; African American, 1.5%; American Indian or Alaska Native, 0.5%; and "Other" represented 5.4% of the student population.⁴

Note: Please see page 210 for references.

Economy

Orange County has one of the strongest regional economies in recent years with a Gross County Product reaching \$191.9 billion in 2012. Even though the county's rate of job growth has slowed in past years, the median family income increased from \$79,146 in 2010 to \$84,200 in 2011. As of July 2012, the largest labor markets were Professional & Business Services (18.3%), Trade, Transportation & Utilities (18.2%) and Leisure and Hospitality Services (12.8%). The five major employers of Orange County residents were Walt Disney, Co. (22,000), University of California, Irvine (21,291), the County of Orange (17,321), St. Joseph Health System (12,048) and The Boeing Company (7,700).⁵

Socioeconomics

As of January 2013, the unemployment rate for Orange County was 7.1%; lower than California (11.3%) and the national average (8.3%).⁶ Poverty, on the other hand, increased in both number and proportion. An estimated 28,091 children in the 2010/11 school year fell into the homeless category according to statistics prepared by the Orange County Department of Education McKinney-Vento Homeless Education Assistance Act; a 7.9% increase from 2009/10.⁷ In addition, in 2011/12, there were 46.4% (226,854) of Orange County's public school children receiving the Free and Reduced Lunch (FRL) program, a proxy for children living at or near the poverty level. In order to be eligible for the FRL program families must not exceed 185% of the Federal Poverty Level. In 2013, the Federal Poverty Level for a family of 4 (2 adults and 2 related children) was \$23,550 compared to \$18,810 in 2003.⁸

Orange County continues to be among the most inaccessible places to live for low and moderate-income earners. In December 2012, the median sale price of an existing single-family detached home in Orange County was approximately \$582,930, up 20.0% since December 2011. The minimum household income needed to purchase a median-priced single family home in Orange County is approximately \$68,650. Fifty-seven percent of households in Orange County could afford the median-priced existing single family home in 2012.⁹

Rental housing remains more expensive than that of our neighboring counties. In 2013, the fair market rent was \$1,294 for a 1-bedroom apartment, \$1,621 for a 2-bedroom apartment and \$2,268 for a 3-bedroom apartment. The hourly wage needed for a household to afford the fair market rent of a one-bedroom apartment was \$24.88; for a two-bedroom, \$31.17; and a three-bedroom, \$43.62.¹⁰ At this rate, a minimum wage earner must work 124 hours per week to afford a one-bedroom apartment.¹¹

Between 2009-2011 the average household size in Orange County was 2.99 persons, with the city of Santa Ana having the highest in the county (4.5 persons per household) and tenth highest in the nation when compared to cities with more than 20,000 residents. In addition to Santa Ana, eight other Orange County cities had an average household size higher than the county average, including Garden Grove (3.7), Buena Park (3.5), Stanton (3.4) and Anaheim (3.3).¹²



Population by Age, Gender and Race/Ethnicity

	Non-Hispanic Asian	Non-Hispanic Black	Hispanic or Latino	Non-Hispanic All Other Races	Non-Hispanic White	Total
Males						
0-4	14,760	1,049	49,307	5,305	27,911	98,332
5-9	15,840	1,207	47,326	5,033	32,171	101,577
10-14	16,158	1,470	48,341	5,025	36,452	107,446
15-19	18,470	1,833	50,823	4,939	41,213	117,278
20-24	18,381	2,017	46,535	3,898	39,337	110,168
25-29	18,295	1,871	45,780	3,375	41,484	110,805
30-34	17,539	1,751	41,484	2,722	36,554	100,050
35-39	21,226	1,817	40,542	2,554	39,177	105,316
40-44	20,668	1,896	38,362	2,528	47,871	111,325
45-49	19,769	2,119	31,990	2,641	57,954	114,473
50-54	18,156	1,976	24,054	2,416	59,211	105,810
55-59	14,814	1,458	16,009	1,793	50,625	84,699
60-64	12,359	1,011	10,853	1,287	44,500	70,010
65-69	9,561	639	7,055	882	32,016	50,153
70-74	7,216	413	5,083	643	23,349	36,704
75-79	4,858	255	3,429	464	18,707	27,713
80-84	3,059	111	2,242	295	14,252	19,952
85+	2,126	87	1,666	200	12,890	16,969
Total Males	253,255	22,980	510,878	46,000	655,667	1,488,780
Females						
0-4	13,998	1,028	47,134	5,233	25,966	93,359
5-9	15,295	1,160	45,645	4,845	30,247	97,192
10-14	15,584	1,325	46,628	4,816	34,396	102,749
15-19	17,599	1,709	47,688	4,815	38,600	110,411
20-24	18,215	1,613	41,738	3,893	37,974	103,433
25-29	19,715	1,519	41,265	3,340	38,719	104,557
30-34	20,481	1,403	39,253	2,720	34,259	98,116
35-39	25,148	1,476	40,539	2,712	38,414	108,289
40-44	24,200	1,676	37,840	2,661	47,736	114,113
45-49	22,712	1,994	31,893	2,825	56,699	116,123
50-54	21,162	1,805	24,745	2,398	57,699	107,779
55-59	18,156	1,421	17,675	1,743	51,433	90,428
60-64	14,632	1,033	12,515	1,316	47,221	76,717
65-69	10,671	683	9,102	1,007	35,805	57,268
70-74	8,013	467	6,754	720	27,375	43,329
75-79	6,083	295	5,085	524	23,433	35,420
80-84	4,053	213	3,630	391	21,331	29,618
85+	3,505	200	2,967	324	25,555	32,551
Total Females	279,222	21,020	502,295	46,283	672,832	1,521,452
Total County	532,477	44,000	1,012,973	92,283	1,328,499	3,010,232

Race categories are defined by the 2010 Census.

Please see Appendix A on page 220 for detailed description of racial/ethnic categories and Census definitions on data collection.

Source: U.S. Census Bureau, 2010 Census

Chart #1 shows the 2010 age and gender distribution of Orange County's total population. Overall, 50.5% of the population was female. When looking more closely at the age cohorts, males outnumber females in the first four cohorts (age 0 to 39). From age 40 on, females outnumber males. This supports the generally known fact that females tend to live longer than males.

In 2010, children ages 0 to 9 comprised 12.9% (390,460) of the total population and youth aged 10 to 19 comprised 14.5% (437,884) of the total population. Children 0 to 17 years of age, comprise 24.5% (736,659) of the total population.

In Chart #2, the distribution of the County's youth population by race/ethnicity in 2000 is shown. The largest racial/ethnic group was White Alone category at 51.3%. The next largest category was Hispanic or Latino of one or more race, 30.8%. The third largest racial/ethnic category was Asians Alone with 13.8%. These were followed by Other Race Alone at 2.6% and Black or African American Alone at 1.5%.

In Chart #3, the distribution of the County's youth population in 2010 by race/ethnicity is shown. The largest racial/ethnic group was the Hispanic or Latino category at 46.7%. The next largest category was Non-Hispanic White at 31.9%. The third largest racial/ethnic category was Non-Hispanic Asians with 15.2% of Orange County's population. These were followed by the Other Category (4.9%) and Non-Hispanic Black (1.3%).

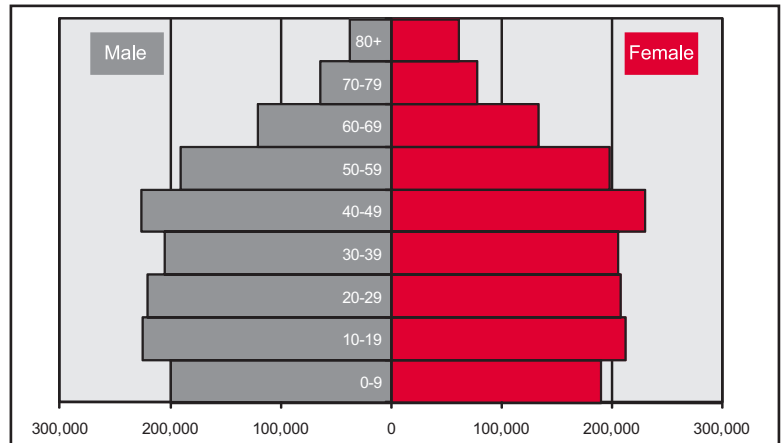
Racial/Ethnic Categories

Throughout the Conditions of Children Report (CCR), due to space in tables, charts and graphs, the following racial/ethnic categories will be represented as follows:

<u>Census Category</u>	<u>CCR Language</u>
Non-Hispanic White	White
Non-Hispanic Black	Black
Hispanic or Latino.	Hispanic
Non-Hispanic Asian	Asian*
American Indian or Alaskan Native	American Indian
Native Hawaiian and Other Pacific Islander	Pacific Islander
Two or more races	Multiple
Other Race	Other

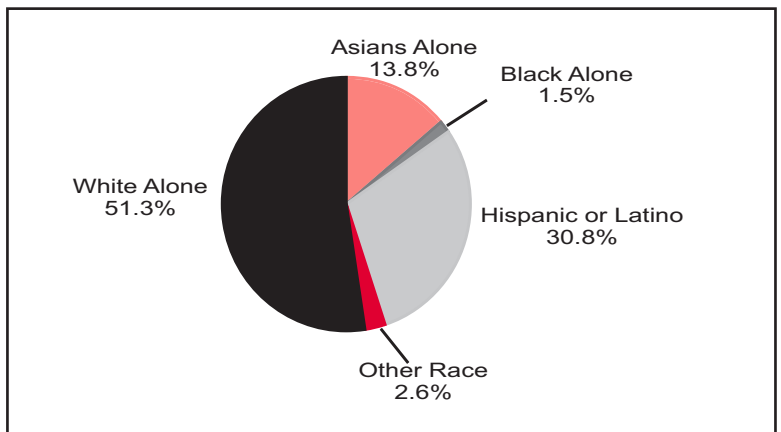
*Asian includes Pacific Islanders and Filipinos unless otherwise specified.

Chart #1
Orange County Total Population
by Age and Gender, 2010



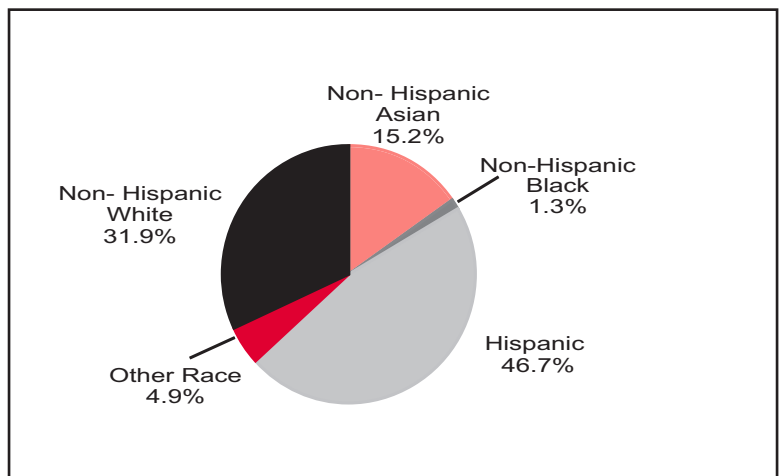
Source: U.S. Census Bureau, 2010 Census

Chart #2*
Orange County Total Youth Population,
by Race/Ethnicity, 2000



* The language used to describe race and ethnicity is reflective of the 2000 Census definitions.
Source: U.S. Census Bureau, 2010 Census

Chart #3**
Orange County Total Youth Population,
by Race/Ethnicity, 2010



**The language used to describe race and ethnicity is reflective of the 2010 Census definitions.
Source: U.S. Census Bureau, 2010 Census

Youth Population 0 to 17 by City/Community and Race/Ethnicity

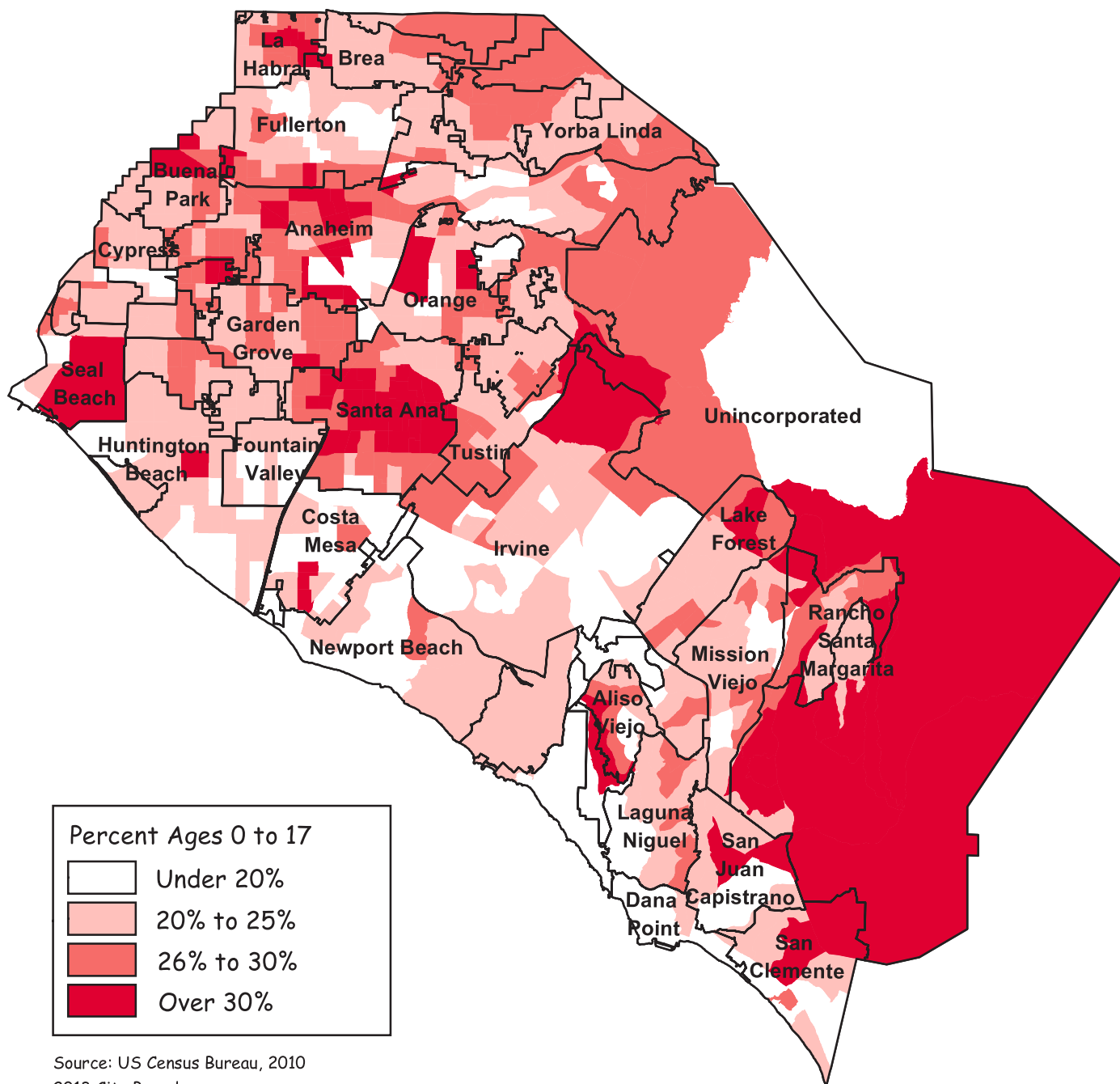
	Non-Hispanic Asian	Non-Hispanic Black	Hispanic or Latino	Non-Hispanic All Other Races*	Non-Hispanic White	Total
Aliso Viejo CDP**	1,577	195	2,694	1,067	6,862	12,395
Anaheim	9,732	1,887	62,671	3,216	14,411	91,917
Brea	1,801	106	3,020	489	3,641	9,057
Buena Park	4,213	781	10,907	977	3,483	20,361
Costa Mesa	1,057	224	12,860	1,246	8,295	23,682
Cypress	3,808	323	2,786	820	3,606	11,343
Dana Point	127	38	1,687	345	3,762	5,959
Fountain Valley	3,947	85	2,172	841	4,598	11,643
Fullerton	6,651	536	15,588	1,333	7,450	31,558
Garden Grove	14,226	383	21,664	1,617	5,873	43,763
Huntington Beach	3,640	296	10,315	3,047	21,830	39,128
Irvine	18,871	775	5,137	4,161	16,731	45,675
Laguna Beach	100	25	407	266	2,850	3,648
Laguna Hills	688	60	1,976	483	3,555	6,762
Laguna Niguel	956	138	2,853	1,002	9,267	14,216
Laguna Woods	3	1	3	7	34	48
La Habra	961	197	11,826	432	2,646	16,062
Lake Forest	2,079	241	6,379	1,310	9,106	19,115
La Palma	1,605	195	740	214	669	3,423
Los Alamitos	315	73	785	272	1,296	2,741
Mission Viejo	1,596	225	5,010	1,547	12,892	21,270
Newport Beach	887	85	1,574	870	11,328	14,744
Orange	2,903	329	17,069	1,286	10,509	32,096
Placentia	1,640	177	6,139	505	3,984	12,445
Rancho Santa Margarita	984	166	3,195	948	8,586	13,879
San Clemente	410	64	3,830	878	10,324	15,506
San Juan Capistrano	158	21	4,694	286	3,359	8,518
Santa Ana	6,412	495	88,224	1,173	3374	99,678
Seal Beach	262	36	569	300	1,984	3,151
Stanton	1,952	176	7,030	330	1,078	10,566
Tustin	3,270	322	10,785	1,001	4,834	20,212
Villa Park	143	8	180	61	772	1,164
Westminster	9,408	131	7,121	902	3,358	20,920
Yorba Linda	2,402	174	3,059	958	9,199	15,792
Remainder Unincorporated	3,540	284	8,818	2,078	19,502	34,222
Orange County	112,324	9,252	343,767	36,268	235,048	736,659

*Includes Alaska Native and American Indian; Native Hawaiian and Pacific Islander; Some Other Race Alone; and Two or More Races.

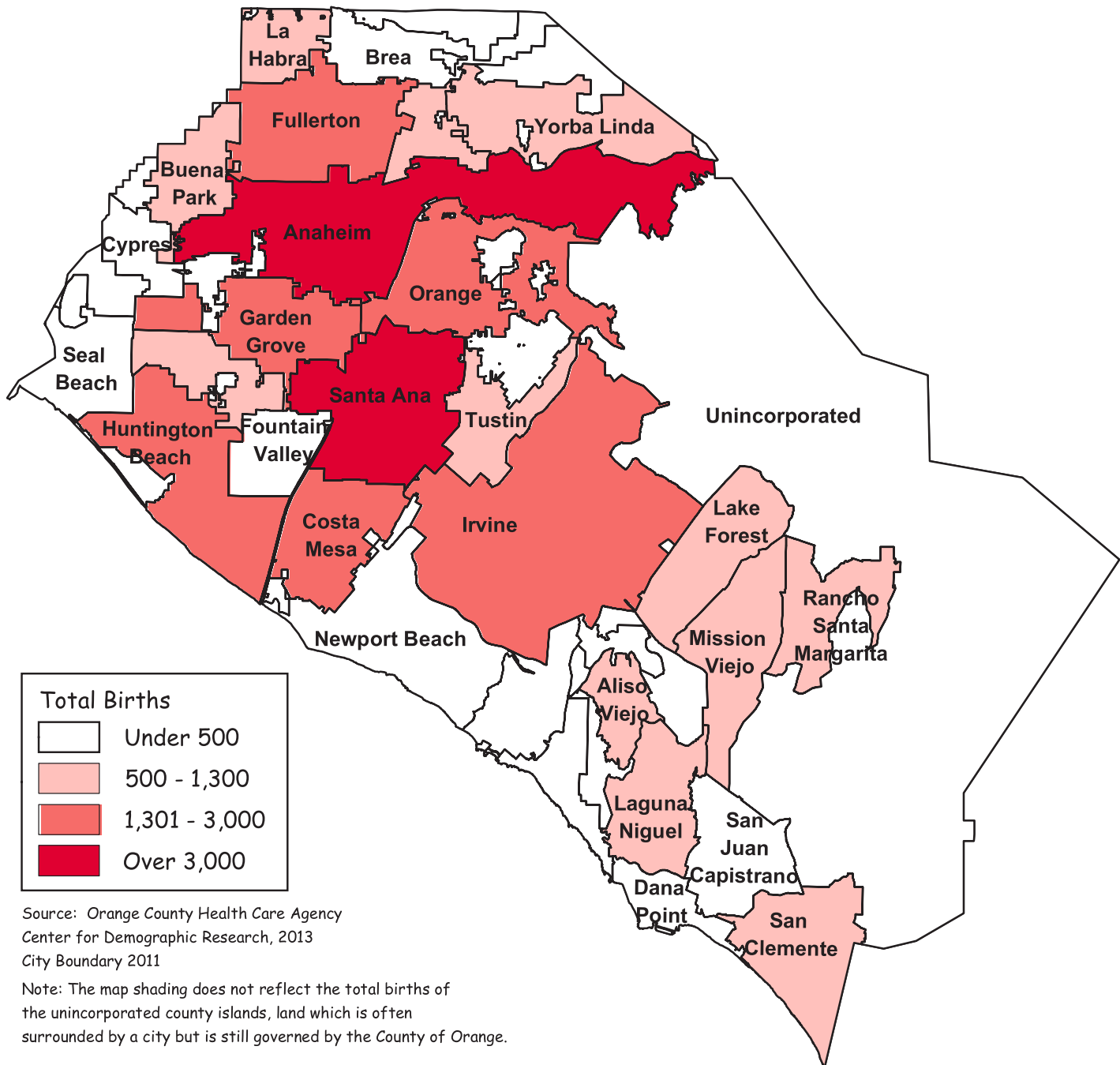
**CDP= Census Designated Place

Source: U.S. Census Bureau, 2010 Census

Percent Youth Population Ages 0 to 17 of Total Population Orange County, 2010

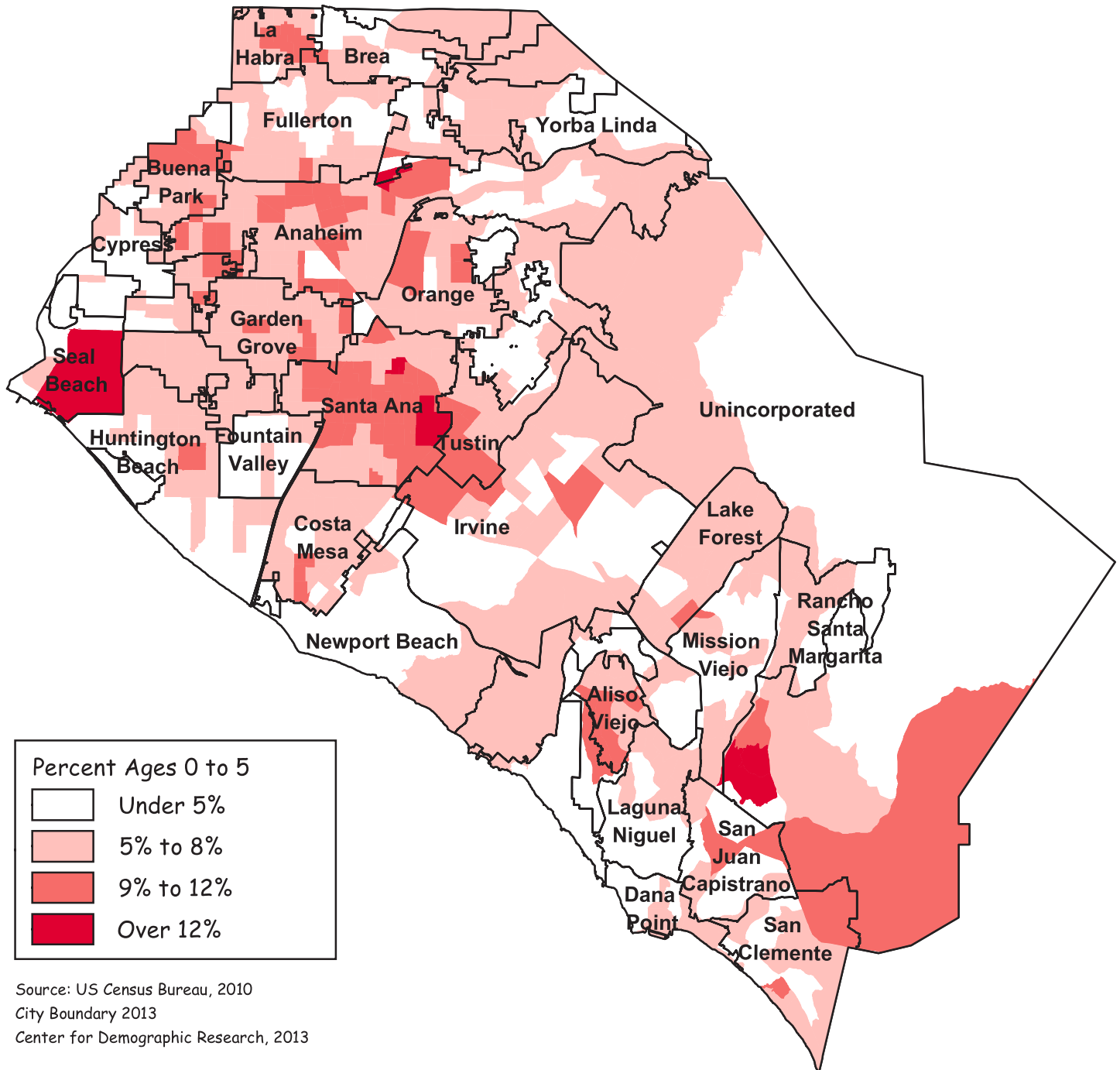


Total Births Orange County, 2011



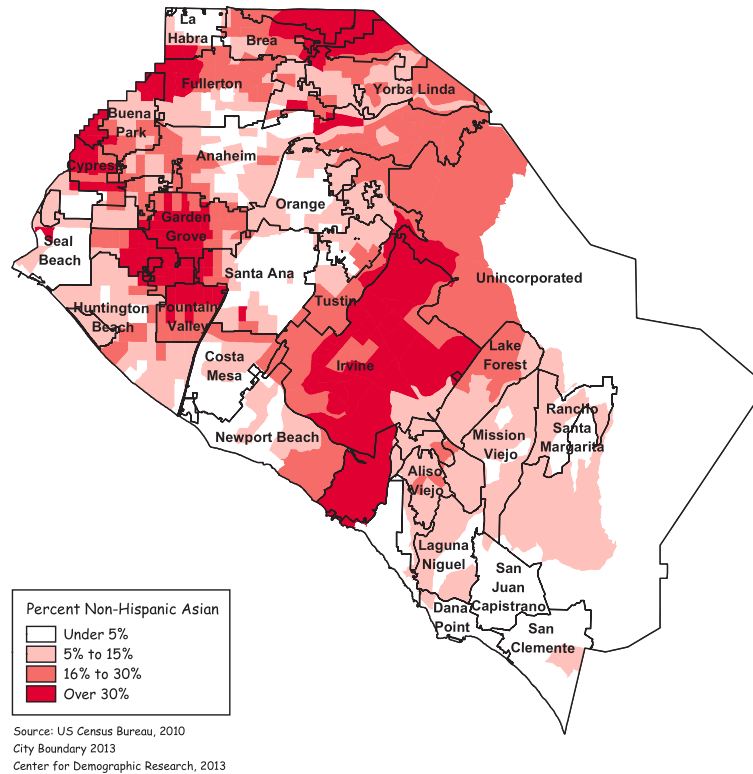


Percent of Youth Population Ages 0 to 5 of Total Population Orange County, 2010

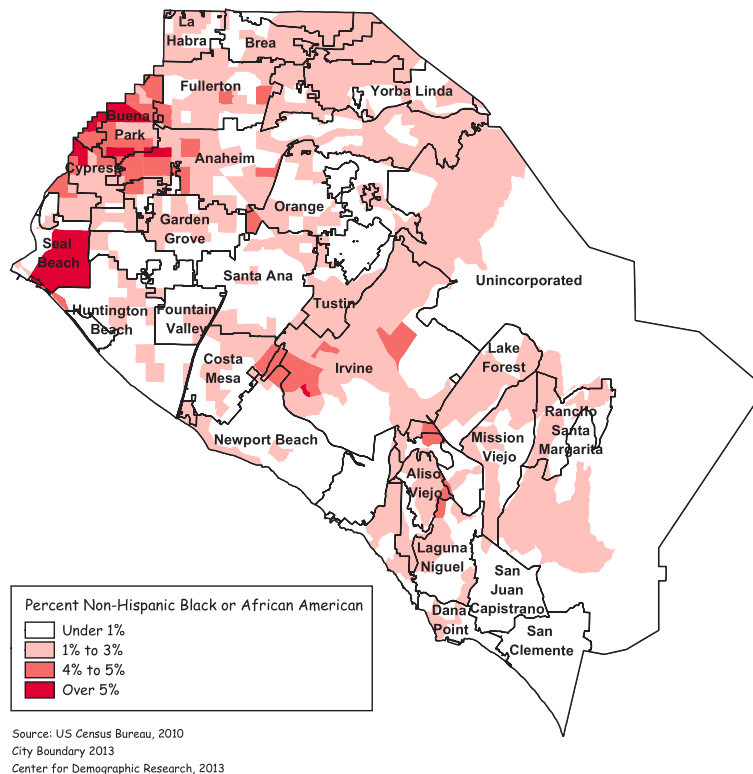




Percent of Total Orange County Youth Population Ages 0 to 17 Non-Hispanic Asian, 2010

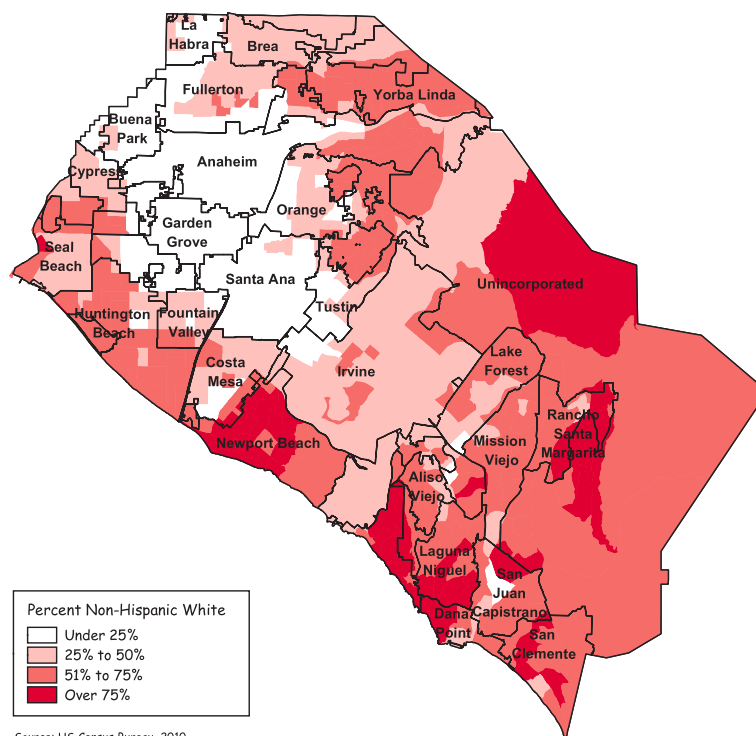


Percent of Total Orange County Youth Population Ages 0 to 17 Non-Hispanic Black or African American, 2010

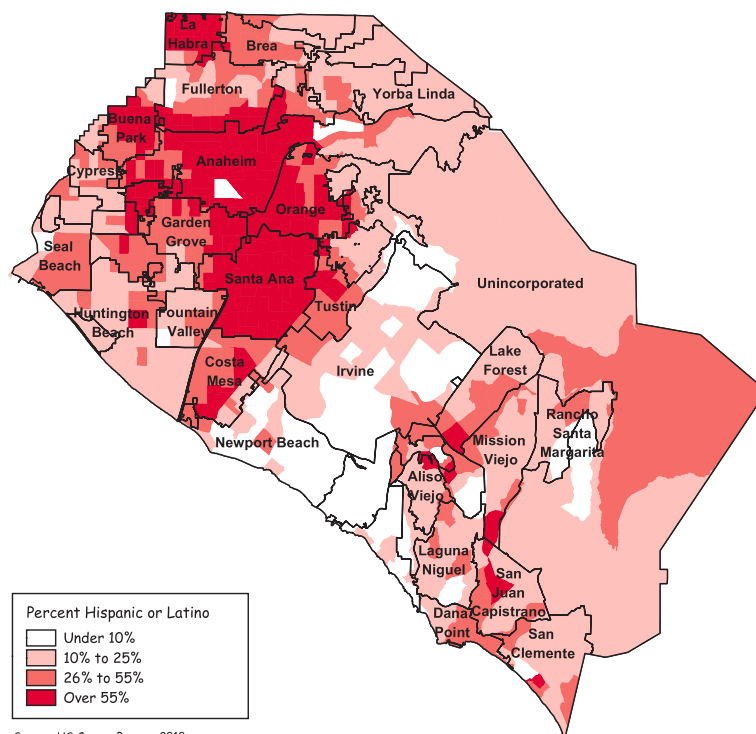




Percent of Total Orange County Youth Population Ages 0 to 17 Non-Hispanic White, 2010



Percent of Total Orange County Youth Population Ages 0 to 17 Hispanic or Latino of Any Race, 2010





Sam, Jacob and Mary

Sam is just four years-old and does not know why he barely ever sees his mom anymore. He misses the way she smiled when she would wake him up in the morning. He wonders why she is not there to read him a story and tuck him into bed at night. Where is she when he falls and scrapes his knee? And who is going to give him his favorite foods? When Sam's mother was deployed, her brother tried his best to take over the role of parent, but he can't keep Sam from feeling a unique hardship. The inner turmoil he feels displays itself in extreme temper tantrums, aggression towards his peers in day care and regression.

A bright, fun-loving kid, Jacob loved the life he had with his friends and family. Secure in his life at home, he excelled at school and brought home glowing praise from his teachers. It all changed when they received the news. Jacob's stepfather received his orders and the family moved from Alaska to California in preparation for his deployment within the coming months. Now, adjustments to a new home, new school and new people are compounded by the stress of the impending deployment. He worries constantly about the safety of his stepfather when he leaves. Jacob cannot bear the look on his parents' faces the day the school gives them referrals to address his frequent emotional outbursts and his growing isolation from his peers.



Mary remembers the days when her father laughed with that light in his eyes, the days when they would go places together and would talk for hours and share stories and dreams. But for Mary, those days are gone. The father she once remembered has changed. He came back a hero. He was a military veteran. But, like all too many, he was diagnosed with Post Traumatic Stress Disorder. The horrors of what he saw and experienced during the war left Mary's father with personality and behavioral changes that made him unable to be a caretaker for his sixteen year-old daughter. Mary moved in with her grandparents, grieving the change in her father. She still visits her father whenever she can but suffers anxiety, worried that her father will never be the same man again. Her fears spiral into major depression as she sees no change.



As military and veteran-connected youth, Sam, Jacob and Mary struggle with emotional and behavioral issues that impact their ability to function at home, at school and in their community. They must cope with parental absences and loss, the threat of harm to their loved ones and the aftermath of when their parent returns home.

Collaborative efforts have been made to identify military-connected children in Orange County and to address the social-emotional needs of these kids in order to promote healthy functioning and adjustment. Sam, Jacob and Mary, along with their families, were identified and received the treatment services they needed through Child Guidance Center's Veteran/Military Children's Treatment Programs. With the help of the therapist and parent, children and teens learn to confront and process their particular traumatic event(s), allowing them to heal and move forward in their lives.

Note: Please see page 210 for references.





Introduction

The unique circumstances that surround families of men and women who serve in the Armed Forces present a host of opportunities and challenges. The following discussion aims to provide a background on military families including available demographic data and research, an overview on the challenges of deployment and a discussion on the challenges for veterans and their families. At the end of the discussion, there is a selection of available national and local resources available to support military families.

Military families is a term that can encompass the families of veterans as well as those on active-duty, in the National Guard and in the Reserves. Active-duty service members commit to the military full time often as a career. Reservists support active-duty by being ready and “in reserve” in case active-duty troops are stretched thin and more support is needed. Reservists are likely to have civilian jobs outside their Reserve commitments. National Guard members defend the homeland. National Guard units operate on a state level. These “citizen soldiers” are generally called to serve after Reservists have been activated.¹

The unique situation of National Guard and Reserve service members and their families should be highlighted, because these service members do not return to military bases but to their own communities. Thus, they have limited access to the family services available to active-duty service members and are left to find supportive services in the community that can meet their needs.

For the purposes of this discussion, the term veteran refers to those who are separated from active-duty and are no longer eligible for services from the Defense Department. It is essential for community workers and health providers to understand this so that they can be responsive practitioners who can help veterans and their families gain access to services. Children of veterans are far less visible than those living in families whose parents are on active-duty because the children of veterans are not eligible for most of the services provided to military families. In addition, services that respond directly to the significant needs of veterans’ children are rare. Consequently when community agencies are providing services to children of veterans, it is critically important for them to understand the distinction between active-duty military families and the unique challenges that face children of veterans, which will be addressed later in this discussion.²

National & Statewide Data on Military Families

Figure 1 provides a national and statewide profile on active-duty, Reserve and National Guard service members, as well as their family members, from 2010 Department of Defense demographic data. It is apparent that, nationally, there are more family members than there are active-duty, Reserve, and National Guard service members demonstrating a need to offer support for the unique challenges that military families face with deployment, casualties and reintegration.

Figure 1

By the Numbers:

National Statistics on Military Families – Active-duty and Reserve/Guard members, 2010

National Data:

- **1.4 million** active-duty service members with **1.9 million** family members
- **56%** married active-duty service members
- **1,224,556** children of active-duty service members, most under the age of seven
- **Nearly 500,000** children under the age of three in active-duty and Reserve families
- **857,261** Reserve & National Service Guard service members
- **1.6 million** family members of Reserve & National Service Guard service members
- **48%** married Reserve & National Service Guard service members
- **Nearly 40,000** active-duty members are married to other service members
- **Nearly 75,000** single parent military families

Statewide Data:

- **159,380** active-duty service members in California (the highest in the nation)
- **58,844** Reserve & National Service Guard service members in California (the highest in the nation)

The California Research Bureau uses American Community Survey data to estimate the current number of military children in California. To arrive at the estimate, they mapped the number of children with at least one parent active in the armed services (as coded by employment code) living in California each year for 2009 to 2011. Using a 90 percent confidence interval, and a standard error rate of +/-3,644 they estimate that there are approximately 105,736 children (0 to 18 years) of active-duty military service members in California.





Regarding the number of veterans living in Southern California, using the 2007 to 2011 American Community Survey Five-Year Estimates, the California Research Bureau has made the following estimates about the current population of veterans:

- **1.9 million** –veterans in California
- **185,000** –veterans in California who are women
- **678,308** –veterans living in Southern California counties;
 - Los Angeles (323,431 in 2012),
 - San Diego (222,348 in 2012) and
 - Orange (132,529 in 2012)

There is no estimate of the number of children of veterans.

Overview on the Impact on Children and Families

Many of the challenges that military families face are simultaneous and exacerbated by various circumstances. The reintegration process for the returning parent, as well as for their family, is influenced by numerous issues, which can include trauma and substance abuse. Both of these are known to be “family diseases,” directly

affecting other members of the family. Secondary trauma, experienced by those who care for members of the military, can include anxiety or depression. This type of trauma has been documented among returning veterans, along with higher frequency of family stress and violence.^{3,4}

Available research calls to attention the various impacts that a parent’s deployment can have on the family either during the deployment or upon their return, including:

- **Post Traumatic Stress Disorder (PTSD)** disrupts functioning in relationships with children. Male combat veterans who have PTSD have been characterized as withdrawn, irritable and controlling.⁵
- **Domestic violence** affects 20% of military couples in which the service member has been deployed for at least 6 months.⁶
- Children of US troops deployed to Iraq and Afghanistan reportedly sought **outpatient mental health services** 2 million times in 2008.⁷
- 43% of active-component service members reported binge drinking within the preceding month.⁸ Another emerging **substance abuse issue** is that many of today’s military personnel are more likely to be addicted to prescription medications, such as opiates, for pain control.⁹
- Another form of stress that affects children is **economic stress**. A recent Institute of Medicine survey of the effects of deployment stated that “Many military families are young and inexperienced in managing finances. About 48% of enlisted service members are under 25 years old and are without financial experience or savings to cushion them in an emergency.”¹⁰
- Children in military families display more aggression and poorer **academic functioning** than their peers.¹¹
- Because service members in Iraq and Afghanistan tend to be older, married and have children, **the increase in the number of children** who have been affected by these conflicts is larger than in past conflicts.¹²
- 900,000 members of veterans’ families, including children, **lack health insurance**.¹³

Much of this research focuses on active-duty families, rather than on the children of veterans separated from service. It can be assumed that many of these problems continue into veterans’ lives, as military discipline disappears and the challenges of re-adjustment increase. In some cases it can be assumed that conditions will worsen over the life span of both the veteran and his/her children if they are not addressed. Figure 2 highlights some of the significant challenges that military families experience.



Phases of Military Service and the Impact on Children & Families

After the war in Iraq and with the withdrawal of troops from Afghanistan, thousands of military personnel are returning home. They either continue in their roles as service members or retire from service as veterans. Of those who served in the aftermath of 9/11, more than 60% are now separated from service.¹⁴ National Guard and Reserve members face deactivation of their military service status and return to civilian roles. The effects of this massive reintegration effort on military families and their young children are now realized. There is a growing need for studies focused on young children in military families in an effort to raise awareness and knowledge of how to support military families that have undergone combat and repeated deployments and are facing the struggles of large-scale reintegration processes.

Over the last decade, the conflicts in Iraq and Afghanistan have demanded lengthy and often repeated combat deployments. In most instances, military families can draw on the support of their formal or informal networks; however, some of these families are left to negotiate the challenges of wartime deployment on their own. Separation from the military parent, as well as stressors that interfere with the availability of the remaining parent or caregiver, can place a young child at risk for problems in attachment and development.¹⁵



Figure 2 Key Issues that Military Families Experience

- **Repeated and extended deployments**—multiple and varied transitions—from military to civilian status in the case of retirement or injury-related medical separation from service, from Reserve to active-duty status and back again;
- **Unique National Guard and Reserve challenges**—less access to military resources and support due to distance from military installations and additional disruptions to healthcare, Section 8 housing, employment and so forth due to changes in activation status.
- **Deployment-related injury**—potential change in parental roles and resulting impact on family and child outcomes; the quality of injury information and support as well as its impact on family outcomes; the impact of service member injury on parental identity and parent–child interactions.
- **Family roles and structure in relation to deployment**—grandparents stepping in as caregivers (overlay of aging stressors, less access to military resources, etc.); unique challenges for dual military couples reconciling dual, alternating deployment schedules that may result in additional disruptions in caregiving; how diversity issues might play out in family's response to deployment; how negotiating co-parenting may be affected by deployment separation and disruption.
- **Financial strain**—additional overlay of stress, especially in current economy; high unemployment rates affecting families that are considering transitioning out of service; erosion of federal funding and government work; how issues of unemployment might play out differently for veterans and their families who have made substantial sacrifices and now cannot find work. The loss of health coverage that was available under Tricare to active-duty families results in many lower-income veteran families lacking any coverage; there are no focused efforts in the enrollment drive for Affordable Care Act coverage aimed at veteran families.
- **Single parents**—unique challenges associated with developing deployment care plan. Plan may be influenced by the deployed parent's relationship to the other parent, legal implications of transferring care during deployment and overall availability of a support system.
- **Maternal depression**—anecdotal information suggests increased rates of maternal depression in both female spouses and service members.
- **Developmental and relational effects on young children**—looking at parent–child attachment, siblings' outcomes (especially in relation to older siblings who may be playing a caregiving role) and children's regulatory patterns, including sleep and affect management.

Source: Zero to Three© National Center for Infants, Toddlers, and Families. Research and Resilience: Recognizing the need to know more: Understanding the experiences of young children in military families in the context of deployment, reintegration, injury, or loss.

There are two major types of attachment: secure and insecure. When a child displays a secure attachment with the deployed parent, the child is able to cope and express healthy emotional reactions to the situation they face along with adapting to the change in their relationship to the deploying parent. This is even more likely when the child has a positive secure attachment with the parent who has stayed at home. When a child displays an insecure attachment with the deployed parent, the child can become anxious and/or avoidant through all phases of deployment. This is even more apparent when the child has an insecure attachment with the parent at home. If the child has a secure attachment with the at-home parent, there will be difficulty present but the child has a greater chance coping with the absence of the deployed parent and eventually adjusting to the situation.¹⁶

The at-home parent's attachment to the child is an important factor within the phases of deployment, especially through the deployment and post-deployment phases. When the at-home parent has a secure attachment, they are able to support their child/children in dealing with the feelings that they are experiencing. The at-home parent also becomes a valuable social support for the deployed parent and other military families. However, when either parent has an insecure attachment it exposes the family, during highly stressful circumstances, to dysfunction. When a parent deploys, it not only takes away a key figure for the child's attachment, it also causes the at-home parent to take on a single parenthood role, which can include the stressors of financial strain and lack of emotional/mental/physical support.¹⁷ Having shifted from a two-parent support system, the at-home parent now has to handle stressful situations alone. Consequently, without added support for the at-home parent, the increased stress can translate into irritability, short-temper and a strained relationship with the children.

One of the more effective ways to understand the attachment process between a military parent and child is by breaking it down by the phases of military service. Often people do not realize that deployment affects children long before the parent leaves for deployment and long after the parent returns home, or separates from service.

Pre-Deployment Phase¹⁸

Prior to deployment the family may exhibit anxiety and anticipation about the parent's departure. If the child has a secure relationship with both parents, the child will have strong coping abilities to prepare for the parent's departure. Younger school-age children may exhibit

clinginess during this phase; while mid to late adolescents are more likely to put more distance between themselves and the parent to prepare for the coming deployment. Regardless of age, if a child has an insecure attachment with the deploying parent, the child may exhibit avoidance, a general distrust of people, minimization of feelings, denial and a non-engaging coping strategy up until or just after the deploying parent leaves. Depending upon how the child is supported through this process, these behaviors may alleviate or worsen through the rest of the deployment phase. The child's insecure attachment will also make it more challenging to bridge a relationship once the deployed parent returns.

Deployment Phase^{19, 20, 21, 22}

During this phase, the deployed parent has left and the family experiences a range of emotions from happiness to deep sadness, great fear to relief and despair to hope. The child's attachment to the at-home parent is crucial during this phase. If the deployed parent is in an unreachable area, the child will need a strong secure attachment with the parent at home in order to cope and adapt to the new situation. This secure attachment will allow communication, stability and comfort during a time where the deployed parent is absent. The child will be able to adapt to the temporarily new family structure, allowing them to build on their self-efficacy skills. Although research has suggested that children display admirable resilience while a parent is deployed, other research has found some children exhibit increased anxiety, withdrawal, anger, noncompliance and/or other behavioral problems.

If the child-parent attachment is insecure, the child is more likely to develop behavioral and academic challenges while the deployed parent is away. If the child's attachment is insecure with the at-home parent as well, it makes it more difficult for the at-home parent to communicate with them and work on their relationship during this time. A younger child is more likely to feel fearful or alone and display signs of regression (clinginess, crying, wetting the bed). Adolescents may display more aggressive behaviors (anger, sense of abandonment, withdrawal and mood swings) as well as academic challenges. One study found that children whose parents were deployed 19 months or more since 2001 had modestly lower (and statistically different) achievement scores compared with those who had experienced less or no parental deployment.

One study identified gender differences of military children in how behavior manifests itself during their parent's deployment; boys tend to exhibit more anger and aggression while girls exhibit internalizing behaviors



such as depression or psychosomatic symptoms (stomachaches, headaches, etc.). The study revealed that middle and high school females were engaging in more risky behaviors such as cutting or sexual promiscuity.

Post-Deployment Phase^{23,24,25,26}

Although this is considered a joyful moment by all; in actuality the long awaited and highly anticipated reunion is one of the more complex phases for the entire family. The post-deployment phase lasts 3 to 6 months after the deployed parent returns home. For as long as 6 to 15 months of their life, the family has functioned without the deployed parent and now everyone (including the returning parent) struggles with reintegrating him/her into the family. During the previous stage the family, including the child, has changed – the dynamic in the house has adjusted to life without the deployed parent, children and adults have grown older, physical appearances may have changed – essentially, life has gone on without the deployed parent. This is a large struggle for reintegrating parents because they return with only the memory of how the family was prior to deployment. They now have to familiarize themselves with children who are older, personalities that have changed and a routine that developed while they were gone.

Regardless of what kind of attachment the child has with either parent, research suggests that some degree of ambivalence, anger, resentment and/or emotional disengagement may take place during this time period. Evidence suggests that secure attachments for all parties, including parent-to-parent and child-to-parent, will promote a more positive adaptation as the reintegration begins for the entire family. The most difficult part of this phase is the reunion of the deployed parent with the child. If the child was very young when the parent deployed, the child is less likely to remember the deployed parent prior to their departure and therefore is more likely to treat them like a stranger and be fearful of them. An older child who had an initial secure bond with the returning parent and went through a period of grieving after the parent left may be extremely detached and even ignore the parent for a while upon their return. Although these behaviors can be challenging for the family, allowing for time and providing love and support during the process can help children to manage their emotions with healthy reactions.

Finally, it is important to recognize that extended families are also impacted by the problems of deployed service members and veterans. During and sometimes after deployment, children are cared for by grandparents, aunts and uncles and older siblings. Defining “family” to mean only a spouse and children omits these important



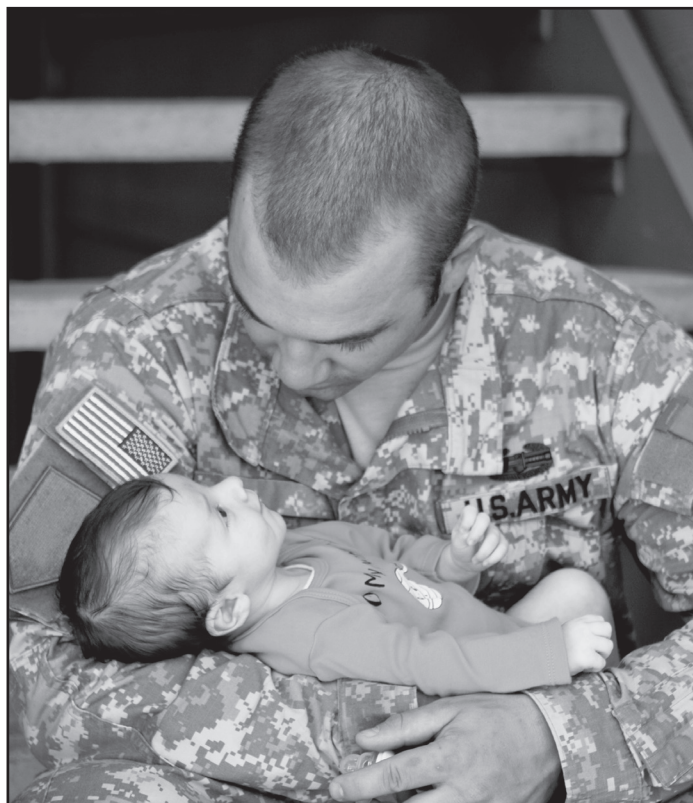
caregivers who can be critical voluntary resources. These caregivers can also come under substantial stress as they deal with the aftermath of deployment by a veteran in their extended family. Moreover, in some cases, divorce and disability increase the pressure on these caregivers as they support their family members. This pattern of family support can be especially important in minority cultures and communities where broader definitions of family are more common.

Separation from Service Phase^{27,28}

When military personnel separate from service and move into Veteran Status, there are a lot of emotions experienced by both the individual and their family. The ambiguity that once centered around where the family might be stationed or when the parent might be deployed is now replaced with an uncertainty of what the future holds as the veteran resumes their education or pursues a career, and becomes a more permanent fixture in the home.

There is limited research about the children and families of veterans. Higher rates of depression and post traumatic stress disorder (PTSD) are associated with higher levels of family problems. Otherwise, there are no studies on the incidence of domestic violence, child maltreatment, children’s mental health problems, children’s behavioral problems or children’s academic performance in families with veterans.

While the children of veterans do not face current deployment stress, many of these children face other post-deployment stresses, such as the parental withdrawal, irritability and anger that may come with PTSD and depression or the family dysfunction that comes in the case of substance abuse. Some research indicates that these post-deployment stresses may be significantly worse for children of veterans than children of active-duty military personnel. More than half of the Operation Enduring Freedom-Operation Iraqi Freedom



(OEI-OIF) veterans presenting to the Veterans Health Administration (VHA) since September 11, 2001, have been diagnosed with mental health problems, and more than a quarter – 250,000 – have been diagnosed with PTSD. The numbers of OEF-OIF veterans diagnosed with PTSD, depression and alcohol and drug abuse and dependence in the VHA has been rising 21 to 31% per year, indicating that more veterans are being discharged from military service with these problems. These numbers will continue to grow, since more than 1 million veterans are expected to be discharged from military service over the next five years. The number with diagnosed PTSD will also grow, since PTSD can manifest itself years after the initial trauma occurs. It seems likely that we can expect the problems of children of veterans to continue to present for many years to come.

Children of veterans do not have the supports that children of military personnel do. Military families have incomes, jobs, health insurance and homes; veterans' families may lack some or all of these. Military children go to schools on or near bases with other military children, with a peer group sharing the same experiences. By contrast, children of veterans are scattered in schools across the country, are often new to their schools and lack a built-in support system that understands them. Military children and families are also supported by Congressionally-mandated Family Assistance Programs; no such programs are available to children of veterans.

If children of military families, with all of the supports they receive, show the kinds of problems that have been detailed here, then children of veterans are likely to display as many, if not more, difficulties, given the lack of either diagnosis or services once the veteran separates from the health coverage available while on active duty. The combination of the growing number of separated veterans with behavioral health problems, the lack of structured support networks and programs for their children will persist in the absence of services that do not identify or recognize them as a special population. This situation is more challenging for children whose parents are members of the National Guard and Reserve forces, already living in communities where it requires an effort on the part of the family to seek out support.

Unique Challenges for Children and Families of Veterans

The emphasis on active-duty families, combined with the lack of an accurate figure for the total number of children of separated veterans of OEI-OIF, are signals of the relative invisibility of these children and their needs. The Department of Defense (DoD) has extensive information about dependents, which is essentially “erased” when service members separate and become veterans. At least six Veterans Administration (VA) forms ask for information about dependents, but it is not aggregated or distributed for State or local use. Efforts are underway in both the DoD and VA to link their systems so that veterans and their families can be tracked more readily and screened for needed services, but a key test of the efficacy of these efforts is a definitive count of children of recent veterans—and no such number exists. It is nearly impossible to coordinate services for this population without a system in place to track them. There are no standardized screening or assessment forms used by the VA to determine the services needs of children of veterans.

An extensive array of services from DoD is available to children in military families who are on active-duty. Family advocacy programs, schools, child care and other services have been expanded in response to the substantial numbers of active-duty service members with children. The DoD is the largest health care provider in the U.S. Members of the Reserve and National Guard, who served in post 9/11 conflicts in larger proportions than any other conflict, are eligible for a limited range of services, but unlike active-duty families, their children are typically not enrolled in TRICARE, the military health coverage program.



Children are not eligible recipients of most federally supported programs for veterans. Mental health and substance abuse prevention and treatment are not provided to children of veterans despite the higher likelihood that these children will be affected by these conditions. A few new VA programs, such as the Section 304 program for supportive housing services, recognize the need for supportive services for veterans' children, but most VA programs are mandated to serve only veterans. No one federal organization or agency is held accountable for services related to children of veterans.

Survivors and children of severely disabled veterans are eligible for some benefits, and some states provide educational support services to children of disabled veterans. The Veterans' Mental Health and Other Care Improvements Act of 2008 (S. 2162, 110th Congress) partially expanded access to VA services, such as marriage and family counseling or mental health care, as long as these services are deemed necessary for the proper treatment of a veteran. But no coordinated system of care exists that responds to the needs of the more than one-third of the children of recent veterans who were adversely affected by their parent's deployment.

Children and family services systems may be further strained by pending defense cutbacks. Scheduled reductions in force, estimated to affect more than 60,000 service members over the next three years, could add a large number of newly separated veterans with families to these totals.

National Efforts to Support Military Families

Zero to Three – Coming Together Around Military Families

Zero to Three's mission is to ensure that all babies and toddlers have a strong start in life by providing parents, professionals and policymakers with the knowledge and know-how to nurture the needs of very young children. Zero to Three has been working with military/veteran families since 2006 when it began its initiative, Coming Together Around Military Families. This community-based initiative increases awareness about the impact of trauma, grief and loss on very young children in military/veteran households. Their work has focused on specialized training and support for professionals who work with military/veteran families. The DoD supported the expansion of the initiative at 28 military installations and military medical centers as well as in 37 states serving National Guard and Reserve families through the Joint Family Support Assistance Program. These 65 locations received the Duty to Care training series, designed by Zero to Three, to address the needs of infants and toddlers whose families are experiencing complicated deployments, injury or the death of a service member parent. Additionally, the training series explored the role, needs, challenges and strategies of professionals serving these communities.

In recent years, Zero to Three has expanded its focus on veteran families with young children. For returning veterans who transition out of service, as well as members of the Ready Reserve forces that demobilize and re-mobilize, visible and invisible injuries may be overlaid with the loss of social support systems and military-specific benefit/resources—constituting additional disruption in families' lives. Zero to Three has been proactive in addressing the unique needs of veteran parents and their young children by modifying its trainings and resources to promote an awareness and understanding of veteran families' unique experiences, challenges and strengths. More recently, the organization piloted its adapted trainings, Coming Together Around Veteran Families™, in the greater Chicago and Los Angeles communities. A veteran's perspective was integrated into existing resources through the modification of its Honoring Our Babies professional guide as well as its Supporting Young Children parenting material. Zero to Three was recently funded to develop a series of video-casts and a parenting application (app) as mechanisms for promoting community capacity to engage and support veteran families and their young children in the State of Illinois.



For more information about the work and activities of Military Family Projects at Zero to Three, including downloadable resources, please go to www.zerotothree.org/military.

Families OverComing Under Stress (FOCUS) Project

As a service initiated by the Bureau of Medicine and Surgery, the FOCUS Project addresses concerns related to parental combat-related stress and physical injuries by providing state-of-the-art family resiliency services to military children and families at designated Navy and Marine Corps sites. In 2009, FOCUS Family Resiliency Services was made available to Army and Air Force families at designated installations through support from the Defense Department's Office of Family Policy. FOCUS is based on over 20 years of research with children and families facing challenges and adversities in many different settings. It has successfully provided services to thousands of participants at dozens of sites and continues to expand, including new online availability for those who are remotely located.

Children of Veterans Project

Children and Family Futures, a nonprofit based in Southern California, recognized the overlap between veterans' needs and its role in providing technical assistance and evaluation services to state and local collaborative teams working across child welfare, treatment agencies and the courts. As the contractor operating the National Center on Substance Abuse and Child Welfare (NCSACW), Children and Family Futures works with more than 100 sites, including several in states and localities that are significantly affected by veteran and military family issues. Family drug courts, which are supported through Department of Justice funding, the Substance Abuse and Mental Health Services Administration and the Administration for Children and Families, overlap with veterans' treatment courts in at least 12 sites.

Orange County Efforts to Support Military Families

In March 2013, over 70 local non-profits, elected officials and government agencies came together to officially form the *Orange County Veterans and Military Families Collaborative*. The underlying goal of the Collaborative is to maximize efficiency and effectiveness in bringing services and support to veterans, the military and their families in Orange County. Prior to the formation of the group, veterans and military in Orange County had expressed their lack of knowledge in available benefits and services. This is in spite of the number of county veteran service officers, county agencies, California state programs and private non-profits all serving veterans. Orange County has a large population of veterans (third largest in the State of California and sixth largest in the nation), and has a responsibility to provide much needed services to its veterans and military families. As a result, the Collaborative formed to better address the critical needs of our heroes.

The Collaborative has eight key focus areas: Children and Families, Behavioral Health, Education, Public Relations/Community Outreach, Housing, Legal/Re-entry, Grants/Finance/Data and Government Relations. The Children & Families Subcommittee has an emphasis on veteran and military connected children within the overall family unit. Resource collaboration and development includes, but is not limited to: school support, mental health, children's groups, family resource centers, expansion of healthcare to eligible families and development of a comprehensive resource database specific to the needs of the veteran, service member and their families. Meetings are held on the 2nd Monday of each month at 11:00 a.m. at Child Guidance Center. The group welcomes new members.

The *Orange County Veterans Advisory Council* is comprised of members appointed by the Orange County Board of Supervisors. The Council is made up of nine members who are residents of Orange County representing all geographic areas and each is a U.S. military veteran with an Honorable Discharge. The purpose of the Council is to advise the Board of Supervisors on issues of importance to veterans and their dependents based upon input from the veteran community; provide a source of liaison and communication with various veteran groups; and promote involvement in veteran related events and functions within the county. The Council keeps abreast of legislation that affects veterans' rights and provides recommendations and input to the Board of Supervisors in accordance



with the Board's revised legislative policy guidelines to assure that the needs of Orange County Veterans are being addressed. Public meetings are held on the second Wednesday of each month at 6:00 PM. Currently, meetings are held at the Veterans Service Office, Conference Room A/B, 1300 S. Grand Avenue, Building B, Santa Ana, California.

The *County Veterans Service Office* is a state-funded office within the Orange County government that assists veterans in securing benefits and refers veterans to local services. It works closely with the Veterans Unit in the Health Care Agency to provide behavioral health services and referrals with Mental Health Services Act funding.

Veterans First Orange County has the primary goal of housing homeless veterans. An Employment Director works with this population to support them in finding employment. In the month of June 2013, 40 Veterans were assisted in gaining employment. They also have a Benefits Coordinator who is versed in veterans benefits such as the Post 9-11 GI Bill, Social Security, veterans service-connected compensated pension and many more veteran benefits. Veterans First houses over 150 veterans per year and stays engaged in combating veteran homelessness.

Anticipating the needs and challenges of veteran and active-duty military families, *Child Guidance Center*, a private, non-profit mental health service provider, became involved with other military/veteran-serving organizations in 2010 as a specialty resource and linkage for these children's and families' emotional and behavioral needs. Child Guidance Center identified over 10% of the 1,000 children receiving treatment services weekly at its facilities as being related to veteran and active duty service members. Estimates suggest that currently there are 15,000+ children (0 to 18) of active duty military and veterans in Orange County. Research shows an increased risk for psychological distress in this population, and a higher than national average risk for emotional problems. Examination of access to services data reveals that these children and their caregivers do not always qualify for treatment services through the Veterans Administration, TriCare or other providers.

The Department of Defense has identified evidence-based methods including Parent-Child Interaction Therapy (PCIT) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) to be integrated for use with military families who experience trauma, distress or other psychosocial symptoms.²⁹ With the goal of expanding services to traumatized and at-risk military-related

children and their parents/caregivers, Child Guidance Center's 50+ specialty-trained clinical staff offer evidence-based PCIT and TF-CBT as effective approaches to treat the unique needs of these families. PCIT is a brief-term coaching, empirically-proven approach to enhance parent-child relationships and improve child behaviors. Standing behind a one-way mirror, the PCIT therapist live-coaches the parent wearing a wireless earpiece on ways of relating to and managing their child's behavior at the very moment it is occurring. TF-CBT is designed to help children with behavioral and emotional difficulties related to traumatic life events, including loss and grief. With the help of the therapist and parent, children and teens learn to confront and process their particular traumatic event(s), allowing them to heal and move forward in their lives. For more information, please visit the website at www.childguidancecenter.com or contact (949)-582-3958.

Conclusion

While the impact of military life on children of active-duty and veteran members poses challenges, it is important to also focus on the positive elements of being part of a military family, during deployment and upon separation from service. Military life includes structured discipline, responses to clear directives, acting for the good of a larger group and camaraderie. When these outlooks are imparted to children, both through example and through parental instruction, the effects can be positive in ways that build resistance to the negative impacts of deployment. Strategies that seek improvement in the well-being of children of active-duty and veteran members should seek out these sources of resilience, as well as the risk factors that may reduce well-being, and build on these positive factors whenever possible.

The tremendous sacrifice that men and women offer to serve their country is honorable. Alongside the bravery of our military service members, the families of these men and women cannot be overlooked because they also sacrifice a great deal to support their family member. Progress has been made in identifying and serving children of veterans, but the systems and agencies that are beginning this work have far to go in responding to their needs for support. Attention and resources must be focused on both active-duty service members and veterans for their children and families. Both new and redirected funding is critical to ensuring the Veterans Administration has expanded support from federal, state and local agencies serving children and families. Community organizations, health providers and local county agencies have much to contribute in responding to the needs of these families.



Missy

Missy is a 4 year-old preschool child who was struggling with alphabet recognition and learning to write her name. She had her vision screened by the School Readiness Nurses in January 2013. The vision screening brought to light concerns that would need further attention. Missy was referred for an eye exam with a local optometrist and was found to have a congenital cataract in the left eye.

Additional testing and evaluation was completed by a pediatric ophthalmologist and Missy was prescribed corrective lenses for myopia and is currently being considered for lens replacement surgery for the left eye. With her new eyeglasses Missy has shown improvement in attentiveness, as well as academic achievement, specifically in the ability to write her name. Her teacher has also reported that she is now eager to participate in class and has improved in her classroom behavior and interaction with peers. She will continue to be monitored in the approaching academic year.

The identification and referral of Missy by the School Readiness Nurse provided important positive outcomes for this child. This emphasizes the need for vision screening at an early age. Appropriate referral and treatment interventions can help prevent further vision loss and improve the visual needs of young children like Missy.

Note: Please see page 210 for references.

Introduction

Challenges with vision in childhood and adolescence differ in nature and severity, ranging from mild refractive errors to permanent vision impairment and blindness. Many vision problems involve a variety of symptoms that can greatly affect skills and learning abilities. The National Eye Institute reports that the most prevalent and significant vision disorders of preschool children are amblyopia (lazy eye), strabismus (crossed eyes) and significant refractive error – each of which can be identified and addressed early if children are screened for possible problems and receive adequate follow-up vision care. Left untreated, vision problems can have severe adverse effects on educational achievement through several causal pathways.¹

Undiagnosed vision conditions are one of the top disabilities among adults. Vision disorders are the fourth most prevalent class of disability in the United States and the most prevalent handicapping conditions in childhood. Early detection increases the likelihood of effective treatment and allows for actions to decrease the negative impact of the disorders. However, fewer than 15% of all preschool children receive an eye examination. Fewer than 22% of preschool children receive some type of vision screening.

Factors that Contribute to Children's Vision Issues

Several factors contribute to children's vision issues. Vision problems can be caused by premature birth, genetic factors or occur spontaneously without any warning. Social factors can fall in one of the four service areas of accessibility, availability, acceptability and appropriateness. Many children simply do not have access to proper care due to socioeconomic status, high costs of maintaining eye care or lack of insurance coverage. In lower-income communities, services may not be available – for instance, the number of pediatric optometrists or ophthalmologists may be scarce in their community. There also may be a lack of knowledge of services that do exist. Once a child is screened, some families do not accept the diagnosis and do not follow up on services, posing another potential barrier. Another challenge can be an adequate level of service for the child – for instance, if a vision issue is misdiagnosed or completely missed, a child may be exhibiting other behaviors (inattentive, headaches, irritability) and will not receive appropriate services to address the primary issue.

The *Children and Families Commission of Orange County*, along with community partners, conducted a community planning process on the issue of children's



vision in Orange County. Participating members documented the challenges around screening access; diagnosis/treatment; and continuity of care/system management. Children under five do not always have access to appropriate screening prior to kindergarten and there are also challenges with transportation for families. The number of pediatric optometrists is limited in Orange County, making referrals for treatment and wait-time for treatment a challenge. The cost of glasses can also pose a challenge for families with low incomes. Due to limited resources in South County to address severe vision and eye health problems, patients are commonly referred to the Southern California College of Optometry, UC Irvine Medical Center, or local ophthalmologists for services. The planning participants identified that there is no county database in place to capture vision data; education for parents and health practitioners is lacking; and a connection between the primary care provider and pediatric optometrists/ophthalmologists is needed.

Early Vision Screening- Preventing Lifelong Challenges

California Schools require certain standards for monitoring children's vision. Each pupil enrolled in a school must receive a vision screening provided by the district. Children must receive this screening upon initial enrollment into a state elementary school and at least every third year thereafter until completion of the eighth grade.² Yet more than 12.1 million school-age children have some form of vision problem, and only one in three children in America have received eye care services before the age of six.

Many vision problems are very treatable if detected early in life. However, if left undetected and untreated, they can cause more problems in the future. The most common vision problems in childhood can be repaired if detected and treated prior to six years of age. Any loss of vision due to amblyopia (lazy eye) that is detected after six years of age has a poor prognosis for improvement and will follow the person for their lifetime. Studies show that screenings are more effective when conducted early, even in children as young as six months of age. Issues with vision are more difficult to detect the younger the child, especially if they depend on a level of cooperation. Hence, there is an emphasis on early screening from specialists and a surge of new technology directed at amblyopia screening in the younger child. Follow-up screenings are highly encouraged as some families may have limited access or resources or may not understand the implications of vision disorders.³

Prevention works to identify vision conditions in children early and link them to appropriate care. The Partnership for Prevention, in reviewing the U.S. Preventive Services Task Force's listing of recommended clinical preventive services, found that pediatric vision screening is inexpensive, treatment is effective and it improves the quality of life. The U.S. Preventive Services Task Force recommends screening to detect amblyopia, strabismus and defects in visual acuity in children younger than five years of age. Vision screening is an important element of a strong public health approach to children's vision care.



Impact of Children's Vision Issues

Children's vision problems can have a significant impact on the child's life. Eyesight problems can lead to behavioral issues, challenges with social development or learning challenges. Academic achievement may be adversely affected. Vision issues left unresolved due to the lack of early care, give rise to bigger, long-term problems.

A study conducted on children ages 8 to 18 supported the idea that vision problems can affect many aspects of a child's life. Many children pointed to their visual disorder as something that hampered their social life and independence as well as their ability to secure jobs. Children may also feel that finding and building friendships is more difficult because of their disabilities. Those who developed strong friendships said that gave them support and encouragement, and a feeling of acceptance during their academic careers, allowing them to participate more.⁴

Academic achievement is influenced by many individual and environmental factors. School-based programming that provides early access to vision screening increases the likelihood with which young students can receive and use eyeglasses. Children who are having issues with their vision face varying degrees of challenge acquiring basic academic skills. There are likely to be social and emotional consequences as well. To the extent that corrected vision problems contribute to learning outcomes and social-emotional development, policies and programs that promote children's vision can serve as a meaningful component of a strategic and coordinated approach to addressing the achievement gap that exists among our nation's youth.⁵

Promising Practices in Orange County to Support Children's Vision

Orange County acknowledges the importance of early screening and linkage to services, ensuring that children have access to eye care. Below are some of the available resources to support children's vision needs.

Children & Families Commission of Orange County

In response to the areas of concern that came out of the planning process, the Commission's Vision Planning Group identified strategies to address children's vision in Orange County. In order to assure timely access to vision screening and referrals for eye care services, programs including School Readiness Nurses and Community Clinics provide vision screening and linkage to services to over 20,000 young children a year. School Readiness



Nurses are committed to sharing best practices, expanding their knowledge of nursing practice as well as identifying evidence-based field vision screening for effective visual assessments of children and linkage to appropriate referral resources. The Commission is working collaboratively with community partners to develop and implement a mobile vision program to promote easier geographic access to needed referral services for vision care.

Kids Vision for Life Orange County/Children's Health Initiative of Orange County

Launched in 2008 by Essilor Vision Foundation, a Dallas-based 501(c)(3) public charity founded by Essilor of America. Kids Vision for Life focuses on at-risk students from low-income families, many of whom have uncorrected vision problems, to "eliminate poor vision and its lifelong consequences in elementary schools." In 2012, the Children's Health Initiative of Orange County began a partnership with Kids Vision for Life Orange County to host mobile vision clinics at local elementary schools and provide free eye exams and free glasses for all students in need of them.

A recent commitment with Santa Ana Unified, Children's Health Initiative of Orange County, the Southern California College of Optometry (Marshall Ketchum University), and Kids Vision for Life Orange County will bring screenings, eye exams, and eyeglasses to children at all 35 Santa Ana elementary school over the next three years. Generally, in lower income areas, less than 25% of children who fail their school vision screening ever make it to an eye doctor for an eye exam and glasses. The high majority of these children have benefits through Cal-Optima for free eye exams and glasses. For many

children there may be a problem with accessibility. This is due to several factors - both parents may work, there is a lack of transportation, the parents may be unfamiliar with the eye doctor or they may not understand the impact of their child's poor vision, for example, "Oh, he sees fine, he watches t.v. all the time".

A huge part of the success of the Kids Vision for Life coalition is that they bring the eye exams and glasses to the school - either by having the exams at the school or busing the schoolchildren to the College of Optometry. The program also works together closely with the school staff and administration and other community vision and health organizations. For example, Children's Health Initiative of Orange County calls the family of every student who fails their vision screening. Last spring, at one local school, 240 of 1,000 students failed their vision screening. With the work of the staff at the school and the Children's Health Initiative of Orange County, 210 of the 240 students had their parents sign consent forms and received follow-up eye exams and glasses.

LIONS Club International

With the assistance of volunteer optometrists, the club provides vision screening and treatment referrals. The Sight and Hearing Foundation operates a mobile van that is deployed to schools and health fairs.





Southern California College of Optometry Eye Care Center

This teaching facility and community health center/vision clinic includes a full service optical dispensary. The Center participates in InfantSEE, a no cost public health program developed by the American Optometric Association Foundation and the Vision Care Institute. The program provides one-time, no cost eye and vision assessment for babies 6 to 12 months. There are over 30 optometrists participating in Orange County.

University of California, Irvine and the Gavin Herbert Eye Institute

In September 2013, the University of California Irvine opened Orange County's first university-based eye institute, with comprehensive medical, surgical and optometric services. This institute will bring together patients, university researchers, doctors and the eye technology industry. A new Vision Institute for Special Needs children is under development. The Pediatric Ophthalmology service is staffed by two fellowship-trained pediatric ophthalmologists. To date, the institute has been completely funded by private philanthropy. Additionally, UC Irvine Medical Center offers comprehensive pediatric ophthalmology medical and surgical services staffed by fellowship-trained faculty and resident ophthalmologists in training.

Conclusion

Vision screening are an efficient and cost-effective method to identify children with visual impairment or eye conditions that are likely to lead to visual impairment so that a referral can be made to an appropriate eye care professional for further evaluation and treatment. Vision screening in preschool age children is an important need that is met by the School Readiness Nurses and others in the County. They identify vision concerns in young children and provide referrals and follow up care to address the visual needs of the preschool child.

The efforts in Orange County have provided opportunities to identify the needs around children's vision and move towards a multidisciplinary collaborative approach to support families. Partnerships with schools provide consistent access to youth where school-based vision screening programs can be implemented and identify educationally-relevant visual health issues that affect youth. Follow up is critical in realizing the full educational benefits of vision screening. Screening programs can encourage receipts of needed follow-up services by improving communication with parents, facilitating access and using existing community resources and/or providing services on-site. Accomplishing these objectives will require not only require the commitment of resources, but also investment of effort by parents and teachers to monitor and encourage youth to follow recommended actions, whether that is using glasses, access to medications for the eyes or practicing vision therapy.⁶

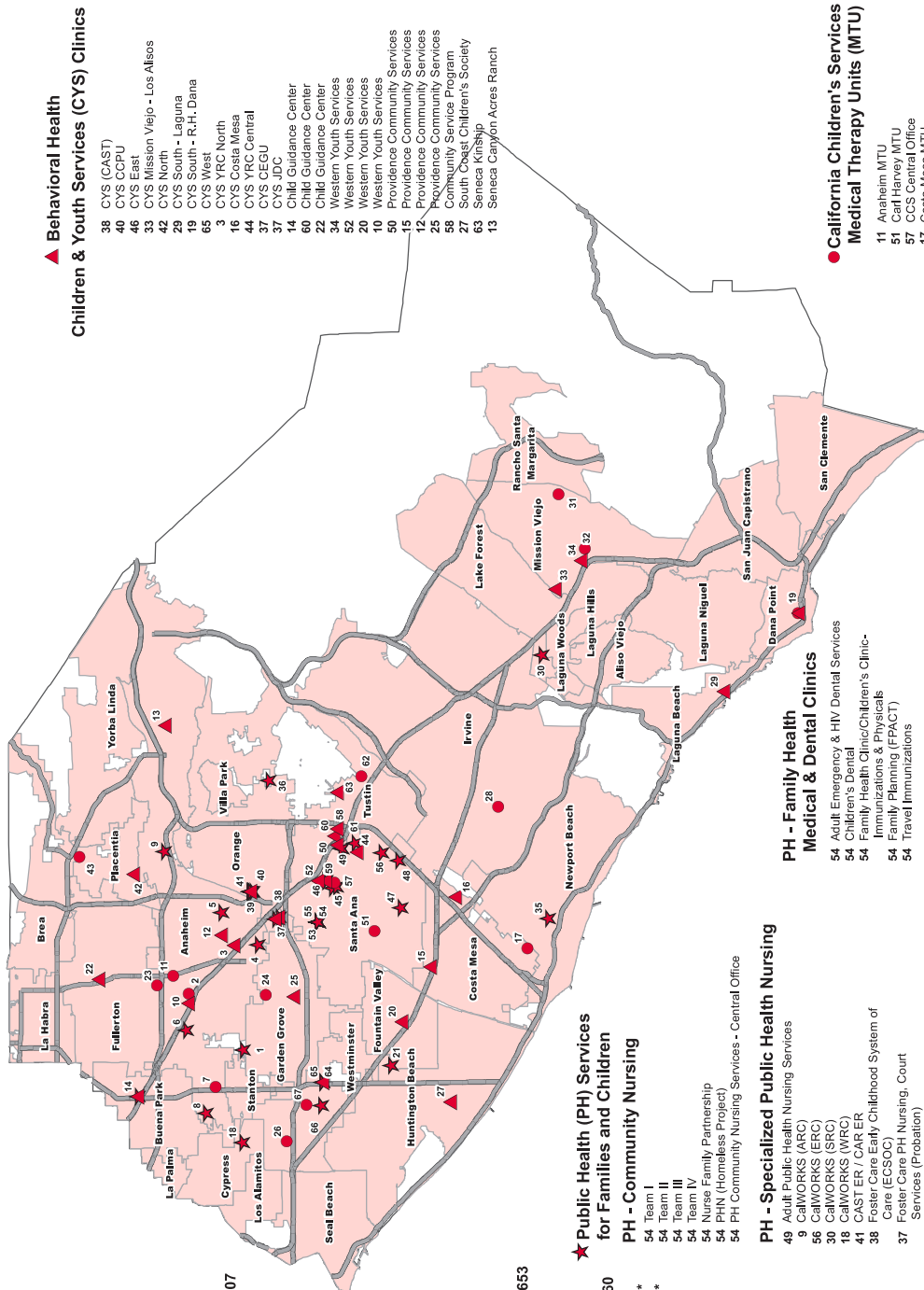


ORANGE COUNTY HEALTH CARE AGENCY LOCATIONS OF HEALTH SERVICES FOR CHILDREN

Label Site Address

- 1 10841 Garza Ave., Anaheim, 92804
- 2 1525 W. Westmont Dr., Anaheim, 92801
- 3 160 W. Cerritos Ave., Anaheim, 92805
- 4 2100 S. Haster Ave., Anaheim, 92802
- 5 2137 E. Ball Road, Anaheim, 92806
- 6 2180 W. Crescent Ave., Anaheim, 92801
- 7 2911 Stonybrook, Anaheim, 92804
- 8 320 S. Danbrook St., Anaheim, 92804
- 9 3320 E. La Palma Ave., Anaheim, 92806
- 10 505 N. Euclid Ave., Anaheim, 92801
- 11 600 W. La Palma Ave., Anaheim, 92805
- 12 711 East Ball Rd., Anaheim, 92805
- 13 235 S. Quintana Ave., Anaheim Hills, 92807
- 14 6301 Beach Blvd., Buena Park, 90621 *
- 15 1503 S. Coast Dr., Costa Mesa, 92626
- 16 3115 Redhill Ave., Costa Mesa, 92626
- 17 425 E. 18th St., Costa Mesa, 92627
- 18 6100 Chip Ave., Cypress, 90630
- 19 24242 La Cresta, Dana Point, 92629 *
- 20 10101 Slater Ave., Fountain Valley, 92708
- 21 8570 Warner Ave., Fountain Valley, 92708
- 22 2050 Youth Way, Fullerton, 92835
- 23 455 West Baker, Fullerton, 92832
- 24 11802 Loara St., Garden Grove, 92840
- 25 12966 Euclid St., Garden Grove, 92843
- 26 6202 Cerulean, Garden Grove, 92845
- 27 2124 Main St., Huntington Beach, 92648
- 28 4771 Campus Dr., Irvine, 92612
- 29 21632 Wesley Dr., Laguna Beach, 92651
- 30 23330 Moulton Parkway, Laguna Hills, 92653
- 31 24171 Pavilion, Mission Viejo, 92692
- 32 25121 Pradera Dr., Mission Viejo, 92691
- 33 25171 Moor Ave., Mission Viejo, 92691
- 34 26137 La Paz Rd., Mission Viejo, 92691
- 35 600 Shellmaker Rd., Newport Beach, 92660
- 36 18672 E. Center St., Orange, 92869
- 37 301 The City Drive South, Orange, 92868 *
- 38 401 The City Drive South, Orange, 92868 *
- 39 744 N. Eckhoff St., Orange, 92868
- 40 800 N. Eckhoff St., Orange, 92868 *
- 41 840 N. Eckhoff St., Orange, 92868 *
- 42 377 E. Chapman Ave., Placentia, 92870
- 43 710 E. Golden Ave., Placentia, 92870
- 44 1001 S. Grand Ave., Santa Ana, 92705
- 45 12 Civic Center Plaza, Santa Ana, 92701
- 46 1200 N. Main St., Santa Ana, 92701 *
- 47 1220 Hemlock Way, Santa Ana, 92707
- 48 1241 E. Dyer Rd., Santa Ana, 92705
- 49 1540 E. 1st St., Santa Ana, 92701 *
- 50 1633 E. 4th St., Santa Ana, 92701
- 51 1635 S. Center St., Santa Ana, 92704
- 52 1666 N. Main St., Santa Ana, 92701
- 53 1719 W. 17th St., Santa Ana, 92706
- 54 1725 W. 17th St., Santa Ana, 92706 *
- 55 1729 W. 17th St., Santa Ana, 92706
- 56 1928 S. Grand Ave., Santa Ana, 92705
- 57 200 W. Santa Ana Blvd., Santa Ana, 92701
- 58 2130 E. 4th St., Santa Ana, 92705
- 59 405 W. 5th St., Santa Ana, 92701
- 60 525 N. Cabrillo Park Dr., Santa Ana, 92701
- 61 780 S. Lyon St., Santa Ana, 92706
- 62 13601 Browning Ave., Tustin, 92780
- 63 18302 Irvine Blvd., Tustin, 92780
- 64 14120 Beach Blvd., Westminster, 92683 *
- 65 14140 Beach Blvd., Westminster, 92683
- 66 7200 Plaza St., Westminster, 92683
- 67 7200 Trask Ave., Westminster, 92683

* Multiple programs at these sites



Behavioral Health

Children & Youth Services (CYS) Clinics

- 38 CYS (CAST)
- 40 CYS CCPU
- 46 CYS East
- 33 CYS Mission Viejo - Los Alisos
- 42 CYS North
- 29 CYS South - Laguna
- 19 CYS South - R.H. Dana
- 65 CYS West
- 3 CYS YRC North
- 16 CYS Costa Mesa
- 44 CYS YRC Central
- 37 CYS GCU
- 37 CYS JDC
- 14 Child Guidance Center
- 60 Child Guidance Center
- 22 Child Guidance Center
- 34 Western Youth Services
- 32 Western Youth Services
- 20 Western Youth Services
- 10 Western Youth Services
- 50 Providence Community Services
- 15 Providence Community Services
- 12 Providence Community Services
- 25 Providence Community Services
- 58 Community Service Program
- 27 South Coast Children's Society
- 63 Seneca Knship
- 13 Seneca Canyon Acres Ranch

California Children's Services Medical Therapy Units (MTU)

- 11 Anaheim MTU
- 51 Carl Harvey MTU
- 57 CCS Central Office
- 17 Costa Mesa MTU
- 32 Esperanza Satellite
- 26 Garden Grove MTU
- 28 Irvine MTU
- 7 Lord Baden Powell MTU
- 24 Mark Twain Satellite
- 31 Philip J. Reilly MTU
- 43 Placentia MTU
- 19 R.H. Dana MTU
- 62 Tustin MTU
- 67 Westminster MTU
- 2 Westmont Satellite
- 23 Woodcrest MTU

PH - Family Health Medical & Dental Clinics

- 54 Adult Emergency & HIV Dental Services
- 54 Children's Dental
- 54 Family Health Clinic/Children's Clinic- Immunizations & Physicals
- 54 Family Planning (FPACT)
- 54 Travel Immunizations

PH - Family Health WIC Centers

- 6 WIC - Arab/Muslim Community Center
- 5 WIC - Ball Road Site
- 14 WIC - Buena Park
- 36 WIC - Danbrook Resource Center
- 8 WIC - El Modena Community Center
- 21 WIC - Fountain Valley
- 1 WIC - Hemlock Shale Center
- 4 WIC - Indersara Park
- 54 WIC - Santa Ana
- 66 WIC - Sidler Park Site
- 61 WIC - Warwick Community Center
- 64 WIC - WestBeach Site

PH - Environmental Health

- 48 Environmental Health Main Office

Public Health (PH) Services for Families and Children

PH - Community Nursing

- 54 Team I
- 54 Team II
- 54 Team III
- 54 Team IV
- 54 PHN (Homeless Project)
- 54 PH Community Nursing Services - Central Office

PH - Specialized Public Health Nursing

- 49 Adult Public Health Nursing Services
- 9 CalWORKS (ARC)
- 56 CalWORKS (ERC)
- 30 CalWORKS (SRC)
- 18 CalWORKS (WRC)
- 41 CAST ER / CAR ER
- 38 Foster Care Early Childhood System of Care (ECSOC)
- 37 Foster Care PH Nursing, Court Services (Pilotation)
- 40 Foster Care PH Nursing, Integrated Continuing Services (ICS)
- 40 Foster Care PH Nursing/Multi-Treatment Transitional Services
- 39 Foster Care PH Nursing/Specialized Family Services
- 46 Perinatal Substance Abuse Services Initiative (PSASII)
- 46 Assessment & Coordination Team (ACT)
- 49 Senior Health Outreach & Prevention Program (SHOPP)
- 40 Specialized Public Health Nursing Central Office

PH - Disease Control & Epidemiology

- 46 Birth & Death Registration
- 46 Disease Control & Epidemiology
- 54 Pulmonary Disease Services
- 54 STD & HIV Prevention and Treatment
- 54 HIV Planning and Coordination

**HEALTHY PEOPLE
2020 GOAL:**

In addition to the 2010 goal, improve access to comprehensive, quality health care services.

**HEALTHY PEOPLE
2010 GOAL:**

100% of all children and youth 17 years of age and under will have a specific source of ongoing care.

NOTE:

For further information on Healthy People 2010 and 2020 Goals see Appendix B on page 221. www.HealthyPeople.gov

STATEWIDE:

According to 2011 data, there was an increase in the number of children enrolled in the State Children's Health Insurance Program (SCHIP) from 1,731,605 in 2010 to 1,763,831 in 2011.²

**RELATED
INDICATORS:**

- Early Prenatal Care
- Low Birth Weight
- Immunization of Children
- Physical Health
- CalWORKs

Definition of Indicator

Access to Healthcare includes the number of children enrolled in Medi-Cal, Healthy Families, California Kids and Kaiser Permanente's Child Health Plan (KPCHP); the number of mothers receiving services through Access for Infants and Mothers (AIM); and the number of children receiving services through the Child Health and Disability Prevention (CHDP) program (see Appendix B and C on pages 221 and 222 for further information about these health programs).

Findings

As of January 2013, a total of 255,695 (85.0%) children were enrolled in Medi-Cal, 44,515 (14.8%) were enrolled in Healthy Families and 650 (0.2%) were enrolled in California Kids. Access for Infants and Mothers (AIM) had a monthly average of 609 pregnant and new mothers enrolled during 2012. The CHDP program provided services to 201,838 children during 2010/2011. Updated data are not available for KPCHP.

The American Community Survey (ACS) estimated that 60,445 children in Orange County were uninsured in 2011 (8.2% of 0 to 17 year olds). This was down from 9.8% in 2010 and 10.4% in 2009 (71,496 and 78,738, respectively).

Enrollment by Program, January 2004 to January 2013

	Medi-Cal Under Age 18	Healthy Families	California Kids	Kaiser Permanente	Healthy Kids	Total
2004	178,124	66,617	4,610	442		249,793
2005	181,723	67,088	5,822	1,130		255,763
2006	175,290	68,969	4,940	3,490		252,689
2007	176,525	71,642	4,968	6,767	347	260,249
2008	179,746	78,407	4,094	6,893	881	270,021
2009	188,175	84,285	3,628	7,659	987	284,734
2010	205,834	82,831	2,752	8,252*	1,046	300,715
2011	216,528	81,752	1,590	6,716*	116	306,702
2012	219,418	81,928	798	6,405*	0	308,549
2013	255,695	44,515	650	**	0	300,860

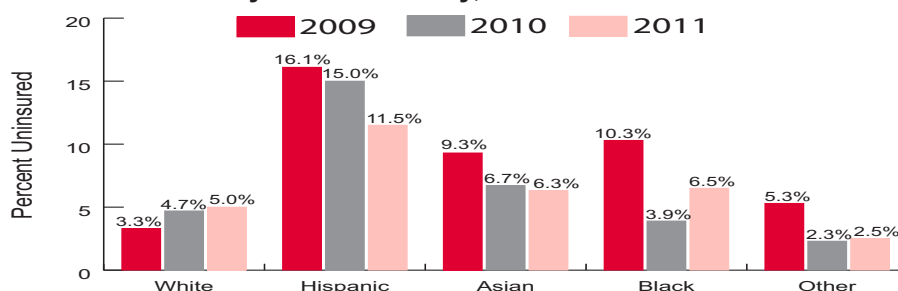
*Number shown is for previous month (data not available for January).

**Data not available.

Trends

Over the past 10 years, enrollments in Medi-Cal and Healthy Families combined increased by 22.6%, from 244,741 in 2004 to 300,210 in 2013. Most of that growth occurred between 2007 and 2011, but enrollments have since leveled off. Enrollments in California Kids decreased 85.9% from 4,610 in 2004 to 650 in 2013.

From 2009 to 2011, the number of children that were uninsured decreased from 10.4% to 8.2%. During the same time period, the percent of White children that were uninsured increased from 3.3% to 5.0%, while the percent of Hispanic, Asian and Black children that were uninsured decreased (16.1% to 11.5%, 9.3% to 6.3% and 10.3% to 6.5%, respectively).

**American Community Survey, Percent of Children Uninsured
by Race/Ethnicity, 2009 to 2011**

Why is this Important?

It is a shared goal of the American Academy of Pediatrics, Health Care Agency and Children and Families Commission for all children to have a “medical home.” Some of the characteristics of a medical home include care that is accessible, continuous, comprehensive, family-centered, coordinated and compassionate. This care should be delivered or directed by health professionals who are well-trained in pediatric care. Ideally, all children should have a “medical home” even though geographic barriers, personal constraints, practice patterns and economic and social forces make it difficult to obtain this goal.¹ With a “medical home,” children’s health problems can be identified through regular, preventive health assessments. Many problems can be prevented, corrected or the severity reduced by prompt diagnosis and treatment. Improving health care access for children from low-income families will help improve both prevention and early diagnosis and treatment of health problems.

What's Happening in Orange County?

Budget cuts to both public and private healthcare programs have directly impacted the accessibility of healthcare in Orange County:

- Enrollment in California Kids peaked in 2005, but has declined to less than 1,000 children, primarily due to reduced private funding.
- The Healthy Kids program was discontinued in February 2011, thereby impacting health care access for many families with incomes between 251-300% of the Federal Poverty Level (FPL) and/or those who are unable to meet residency or citizenship requirements of other programs (See Appendix C for FPL).
- Starting on January 1, 2013, enrollment in Healthy Families ceased. Medi-Cal income guidelines were shifted to include previous Healthy Families guidelines. Over 80,000 Healthy Families OC enrollees are being transitioned to Medi-Cal in 2013.
- KPCHP was closed to new enrollments in early 2013. This leaves California Kids the only option for children ineligible for public programs. Unfortunately, many families cannot afford the increased California Kids premiums.

Children’s Health Initiative of Orange County (CHI OC) continues to respond to the needs of these families by assisting them in applying for all available health and social services programs.

What’s Working:

- CHI OC is working to reduce the number of uninsured children in Orange County by screening families for health care and social services programs, determining their eligibility and assisting them with the enrollment process.
- CHI OC’s One-e-App (OEA) enrollment database continues to be the tool for streamlined enrollment into 17 health care, social services and referral programs. This tool is used by 14 partner agencies across the county and increases efficiency in helping the most vulnerable families access health care and social services. CHI OC conducts outreach and enrollment efforts at over 20 sites throughout the county, which serves as critical access points for underserved families. CHI OC’s unique Care Coordination model of systematically following up with families ensures that they retain and utilize their health care benefits.
- CHI OC continues to be innovative in breaking down barriers for families accessing health care through the OC Cares Program. The OC Cares Program has partnered with Kids Vision for Life Orange County embarking on a goal to provide vision screenings (and free glasses, if needed) to all Orange County children. In 2012/2013, these programs conducted over 6,000 vision screenings, provided 700 eye exams and dispensed 685 pair of free glasses.
- CHI OC has also been a leader in facilitating community collaboration and forums focusing on educating and training the enrollment workforce.

✓ See page 144 in Supplemental Tables for additional data

See page 221 Appendix B for additional information about health programs for low income families.

NATIONWIDE:

Data indicates that the number of children enrolled in State Children’s Health Insurance Program increased from 7.7 million in 2010 to over 7.9 million in 2011.³

DATA SOURCE(S):

County of Orange Health Care Agency
California State CMS Branch, CHDP Health Assessment Data 2010/11
U.S. Census Bureau, American Community Survey, 2011

NOTES:

- ¹ AAP, The Medical Home, Pediatrics, 2002.
- ^{2, 3} U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, 2011.

HEALTHY PEOPLE 2020 GOAL:

Healthy People 2020 recommends a 10.0% improvement in the baseline level of the local jurisdiction.

ORANGE COUNTY HEALTHY PEOPLE 2020 GOAL:

By 2020, the goal for Orange County is 96.5%, a 10.0% improvement in the rate of pregnant females receiving early prenatal care from a three-year (2007 to 2009) average baseline of 87.7%.

HEALTHY PEOPLE 2010 GOAL:

90% of all women will receive early prenatal care. Orange County did not achieve the 2010 Healthy People goal of 90.0% of women receiving early prenatal care. Non-Hispanic White and Asian are the two ethnic groups that achieved the 2010 goal with over 91.0% receiving early prenatal care.

STATEWIDE:

In 2011, 81.7% of mothers received prenatal care in the first trimester.³

RELATED INDICATORS:

- Substance-Exposed Infants
- Low Birth Weight
- Infant Mortality
- Immunization of Children
- Births to Teens
- Developmental Disabilities
- Supplemental Nutrition Programs: WIC & CalFresh

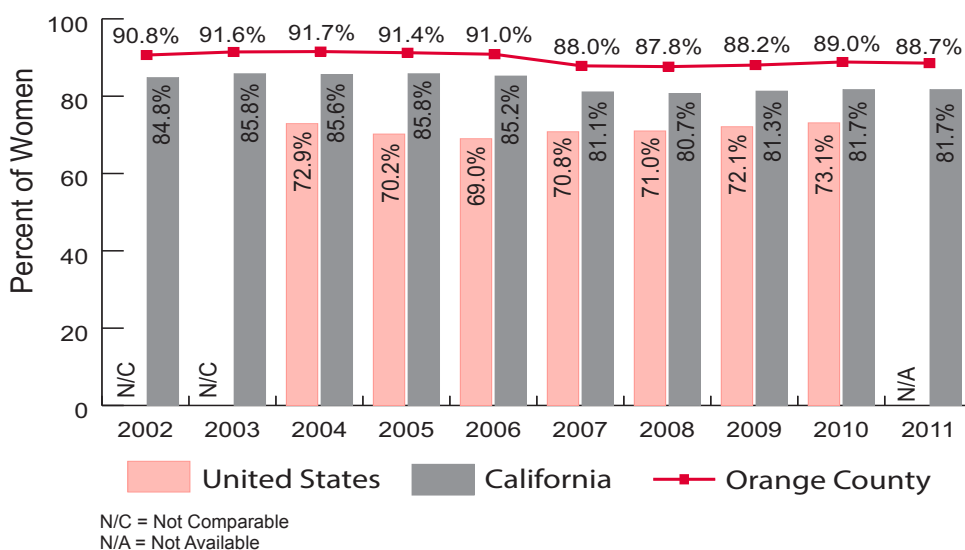
Definition of Indicator

Early prenatal care refers to the number and percent of infants born to women whose prenatal care began during the first trimester (the first three months) of pregnancy.

Findings

Birth data indicate that 88.7% of Orange County mothers who gave birth in 2011 received prenatal care beginning in their first trimester, slightly down from the 89.0% in the prior year. In 2011, 3,253 (8.5%) pregnant women initiated care in the second trimester; 600 (1.6%) in the third trimester; and 90 (0.2%) had no prenatal care. Prenatal care status was unknown for 377 (1.0%) women.

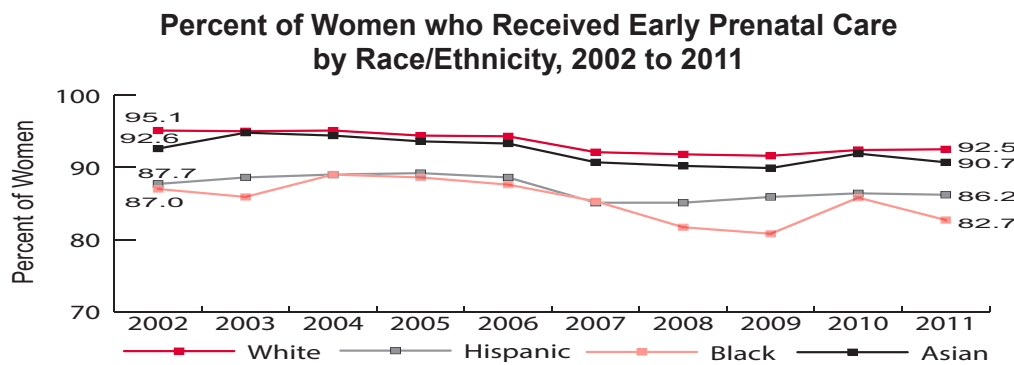
Percent of Women who Received Early Prenatal Care in Orange County, California, and the United States, 2002 to 2011



Trends

From 2002 to 2011, there has been a decrease in the percent of women who received prenatal care in the first trimester from 91% to 89%. Compared to state and national statistics, Orange County has been consistently higher over the same time period. Despite having surpassed the Healthy People 2010 goal of 90.0% from 2002 to 2006, Orange County has been unsuccessful in meeting the goal for the last five years.

From 2002 to 2011, the only racial/ethnic group to have maintained early prenatal care for mothers above the 90.0% level, were Whites. However, during the same time period, decreases were seen in the percentage of mothers receiving early prenatal care among Whites, Asians, Hispanics and Blacks (95.1% to 92.5% for Whites, 92.6% to 90.7% for Asians and 87.7% to 86.2% for Hispanics). Blacks demonstrated the largest decrease in the percent of mothers receiving early prenatal care from 87.0% in 2002 to 82.7% in 2011. The 2011 percentages for Whites, Blacks and Hispanics are below the highest levels achieved in 2004 and 2005.



✓ See page 144 in Supplemental Tables for additional data

Why is this Important?

Getting early and regular prenatal care improves the chances of a healthy pregnancy, which is one of the best ways to promote a healthy birth. This care can begin even before pregnancy with a preconception care visit to a health care provider. Achieving a healthy birth weight baby is also a preventive and cost-effective approach for reducing health care costs associated with providing neonatal intensive care services for low birth weight babies.¹

Despite broader access to prenatal care, the percent of low birth weight and preterm births continues to rise and significant disparities in birth outcomes persist. Prenatal care alone is not enough. In 2006, the Centers for Disease Control and Prevention published ten recommendations to improve health care for women and couples before conception. Preconception and interconception care includes health promotion, screening and intervention for women of reproductive age to reduce risk factors that may affect future pregnancies.²

From a life course perspective, perinatal outcomes may be determined by the entire life course of a woman prior to pregnancy, not just during pregnancy. Local efforts that improve access to health care across the life span, enhance family and community systems that positively impact individual health and address social and economic inequities may be effective strategies to reduce inequities in perinatal outcomes.³ In order to better assess and address factors that negatively impact access to early prenatal care, research is needed to identify key contributors to late prenatal care access, and improved data collection is needed for those with unknown prenatal care status.

NATIONWIDE:

In 2010, 73.1% of all mothers began prenatal care in the first trimester of pregnancy.⁴

What's Happening in Orange County?

Over the past six years, the County of Orange Health Care Agency (HCA), Maternal Child and Adolescent Health (MCAH) Programs have experienced major state and federal funding reductions, but continue to maintain the core functions of promoting early and continuous prenatal care and collaboration with community partners and local hospitals to improve birth outcomes.

What's Working:

- Along with routine obstetric care, income-eligible women are linked to Comprehensive Perinatal Services Program providers for pregnancy support services. This includes education and referrals in the areas of health education, nutrition and psychosocial services.
- HCA MCAH maintains a contract with MOMS Orange County for administration of the Prenatal Care Guidance program and perinatal outreach and education.
- HCA MCAH, CalOptima, MOMS Orange County and the Children and Families Commission of Orange County are partnering to develop updated patient education resources to raise awareness on the importance of early prenatal care and promote healthy pregnancies.
- The Nurse-Family Partnership® (NFP) is a home visiting program for low income, first-time mothers. Outcomes from NFP showed 89% of mothers obtained early prenatal care in 2012.
- The Adolescent Family Life Program and Cal-Learn Programs link pregnant and parenting teens with prenatal care providers and work with clients to facilitate early entry to prenatal care.

DATA SOURCES:

County of Orange Health Care Agency, Family Health Division
State of California, Center for Health Statistics, Birth Files
Centers for Disease Control and Prevention, National Vital Statistics Reports

NOTES:

- ¹ National Institute of Child Health and Human Development, 2013.
- ² Recommendations to Improve Preconception Health and Health Care—United States, 2006.
- ³ Fine A, Kotelchuck M, Adess N, Pies C., 2009.
- ⁴ U.S. Department of Health and Human Services, Maternal and Child Health Bureau, 2011.

HEALTHY PEOPLE 2020 GOAL:

Reduce low birth weight to a maximum incidence of 7.5% of live births and very low birth weight to an incidence of no more than 1.4% of live births.

ORANGE COUNTY HEALTHY PEOPLE 2020 GOAL:

By 2020, the Orange County goal is 5.9%, a 10.0% reduction in the percentage of low birth weight infants, from a three-year average baseline of 6.5%.

HEALTHY PEOPLE 2010 GOAL:

Reduce low birth weight to a maximum incidence of 5.0% of live births and very low birth weight to an incidence of no more than 0.9% of live births. Orange County did not meet either goal in 2011.

STATEWIDE:

In 2011, 5.7%, or 45,765 out of 503,018 infants had low birth weight.^{5,6}

RELATED INDICATORS:

- Early Prenatal Care
- Substance-Exposed Infants
- Infant Mortality
- Births to Teens
- Developmental Disabilities Supplemental
- Supplemental Nutrition Programs: WIC & CalFresh

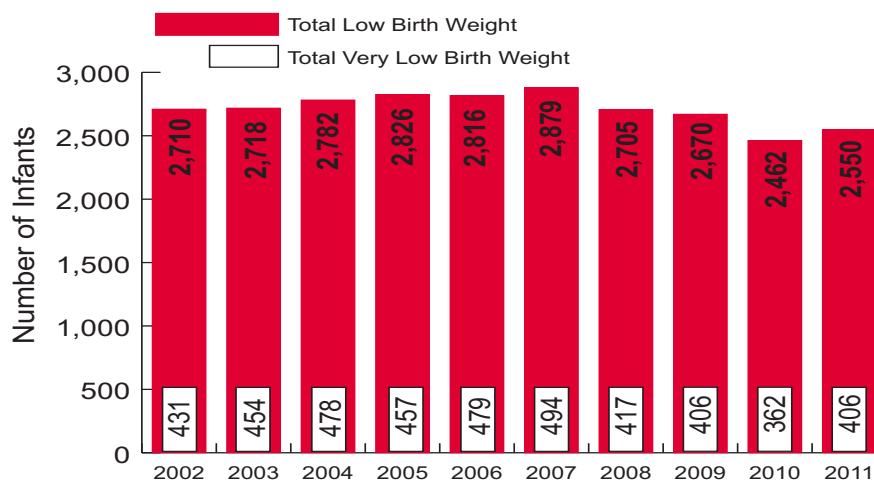
Definition of Indicator

The total number of low birth weight infants and very low birth weight infants are expressed as a proportion of the total number of births to Orange County residents. Low birth weight (LBW) is defined as infants born weighing less than 2,500 grams (5 pounds, 8 ounces). Very low birth weight (VLBW) infants are defined as a subset of low birth weight infants born weighing less than 1,500 grams (3 pounds, 5 ounces).

Findings

In 2011, data indicate that there were 38,100 resident births in Orange County, of which the LBW infants represented 6.7%, of the total births. Of the 2,550 LBW infants born in 2011, a subset of 406 infants were born with a VLBW, 1.1% of total births. Both percentages are slightly increased compared to 2010 data.

Total Number of Low Birth Weight and Very Low Birth Weight Infants, 2002 to 2011

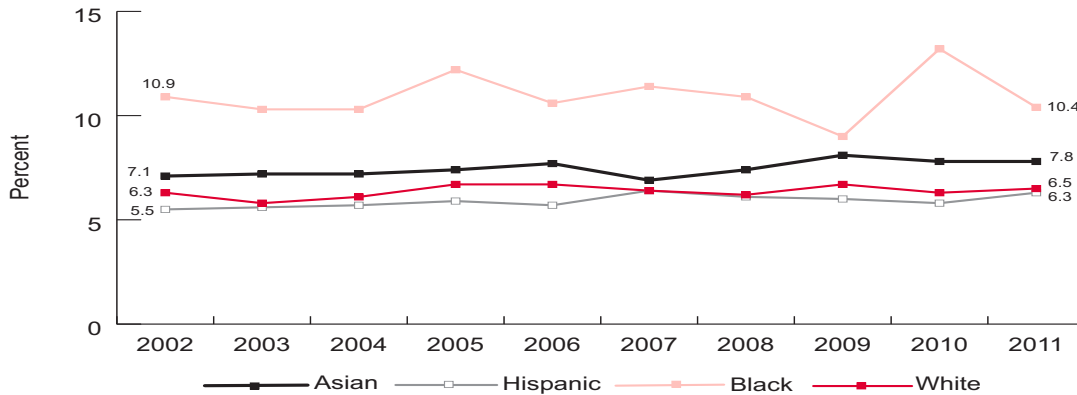


Trends

Over the past decade, the annual number of resident births declined 14.9% from 44,760 (2002) to 38,100 (2011); the number slightly decreased 0.4% over a recent one-year period, from 38,237 in 2010 to 38,100 in 2011. Between 2002 and 2011, while the number of LBW births to Orange County residents decreased 5.9% from 2,710 to 2,550, the rate increased from 6.1% of total resident births to 6.7%, the highest prevalence in the past ten years. From 2002 to 2011, the percentage of VLBW infants has remained stable at around 1.0% of total births.

Among Whites, Hispanics and Asians, the number of LBW infants as a percentage of total births has increased since 2002. For Whites, LBW infants accounted for 6.3% of all births in 2002 and 6.5% in 2011; the percentage of Hispanic LBW infants rose from 5.5% to 6.3% and among Asians the increase was 7.1% to 7.8% during the same time period. The percentage of Black LBW infants decreased from 10.9% in 2002 to 10.4% in 2011.

Percentage of Infants with Low Birth Weight by Race/Ethnicity, 2002 to 2011



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total Births	44,760	45,345	45,049	44,065	44,231	44,026	42,456	40,431	38,237	38,100
% LBW	6.1	6.0	6.2	6.4	6.4	6.5	6.4	6.6	6.4	6.7

Why is this Important?

Infants weighing less than 2,500 grams (5 pounds, 8 ounces) at birth have an increased risk of experiencing developmental problems. In addition, these LBW infants are at higher risk for serious illness, disability, developmental delays, lifelong health difficulties and are more likely to die before their first birthday.¹ The primary causes of LBW are premature birth and fetal growth restriction. Risk factors for LBW include smoking, alcohol/drug use during pregnancy, multiple births, poor nutrition, maternal age, socioeconomic factors, domestic violence and maternal or fetal infections. The life course perspective model suggests that perinatal outcomes are determined by the entire life course of a woman prior to pregnancy, not just for the nine months of pregnancy. This model suggests that health inequities result from a complex interplay of cumulative biological, behavioral, psychological and social factors (both protective and harmful) throughout a woman's life.² Research indicates that the overall increase in LBW rates is in part the result of an increase in multiple births. In addition, improvements in technologies used to monitor at-risk pregnancies may have contributed to an increase in cesarean section deliveries and the number of low birth weight infants.³ Medically unnecessary elective deliveries before 39 weeks of pregnancy may inadvertently increase the risk of low birth weight.

What's Happening in Orange County?

Disparities in LBW rates by race/ethnicity are a continuing challenge. An important strategy for decreasing LBW and other negative birth outcomes is to decrease health inequities by focusing local efforts on increasing health promoting behaviors and improving access to quality health care across the life span, including before, during and after/between pregnancies.

What's Working:

- The Maternal Child and Adolescent Health Division Director/Coordinator continues to collaborate with community partners and local hospitals to improve birth outcomes.
- All birthing hospitals in Orange County are in the planning process or implementing the Less than 39 Weeks Toolkit, which is a product of a collaborative between March of Dimes, California Maternal Quality Care Collaborative and the Maternal Child and Adolescent Health Division of the California Department of Public Health. The Toolkit was developed to eliminate non-medically indicated elective deliveries before 39 weeks gestational age.
- Preconception and Interconception Care Guidelines for Health Professionals are now available through Every Woman California.⁴ Incorporating these guidelines into women's health care will lead to improvements in pregnancy outcomes, including fewer LBW babies.

✓ See page 146 in Supplemental Tables for additional data

NATIONWIDE:

Data for 2011 indicate that low birth weight infants accounted for 6.8% of the total births in 2011.⁷

DATA SOURCES:

County of Orange Health Care Agency, Family Health Division
State of California, Center for Health Statistics, Birth Files
Centers for Disease Control and Prevention, National Vital Statistics Reports

NOTES:

- ¹ Mathews, T.J., 2012.
- ² Lu M., et al., 2010.
- ³ Mathews, C., 2005.
- ⁴ Every Woman California Preconception Health Council of California, 2012.
- ⁵ Bureau of Primary Health Care, 2011.
- ⁶ U.S. Department of Health and Human Services, National Vital Statistics Reports, 2012.
- ⁷ Centers for Disease Control and Prevention, National Vital Statistics Reports, 2012.

HEALTHY PEOPLE 2020 MATERNAL, INFANT, AND CHILD HEALTH (MICH) GOAL:

To reduce the total preterm birth rate to 11.4%, and late preterm and very preterm birth rates to 8.1% and 1.8% respectively.

ORANGE COUNTY HEALTHY PEOPLE 2020 GOAL:

A 10.0% reduction in preterm birth rates from the 2010 baseline data of 9.1% for total preterm, 6.8% for late preterm, and 1.2% for very preterm births, respectively, yielding 2020 goals of 8.2% for total preterm, 6.1% for late preterm and 1.1% for very preterm.

STATEWIDE:

In 2011, 9.8% of births were preterm, compared to 10.0% in 2010.⁷

RELATED INDICATORS:

- Early Prenatal Care
- Low Birth Weight
- Infant Mortality
- Teen Birth Rate
- Supplemental Nutrition Programs: WIC & CalFresh
- Substance-Exposed Infants

Definition of Indicator

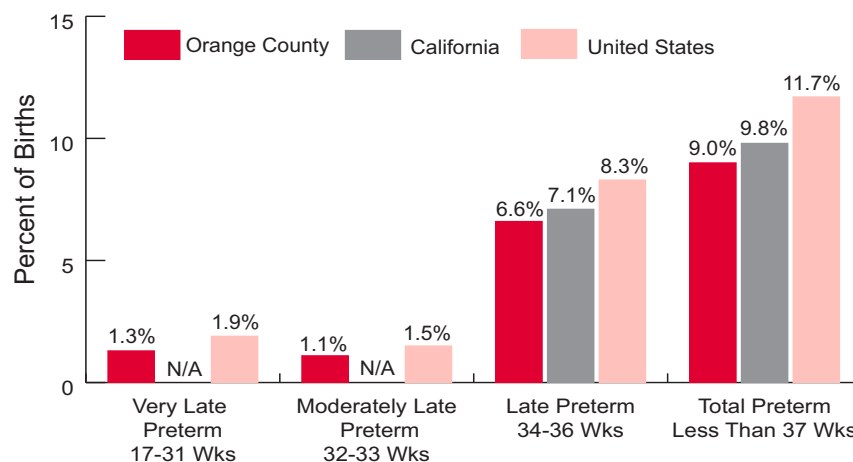
Preterm birth is defined as the delivery of an infant between 17 and 36 completed weeks of gestation, the period of time between conception and birth. Late preterm births (occurring between 34 to 36 weeks of gestation) and very preterm births (occurring between 17 to 31 weeks of gestation) are subsets of preterm births. Preterm births are reported as a percentage of total annual births. No Healthy People goal has been established for moderately preterm births (32 to 33 weeks gestation).

Findings

In 2011, 9.0% of infants (3,352) in Orange County were preterm, compared to 9.8% in California and 11.7% in the United States. Of the total preterm births in Orange County, 6.6% were late preterm, 1.1% were moderately preterm and 1.3% were very preterm, which were lower than the rates for California and the United States.

In 2011, the mothers' age group with the highest percentage of total preterm births was women under 15 years of age at 25.9%. The second highest rate was among women 40 years and older at 14.6%, followed by women 35 to 39 years of age at 11.2%; women 15 to 19 years of age at 9.9%; and women 30 to 34 years of age at 8.4%. The lowest percentage was among women 20 to 24 years and 25 to 29 years of age, both at 7.7%. Black women have the highest percentage of preterm births at 13.4%, followed by Whites, Hispanics and Asians all at 8.9%.

Preterm Birth Rates for Orange County, California, and United States, 2011



Note: Data for California not available at 17-31 weeks and 32-33 weeks.

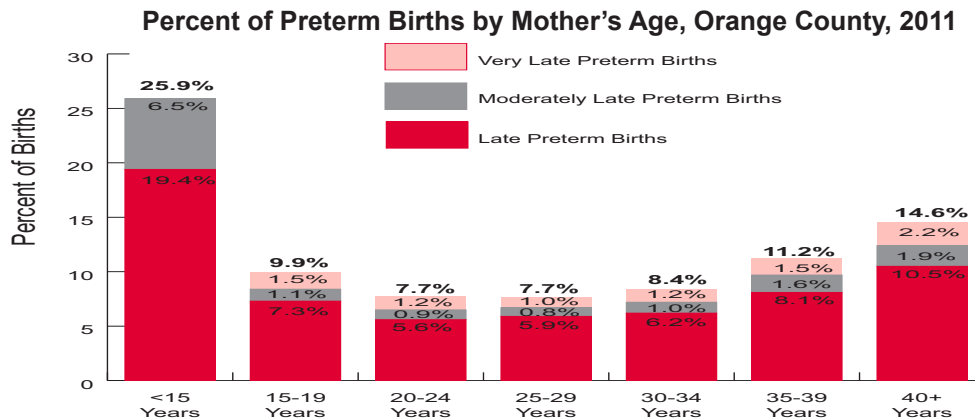
Total Orange County Births, Number and Percent of Preterm Births, 2002 to 2011

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Orange County										
Total Births	44,760	45,345	45,049	44,065	44,231	44,026	42,456	40,431	38,237	38,100
# Preterm Births	4,476	4,580	4,415	4,318	4,158	4,315	4,033	3,800	3,480	3,429
% Preterm Births	10.0%	10.1%	9.8%	9.8%	9.4%	9.8%	9.5%	9.4%	9.1%	9.0%

Trends

Between 2002 and 2011, there was a 10.0% decrease in the number of preterm births from 10.0% to 9.0%. During this same period of time, the percent of late preterm births decreased from 7.5% in 2002 to 6.6% in 2011; the percent of moderate preterm births decreased from 1.3% to 1.1%; the percent of very preterm births increased 1.2% to 1.3%.

From 2002 to 2011, the percentage of preterm births for all race/ethnicities has declined; Black (14.1% to 13.4%); White (9.3% to 8.9%); Hispanic (10.6% to 8.9%); and Asian (9.0% to 8.9%).



✓ See page 149 in Supplemental Tables for additional data

Why is this Important?

Preterm birth is an important public health issue requiring increased attention and awareness regarding its causes, consequences and prevention strategies.¹ Early labor or premature rupture of the fetal membrane causes most preterm births; however, in some instances infants are delivered early because the risks of carrying the pregnancy to term are greater than the risks of being born preterm. In 2010, infants born preterm accounted for two-thirds of all low birthweight infants, and over 40 percent of preterm births were low birthweight. Compared to infants born at term, preterm infants are more likely to suffer lifelong neurologic, cognitive and behavioral problems.^{2,3} Preterm-related causes of death together accounted for 35.0% of all infant deaths in 2008, more than any other single cause. Preterm births cost the U.S. health care system more than \$26 billion each year.⁴ The causes for preterm births are not fully understood; however, some of the maternal risk factors that have been identified include chronic infections, hypertension, history of a prior preterm birth, substance abuse/use, multiple gestation, low pregnancy weight gain, stress during pregnancy, maternal age and short intervals between pregnancies.

Research reveals that excess risk for preterm birth may be reduced by up to 8% among Blacks and up to 4% among Whites by increasing inter-pregnancy intervals to the optimal length of 18 to 23 months.⁵ Reducing teen pregnancies is another effective strategy. A 2007 IOM report on preterm births found that psychosocial, behavioral and sociodemographic risk factors for preterm birth tend to co-occur, with potentially powerful and complex interactions. Effective intervention strategies are needed at both the individual and societal levels.⁶

What's Happening in Orange County?

Orange County has been successful in exceeding the Healthy People 2020 goals for total preterm, as well as late and very preterm births, however further improvements are possible as demonstrated by lower rates achieved by other countries.

What's Working:

- The County Maternal Child Adolescent Health program, through its Comprehensive Perinatal Services Program Provider Network, continues to provide a wide range of culturally appropriate, free and enhanced prenatal and postpartum care to Medi-Cal eligible women.
- Through the Women, Infant and Children (WIC) program, the county provides educational and nutritional support for low to moderate-income pregnant, breastfeeding and postpartum women at nutritional risk to ensure healthy pregnancy and positive birth outcomes.
- The OCHCA Perinatal Substance Abuse Services Initiative/Assessment and Coordination Team offers Public Health Nursing home visitation and case management services for pregnant women who are affected by substance use and HIV infection during their pregnancy in an effort to help them get access to health services and pediatric care during their pregnancy and through the first six to twelve months of the infant's life.

NATIONWIDE:

In 2011, 11.7% of births were preterm, compared to 12.0% in 2010.⁸

DATA SOURCES:

County of Orange Health Care Agency

NOTES:

- ¹ Surgeon General's Conference on the Prevention of Preterm Birth, 2008.
- ² Martin, J.A., et al., 2012.
- ³ Mathews, T.J., MacDorman, M.F., 2012.
- ⁴ Centers for Disease Control and Prevention, Reproductive Health, 2013.
- ⁵ Hogue C.J., Menon R., Dunlop A.L., Kramer M.R., 2011.
- ⁶ Institute of Medicine (US) Committee on Understanding Premature Birth and Assuring Healthy Outcomes, 2007.
- ⁷ County of Orange Health Care Agency and Program Development Branch, MCAH Program.
- ⁸ Centers for Disease Control and Prevention, National Vital Statistics Reports, 2012.

HEALTHY PEOPLE 2020 GOAL:

Increase pregnant women's abstinence from cigarette smoking to 98.6%, from alcohol use to 98.3%, and from illicit drug use to 100.0%.

HEALTHY PEOPLE 2010 GOAL:

Increase pregnant women's abstinence from cigarette smoking to 99.0%, from alcohol use to 95.0%, and from illicit drug use to 100.0%.

CALIFORNIA PENAL CODE A

According to Section 11165.13 and 11166 of the California Penal Code A, positive toxicology screening at the time of delivery of an infant is not, in and of itself, a sufficient basis for reporting child abuse or neglect. Additional risk factors must be observed.

RELATED INDICATORS:

- Early Prenatal Care
- Low Birth Weight
- Infant Mortality
- Substance Abuse Services
- Child Abuse Dependency Petitions
- Dependents of the Court and Out-of-Home Care

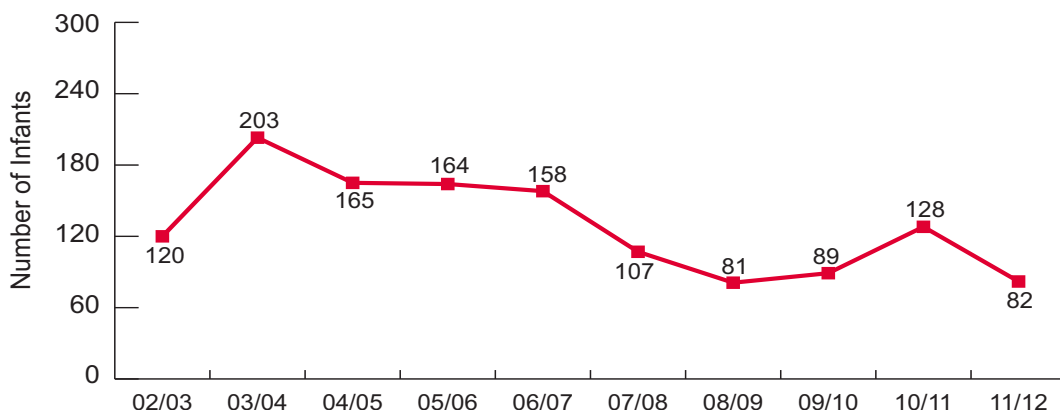
Definition of Indicator

Substance-exposed infants refers to the number of infants with positive toxicology results for alcohol and/or illicit drugs at the time of birth that were provided Emergency Response services by the Orange County Social Services Agency (SSA), resulting in juvenile court intervention. Any indication of maternal substance abuse requires an assessment of the needs of the mother and child by a health practitioner or medical social worker prior to the child leaving the hospital. There is a mandatory assessment form that serves as a guide for medical staff to focus their assessment, and the decision to report a child to the Orange County SSA Child Abuse Registry is to be based on a reasonable suspicion that the parent may be unable to care for the child. This must be based on at least one factor other than the positive toxicology screen. See Maternal Substance Abuse Assessment Protocol on the Conditions of Children Report website at www.ochealthinfo.com/occp/report.

Findings

In 2011/12, the SSA, Children and Family Services Division, provided Emergency Response services that resulted in juvenile court intervention to 82 substance-exposed infants and their families.

Number of Orange County Infants Taken into Protective Custody (or petition for dependency filed) as a Result of Testing Positive for Substance Exposure at Birth, 2002/03 to 2011/12



Trends

In the past ten-year period, there was a 31.7% decrease in the number of infants taken into protective custody after testing positive for alcohol or drugs from 120 in 2002/03 to 82 in 2011/12. After a steady decline from a high of 203 infants in 2003/04, there was a 58.0% increase from 81 (2008/09) to 128 (2010/11). However, there was a 35.9% decrease in the last year from 128 (2010/11) to 82 (2011/12) infants taken into protective custody as a result of testing positive for alcohol or drug exposure at birth.

The 2007 Perinatal Substance Exposure Study

A 2007 study of substance use by pregnant women in Orange County found that 15% of all babies may be exposed to alcohol, tobacco and/or other drugs before birth. Alcohol was the most common substance used during pregnancy (12.9%), followed by tobacco (4.9%), and illicit drugs (3.5%). These rates are higher than the Healthy People 2020 objective to increase pregnant women's abstinence from cigarette smoking to 97%, from alcohol use to 98%, and from illicit drug use to 100%. These results correspond to approximately 6,800 substance exposed babies (SEB) born each year in Orange County, the majority of whom are not detected by current screening and treatment efforts – needlessly placing them at risk for potential physical, developmental, cognitive and behavioral disabilities.¹



Why is this Important?

Prenatal or early childhood exposure to substances due to parental use of alcohol, tobacco and/or other drugs (ATOD) can have a long-term impact on a child's health and well-being. ATOD use during pregnancy may adversely affect fetal development. Possible effects include intrauterine growth retardation, prematurity, placental abruption, congenital malformations, medical complications, neonatal withdrawal syndrome, mental retardation, neurobehavioral disorders, low birth weight, asthma and the failure of young children to form secure attachments to their caregivers.² The parents of infants exposed in utero to drugs or alcohol may be functioning at an impaired level due to drug or alcohol addiction and related psychosocial problems. Instability in the areas of employment, housing, money management and family relationships are common.

Children exposed in utero to substance abuse are especially vulnerable to damage from inappropriate handling, neglect and abuse; they are often overly sensitive to environmental changes. They may require medical equipment or extensive medical management. Due to these children's special needs, their parents are often not capable of providing them care until other problems are resolved. Consequently, caretakers must be specially qualified and trained to provide care to these high-risk children if, and until, reunification with their parent(s) can be achieved. The importance, availability and training of foster parents and relatives willing to provide care to these high-risk children cannot be overstated.

What's Happening in Orange County?

When SSA receives a referral on a parent with a newborn exposed to illegal substances, they work collaboratively with the Health Care Agency (HCA) and the Juvenile Court to encourage and support substance abuse treatment. In May 2013, SSA developed the STARR (Striving To Achieve Reunification & Recovery) Program upon the conclusion of the collaborative Dependency Drug Court (DDC), to engage, assess and refer parents early in the dependency system to substance abuse treatment, and to support their efforts to maintain or reunify with their children.

What's Working:

- Early intervention programs such as the HCA Perinatal Substance Abuse Services Initiative (PSASI)/Assessment and Coordination Team (ACT) Program help pregnant women with histories of substance abuse and prevent newborns from being born substance-exposed. The ACT program has a 92.0% success rate of women delivering babies free from illicit drugs, with an average gestational age of 39 weeks.
- From 2005 to 2013, the DDC served a total of 425 parents, providing clients with access to a continuum of ATOD treatment services, increasing the likelihood of family reunification and reducing the reoccurrence of child abuse and neglect. Approximately 55.0% of mothers and fathers admitted to DDC successfully graduated, with 96.0% of their children returning home. The sustainability of reunification tended to be greater among parents who graduated from DDC than non-DDC parents, and was reflected in fewer re-entries to foster care.
- The Tustin Family Campus Mother Child Residential Homes opened in 2009 to provide substance abuse treatment to mothers and extensive family services while children remain in their mother's care. Mothers receive treatment and a range of comprehensive services that enable families to stay together while learning and experiencing healthy lifestyle choices. To date, 59 families have been served, and 36.0% have successfully completed the program.
- In April 2013, SSA joined the collaborative partnership of the OC Care Coordination Collaborative for Kids to improve local systems of care coordination for children with special health care needs. These coordinated efforts of the child serving systems will provide support and community connections for families by increasing social support, and improving developmental, psychological, health and positive well-being of infants and young children.

NATIONWIDE:

Among pregnant women 15 to 44 years of age, an estimated 5.0% reported using illicit drugs in the past month based on the combined 2010 and 2011 National Survey on Drug Use and Health. This rate was significantly lower than the rate among women 15 to 44 years of age who were not pregnant (10.8%). The rate of current illicit drug use in the combined 2010/11 data among pregnant women 15 to 17 years of age was 20.9%, 8.2% for pregnant women 18 to 25 years of age, and 2.2% among pregnant women 26 to 44 years of age.³

DATA SOURCES:

Orange County Social Services Agency

NOTES:

² County of Orange Health Care Agency, Substance Exposed Babies in Orange County, 2007.

² UCLA Center for Healthier Children.

³ U.S. Department of Health and Human Services, Results from the 2011 National Survey on Drug Use and Health: National Findings.

HEALTHY PEOPLE 2020 GOAL:

Reduce the number of infant deaths to a rate of 6.0 per 1,000 live births.

ORANGE COUNTY HEALTHY PEOPLE 2020 GOAL:

By 2020, the OC goal is a 10.0% improvement of the infant mortality rate from 4.4 to 3.9. per 1,000 live births.

HEALTHY PEOPLE 2010 GOAL:

Reduce the number of infant deaths to a rate of 4.5 per 1,000 live births. Orange County achieved the 2010 goal with 3.8 deaths per 1,000 live births in 2010.

STATEWIDE:

Preliminary data for 2011 indicate that there were a total of 2,417 infant deaths in California for a rate of 4.8 infant deaths per 1,000 live births.⁵

RELATED INDICATORS:

- Early Prenatal Care
- Substance-Exposed Infants
- Low Birth Weight
- Immunization of Children
- Supplemental Nutrition Programs: WIC & CalFresh

Definition of Indicator

The infant mortality indicator refers to deaths of infants under one year of age. The number and rate of infant mortality is calculated per 1,000 live births per year.

Findings

In 2011, data for Orange County show that 160 infants died before their first birthday, an overall rate of 4.2 per 1,000 live births. This is below the Healthy People 2020 goal of 6.0 per 1000 live births. The infant mortality rate for Hispanics was 4.5 per 1,000, followed by Whites at 4.2 per 1,000, and Asians at 2.5 per 1,000. Leading causes of death among infants in 2011 were: “congenital anomalies or birth defects” (31.3%); “other conditions of the perinatal period” (30.6%); and “maternal causes” (13.8%).

Number and Rate of Infant Mortality per 1,000 Live Births, 2002 to 2011

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Number	216	200	179	211	224	187	202	165	147	160
Rate per 1,000	4.8	4.4	4.0	4.8	5.1	4.2	4.8	4.1	4.0	4.2

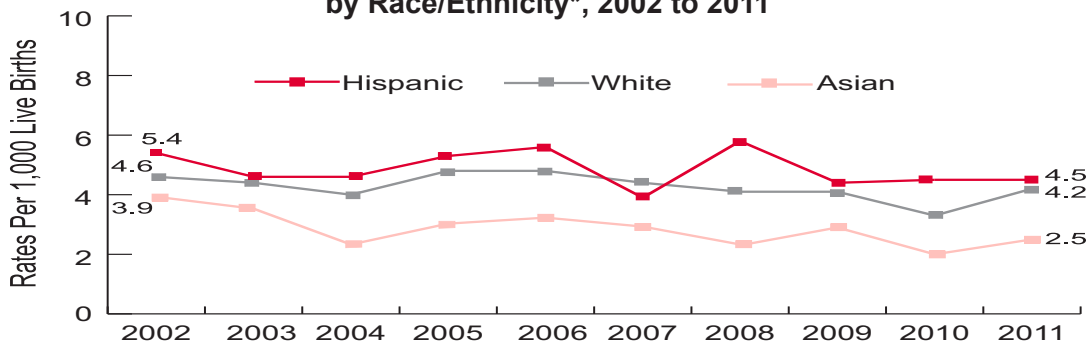
Trends

From 2002 to 2011, there was a 31.0% decrease in the number of infant mortalities from 216 infant deaths to 160 infant deaths. The rate per 1,000 live births also decreased from 4.8 in 2002 to 4.2 in 2011. Over the past ten years, the highest rate of infant mortality occurred in the year 2006 (5.1 deaths, per 1,000 live births).

By race/ethnicity, infant mortality over the past ten years decreased for both Whites and Asians from 4.6 to 4.2; and 3.9 to 2.5, respectively. Infant mortality rates for Hispanics have fluctuated over ten years with a low of 3.9 in 2007, a high of 5.8 in 2008 and the current rate of 4.5 in 2011. Due to relatively low numbers, infant births and deaths for Blacks in Orange County yield unreliable statistics for annual comparison (See Supplemental Tables for Blacks infant mortality rates). However, from 2009 to 2011, the three-year average infant mortality rate for Blacks was 6.1%, the highest for any group.

Infant deaths attributed to Sudden Infant Death Syndrome (SIDS) have trended lower for more than a decade since the promotion of the “Safe to Sleep” campaign, which encourages parents to always lay infants on their backs to sleep. SIDS accounted for 1.4% of infant deaths in 2002, increased to the high of 5.0% of infant deaths in 2003, and has since decreased to 0 deaths in 2011. In 2011, there were nine (5.6%) infant deaths of undetermined cause that involved bed sharing as a risk factor. Respiratory Distress Syndrome (RDS) decreased from 5.6% of infant deaths in 2002 to 0.6% in 2011.

Rate per 1,000 Live Births Suffering Infant Mortality by Race/Ethnicity*, 2002 to 2011



*Note: Rates based on less than five deaths are unstable, and therefore should be interpreted with caution. Black infant mortality rates are not included because the relatively low numbers of Black infant births and deaths in Orange County yield unreliable statistics for annual comparison. See Supplemental Tables for all data.

Leading Causes of Infant Mortality by Percent, 2011

Causes	Percent of Infant Deaths	Causes	Percent of Infant Deaths
Congenital Anomalies (Birth Defects)	31.3%	Short Gestation/Low Birth Weight	6.3%
Other Conditions of Perinatal Period	30.6%	Accidents and Adverse Effects	1.9%
All Other Causes	14.9%	Respiratory Distress Syndrome (RDS)	0.6%
Maternal Causes	13.8%	Pneumonia and Influenza	0.6%

✓ See page 150 in Supplemental Tables for additional data

Why is this Important?

The infant mortality rate is a widely used indicator of societal health because it is associated with maternal health, quality of and access to medical care, socioeconomic conditions and public health practices. Improvements in the infant mortality rate may reflect progress in medical technology, hygiene and sanitation systems, economic well-being and the availability and use of both preventive and clinical health services.¹

Maternal factors that influence infant mortality include age; education level; use of tobacco, alcohol and other drugs; nutrition; unintended pregnancy; chronic illness during pregnancy; and/or injury during pregnancy (including domestic violence).² Despite the overall declines in infant mortality since 2002, there remain significant disparities in the rates among Blacks and Hispanics in Orange County, which remain higher than the overall county rate. In the past, these disparities had been only partially explained by factors such as adequacy and quality of prenatal care.

Early identification of conditions soon after birth can help prevent serious problems, such as brain damage, organ damage and even death. Adoption of a uniform newborn-screening panel of diseases has led to earlier life-saving treatment for at least 3,400 additional US newborns each year.³ Nationally, in the last two decades, infant mortality rates attributable to accidental suffocation and strangulation in bed have quadrupled (for unknown reasons). Prevention efforts should target those at highest risk and focus on helping parents and caregivers provide safer sleep environments.⁴

What's Happening in Orange County?

The Orange County Child Death Review Team's (CRDT) Five Year Report identified 35 infant deaths in Orange County that were associated with bed sharing from 2007 to 2011. In response, the Orange County Maternal Child Adolescent Health (MCAH) Programs are convening a community workgroup (including the Orange County Children's Partnership and CRDT representatives) on infant mortality and unsafe sleep practices in order to identify and implement new partnerships and strategies to reduce preventable infant deaths related to bed sharing and other unsafe sleep practices.

What's Working:

- Congenital heart disease is a leading cause of birth-defect related death. A new California law was implemented in July 2013, mandating that all newborns be screened for critical congenital heart disease (CCHD) using non-invasive pulse oximetry. Early detection and the prompt initiation of appropriate therapies for CCHD will allow for improved outcomes.
- The Orange County MCAH Programs continue to work on promoting preconception and interconception health within county and clinic services, and community health care providers through the Comprehensive Perinatal Services Program. Pre-conception and inter-conception information and resources were sent to the Comprehensive Perinatal Services Program (CPSP) providers in December 2012.
- Orange County continues to support a SIDS Coordinator to maintain high public awareness and conduct educational programs focused on SIDS risk reduction.

NATIONWIDE:

Preliminary data for 2011 indicate the infant mortality rate was 6.05 infant deaths per 1,000 live births, a decrease from 6.1 in 2010.⁶

DATA SOURCE(S):

County of Orange Health Care Agency, Family Health Division
State of California, Center for Health Statistics, Vital Statistics Query System
Centers for Disease Control and Prevention, National Vital Statistics Reports, Vol. 60, No. 4, January 11, 2012

NOTES:

- ^{1,2} MacDorman, M.F., Mathew, M.S., 2013.
- ³ Centers for Disease Control and Prevention, Pediatric Genetics, 2013.
- ⁴ MacDorman, M.F., Shapiro-Mendoza, C.K., 2009.
- ⁵ Centers for Disease Control and Prevention, 2012.
- ⁶ MacDorman, M.F., Mathew, M.S., 2013.

HEALTHY PEOPLE 2020 GOAL:

The goal is to increase the proportion of infants who are breastfed. The national objectives are to increase the proportion of infants who are ever breastfed to 81.9%, 60.6% at 6 months, and 34.1% at one year of age. In addition, the objectives are to increase the proportion of infants who are exclusively breastfed through three months to 46.2% and exclusively breastfed through six months to 25.5%.

HEALTHY PEOPLE 2010 GOAL:

The goal was to increase the proportion of mothers who breastfed their babies in the early postpartum period to 75%; at 6 months to 50%; at 1 year to 25%. Orange County partially achieved the Healthy People 2010 goal with 93.3% of infants receiving some breastmilk.

STATEWIDE:

During 2012, of 433,536 newborns in California, 92.3% had some form of breastfeeding (either partial or exclusive) while 62.6% were exclusively breastfed.⁶ California achieved all three Healthy People 2010 objectives.

RELATED INDICATORS:

- Early Prenatal Care
- Low Birth Weight
- Supplemental Nutrition Programs: WIC & CalFresh

Definition of Indicator

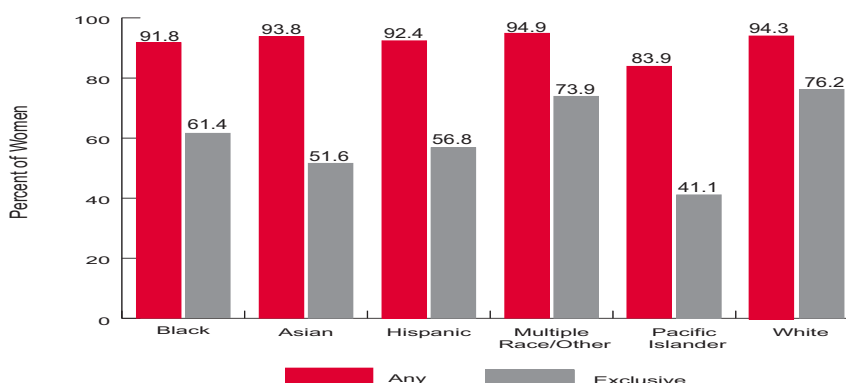
Local statistics on breastfeeding are obtained from the In-Hospital Newborn Screening Program and are presented as the percentage of mothers breastfeeding (any or exclusive breastfeeding) in the hospital after birth. An infant is exclusively breastfed when fed only with human milk and no other supplements such as water, formula, non-human milk, food or juice. Any breastfeeding is defined as feeding with both human milk and infant formula. Because exclusive breastfeeding for longer duration is the goal, future reports will incorporate county rates of exclusive breastfeeding at three months from the California Maternal Infant Health Assessment Survey.

Findings

In 2012, 93.2% of Orange County infants received any breastfeeding and 62.1% received exclusive breastfeeding. This compares to California's percent of infants receiving any breastfeeding of 92.3% and 62.6% receiving exclusive breastfeeding.

In Orange County, White infants had the highest proportions of any and exclusive breastfeeding at 94.3% and 76.2%, respectively. Pacific Islanders had the lowest percentages for any breastfeeding at 83.9%, followed by Blacks at 91.8%. Pacific Islanders also had the lowest percentages for exclusive breastfeeding at 41.1%, followed by Asians at 51.6% and Hispanics at 56.8%.

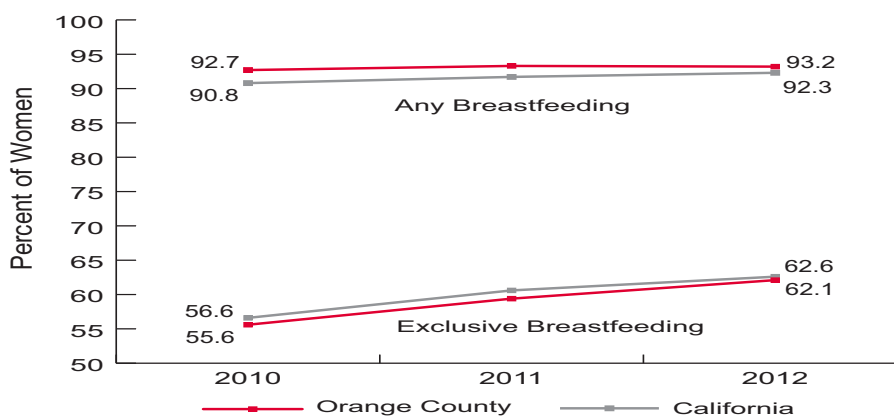
Breastfeeding Percentages in Orange County by Race/Ethnicity, 2012



Trends

From 2010 to 2012, there was a 0.5% (92.7% to 93.2%) increase in any breastfeeding and an 11.7% (55.6% to 62.1%) increase in exclusive breastfeeding rates in Orange County.

Breastfeeding Percentages* in Orange County and California, 2010 to 2012



*Note: These data should not be compared to data previously provided prior to 2010 because there was a change in methodology for computing these rates.



Why is this Important?

Human milk is the optimal source of nutrition for the infant and provides many benefits for healthy growth and development. These benefits to the infant increase greatly when a mother exclusively breastfeeds her infant for the first six months of life. Breastfeeding significantly reduces infant risks for infections (including ear and respiratory infections and diarrhea) and breastfed infants require fewer visits to the doctor and take fewer medications than infants who are formula fed.¹ Evidence also demonstrates that breastfeeding reduces the risk for cardiovascular disease, asthma and diabetes later in life and some studies show that exclusive breastfeeding may reduce the risk of childhood obesity.²

Breastfeeding can provide protective health benefits for the mother who breastfeeds frequently enough and for sufficient duration. The breastfeeding mother may experience less postpartum bleeding, decreased menstrual blood loss (which conserves iron in the body), decreased risk for osteoporosis and hip fracture in the post-menopausal period, earlier return to pre-pregnancy weight and decreased risks of breast and ovarian cancers. Breastfeeding also benefits the entire family and community. It improves household food security because families need not use income to buy formula, food and bottles. There are also savings in health care related expenses because breastfeeding provides protective health benefits to the infant and mother.

The American Academy of Pediatrics and the World Health Organization recommend exclusive breastfeeding for the first six months of life; and continued breastfeeding until at least 12 months of age, along with the introduction of safe and appropriate complementary foods.^{3,4}

What's Happening in Orange County?

Breastfeeding in the first year of life is one of the most important public health strategies for improving infant/child survival, health and development.

- The World Health Organization/UNICEF Baby-Friendly Hospital Initiative, endorsed by the American Academy of Pediatrics, recognizes hospitals that follow the Ten Steps to Successful Breastfeeding.⁵ Hospitals are designated as Baby-Friendly when they have all of the Ten Steps in place. As of 2013, six of the 17 birthing hospitals in Orange County have achieved Baby Friendly designation: St. Joseph's Hospital, St. Jude Medical Center, Hoag Memorial-Presbyterian Hospital, Kaiser-Irvine, Kaiser-Anaheim and Mission Hospital Regional Medical Center.

What's Working:

- Organizations such as the Orange County Breastfeeding Coalition, CalOptima, Orange County WIC providers, County Maternal Child Adolescent Health (MCAH) Programs, Public Health Community Nursing, Children and Families Commission of Orange County, Orange County Chapter of the American Academy of Pediatrics, St. Joseph Hospital and the Regional Perinatal Program of California (RPPC) work together to promote and support breastfeeding. An increase in client, physician, nurse, community level professionals and hospital education efforts has supported greater awareness of the importance of breastfeeding and an increase in exclusively breastfeeding rates.
- Ninety-one percent of mothers enrolled in Orange County's Nurse-Family Partnership® program were 19 years of age or younger. Of all the mothers participating in Nurse-Family Partnership®, 93% initiated breastfeeding, which is an increase from 87% in 2007.
- Collaborative efforts have resulted in the development of the Orange County Breastfeeding Resource Guide, which has been welcomed by health care providers as a useful tool. Current efforts are focused on the design and dissemination of an educational Tip Sheet to support breastfeeding mothers.

✓ See page 151 in Supplemental Tables for additional data

NATIONWIDE:

Among children born in 2010 whose caregivers were interviewed for the National Immunization Survey, 76.5% of infants were ever breastfed and 37.7% were exclusively breastfed through 3 months. By 6 months of age only 16.4% were exclusively breastfed.⁷

DATA SOURCES:

County of Orange Health Care Agency
California Department of Public Health

NOTES:

¹ Bartick M., Reinhold A., 2010.

^{2,3} AAP. Gartner L.M., et al., 2005.

⁴ WHO, 2003.

⁵ Baby Friendly USA, 2013

⁶ California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2009.

⁷ Centers for Disease Control and Prevention National Immunization Survey, Provisional Data, 2010 Births.

HEALTHY PEOPLE 2020 GOAL:

Increase the proportion (to 80%) of children ages 19 to 35 months who receive the recommended doses of vaccines.

Maintain a vaccination coverage level of >95% among children in kindergarten.

Increase the proportion (to 95%) of children under 6 years of age whose immunization records are in an immunization registry.

HEALTHY PEOPLE 2010 GOAL:

Maintain a vaccination coverage level of 90% for all children in licensed day care facilities and children in kindergarten through first grade.

STATEWIDE:

Immunization rates at kindergarten entry have declined from 92.9%, in 2003 to 90.3%, in 2012.⁵

RELATED INDICATORS:

- Early Prenatal Care
- Infant Mortality
- Access to Healthcare

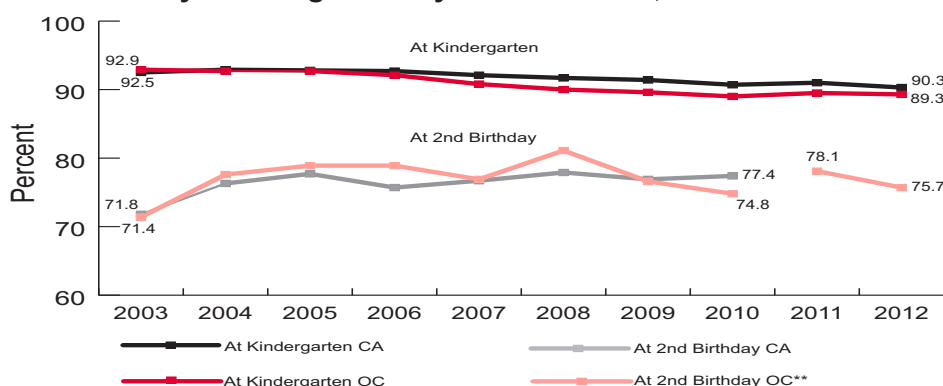
Definition of Indicator

The “percent vaccination coverage” refers to the percentage of children who received all of the doses of specific vaccines recommended by their 2nd birthday and required at kindergarten entry. These children are considered to have up-to-date (UTD) vaccinations. Data at 2nd birthday are based upon annual retrospective reviews of randomly selected kindergarten immunization records. Data at kindergarten entry include all public and private schools in Orange County and California. For the recommended childhood immunization schedule, please see Appendix D on page 223.

Findings

In 2012, the percent of children UTD in Orange County at kindergarten entry was 89.3%, compared to 90.3% statewide. Some areas of the county are below 85% vaccination coverage at kindergarten entry (see map on page 153). Retrospective data show that for Orange County, the percent of children with UTD status at their 2nd birthday was 75.7%.

Percent Vaccination Coverage Among Children Age 2 Years* and at Kindergarten Entry in Orange County and California, 2003 to 2012



*These Southern California counties include Orange, Imperial, San Bernardino, San Diego, and Riverside.

**2003-2010 OC data includes other Southern CA counties (Imperial, Orange, Riverside, San Bernardino, and San Diego). 2011-2012 data include a small, random sample of schools for OC only. Data prior to 2011 are not comparable due to a change in methodology.

Trends

Over the past decade from 2003 to 2012, the percentage of immunized kindergarten children with UTD immunizations decreased from 92.9% to 89.3%. The percentage of children at their 2nd birthday with UTD immunizations increased from 71.4% to 75.7%, however it has declined from the highest level of 81.1% in 2008. Although state law requires proof of UTD vaccines at kindergarten enrollment, compared to prior years, there are higher numbers of under-immunized children enrolled on the condition that they eventually will become UTD (6.3% in Orange County in 2012). In addition, there has been a gradual yearly increase in the number of children whose parents have refused one or several vaccines, but are allowed to enroll through parental use of a personal belief exemption waiver (3.0% in Orange County in 2012).

Pertussis Update

As of July 2013, the reported pertussis cases (whooping cough) have increased across the state compared to the same time period in the last year. In response to the pertussis epidemic of 2010 and 2011, Assembly Bill (AB) 354 was signed into law in September 2010 requiring all students entering or advancing to grades seven through twelve in the 2011/12 school year to show proof of immunization with a whooping cough vaccine booster called tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap). Orange County public and private schools reported 97.2% completed the vaccine requirement.¹ For the 2012/13 school year and future years, the pertussis booster immunization requirement applies to students entering or advancing into the seventh grade.

Why is this Important?

The widespread use of safe, effective childhood vaccinations has been one of the most successful and cost-effective public health interventions in the U.S. and globally. Many serious and once common childhood infections have been dramatically reduced through routine immunizations. The success of immunization programs depends upon appropriate timing and on a high rate of vaccine acceptance, particularly among parents of young children. Unfortunately, over the past decade, increasing numbers of children with delayed or refused vaccinations have led to reduced levels of vaccine coverage. Many communities are below the protective level needed to prevent the spread of disease.²

Vaccine delay or refusal is associated with negative parental beliefs or attitudes towards immunization, fear of side-effects, risks, or contraindications, higher birth order and unnecessary delays due to a child's minor illness. Studies have found that children whose parents delay or refuse vaccines are more likely to be White and reside in well-educated, higher income areas.³ Parental attitudes and beliefs about vaccines may be influenced by both a failure to appreciate the seriousness of vaccine-preventable diseases and by the constant stream of vaccine misinformation in the media and on the internet. Improving parental access to reliable vaccine information and effective communication by health care providers are among the strategies needed to counteract vaccine hesitancy. In addition, health care providers need to understand the significant health risks posed by promoting "selective" or "alternative" vaccination schedules, which leave children unprotected.

What's Happening in Orange County?

The Orange County Immunization Coalition (OCIC) continues to coordinate and conduct outreach and education efforts for both health care providers and the public, including developing community-wide partnerships and leadership, promoting Standards of Immunization Practice and supporting the California Immunization Registry (CAIR). As more children become enrolled in CAIR, vaccination coverage will be better monitored, resulting in fewer children being either under-immunized or over-immunized. Attendance and participation in bimonthly OCIC meetings by diverse community partners remains at very high levels.⁴

What's Working:

- As of May 2013, 460 Orange County providers and 168,453 (73.0%) Orange County children below six years of age were enrolled in CAIR. There was a 0.7% decrease in the number of children below six years of age enrolled in the registry since May 2012.
- OCIC provides evidence-based immunization resources for health care providers and conducts regularly scheduled immunization skills workshops for medical assistants who administer pediatric vaccines.
- The Health Care Agency, Immunization Assistance Program (IAP) collaborates with school districts to increase capacity for immunization services at school sites by partnering with school nurses, who serve as liaisons and vaccine administrators. IAP's continued partnership with the Orange County Department of Education will focus on the implementation of AB2109. Beginning January 1, 2014, parents or guardians that wish to exempt their child from school or childcare requirements will first need to receive information from a licensed healthcare provider about the benefits and risks of vaccination and vaccine preventable disease and produce a signed waiver.
- The potential for vaccine preventable diseases to spread rapidly in communities was demonstrated again in 2013, when a multi-state outbreak of hepatitis A was associated with the consumption of a frozen berry product. Nine confirmed cases occurred in Orange County—all among unvaccinated adults. Fortunately, the hepatitis A vaccine series is recommended for all children (beginning at age one) and provides protection against this infection that can cause significant illness and hospitalization. No infections were reported in children vaccinated against hepatitis A.

✓ See page 153 in Supplemental Tables for additional data

For the recommended childhood immunization schedule please see Appendix D on page 223.

NATIONWIDE:

82.6% of children 19 to 35 months of age had adequate immunizations according to the 2011 U.S National Immunization Survey.⁶

DATA SOURCE(S):

County of Orange Health Care Agency, State Department of Public Health /Immunization Branch

NOTES:

- ¹ California Department of Public Health (CDPH), Immunization Branch, 2012-2013.
- ² Salmon, D.A., 2011.
- ³ Omer, S.B., Salmon, D.A., 2009.
- ⁴ Orange County Immunization Coalition.
- ⁵ County of Orange Health Care Agency, State Department of Public Health/Immunization Branch.
- ⁶ Centers for Disease Control & Prevention, National Immunization Program, 2011.

STATEWIDE:

The Department of Developmental Services (DDS) is responsible under the Lanterman Developmental Disabilities Services Act for ensuring that 257,793 children with developmental disabilities receive the services and support they require to lead more independent and productive lives, and to make choices and decisions about their lives.¹

Under California law, the Lanterman Developmental Disabilities Services Act defines a developmental disability as autism, epilepsy, cerebral palsy, mental retardation or other conditions found closely related to mental retardation.

RELATED INDICATORS:

- Early Prenatal Care
- Low Birth Weight
- Cost of Child Care
- Special Education
- Substance-Exposed Infants

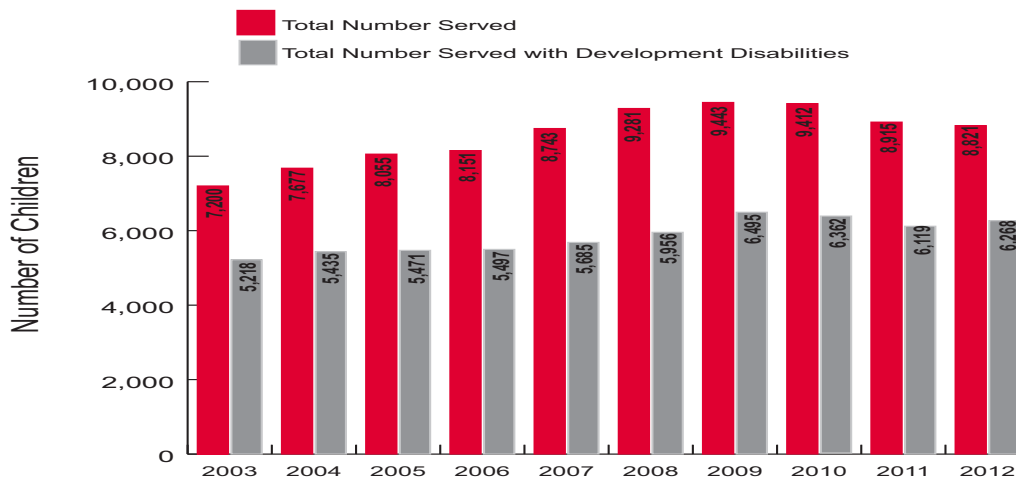
Definition of Indicator

This indicator tracks the total number of children under 18 years of age who utilized services at the Regional Center of Orange County (RCOC). This includes children over three years of age who have a diagnosed developmental disability, and children under three years of age who are eligible for Early Intervention Services under Part C of the Individual with Disabilities Education Improvement Act (IDEIA) through California's Early Start Program. The Early Start Program provides healthcare, intervention specialists, therapists, and parent resources for infants, toddlers and their families.

Findings

In 2012, 8,821 Orange County children utilized services through the RCOC. Over two-thirds of the children served were male, 6,051 (68.6%), compared to 2,779 (31.5%) who were female. Of these children 6,268 (71.1%) were diagnosed with a developmental disability. In 2012, the racial/ethnic breakdown of children receiving services for developmental disabilities was 2,342 (26.6%) White; 3,328 (37.7%) Hispanic; 1,477 (16.7%) Asian; 119 (1.3%) Black; 1,035 (11.7%) Other; and 295 (3.3%) in the Unknown Category.

Total Number of Children Under 18 Years of Age Served by the Regional Center of Orange County and Those Diagnosed with Developmental Disabilities, 2003 to 2012



Trends

From 2003 to 2012, there was a 22.5% increase in the number of children utilizing services through the RCOC (7,200 and 8,821, respectively). There was a 20.1% increase in the number of children diagnosed with developmental disabilities from 5,218 in 2003 to 6,268 in 2012. Since its peak of 6,495 in 2009, there was a 3.2% decrease in children diagnosed with developmental disabilities to 6,268 in 2012. Racial/ethnic groups that experienced gains in the number of children receiving services for developmental disabilities between 2003 and 2012 were Asians, up 87.4% and Hispanics, up 31.4%. The number of White and Black children receiving services declined in the past 10 years by 15.8% and 4.0%, respectively.

Children Receiving Services for Developmental Disabilities

Of the 8,821 children receiving services in 2012:

- 3,247 children were under the age of 4, compared to 3,463 in 2011;
- 8,394 resided at home, compared to 8,451 in 2011;
- 78 were in Community Care Facilities, compared to 76 in 2011; and
- 99 lived in foster care (Social Services Agency), compared to 115 in 2011.

Why is this Important?

RCOC serves children who have been identified as at-risk under the age of three or diagnosed with a substantial developmental disability over the age of three. Regional Centers are state- and federally-funded to provide services at no cost to children who meet the criteria. The RCOC partners with public agencies to identify children at risk for developmental delays through free screenings, community outreach and education about its services.

Early identification of children who need support and services continues to be a priority for RCOC. Early intervention services can be effective in helping children catch up to their age level in development. Children who receive early intervention may need less or no special education support throughout their school years. All services are based on the unique needs of each child and provided in a family-friendly and culturally sensitive manner. In 2012, 90% of the children who received early intervention services made significant developmental gains and no longer required Regional Center services after age three.

What's Happening in Orange County?

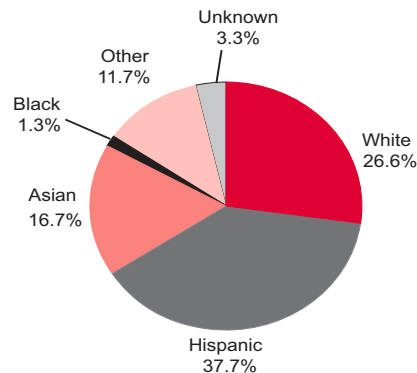
As the lead agency in providing Early Start services for children from birth through 36 months, the Regional Center remains steadfast in meeting the needs of these children even though eligibility for services have become more restricted. Children qualified for Early Start must first utilize their private insurance plans for payment of therapy. For children with a diagnosis of autism or pervasive developmental disorder, families must also access their private insurance for behavioral health treatment (including Applied Behavior Analysis [ABA] services). Regional Centers will pay copayments and coinsurance associated with health care service plans and health insurance policies under specified conditions, so financial factors should not prohibit children from receiving intervention.

Children under the age of three who do not meet the criteria for Early Start services yet still exhibit milder developmental delays may meet the criteria for Prevention Referral and Resource Services (PRRS). PRRS staff monitors the child's development and provides parent education and support. If the child's delay becomes more significant, a referral to Early Start can be expedited so that needed services begin quickly.

What's Working:

- In 2012, RCOC served 8,821 children, utilizing the expertise of 220 Service Coordinators in twelve different languages. Service coordinators provide various choices to consumers regarding needed services by first utilizing/maximizing generic resources.
- RCOC provides services that teach families how to work with their children's behavioral challenges, with the ultimate goal of keeping children in their family home. RCOC provides free behavioral management workshops throughout the year in three languages.
- RCOC continues to focus on parent/professional education through autism seminars and workshops to strengthen parents' knowledge base and advocacy skills. RCOC continues to take a leadership role in the Orange County Autism Regional Task Force.
- Regional Center's Comfort Connection Family Resource Center provides resources and referrals to the concerned parents of all young children on site as well as online.
- RCOC actively participates in developmental screenings, hospital neonatal intensive care units, community clinics and parent support groups to educate the community on available services. This has resulted in an average of 300 Early Start referrals per month.

Total Number of Children Under 18 Years of Age Receiving Services for Developmental Disabilities by Race/Ethnicity, 2012



✓ See page 154 in Supplemental Tables for additional data

NATIONWIDE:

In 2011, 5,413,474 children and youth ages 6 to 17 years old were served under the Individuals with Disabilities Education Act (IDEA), which represents 7.3% of the United States population in 2011. Of these children and youth, 40.6% had specific learning disabilities, 6.9% were diagnosed with autism, and 2.1% had developmental delays.²

DATA SOURCE(S):

Regional Center of Orange County
California Department of Developmental Services
Centers for Disease Control and Prevention

NOTES:

¹ Department of Developmental Disabilities, 2013.

² Data Accountability Center (DAC), 2012.

Definition of Indicator

Healthy aerobic capacity among 5th, 7th and 9th grade public school students is defined when a student has a V02max, a measure of maximum oxygen consumption, which falls within a “Healthy Fitness Zone” (HFZ) after their participation in structured aerobic exercises. Aerobic capacity HFZs are defined through The Cooper Institute’s FITNESSGRAM protocol, which uses structured exercises that include the Progressive Aerobic Cardiovascular Endurance Run (PACER), a one-mile run and a walk test. The definition of aerobic capacity HFZs was recently modified to improve classification agreement between the PACER and one-mile run approaches. Because of these adjustments, California Physical Fitness Test data collected prior to the 2010/11 school year are not comparable to those collected under the current standards.

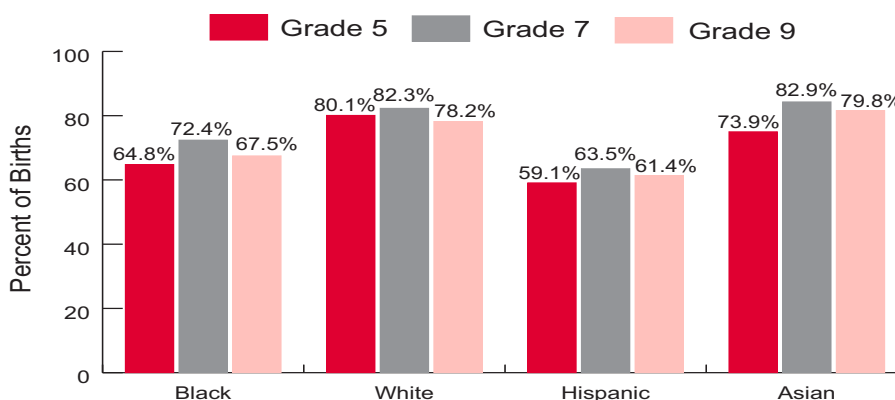
STATEWIDE:

In 2011/12, 62.4% of 5th graders, 63.6% of 7th graders and 62.4% of 9th graders met the Healthy Fitness Zone standard for aerobic capacity.⁶

Findings

In 2011/12, 68.4% of 5th graders, 73.3% of 7th graders and 70.5% of 9th graders met HFZ standards for aerobic capacity. Among major Orange County racial/ethnic groups, Hispanic 5th (59.1%), 7th (63.5%) and 9th (61.4%) graders were less likely to meet the aerobic capacity standards than Black, White and Asian students.

Percent of Students in Healthy Fitness Zone for Aerobic Capacity* by Race/Ethnicity for Grades 5, 7 and 9, 2011/12



*Beginning in 2010/11, data have undergone statistical changes that undermine comparability to those of prior years.

RELATED INDICATORS:

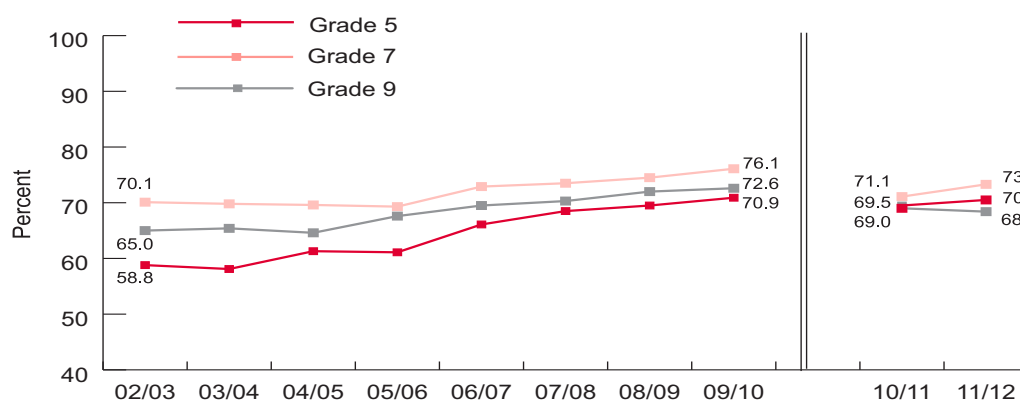
- Access to Health Care
- Body Composition
- Supplemental Nutrition Programs: WIC & CSFP

Trends

Due to the aforementioned HFZ classification changes, Physical Fitness Test data collected prior to the 2010/11 school year are not precisely comparable to those collected using the current standard. In the past, the proportion of students in the HFZ for aerobic capacity rose significantly among Orange County’s 5th (65.0% to 72.6%), 7th (70.1% to 76.1%) and 9th (58.8% to 70.9%) grade students from the 2002/03 to 2009/10 school years. Since FITNESSGRAM adjustments were made, the proportion of students in the HFZ for aerobic capacity has fluctuated slightly among 5th (69.0% to 68.4%), 7th (71.1% to 73.3%) and 9th (69.5% to 70.5%) grade students from 2010/11 to 2011/12.

Hispanic 7th and 9th graders experienced gains in the percent of students in the HFZ for aerobic capacity from 2010/11 to 2011/12 (5.0% from 60.5% to 63.5% and 3.9% from 59.1% to 61.4%, respectively). Asian, Black and Hispanic 5th graders experienced small decreases in the percent of students in the HFZ for aerobic capacity from 2010/11 to 2011/12 (2.4%, 4.1% and 0.7%, respectively).

Percent of 5th, 7th and 9th Grade Students in Healthy Fitness Zone (HFZ) for Aerobic Capacity,* 2002/03 to 2011/12



*Beginning in 2010/11, data have undergone statistical changes that undermine comparability to those of prior years.

✓ See page 155 in Supplemental Tables for additional data

GOOD HEALTH

Why is this Important?

A substantial body of scientific evidence supports the medical and public health benefits of increasing aerobic physical activity and cardio-respiratory fitness among children and adolescents. Physical activity during adolescence is associated with physical activity in adulthood.¹ Physical inactivity contributes to obesity risk and, indeed, overweight adolescents are very likely to grow into obese adults, who incur a host of disease risks described elsewhere in this report. Physical inactivity also imparts health risks aside from its effects on obesity and is independently associated with cardiovascular disease, diabetes, hypertension, colon and breast cancers, bone diseases and mental health issues.² The overall lifespan of a physically active person is greater than that of a person who is physically inactive.³ Physical activity has immediate health benefits in adolescence as well, including increased HDL cholesterol, enhanced peak bone mass, increased self-esteem and decreased stress levels.⁴

What's Happening in Orange County?

- Orange County children appear more aerobically fit than their statewide counterparts, however there are important disparities that exist and must be addressed, such as the large difference in children meeting aerobic capacity standards among White and Hispanic children.
- Increasing access to park space and other places for physical activity is a recognized best practice for improving aerobic capacity.⁵ City and county governments, including public officials, urban planners, public works and law enforcement are working with school districts, businesses, community organizations and residents to increase community access to safe, well-equipped parks through environmental and policy approaches.
- Efforts are being made to increase the quality and quantity of evidence-based Physical Education in schools and integrate physical activity into the classroom.
- School districts, cities and community partners continue to promote and implement joint use and community use agreements, wherein school grounds are available after hours for sports and physical activity.
- Active transportation, such as walking and biking, continues to be heavily promoted through infrastructural and policy approaches by cities, community based organizations, public health organizations and regional entities, such as the Southern California Association of Governments.
- Youth sports leagues and recreational programs are considered supportive outreach modalities that promote neighborhood-based and team-oriented physical activity.⁶

DATA SOURCE(S):

County of Orange Health Care Agency
California Department of Education, DataQuest

NOTES:

- ¹ Hallal, P.C., Victora, C.G., Azevedo, M.R., Wells, J.C.K., 2006.
- ² Warburton D.E.R., Nicol, C.W., Bredin, S.S.D., 2006.
- ³ Carlsson, S., Andersson, T., Lichtenstein, P., Michaëlson, K., and Ahlborn, A., 2007.
- ⁴ Twisk, J.W. Sports Medicine, 2001.
- ⁵ Community Preventive Services Task Force
- ⁶ California Department of Education, Standards and Assessment Division, 2013.

STATEWIDE:

In 2011/12, 52.5% of 5th graders, 55.4% of 7th graders and 59.0% of 9th graders met the the Healthy Fitness Zone standard for body composition.³

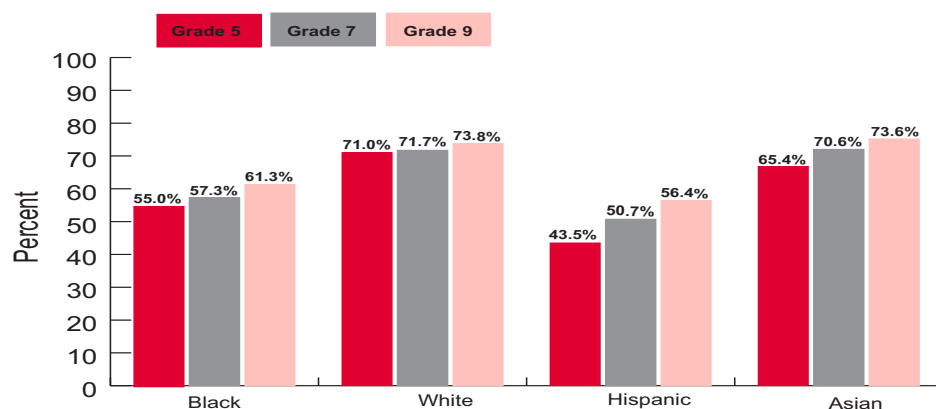
Definition of Indicator

Healthy body composition among 5th, 7th and 9th grade public school students is defined when a student has a body fat percentage OR a body mass index that falls within a “Healthy Fitness Zone” (HFZ) as defined through The Cooper Institute’s FITNESSGRAM protocol. HFZ for body composition are defined using criterion-referenced, age-specific standards that roughly equate to body fat percentages of 18.9% to 22.3% for boys and 20.9% to 31.4% for girls or age and gender adjusted body mass index (BMI) values of 16.8 to 25.2. The definition of HFZs was recently modified to more closely approximate widely accepted CDC defined BMI healthy weight classification schemes (5th to 85th percentile of BMI-for-age), and improve HFZ classification agreement between body fat and BMI-based approaches. Because of these adjustments, California Physical Fitness Test data collected prior to the 2010/11 school year are not comparable to those collected under the current standards. Local body composition data are collected for 5th, 7th and 9th grade students, along with five other fitness parameters, by all California School Districts through the California Physical Fitness Test using the FITNESSGRAM approach.

Findings

Over the 2011/12 school year, 110,725 Orange County students were assessed through the California Physical Fitness Test, including 36,530 5th graders (33.0%), 36,482 7th graders (32.9%) and 37,713 9th graders (34.1%). In 2011/12, 56.4% of 5th graders, 61.3% of 7th graders and 65.5% of 9th graders met fitness standards for body composition, which surpassed comparable state values for every grade level. Among major Orange County racial/ethnic groups, Hispanics had the lowest proportion of students in the HFZ for 5th (43.5%), 7th (50.7%) and 9th (56.4%) graders, while Whites had the highest proportion for 5th graders (71.0%) and Asians had the highest proportion for 7th (72.0%) and 9th (75.2%) graders. It should be noted that Pacific Islander students, represented within the Asian racial/ethnic category (506 total students assessed), had the lowest proportion of 5th (38.5%) and 9th (50.6%) graders in the HFZ for body composition among all racial/ethnic groups.

Percent of Students in Healthy Fitness Zone for Body Composition by Race/Ethnicity for Grades 5, 7 and 9, 2011/12



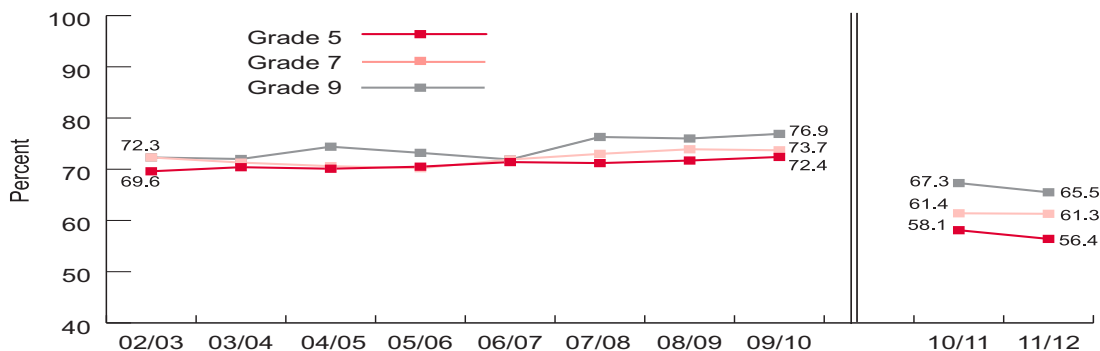
Trends

From 2002/03 to 2009/10, the proportion of students meeting body composition standards in Orange County increased from 69.6% to 72.4% for 5th graders, 72.3% to 73.7% among 7th graders and 72.3% to 76.9% among 9th graders. After changes in data collection methods, the proportion of students meeting the body composition standards in 2010/11 was 58.1% for 5th graders, 61.4% among 7th graders and 67.3% among 9th graders. From 2010/11 to 2011/12, there was a decrease in 5th (2.9%), 7th (0.2%) and 9th (2.7%) graders meeting body composition standards.

RELATED INDICATORS:

- Physical Activity

Percent of 5th, 7th and 9th Grade Students in Healthy Fitness Zone (HFZ) for Body Composition,* 2002/03 to 2011/12



*Beginning in 2010/11, data have undergone statistical changes that undermine comparability to those of prior years.

Why is this Important?

The body composition of children serves as an important indicator of a community's overall health. Excess weight acquired during childhood and adolescence may persist into adulthood and increase the risk for chronic diseases, such as sleep apnea, musculoskeletal problems, diabetes, cardiovascular disease and hypertension. Obese adolescents have a 70% chance of becoming obese adults.¹ Fortunately, excess weight can often be prevented and treated through proper nutrition and physical activity, especially during the critical periods of infancy, two to four years of age and adolescence. Evidence shows that successful efforts must involve multiple levels of intervention beyond the individual, including families, providers, schools, after-school programs, neighborhoods, businesses, governments, faith-based organizations and the media.² Neighborhood environments may enable or hinder the lifestyle choices essential to achieving and maintaining a healthy weight. For example, in some neighborhoods, crime and safety issues, lack of parks, sedentary entertainment and reductions in physical education classes may promote physical inactivity.

What's Happening in Orange County?

Overall, Orange County's children are slightly more likely to have a healthy body composition than their counterparts statewide, however important disparities exist among racial/ethnic groups that must be addressed.

Important environmental and policy approaches continue to be broadly promoted by local jurisdictions, including public officials, urban planners, public works and law enforcement, which are working with school districts, businesses, community organizations and residents to increase access to healthy foods and safe places for physical activity.

- The Nutrition and Physical Activity Collaborative continues to assist in obesity prevention efforts, including parents educating parents on healthy food choices for their family.
- Schools continue to be focal points for a range of obesity prevention activities, including nutrition and physical activity education, policy changes and build environmental interventions.
- Food retailers are becoming increasingly involved in preventing obesity among their clientele, both inside their stores and within the community.
- Businesses are working to improve the health of their employees by adopting healthy workplace practices, such as physical activity breaks and healthy food and beverage policies.
- Restaurants are working to improve customer access to nutritional information.
- Campaigns are underway to reduce the consumption of sugar-sweetened beverages and increase the consumption of healthier drinks, such as water.

✓ See page 156 in Supplemental Tables for additional data

DATA SOURCE(S):

County of Orange Health Care Agency
California Department of Education, DataQuest

NOTES:

- ¹ The Surgeon General, Overweight in Children and Adolescents, 2000.
- ² Institute of Medicine, Committee on Prevention of Obesity and Youth, 2005.
- ³ California Department of Education, Standards and Assessment Division, 2013.

ORANGE COUNTY HEALTHY PEOPLE 2020 GOAL:

By 2020, the Orange County goal is a 10.0% improvement of the teen birth rate from 23.6 to 21.2 per 1,000 for females ages 15 to 19 years old.

HEALTHY PEOPLE 2010 GOAL:

Reduce pregnancies among adolescent females aged 15 to 17 to no more than 46 pregnancies per 1,000 females in that same age group. Orange County achieved the 2010 Healthy People goal with 11.2 births per 1,000 females aged 15 to 17 years.

STATEWIDE:

In 2011, teen births (females ages 15 to 19) comprised 7.6% of all births in California, while teen births made up 10.0% of all births in 2001.⁸

RELATED INDICATORS:

- Early Prenatal Care
- Low Birth Weight
- Sexually Transmitted Diseases
- High School Dropout Rates
- High School Graduation

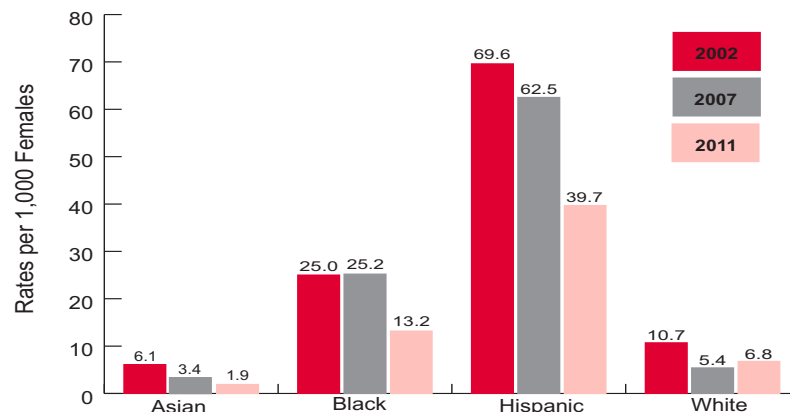
Definition of Indicator

Teen births are tracked utilizing two indicators. The first indicator is the percent of total annual births occurring among teens 15 to 19 years of age. The second indicator is the teen birth rate, which is a calculation of annual teen births per 1,000 females 15 to 19 years of age. The teen birth rate is further assessed by race/ethnicity.

Findings

Birth data indicate that of the total 38,100 births to Orange County residents during 2011, 5.8%, were to teens 15 to 19 years of age, accounting for 2,215 births (a decrease of 10.6% from 2,479 births in 2010). The 2011 birth rate for all teens was 20.1 per 1,000 (down from 22.4 in 2010). Orange County's teen birth rate was lower than both the state and national rates. Hispanics 15 to 19 years of age had the highest teen birth rate (39.7 per 1,000), almost double the overall county rate (20.1 per 1,000) and higher than any other racial/ethnic group. Whites and Asians had the lowest teen birth rates, at 6.8 per 1,000 and 1.9 per 1,000, respectively. Females 18 to 19 years of age had the highest teen birth rate (32.9 per 1,000). Teens 15 years of age and under had the lowest birth rate (0.3 per 1,000). From 2007 to 2011, compared to the overall county teen birth rate, six communities had the highest teen birth rates: Santa Ana (54.6), Anaheim (45.1), San Juan Capistrano (40.5), Stanton (39.5), La Habra (37.3) and Garden Grove (35.3).

**2002, 2007 and 2011 Birth Rates* Per 1,000 Females
Ages 15 to 19 Years by Race/Ethnicity**



*Rates are calculated using data from State of California, Department of Finance.

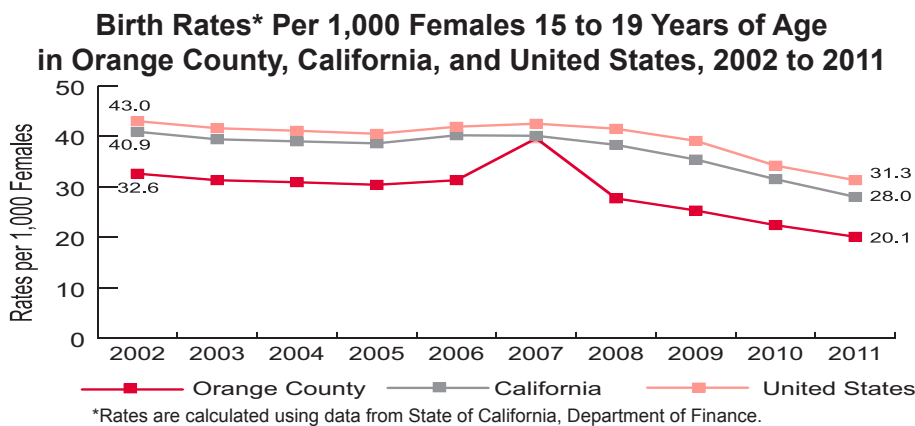
Trends

Over the past decade, the proportion of teen births in Orange County declined 17.1% from 7.0% in 2002 to 5.8% in 2011. The teen birth rate declined from 32.6 per 1,000 in 2002 to 20.1 per 1,000 in 2011. California's overall teen birth rate, while higher than Orange County's, has experienced a similar decline over the past decade.

Between 2002 and 2011, the teen birth rate decreased significantly for all racial/ethnic groups, with Black and Hispanic teens experiencing the largest decreases. Still, the Hispanic teen birth rate remains nearly six times greater than the rate for Whites. Geographically, 12 communities in Orange County experienced higher five-year average teen birth rates than the county average, though rates in all of these communities are declining (see supplemental table on page 159).

Teen Pregnancy

Data on births to teens reflect the number of infants born to teens and does not include the number of teenage pregnancies that do not result in live birth. It is estimated that in California only 50% of teen pregnancies result in live birth, while the remaining 50% end with abortion (36%) or miscarriage (14%).¹



Why is this Important?

Giving birth as a teen can have profoundly negative consequences for both the teen parents and the infant. Research shows that teens have a higher risk of having a baby if they are from economically disadvantaged families and communities; not doing well in school; have low aspirations for their educational achievement; are from dysfunctional families; and/or have substance abuse and behavioral problems.² Teen mothers are less likely to get or stay married, less likely to complete high school or college and more likely to require public assistance and live in poverty than their peers who are not mothers.³ Infants born to teen mothers are at greater risk for low birth weight, preterm birth and death in infancy.⁴ Children of teen parents have a lower probability of obtaining the emotional and financial resources they need to develop into independent, productive, well-adjusted adults. Teen childbearing has negative consequences for the mother, father and child, and imposes high public sector costs. Teen childbearing costs taxpayers in the United States approximately \$9 billion annually.⁵ In California, it cost taxpayers at least \$1.1 billion in 2008.⁶ The decline in California's teen births between 2010 and 2011 saved California taxpayers approximately \$149 million.⁷

What's Happening in Orange County?

Funding for Cal-Learn (a case management program for pregnant and parenting teens who are receiving CalWORKs) was restored in the 2012/13 state budget. Program re-implementation began in April 2013.

What's Working:

- The Orange County Health Care Agency (HCA), Adolescent Family Life Program (AFLP) and the Cal-Learn Program work with pregnant and parenting teens to avoid repeat unplanned pregnancies, enhance parenting skills, promote positive pregnancy outcomes and help them complete their education. The Nurse-Family Partnership® (NFP) also works with teens to improve the health and well-being of first time parents and their children. The Youth As Parents (YAP) Program operates under HCA's Behavioral Health Services and is designed to help pregnant and parenting teens and their children prevent or decrease the impact of domestic violence, substance abuse, mental and emotional problems.
- MOMS Orange County is a community-based organization providing home visitation services to mothers and babies. Under registered nurse supervision, MOMS Orange County provides access to prenatal care, education and referral services through monthly home visits and group classes. Mothers and their babies receive one-on-one education and support during pregnancy and through the baby's first birthday.
- In Orange County, the Cal-Safe sites located in Anaheim, Santa Ana, Fullerton, Huntington Beach, Garden Grove and San Juan Capistrano provide academic and support services to help pregnant and parenting teens stay in school.
- There are over 2,000 Family Planning, Access, Care and Treatment (Family PACT) providers in California offering comprehensive family planning services to eligible low income (under 200% of the federal poverty level) men and women, including teens.

✓ See page 157 in Supplemental Tables for additional data

NATIONWIDE:

Preliminary data for 2011 indicate that the birth rate for teenagers decreased 8% in the last year to 31.3 births per 1,000 females 15 to 19 years of age. The rate in 2011 was the lowest rate recorded in more than seven decades. Rates for teenagers have been declining at more than 3% per year since 1991, and the pace of decline has accelerated since 2007.⁹

DATA SOURCE(S):

County of Orange Health Care Agency
State of California, Center for Health Statistics, Birth Files
Centers for Disease Control and Prevention, National Vital Statistics Reports, Vol. 59, No. 3, December 21, 2010

NOTES:

- ¹ Alan Guttmacher Institute, 2010.
- ² Annie E. Casey Foundation, Kids Count Data Book, 1999.
- ³ Healthy People 2020.
- ^{4,5} CDC, Vital Signs: Teen Pregnancy, 1991-2009.
- ⁶ The National Campaign to Prevent Teen and Unplanned Pregnancy, 2011.
- ⁷ California Department of Public Health, Teen Birth Rates, 2013.
- ⁸ State of California, Department of Public Health, Birth Records, 2011.
- ⁹ Centers for Disease Control and Prevention, National Vital Statistics Reports, 2012.

HEALTHY PEOPLE 2020 GOAL:

Reduce the rates of gonorrhea for females and males to 252 and 195 cases respectively (per 100,000).
Reduce the rates of syphilis for females and males to 1.3 and 6.7 cases respectively (per 100,000).

HEALTHY PEOPLE 2010 GOAL:

Increase the proportion of adolescents who use condoms, if currently sexually active, or abstain from sexual activity to 95%.

Reduce the rates of gonorrhea and syphilis to 19 and 0.2 cases respectively (per 100,000).

STATEWIDE:

In 2012 (provisional data), the chlamydia case rate for young women 15 to 19 years of age was 2,354.5, while for young males of the same age, the rate was 563.0.⁵

RELATED INDICATORS:

- Births to Teens
- Substance Abuse Services

Definition of Indicator

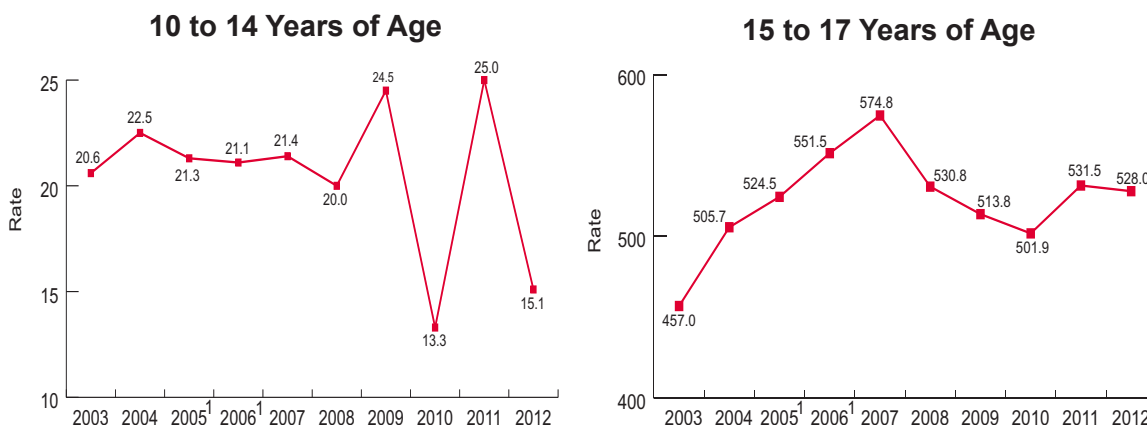
This indicator tracks the number of cases and annual case rates per 100,000 population of reportable sexually transmitted diseases (STDs) including chlamydia, gonorrhea, syphilis and AIDS in children and youth 10 to 17 years of age.

Findings

In 2012, there were a total of 726 cases of STDs among children and youth 10 to 17 years of age in Orange County at a rate of 215.7 per 100,000. The majority (95.7%) of STD cases occurred among adolescents between 15 to 17 years (695 cases at a rate of 528.0 per 100,000). The remaining 4.3% were among children 10 to 14 years of age (31 cases at a rate of 15.1 per 100,000).

The most commonly reported STD by youth was chlamydia. There were 675 cases of chlamydia in 2012 at a rate of 200.5 per 100,000 children and youth 10 to 17 years of age. There were 49 cases of gonorrhea reported for a rate of 14.6 per 100,000 children and youth 10 to 17 years of age. There were two cases of syphilis reported at a rate of 0.6 per 100,000 and 0 cases of HIV/AIDS reported.

STD* Case Rates** Per 100,000 Children and Youth, 2003 to 2012



Note: Rates include numbers for chlamydia, gonorrhea, syphilis and HIV/AIDS.

*Does not include congenital cases resulting from mother to child transmission

**Rates per 100,000 population; rates based on less than five events are unstable, and therefore should be interpreted with caution.

¹Due to delays in reporting, incident reports for 2004 chlamydia and gonorrhea cases were reported in 2005. This report reallocates those cases from 2005 back to 2004.

Trends

There was a 24.0% increase in the STD case rate per 100,000 children and youth 10 to 17 years of age, from 174.0 in 2003 to 215.7 in 2012. For children 10 to 14 years of age, there was a decrease of 26.7% in the rate of STD cases per 100,000 children from 20.6 in 2003 to 15.1 in 2012; the rate for adolescents 15 to 17 years of age increased 15.5% from 457 in 2003 to 528 in 2012.

From 2011 to 2012 there was a 3.4% decrease in the STD rates in children and adolescents overall from 223.3 to 215.7 cases per 100,000. The STD rate among children 10 to 14 years of age decreased 39.6% from 25.0 to 15.1 per 100,000. For adolescents 15 to 17 years of age the rate slightly declined 0.6% from 531.5 to 528.0. From its peak in 2007, chlamydia rates fluctuated through 2011, and decreased in the past year from 211.6 (2011) to 200.5 (2012). Gonorrhea rates had been steadily declining since 2007 but an increase was observed in 2010. This was followed by a slight decrease in 2011 and then in 2012, gonorrhea rates increased 43.1% from 10.2 to 14.6 cases per 100,000.

Total Number of STD Case Rates* Per 100,000 Children
10 to 17 Years of Age by Type of Disease, 2003 to 2012**

	Chlamydia		Gonorrhea		Syphilis		HIV/AIDS		Total Cases	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
2003	576	163.5	33	9.4	4	1.1	0	0.0	613	174.0
2004 ¹	635	177.2	58	16.2	4	1.1	0	0.0	697	194.5
2005 ¹	687	189.6	48	13.2	4	1.1	4	1.1	743	205.0
2006	732	201.4	61	16.8	3	0.8	4	1.1	800	220.2
2007	772	211.7	78	21.4	3	0.8	2	0.5	855	234.5
2008	751	207.5	39	10.8	4	1.1	2	0.6	796	220.0
2009	748	209.2	25	7.0	2	0.6	4	1.1	779	217.8
2010	670	193.6	38	11.0	2	0.6	0	0.0	710	205.1
2011	724	211.6	35	10.2	1	0.3	4	1.2	764	223.3
2012	675	200.5	49	14.6	2	0.6	0	0.0	726	215.7

*Rates per 100,000 population; rates based on less than five events are unstable, and therefore should be interpreted with caution.

**Does not include congenital cases resulting from mother to child transmission.

¹Due to delays in reporting, incident reports for 2004 chlamydia and gonorrhea cases were reported in 2005. This report reallocates those cases from 2005 back to 2004.

✓ See page 160 in Supplemental Tables for additional data

Why is this Important?

STDs have potentially severe consequences and can cause a variety of long-term complications, including pelvic inflammatory disease, ectopic pregnancy, infertility, chronic pelvic pain in women and physical and mental developmental disabilities among newborn babies.¹ Chlamydia is the most common reportable communicable disease and has the highest prevalence in adolescents and young adults.² Chlamydia infection can be asymptomatic and is just as likely to cause the severe consequences listed above. Because Chlamydia infection is asymptomatic in at least 85% of females and up to 96% in males, it is essential that yearly screening takes place for all sexually active females and males under 25 years of age.

Compared to adults, children and youth 10 to 19 years of age are at a higher risk of acquiring STDs because they may engage in riskier sexual behaviors including multiple sexual partners, engaging in unprotected intercourse and selecting high-risk partners.³ The higher prevalence of STDs among adolescents reflects multiple barriers to quality STD prevention services including lack of insurance or other ability to pay, lack of transportation, discomfort with facilities and services designed for adults and concerns about confidentiality.⁴

What's Happening in Orange County?

- The Health Care Agency's 17th Street Testing and Treatment Clinic (STD Clinic) provides free STD testing and treatment for children/youth ages 12 and above without parental consent.
- Adolescents entering Orange County Juvenile Hall are tested for STDs and are provided treatment if they test positive.

What's Working:

- The Health Promotion Division's STD Community Intervention Program (SCIP) uses a train-the-trainer model providing training and educational workshops to community organizations and school staff that work with youth and young adults ages 15 to 24. SCIP provided two eight hour STD/HIV update trainings in collaboration with the OC Department of Education to teachers and community-based organization staff. Eighty percent of participants reported an increase in what the educational requirements are for sexual education in schools. Over one fifth reported increases in their abilities to provide clear and simple risk-reduction messages about STDs to diverse youth as well as to effectively facilitate discussions with teens who may have questions.
- SCIP coordinates with Orange County's community colleges including Fullerton, Santa Ana, Orange Coast, Santiago Canyon and Golden West College to promote the annual STD awareness month in April. College health centers are provided a kit that provides promotional opportunities for testing and education. Various STD social marketing promotional tools are partnered with the MTV channel such as the "Get Yourself Tested" campaign.

NATIONWIDE:

In 2011, there were 74.5 cases of chlamydia per 100,000 children 10 to 14 years of age and 2,082.7 cases per 100,000 children 15 to 19 years of age.⁶

DATA SOURCE(S):

County of Orange Health Care Agency, Epidemiology and Assessment.

County of Orange Health Care Agency, Public Health Services, June 2013.

NOTES:

¹ U.S. Department of Health & Human Services, Trend in the Well-Being of America's Children and Youth, 2002.

² California Department of Health Services, STD Control Branch, 2010.

³ Centers for Disease Control, Stacks, 2004.

⁴ Centers for Disease Control and Prevention, STD Surveillance, 2003.

⁵ California Department of Public Health, 2012.

⁶ Centers for Disease Control and Prevention, STD Surveillance, 2011.

HEALTHY PEOPLE 2020 GOAL:

Increase the proportion of children with mental health problems who receive treatment to 75.8%.

Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

HEALTHY PEOPLE 2010 GOAL:

Increase the proportion of children with mental health problems who receive treatment to 67.0%.

Better services and collaboration for children with serious emotional disturbance and their families will result in greater school retention, increased stability of living arrangements and improved educational, emotional and behavioral development.

RELATED INDICATORS:

- Substance Abuse Services
- Special Education

Definition of Indicator

The number of seriously emotionally disturbed (SED) children and young adults through 25 years of age receiving publicly-funded services from the Health Care Agency (HCA)/Behavioral Health – Children and Youth Services (CYS). Youth 18 to 25 years of age can be seen in either the CYS programs or the Adult Mental Health Service programs, depending on a number of circumstances, including client preference.

Findings

A total of 14,918 children and young adults through 25 years of age were served by CYS in 2011/12. Of the total youth served by CYS in 2011/12, 61.0% were Hispanic, 24.2% were White, 4.7% were Black, 4.7% were Asian, 0.8% were American Indian and 4.5% were of other racial/ethnic groups.

**Number of Children and Young Adults through Age 25
Served by Children and Youth Services, 2007/08 to 2011/12**



Trends

From 2007/08 to 2011/12, the number of children and young adults served by CYS ages 0 through 25 years old increased 18.8% from 12,552 in 2007/08 to 14,918 in 2011/12. In the past five years, the number of children and young adults served by race/ethnicity increased among Hispanics (31.1%), Asians (5.4%) and Blacks (5.1%); while American Indians and Whites experienced a decrease of 7.5% and 2.5%, respectively.

**Number of Clients Served by Children and Youth Services
by Race/Ethnicity, 2007/08 to 2011/12**

Race/Ethnicity	07/08	08/09	09/10	10/11	11/12	Percent Change
White	3,708	3,589	3,463	3,534	3,616	-2.5%
Black	668	696	651	693	702	5.1%
Hispanic	6,940	7,144	7,504	8,690	9,099	31.1%
Asian	664	713	682	785	700	5.4%
American Indian	134	158	162	145	124	-7.5%
Other/Unknown	438	564	544	584	677	54.6%
Total	12,552	12,864	13,006	14,431	14,918	18.8%



Why is this Important?

For those children and young adults suffering from mental, emotional and behavioral disorders, access to services is essential for minimizing the consequences of untreated mental health disorders. These consequences can range from increased risk of violence to substance abuse or to suicide and impact the community in general.

Data on the use of services by children and youth experiencing mental, emotional and behavioral disorders provide important indicators to determine to what extent the needs of the children and youth of the community are being met. As the needs of the community change, services can be altered and modified to meet the shifting needs. In addition, tracking the use of services assists in improving program development and focusing services on resiliency and wellness for youth in the community.

What's Happening in Orange County?

Although legislation moved the responsibility of providing mental health services for special education students to school districts during 2011/12, transitional funding by the state allowed HCA/CYS to maintain services for the 22 districts that elected to access those services from Orange County. The 39.1% decrease in residential bed days for special education students (see page 162) is a reflection of the school district control of placements.

The Prevention and Intervention Division of HCA develops and implements services to promote behavioral health wellness by addressing symptoms early to reduce the impact on families. Several new programs were implemented in 2011/12 including the Promotora Program and Outreach and Engagement Programs for children, youth and families. In addition, existing programs were expanded to more locations to increase access to community members.

Economic pressures both at the state and local level continue to require collaborative efforts to ensure the mental health needs of families and youth are met. HCA continues to broaden and strengthen its collaboration with government and community partners to improve the overall system of care, identify the unserved and promote wellness and resilience.

What's Working:

- The MHSA (Mental Health Services Act) Innovation Plan focuses on programs that strengthen families and develop resilience in young children and youth. These programs use trained family members and peers that have experienced treatment first hand to serve as role models to promote recovery.
- In the past several years there has been a significant increase in the number of service options available primarily due to the implementation of the MHSA. MHSA Full Service Partnerships (FSPs) worked with over 1,000 children and transitional age youth. The programs provided comprehensive wraparound services to Serious Emotional Disorder/ Serious Mental Illness (SED/SMI) youth who were homeless, at risk of homelessness or at risk of out-of-home placement. The programs showed decreased psychiatric hospitalizations and incarcerations and increased school attendance and employment.
- As the impact of violence and trauma upon communities becomes more pronounced, responsive systems of care work to transform themselves by delivering "trauma-informed" services. During 2011/12, HCA/CYS implemented a program to train its clinical staff in the evidence-based treatment of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). TF-CBT is a conjoint child and parent psychotherapy approach for children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic life events. During the course of treatment that employs TF-CBT, children and parents learn new skills to help process thoughts and feelings related to traumatic life events; manage and resolve distressing thoughts, feelings and behaviors related to traumatic life events; and enhance safety, parenting skills and family communication.

✓ See page 162 in Supplemental Tables for additional data

NATIONWIDE:

In 2011, 5% of children ages 4 to 17 were reported by a parent to have definite or severe difficulties with emotions, concentration, behavior or being able to get along with other people.¹

DATA SOURCES:

County of Orange Health Care Agency/Children and Youth Services
U.S. Department of Health and Human Services

NOTES:

¹ America's Children: Key National Indicators of Well-Being, 2013.

HEALTHY PEOPLE 2020 GOAL:

Increase the proportion of at risk adolescents 12 to 17 years of age who, in the past year, refrained from using alcohol for the first time to 94.4%.

Increase the proportion of adolescents 12 to 17 years of age perceiving great risk associated with substance abuse, defined as consuming five or more alcoholic drinks at a single occasion once or twice a week, to 44.6%.

HEALTHY PEOPLE 2010 GOAL:

Increase the percentage of high school seniors who remain alcohol and drug free to 29% and 56%, respectively.

Increase to 80% the proportion of adolescents ages 12 to 17 who perceive a great risk associated with substance abuse.

Increase the proportion of middle, junior high and senior high schools that provide comprehensive school health education to prevent tobacco, alcohol and other drug use and addiction to 95%.

RELATED INDICATORS:

- Substance-Exposed Infants
- Sexually Transmitted Diseases
- Mental Health Services
- Juvenile Arrests

Definition of Indicator

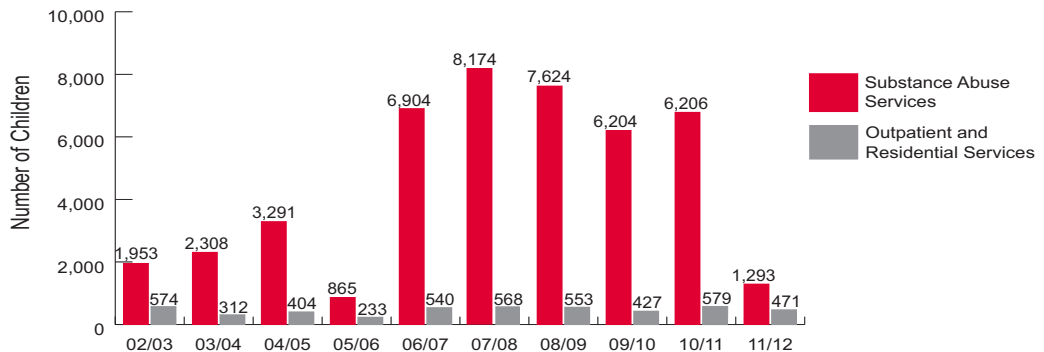
This indicator tracks the number and percent of adolescents receiving substance abuse services provided by the Orange County Health Care Agency's (HCA) Alcohol and Drug Abuse Services (ADAS). This indicator reflects the trend of adolescent utilization of services provided by ADAS and its contract providers rather than the absolute number of adolescents needing services or using alcohol or other drugs in Orange County.

Findings

During 2011/12, 1,764 adolescents age 17 and under received publicly-funded services for alcohol and drug abuse. The majority, 73.3%, were served by the Alcohol and Drug (AOD) Prevention Team, which provided 1,293 youth service contacts through school and community education and outreach events.

Of the remaining 471 youth receiving publicly-funded services for alcohol and drug abuse, 183 (38.9%) received outpatient treatment and recovery services and 288 (61.1%) received residential treatment services, of which 70.5% were males, and 29.4% were females. The race/ethnicity of the adolescents in outpatient or residential treatment was 63.9% White, 57.4% Hispanic, 2.7% Asian, 1.8% Black, 1.2% American Indian and 30% Other*.

Adolescents 17 and Under Receiving Publicly-Funded Substance Abuse Services, 2002/03 to 2011/12**



Note: The large increase in 2006/07 is due to the addition of a prevention team and their prevention efforts both in the community and at the camps. The number reported in the 16th Annual Report of 10,173 included a duplicate count of 2,549 adolescents by specialty services, which has now been corrected for consistency.

**This decrease was attributed to several factors; the closing of the Los Pinos Youth Center, an overall reduction in staff and fewer requests for the AOD programs by traditional schools due to reduction in schools "Safe and Drug Free" funding.

Trends

From 2002/03 to 2011/12, there was a 30.2% decrease of adolescents receiving substance abuse services from 2,527 to 1,764. For the same time period, the outpatient and residential treatment services decreased by 17.9% from 574 to 471. From 2010/11 to 2011/12, outpatient treatment services decreased 28.5% from 256 to 183.

The number of adolescents receiving substance abuse services for alcohol, methamphetamine and marijuana dropped significantly from 2002/03 to 2011/12 (47.5%, 73.8% and 28.9%, respectively), but increased for heroin use (237.6% from 8 to 27 adolescents).

According to the California Healthy Kids Survey (CHKS), between 2005/06 and the two-year period 2011 to 2013, past 30-day use of alcohol declined by 29% among 9th graders and by 22% among 11th graders. During this same period, however, the use of marijuana among Orange County youth has generally increased, although the most recent CHKS data (2011-13) revealed a slight decline in marijuana use among 9th graders and a leveling off among 11th graders.

*Hispanics not excluded from Other Category. Percents may not add up to 100%.

Why is this Important?

The illicit use of alcohol and other drugs by young people is associated with a wide array of social, emotional, behavioral and health problems: poor academic performance; engaging in violence and risky sexual behaviors, motor vehicle crashes; and an increased risk of alcohol/drug dependence in later life. Motor vehicle crashes are the leading cause of death among 15 to 20-year olds, and 31% of drivers ages 15 to 20 who were killed in crashes had been drinking.¹ Additionally, young people who start drinking before age 15 are five times more likely to develop alcohol abuse or dependence disorders later in life compared to those who delay drinking until age 21.² The use of opiates is associated with increased spread of communicable diseases such as HIV and hepatitis. In addition, accidental overdose is a serious concern for not only intravenous (IV) users, but for adolescents who are forcibly detoxed while in the juvenile justice system and then go back to using at previous levels, not realizing that their tolerance was lost.

What's Happening in Orange County?

The Office of National Drug Control Policy has declared prescription drug abuse the fastest-growing drug problem in the United States. While this epidemic has impacted Orange County youth, lifetime rates of nonmedical use of prescription pain relievers reached a peak in 2005/06 and has since declined by 18% among 9th graders and by 28% among 11th graders between 2011 and 2013. However, during the period from 2007 to 2011, there were 113 deaths in Orange County among youth and young adults 15 to 26 years of age due to overdoses of prescription drugs.³ Since 2008/09, there has been a substantial increase in the proportion of adolescents that have identified heroin and other opioids as their primary drug of choice upon admission to the county-funded substance abuse treatment system.⁴ Some youth who become addicted to prescription opioids may eventually turn to heroin as a more affordable drug to sustain their addiction.

The AOD Prevention Team of HCA had a significant decrease in youth contacts in 2011/12 from the previous year due to a reduction in staffing, fewer service requests by traditional and alternative schools and discontinued services provided by the AOD Prevention Team. While these specialty services counts have decreased, several new prevention and early intervention services with a focus on co-occurring mental health and AOD issues were implemented for children and youth, as reported in the Mental Health indicator on page 64. In addition, AOD youth service contacts will significantly increase in FY 2012/13 with staffing positions restored and new AOD contracted services being implemented.

What's Working:

- Since the Tobacco Litigation Master Settlement Agreement in 1998, funds have been allocated throughout the state to 58 counties to support health care services, tobacco prevention programs and other public safety services. This revenue has continued to provide funding for one therapist at each of the four outpatient clinics in Orange County to provide adolescent treatment services. In addition, the AOD Prevention Team expanded AOD prevention outreach and education services to children and parents.
- The Alcohol and Drug Education and Prevention Team (ADEPT) implements countywide prevention services that build developmental assets in youth across a broad spectrum of settings, including faith-based organizations, public and private schools, community-based youth groups and after-school programs.
- ADEPT services include conducting media campaigns featuring messages about not providing alcohol to minors and about the dangers of prescription drug abuse; educating parents, adults and health professionals about the risk and consequences of alcohol and prescription drug abuse; and training alcohol retailers on responsible beverage service practices. These educational interventions focus on getting participants to take specific actions to reduce identified risk factors that contribute to alcohol and prescription drug abuse.

✓ See page 163 in Supplemental Tables for additional data

NATIONWIDE:

The proportion of students reporting using any illicit drug other than marijuana has been gradually decreasing, and continued to do so in 8th and 12th grades in 2012. The prevalence rates for using any illicit drug in the past 12 months are 5.5% for 8th graders, 10.8% for 10th graders and 17.0% for 12th graders.

The use of ecstasy (MDMA), cocaine and inhalants among students has decreased significantly from 2002 to 2012. During this time period, the rate of 8th grade student usage of ecstasy (MDMA) decreased 62.1%, the rate of 10th grade student usage of cocaine decreased 50.0% and the rate of 12th grade student usage of inhalants decreased 35.6%.⁵

DATA SOURCE(S):

County of Orange Health Care Agency, Alcohol & Drug Abuse Services

NOTES:

- ¹ National Highway Traffic Safety Administration, 2008.
- ² U.S. Department of Health and Human Services, National Institute on Alcohol Abuse and Alcoholism.
- ³ Orange County Sheriff-Coroner Department, Mission Viejo Police Services, 2012.
- ⁴ Orange County Substance Abuse Treatment System, CalOMS Treatment data, 2008 and 2012.
- ⁵ Johnston, L.D., O'Malley, P.M., Bachman, J.G., & Schulenberg, J.E., 2012.

Rosa

Rosa, a promotora (or health promoter) and community leader, became a part of The Grain Project's Jerome CommUnity Learning Garden in Santa Ana. Through her participation, she learned how to eat healthier; she now juices organic kale and other greens, fruits and vegetables everyday. She has also inspired many of her neighbors and friends to eat healthier and exercise through gardening.

With support from The Grain Project through the CommUnity Roots program, there are now eight new raised beds growing food in the mobile home park community where she lives. Rosa has also helped to establish a garden club of neighborhood adults and youth working together to grow the food, for themselves and each other. Rosa and other CommUnity Roots families are also regular food donors to the CommUnity Harvest program, where surplus harvests are shared with other families.

As Rosa reflects back on the changes she made, she comments, "I always tried to eat fruits and vegetables but the quality in the stores is bad - I don't like the taste and texture. I like what is grown at the Jerome Garden because it is fresh and organic. I went to visit Mother's Market - it's the only store in Santa Ana that I know of where there is organic food, but it's too expensive and it is far from my home."

She continues, "I wanted to open a garden for my people in our neighborhood. I'm very grateful to The Grain Project for putting together many gardens for our community. It's helping us eat healthier and is bringing the community together. We are now offering healthy cooking classes in my mobile home park so people can learn how to cook healthier and with the fruits and vegetables from the gardens."

A community organizer, Rosa also recruits neighbors and friends to become engaged and active in self-empowerment, self-sufficiency, community-building and making healthier lifestyle choices. By giving community leaders (and promotoras/health promoters), like Rosa, access to resources, education and skill-building, Grain Project programs are collaboratively increasing the health and wellness of individuals and families in Santa Ana.



Note: Please see page 210 for references.

Introduction

Food security is the term used to describe a household that is not living in hunger and has physical and economic access to safe, nutritious food to meet their dietary needs.¹ Homes with food insecurity lack access to nutritionally adequate and safe foods that are needed for an active, healthy life. Nationally, the food insecurity rate was 20.6% in 2011 among households with children.²

The research surrounding food security underscores the complexity of the issue in households. It is not enough to ensure that families have food. Rather families must have access to healthy food and be able to sustain a healthy diet by making wise dietary choices for their families, regardless of their socioeconomic status.

Factors Contributing to the Issue

Several factors contribute to food insecurity – availability, accessibility, acceptability and appropriateness. Not all families know about existing resources and emergency food services that are available in the community. Even when food is available, sometimes the access to healthy foods and nutrition education within communities is limited. In order to make positive dietary changes, families must educate themselves and take on new lifestyles. Solving the problem of food insecurity involves acceptance - learning how to make wise food choices, overcoming cultural barriers while being mindful of cultural traditions and meanings attached to food and being conscious of stereotypes both as they relate to culture and body image.

There exists a difficult balance that factors into the food insecurity issue. The food industry and current systems in place try to address food insecurity by focusing on producing food quicker and cheaper. But too often, the result is that food quality drops and healthier food is less accessible. Often fast food is much more affordable and convenient for busy working families. An appropriate balance between convenience, affordability and health is critical.

A recent article by the Washington Post called to attention a report conducted by the US Department of Agriculture. “Indeed, record obesity rates might have more to do with the availability of junk food than the difficulty finding fresh, healthful options, the report says. In short: So-called food deserts, areas where access to fresh produce is scarce, aren’t the issue. It’s food swamps, communities thick with fast-food outlets, and convenience stores and high rates of obesity and overweight.”³ A study found that not only are there nearly twice as many fast food restaurants



and convenience stores in lower income neighborhoods as wealthier ones, but these poor areas have more than three times as many corner stores per square mile, and nearly twice as many supermarkets and large-scale grocers per square mile.

Impact of Food Insecurity on Children & Families

Research has linked food insecurity and other measures of food-related hardship to a wide array of negative health indicators in children, including lower parent-reported measures of child health status, higher incidence of health-related limitations and higher frequency of headaches and stomachaches.⁴

Food insecurity impacts both physical health and emotional health. Physically, this issue leads to malnourishment simply because of a lack of good food. The malnutrition of pregnant mothers due to food insecurity leads to low birth weight children, which is causal for a multitude of health problems. Children with low birth weight and family food insufficiency are 27.8 times more likely to be obese than their peers.⁵ Food insecurity often brings with it higher levels of children’s mental health symptoms, hyperactivity and inattention in particular. Families can be supported with access to nutritious foods, thereby reducing mental health problems and social inequalities in development of their children.

Food insecurity impacts not only children’s mental and physical health, but can also contribute to behavioral issues. In households that suffer from food insecurity, children do not get the proper nutrition and/or lack of food deprives their parents of proper nutrition. Studies seem to show that malnutrition predisposes children to lower cognitive ability, which then can lead to behavioral problems.⁶



Local Data on Food Insecurity

The 2009 California Health Survey revealed that Orange County is ranked second in California for food insecurity among adults. In addition, the 2011 Orange County Community Indicators Report noted that 30% of children and 54% of adults in Orange County are overweight or obese. Research has linked food insecurity with obesity.

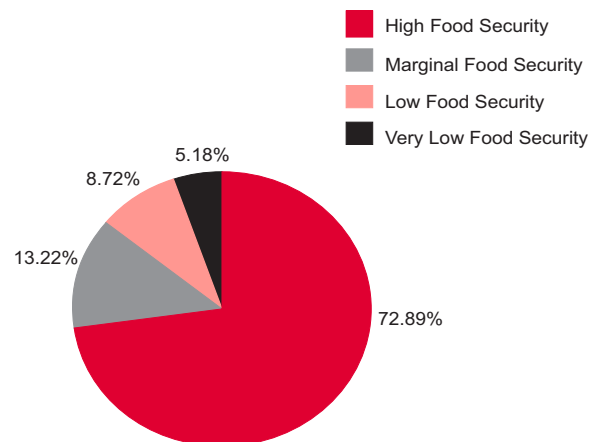
Analysis of the 2011 Current Population Survey (CPS) Food Security Survey (see Figure 1) indicates that 72.9% of Orange County households are categorized as Full Food Security (FFS), 13.2% as Marginal Food Security (MFS), 8.7% as Low Food Security (LFS) and 5.2% as Very Low Food Security (VLFS) (N=734 Orange County households). The US Census estimated that there were 987,164 households in Orange County in 2011. In many analyses of food security the MFS and FFS categories are combined and identified as food secure. This practice may mask families in need in Orange County. Sixty-six percent of the households categorized as experiencing MFS, 83% of households categorized as LFS and 95% of households categorized as VLFS reported that during the last year they needed to do things differently to make their food money last. This was in contrast to FFS households, in which only 10% reported incidences of adjustment to a food budget. Although 27% of households in Orange County in 2011 were categorized as MFS, LFS or VLFS, parents appear to be able to buffer their children from some of the negative consequences of food insecurity. Only 1% of MFS and 4% of LFS households reported cutting the size of a child's meals. However, 30% of households categorized as VLFS indicated that children were hungry but there was not money for more food, 26% reported cutting the size of a child's meals and 21% reported that their child skipped a meal because there was not enough money for food. In contrast to the experience of their children, 96% of adults in VLFS households reported cutting the size or skipping a meal because there was not enough money for food.

Efforts in Orange County to Support Food Security

Second Harvest Food Bank of Orange County

Founded by the Council of Orange, Society of St. Vincent de Paul, the Food Bank began providing food for the hungry in October 1983. In 2007, the Food Bank moved to a new facility in Irvine on the old El Toro Marine Base, more than doubling its capacity to meet the needs of Orange County's hungry during difficult economic times. In 2012, the Food Bank became an independent 501(c)3 corporation. Since its founding, the Food Bank has provided more than 272 million pounds of donated and surplus food to local charities. The Food Bank benefits more than 240,000 individuals each month at food pantries, soup kitchens and shelters, after-school programs, senior citizen centers and other non-profit organizations dedicated to helping those in need. The Food Bank also advocates for nutrition, and promotes CalFresh and provides emergency food assistance.

Figure 1



The Orange County Food Access Coalition has effective programs and initiatives that focus both on short-term solutions to address the current lack of access to healthy food, and long-term systemic change that help establish policies, infrastructure and partnerships to support a healthful and affordable food system for all.

This Coalition coordinates regional action to improve food access to low-income residents; educates policy makers and the public about the food system; conducts research to fill gaps in available information related to food security in our community; and identifies opportunities for collaborative endeavors to enhance the sustainability of our food system and the health of our community. Below are three programs that the Coalition has established to effectively address the issue of food insecurity.



The Real Meals Project

This innovative emergency meal pilot program is designed by the Coalition to combat both hunger and diet-related disease among low-income families and seniors by providing nutritionally balanced, ready-to-heat meals that are great tasting, easy to prepare and nutritious. In 2012, over 15,000 Real Meals were distributed to low-income families and seniors. The second pilot will begin September 2013 with an emphasis on family mealtime as well as culinary and nutrition education for the whole family.

The Harvest Club

A Coalition program under the Harvesting Orange County initiative, this county-wide, coordinated, urban agriculture program is operated by volunteer harvesters who help redirect thousands of pounds of available local fresh food from community gardens, residential gleaning and corporate growing spaces to underserved residents, increasing direct access to fresh fruits and vegetables. The program operates with 175 growers and over 400 volunteers and has returned 75,000 pounds of fresh food that would otherwise have gone to waste.

Research and Advocacy

The Community Food Assessment, conducted with California State University Fullerton's Department of Anthropology and the Urban Agriculture Community-based Research Experience (U-ACRE), is critical to understanding the prevalence and consequence of local food insecurity. This effort helps define meaningful and innovative strategies for intervention.

The Food Providers Forum is a newly established networking and learning forum for those agencies providing food assistance in the county. Modeled after the old Orange County Hunger Coalition, the Forum helps participants connect with one another, coordinate efforts, learn best practices and become stronger hunger advocates for their clients. Long-term program goals include promoting the use of CalFresh and other Federal nutrition programs that provide efficient and effective long-term nutrition benefits to residents of all ages experiencing food insecurity.

The Coalition also serves as the food policy body for Orange County on the California State Food Policy Council, a collaborative of local food policy groups working to ensure that California's food system reflects the needs of all of its communities, with affordable, accessible and culturally appropriate food.

The Grain Project's Cultivating CommUnity Program

Information from the Grain Project in Orange County indicates that Santa Ana and other food-insecure places in Orange County are actually considered food swamps as opposed to food deserts. There may be access to a supermarket where fruits and vegetables are available, but the stores do not offer culturally-specific options, are expensive and/or are not utilized simply because there are so many more fast food (cheaper) options that make shopping for healthy food less viable. This is why the Grain Project has focused its efforts on education and support for families to grow their own produce. Through this program, over 50 new home and school gardens have been created within central Santa Ana- a known food swamp.

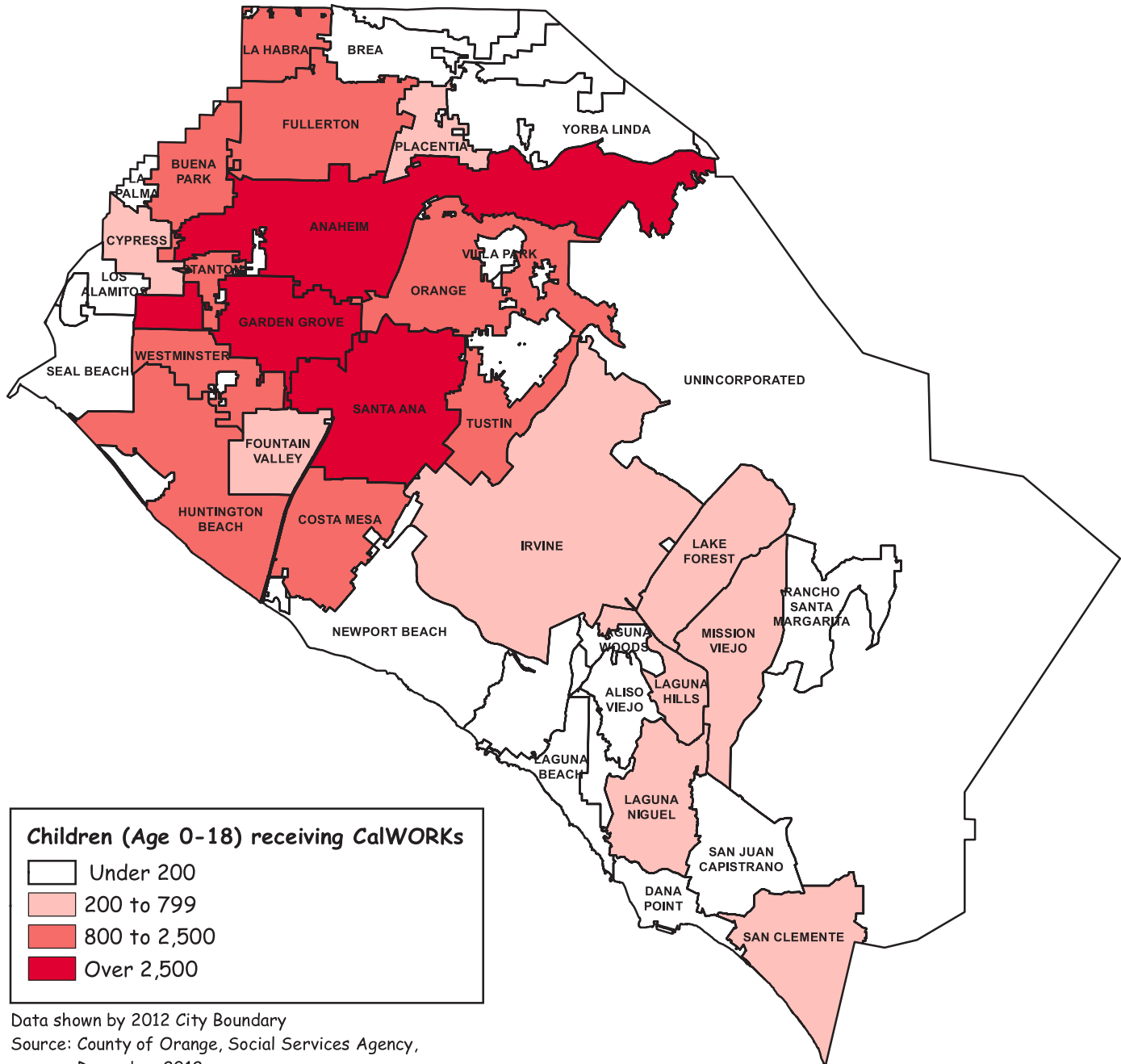
Waste Not, Want Not Orange County Collaborative

To reduce food waste and increase food security, the Orange County Health Care Agency is spearheading a new collaborative initiative called Waste Not, Want Not Orange County. This collaborative will explore the opportunity for healthy food rescue from grocery stores, restaurants and other food retailers to prevent a valuable resource from going to waste. Food from this program will be distributed through the existing emergency food network.

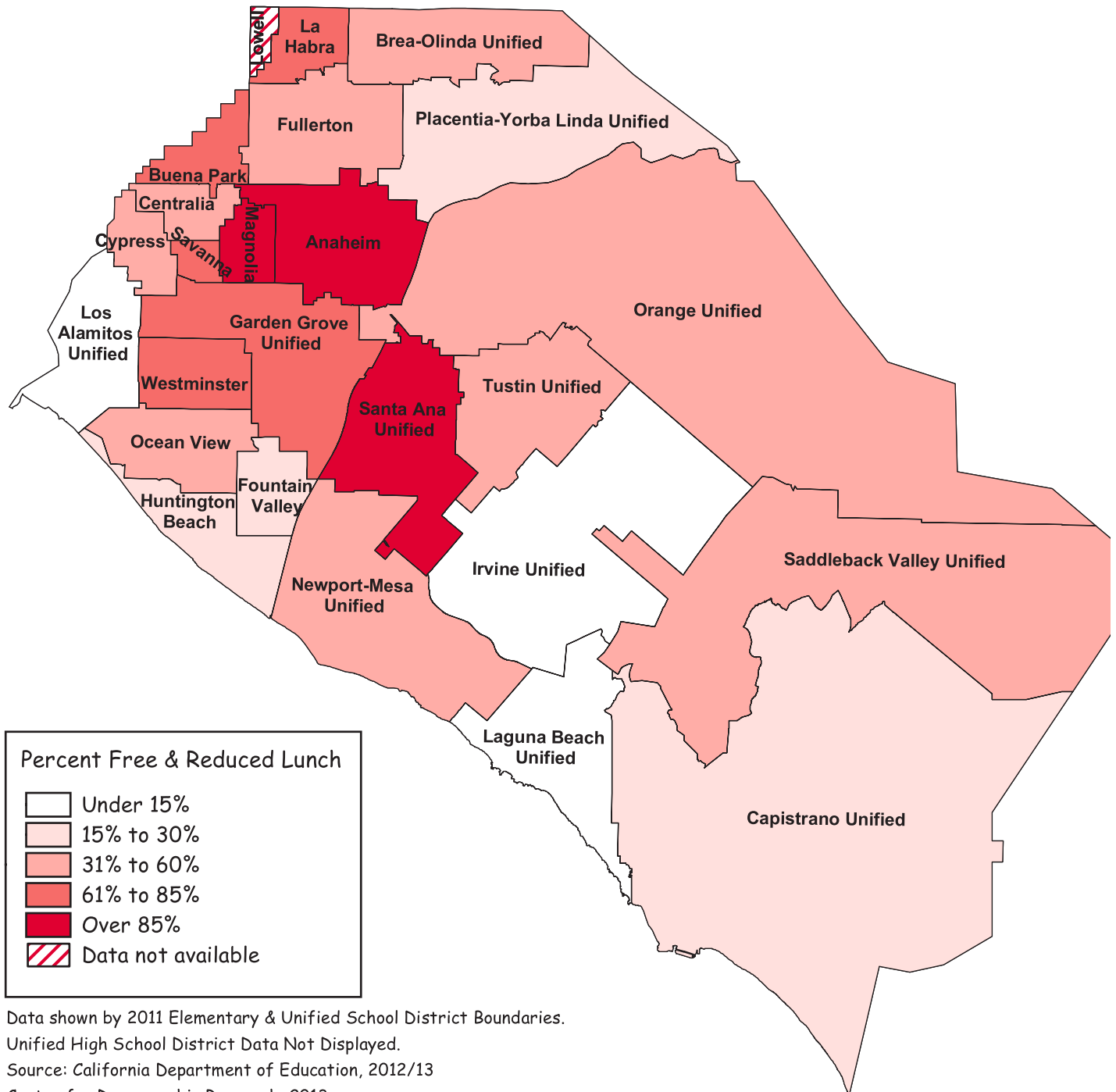
Conclusion

A successful effort to end child hunger must be grounded in a comprehensive understanding of children's experiences of food insecurity. Investigating childhood food insecurity from the child's perspective provides an opportunity to understand the unique experiences in terms of content and context. The resulting new, child-derived understanding of what children experience provides a critical basis from which to build effective approaches to identify, assess and respond to children suffering from food insecurity.

CalWORKs Child Recipients Orange County, December 2012



Percent of Children Receiving Free and Reduced Lunch Orange County, 2012/13



Definition of Indicator

Federal welfare reform legislation, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, created the program Temporary Assistance to Needy Families (TANF) known in California as the California Work Opportunity and Responsibility to Kids (CalWORKs) Program, providing financial assistance to needy children and families in Orange County. This indicator reports the average number of children per month under the age of 18 receiving financial assistance through CalWORKs. Data on CalFresh recipients can be found under Supplemental Nutrition Programs (page 78).

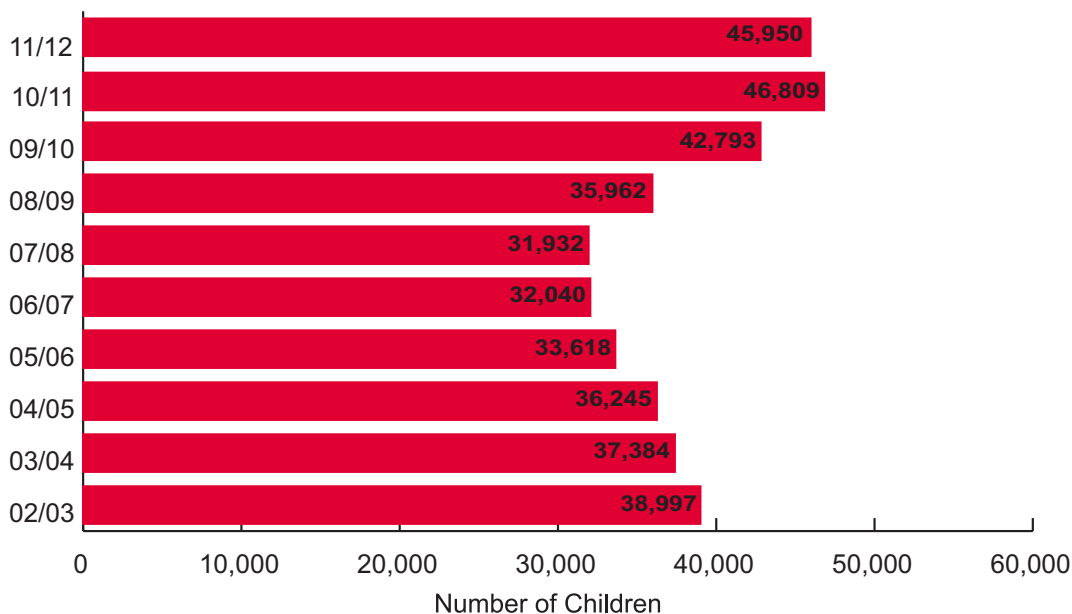
Findings

In 2011/12, 45,950 children per month on average received financial assistance through CalWORKs. These children represent 82.4% of the total CalWORKs recipients. In Orange County, 6.2% of all children receive financial assistance through CalWORKs compared to 11.5% of all children in California.

STATEWIDE:

In 2011/12 the average monthly number of recipients for Temporary Assistance for Needy Families (TANF) in California was 1,397,103, a 20.3% increase since 2002/03 (1,160,882).²

Children Receiving Financial Assistance Through CalWORKs, 2002/03 to 2011/12



Trends

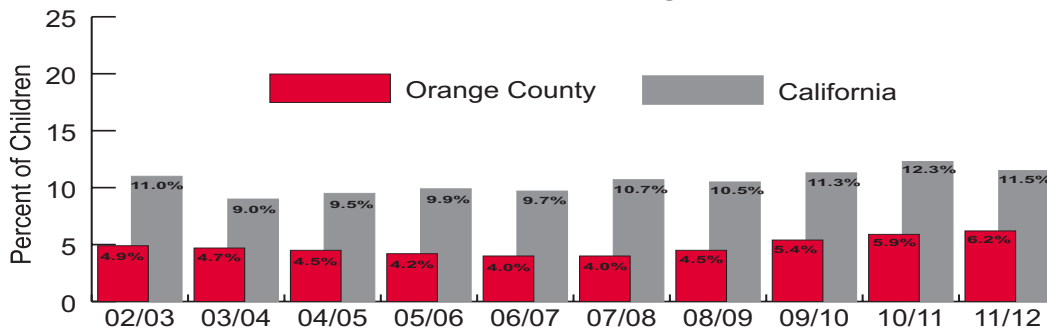
Over a ten-year period, there was an 17.8% increase in the number of children receiving financial assistance, from 38,997 in 2002/03 to 45,950 in 2011/12. There was a 43.9% increase from the low in 2007/08 of 31,932 children receiving financial assistance.

Of the total population of children under the age of 18 in Orange County, the percent of children receiving financial assistance has increased from 4.9% in 2002/03 to 6.2% in 2011/12. In context, the child population in Orange County decreased by 6.8% from 789,278 in 2002/03 to 735,451 in 2011/12.

RELATED INDICATORS:

- Free and Reduced Lunch
- Supplemental Nutrition Programs
- Child Support
- Access to Healthcare
- Early Prenatal Care

Percent of Children Receiving CalWORKs of the Total Population Under 18 Years of Age, 2002/03 to 2011/12



✓ See page 167 in Supplemental Tables for additional data

Why is this Important?

The CalWORKs program has multiple goals, including reduced welfare dependency and increased self-sufficiency. In addition, some stakeholders have placed improved child well-being as a foremost goal. CalWORKs provides financial assistance, as well as a variety of Welfare-To-Work services, to help recipients meet their personal self-sufficiency goals. Services include employment preparation, various job training programs and placements in subsidized and unsubsidized job opportunities. Elements that focus on child well-being include school attendance requirements, child immunizations and assisting with paternity and child support enforcement activities. The CalWORKs program includes a “safety net” for children, meaning children continue to receive aid when adults reach their four-year-time limit to receive aid, or if an adult is sanctioned for not cooperating with program requirements.

What's Happening in Orange County?

The percent of children receiving CalWORKs is an indicator of Orange County’s capacity to successfully meet welfare reform priorities and help families achieve self-sufficiency through employment income.

- Social Services Agency (SSA) has implemented a CalWORKs program that focuses on job attainment, job retention and supportive services to enable successful employment outcomes and family stability.
- SSA faces new challenges because state law has reduced the amount of time adults are allowed to receive the full range of CalWORKs Welfare-To-Work services to 24 months. Recipients may receive an additional 24 months of assistance and services, provided they meet more stringent federal work participation requirements.
- The California Linkages Project supports collaborative strategies for providing services and case management to families at the intersection of the CalWORKs and Child Welfare Systems.

What's Working:

- Initial Services Workers (ISWs) perform eligibility determinations and provide employment and family services at a single point of contact for CalWORKs applicants and newly-approved participants. ISWs gain a broad understanding of the financial status, employment readiness and family stability of each participant. This model allows for early identification of family needs and employment barriers, and promotes successful program participation.
- The CalWORKs program has expanded opportunities for needy families in Orange County. As the economy gradually moves towards recovery, CalWORKs has implemented vocational training and work experience programs to enhance job skills for recipients seeking economic self-sufficiency.
- Substance abuse services, mental health services, domestic abuse services, childcare, transportation and employment support services address various barriers to employment.

NATIONWIDE:

In 2011/12 the average monthly number of recipients for Temporary Assistance for Needy Families (TANF) was 4,106,881. This is a 7.0% decrease from 2010/11 (4,417,445). From 2002/03 (5,148,497) the number of families receiving TANF assistance decreased by 20.2%.²

DATA SOURCE:

Orange County Social Services Agency

NOTES:

^{1,2} U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance, 2013.

Definition of Indicator

The National School Lunch Program is a federally-funded program administered by the U.S. Department of Agriculture that assists schools and other agencies in providing nutritious lunches to children. Participation in the Free and Reduced Lunch (FRL) program is by application and based on the income of the child's parent or guardian, which must be below 185% of Federal Poverty Level. This translates to \$41,348 per year for a family of four. See Appendix C on page 222 for Federal Poverty Income Level Guidelines.

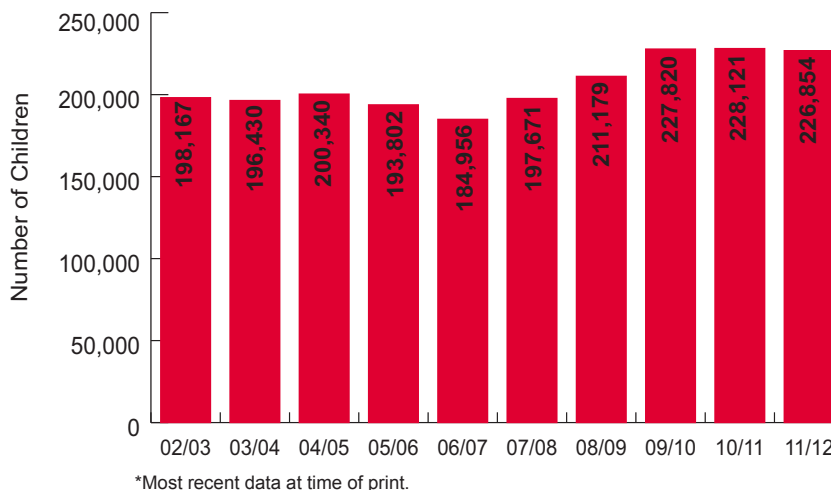
Findings

In 2011/12, 46.4% (226,854 students) of Orange County's total public school enrollment, participated in the FRL program (see page 72 for a map of FRL percentages and page 168 for the FRL percentage of each school district.)

STATEWIDE:

During the 2011/12 school year, an average of 3,472,481 students participated in free and reduced lunch daily. This represents 57.5% of the total public school enrollment.⁶

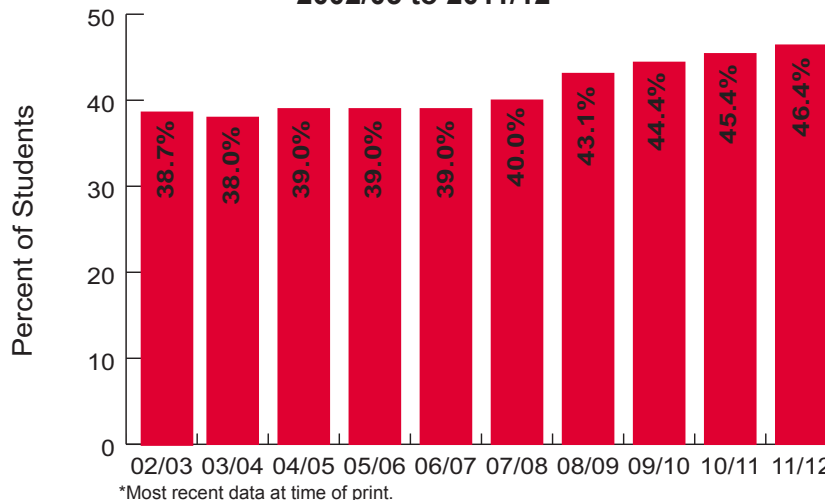
Number of Students Receiving Free and Reduced Lunch, 2002/03 to 2011/12



Trends

The proportion of students receiving FRL in Orange County as a percent of the total public school enrollment increased from 38.7% in 2002/03 to its highest of 46.4% of all students in 2011/12. There was a 14.5% increase in the total number of students receiving FRL between 2002/03 and 2011/12 (198,167 to 226,854).

Percent of Students Receiving Free and Reduced Lunch, 2002/03 to 2011/12



RELATED INDICATORS:

- Supplemental Nutrition Programs
- CalWORKs
- 5th Grade Achievement
- Access to Healthcare
- Physical Activity

Districts with Highest and Lowest Percent of Students Receiving Free and Reduced Lunch, 2011/12

School District	Highest Percent	School District	Lowest Percent
Anaheim City Elementary	86.1%	Laguna Beach Unified	9.6%
Magnolia Elementary	83.4%	Los Alamitos Unified	12.2%
Santa Ana Unified	78.0%	Irvine Unified	13.2%
Buena Park Elementary	72.9%	Huntington Beach City Elementary	17.2%
Westminster Elementary	72.6%	Fountain Valley Elementary	22.8%

Note: For all Districts' Free and Reduced Lunch data see page 91.

Why is this Important?

The FRL program can be considered one of the best available current indicators of children living in poverty or in working poor families. This program offers parents the assurance that their child will receive a nutritious lunch each school day at the lowest possible price. Proper nutrition is linked to better behavior, school performance and more active participation in the education experience.¹ It is important to understand the challenges faced by school districts serving low-income families, particularly those with over 65% of students enrolled in the FRL program, because the implications for children living in poverty include greater risk for poor health, lower educational achievement and increased criminal activity. The correlation between percent of enrollment in the FRL program and 5th grade reading scores is further explained and demonstrated on page 97.

Nationwide Participation in the School Breakfast and Lunch Program

Federal nutrition programs - school lunch and breakfast, summer and afterschool food, Women, Infants, and Children (WIC) and child care food - are dramatically effective programs that reduce hunger, improve cognitive development and school performance and provide essential nutrition for young children. In 2010, on a typical school day, 20.7 million of the 31.8 million total National School Lunch Program participants received free or reduced price lunch. In contrast, 9.7 million (83.6%) of the 11.6 million total School Breakfast Program participants received free or reduced price breakfast.²

What's Happening in Orange County?

Less than half of Orange County's children are eligible for the FRL program, compared to 57.5% of children throughout California.³ Research shows that families can earn two or more times the Federal Poverty Level and still struggle to meet their basic needs. As defined on page 76, families in Orange County earning more than \$42,000 a year for a family of four are struggling to make ends meet and are not eligible for the FRL program.⁴

Reports indicate that many Orange County families with children eligible for the FRL program do not apply, especially in middle and high school grades. Applications must be submitted to the school at which the child is enrolled, and the California Department of Education provides a California School Directory online to find the correct school and begin the application process. This directory is available at <http://www.cde.ca.gov/re/sd/>.

What's Working:

- Families in Orange County can utilize the California Department of Education list of all sites within the county that serve free and reduced nutritious lunches to children. This includes Summer Meal Service Site locations, which serve lunches during school vacations and off-track periods.⁵
- Orange County teachers are educating students about healthy lifestyles through the use of classroom curriculum and online resources. Orange County schools are tackling the growing issue of obesity in addition to providing healthy meals to all students.

✓ See page 168 in Supplemental Tables for additional data

NATIONWIDE:

In the 2011/12 school year, an average of over 31.8 million students participated in the national school lunch program.⁷

DATA SOURCES:

California Department of Education, Education Demographics Unit
California Department of Education, School Fiscal Services Division

NOTES:

- ¹ Food Research and Action Center, 2009.
- ² United States Department of Agriculture, Food and Nutrition Service, 2013.
- ³ Kids Data, 2013.
- ⁴ California Department of Education, Food Programs, 2013.
- ⁵ California Department of Education, Data Quest 2010.

Definition of Indicator

The Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides nutrition services to pregnant and postpartum women, infants and children (ages 0 to 5) in Orange County. Participants must meet eligibility and income guidelines (at or below 185% of the federal poverty level). WIC participants are reported as the number of prenatal, breastfeeding and postpartum women, and infants and children up to five years old who receive food vouchers in the month of September each year. WIC provides nutrition education, breastfeeding support and help finding healthcare and other community services.

The CalFresh Program (formerly known as Food Stamps) and Supplemental Nutrition Assistance Program (SNAP), helps income-eligible families put healthy and nutritious food on the table. The program issues monthly electronic benefits that can be used to buy most foods at grocery stores. The amount of the benefit is based on household size, income and housing expenses. Children under 18 years are reported annually through CalWIN. The December figures are used to define the service population for a given federal fiscal year (October 1, 2011 to September 30, 2012).

STATEWIDE:

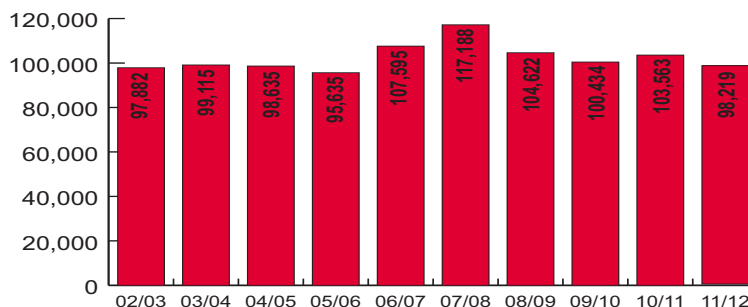
In 2011/2012, California had 1,472,468 WIC participants. In September 2011, there were 1,466,564 participants.⁵

In 2011/12, 3,964,221 children in California participated in the CalFresh (SNAP) program.⁶

Findings

In 2011/12, the total number of participants served by Orange County's four organizations providing WIC services was 98,219. The total number of children under 18 years of age who were recipients of CalFresh benefits was 130,263 in 2011/12.

Number of Participants Served by the WIC Program, 2002/03 to 2011/12

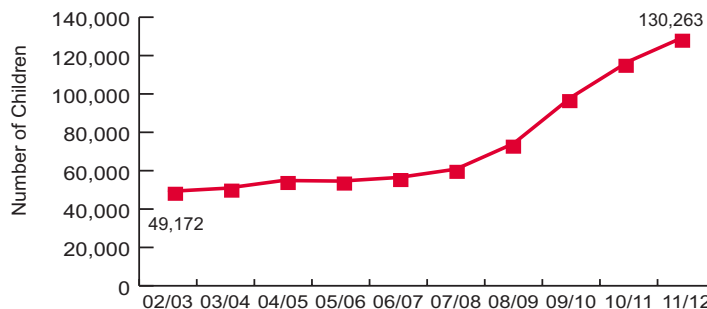


Trends

There was a 0.3% increase in the total number of participants served by Orange County WIC programs in the ten years from 97,882 (2002/03) to 98,219 (2011/12). There was a 16.2% decrease in the number of participants served from the high of 117,188 in 2007/08.

Since 2002/03, there was a 165.5% increase from 49,172 children receiving CalFresh to 130,263 in 2011/12. CalFresh data by city indicates that for 2011/12, 38.1% of children are under six years of age, 40.4% between the ages of 6 to less than 13 and 21.4% between the ages of 13 to less than 18 years of age.

Number of CalFresh Recipients Under 18 Years of Age*, 2002/03 to 2011/12



*Point-in-time data for December 2012.

RELATED INDICATORS:

- Early Prenatal Care
- CalWORKs
- Low Birth Weight
- Access to Healthcare
- Infant Mortality



Why is this Important?

The WIC program is considered one of the most effective federal human service programs. Studies have found that WIC reduces infant mortality, low birth weight and increases duration of pregnancy avoiding the health care costs to the Medicaid program by reducing the number of premature and high-risk births.¹ WIC improves the growth of nutritionally at-risk infants and children and decreases the incidence of iron deficiency anemia in children. Even mild forms of under-nutrition can cause impaired cognitive development, fatigue, trouble concentrating in school and stunted growth. Children enrolled in WIC are more likely to have a regular source of medical care, have more up-to-date immunizations and demonstrate improved intellectual development.² The CalFresh Program was established to provide nutrition assistance to people in low-income households by increasing their food-buying power so they are able to purchase more nutritious foods, such as fruits, vegetables and other healthy foods.

Child Hunger and Poor Nutrition

The American Institute of Nutrition provides evidence showing a relationship between a family's food security and assurance of a healthy life. Households with food insecurity are more likely to experience reduced diet quality, anxiety about their food supply, increased use of emergency food sources or other coping behaviors, and sometimes, hunger. According to the USDA, in 2011, 23.1% of U.S. children (17 million) lived in food insecure (low food security and very low food security) households.³ For families living below poverty, childhood food insecurity and hunger become more prevalent (see page 68 for Food Insecurity).

What's Happening in Orange County?

- There are four WIC providers: Orange County HCA, Public Health Foundation Enterprises, Planned Parenthood of San Bernardino and Orange County and Camino Health Centers.
- There was a decrease in Orange County WIC enrollment which may reflect the combined impacts of a declining birth rate, substitution of CalFresh as a sole support (despite WIC eligibility) and relocation of participants out of the county.
- Orange County implemented state/federal changes to the WIC food package in 2009, expanding healthy food choices and increasing the food package value for fully breastfeeding mothers in 2010.
- WIC participants may be eligible for other supplemental nutrition programs such as CalFRESH and choose to participate in either WIC, CalFRESH or both.
- Increases in CalFresh recipients since 2007/08 are closely related to the recession and historically high Orange County unemployment rates, along with changes in CalFresh eligibility requirements and simplified processes of establishing and maintaining eligibility.
- The percent of CalFresh recipients who are children has decreased from 68.9% (2002/03) to 60.9% (2011/12).

What's Working:

- Policy improvements in California WIC have improved support for mothers who decide that they want to breastfeed, increasing rates of both breastfeeding initiation and exclusive breastfeeding.³
- WIC infuses approximately \$90 million in federal funds into the California retail food economy each month. The benefits of these funds extend beyond WIC families to the local economy. About 40% (1,983) of the retail outlets authorized to accept WIC checks in California are single-store, single-owner small businesses that benefit substantially from this income.³
- CalFRESH recipients benefit from the Healthy, Hunger-Free Kids Act of 2010 that established SNAP-Ed as the Nutrition Education and Obesity Prevention Grant, which calls for an emphasis on obesity prevention in addition to nutrition education.⁴

✓ See page 169 in Supplemental Tables for additional data

NATIONWIDE:

WIC served 8,907,840 participants in 2012. This is a 0.6% decrease from 8,961,000 participants served in 2011.⁷

In 2010, there were 17,823,116 children under the age of 18 who participated in the SNAP program.⁸

DATA SOURCES:

County of Orange HCA/
Nutrition Services-WIC
Program

NOTES:

¹ California Department of Public Health, Dollars and Sense: WIC Program Health Outcomes.

² U.S. Department of Agriculture, 2009.

³ Coleman-Jensen, A., Nord, M., Andrews, M., and Carlson, S., 2012.

⁴ U.S. Department of Agriculture SNAP Ed Facts, 2012.

^{5,7,8} United States Department of Agriculture, Food and Nutrition Service, 2013.

⁶ Food Research and Action Center, National and State Program Data, 2013.

Definition of Indicator

Child Support refers to the number of child support cases, total and per case amounts of child support collected, percent of current support collected, percent of support orders with medical support ordered and medical support provided. The percent of current support collected is a percentage of monthly child support payments paid as a percentage of the monthly amount ordered (excludes past due arrears paid and arrears owed). Medical support is a form of child support often provided as health care insurance under a parent's work-related health care coverage.

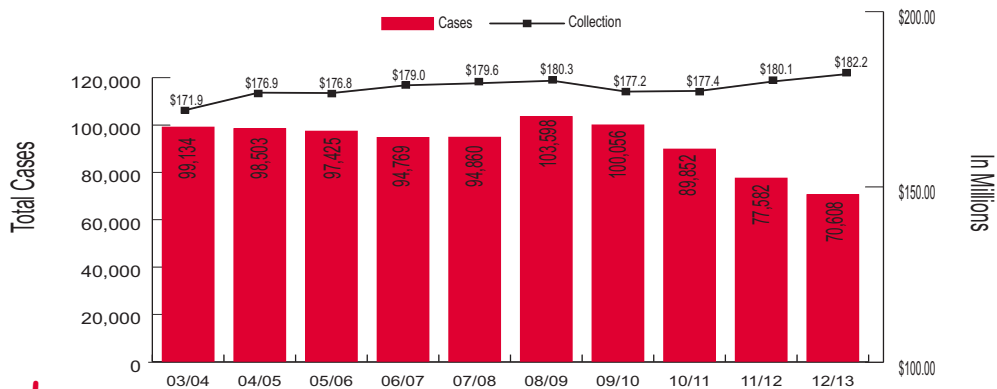
Findings

In 2012/13, Orange County had 70,608 active child support cases. Average per case collection was \$2,580 in 2012/13 for a total net collection of \$182.2 million. The percent of current support collected was 64.8% in 2012/13. In 2012/13, the percent of support orders with medical support ordered and provided was 93.4% and 55.3% respectively.

STATEWIDE:

The collection rate for child support was 61.4% in 2012. 2.3 billion dollars were owed in child support, affecting 15.6% of children in 2012.³

Total Number of Child Support Cases and Distributed Collections* 2003/04 to 2012/13

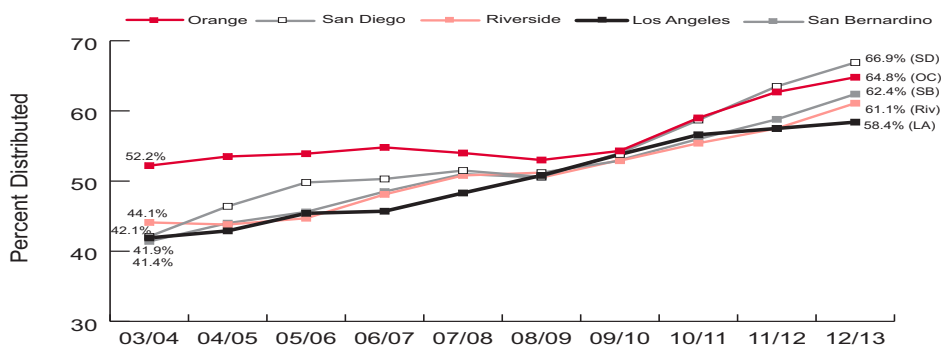


Trends

In the past ten years, there was a 28.8% decrease in the number of child support cases, from 99,134 (2003/04) to 70,608 (2012/13) with a high of 103,598 in 2008/09. The net collections increased 6.0% from \$171.9 million in 2003/04 to \$182.2 million in 2012/13. The per case net collections increased 48.8% from \$1,734 in 2003/04 to \$2,580 in 2012/13.

The percent of current support distributed in Orange County increased 24.1% from 52.2% in 2003/04 to 64.8% in 2012/13. Comparatively, the percent of current support distributed in neighboring counties increased 58.9% for San Diego County, 50.7% for San Bernardino County, 39.4% for Los Angeles County and 38.5% for Riverside County.

Percent of Current Support Distributed*, 2003/04 to 2012/13

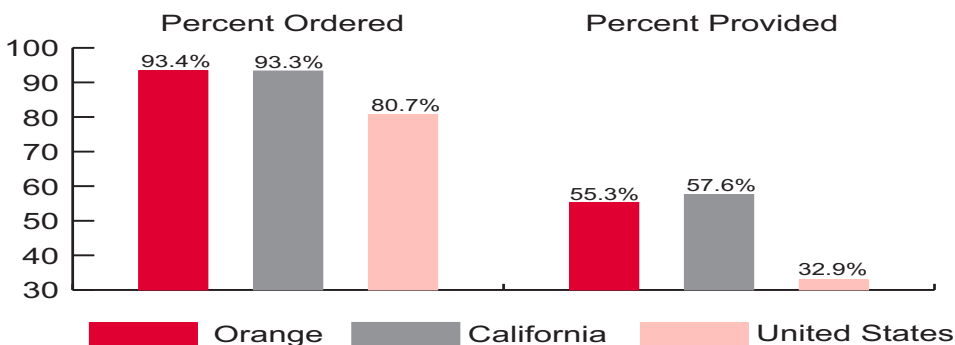


*Total number of cases each year is a 12-month average from July to June. All 2012/13 cases and collections were projected through June using actual data through May 2013. Percent of current support collected is the percentage of current support paid from amount owed (excludes arrears); data reported are as of May 2013 for FY 2012/13. Collections (not distributions) are reported for all years above.

RELATED INDICATORS:

- CalWORKs
- Dependents of the Court & Out-of-Home Care
- Early Care and Education

Percent of Support Orders with Medical Support Ordered and Provided, 2012/13*



*Percent of support orders with medical support ordered by the courts and percent of support orders where medical support was provided is a subset of support orders. Orange County and California data is as of May 2013. Nationwide data is as of Sept 2011.

Why is this Important?

Research has found that child support payments lift more than a million Americans above the poverty line each year and assist families with incomes above the poverty line to make ends meet.¹ Child support pays for child care, food, shelter, school clothes and provides needed medical support. Single parents receiving child support are more likely to obtain employment faster and maintain their jobs compared to those who do not receive child support.

What's Happening in Orange County?

The mission of the Orange County Department of Child Support Services (CSS) is “to enhance the quality of life for children and families by establishing and enforcing court orders for the financial and medical support of children in an effective, efficient and professional manner.”

- According to the most recent census survey, out of the 737,120 children identified, approximately 17.7% or 130,470 live in poverty.²
- Receiving child support payments helps parents achieve self-sufficiency and prevents them from returning to public assistance.

What's Working:

CSS launched the Family-Centered Services model in September 2011 and it is now a central part of daily business. Staff members are conscientious of identifying family needs through daily interactions with customers. Family-Centered Services include:

- The Social Safety Net is a collaborative family-centered approach of partnerships with community agencies and organizations throughout Orange County. This network of support allowed CSS to link customers with over 9,600 different resources throughout the county to address life-issues that may be barriers to paying child support. The top five resources are: Legal Aid, Employment, Health Services, Food/Clothing and Online Services.
- The Community Resource Center is a 7,000 square foot facility featuring a spacious lobby and several large inviting areas where staff connects with customers, providing easy access to community tools and resource rooms such as Forms Workshop, Online Services, Community Resource Library and Employee and Community Partner Work Areas. Since launching the Family-Centered Service model, over 10,000 customers have visited the center.
- A total of 2,258 cases were analyzed after visiting the Community Resource Center (equal number of months pre-visit and post-visit), where total child support dollars paid increased by 19.1% or \$385,722.
- Engaging customers through the Family-Centered Services model has helped increase customer participation when establishing a child support order. Since October 2012, orders established with customer participation increased by 25.9% and customers paid 66.4% of the court ordered obligation. The payment rate is much higher compared to orders established without customer participation, which paid 43.8% of the court ordered obligation.

✓ See page 171 in Supplemental Tables for additional data

NATIONWIDE:

The Child Support Enforcement program had 15,831,904 cases in 2011.

Collections reached \$27.3 billion in 2011.⁴

DATA SOURCE(S):

Orange County Department of Child Support Services

NOTES:

- ¹ Turetsky, V., 2005.
- ² U.S. Census Bureau, American Community Survey, 2011.
- ³ Department of Child Support Services, 2013.
- ⁴ U.S. Department of Health and Human Services, Administration for Children and Families, 2011.

Definition of Indicator

“Early care and education” refers to preschool and child care programs that provide care and education for young children (typically ages 0 to 12). This indicator tracks the average cost of early care and education per week in Family Child Care Homes (FCCH) and Child Care Centers for infants, preschool and school-aged children. Subsidized early education programs are supported by both the state and federal government for low-income families. The California Department of Education (CDE) funds agencies to provide quality child care and development services to low-income families in licensed child care centers, licensed family child care homes and license-exempt settings. Head Start is a federally-funded program that provides comprehensive educational, health and social services to low-income children ages prenatal to five years and their families.

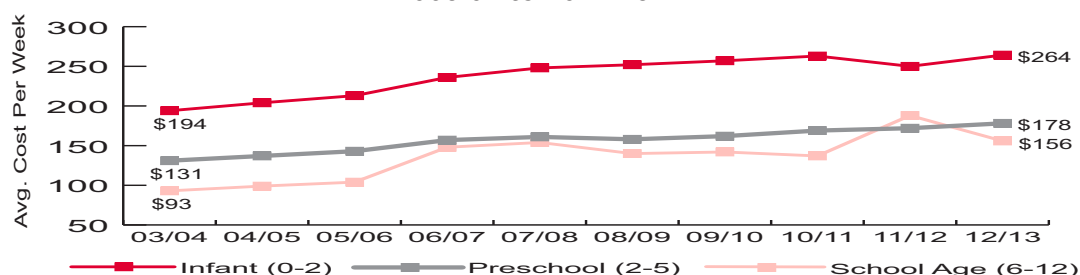
Findings

STATEWIDE:

In 2012, the average annual cost for an infant in a family child care home was \$7,187 and \$11,823 for a licensed child care center. A preschooler in a family child care home cost \$6,916, while a licensed child care center averaged \$8,237 per year in California.⁵

In 2012/13, the cost per week of infant care in Orange County averaged \$202 in a licensed FCCH and \$264 for Child Care Centers. The cost per week for preschool children averaged \$186 in licensed FCCH and \$178 in Child Care Centers; for school-age children, averaged \$166 in licensed FCCH and \$156 in Child Care Centers. Full day early care and education in California can cost between \$8,237 and \$11,823 a year, while the average annual tuition and fees for public four-year college (in-state) is \$9,022.¹

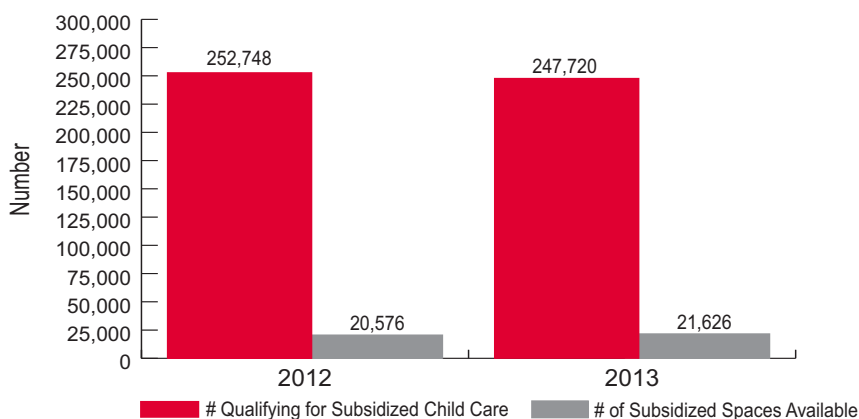
Average Cost of Early Care and Education Per Week in Child Care Centers, 2003/04 to 2012/13



Trends

From 2003/04 to 2012/13, the weekly cost of early care and education for all licensed child care providers increased for all age groups from \$138 to \$192. For Child Care Centers there was a 36.1% increase for infant care from \$194 (2003/04) to \$264 (2012/13); 35.9% increase for pre-school age from \$131 to \$178; and 67.7% increase for school-age care from \$93 to \$156. Of the number of children who qualified for state-subsidized child care, 8.1% were served in 2012 and 8.7% were served in 2013.

Number of Children Qualifying for State-Subsidized Child Care and Number of Subsidized Spaces Available, 2012 and 2013



RELATED INDICATORS:

- Early Care and Education
- CalWORKs
- Developmental Disabilities

Why is this Important?

Early care and education programs provide a safe, secure environment for children while their parents go to work or school, and provide supportive, educational experiences that prepare a child for academic success. Quality early care and education is more challenging for families to afford in these current economic times. The Family Economic Self-Sufficiency Standard (Standard) for California indicates that an adult with one preschool-age and one school-age child must have an income of at least \$68,072 per year in order to meet basic needs, including housing, food and health care, and costs associated with work, including transportation, child care and taxes.² In California, 43% of households fall below the Standard, with over half (56%) of those families having children under the age of six.³

Early care and education is essential towards strengthening the future for these families, however, it is far out of many families' economic reach. Investment in quality early care and education is critical to the educational success of young children, the self-sufficiency of families and to the overall economic well-being of the county.

What's Happening in Orange County?

Early care and education program costs have increased in recent years due to overall national economic trends. There are increasingly targeted efforts to coordinate services in the county to increase efficiency, minimize overlap of services and share resources to improve quality without increased costs.

- In 2013, there was an unmet need for subsidized early care and education services for 226,094 children who qualified for such services in Orange County.
- The Orange County Child Care and Development Planning Council 2010 to 2015 Needs Assessment and Strategic Plan highlights a call to action for the entire Orange County community to establish action steps and measurable goals, and to engage the community in working towards the needed outcomes.
- Utilizing recent Race to the Top Early Learning Challenge Grant funding, "Quality Start OC" has been established by the Orange County Department of Education to provide professional development coaching, resources to child care providers and a quality training system to help families make informed choices about early care and education for their children.

What's Needed:

There will always be a need for quality early care and education services to be available and more attainable for families in the county.

- Federal and state funding that provides subsidized child care for low-income families is an investment that drives economic growth for the future, however, this investment has continued to decline along with the economy.
- Businesses in the community need to engage in supporting the early care and education field, whether financially, through volunteer work or by providing supportive coordinated services with the providers, in order to benefit their business operations, which will strengthen the business community and local economy overall.
- Non state-funded (private) early care and education providers are in need of professional development and quality improvement support services, but cannot afford them without increasing rates to the families they serve. While private providers receive some quality improvement support through the Resource and Referral and QualityStart OC, existing funds are not sufficient to meet the current requests for assistance.

✓ See page 172 in Supplemental Tables for additional data

NATIONWIDE:

Full day early care and education can cost between \$3,780 and \$18,773 a year, yet the median annual family income of single parent families with children under age 18 is \$24,244 a year.⁵

In 36 states and the District of Columbia, the annual cost of child care centers for a preschooler is more than the annual tuition at a four-year public university. In five of these, it is at least twice the cost.⁶

DATA SOURCES:

Children's Home Society of California's Child Care Resource and Referral Program

NOTES:

^{1,4} Child Care Aware of America, 2012.

^{2,3} Insight, 2009.

^{5,6} The National Association of Child Care Resource and Referral Agencies, 2010.

Brianna

When you see Brianna, you see a beautiful, confident woman with an engaging smile. When you talk to Brianna, you are drawn to her passion, intelligence and incredible heart to help others and make the world a better place. Her joy is infectious. She writes incredible poetry, is a world traveler and lives life to the fullest! Brianna inspires all who are fortunate to cross her path. It is amazing to hear the story of the journey that started with a young girl who felt all alone in foster care, and then overcame incredible challenges to become a successful woman who is committed to helping others reach their dreams.

Brianna was placed into foster care for the second time when she was seven years old. She realized she did not understand how the world around her worked. She was eventually separated from her four siblings. Within three years her two younger sisters had been adopted by different families and her older brother was placed in a group home. Brianna was alone in a world she did not understand.

Stability came in the form of a foster family Brianna was placed with at age nine. After four years she began to trust the family. To her they became “Mom” and “Dad”. Brianna was content and happy. Unfortunately, Mom and Dad decided they would move out of state. For Brianna, this meant being left behind until the paperwork could be filed and processed for her to continue life with a new family. She was back to square one. Her grades suffered and although she had finished 8th grade with a grade point average of 3.5, she finished 9th with a 0.6.

Fortunately, Brianna enrolled in a program at school called Advancement Via Individual Determination (AVID), which kept directing her toward the college path even though she wanted to drop out. Though she had lost sight of the bigger picture, her AVID teacher kept reminding her of what was attainable. Her home life was a wreck for the next year as she struggled while adjusting to a whole new family, but Brianna was able to improve her grades and graduated from high school with honors.

Brianna was accepted into the Guardian Scholars Program at California State University Fullerton. The strong support system and sense of community she felt among her fellow Guardian Scholars allowed her to flourish both academically and socially. She also utilized transitional housing for two years during college, where she could practice budgeting and home management skills. She was named Outstanding Senior of the Year and gave the commencement speech to her peers on graduation day. College and employment helped her put the pieces together to understand the world around her. This past year, Brianna was accepted into Teach for America, where she will continue making a difference in the lives of children in low income and minority communities. Brianna now strives to change the outcomes for children who are much like the little girl she was at age seven.

Note: Please see page 210 for references.



Introduction¹

Due to the traumatic effects of displacement from family and schools and multiple placements in foster care, foster youth often earn lower grades, achieve lower test scores, perform below grade level, experience multiple school placements, display higher rates of absenteeism and disciplinary problems and are more likely to use special education services, often due to a learning disability or emotional disturbance.

Within 2-4 years of aging out of the system, 50% of youth are unemployed; 33% live below the poverty level and are more likely to be on public assistance; 25% are homeless; and 25% have been arrested and spent time incarcerated. Additionally, one study reports that over 70% of California's adult prisoners state that they have a history in foster care. A recent study found that youth in foster care, independent of such risk factors as having a disability, are less likely to complete high school, enroll in a community college or stay in community college once enrolled.² The study and the follow-up report reveal disturbing statistics about the educational outcomes of the California foster youth studied, including:

- 45% of foster youth completed high school compared with 53% of similarly disadvantaged youth not in foster care and 79% of the general student population
- 43% of foster youth enrolled in community college compared with 46% of similarly disadvantaged youth not in foster care and 59% of the general student population
- 41% of the foster youth who enrolled in college remained enrolled in community college for a second year compared with 48% of similarly disadvantaged youth not in foster care and 62% of the general student population

Available Data on Foster Youth in the Education System³

Table 1 provides an overview of the total number of youth in foster care in California and Orange County, including school age.

Table 1
Total Number of Youth in Foster Care
in California and Orange County

Foster Youth	California	Orange County
Overall in Foster Care	55,218	2,418
School Age	42,000	1,479

Approximately 27% of school-age Orange County foster youth are reported to receive special education services. By comparison, 11% of the general California school-age population receives special education services.

Table 2 provides an overview of the number and percent of foster youth by school district. The school districts with the highest percent of the total foster youth (984) are Santa Ana Unified (12%), Anaheim Union High (11%), Orange County Department of Education (9%) and Garden Grove Unified (8%).

Table 2
Foster Youth in OC School Districts

District Name	Number of Foster Youth	Percent of Foster Youth
Anaheim City	63	6.4
Anaheim Union High	112	11.4
Brea-Olinda Unified	7	0.7
Buena Park	17	1.7
Capistrano Unified	45	4.6
Centralia	8	0.8
Cypress	2	0.2
Fountain Valley	11	1.1
Fullerton Joint Union High	33	3.4
Fullerton School	36	3.7
Garden Grove Unified	84	8.5
Huntington Beach City	6	0.6
Huntington Beach Union High	25	2.5
Irvine Unified	14	1.4
La Habra	12	1.2
Laguna Beach Unified	1	0.1
Los Alamitos Unified	7	0.7
Lowell Joint	7	0.7
Magnolia	16	1.6
Newport-Mesa Unified	38	3.9
Ocean View	7	0.7
Orange Unified	63	6.4
Placentia-Yorba Linda Unified	34	3.5
Saddleback Valley Unified	41	4.2
Santa Ana Unified	122	12.4
Savanna	8	0.8
Tustin Unified	65	6.6
Westminster	10	1.0
Orange County Department of Ed.	90	9.1
Total of Foster Youth	984	100.0



Foster Youth Services Program

The Orange County Department of Education's Division of Alternative Education (ACCESS) Foster Youth Services Program (FYS) has been a leading partner to improve the needs of Orange County youth in foster care since 1999, and has become a model program for the state. FYS is funded by a state grant from the California Department of Education, private foundations, Orange County Social Services Agency (SSA)/Children and Family Services (CFS) division through a Title IV-E matching program, the Mental Health Services Act and the California County Superintendents Educational Services Association. Orange County Children's Partnership provides oversight leadership for FYS.

FYS is a bridge between child welfare, probation and school districts to support youth in foster care so their educational needs are met. FYS provides services to youth in foster care ages 3 to 19 years and is co-located with SSA/CFS. This partnership between FYS and SSA has increased the cross-system collaboration, contributing to the academic success of Orange County foster youth.

Mission and Goals

FYS's mission is to provide Orange County foster youth with the resources needed to achieve their maximum educational and vocational potential. These services are designed to improve the children's educational performance and personal achievement, directly benefiting them as well as providing long-range cost savings to the state. FYS is targeting the following goals:

- Improve School Stability
- Increase Graduation Rates and College Readiness
- Increase Preschool Enrollment and School Readiness
- Improve Cross-System Collaboration
- Integrate Trauma Informed Systems of Care

Services and Strategies

The core services FYS provides to youth are educational case management services in partnership with the child's case carrying social worker or deputy probation officer. These case management services include, but are not limited to: linking educational services, finding credits and ensuring schools have an up-to-date academic class history, providing liaison support at multi-disciplinary meetings, supporting the continuity of services, finding resources when needed and completing an Educational Progress Report for youth for their six month status review hearings and when they first enter the dependency or delinquency system.





educational outcomes into their practices. FYS has representation at collaborative meetings impacting children and youth within Orange County to ensure that educational outcomes are being addressed. FYS and SSA are part of the Education Equals partnership with the Stuart Foundation, which is exploring areas to further improve educational outcomes of foster youth.

Highlights

In September 2012, FYS began providing services to increase preschool enrollment and school readiness for foster youth (see Table 3). This effort increased the number of children enrolled in preschool by 165% from 40 in September 2012 to 106 in July 2013. Improvement was also made in the percent of foster youth eligible for preschool from 18% (Sept. 2012) to 37% (July 2013).

FYS also supports youth to enroll into Advancement Via Individual Determination (AVID) programs and extra-curricular activities. FYS partners with SSA, school staff and local colleges to host an AVID Celebration Event to encourage foster youth to apply to this enriching program, which was offered at 102 school sites within 17 districts in Orange County during the 2012/13 school year. There are 20 to 25 foster youth who participate in AVID programs each year.

FYS works collaboratively to develop strategies to improve the educational outcomes of foster youth in grades K-12. These collaborative partners include, but are not limited to: Court Appointed Special Advocates (CASA) of Orange County, Orangewood Children's Foundation, which operates the Independent Living contract for Orange County, caregivers, education rights holders, school staff and youth.

FYS partners with many agencies to host an Annual College and Career Fair for foster youth. It is held each year for youth ages 12 to 19 and allows youth to visit all of the college campuses within Orange County. This helps the youth gain early access and exposure to local campuses and encourages them to pursue post-secondary options.

Cross-system collaboration among Orange County agencies serving foster youth allows for improvement in their services and provides a forum to strategize how to overcome the barriers and challenges that foster youth face. SSA leadership has encouraged the integration of

Table 3
School Readiness and Preschool Enrollment of Foster Youth

	# of Youth Eligible for PreSchool Enrollment	Number in Preschool	Percent in Preschool
September 2012	220	40	18%
July 2013	285	106	37%

EDUCATIONAL ACHIEVEMENT



Early Childhood System of Care (ECSOC)

FYS is part of the Early Childhood System of Care (ECSOC) collaborative which is funded by SSA and the Children and Families Commission of Orange County. It includes Health Care Agency Public Health Nurses, Help Me Grow, Family Support Network and many other public and private agencies. ECSOC meets quarterly and works across systems to improve outcomes for foster youth ages 0 to 5. The program addresses the health and development needs of children entering the Child Welfare System. Public Health Nurses provide intensive case management to ensure that children have developmental screenings, primary care providers, primary dental services and linkages to other community resources to maximize their potential.

Increased Cumulative Grade Point Average (GPA)

- Over the last five years, the average cumulative GPA of Orange County foster youth increased from 2.1 to 2.5 out of a 4 point scale.

Increase in California Standardized Test Scores (CST)

- The percent of Orange County foster youth scoring in the proficient or advanced range on the English Language Arts (ELA) CST increased from 25% in 2008/09 to 37% in 2012/13.
- The percent of Orange County foster youth scoring in the proficient or advanced range on the Math CST increased from 19% in 2008/09 to 35% in 2012/13.



While there has been an increase in CST scores among foster youth, Table 4 illustrates that the percent of Orange County foster youth performing in the advanced or proficient ranges for ELA and Math is lower than other students in the state, county and those children in or near poverty who receive Free and Reduced Lunch (FRL).

Overall, the percent of Orange County foster youth performing at advanced and proficient on the ELA CST is 37%, compared to 64% of all Orange County youth. Likewise, 35% of foster youth score in the advanced and proficient range on the Math CST, compared to 60% of all Orange County youth. In addition, foster youth perform lower than children receiving FRL for both ELA CST and Math CST. This highlights the academic disadvantage that foster youth experience and reinforces the need for continued support from FYS to improve academic outcomes.

Table 4
California Standardized Test Scores among Foster Youth

	State	Orange County	OC FRL	OC Foster Youth
CST ELA				
Advanced	28%	36%	19%	12%
Proficient	28%	28%	29%	25%
CST Math				
Advanced	23%	31%	19%	13%
Proficient	27%	29%	28%	22%

Source: DataQuest

Note: Totals are averaged.

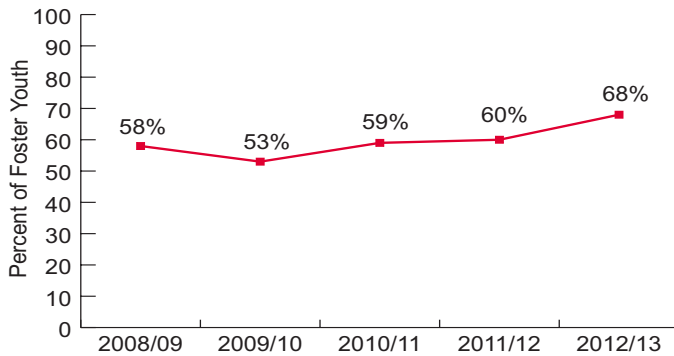


For the 2012/13 academic year, 77% of foster youth completed high school. This 77% was among youth with an open case during their senior year who did not reunify home during the year. Youth who remained in school to complete high school as a fifth year senior were counted in the subsequent year's data.

Chart 1 provides trend data for high school foster youth who passed both the English and Math California High School Exit Exam (CAHSEE) from 2008 to 2013. There was a 17.2% increase in the percentage of foster youth who passed CAHSEE from 58% in 2008/09 to 68% in 2012/13. FYS, along with its collaborative partners are working together to ensure foster youth have the necessary supports in place to complete high school and be successful in their post-secondary options.

Chart 1

High School Foster Youth who Passed both ELA and Math Sections of CAHSEE, 2008/09 to 2012/13



The FYS efforts provide a foundation and an avenue for connecting to support programs in higher education specifically focused on the issues and challenges facing former foster youth. See the shadow box on the Guardian Scholars Program as an example of one of these programs.



Moving Forward

Under California's new funding formula for K-12 education which was approved by Governor Brown on June 28, 2013 as part of the California budget, foster youth educational outcomes will be reported as a separate subgroup under the State's Academic Performance Index (API). The index measures how well schools perform overall, but also tracks other at-risk groups including English Learners, low-income, students with disabilities and ethnic minorities. California is the first state to include foster youth in the performance indexes.

FYS will continue to partner with Orange County school districts and child welfare to develop programs to improve the outcomes of foster youth in Orange County.

Guardian Scholars Program

The Guardian Scholars program began in 1998 through the collaborative efforts and partnership between the private sector, public agencies, foundations and donors to assist deserving foster youth achieve their dreams of a college education, realize true independence, and reach their full potential. "Make Dreams Come True", a scholarship provided through Guardian Scholars Program, is a comprehensive program that supports former foster youth in their efforts to gain a university, community college or trade school education. The program awards full scholarships to foster care youth emancipated at the age of 18. With this scholarship, the program assists foster youth through academic advisement, housing, tutoring, financial aid and mentoring.

The Guardian Scholars program contributes to the quality and depth of the student's university experience.

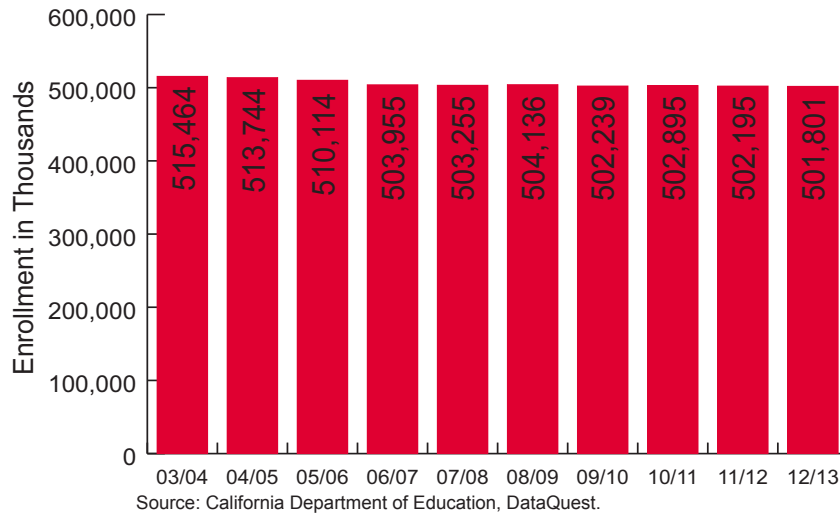
It serves as a resource for young adults by assisting in their development and equipping them with the educational and interpersonal skills necessary to become self-supporting, community leaders, role models and competent professionals in their selected fields.

There were initially three students at California State University Fullerton (CSUF), today, the program has expanded to 20 colleges in California, Washington, Colorado, Indiana and Massachusetts serving hundreds of students. To date, there are more than 60 former foster youth in the Guardian Scholars Program that have graduated from CSUF. The CSUF program has been committed to helping other colleges start a program to help disadvantaged youth succeed in life, by implementing the best-practices evidence-based program model.

Enrollment

The California Department of Education (CDE) recorded a total of 501,801 students enrolled in 2012/13 which is a 2.7% decrease from 515,464 in 2003/04. There are 28 school districts serving K-12 students in Orange County.

Total Public School Enrollment, 2003/04 through 2012/13

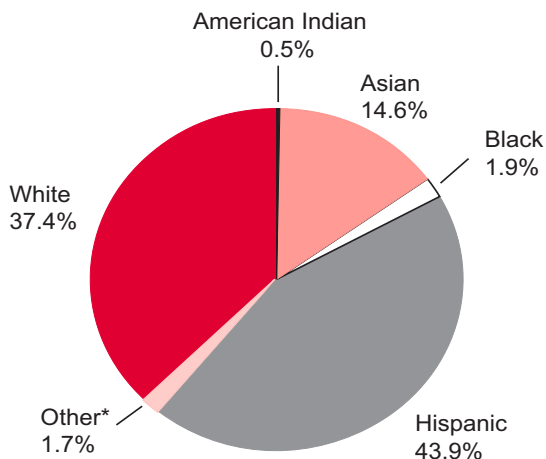


Enrollment by Race and Ethnicity

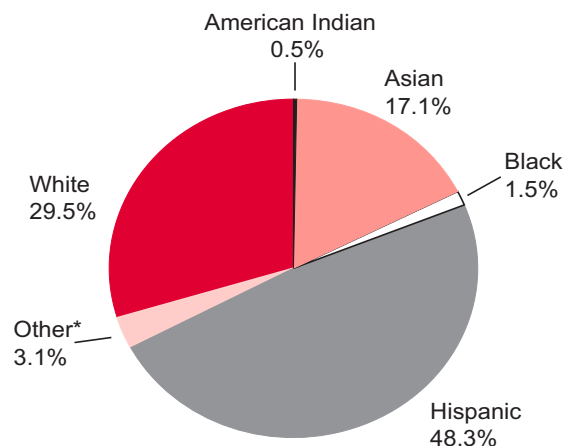
In 2003/04, the Hispanic student population represented the largest racial/ethnic group in the county's K-12 public school enrollment at 43.9%. White students were the second largest racial or ethnic group representing 37.4% of students, followed by Asian at 14.6%, Black at 1.9%, American Indian at 0.5% and Other at 1.7%.

Orange County schools continue to serve an increasingly diverse population. In 2012/13, the largest racial/ethnic student group represented in the county was still the Hispanic student population at 48.3%. The White student population was the second largest racial or ethnic group representing 29.5% of students, followed by Asian at 17.1%, Black at 1.5%, American Indian at 0.5% and Other at 3.1%.

2003/04 School Year



2012/13 School Year



*Other: Includes Multiple or No Response categories
Source: California Department of Education, DataQuest

*Other: Includes Multiple or No Response categories
Source: California Department of Education, DataQuest

Overview

The table below shows demographics for all school districts in Orange County. The data are broken down by enrollment totals, percent of English Learners (EL) (see page 98), percent of students participating in the Free and Reduced Lunch (FRL) Program (see page 76), average Academic Performance Index Score (see page 94) and Spring 2013 California Content Standards Test mean scale score.

For the 2012/13 school year, EL students accounted for 25.9% of the K-12 students in Orange County. There were 226,854 (46.4%) students participating in the FRL program in 2011/12.

Orange County School Districts' Demographics- 2011/12 and 2012/13

	2012/13 Total Number of Students	2012/13 English Learner	2011/12 Free and Reduced Lunch	2012 Academic Performance Index	Spring Mean Scale Score California Standards Test	
School District					Language Arts* 2013	Math* 2013
Elementary District					5th grade	
Anaheim City	19,126	54.2%	86.1%	776	305	380
Buena Park	5,349	40.4%	72.9%	822	360	374
Centralia	4,501	31.6%	59.9%	878	389	437
Cypress	3,879	23.4%	31.0%	893	383	413
Fountain Valley	6,344	10.8%	22.8%	911	388	431
Fullerton	13,830	29.0%	38.5%	867	380	426
Huntington Beach City	7,056	5.7%	17.2%	902	399	451
La Habra City	5,250	36.7%	68.3%	776	349	358
Lowell Joint	N/A	N/A	N/A	N/A	N/A	N/A
Magnolia	6,353	49.5%	83.4%	814	362	404
Ocean View	9,418	23.2%	38.7%	866	377	421
Savanna	2,398	40.7%	66.0%	809	360	414
Westminster	9,620	47.6%	72.6%	838	368	401
High School Districts					10th grade**	
Anaheim Union	32,085	19.8%	66.6%	781	N/A	N/A
Fullerton Joint Union	14,608	11.2%	33.4%	826	N/A	N/A
Huntington Beach Union	16,400	7.7%	30.1%	847	N/A	N/A
Unified Districts					5th grade	
Brea-Olinda Unified	5,972	9.1%	24.9%	872	389	411
Capistrano Unified	53,785	10.0%	24.1%	879	388	406
Garden Grove Unified	47,599	39.6%	64.6%	820	362	418
Irvine Unified	29,072	13.2%	13.2%	923	407	463
Laguna Beach Unified	3,045	3.3%	9.6%	922	402	447
Los Alamitos Unified	9,912	1.8%	12.2%	918	407	473
Newport-Mesa Unified	22,003	23.2%	44.6%	838	376	403
Orange Unified	29,854	21.8%	46.6%	836	376	404
OC Dept. of Education	7,184	31.8%	44.9%	638	N/A	N/A
Placentia/Yorba Linda Unified	25,622	12.0%	32.7%	867	386	434
Saddleback Valley Unified	30,355	13.6%	25.2%	866	384	413
Santa Ana Unified	57,410	45.7%	78.0%	754	348	378
Tustin Unified	23,771	21.4%	40.4%	868	385	429
Total	501,801	24.6%	46.4%		375	412
Statewide Total	6,226,989	21.7%	57.5%			

*Mean Scale Score. (For further information, see page 96).

Source: California Standards Test for Public Schools, California Department of Education, DataQuest

**General Math and Language Art scores are available only up to the 7th grade. Scores on more advanced Math subjects are available at www.cde.ca.gov/ac

Note: Capistrano USD, Orange USD, Saddleback Valley USD, and Santa Ana USD include charter school data.

Source: CBEDS, California Department of Education

Definition of Indicator

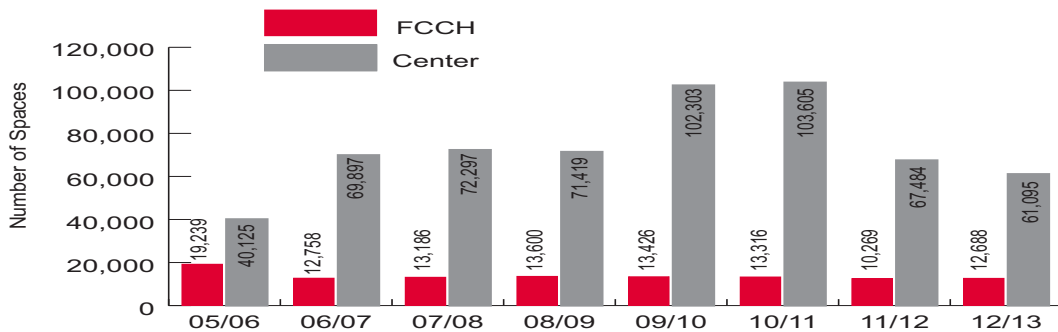
Requests for child care referrals is the number of families who requested child care by calling the Children's Home Society of California (CHS), a Child Care Resource and Referral Program in Orange County. The requests for referrals are reported by age and reason for the need for care for infants, preschool children and youth. The number of licensed child care spaces by age and type of care, either Family Child Care Homes (FCCH) or Child Care Centers, are reported from CHS.

Findings

During 2012/13, CHS received 2,194 requests for child care referrals for early care and education services. There were 4,743 requests for other technical assistance, including inquiries for child care subsidy, child development information and parenting education. Employment was the main reason given for seeking early care and education, totaling 2,824 calls. The highest number of requests for child care referrals were for full time care (2,982) and daytime care hours (3,056).

In 2012/13, there was a total of 73,783 licensed care spaces, including FCCH (12,688) and Child Care Centers (61,095) for all age groups.

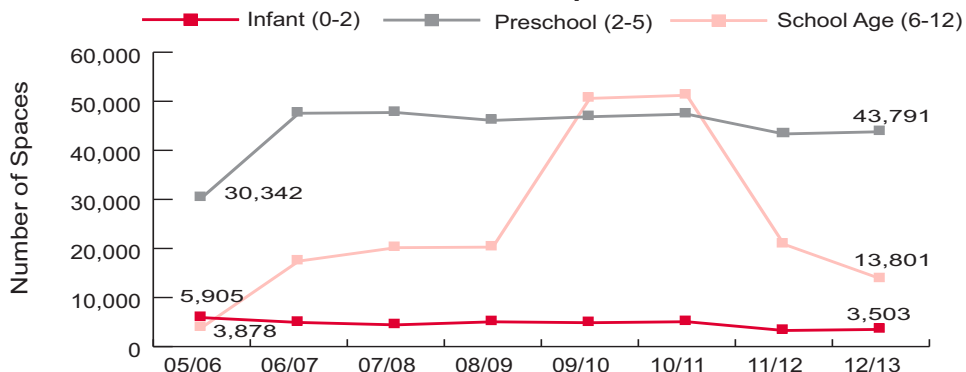
Total Number of Licensed Early Care and Education Spaces, Family Child Care Homes (FCCH) and Child Care Centers, 2005/06 to 2012/13



Trends

From 2005/06 to 2012/13, there was a 34.1% decrease in the number of spaces within licensed FCCHs providing early care and education from its high of 19,239 down to 12,688. For the same time period, there was a 52.3% increase in the number of licensed Child Care Center spaces from 40,125 (2005/06) to 61,095 (2012/13). However, there was a 41.0% decrease in Child Care Center spaces from a high of 103,605 in 2010/11 to 61,095 in 2012/13. More specifically, Child Care Center spaces for school-age children 6 to 12 years old dropped from 51,221 in 2010/11 to 13,801 in 2012/13, a 73.1% decline.

Number of Child Care Center Spaces, 2005/06 to 2012/13



STATEWIDE:

As of August 2013, there was a total of 78,804 licensed facilities with a total capacity of 1,403,327 openings.

RELATED INDICATORS:

- Cost of Child Care
- CalWORKs
- Developmental Disabilities

Why is this Important?

Conditional factors such as economic stability, consistency of the home environment and even the child's level of physical activity all have significant influences on the child's health and development. Participating in stable, quality early care and education can provide a foundation and support for the at-risk population. With the increase in Orange County children receiving CalWORKs benefits and the instability of housing and unemployment among low-income families, it becomes more important for children to have access to early care and education.

What's Happening in Orange County?

From 2010/11 to 2012/13, the number of Child Care Center spaces for school-age children decreased significantly, partly due to the elimination of funding for the Latchkey program and other Federal Block Grant funding. In addition, many after school programs are now designated After School Education & Safety (ASES) programs or 21st Century Community Learning Center programs, which are not licensed and therefore not included in the counts of spaces. These programs receive funds from the Orange County Department of Education to provide academic support and a safe environment for youth during nonschool hours.

The professional early care and education community has been working to ensure that the availability and accessibility of these programs is considered in any review, planning or discussion of community needs. Some state and local initiatives that support the challenge to meet the demand for high quality early care and education programs include:

- Transitional kindergarten (TK) provides an additional year of educational opportunity for the youngest kindergarten-age eligible children, with developmentally appropriate education supporting academic, social, emotional and motor skills. TK helps to ensure children obtain mastery of the Common Core State Standards for kindergarten over the course of two years.
- Seventeen cities in Orange County have adopted policies that require that city planning and development for residential areas include consideration of the availability of early care and education programs.
- Professional development opportunities, such as AB212 and QualityStart OC, are being increasingly extended to licensed FCCH providers to strengthen the quality of the county's overall early care and education system.
- Programs funded by the California State First Five Commission and the State of California, such as Orange County CARES Plus, Child Signature Project and the Child Care Initiative Program, provide professional development, coaching and incentive stipends to child care providers, or to those interested in becoming a licensed provider. These programs increase the level of participation in the field and improve the quality of services provided.

What's Needed:

The Orange County Child Care and Development Planning Council's Countywide Needs Assessment and Strategic Plan identifies accessibility and capacity as the first two of five target goals. Some action steps that would make quality early care and education programs more available and accessible to all children in Orange County include:

- Supportive services to licensed providers to improve quality and decrease issues that impact the cost and capacity for care. Providers would benefit from increased availability and support from Community Care Licensing, so that they can better understand license requirements and more efficiently and effectively ensure ongoing compliance with regulatory requirements. Providers also need targeted technical assistance to support families that have children with behavioral problems or special needs.
- Enhancement of programs providing parent education so they can engage hard-to-reach families in at-risk situations. Parenting programs in all sectors should include education about the importance of early care and education, with coordination to direct the parents to available services for their child.

✓ See page 176 in Supplemental Tables for additional data

NATIONWIDE:

In 2012, 58.4% of mothers with children under age 6 and 69.7% of mothers with children 6 to 17 years old were in the labor force.²

DATA SOURCE(S):
Children's Home Society of California's Child Care Resource and Referral Program

NOTES:

¹ California Department of Social Services, Community Care Licensing Division, 2013.

² United States Department of Labor, Bureau of Labor Statistics, 2011/12.

Definition of Indicator

The purpose of the Academic Performance Index (API) is to measure the academic performance and growth of schools. It is based on the results of a composite of student test scores and reflects academic performance levels for schools, local educational agencies (LEAs) and the state. APIs are calculated for numerically significant student subgroups for both schools and LEAs as well as for entire schools and entire districts. The API is a numeric index (or scale) that ranges from a low of 200 to a high of 1,000, and with a statewide performance target of 800 for all schools. A school's growth is measured by its progress toward this target goal. For state accountability, a school with a Base API below 691 is expected to grow by 5% of the distance between its current API and 800. Schools with an API of 691 to 795 are expected to gain 5 points, and for each increment above 795, a school's goal equals the number of points needed to attain a score of 800.¹

STATEWIDE:

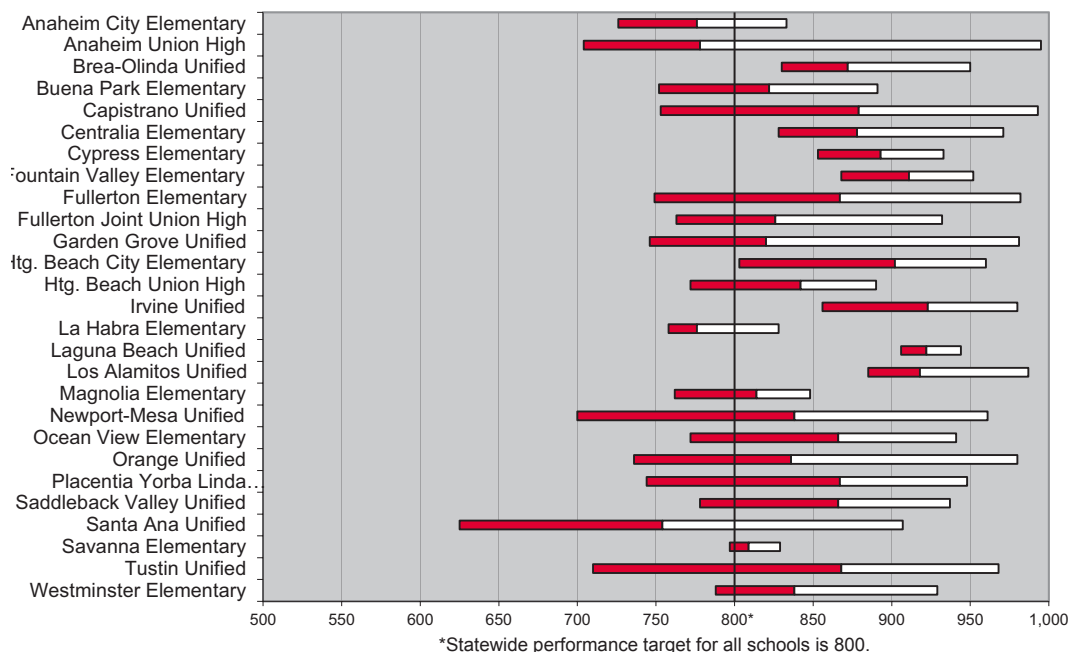
In 2011/12, 53.0% of all schools in California attained the state target API score of 800 points. 59% of elementary schools, 49% of middle schools and 30% of high schools were at or above the 800 target mark in 2011/12 of growth API scores.²

Findings

The district-wide API scores across all Orange County schools ranged from 754 (Santa Ana Unified) to 923 (Irvine Unified) for the 2011/12 school year.

The chart below represents the full range of API Growth scores for Orange County School Districts. For each school district, the bar shows the lowest school's score on the left side and the highest school's score to the right. The point at which the bar changes color represents the district-wide API growth score. For example, Anaheim City Elementary School District's API scores range from a low of 726 to a high of 833 with a district-wide API growth score of 776. In Orange County, 73% of schools made the API target of 800 in 2012, compared to 53% of schools in California.

Range of API Growth Scores by Districts, 2012



RELATED INDICATORS:

- 5th Grade Achievement
- High School Dropout Rates

Trends

Orange County has been collecting API Growth score data since 2003. From 2003 to 2012, Orange County schools' API scores have increased. The districts with greatest improvements were Santa Ana (22.8%), Anaheim City Elementary (20.5%) and Anaheim Union High School District (19.5%).

Districts with Highest Percentage of API Growth* Improvement, 2003 to 2012

School District	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2003-2012 Change
Santa Ana Unified	614	624	656	657	669	685	706	723	740	754	22.8%
Anaheim City Elementary	644	642	672	682	696	725	749	755	773	776	20.5%
Anaheim Union High	651	658	681	691	715	729	731	748	762	778	19.5%
Fullerton Joint Union	703	746	758	791	775	794	809	811	817	826	17.5%
Huntington Beach Union	720	741	757	767	763	795	807	826	834	842	16.9%
Fullerton Elementary	742	746	766	790	798	813	837	855	861	867	16.8%
Magnolia Elementary	701	698	705	727	743	771	798	800	808	814	16.1%
Buena Park Elementary	708	719	734	745	757	769	803	811	816	822	16.1%
Centralia Elementary	758	759	774	773	783	804	824	830	846	878	15.8%
Westminster Elementary	725	737	753	769	770	782	802	821	821	838	15.6%
Tustin Unified	754	771	790	810	814	827	837	850	857	868	15.1%

✓ See page 177 in Supplemental Tables for additional data

Why is this Important?

The API gives schools and communities data on the performance of all students and significant subgroups within a school. This information helps schools analyze their overall academic programs to determine if they have made academic progress and if adjustments might be needed to ensure all students succeed in mastering California's rigorous state standards. If a school does not meet or exceed its growth targets, it may be identified for additional support through state-sponsored school-improvement programs. The API currently combines information in four critical content areas – English Language Arts, Mathematics, Science and History/Social Science. The API itself does not reveal differences in subject areas; rather, it is intended as one overall indicator of school performance.

What's Happening in Orange County?

The API has flexibility to be re-formulated each year to reflect goals and priorities for students in the state; in 2008 the California Modified Assessment (CMA), a test for students most challenged by the California Standards Tests (CST), was added for students in grades 3 to 5. In 2009, the CMA was introduced for students in grades 6 to 8. In 2010, the CMA was introduced in grades 9 to 11. In 2011, the phase-in process was complete and results for 2012 mark the first year in which no new CMA was introduced. In 2013, the State Board of Education made additional changes to the API: it removed the "penalty" for students taking 8th or 9th grade General Mathematics. In previous years, this resulted in lowering math scores by one level for 8th grade and two levels for 9th grade.

- Schools and districts continue to make gains overall in API.
- While all groups are gaining, achievement gaps still remain with Asian and White subgroups outperforming Hispanic and Black student groups.

What's working:

- Teachers and administrators continue to refine instructional strategies that meet the needs of diverse student populations. Some districts have increased their focus on meeting the needs of all students through the use of strategies like Cognitively Guided Instruction in mathematics to connect the math learning process with formal concepts and operations, and language frames and academic vocabulary in English/Language Arts, History/Social Science, Science and Technical subjects.
- Most districts provide teachers with opportunities to participate in on-site and online professional development, and rely on Professional Learning Communities to support curricular and instructional development.
- Despite severe budget constraints that decreased the school year and increased class sizes in many districts, schools and districts strive to ensure that all students develop critical thinking and problem solving skills.

DATA SOURCE(S):
California Department of Education, DataQuest

NOTES:

- ¹ California Department of Education, Policy and Evaluation Division, September 2001.
- ² California Department of Education, Accountability Progress Reporting, News Release, 2012.

Definition

The California Standards Test (CST) in English Language Arts, Mathematics and Science results are reported in a scaled score, which measures students' performance based on their grade level. The scale scores for each grade and subject area range from 150 (low) to 600 (high). There are five performance levels on the CST, from Far Below Basic, Below Basic, Basic, Proficient and Advanced. The goal for all California students is to score at proficient or advanced in all subject areas.

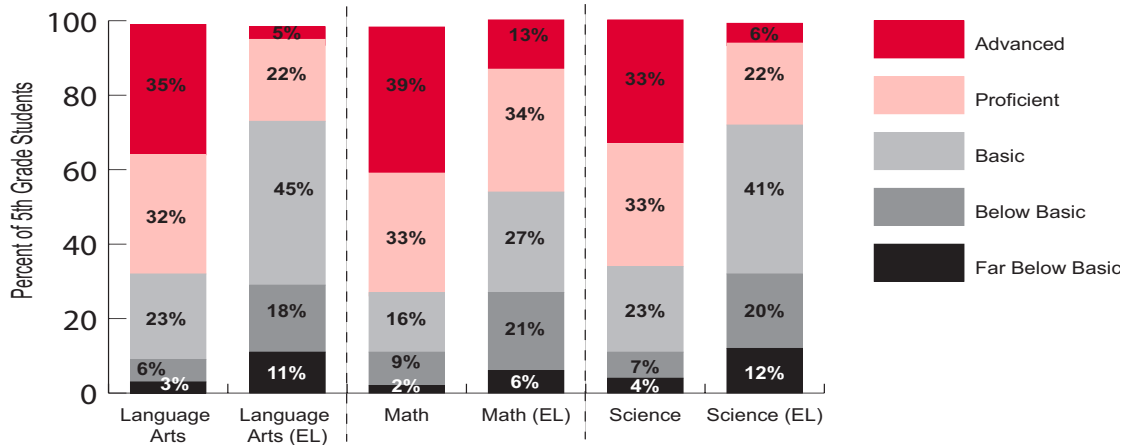
Findings

In Spring 2013, CSTs were taken by 36,656 5th grade students, of which roughly 7,800 (21.3%) students were English Learners (EL). The Mean Scale (MSS) Score in English Language Arts was 375, Mathematics was 412 and Science was 385. The percent of all students achieving proficient and advanced levels in English Language Arts was 67% compared to 27% for EL students; Mathematics for all students was 72% compared to 47% for EL students; and Science for all students was 66% compared to 28% for EL students.

STATEWIDE:

In the 2012/13 school year, 457,196 California 5th grade students took the CST with a Mean Scale Score of 365 in English-Language Arts, 393 in Mathematics and 367 in Science.²

**Percent* of all 5th Grade Students in Each Performance Level
CST English Language Arts, Mathematics and Science
All 5th Grade Students and English Learners (EL), Spring 2013**



*Due to rounding error, percents may not add up to 100%.

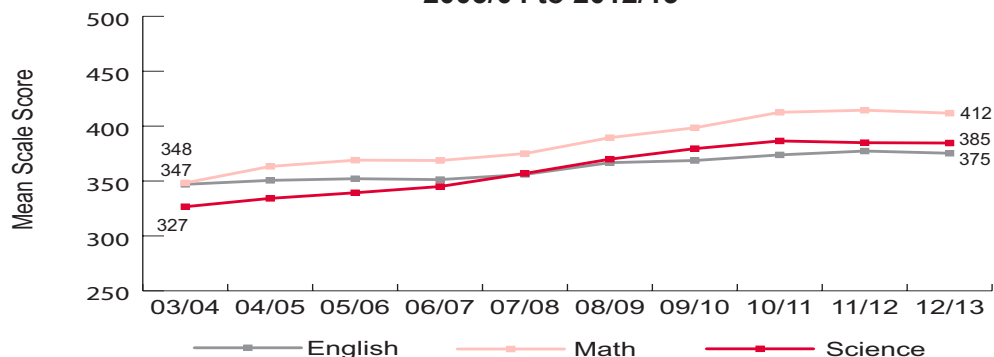
RELATED INDICATORS:

- Academic Performance Index
- English Learners
- High School Dropout Rates
- High School Graduation
- SAT I Reasoning Test Scores
- Free and Reduced Lunch

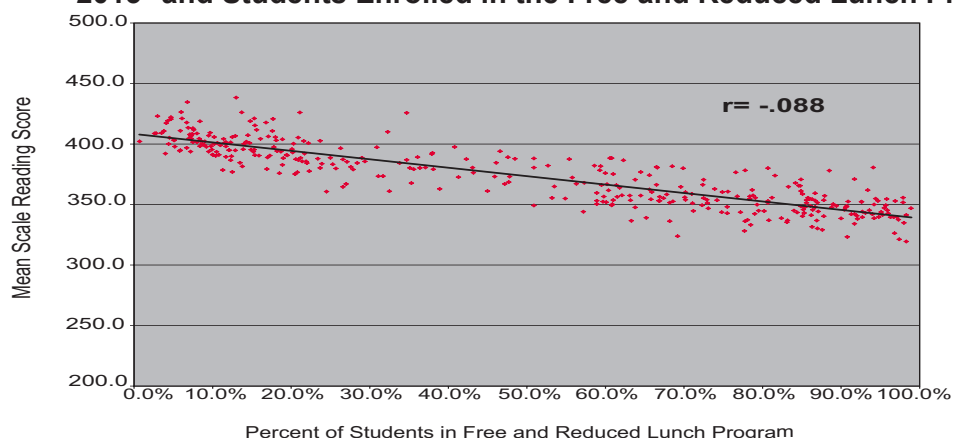
Trends

From 2003/04 to 2012/13, there was an 8.1% increase in the MSS English Language Arts test scores from 347 to 375; an 18.4% increase in Mathematics from 348 to 412; and a 17.7% increase in Science from 327 to 385.

**CST Mean Scale Scores for 5th Grade Students
English Language Arts, Mathematics and Science
2003/04 to 2012/13**



Correlation between 5th Grade English Language Arts California Standards Test Mean Scale Scores 2013* and Students Enrolled in the Free and Reduced Lunch Program by School, 2012/13



The Pearson's Correlation coefficient "r" ranges from -1.0 to 1.0 and can show the strength of a linear relationship between two variables. The closer "r" is to positive or negative 1.0, the stronger the relationship or correlation.

Therefore, $r = -.088$ demonstrates a high correlation between low English Language Arts scores and high percentages of students receiving Free and Reduced Lunch.

N=383. Fifteen schools had incomplete data, and therefore were not included in the chart.

*The California Standards Test 5th Grade English Language Arts Mean Scale Scores range from approximately 150 to 600.

Why is this Important?

The California Standards for California Public Schools, adopted by the California Board of Education in 1997, requires students to perform based on their grade level. Fifth grade is the first grade level in which students receive scores in three academic subjects, English Language Arts, Mathematics and Science. The literacy skills students acquire in the 5th grade lay a critical foundation for success in high school, higher education and career readiness. The Mathematics and Science scores are a partial predictor of how successful students will be in later years in preparation for jobs in the science, technology, engineering and mathematics sectors.

When studying academic achievement, research studies have found significant effects of poverty on children's cognitive and verbal skills. Children living in poverty demonstrate lower outcomes on numerous academic performance indicators including achievement tests, grade retention, course failures, placement in special education and high school graduation rates.¹ The chart above represents the correlation between Free and Reduced Lunch and academic achievement in English Language Arts among 5th graders in Orange County.

What's Happening in Orange County?

While the majority of 5th grade students are performing at the proficient or advanced levels in these three subjects, many students have skills below this range. Of concern is the achievement gap that exists between English Learners and those fluent in English in all subject areas; monitoring this gap is important to improve the effectiveness of instruction being provided for all students. It is important to implement best practices for curriculum, effective teaching methods and home- and school-based supports so that all students can learn and understand the content expected at each grade level.

What's working:

- As schools begin to address the Common Core State Standards, they emphasize skill development along with academic content. Students learn to be critical thinkers, to be creative and to solve complex real-world problems as a way to solidify their knowledge of language arts, science, mathematics, etc.
- Project-based learning is a way to link content from multiple areas to solve relevant problems. Students, for example, create a recycling project on their campus while predicting how many receptacles will be needed (mathematics), which items are recyclable (science) and how to involve other students in their efforts (language arts).
- Technology is infused into classroom lessons throughout Orange County to enhance classroom instruction and increase cognitive demand.
- Parent education programs are provided to ensure that parents are linked with the resources they need to support their child's education.

✓ See page 178 in Supplemental Tables for additional data

DATA SOURCE(S):

California Department of Education, DataQuest

NOTES:

¹ McLoyd, V.C., 1998.

² California Department of Education, Assessment and Accountability Division, 2013.

Definition of Indicator

According to California Education Code 306(a), an English Learner (EL) is “a child who does not speak English or whose native language is not English and who is not currently able to perform ordinary classroom work in English.” The process of identifying an English Learner begins with the home language survey, but this survey alone does not qualify a student as an EL. Districts administer the California English Language Development Test (CELDT) to students whose home language is other than English within 30 calendar days of initial enrollment. The CELDT assesses English comprehension, speaking, listening, reading and writing, and it determines whether a student is an EL. An overall CELDT score of Early Advanced or Advanced indicates a student is proficient provided no domain score (listening, speaking, reading or writing) falls below Intermediate. Students who do not achieve proficiency on the CELDT are considered ELs and are assessed annually until reclassified. Reclassified Fluent English Proficient (R-FEP) students are former ELs who have met multiple criteria to succeed in an English-only classroom. These reclassified students are monitored for two years to ensure their success.¹

STATEWIDE:

The California Department of Education reported 1,339,601 or 21.6% of the total state enrollment (6,214,204) as EL students in 2012/13.

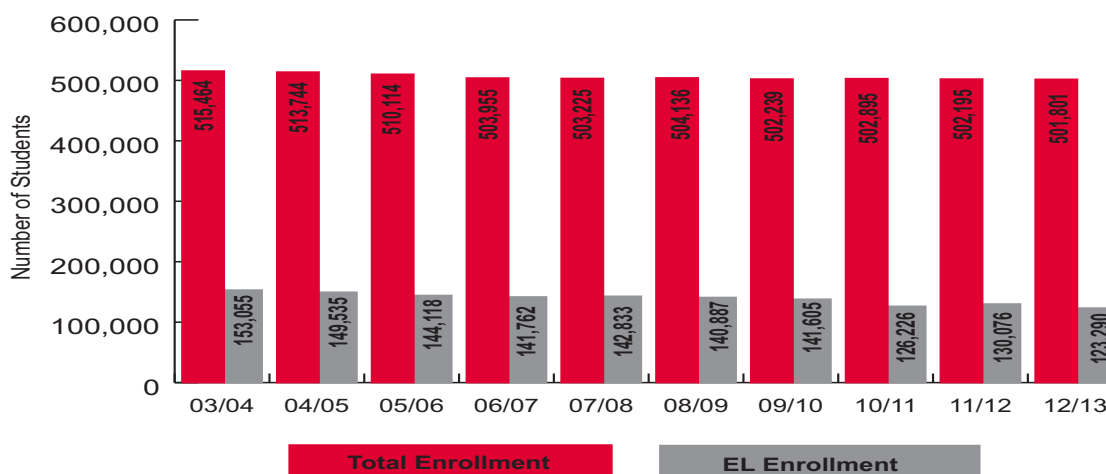
There were 168,960 (12.2%) EL students who were R-FEP, in 2012/13.⁸

In the state, the top three languages were Spanish (72.7%), Vietnamese (4.0%), and Filipino (3.0%).⁹

Findings

In 2012/13, Orange County EL students numbered 123,290 (24.6%) of the county's total public school enrollment. In California that same year, ELs accounted for 21.6% of the total enrollment. The primary language for the majority of EL students in Orange County was Spanish (81.9%), followed by Vietnamese (8.3%) and Korean (2.4%). See page 179 for the percentage of EL students by school district.

Number of EL Students, 2003/04 to 2012/13



RELATED INDICATORS:

- 5th Grade Achievement
- Academic Performance Index
- High School Dropout Rates
- High School Graduation
- SAT Reasoning Test Scores
- Free and Reduced Lunch

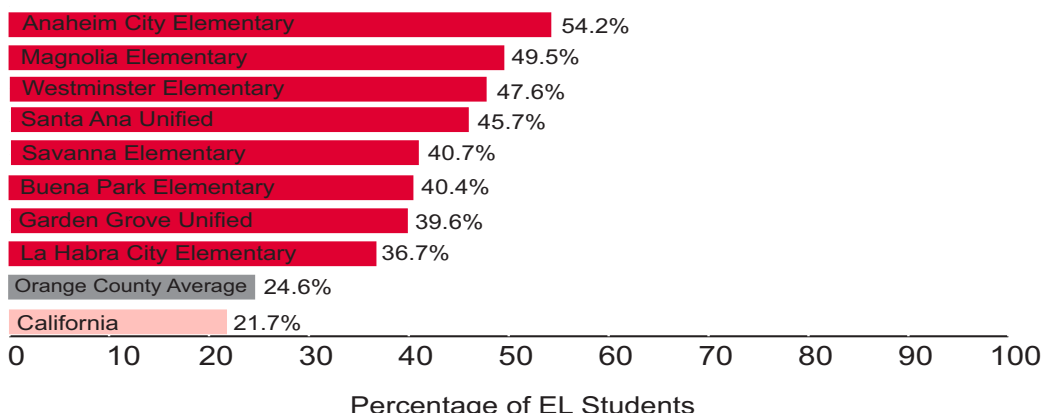
Trends

From 2003/04 to 2012/13 the total number of EL students in Orange County public schools decreased by 19.4% from 153,055 to 123,290. In the last year, the total number of EL students decreased from 130,076 in 2011/12 to 123,290, the lowest number of EL students in ten years. As a percent of total student population, EL students were 29.7% in 2003/04 compared to 24.6% in 2012/13.

Top Five Primary Languages for English Learners in Orange County, 2012/13

Language	Number of Students	Percent of Total
Spanish	100,998	81.9
Vietnamese	10,221	8.3
Korean	2,936	2.4
Arabic	1,556	1.3
Filipino	1,090	0.9

Districts with the Highest Percentages of EL Students, 2012/13



Why is this Important?

In the United States, the number of English Learners (ELs) enrolled in public schools grew by 51% between 1998 and 2008 while the general population increased by only 7%.^{1,2} At the same time, discrepancies in achievement between ELs and their peers were also apparent. California is no exception to this trend. California Statewide Cohort Outcome Data for ELs in 2011/2012 indicate the following:

- The total number of ELs in the cohort included 100,310 students
- ELs in this cohort had a 61.6% graduation rate
- ELs in this cohort had a 23.7% dropout rate³

For Orange County, 2011/2012 Cohort Data for ELs included:

- 9,462 total ELs
- 67.1% graduation rate for ELs
- 21.2% dropout rate for ELs⁴

What's Happening in Orange County?

While the number of ELs entering schools in Orange County has decreased in recent years, Orange County schools had more than 120,000 EL students enrolled in grades K-12 in 2012/13. Long-Term English Learners (LTELs) continue to present a challenge for Local Education Agencies (LEAs). LTELs typically have been enrolled in school for six or more years but have not made adequate progress on the CELDT or on the California Standardized Tests (CSTs). Such students are often placed into remedial classes that fail to prepare them to meet requirements for high school graduation or college and career readiness.⁵

What's working:

Research indicates that ELs benefit from numerous opportunities to develop and apply both language and content skills.⁶ The use of multiple data points and assessment results to target instructional programs for ELs can lead to increased achievement for LTELs in particular.⁷ In Orange County, more districts have LTEL initiatives underway, which are aimed at improving students' language proficiency. Orange County districts continue to prioritize professional development for teachers and implement programs to involve parents. Finally, Orange County districts have begun to implement the Common Core State Standards (CCSS) in tandem with the 2012 CELD Standards. This practice has the potential to elevate students' critical thinking abilities as they improve their language proficiency and increase content knowledge simultaneously.⁸

✓ See page 179 in Supplemental Tables for additional data

NATIONWIDE:

In 2010/11, 4,693,818, (or 9.8% of) public school students participated in programs for English Language Learners.¹⁰

DATA SOURCE(S):

California Department of Education, DataQuest

NOTES:

^{1,2,9} California Department of Education, Ed Data.

^{3,4} California Department of Education, Data Reporting Office.

^{5,7} Olsen, L., 2010.

^{6,7} Californians Together, 2011.

⁸ Orange County Department of Education.

¹⁰ U.S. Department of Education, National Center for Education Statistics, 2012.

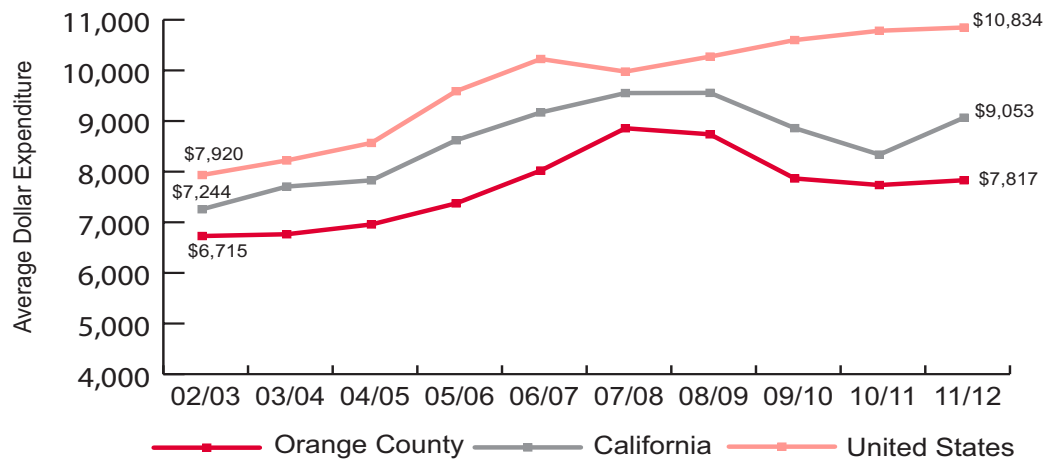
Definition of Indicator

The current annual expenditures for public schools for each pupil are based on average daily attendance during the school year. Elementary School Districts include K-8, High School Districts include 9-12 and Unified Districts include K-12.

Findings

During 2011/12, the average per pupil expenditure for grades K-12 in Orange County was \$7,817. Comparatively, in California, the average expenditure per pupil was \$9,053, while for the United States, the average amount was \$10,834.¹

Average Dollar Expenditure Per Pupil for Grades K-12, 2002/03 to 2011/12



STATEWIDE:

Based on 2011/12 estimates, there was a 25.0% increase in California's average per pupil expenditure between 2002/03 and 2011/12 from \$7,244 to \$9,053.⁷

Trends

From 2002/03 to 2011/12, there was a 16.4% increase in the county's average per pupil expenditure from \$6,715 to \$7,817. However, there was a 11.6% decrease from the high of \$8,844 in 2007/08. Among Elementary School Districts, the average per pupil expenditure in 2011/12 was \$7,580, with the low at Huntington Beach City, \$6,620, and a high at Anaheim City, \$8,073. For Unified School Districts, the average per pupil expenditure was \$7,746, with the low at Tustin of \$6,706 and a high at Laguna Beach Unified School District of \$13,920. The three High School Districts' average was \$8,551, a 2.1% increase from 2010/11.

RELATED INDICATORS:

- SAT Reasoning Test Scores

Public School Districts' Average Dollar Expenditure Per Pupil, 2011/12

Elementary		Unified		High School	
Districts	Expenditures	Districts	Expenditures	Districts	Expenditures
Anaheim City	\$8,073	Laguna Beach	\$13,920	Anaheim Union	\$8,727
Westminster	\$7,950	Newport-Mesa	\$10,455	Fullerton Joint Union	\$8,410
Ocean View	\$7,881	Santa Ana	\$8,476	Huntington Beach Union	\$8,333
Savanna	\$7,736	Placentia-Yorba Linda	\$7,841		
La Habra City	\$7,588	Garden Grove	\$7,832		
Buena Park	\$7,558	Irvine	\$7,701		
Centralia	\$7,554	Brea Olinda	\$7,441		
Magnolia	\$7,551	Capistrano	\$7,079		
Fullerton	\$7,393	Los Alamitos	\$6,973		
Cypress	\$7,004	Saddleback Valley	\$6,970		
Fountain Valley	\$6,901	Orange	\$6,716		
Huntington Beach City	\$6,620	Tustin	\$6,706		
Elementary Average	\$7,580	Unified Average	\$7,746	Average	\$8,551



Why is this Important?

Per pupil expenditure is significantly influenced by the Proposition 98 formula, which guarantees a minimum level of funding for K-12 education in California by allocating a minimum percentage of the state's General Fund spending for education. This amount, in addition to federal revenue, state lottery revenue and local revenues such as property tax, parcel tax and fundraisers, is calculated using the average daily attendance at each school to determine the per pupil expenditure.

Education funding is tied to the fluctuating state economy, therefore, education funding is volatile, as seen by the significant decrease in per pupil expenditure from 2007/08 to 2010/11. State and local education funding does not have to be equal across school districts nationwide; rather, funding is based on adequacy, assuring the funds provided give students in each district an equal opportunity to play roles as citizens and compete in the labor market.²

The Governor of California's proposal for funding distribution for the 2013/14 school year, called the Local Control Funding Formula (LCFF), will replace revenue limits and categorical programs with base grants and supplemental grants. The LCFF will address the lack of equity among districts, because funding through the LCFF will be more flexible, and based on the demographics of the schools, including the English Learner population, Free and Reduced Lunch students and percent of foster youth.³

What's Happening in Orange County?

School funding formulas use the Orange County property tax base from the 1970s, which is significantly lower than the current Orange County property tax base. Due to these formulas, 22 of the 27 K-12 school districts are still funded below the statewide average. Additionally, school districts located in lower socioeconomic areas often require higher per pupil spending to reduce the impacts of poverty on academic achievement.

What's working?

- Eighty-two percent of program expenditures for Orange County Department of Education funded services to students, and the remaining 18% were program expenditures for countywide educators, district business operations and support.⁴ In order to decrease district expenditures, some schools in Orange County have implemented furlough days and increased class sizes.⁵
- In addition, numerous opportunities exist to support local schools; these efforts are currently making a significant impact in districts where science and music programs, field trips and sports events have been threatened with elimination.
- Inside the Outdoors is a hands-on environmental education program with curriculum aligned with California Science and Social Science Standards. This program is conducted by the Orange County Department of Education with over a dozen field sites ranging from wetlands to wilderness. Each year, more than 125,000 Southern California students of all ages, including over 55,000 low-income students, receive full or partial scholarships for this program.⁶
- Local school foundations raise funding for specific classroom activities that were lost through budget cuts, provide scholarships for eligible students to go to college and provide mini grants to teachers to enhance instruction for students in the district.

✓ See page 180 in Supplemental Tables for additional data

NATIONWIDE:

Based on 2011/12 estimates, the national average per pupil expenditure rose 36.8% between 2002/03 and 2011/12 from \$7,920 to \$10,834.⁸

DATA SOURCE(S):

Orange County Department of Education, Financial Report 2011/12

NOTES:

- ^{1,7,8} National Education Association (NEA), 2012.
- ² Rothstein, R., 2000.
- ³ Fullerton School District Budget Advisory Committee, 2013.
- ⁴ Orange County Department of Education.
- ⁵ Anaheim City School District, Budget Information, 2013.
- ⁶ Orange County Department of Education, Inside the Outdoors, 2013.

Definition of Indicator

Beginning in 2008, a student is considered a dropout if he or she was enrolled in grades 7 to 12 during the previous year and left before completing the current school year, or did not attend the expected school or any other school by October of the following year. Students who received a diploma, GED or California High School Proficiency Exam (CHSPE) certificate; transferred to a degree-granting college; have died; have a school-recognized absence; or are known to have left the state are not counted as dropouts.¹

Findings

In 2011/12 there were a total of 3,911 dropouts, which represents 9.1% of the total enrollment of the 2011/12 cohort of 12th grade students (43,004). This compares to California's dropout percent of 14.7%. By district, the cohort dropout rate ranged from 1.2% (Laguna Beach Unified) to a high of 12.1% (Anaheim Union High).

Hispanics and Blacks had the highest cohort dropout rate in 2011/12, at 14.1% and 13.5%, respectively. The cohort dropout rate was 7.7% for American Indians, 7.6% for Asians and 4.6% for Whites.

Grade 9-12 Cohort High School Dropout Rates for Orange County and California, 2011/12

District Name	Cohort Enrollment	Cohort Dropouts	Cohort Dropout Rate (%)
Anaheim Union High	5,388	652	12.1%
Brea-Olinda Unified	551	23	4.2%
Capistrano Unified	3,920	71	1.8%
Fullerton Joint Union High	3,719	221	5.9%
Garden Grove Unified	3,860	389	10.1%
Huntington Beach Union High	3,839	103	2.7%
Irvine Unified	2,226	41	1.8%
Laguna Beach Unified	248	*	1.2%
Los Alamitos Unified	853	24	2.8%
Newport-Mesa Unified	1,757	62	3.5%
Orange Unified	2,504	127	5.1%
Placentia-Yorba Linda Unified	2,206	120	5.4%
Saddleback Valley Unified	2,712	68	2.5%
Santa Ana Unified	3,701	387	10.5%
Tustin Unified	1,532	67	4.2%
County Total	43,004	3,911	9.1%
California Total	503,273	74,101	14.7%

*Indicates ten or fewer students in order to protect privacy.

Trends

From 2009/10 to 2011/12, there was a 26.0% decrease in cohort dropout rates from 12.3% in 2009/10 to 9.1% in 2011/12. There was a decrease in dropout rates for all ethnicities from 2009/10 to 2011/12. Cohort dropout rates decreased 29.9% for Hispanics, 26.1% for Blacks, 22.2% for American Indians, 19.3% for Whites and 19.1% for Asians since 2009/10.

High School Dropout Rate

In previous Conditions of Children Reports, data regarding high school dropouts was presented in terms of one-year and four-year derived rates. The California Department of Education is more accurately collecting data through the California Longitudinal Pupil Achievement Data System (CALPADS), which allows the state to collect student-by-student information on high school completion. This year the data reflects the rates for the cohort of students entering 9th grade in 2008/09.

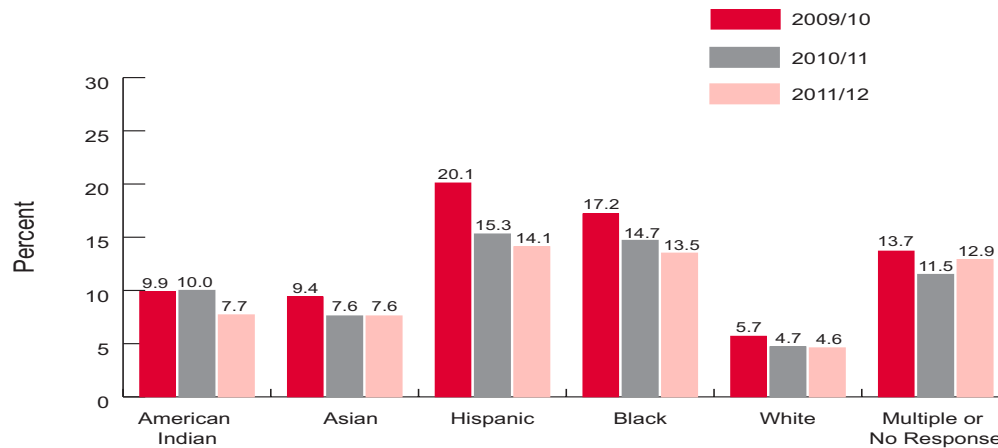
STATEWIDE:

There were 74,101 dropouts in 2011/12, which calculates to a statewide cohort dropout rate of 14.7%.³

RELATED INDICATORS:

- Births to Teens
- Special Education
- SAT Reasoning Test Scores
- High School Graduation

Percent of Grade 9-12 Cohort Dropouts by Race/Ethnicity, 2009/10 to 2011/12



✓ See page 181 in Supplemental Tables for additional data

NATIONWIDE:

The national dropout rate for public schools stands at 8.3% for 2010.⁴

Why is this Important?

The consequences of leaving high school without a diploma include limited access to additional education, training or the labor force. The majority of higher-paying jobs in Orange County go to high school graduates. Thus, students not completing high school are likely to have a reduced impact on the economy of their county, state or nation.

The California Dropout Research Project report indicates that “compared to high school graduates, dropouts earn lower wages, pay fewer taxes, are more likely to commit crimes, are more likely to be on welfare and are far less healthy. More than two-thirds of all high school dropouts were found to use food stamps during their working lives; the probability of incarceration for a Black male dropout is 60%; the “average” high school graduate earns \$290,000 more over a lifetime and pays \$100,000 more in federal, state and local taxes than a dropout.”² Dropouts make up a disproportionate percentage of the nation’s prison and death row inmates.

What's Happening in Orange County?

- Along with the rest of the state, Orange County now has the ‘best available’ data on individual students’ path to high school completion. As long as the student remains in California, records can be transferred between districts to maintain the student’s history and ‘track’ a student from school to school. This data allows an accurate count of student enrollment at the secondary level and supports state-by-state comparisons of high school completion.
- Nineteen California Partnership Academies throughout the county have graduation rates of 96%. These Academies provide focused, rigorous learning opportunities in Orange County industry sectors including marketing and business, medical careers, multimedia computer technology and global business.
- Advancement Via Individual Determination (AVID) programs have a 98% graduation rate. These programs provide academic skills and career guidance that keep students engaged in school through graduation.
- Alternative education programs in the school districts provide a learning environment for students to get back on track academically.
- The Alternative, Correctional and Community Education Schools and Services program (ACCESS) provides districts with a safety net to keep students from dropping out. Individualized learning sites are located throughout the county to provide a safe and supportive learning environment to reengage the student in his/her education.

DATA SOURCE(S):

California Department of Education, DataQuest

NOTES:

^{1,3} California Department of Education, Educational Demographics Office, 2009, 2012.

² U.S. Department of Health & Human Services, Trends in the Well-Being of America’s Children & Youth, 2002.

⁴ National Center of Education Statistics, 2013.

Definition of Indicator

The California Education Code establishes a minimum set of requirements for graduation from California high schools. These include a total of 13 required courses and passage of the California High School Exit Exam (CAHSEE). Local school boards can include additional requirements that they consider important for their local school district. Graduation rates are collected annually and included in the Annual Yearly Progress (AYP) accountability system. The chart below shows the percentage of students entering Orange County high schools that could potentially graduate during the four-year time period (2008 to 2012). Data includes students who completed high school with a standard high school diploma or special education waiver or exemption, an adult education high school diploma or the California High School Proficiency Exam (CHSPE).

Findings

STATEWIDE:

There were 388,236 graduates in 2011/12, a statewide graduation rate of 77.1%.¹

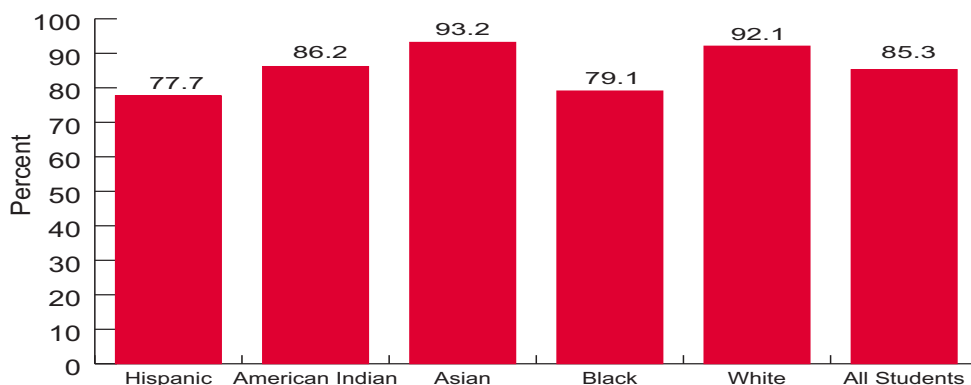
In the 2011/12 school year, 85.3% of the Orange County 12th graders graduated from high school, which is higher than the state's rate of 77.1%. The range of percent of graduates by district ranges from 82.5% (Anaheim Union High School) to 97.6% (Laguna Beach Unified).

Number and Percent of Graduates by District, 2011/12

District Name	Total Enrollment	Total Graduates	Percent Graduates	District Name	Total Enrollment	Total Graduates	Percent Graduates
Anaheim Union High	5,388	4,446	82.5%	Newport-Mesa Unified	1,757	1,650	93.9%
Brea-Olinda Unified	551	525	95.3%	OC Dept. of Education	N/A	N/A	N/A
Capistrano Unified	3,920	3,798	96.9%	Orange Unified	2,504	2,404	96.0%
Fullerton Joint				Placentia-Yorba			
Union High	3,719	3,248	87.3%	Linda Unified	2,206	2,026	91.8%
Garden Grove Unified	3,860	3,388	87.8%	Saddleback Valley Unified	2,712	2,581	95.2%
Huntington Beach Union High	3,839	3,590	93.5%	Santa Ana Unified	3,701	3,154	85.2%
Irvine Unified	2,226	2,132	95.8%	Tustin Unified	1,610	1,532	95.2%
Laguna Beach Unified	248	242	97.6%	County Total	43,004	36,686	85.3%
Los Alamitos Unified	853	810	95.0%	California Total	503,273	388,236	77.1%

In 2011/12, Asian students had the highest overall graduation rate at 93.2%, followed by White students at 92.1%. Black students had a graduation rate of 79.1%, while Hispanic students had the lowest graduation rate at 77.7%.

Percent of 12th Grade Cohort Graduates by Race/Ethnicity, Orange County, 2011/12



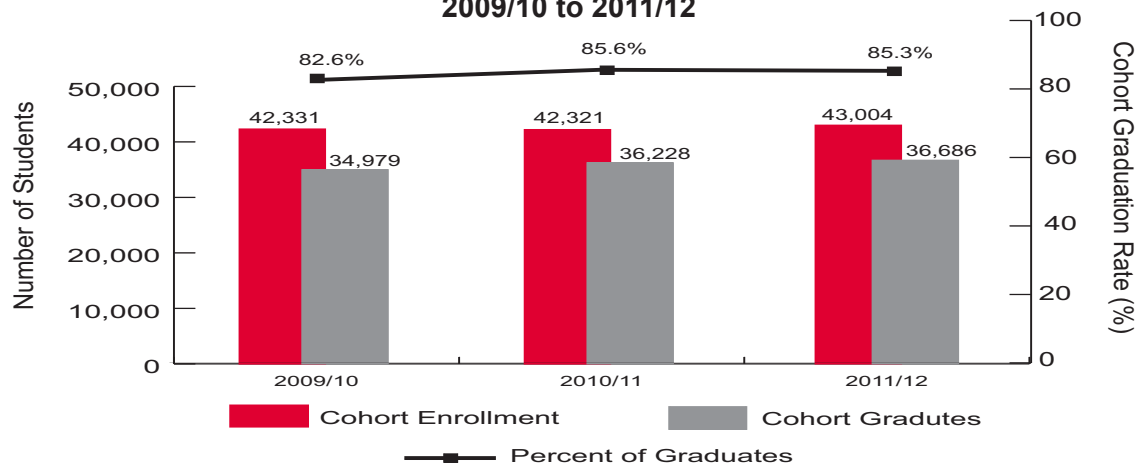
Trends

From 2009/10 to 2011/12, there was a 3.3% increase in cohort graduation rates from 82.6% to 85.3% of students graduating.

RELATED INDICATORS:

- SAT Reasoning Test Scores
- Academic Performance Index (API)
- High School Dropout Rates

12th Grade Cohort Enrollment, Graduates, and Percent of Graduates*, 2009/10 to 2011/12



*Cohort rates include graduates that earned their diplomas within a specific four-year period of time and does not include all the students that graduated in a given year.

✓ See page 182 in Supplemental Tables for additional data

NATIONWIDE:

The national public school graduation rate for the class of 2010 reached 74.7%, rising nearly 2 full percentage points from the previous year, and 8 points in the past decade.²

Why is this Important?

Completion of high school is a critical step to becoming a contributing resident of Orange County. High school graduates attend trade or technical institutions, colleges and universities and enter directly into the workforce. Inclusion of the CAHSEE as a graduation criteria ensures that students leave high school with the necessary academic foundations for success. Historically in Orange County, around 40% of graduating seniors meet course requirements to attend UC or CSU campuses. About 50% of the county's graduating seniors attend public colleges and universities in California, compared with 43% of students statewide.

What's Happening in Orange County?

While the graduation rate in Orange County exceeds the statewide graduation rate, several thousand students do not graduate from high school. Disproportionately, these are students of color. Programs that engage all students in relevant, rigorous ways are succeeding in engaging and maintaining students who might otherwise not obtain a diploma.

What's working:

- Many districts in Orange County now include community service requirements for graduation. This allows career exploration and encourages volunteering among high school students.
- Partnership Academies provide engaging opportunities for students to learn skills directly related to a Science, Technology, Engineering or Mathematics (STEM) career, and often to obtain employment immediately after graduation.
- Rigorous standards are maintained in high school coursework, allowing students to be successful in their goals to attend college, enroll in technical training or otherwise continue on paths to a successful career.
- College support programs provide skills and tools for underserved students to prepare them for college and career planning.

California High School Exit Exam (CAHSEE)

The CAHSEE tests high school sophomores, juniors and seniors on proficiency in English and Mathematics. Since June 2006, passing the CAHSEE is required for graduation. Data can be found on page 183 of the Supplemental Tables.

DATA SOURCE(S):
California Department of Education, DataQuest

NOTES:

- ¹ California Department of Education, 2012.
- ² Education Week, Diplomas Count, 2013.

Definition of Indicator

The SAT Reasoning Test (formerly known as the SAT I: Reasoning Test) assesses a student's reasoning in Mathematics, Verbal and Writing Skills.¹ It is taken by college-bound juniors and seniors, and is used by college admissions officers as one key factor to determine who will be admitted. The participation rate of seniors who took the SAT test are presented in order to assess the entire student body's college orientation.

Findings

The average SAT Reasoning Test combined Verbal and Math score for Orange County seniors in 2011/12 was 1588 compared to 1498 for the United States and 1492 for California. Results by subject indicate the average Mathematics score (546) was higher than the average Writing (538) and Critical Reading (519) scores. Of all 41,648 Orange County seniors in 2011/12, 43.7% took the SAT Reasoning Test. The district with the highest percent of students that took the SAT in the 2011/12 school year was Los Alamitos High School (64.2%).

STATEWIDE:

In 2011/12, 39.3% of the seniors took the SAT Reasoning test with an average combined score of 1492.⁴

Irvine Unified had the highest combined average score on the SAT of 1820, followed by Laguna Beach (1707) and Tustin Unified (1646). Santa Ana Unified had the lowest combined average score on the SAT of 1359, followed by Garden Grove Unified (1469) and Anaheim Union (1488).

Average Combined SAT Reasoning Test Scores and Number Tested by District for Orange County, 2011/12

District Name	Grade 12 Enrollment	Percent Tested	Combined Average
Anaheim Union	5,662	33.3%	1488
Brea-Olinda Unified	541	52.3%	1619
Capistrano Unified	4,050	52.0%	1645
Fullerton Joint Union	3,238	50.9%	1636
Garden Grove Unified	3,846	46.9%	1469
Huntington Beach Union	4,070	43.1%	1601
Irvine Unified	2,234	63.9%	1820
Laguna Beach Unified	247	59.5%	1707
Los Alamitos Unified	852	64.2%	1632
Newport-Mesa Unified	1,761	44.9%	1583
Orange County Department of Ed	1,832	2.73%	1546
Orange Unified	2,556	38.7%	1592
Placentia-Yorba Linda Unified	2,237	45.8%	1637
Saddleback Valley Unified	2,845	47.7%	1643
Santa Ana Unified	4,035	38.2%	1359
Tustin Unified	1,642	50.7%	1646
Total Orange County	41,648	43.7%	1588

RELATED INDICATORS:

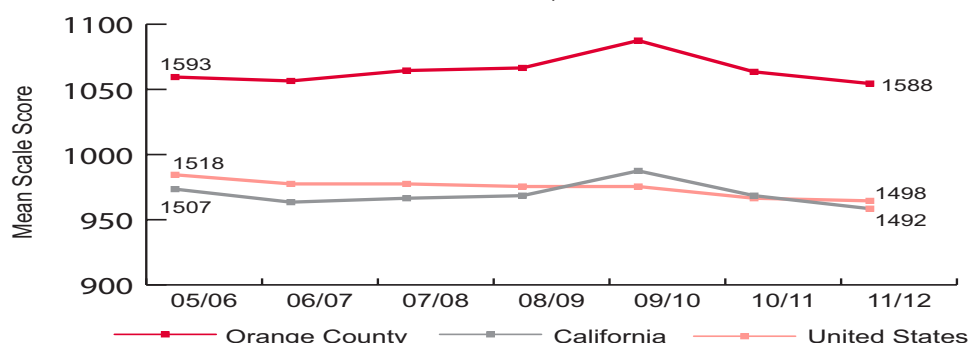
- High School Dropout Rates
- High School Graduation
- Academic Performance Index (API)

In Orange County, there is a correlation between a district's percent of students enrolled in the FRL program and their corresponding SAT test score. The higher the FRL percent, the lower the average SAT score. For example, Laguna Beach Unified has a FRL percent of 9.6% with a 1707 SAT average score compared to Santa Ana Unified with a 78.0% FRL with a 1359 SAT average score.

Trends

In the past seven years, Orange County students averaged combined SAT scores have remained somewhat stable, decreasing slightly from 1593 (2005/06) to 1588 (2011/12). After several years of increasing average combined scores to a high of 1621 in 2009/10, there was a 2.0% decrease in the past two years to 1588 in 2011/12. Orange County student scores remain higher than the state and national averages.

Average Combined SAT Reasoning Test Scores for Orange County, California, and the United States, 2005/06 to 2011/12



✓ See page 183 in Supplemental Tables for additional data

Why is this Important?

The percent of students participating in the SAT Reasoning Test provides insight into the academic culture of the school district, specifically, its focus on preparing students for college admission. SAT scores continue to be important admission criteria for California colleges and universities. The SAT can also assess students' abilities to think logically and solve problems. As the Common Core State Standards are implemented throughout the state, schools will look to see if SAT scores align with the skills expected under these new requirements.

The SAT Reasoning Test is voluntary and requires a fee; therefore, when comparing SAT Reasoning Test participation rates of students at different schools, it is important to consider student access to information about the application process, and to financial support or information about fee waivers.

High schools students may apply for a fee waiver for the SAT test if they meet the following eligibility requirements: enrolled in or eligible for Free and Reduced Lunch (FRL) Program; living in federally subsidized public housing; or enrolled in a federal, state or local program to aid students from low-income families. Research shows that low-income students are less likely to have parents who went to college, are less likely to participate in rigorous courses and are less likely to have completed the Core State Standards.

There is a positive relationship between a student's SAT score and their parent's highest level of education. In 2012, 36% of SAT test takers in California reported their parents had a high school diploma or less. Students who reported their parents have at least a Bachelor's degree had higher SAT scores by at least 60 points on average.²

What's Happening in Orange County?

- The SAT Benchmark is a score of at least 1550, which indicates a 65% likelihood of achieving a B- average or higher in the first year of college. In California, only 43% of SAT takers in the class of 2012 had a score associated with a high likelihood of college success.³ This compares to 12 out of 16 districts in Orange County that met the SAT Benchmark of 1550 or higher.

Comparison of Lowest and Highest FRL with SAT Scores by District, 2011/12

School District	Free and Reduced Lunch	Average SAT Score
Laguna Beach Unified	9.6%	1707
Los Alamitos Unified	12.2%	1632
Irvine Unified	13.2%	1820
Garden Grove Unified	64.6%	1469
Anaheim Union	66.6%	1488
Santa Ana Unified	78.0%	1359

NATIONWIDE:

In the 2011/12 school year, 1,664,479 seniors took the SAT I test with an average combined score of 1498.⁵

DATA SOURCE(S):

California Department of Education
College Board

NOTES:

¹ California Department of Education, 2012.
^{2,3,4,5} College Board, 2009, 2012.

Definition of Indicator

Special education refers to specially designed instruction and related services, at no cost to the parent, that meets the unique needs of individuals whose educational needs cannot be met with modification of the regular instruction program.

Special education is an integral part of the total public education system and provides education in a manner that promotes maximum interaction between children or youth with disabilities and children or youth who are not disabled, in a manner that is appropriate to the needs of both.

Special education provides a full continuum of program options, including instruction conducted in the classroom, in the home, in hospitals and institutions and in other settings; and instruction in physical education, to meet the educational and service needs of individuals with exceptional needs in the least restrictive environment.

STATEWIDE:

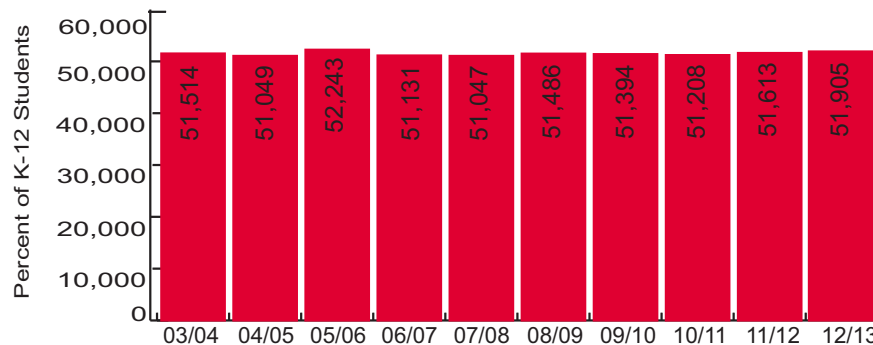
Between 2003/04 and 2012/13, special education enrollment grew at a faster rate than enrollment in general education. In 2003/04, about 6,298,783 students were enrolled in general education, of whom 10.8% (681,980) between the ages of 5 and 22 received special education services. In 2012/13, of the 6,226,989 students enrolled in general education, 11.2% (695,173) were in special education.¹

Findings

Of the 501,801 total K-12 students enrolled in Orange County for 2012/13, 51,905 students (10.3%) were receiving special education services. In California, special education enrollment accounted for 11.2% of all students.

In 2012/13, there were 7,197 students 0 to 5 years old, 24,523 students 6 to 12 years old and 18,903 students 13 to 18 years old who received special education services.

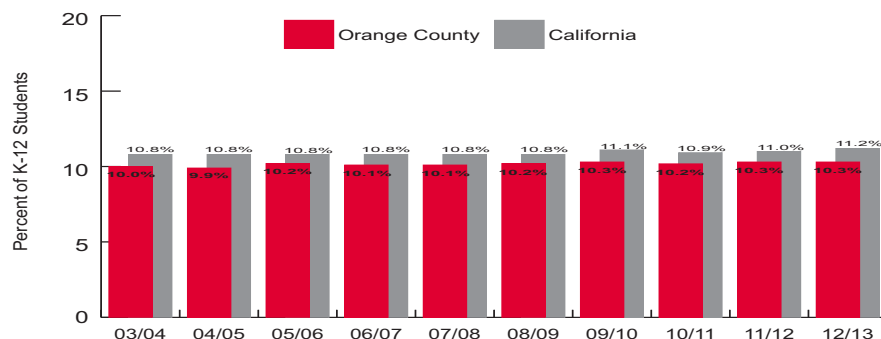
**Total Number of Students K-12 Receiving Special Education Services
2003/04 to 2012/13**



Trends

The number of K-12 students receiving special education services in Orange County increased 0.8% from 51,514 (2003/04) to 51,905 (2012/13). The percent of special education students as a portion of the total student population increased from 10.0% in 2003/04 to 10.3% in 2012/13.

Percent of K-12 Students in Special Education Relative to Students in General Education for Orange County and California, 2003/04 to 2012/13



RELATED INDICATORS:

- Developmental Disabilities
- Average Dollar Expenditure per Pupil

Why is This Important?

Children with special needs deserve every opportunity to access the core curriculum. Many students with disabilities can achieve high standards if they are programmed for success. Special education is no longer a “place”; it is a “service” that supports the child in accessing the core curriculum. This service requires constant communication between the family and school to ensure that reasonable goals are developed and that monitoring of student progress occurs.

Research supports the importance of parent involvement and the partnership between families and schools in a child's success. When the school serves a child with special needs, these partnerships are critical. Parents of children with special needs must work alongside the school district and outside agencies to assure appropriate resources are available to their child. Parents assist in developing Individualized Education Programs (IEPs) and are a contributing member of the team as measurable annual goals are developed and evidence-based practices are implemented to achieve success.

Children with special needs are included in state and district-wide assessments with appropriate accommodations. Families must work together with the school district to assure proper modifications and accommodations are identified and available.

What's Happening in Orange County?

- Orange County schools continue to provide an appropriate learning environment for all children with the goal that all students achieve success in all areas of instruction.
- Schools and districts across Orange County recognize the need to individualize programs. Through the IEP process, parents, educators and others involved in the child's life meet together to create a program that will best serve each child's individual needs.

What's working:

- It is the goal of districts and schools to meet the needs of all students. Whether or not children are formally recognized as a special education student, needs recognized at any grade level must be addressed through additional support, classroom instruction tailored to specific learning challenges, curriculum changes and other evidence-based instruction to ensure success of all children.
- Over 100 Orange County schools are using Positive Behavioral Interventions and Supports (PBIS) to support students' behavioral and academic needs. This program generates universal expectations for all students as well as tiered interventions for students needing more individualized programs to achieve success.
- Assessment tools are used with students to assess their achievement in a variety of areas, including academics, on an ongoing basis. These data are then used to identify individual needs of each child.

Number of Students Receiving Special Education Services by Age and Type of Disability, for Orange County, 2012/13*

	Age 0 to 5	Age 6 to 12	Age 13 to 18
Mental Retardation	296	1,041	1,052
Hard of Hearing	218	330	301
Deaf	47	98	118
Speech or Language Impairment	4,175	8,386	1,609
Visual Impairment	29	120	126
Emotional Disturbance	6	354	975
Orthopedic Impairment	159	416	395
Other Health Impairment	292	2,392	2,874
Specific Learning Disability	16	6,584	8,811
Deaf-Blindness	1	4	7
Multiple Disability	81	166	121
Autism	1,873	4,590	2,449
Traumatic Brain Injury	4	42	65
Total	7,197	24,523	18,903

*Data reporting cycle: December 1st of the year reported.
Note: Lowell School District's enrollment numbers are included.
Source: California Department of Education, DataQuest

✓ See page 184 in Supplemental Tables for additional data

NATIONWIDE:

In 2011, 6,419,000 children 3 to 21 years of age were served in federally supported programs for the disabled, 13.0% of the total enrollment.²

DATA SOURCE(S):

Orange County Department of Education, DataQuest
California Department of Education

NOTES:

- ¹ California Department of Education. Special Education Division, 2013.
- ² U.S. Department of Education. National Center for Education Statistics, 2012.



Natalie and Kayla

Natalie looks back at that day – the worst day of her life. She received the call that her husband had been airlifted to Western Medical Center because of a terrible car accident due to a woman driving high on methamphetamine. The 30-year old wife and mother prayed in that moment like she had never prayed before as she frantically raced to the hospital, her three-year old daughter, Kayla, in the back seat of the car. For them, nothing would be normal again.

Upon arriving at the hospital, Natalie saw the familiar faces of others who had arrived to be with her, but she had never felt more alone as she sat in the cold waiting room, awaiting news. She prayed that everything would be okay, that she would get the chance to tell Scott how much she loved him and how much his wife and daughter still needed him.

Natalie saw the answer in the doctor's eyes before he could speak the words she had hoped she would never hear: "We did everything we could, but..." Her eyes slid shut as she tried to block out the pain, hoping it would go away. But it would not.

How was she to tell her little girl that her Daddy was not going to come home that night or ever again? How was she to explain to Kayla that her father was gone because someone chose to get behind the wheel under the influence of drugs? How was she to answer the questions asked time and time again: Why did Daddy die? Why did that lady do this to us?

The following year was a year full of firsts, lived a day at a time. Natalie remembers her first day of court facing the woman who tore her family apart, the first day of preschool, first Father's Day, first school performance. Without Scott they faced their first Christmas together, Kayla's 4th birthday, their first Easter and her first swim lesson. Scott will never again take Kayla on their memory-filled fishing trips as his dad did with him. When Kayla graduates from high school, she will look into the audience and know her father isn't there. He will not be the one to walk her down the aisle when she finds the man she wants to share the rest of her life with. What Kayla will come to realize at an earlier age than most, is that driving under the influence can have horrendous consequences. It hurt her and her family beyond measure.

The driver of the other car did not consider the tragic chain of events that her careless choice would lead to in the lives of innocent victims; not only for Natalie and Kayla, but also in the lives of another victim's family. Her choice to get behind the wheel while under the influence of drugs left one person without a spouse and a child without a parent. One avoidable accident – one reckless choice – cost Natalie and Kayla what mattered most. This is only one of the many stories of families who have been impacted by a person who chooses to drive under the influence. Through community awareness, outreach, education and laws, the hope is that fewer lives will be impacted by the senseless crime of getting behind the wheel while under the influence of drugs or alcohol.

Note: Please see page 210 for references.

Introduction

Driving under the influence garnered national attention in the 1980s as an issue that could and should be addressed. Mothers Against Drunk Driving (MADD) was founded in September of 1980 by a mother whose daughter was killed by a drunk driver. In 1984, the National Minimum Drinking Age Act was passed; requiring states to set age 21 as the minimum age for purchasing or publicly possessing alcohol. Alcohol ignition interlock devices, which prevent a car from being driven if the driver cannot pass a breathalyzer test, began to be used more widely in the United States after passage of the 1986 Farr-Davis Driver Safety Act in California. That law provided for a pilot test in four California counties. Soon after, other states began to write legislation that supported use of this technology to combat driving under the influence of alcohol.¹

Beginning in the early 1990s, states began individually adopting .08 as the legal limit for Blood Alcohol Content (BAC) and by July 2004, all states had adopted .08.² In 2007, passage of the Ambriz Act (California Vehicle Code Section 13385) made it possible for drivers who kill someone while intoxicated to be charged with murder. It is dubbed the Ambriz Act after Steve Ambriz, an Orange city councilman who was killed in 2006 when his car was struck head-on by a driver under the influence of methamphetamine and marijuana.

More important than the data on driving under the influence, however, is the effect on families. Whether dealing with the perpetrator or victim, the aftermath for families affected by an accident involving alcohol or drugs is one more reminder of the need to continue working to thwart this thoughtless and preventable offense.



National Data on Driving Under the Influence (DUI)

The national data on DUI offenses underscores the need for ongoing prevention, intervention and law enforcement efforts. In 2010, over 1.41 million drivers were arrested for driving under the influence of alcohol or narcotics.³ In 2010, 211 children were killed in drunk driving crashes. Of those 211 deaths, 131 (62 percent) were riding with the drunk driver.⁴ In 2011, 9,878 people died in drunk driving crashes - one every 53 minutes.⁵

According to the National Highway Traffic Safety Administration, drunk driving costs the United States \$132 billion a year.⁶

2010 California Statistics on Driving Under the Influence⁷

- 1,768 people died in traffic crashes that were a result of alcohol and other drugs
- 24,343 traffic-related injuries involved alcohol
- 195,879 arrests made for DUI
- 77.6% of all DUI arrests were males
- Females comprised 22.4% of DUI arrests in 2010. The proportion of females among convicted DUI offenders has risen consistently every year since 1989.
- Drivers aged 21 to 24 had the highest percentage (35%) of BAC levels of .08 or higher



Orange County Data on Driving Under the Influence

A recent article in the Orange County Register identified Orange County as having some of the highest rates in California of car crashes involving alcohol and underage drinkers. Statistics were compiled using 2010 California Office of Traffic Safety data and count only crashes in which somebody was hurt or killed. They include crashes in which a driver had any drinks – even if that driver didn’t meet the legal threshold for drunk driving. For example, it included instances where a single drink had been consumed and/or there was a blood-alcohol level of .01. Newport Beach and Orange had the state’s highest rates of crashes in which at least one driver had been drinking, when compared to other California cities their size.⁸

Underage Drinking Data

With regard to underage drinkers across the state, the Orange County Register article noted that Laguna Hills had the highest rate among very small cities, and Fullerton had the worst rate among mid-sized cities. Anaheim had the second-highest rate among the state’s biggest cities. Conversely, Irvine was found to have the third-lowest rate of alcohol-involved crashes among mid-sized cities. Yorba Linda had the best record among very small cities, and Tustin and Rancho Santa Margarita had the state’s lowest rates of underage-drinker crashes, given their size.

Table 1 provides data on the number of underage convictions for DUI. The majority of convictions were for misdemeanor DUI, with the highest percent (41.0%) being age 20 and the second highest (32.7%) being age 19. Youth DUIs were the second highest category of convictions, with 38.5% being age 19 and 40.1% being age 20.

Table 1. Underage DUI Convictions for 2010: Arrests made in Orange County by age of arrested driver

Age	Misdemeanor DUI VC23152	Felony DUI VC23153	Youth DUI VC23140	Reckless Plea Per VC23103.5
15	1	0	0	0
16	19	1	5	0
17	50	3	8	0
18	177	5	26	10
19	308	11	70	20
20	386	6	73	30
Total under age 21	941	26	182	60

Data Source: California Department of Motor Vehicles, Research and Development Branch

Table 2 includes data on underage “had-been-drinking” drivers involved in collisions that resulted in fatality or injury. The youngest offenders identified were 16-year-old males and involved collisions that resulted in injuries. Twenty-year-old females and 19-year-old males had the highest incidence of injury-involved collisions among all of the underage categories. Twenty-year-olds accounted for the highest percent (33.3%) of all types of collision.

Table 2. Had Been Drinking (HBD) Drivers in Fatal and Injury Collisions by Gender and Age in Orange County, 2010

Age	HBD Drivers				TOTAL
	Fatal		Injury		
	Male	Female	Male	Female	
0-14	0	0	0	0	0
15	0	0	0	0	0
16	0	0	3	0	3
17	0	0	12	4	16
18	2	0	23	9	34
19	0	0	40	7	47
20	1	1	30	18	50

Data Source: California Highway Patrol, Information Services Unit Statewide Integrated Traffic Records System (SWITRS)



Factors that Contribute to Underage Drinking and Driving Under the Influence

The use of alcohol and other drugs remains a leading cause of morbidity and mortality for young people in the United States. Even first-time users of alcohol or another drug can be involved in incidences that cause unintentional injury or death. All substance use involves health risks that can occur even if the youth never becomes addicted, and teenagers seem to be particularly susceptible to risk-taking behaviors and injuries related to alcohol, tobacco and other drug use.⁹

Not surprisingly, parents play a significant role in shaping the behaviors and choices of their offspring and can help this problem. Parents who are more aware of their children's activities and the habits of their friends are more responsive and have more interaction with their own children in discussing the issue. In turn, the children of these more aware and involved parents are less likely to drink and drive. Of course parents cannot always know where their children are and what they are doing as they seek independence and go through stages of rebellion. However, by keeping abreast of the whereabouts of their children and opening up communication and discussion with them, parents may positively influence their youth to make wise choices.¹⁰

Much of the research available on contributing factors to risk-taking behaviors, such as driving under the influence, point to the fact that many individuals are under the

false assumption that they will not be caught. One study investigated the attitudes, societal norms and common beliefs as factors to predict intentions to drive while under the influence of alcohol and actual drinking and driving behavior. The research indicates that one's decision to drink and drive are the result of personal values about drinking and driving and one's perceived ability to avoid and/or control the threatening consequences such as being caught by the police or causing an accident. Thus drinking and driving may continue to be so prevalent because individuals erroneously believe that they are safe drivers and can effectively control the risks and outcomes, even when their judgment is impaired by alcohol or drugs.¹¹

Impact of Driving Under the Influence on Children and Families

The death of a parent is consistently rated as one of the most stressful life events that a child or adolescent can experience. Research has identified that children and adolescents experiencing grief over the loss of a parent showed functional impairment and were at increased risk of incident depression. One of the most consistently reported findings is that the parent or caregivers' ability to go on with life after grieving the loss of their partner is a significant predictor of children's and adolescents' well-being. One study found that complicated grief in the surviving parent and their children was a predictor of depression in children and adolescents as long as three years after the death.¹²





Youth reactions to the death of a parent will vary depending upon their age and circumstances at the time of their loss. Additionally, children can be impacted by the variety of associated life changes that may occur as a result of the loss, including a move, a change in the family's financial situation or the impaired caregiving abilities of the surviving parent or guardian. Sadness, confusion and anxiety are among the most common grief responses and are likely to be observed in children of all ages and ability levels. Any of these reactions will adversely affect the child and can have negative consequences on classroom behaviors and academic achievement. Therefore, it is very important for educators and staff at all levels to have a strong understanding of the ways in which they can support grieving students.¹³

Orange County Efforts to Address Driving Under the Influence

For over 50 years, the National Council on Alcoholism and Drug Dependence – Orange County has provided the highest level of alcohol education and prevention to the Orange County community. The Council is certified by the State of California and County of Orange to provide a Drinking Driver Program (DDP) for individuals convicted of DUI. This local non-profit is one of the few in California offering this type of program. They offer education programs for first-offenders, second-offenders and multiple offenders in an effort to provide participants the opportunity to consider attitudes and behavior towards driving under the influence, support positive lifestyle changes and reduce or eliminate the use of alcohol and/or drugs.¹⁴

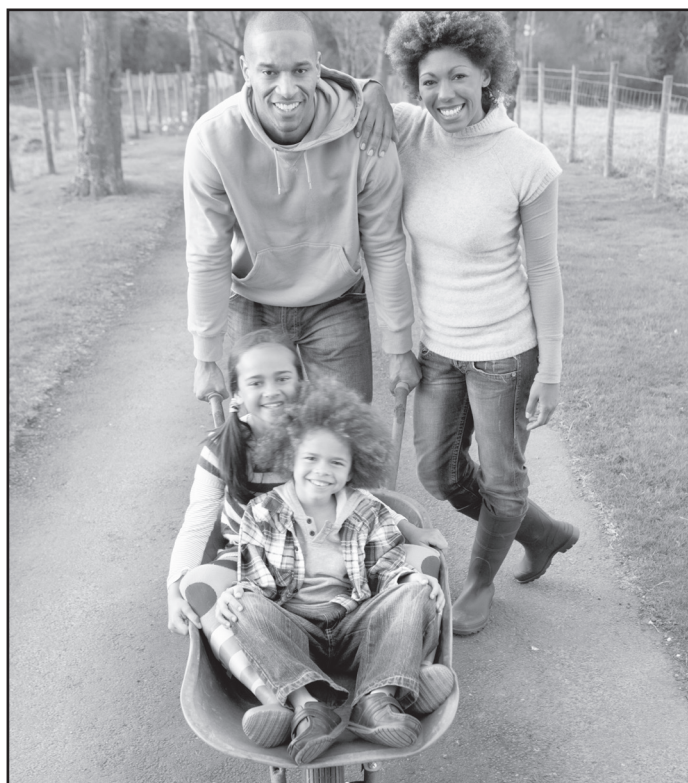
Efforts to stop underage drinking and DUI prevention are important to many throughout Orange County. In February of this year, the Board of Supervisors co-hosted the DUI Summit in Irvine along with the Automobile Club of Southern California, Orange County Health Care Agency (HCA), MADD and Concordia University Irvine.

At this Summit, some best practices in the area of DUI Prevention were discussed, including: Social Host Ordinance, Responsible Beverage Service, Checkpoints and Saturation Points and Public Awareness/Educational Campaigns.

Cities have the option of adopting a Social Host Ordinance, which allows law enforcement to hold adults accountable for underage drinking when such drinking takes place in the adult's home, under the adult's supervision, and/or with the adult's knowledge. This type of ordinance is currently in place in Mission Viejo, Laguna Hills, Orange, Laguna Beach, Huntington Beach, Irvine and Garden Grove. Depending on the city's ordinance, furnishing alcohol to minors constitutes a misdemeanor or an infraction.

Conclusion

With local efforts such as the Social Host Ordinance, many DUIs may potentially be prevented, and youth under the age of 21 may think twice before they consume alcohol and therefore put themselves and their parents/adult guardians at risk for citation.¹⁵



Federal and State Child Welfare Outcome Measures

In 2001, the Child Welfare System Improvement and Accountability Act (AB 636) resulted in the development of a statewide accountability system for child welfare outcomes. The implementation of AB 636 expanded on the pre-existing federal outcome measures to include a set of more comprehensive measures targeted at ensuring the safety, permanency and well-being of children in the child welfare system. Performance outcomes for all California counties are aggregated and disseminated quarterly by the California Child Welfare Performance Indicators Project, a collaboration between UC Berkeley's Center for Social Services Research (CSSR) and the California Department of Social Services (CDSS). Data is available on CSSR's website: http://cssr.berkeley.edu/ucb_childwelfare.

The outcome measures tracked within the Conditions of Children Report are as follows:

Outcome	Measure	Conditions Report Indicator (Page #)
Safety	Timely Response Immediate Timely Response 10-Day No Recurrence of Maltreatment	Child Abuse Reports (118) Child Abuse Reports (118) Dependency Petitions (120)
Permanence	Children Reunified within 12 Months (Exit Cohort) No Re-entry within 12 Months of Exiting Foster Care Median Time to Reunification Adoption within 12 Months (Legally Free) Adoption within 24 Months (Exit Cohort)	Family Reunification (126) Family Reunification (126) Family Reunification (126) Adoptions (128) Adoptions (128)
Stability	Placement Stability: Two or Fewer Placements: (8 Days to 12 Months in Care)	Foster Care (124)

One of the ways counties in California seek to improve the quality of services to the families they serve, in compliance with AB636, is the System Improvement Plan (SIP) in which each county focuses on two or three outcome areas that need improvement and develop strategies to meet improvement goals. Orange County is in year four of its five-year SIP and has chosen three areas on which to focus: No Recurrence of Maltreatment; Reunification within 12 Months; and Placement Stability: 1 to 2 Placements in Foster Care. Many strategies have been put into practice to improve the outcomes for children and families in all three of these areas.

Child Welfare Outcomes Glossary of Terms

Building Family Connections:	Services intended to support and develop beneficial, familial relationships and connections between foster youth and family members.
Family Reunification:	Time limited program designed to provide services and support with the ultimate goal of bringing the family back together.
Family Resource Center (FRC):	Support services to children and families delivered through community-based collaboratives.
Legally Free:	When a child's parents or guardians have relinquished their parental rights or have had them terminated in a court of law. Once this has occurred a child is then "legally free" to be adopted by another person or family member.
Substantiated Abuse	An incident of child abuse or neglect, as defined by state law, is believed to have occurred.
Team Decision Making (TDM):	A meeting that brings together people who are interested in and care about the family (social workers, family members and caregivers) to ensure the best possible decisions are made about the child's safety permanency and/or placement, while preserving family and community connections.
Wraparound:	Program that provides unique, individualized services for eligible children and families through a collaboration between the Health Care Agency (HCA), the Probation Department and the Social Services Agency (SSA).

HEALTHY PEOPLE 2020 GOAL:

Reduce the rate of deaths among children 1 to 4 years of age to 25.7 per 100,000 population; among children 5 to 9 years of age to 12.3 per 100,000 population; among adolescents 10 to 14 years of age to 15.2 per 100,000; and among adolescents 15 to 19 years of age to 55.7 per 100,000.

STATEWIDE:

In 2010, there were 4,528 deaths of children 0 to 19 years old. This is at rates of 19.8 (ages 1 to 4 years old), 8.7 (ages 5 to 9 years old), 11.4 (ages 10 to 14 years old), and 36.9 (ages 15 to 19 years old) deaths per 100,000 children.⁵

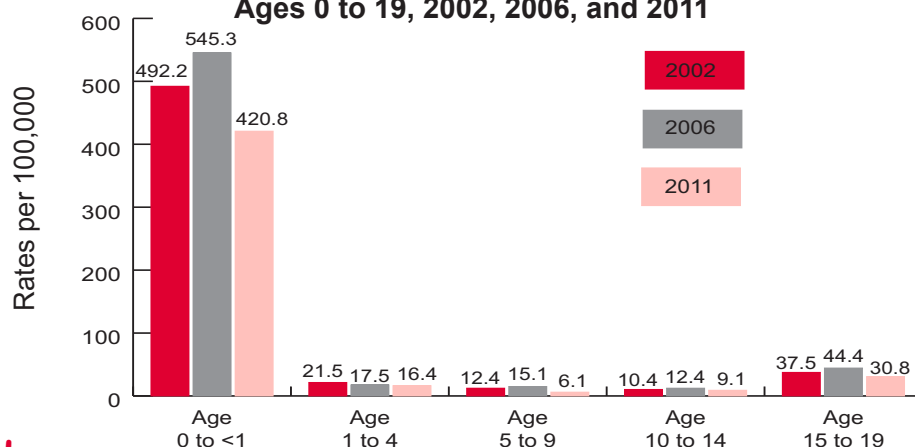
Definition of Indicator

The child and youth death rates are the most severe measure of ill health in children and are reported by the number of deaths and rate per 100,000 children and youth 0 to 19 years old for overall causes of death and the subset of deaths due to unintentional injury, homicide and suicide.

Findings

In 2011, there were 286 deaths of children and youth ages 0 to 19 years old, at a rate of 34.8 per 100,000. For deaths by age group, infants under one year of age had the highest mortality rate of 420.8 per 100,000. The death rate was 16.4 per 100,000 for children 1 to 4 years of age; 6.1 for children 5 to 9 years of age; 9.1 for children 10 to 14 years of age; and 30.8 for youth 15 to 19 years of age.

**Overall Death Rate Per 100,000 Child and Youth Population
Ages 0 to 19, 2002, 2006, and 2011**



Trends

The overall number of deaths for children and youth 0 to 19 years of age decreased 24.5% in the past ten years from 379 in 2002 to 286 in 2011. From a high of 407 deaths in 2006, there was a 29.7% decrease in the overall number of deaths in the past five years to 286 in 2011. The death rate per 100,000 decreased from 43.9 in 2002 to 34.8 in 2011 for children and youth 0 to 19 years of age.

Compared to 2002, deaths due to unintentional injury significantly declined for youth 15 to 19 years of age. The death rate from suicides in youth 15 to 19 years of age fluctuated from 3.5 per 100,000 (total of 7 youth) in 2002 to 4.8 per 100,000 (total of 11 youth) in 2011, down 35.3% from its high of 7.5 per 100,000 (total of 17 youth) in 2010. The death rate from homicides in youth 15 to 19 years of age has decreased from 6.5 per 100,000 (total of 13 youth) in 2002 to 4.4 per 100,000 (total of 10 youth) in 2011, after its peak of 9.0 per 100,000 (total of 19 youth) in 2006.

RELATED INDICATORS:

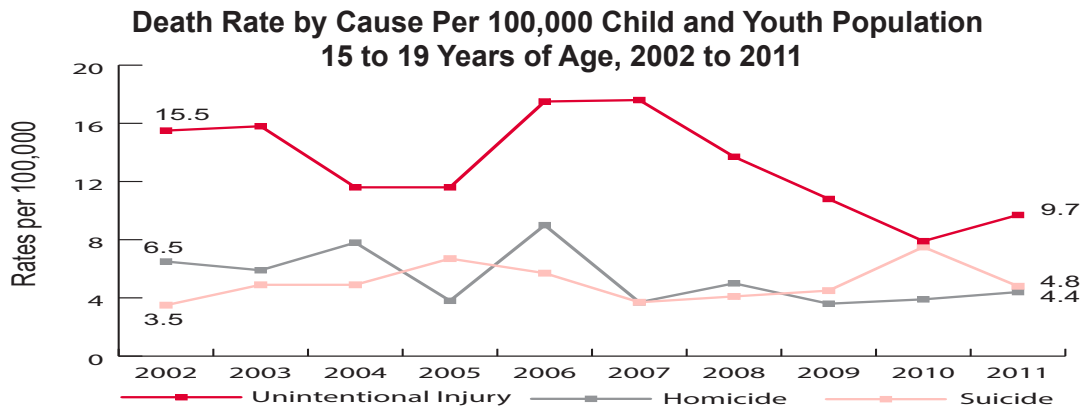
- Access to Healthcare
- Infant Mortality
- Mental Health Services
- Substance Abuse Services

**Leading Causes of Death, Number of Deaths and Death Rate
Per 100,000 Children and Youths 0 to 19 Years of Age, Orange County, 2011**

Leading Causes of Death	< 1 Years		1 to 4 Years		5 to 9 Years		10 to 14 Years		15 to 19 Years		0 to 19 Years	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	N.	Rate
Unintentional Injury	3	7.9**	9	5.9	3	1.5**	2	1.0**	22	9.7	39	4.7
Suicide	0	0.0	0	0.0	0	0.0	1	0.5**	11	4.8	12	1.5
Homicide	3	7.9**	1	0.7**	0	0.0	1	0.5**	10	4.4	15	1.8
Cancer	2	5.3**	3	2.0**	2	1.0**	4	1.9**	10	4.4	21	2.6
Congenital Anomalies	50	131.5	2	1.3**	1	0.5**	4	1.9**	2	0.9**	59	7.2
Other	102	268.3	10	6.6	6	3.1	7	3.4	15	6.6	139	16.9
Total*	160	420.8	25	16.4	12	6.1	19	9.1	70	30.8	286	34.8

*Total deaths also include, but are not listed: Sudden Infant Death Syndrome (SIDS), short gestation and low birth weight, diseases of the heart, cerebrovascular, and neonatal hemorrhage.

**Rates based on less than five deaths are unstable and should be interpreted with caution.



✓ See page 150, 186-193 in Supplemental Tables for additional data

Why is this Important?

Child and adolescent mortality rates are a reflection of a society's infrastructure, including its healthcare system and its prevention and safety efforts. Unintentional injuries are the leading cause of preventable death in children and adolescents, with most fatal injuries resulting from motor vehicles, fire/burns, drowning, falls and poisoning. Non-fatal injuries continue to be important causes of child morbidity, disability and reduced quality of life. Nationally, the leading causes of injury differ for children and adolescents. Unintentional injuries and intentional self-harm (suicide) are the leading causes for adolescents 15 to 19 years of age. Among children ages 1 to 14 years old, falls and being struck by or against an object or person are the two leading causes of injury-related emergency department visits.² Suicides remain a serious problem among young people, often rooted in stress and depression. Greater effort needs to be focused on early identification of youth in crisis. With family support and appropriate treatment, children and teens who are suicidal can heal and return to a healthy path of development.³

Research shows that three-quarters of all deaths in young people are the result of injuries and violence. The cost of injury and violence can be measured on both personal and societal levels. When considering factors such as total lifetime costs (medical and productivity losses), and quality of life, we observe a disproportionate impact of injury and violence on our nation's youth.⁴

What's Happening in Orange County?

- The County of Orange Health Care Agency (HCA), provides classes and car seat inspections for parents and maintains a Child Passenger Safety Resource Guide. Staff also provides training and resources for service providers including law enforcement, social workers and health care providers.
- Annually in October, HCA sponsors "International Walk To School Day" to promote safe walking and bicycling behaviors, such as how to cross streets and how to select safe routes to school. Staff also works with schools and community partners to make neighborhood improvements that facilitate safe walking.
- In 2013, HCA partnered with multiple youth-serving organizations to distribute no-cost bicycle helmets to qualifying youth, along with education and one-on-one helmet fitting.
- Teen Line is a confidential telephone helpline for teenage callers. It operates every evening from 6:00 pm to 10:00 pm and is toll-free from anywhere in California.

Orange County Child Death Review Team ¹

The Orange County Child Death Review Team examined all deaths of children reported to the Coroner in 2011. The age range for child death is defined as live birth through 17 years. Fetal deaths are reported to the Coroner when the cause of death is unknown and the gestational age is greater than 20 weeks. There were 169 total deaths reviewed in 2011, 80 for children 17 years and younger, and 89 for fetal deaths. For the purpose of this report, the deaths are divided into five categories: natural, unintentional injury, homicide, suicide or undetermined.

NATIONWIDE:

In 2010, there were 45,068 deaths of children ages 0 to 19 years. This is a rates of 623.4 (age <1 years); 26.5 (ages 1 to 4 years); 11.5 (ages 5 to 9 years); 14.3 (ages 10 to 14 years); and 49.4 (ages 15 to 19 years) deaths per 100,000 children.⁶

DATA SOURCE(S):

Orange County Health Care Agency

NOTES:

¹ Orange County Child Death Review Team Annual Report, 2011.

² America's Children: Key National Indicators of Well-Being, 2010.

³ American Academy of Child & Adolescent Psychiatry, 2008.

⁴ State of California, Department of Public Health, Death Records, 1995-2009.

⁶ Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2010.

Definition of Indicator

Concerned citizens and mandated reporters contact the Child Abuse Registry (CAR) to discuss and report children at risk for maltreatment. A report is taken for review and intervention when the circumstances legally warrant it. State law defines child abuse as 1) physical injury inflicted on a child by another person, 2) sexual abuse or 3) emotional abuse. Child neglect is defined as negligent treatment that threatens the child's health and/or welfare. It is important not to interpret the reports to CAR as the actual number of child abuse and neglect cases.

Findings

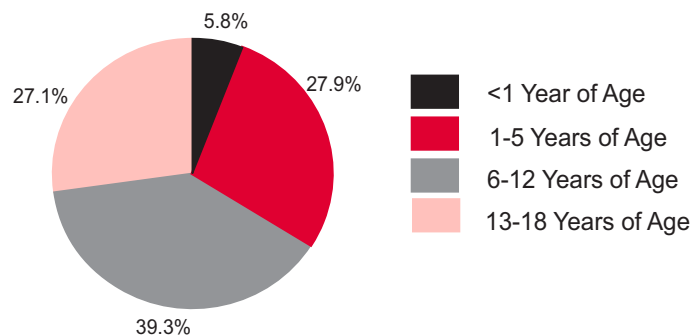
STATEWIDE:

In 2012, 487,242 children 0 to 17 years old had a child abuse report. 84,590 (17.4%) of these children had their report substantiated.¹

There were 34,554 child abuse reports filed in Orange County during 2011/12. The gender representation was 51.5% female and 48.2% male (0.27% unknown). Children 6 to 12 years of age had the highest concentration of reports at 39.3%. Children 1 to 5 years old represented 27.9% of the total reports, followed by children 13 to 18 years old at 27.1%. Newborn children to age 1 comprised 5.8% of the total reports. The most prevalent types of abuse reported in 2011/12 were general neglect (39.9%), at-risk/sibling abuse (21.6%), physical abuse (14.7%) and sexual abuse (11.0%).

In 2012, there were 24,566 counts of children with one or more reports; children 6 to 10 years old had the largest number of reports at 6,982 (28.4%). Of the children with one or more reports, 5,788 (23.5%) had their report substantiated.

Percent of Child Abuse Reports by Age, 2011/12



Trends

Over the ten-year period, child abuse reports decreased 6.6% from 37,015 in 2003/04 to 34,554 in 2011/12. There was a decrease of 16.0% from the high in 2007/08 of 41,119. From 2003/04 to 2011/12, the percent of physical abuse reports for children decreased by 25.0%.

Child Abuse Reports by Percent for Children Under 18 Years of Age by Type of Abuse, 2003/04 to 2011/12

Type of Abuse	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12 ¹
Sexual Abuse	14%	15%	15%	14%	13%	12%	11%	11%	11.0%
Physical Abuse	20	18	18	17	15	15	15	15	14.7
Severe Neglect	1	1	1	1	1	1	2	1	1.1
General Neglect	43	43	44	39	37	39	28	40	39.9
Emotional Abuse	1	1	1	1	1	1	1	1	0.8
Exploitation	0.03	0.04	0.03	0.01	0.04	0.01	0.01	0.02	0.02
Caretaker absence	2	1	2	1	1	1	.02	0	0.0
Substantial risk	1	2	1	1	0.2	.04	1	1	1.0
At risk/sibling abused	1	1	1	13*	21	23	23	22	21.6
Allegation involving sibling/other	17	18	18	13	10	9	10	10	9.8

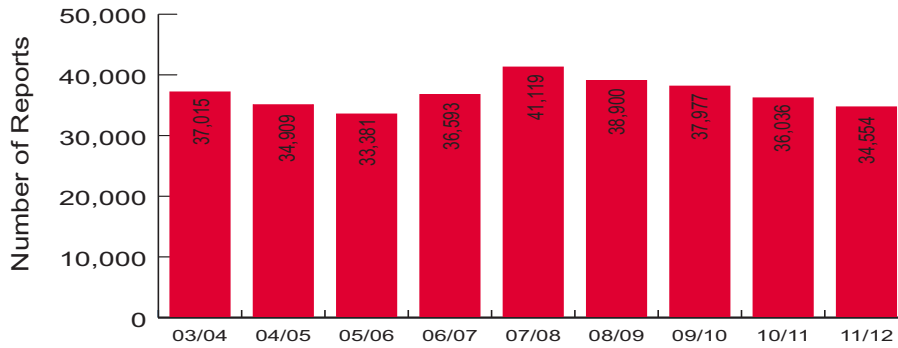
*In November 2006 the "At Risk/Sibling Abused" allegation was assigned to siblings of children with an abuse or neglect allegation which has led to a decrease in the category "Allegation involving sibling/other"

¹Prior to 2011/12, percents were rounded.

RELATED INDICATORS:

- Dependents of the Court and Out-of-Home Care
- Adoptions
- Foster Care

Total Number of Child Abuse Reports, 2003/04* to 2011/12



*Beginning January 2003 information on reports is generated automatically from the CWS/CMS. Beginning July 2003, all reports from a mandated reporter are included.

✓ See page 194 in Supplemental Tables for additional data

Why is this Important?

A report to the Child Abuse Registry (CAR) is the primary entry point for children and families into Orange County's Child Welfare Services (CWS). Depending on the severity of the report, there are established time standards for initiating an investigation. The child abuse report may represent the only opportunity a child and family has to receive outside help to end maltreatment. The majority of reports are received from professionals working with children. The vigilance of relatives, friends, neighbors and even anonymous reporters are also crucial to reduce child maltreatment. All reports are anonymous and confidential.

What's Happening in Orange County?

SSA continues to provide responses to allegations of abuse that include strength-based assessments of the family and interventions/services that are community-based and culturally competent.

- SSA has implemented Differential Response Path I, otherwise known as Neighbor to Neighbor, which provides a community-based response to calls received by the CAR that do not rise to the level of abuse or neglect. Assistance and preventative resources are provided to families in need.
- Team Decision Making meetings, Parent Mentors, Family Services Workers and Striving To Achieve Reunification and Recovery (STARR) workers focus on early engagement of families in CWS. Early intervention and prevention services offered at community-based Family Resource Centers result in more successful outcomes for children and families.
- Collaborative resource partners meet monthly at the Child Welfare Services Redesign Planning Council. The purpose of this group is to bring to the forefront identified problems, solutions and strategies to prevent child abuse and assist families towards self-sufficiency.

What's Working:

- A Child Welfare Performance Indicator measures the timely response to child abuse reports, either immediately or within 10 days. In 2012, SSA responded in a timely manner for 99.3% (2,533) of the immediate reports and 96.9% (7,873) of the time for 10-day reports.
- Joint assessment and mutual exploration of placement alternatives have improved due to a rapid response protocol that brings social workers to the police officer in the field.
- The Family-to-Family Initiative is an approach to child welfare practice emphasizing building community partnerships; recruiting, training and supporting foster/adoptive parents and relative caregivers; Team Decision Making meetings with birth parents and community stakeholders; and continual self-evaluation.
- Multi-Disciplinary Consultation Team (MDCT) is a collaboration of SSA, Health Care Agency, Probation and Department of Education representatives working with families to reduce the need for protective custody and out-of-home placement by stabilizing and strengthening the family through a coordination of available resources.

NATIONWIDE:

During 2011, an estimated total of 3.4 million referrals, including approximately 6.2 million children, were made to Child Protective Services agencies. Of this number, an estimated 18.5% were substantiated cases of abuse or neglect, and the majority involved cases of neglect. An estimated 1,570 children died from abuse or neglect—at a rate of 2.1 deaths per 100,000 children.²

DATA SOURCE(S):

Orange County Social Services Agency

NOTES:

¹ University of California, Berkeley, Center for Social Services Research, Child Abuse Referral Highlights, 2012.

² U.S. Department of Health and Human Services, Administration for Children and Families, Child Maltreatment Annual Report, 2011.

Definition of Indicator

Dependency petitions represent the number of children for whom the Social Services Agency (SSA) has filed a petition requesting Juvenile Court protective orders as a result of maltreatment. The petition contains a concise statement of facts, derived from the social worker's investigation and law enforcement concurrence, to support the conclusion that the child upon whose behalf the petition is being brought is in need of protection pursuant to the California Welfare and Institutions Code (WIC) §300.

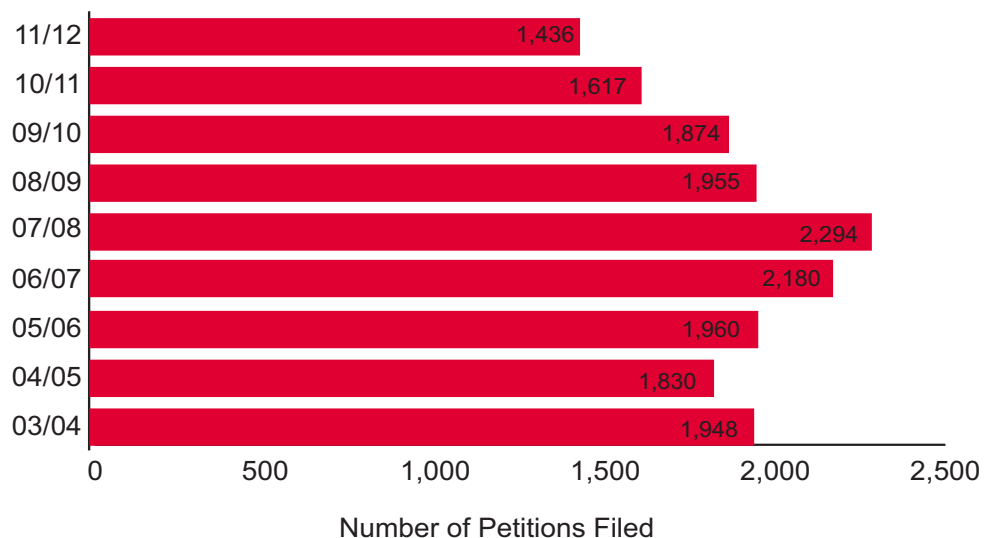
Findings

In 2011/12, Orange County SSA filed 1,436 dependency petitions, 4.2% of the total child abuse reports. On average, 120 petitions were filed per month.

STATEWIDE:

There were 84,590 victims of maltreatment in California in 2012. This is a rate of 9.2 victims per 1,000 children.¹

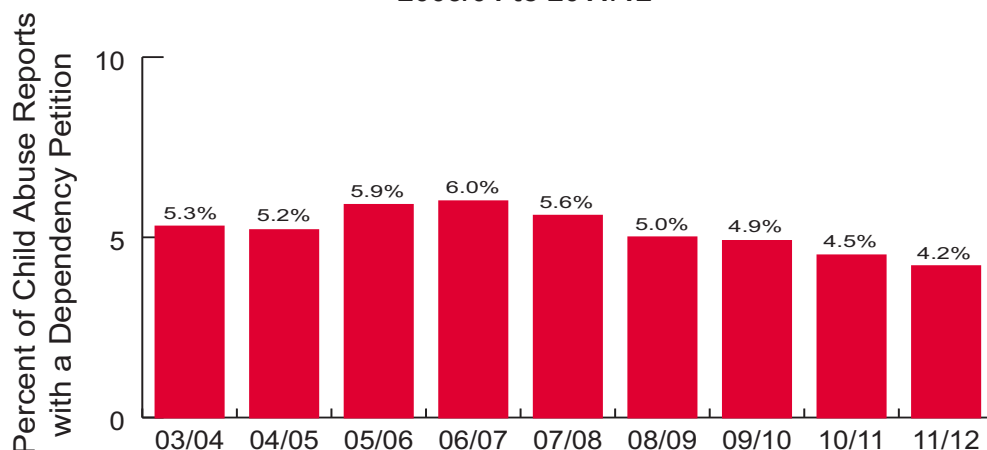
Number of Dependency Petitions Filed, 2003/04 to 2011/12



Trends

In the past ten-year period, the number of petitions filed decreased 26.3% from 1,948 in 2003/04 to 1,436 in 2011/12. During this time the number of petitions filed annually has fluctuated reaching its most recent high in 2007/08 of 2,294. After three years of increases (2005/06 to 2007/08) the number of dependency petitions has decreased 37.4% in the past four years, from 2,294 in 2007/08 to 1,436 in 2011/12. From 2003/04 to 2011/12, the percentage of child abuse reports on which a petition was filed decreased from 5.3% to 4.2%.

Percent of Child Abuse Reports on which a Dependency Petition was Filed, 2003/04 to 2011/12



RELATED INDICATORS:

- Dependents of the Court and Out-of-Home Care
- Adoptions
- Substance-Exposed Infants
- Foster Care
- Child Abuse Reports

Why is this Important?

In the majority of instances where child maltreatment is alleged, Juvenile Court intervention is not required to ensure the welfare of children. In fact, almost 95% of the time when reports are taken for assessment, SSA is able to assist children and families without formal Juvenile Court intervention. In only the most difficult situations is Juvenile Court intervention requested, primarily to protect children and help strengthen families.

Studies indicate that victims of child abuse are more likely to abuse drugs and alcohol, and as adults be homeless, engage in violence against others and be incarcerated. Studies report that between one-third and two-thirds of substantiated child abuse and neglect reports involve parental substance abuse. Parents' substance abuse is more likely to be a factor in reports regarding younger children, particularly infants. It is important that drug and alcohol treatment programs are available to parents to improve the lives of children in the Child Welfare System.

What's Happening in Orange County?

When Juvenile Court intervention is required, a service plan is developed to keep children safe and reunify families. The service plan contains detailed instructions for resolving substance abuse, mental health, domestic violence and/or other issues that may have led to the child's removal from the home.

- Enhanced efforts to engage parents in completing service plan goals have reduced the time to reunification for many Orange County families.
- Whenever safely possible, Orange County supports opportunities for children to remain at home while parents work on court-ordered service plans.
- The Mother/Child Residential Program that opened in September 2009 at the Tustin Family Campus continues to help mothers gain sobriety, shelter and employment while their child(ren) remain in their care. The program allows mothers to learn and utilize life skills, set goals and helps to assist them in obtaining housing that will integrate them into the community.

What's Working:

- Team Decision Making meetings determine what services might be provided to preserve the family and prevent removal of children whenever safely possible.
- With the conclusion of the Dependency Drug Court in May 2013, the Striving to Achieve Reunification & Recovery (STARR) Program was developed to engage parents early in the dependency system when substance abuse has been identified as a potential need.
- The Parent Leadership Program provides support and mentoring for parents involved in reunification programs.
- The Conditional Release with Intensive Supervision Program (CRISP) is an adjunct program that is court ordered for some cases during the dependency process. CRISP was designed to provide intensive services to the family for the purpose of having an earlier family reunification, while working in conjunction with the Dependency Investigations mandates.

No Recurrence of Maltreatment within Six Months

No Recurrence of Maltreatment is a measure of children who were victims of a substantiated maltreatment allegation during one six-month period, but were not victims of another substantiated maltreatment allegation within the subsequent six-month period. In 2011/12, 94.3% of children in Orange County who were victims of substantiated maltreatment allegations did not have another maltreatment allegation within the next six months, compared to California at 93.3% and the national standard of 94.6%. The rate of no recurrence of maltreatment has remained steady from 93.8% in 2003/04. Orange County met the national standard in 2008/09 and 2009/10 and is slightly below the national standard in 2011/12.

✓ See page 195 in Supplemental Tables for additional data

NATIONWIDE:

In 2011, one-fifth of investigations (19.5%) resulted in dispositions that were either substantiated or indicated child maltreatment. More than half (58.9%) of the investigations resulted in the finding that child maltreatment was not substantiated.²

DATA SOURCE(S):

Orange County Social Services Agency
Center for Social Services Research, University of California Berkeley

NOTES:

¹ Center for Social Services Research, University of California at Berkeley, 2012.

² U.S. Department of Health and Human Services, Administration for Children and Families, Child Maltreatment, 2011.

Definition of Indicator

Dependents of the court are children who have been found, by Juvenile Court action, to require protection and supervision by the Juvenile Court from abuse and/or neglect. These children can be either in their own homes under Social Services Agency (SSA) supervision or in out-of-home care, such as in the care of a relative, nonrelated extended family member (NREFM), foster parent or group home.

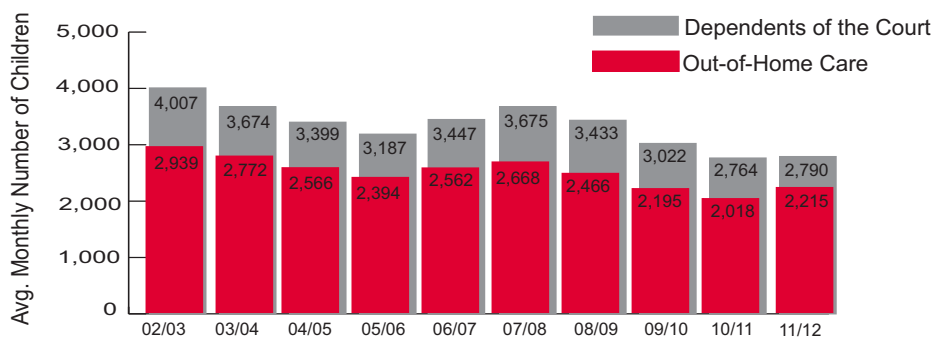
Findings

In 2011/12, there was a monthly average of 2,790 children who were dependents of the court. Of this total, 2,215 children were in out-of-home care. As of April 2013, the ethnicities of the children were Hispanic, 58%; White, 34%; followed by Black, 5%; and Asian, 3%. Additionally, 36.7% of the youth were 5 years old and younger. Children 6 to 12 years of age comprised 28.0% of the total children in out-of-home care and 35.3% of children were 13 to 18 years of age.

STATEWIDE:

As of July 2012, 51,721 children, 0 to 17 years of age, were in out-of-home care in California. This is down 42.6% from 90,049 in July of 2003.⁴

Average Monthly Number of Children in Out-of-Home Care and the Average Monthly Number of Dependents of the Court, 2002/03 to 2011/12



Trends

From 2002/03 to 2011/12, the monthly average number of dependent children decreased by 30.4% from 4,007 to 2,790. During the same time period, children in out-of-home care decreased 24.6% from 2,939 to 2,215. However in the last year, from 2010/11 to 2011/12, the average monthly number of children in out-of-home care increased 9.7% from 2,018 to 2,215.

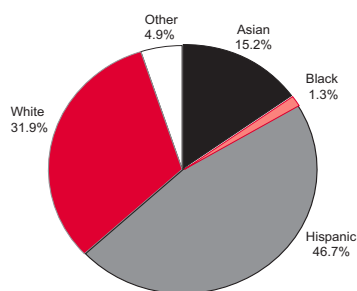
By ethnicity, the percentage of children in out-of-home care who were Hispanic rose from 47% in 2002/03 to 58% in 2011/12. However, there was a decrease in the percentage of White children from 40% to 34%, Black children from 9% to 5% and Asian children from 4% to 3%.

RELATED INDICATORS:

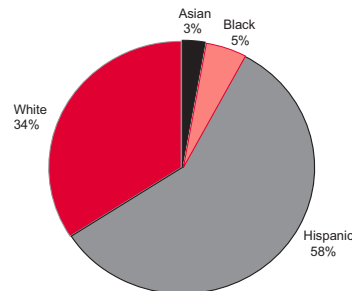
- Substance-Exposed Infants
- Child Abuse Reports
- Adoptions
- Dependency Petitions
- Foster Care

In addition, as seen in the comparison between the ethnicity of the OC youth population and those in out-of-home care, there is a disproportionate representation among Hispanics (47% to 58%), Blacks (1% to 5%) and an underrepresentation among Asians (15% to 3%), while Whites remain fairly proportionate (32% to 34%).

Race/Ethnicity of Children in Orange County, Census 2010



Race/Ethnicity of Children in Out-of-Home Care in April 2013





Why is this Important?

The placement of children in out-of-home care is an indicator of family dysfunction that is so severe that a child cannot remain safely with his or her family.¹ Family dysfunction that results in child abuse and neglect is a serious problem that crosses socioeconomic and ethnic boundaries and has a profound effect on the safety and well-being of the children.

The number of children growing to maturity in out-of-home care has gained considerable national, statewide and local attention. Too often these children experience multiple placements, which can lead to the inability to reunite with their families or attach to a new permanent family. Research has shown that children experiencing abuse or neglect are at greater risk for delinquency, violence, self-destructive behaviors, post-traumatic stress disorder, major depressive disorder, substance abuse and other diagnostic conditions.² In addition, children experience emotional trauma resulting from chronic rejection, loss of affection, betrayal and feelings of helplessness that may accompany chronic maltreatment.³

What's Happening in Orange County?

In January 2012, Orange County SSA implemented the Extended Foster Care Program, legislated from Assembly Bill 12 (AB 12). This bill allowed non-minor dependents to remain in foster care from 18 to 21 years of age, attributing to the 9.7% increase in children and youth in out-of-home care over the last year. AB 12 provides support to foster youth who remain under the jurisdiction of the court and supervision of the county as they transition to independence.

SSA continues to expand programs and initiatives designed to expedite permanency and keep children safely in their own home.

- The number of children who are dependents of the Juvenile Court and the number of children in out-of-home care have decreased significantly over the last decade.
- The Orange County Child Welfare Redesign Planning Council is a collaboration of county agencies and organizations dedicated to improving safety and permanency outcomes for children who come into the child welfare system.
- Greater collaboration among Juvenile Dependency Court partners has spotlighted the importance of timely reunification of children with their families.

What's Working:

- A Community-Based Differential Response model is being implemented in phases to better involve community partners, such as Family Resource Centers, in efforts to engage families in services to prevent abuse or neglect and to help keep children in their communities.
- Team Decision Making meetings involve birth families, service providers, social workers and community members in planning for reunification.
- Wraparound Orange County is a team approach to working with families that provides an in-home support system that allows children who might have been placed in a group home to remain in a safe and stable home.
- SSA's Supervised Family Visitation Center has allowed parents to have more natural and frequent interactions with their children leading to increased opportunities for children to return home to their parents.
- Social workers expedite permanency for children when appropriate by conducting alternative placement planning concurrently with reunification efforts.
- Placements with relatives are a priority to maintain children with family members. New family connections are made through nationwide searches for lost relatives to increase the children's support systems and possible out-of-home care placements with families.

✓ See page 195 in Supplemental Tables for additional data

NATIONWIDE:

The number of children in out-of-home care decreased from 487,409 in 2005 to 400,540 in 2011.⁵

DATA SOURCE(S):

Orange County Social Services Agency

NOTES:

- ¹ The Child Welfare League of America, National Data Analysis System, 2000.
- ² Wolfe, D. A., 1987.
- ³ Cicchetti, D., 1989.
- ⁴ University of California, Berkeley, Center for Social Services Research, Child Welfare Supervised Foster Care, 2012.
- ⁵ Adoption and Foster Care Analysis and Reporting System (AFCARS), 2011.

Definition of Indicator

When the Juvenile Court determines that a child cannot safely remain with his or her own family, the Social Services Agency (SSA) identifies a placement for the child. Relative/guardian care is the primary placement considered in order to comply with state law and best practice of placing children in the least restrictive, most family-like setting.¹ If relatives are not available, the next best option is a non-related extended family member (NREFM). If relatives and NREFMs are not available, SSA may place the child in a county licensed foster home (FFH) or a home provided by a Foster Family Agency (FFA). FFA-certified homes are provided by non-profit agencies licensed by the state to develop and supervise specialized foster homes for the placement of children who require a higher level of care due to emotional or behavioral problems. A child with even more significant behavioral issues may be temporarily placed in a state licensed group home or other residential setting to meet their treatment needs.

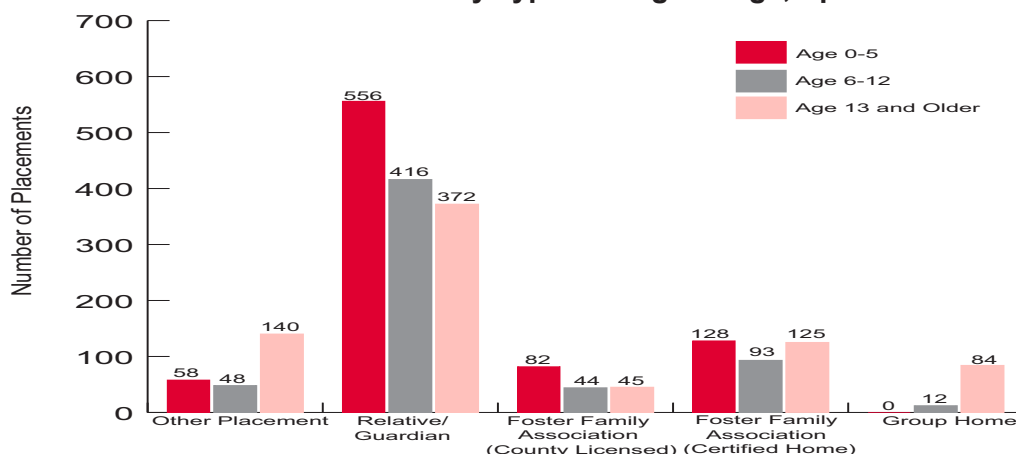
Findings

STATEWIDE:

As of September 2011, there were 55,409 children in foster care. This is a 36.5% decrease from 87,278 children in 2003.³

In April 2013, there were a total of 2,249 children in out-of-home placements, of which children 0 to 5 years of age represented the largest group with 825 (36.7%). Among all children in out-of-home care, most resided with relatives or guardians, 1,344 (59.8%). There were 346 (15.4%) children in FFA Certified Home placements. County Licensed Foster Family Homes cared for 171 (7.6%) children, and there was a total of 96 (4.3%) children in group homes.

Foster Care Placements by Type and Age Range, April 2013



Trends

There was a 24.1% decline in the number of children placed in foster care from 2,963 in April 2004 to 2,249 in April 2013, based on an annual point-in-time comparison. Over the same time period, the only increase by placement type has been Relative or Guardian care, up 7.4% from 1,251 in 2004 to 1,344 in 2013 (an increase of 18 percentage points from 42.2% to 59.8%). There have been decreases in all other types, with the largest change being a 78.7% decrease in the number of children placed in a group home (450 in 2004 to 96 in 2013). Wraparound referrals, which help maintain youth in family based care, increased over 300% in the past ten years, from 97 referrals in 2002/03 to 398 referrals in 2011/12.

Placement Stability

Placement Stability is a measure of children who were served in foster care for eight days to 12 months during the year, who had only one or two placements. In 2011/12, 88.7% of Orange County's foster youth in care 8 days to 12 months, had one or two placements within the year, compared to California at 85.7% and the United States at 86.0%, an improvement from 69.8% in 2002/03 for Orange County and 79.5% for California.

RELATED

INDICATORS:

- Child Abuse Reports
- Dependency Petitions
- Adoptions
- Dependents of the Court

Why is this Important?

Foster care is designed to be a necessary but temporary service until the child can return home or permanency* can be achieved. This is coupled with the vision of placing children in the best familial environment. There are many challenges compounding the provision of time-limited foster care services. For instance, there is a shortage of suitable placement options - the most critical shortages faced are in the areas of 1) licensed family foster care; 2) Orange County community-based care; 3) placements that can take sibling groups; and 4) caregivers willing to take on the special challenges presented by teenagers. As a result, more children have to be placed in FFAs, group homes and other residential placements outside Orange County, often at increased support costs.

In September 2010, Assembly Bill 12 (AB 12), also known as the California Fostering Connections to Success Act was signed into law. AB 12 allows California to extend foster care for eligible youth beyond 18 years of age, and at full implementation, up until the age of 21.¹ Eligibility requirements include: completing high school or an equivalent program; enrolled in college, community college or a vocational education program; participating in a program designed to remove barriers to employment; employed at least 80 hours a month; or unable to do one of the above requirements because of a medical condition.² Additionally, AB 12 provides extended assistance to eligible youth in the Adoption Assistance Program (AAP).

What's Happening in Orange County?

Orange County Children and Family Services (CFS) endorses the Family-to-Family principle that every child in foster care deserves to reside in a safe and stable family setting that preserves neighborhood and community connections. CFS continues to support efforts to keep children with siblings and in family-like settings in their own neighborhoods and schools. Additionally, CFS continues to divert children from shelter care, reduce the number of placements children experience and lessen reliance on group (congregate) care resources.

- From 2003 to 2012, there were striking declines in the number of children residing in group home settings. The same time period has shown an increase in the proportion of children in foster care placed with relatives or NREFMs.

What's Working:

- A Field Response Protocol that dispatches a social worker to assist police officers has reduced the number of child protective removals initiated by law enforcement.
- In 2009/10, CFS's First 23-Hour Step Assessment Center, and Placement and Diversion programs, successfully diverted more than 54% of children from entering Orangewood Children and Family Center by locating and qualifying relatives and NREFMs as caregivers.
- In January 2011, the Sibling Residential Homes program opened to provide short term transitional residential treatment intervention for up to 12 children, ages 2 days to 18 years of age, allowing siblings to reside together while searching for a more permanent placement.
- Expanded foster care recruitment, training and support efforts, such as Parent Resources for Information, Development and Education (PRIDE) training, have increased placement resources and stability.
- A menu of in-home intervention services that is available to families and social workers allows children to safely return home earlier from foster care. The services are Wraparound, Multi-Dimensional Treatment Foster Care (MTFC) and Court Returned Intensive Supervision Program (CRISP). MTFC is a community-based treatment model that is an alternative to group home or residential placement. MTFC uses specialized treatment foster homes to stabilize the youth's behavior while at the same time preparing the child's family for the youth's transition home and back to the community.

*Permanency is defined as achieved when the child is reunited with the family, placed with a legal guardian or adopted.

✓ See page 196 in Supplemental Tables for additional data

NATIONWIDE:

The number of children in foster care has decreased 23.6% over the past ten years, from 523,000 in 2002 to 399,546 in 2012.⁴

DATA SOURCE(S):

Orange County Social Services Agency
Center for Social Services Research, University of California Berkeley

NOTES:

^{1,2} California Fostering Connections to Success Act, 2013.

^{3,4} U. S. Department of Health and Human Services, Administration for Children and Families, 2012, 2013.

Definition of Indicator

Child Welfare Outcome measures of Family Reunification:

Reunification Within 12 Months is a measure of foster care children who were discharged to reunification during the year and who achieved reunification within 12 months.

No Reentry Following Reunification is a measure of children discharged from foster care to reunification during the year, who did not reenter foster care within 12 months of reunification.

Median Time to Reunification is the median length of stay (in months) for children discharged to reunification during the year.

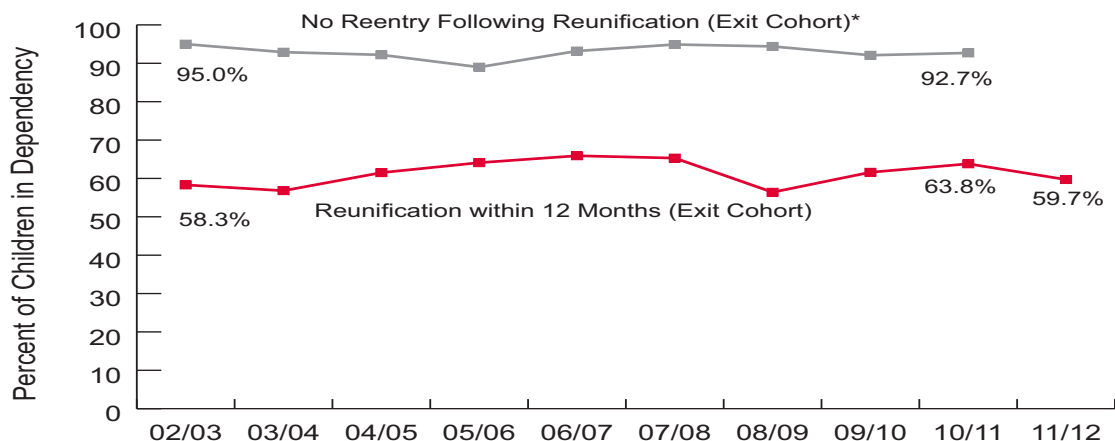
Findings

In 2011/12, 59.7% of foster care children reunified with their families within 12 months. In 2010/11, 92.7% of children who exited to reunification did not reenter foster care following reunification. In 2011/12, the median time to reunification for children in foster care was 9.4 months for Orange County compared to 8.8 months for California.

STATEWIDE:

In 2011/12, California's median time to reunification was 8.8 months.¹

Reunification within 12 months and No Reentry Following Reunification, 2002/03 to 2011/12*



*Due to methodological differences, the reporting period for no reentry following reunifications will always be one year behind what is reported for the other measures.

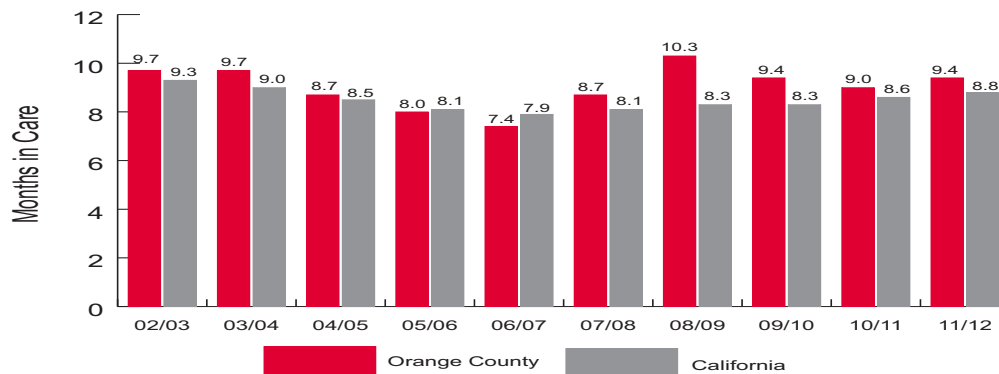
Trends

Over a ten-year period (2002/03 to 2011/12), there was an increase in the percentage of foster care children reunified within 12 months from 58.3% to 59.7%, which is lower than the national standard of 75.2%. During the same time period, the percentage of children who did not reenter foster care following reunification decreased from 95.0% to 92.7%, but is still higher than the national standard of 90.1%. In addition, there has been a decrease in the median time to reunification from 9.7 months to 9.4 months in Orange County.

RELATED INDICATORS:

- Dependency Petitions
- Dependents of the Court and Out-of-Home Care
- Foster Care
- Adoptions

**Median Time to Reunification (Exit Cohort), Orange County and California
2002/03 to 2011/12**



✓ See page 198 in Supplemental Tables for additional data

Why is this Important?

Children depend on adults, usually their parents and relatives, to protect, support and nurture them in their homes. Research from many fields establishes the positive impact of consistent biological family relationships on children's physical and mental health, school achievement and social development. When it is necessary for child welfare agencies to intervene and provide protection, children and their parents are provided with whatever services are necessary to either maintain or reunify children with their parents. The reunification of children in foster care with their biological families is the desired goal in order to obtain permanency for children.

Reunification helps prevent placement instability for children, which can be related to attachment disorders, poor educational outcomes, mental health and behavioral problems, poor preparation for independent living and negative adult outcomes. Orange County Children and Family Services (CFS) Policies and Procedures regarding Family Reunification are to promote early engagement of families in services to promote timely reunification. When it is deemed that reunification with the family is not appropriate, the goal is to provide an alternative permanent plan for the children.

What's Happening in Orange County?

There are many strategies available for families and children that have been put into place to improve the outcomes in these areas, including activities that case workers engage in with family members and services within and outside the agency. Some of those strategies are:

What's Working:

- Collaboration with community agencies, such as the Family Resource Centers, help families find supports within their communities to reduce the risk of their children reentering the child welfare system.
- The use of Wraparound services and in-home supportive services helps families stabilize and function in a safer way.
- Through referrals, Parent Mentors work one-on-one with parents to provide support and develop strong relationships within their family and community.
- Early engagement activities and on going assessment of readiness assist families with more timely reunification.
- Family Services Workers assist with engaging families in their services sooner so reunification is expedited.
- The Striving to Achieve Reunification & Recovery (STARR) Program was designed to engage, assess and refer parents early in the dependency system to substance abuse treatment and to support their efforts to maintain or reunify with their children.
- Early and intensive community-based services provide ongoing after-care services and support for reunified families after the dependency case is closed.

NATIONWIDE:

The national standard for the percent of foster care children reunified within 12 months is 75.2%. In addition, the national standard for the percent of children who did not reenter foster care following reunification is 90.1%.²

DATA SOURCE(S):

Orange County Social Services Agency
Orange County Social Services Agency, Children and Family Services Division and Orange County Probation Department, System Improve Plan (SIP)
Center for Social Services Research, University of California Berkeley

NOTES:

^{1,2} Center for Social Services Research, University of California Berkeley, 2013.

Definition of Indicator

Adoption is a legal process that permanently gives parental rights and responsibilities to adoptive parents. The Social Services Agency (SSA) provides public adoption services to children who are dependents of the Juvenile Court and are receiving out-of-home foster care services. **Adoption Within 12 Months (Legally Free)** is a measure of foster care children who were legally free for adoption during the year, who were subsequently discharged to a finalized adoption within 12 months. **Adoption Within 24 Months (Exit Cohort)** is a measure of foster care children who were discharged to a finalized adoption during the year, who achieved adoption within 24 months.

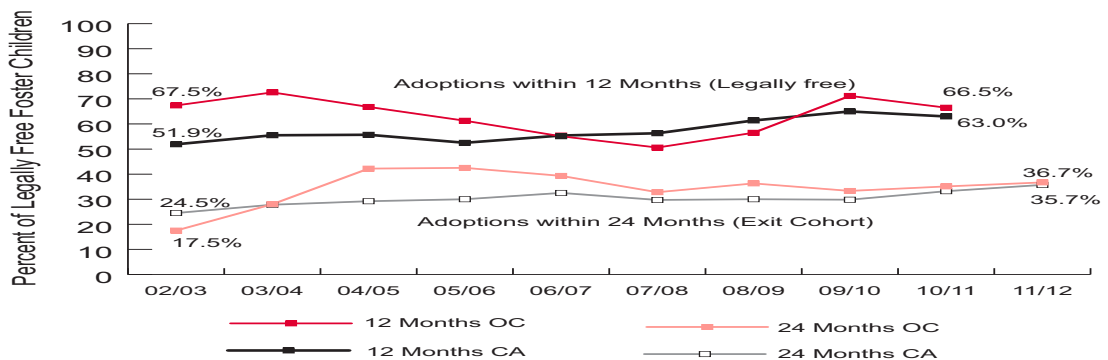
Findings

In 2010/11, there were 269 foster care children who were legally free for adoption. Of them, 179 (66.5%) had adoptions finalized within 12 months of becoming legally free. In 2011/12 there were 275 foster care children who were adopted, of which 101 (36.7%) had adoptions finalized within 24 months of when they were removed from the home. The percentages for Orange County are higher than California's percentage for both 12 months and 24 months (66.5% to 63.0%; 36.7% to 35.7%, respectively).

STATEWIDE:

In 2012, there were 5,825 adoptions in California, down slightly from 5,929 in 2011.¹

Percent of Legally Free Foster Children who were Adopted within 12 and 24 Months for Orange County and California, 2002/03 to 2011/12*

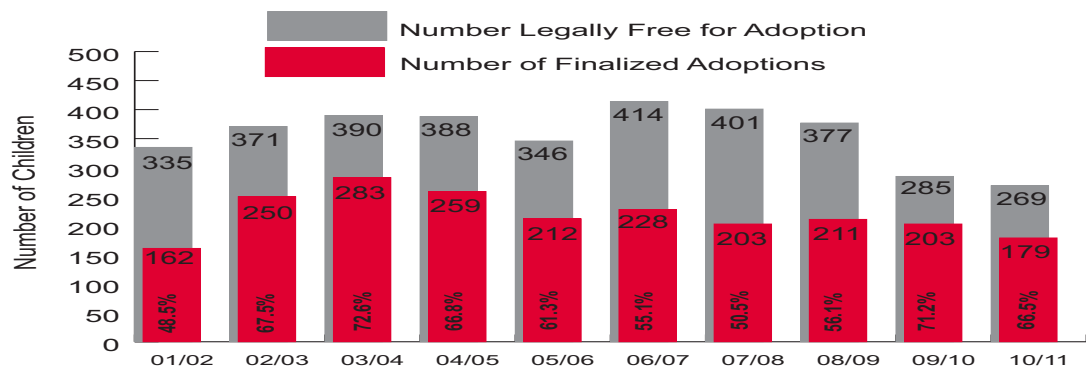


*Due to methodological differences the reporting period for adoptions within 12 months will always be one year behind what is reported for the other measures.

Trends

From 2001/02 to 2010/11, there was a 19.7% decrease in the number of foster children who were legally free for adoption, from 335 to 269. During the same time period, the percent of children with finalized adoptions increased from 48.5% (162) to 66.5% (179).

Number and Percent of Legally Free and Finalized Adoptions within 12 Months 2001/02 to 2011/12



RELATED INDICATORS:

- Dependents of the Court & Out-of-Home Care
- Child Abuse: Dependency Petitions
- Foster Care

Why is this Important?

Empirical evidence supports that children thrive when they live in a stable, nurturing environment with responsible caring adults who are able to meet their physical and emotional needs. Adoption is a long-established societal practice created as the best alternative for children whose biological parents are not available or able to parent them through the age of majority. Early permanence for children in foster care was established as a national child welfare objective with the passage of the Adoption Assistance and Child Welfare Act (P.L. 96-272) of 1980. The Adoption and Safe Families Act of 1997 provided the legal sanction necessary to require child welfare agencies to concurrently secure potential permanent homes for children in the foster care system while actively pursuing family reunification to ensure they achieve permanency more quickly should family reunification efforts fail.

What's Happening in Orange County?

Substantial program efforts continue to increase the number and timeliness of adoptions. Concurrent Planning (CP) is a “dual legal-track” approach designed to simultaneously develop an alternative permanent option as efforts for successful family reunification continue, thus eliminating unnecessary delays should family reunification plans fail. Over the past 12 years, CP efforts combined with other adoption services have increased the percent of adoptions that are finalized within the federally mandated timeframe of 24 months.

Due to the passing of Assembly Bill 12 (AB 12), the Adoption Assistance Program (AAP) can extend payment benefits and transitional support services for adoptive parent(s). The AAP agreement creates a contractual obligation for the adoptive parent(s) to continue to financially support the youth up to 21 years of age with the assistance of federal subsidies. AAP can be extended only if the adoption was established when the youth was at least 16 to 18 years of age, or if the child or youth has a mental or physical disability, regardless of when the adoption was established.

What's Working:

- Permanency and adoption processes are streamlined by the coordination of efforts among adoption social workers.
- In combination with continued reassessment of the potential for the child to reunify, adoption social workers assess the suitability of relatives for a long-term commitment to the child, evaluate their appropriateness for adoption and provide additional services to stabilize the child's placement and facilitate the adoptive process. In addition to early relative assessment for a long term commitment, adoption social workers conduct immediate assessment and case development that would provide a continuum of options to achieve early family-based permanency for every child removed from his or her family and temporarily placed in a non-relative care placement.
- Collaboration with licensed private adoption agencies has increased the number of available families to match with Orange County dependent children who are unable to return to their birth family and do not have the option of placement with a relative.
- Collaboration with licensed private adoption agencies assist with the completion of home studies of families that choose to adopt a dependent child already placed in their home as a relative or foster placement.
- Collaboration with community-based organizations for specific child recruitment and matching efforts are successful, such as The Heart Gallery, which utilizes professional photographers and public photo exhibits of waiting children; Faith in Motion, a program that coordinates recruitment of foster and adoptive parents within the faith-based community; Children Action Network's “This is Me” series involves photographing, interviewing and videotaping of children, and collaborates with “Good Day LA” television program (FOX Channel 11) for specific child recruitment, and websites, such as Adopt US Kids, and California Kids Connection, that feature children available for adoption.

✓ See page 198 in Supplemental Tables for additional data

NATIONWIDE:

Of the approximately 400,000 children in foster care in 2012, 58,587 children were available for adoption because parental rights had been terminated.²

DATA SOURCE(S):

Orange County Social Services Agency
Center for Social Services Research, University of California Berkeley

NOTES:

¹ University of California, Berkeley, Center for Social Services Research, Child Welfare Services Reports for California, 2013.

² U. S. Department of Health and Human Services, Administration for Children and Families, July 2013 Estimates.

Definition of Indicator

Social Services Agency's (SSA) Transitional Planning Services (TPS) is a broad-based, Independent Living Program (ILP) designed to prepare foster youth for self-sufficiency. SSA submits an annual statistical report to the state describing ILP activities. Select youth characteristics and program outcome information are presented from the report to describe emancipation services offered, received and/or provided. Services may be provided to youth as young as 14 and as old as 24. These youth include those who were in the custody of SSA due to parental abuse and neglect, former Probation wards who were involved in the juvenile justice system and children with mental health needs placed in foster care by the Health Care Agency. TPS also serves youth who were in foster care in other counties and have relocated to Orange County. TPS is the responsibility of the SSA Children and Family Services and involves many community partners committed to assisting youth and young adults in a wide array of Independent Living Program support services, including, but not limited to basic life skills training; employment, career and vocational assessments and placements; educational resources and funding; and medical and mental health services.

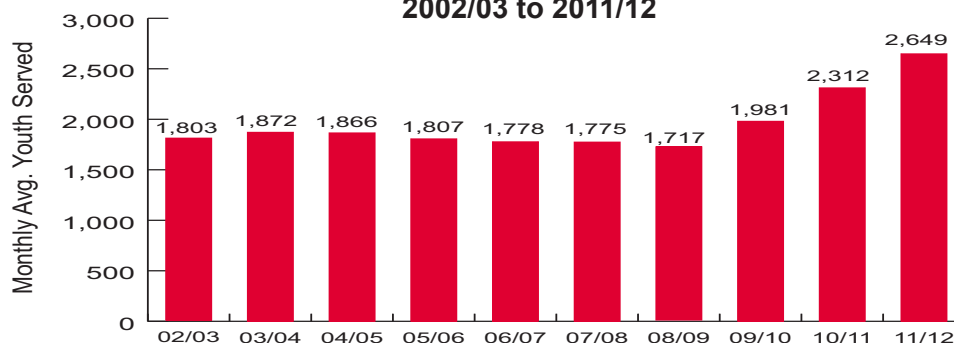
STATEWIDE:

The number of youth who received Independent Living Program services decreased by 14.0%, from 19,857 in 2009/10 to 17,081 in 2010/11.¹

Findings

SSA began tracking youth 15 years, 9 months old through age 20 receiving emancipation services in the year 2000. In 2011/12, a monthly average of 2,649 youth received services. In addition, 61 youth exited foster care after emancipating or turning age 18 or 19 while in foster care.

Emancipation Services Program: Monthly Average Number of Youth Served, 2002/03 to 2011/12



Trends

In a ten-year span, the number of open emancipation services cases increased 46.9% from a monthly average of 1,803 youth in 2002/03 to 2,649 in 2011/12. This is the highest number of youth served in the past ten years. Sixty-six percent of the youth who exited foster care in 2011/12 after emancipating or turning age 18 or 19 had completed high school or its equivalency, a 26.9% increase from 2009/10.

Youths Who Received Independent Living Services, 2009/10 to 2011/12

	09/10	10/11	11/12
Number of Youth (whereabout known) who exited foster care after emancipating or turning age 18 or 19 while in foster care:	122	99	61
*Percent of these Youth who:			
Completed High School or Equivalency	52%	51%	66%
Obtained Employment	30%	28%	34%
Have Housing Arrangements	85%	89%	82%
Received ILP Services	88%	82%	90%
Have a Permanency Connection with an Adult	75%	70%	66%

*This measure reflects the percent of foster children who exited foster care placement due to attaining age 18 or 19, or those foster youth under age 18 who were legally emancipated from foster care pursuant to Family Code Section 7000 who receive appropriate education and training, and/or achieve employment or economic self-sufficiency, based on what is known about the youth's status at the month of exiting care.

RELATED INDICATORS:

- Dependents of the Court & Out-of-Home Care
- Foster Care

Why is this Important?

Youth emancipating from or aging out of the foster care system at age 21 without adequate independent living skills is a national concern. Research shows that former foster youth often experience poor outcomes as young adults, including low levels of employment and educational achievement and high rates of homelessness, pregnancy and criminal justice involvement.

In California, approximately 4,500 young adults age out of foster care every year when they reach the age of 18. In an effort to offer further support for foster youth beyond the age of 18 and improve their opportunities for a safe, productive adulthood, the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 11-351) was passed into federal law in September 2008.

In October 2010 and 2011, respectively, Assembly Bill 12 (AB12) and AB212 were signed into law, allowing California to implement the provisions of PL 11-351 and make two major changes to foster care in California:

- Make Kinship Guardianship Assistance Program (Kin-Gap) and Adoption Assistance Program (AAP) benefits eligible for federal financial participation effective January 1, 2011.
- Extend foster care past age 18 for young adults who meet the eligibility guidelines and participation requirements.

The extension of foster care past age 18 allows for non-minor dependents and those in legal guardianships/adoption ordered by Juvenile Court to have the continued support of the SSA, including continuation of foster care payment benefits and/or case management services, as they work to pursue educational and employment goals and develop permanent connections with caring committed adults.

What's Happening in Orange County?

Transitional Independent Living Plans and preparation begins at age 15 1/2 and is updated every six months to guide the transitional process. Youth select significant adults to help them plan educational, employment and personal goals through Transitional Planning Conferences that are held at 17 years of age and at 90 days prior to leaving foster care. The Connected by 25 Initiative begins at age 14 and continues to age 25.

- In 2011, the majority of Transitional Planning Services recipients participated in independent living skills trainings and utilized support services provided in collaboration with the Orangewood Children's Foundation and other contracted providers.
- Efforts To Outcome (ETO) database is tracking youth and young adult training and services participation, leading to self-sufficiency and well-being outcomes over time.
- National Youth Transitional Data (NYTD) database is tracking youth and young adult aftercare services and family connections regarding employment, education and family connections.

What's Working:

- Transitional Housing Placement Programs (THPP, THP-Plus and THP-Plus Foster Care) help youth and young adults successfully emancipate and/or prepare for independent living. Tustin Family Campus THP-Plus provides housing for 14 youth 18 to 24 years of age with special challenges. Olive Crest, New Alternatives and Aspiranet provide housing and independent living programs for current foster and/or emancipated youth 18 to 24 years of age.
- Workforce Investment Boards assist youth and young adults with employment services, while the Orange County Department of Education's Foster Youth Services program improves educational outcomes for youth.
- Individual Development Accounts and other matched savings accounts assist former foster youth in their preparation for post-secondary education opportunities and in securing permanent housing.

✓ See page 199 in Supplemental Tables for additional data

NATIONWIDE:

The number of youth who received independent living services increased 9.1% from 90,340 in 2004 to 98,561 in 2011.²

DATA SOURCE(S):
Orange County Social Services Agency

NOTES:
¹ California Department of Social Services, Data Systems and Survey Design Bureau, 2012.
² The Child Welfare League of America, 2004.

Definition of Indicator

Juvenile arrests refer to minors age 17 years and under who have been taken into custody in a manner authorized by law. An arrest may be made by a peace officer or by a private person. It may be as felony, misdemeanor, status or other offenses. Felonies generally include violent crimes (such as murder, assault and rape), property and drug-related offenses and other more serious offenses. Misdemeanor offenses include crimes such as assault and battery, petty theft, drug and alcohol-related offenses and many other less serious offenses. Status offenses are acts that are considered offenses only when committed by a juvenile, such as truancy or curfew violations.

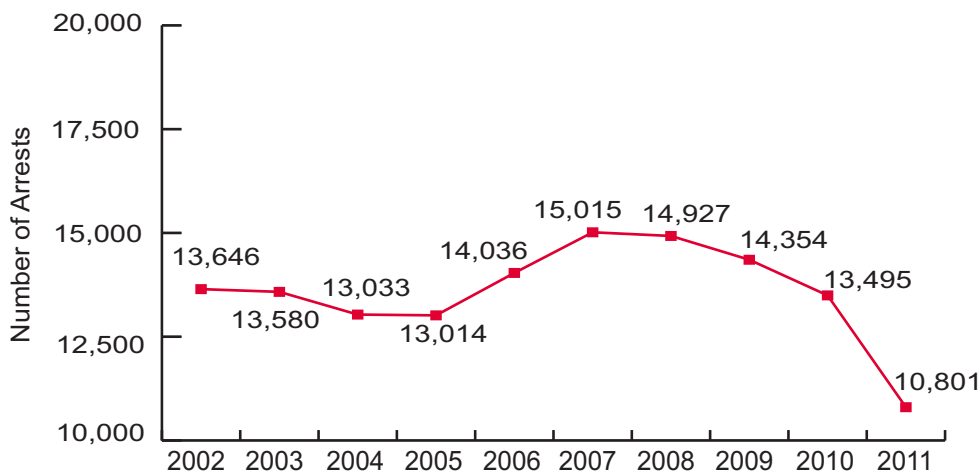
Findings

There were 10,801 juvenile arrests reported in 2011. Misdemeanor offenses (6,219) accounted for 57.6% of these arrests, felony offenses (2,876) accounted for 26.6% and status offenses (1,706) accounted for 15.8%. Property offenses (1,156) comprised the majority of the felony arrests while assault and battery (870) made up the largest category for misdemeanor arrests. Among all the cities, Santa Ana had the largest proportion of the felony and misdemeanor arrests, at 20% and 16%, respectively. Anaheim was second with 13% of the felony arrests and 9% of the misdemeanor arrests.

STATEWIDE:

Total juvenile arrests per 100,000 youth 10 to 17 years of age declined by 36.0% from 5,249 in 2002 to 3,358 in 2011. Juvenile felony arrest rates in that same time period declined by 30.7% from 1,407 to 975.

Total Juvenile Arrests for Youth 10 to 17 Years of Age, 2002 to 2011



Trends

There was a 20.8% decline in the number of arrests during this ten-year period, from 13,646 in 2002 to 10,801 in 2011. After a decreasing trend from 2002 to 2005, and a short two-year growth (2006 to 2007), juvenile arrests have declined by 28.1% from 2007 to 2011. Decreases were seen in misdemeanor and status offense arrests, by 25.1% and 15.7%, respectively, in the past ten years. Although felony arrests also decreased by 13.3%, there were increases in specific offenses that include robbery, weapons and drugs.

RELATED INDICATORS:

- Referrals to Probation
- Gang Membership
- High School Dropout Rates

Orange County Juvenile Arrest Rates

In comparison to the state, total juvenile arrests per 100,000 youth 10 to 17 years of age in Orange County declined by 22.4% from 3,961 in 2002 to 3,071 in 2011. Arrest rates for both felony and misdemeanor offenses also declined by an average of 20.9% over this ten-year period (see Supplemental Table on page 200).¹

Orange County Juvenile Arrest Trends for Youth 10 to 17 Years of Age, 2002 to 2011

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Felony Arrests										
Violent Crimes	727	720	643	602	692	710	824	832	690	562
Property Offenses	1,645	1,733	1,547	1,656	1,630	1,751	1,719	1,709	1,493	1,156
Other Offenses*	947	1,101	1,103	1,266	1,490	1,633	1,549	1,596	1,491	1,158
Misdemeanor Arrests	8,304	8,002	8,157	8,073	8,539	9,080	8,819	8,597	8,229	6,219
Arrests for Status Offenses	2,023	2,024	1,583	1,417	1,685	1,841	2,016	1,620	1,592	1,706
Total Juvenile Arrests	13,646	13,580	13,033	13,014	14,036	15,015	14,927	14,354	13,495	10,801

*Other Offenses include drug, sex, weapons and other offenses.

✓ See page 200 in Supplemental Tables for additional data

NATIONWIDE:

In 2011, law enforcement agencies made an estimated 1 million arrests of persons under the age of 18. Juveniles were involved in 12% of total arrests and 12% of all violent crime arrests. Arrests of juvenile females accounted for 30% of all juvenile arrests in 2011.²

Why is this Important?

Arrest trends indicate the extent and nature of crime committed, thus making it possible to measure the level of risk-taking and delinquent behavior of the offenders. These trends help law enforcement officials, educators and community workers develop crime prevention programs or enhance existing services in a timely fashion to lessen the flow of youthful offenders into the justice system. Information on types of arrests with increasing trends provides implementers of early intervention programs the right direction to follow in an effort to reduce the more common juvenile crimes. Tracking this important information reinforces the need for more intensive programs at the earliest possible point in a youth's criminal activity. If this need is met, it will help mitigate the potential that these at-risk youth will continue a pattern of criminal activity into adulthood.

What's Happening in Orange County?

Juvenile arrests make up only a small portion of the total county arrests reaching an all-time low of 13% in 2011 over a ten-year period. Since its 2007 peak, the county juvenile ratio had gone down by 17% in 2011. Efforts are being made to maintain this decreasing trend through the Juvenile Justice and Crime Prevention Act (JJCPA). The Board of State and Community Corrections continues to support JJCPA programs in the county to help prevent minors from committing new crimes. Among these programs are Addiction and Substance Abuse Education and Recognition Treatment (ASERT), Sobriety Through Education and Prevention (STEP), Decentralized Intake (DCI) and School Mobile Assessment and Response Team (SMART).

What's Working:

- From 2009 to 2011, misdemeanor drug arrests decreased but felony drug arrests increased. To help mitigate these drug issues still prevalent among juveniles, drug abuse prevention and education programs such as ASERT and STEP are being continued by the Orange County Probation Department (OCPD) along with various agency collaborators. Through these programs, drug counseling and comprehensive psychological and substance abuse assessment and treatment services are provided. These programs provide multi-disciplinary diagnostics of academic competencies, as well as subsequent development of individualized plans, to address skill deficits, mentoring, occupational training and job placement services.
- In line with the goal to prevent youthful offenders from progressing further in the juvenile justice system, DCI and SMART are multi-agency programs that provide timely assessment of interventions needed and administer linkages to appropriate community resources.

DATA SOURCE(S):

Orange County Probation Department, Research Division
Criminal Justice Statistics Center, California Department of Justice

NOTES:

¹ California Department of Justice, California and Orange County Arrest Statistics, 2011.

² Federal Bureau of Investigation, 2011.

STATEWIDE:

In 2011, there were 148,250 referrals to Probation reported to the Department of Justice from 57 counties. Of that total, 33% involved felony offenses, 55% were for misdemeanor offenses and 12% were for status offenses.¹

Orange County Probation Referrals

The 10,454 referrals to Orange County Probation in 2011 represented 7.1% of the total referrals statewide. In Orange County, 41.6% of referrals were for felony offenses, 55.2% were for misdemeanor offenses and 3.2% were for status offenses. Arrests for status offenses are almost entirely handled by the arresting law enforcement agency.²

RELATED INDICATORS:

- Juvenile Arrests
- Gang Membership

Definition of Indicator

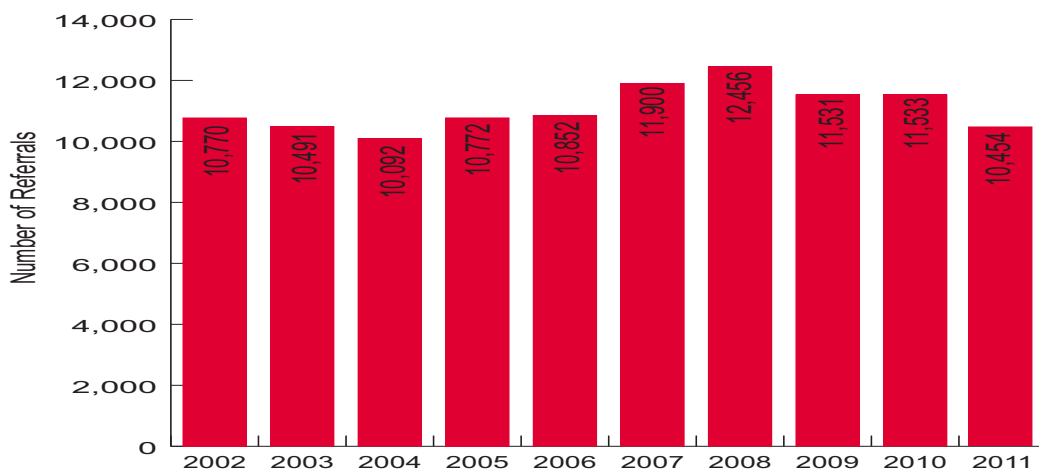
Referrals to the Orange County Probation Department include mostly 10 to 18 year old minors who received a final disposition. Almost all of these referrals involve a criminal offense because arrests for status offenses are generally handled by the arresting agency. Disposition actions on these referrals can include diversion, informal supervision under the Welfare Institution Code 654, deferred entry of judgment or consideration by the juvenile court for wardship or dismissal. This indicator counts only one disposition per minor per day.

Findings

A total of 10,454 juvenile referrals to the Probation Department received final dispositions in the year 2011. There were 4,354 referrals (41.6%) for a felony offense, 5,769 (55.2%) for a misdemeanor and 331 (3.2%) for status offenses. The majority of all referrals were for crimes against property, constituting 22.7% (2,369), followed by crimes against persons, 11.3% (1,186) and drug-related offenses (not including alcohol and driving under the influence), 11.0% (1,152). Fifty-five percent of all referrals were for other offenses that were mainly probation violations, vandalism and truancy. Of the total referrals, 6,382 (61.0%) were new while 4,072 (39.0%) were subsequent.

Final disposition actions resulted in 39.4% formal wardship, comprised of 22.3% committed to a county or state institution (2,338) and 17.1% under probation supervision in the community (1,790). Thirty-seven percent (3,915) of the total referrals were closed or dismissed while other dispositions resulted in 17.2% for informal probation (1,801). Another 5.8% (610) fell into a mixed category that included diversion, out-of-county transfer cases, deferred entry of judgment and cases filed or remanded to Adult Court.

Total Number of Juvenile Referrals to Probation, 2002 to 2011

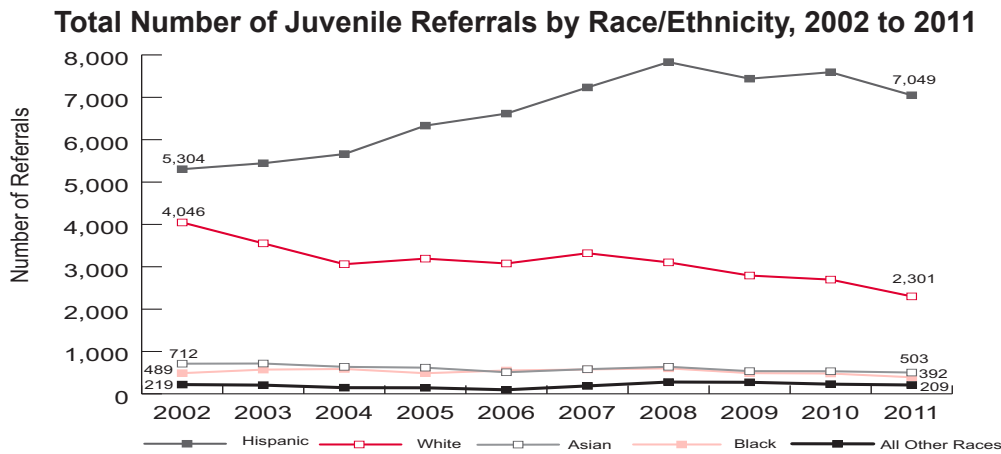


Trends

There was an overall decrease of 2.9% in all referrals to Probation from 10,770 in 2002 to 10,454 in 2011. In the last three years, there was a 16.1% decrease from 12,456 in 2008 to 10,454 in 2011 after a 15.6% increase from 2002 to 2008. Referrals for person, property and drug offenses all decreased over this ten-year period (35.2%, 18.1% and 14.6%, respectively).

Of all referrals to Probation, misdemeanor referrals decreased 29.8% from 8,217 in 2002 to 5,769 in 2011, while felony referrals increased 70.5% from 2,553 (2002) to 4,354 (2011).

From 2002 to 2011, the percent of referrals for Hispanics increased from 49.2% (5,304) to 67.4% (7,049) while the percent of referrals for Whites decreased from 37.6% (4,046) to 22.0% (2,301), Asians from 6.6% (712) to 4.8% (503) and Blacks from 4.5% (489) to 3.7% (392).



✓ See page 203 in Supplemental Tables for additional data

Why is this Important?

When juveniles are referred to Probation, trained staff complete an initial risk assessment to identify at-risk youth requiring more formal intervention, including court intervention, while holding them accountable for their actions. These juveniles are then reassessed on a regular basis to establish the level of supervision they need based on the risk of reoffending and the level of intervention services required to respond to their criminal behavior.

The number and type of offenses for which minors are referred to probation define the nature of their criminal activities. Other variables such as age, gender and ethnicity also indicate which population groups are most vulnerable to delinquent and anti-social behavior.

It has been proven that alternatives to incarceration are not only cost-effective but are also more effective in facilitating long-term behavioral changes than incarceration alone. In order to appropriately place youth in a secure supervised detention facility or to be placed on home supervision, information on the level of offense committed is important. This information also helps in formulating proper probation supervision strategies to reduce recidivism, including access to community services and resources.

What's Happening in Orange County?

In collaboration with other county agencies and community-based organizations, the Probation Department is continuing its aggressive pursuit of juvenile detention alternatives. The importance of probation supervision in the community supports the intervention programs being implemented for specific young population groups as follows:

- The Alternative Confinement Program, which includes the Accountability Commitment Program (ACP) and Home Supervision Program (HSP), provides comprehensive supervision in a non-detention setting as well as reentry services for wards released from custody using an electronic monitoring device.
- The Youth Offenders Block Grant (YOBG), through the Board of State and Community Corrections (BSCC) has continued to fund the Progressive Rehabilitation In a Diverse Environment (PRIDE) program and the Youth Leadership Academy (YLA), where male-specific intervention services are provided. These programs aim to rehabilitate minors to reduce recidivism by addressing their behavioral, educational, social, gang and substance abuse issues.
- The Juvenile Justice and Crime Prevention Act (JJCPA) through BSCC has also continued to fund programs such as the Juvenile Drug Court (JDC) and the Youth Reporting Centers (YRCs) to reduce the reliance on incarceration. The JDC program provides intensive treatment for drug and alcohol abuse while the North and Central YRCs provide proven intervention strategies to decrease the number of youthful offenders in need of secure detention.

DATA SOURCE(S):
Orange County Probation Department, Research Division, Juvenile Court and Probation Statistical System

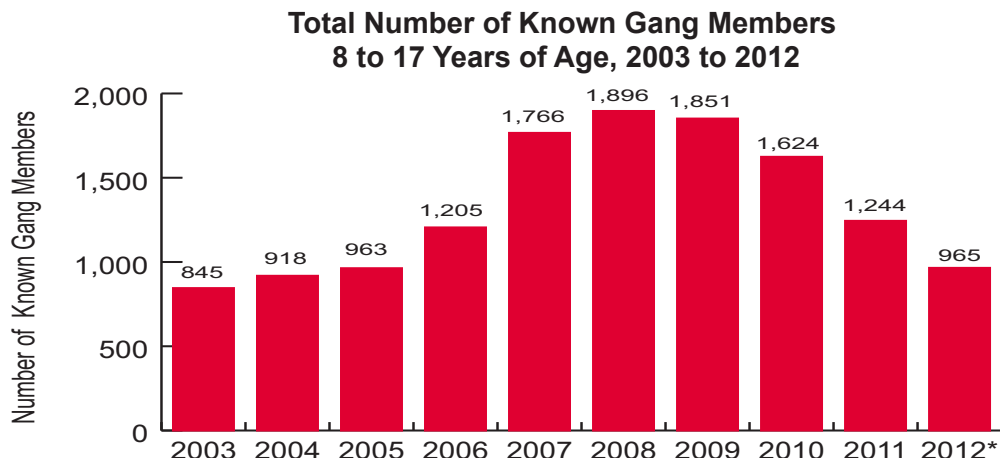
NOTES:
¹ California Department of Justice, Juvenile Justice in California, 2011.
² Orange County Probation Department/Research Division, 2013.

Definition of Indicator

Gang membership constitutes the number and percent of known gang members 8 to 17 years of age.

Findings

In 2012, there were 965 known gang members between 8 to 17 years of age, 7.7% of all known gang members in Orange County. The majority were Hispanic (89.0%), followed by Asian (3.0%), White (2.0%) and Black (0.2%). The remaining 6.0% were identified as "Other."



*For 2012 data, there were 0 known gang members 8 to 10 years of age.

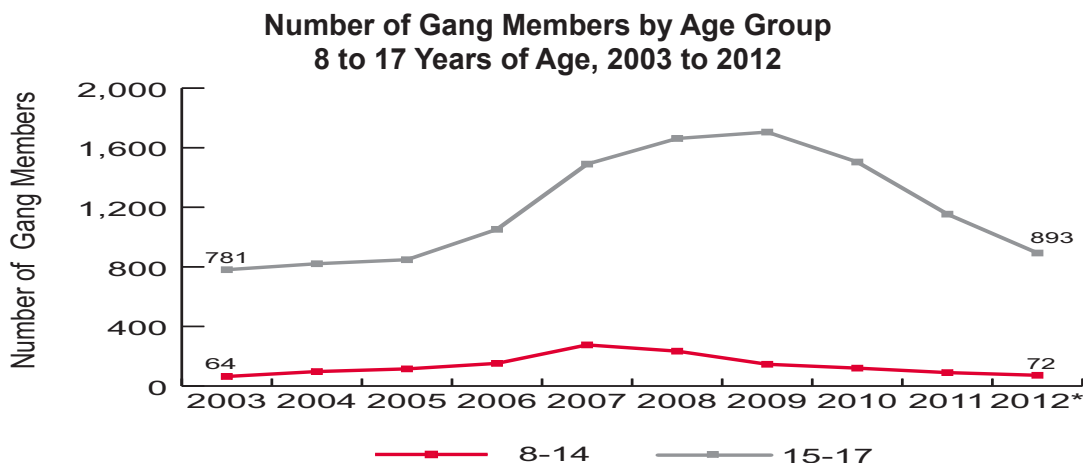
Trends

From 2003 to 2012, the number of known gang members 8 to 17 years of age increased by 14.2% from 845 in 2003 to 965 in 2012. However, there was a 49.1% decrease from the high of 1,896 in 2008. For the past ten-year period, there was an increase of 12.5% (64 in 2003 to 72 in 2012) in the number of known gang members 8 to 14 years of age and an increase of 14.3% (781 in 2003 to 893 in 2012) in the number of known gang members 15 to 17 years of age.

The racial/ethnic breakdown has changed somewhat with the percent Hispanics increasing from 85.0% in 2003 to 89.0% in 2012, while there was a decrease among Asians (8.3% in 2003 to 3.0% in 2012) and Blacks (1.8% in 2003 to 0.2% in 2012).

RELATED INDICATORS:

- Juvenile Arrests
- Referrals to Probation
- High School Dropout Rates



*For 2012 data, there were 0 known gang members 8 to 10 years of age.

Why is this Important?

Gang members target juveniles as young as eight years of age to actively participate in criminal street gangs. Juvenile gang members commit serious and violent offenses at a rate several times higher than non-gang adolescents. Gang crime often involves drug trafficking, the use of weapons and violence that includes rape, carjacking, assault and murder.

What's Happening in Orange County?

- The Orange County District Attorney's Office (OCDA) has two experienced full-time Deputy District Attorneys (DAs) and one full-time experienced gang investigator dedicated to gang prevention. These DAs collaborate with communities, schools, law enforcement, Probation, Community Service Programs (CSP), non-profit organizations, faith-based groups and private businesses to prevent children from joining gangs.
- The OC Gang Reduction and Intervention Partnership (GRIP) program was implemented in 2007 and is in the cities of Buena Park, Santa Ana, Stanton, Orange, Garden Grove, Mission Viejo, San Clemente, San Juan Capistrano, Tustin, Costa Mesa, Dana Point and Laguna Hills. This is a law enforcement led gang prevention program that focuses on preventing 4th to 8th grade students from joining a criminal street gang. The OC GRIP program is currently operating in 43 schools throughout Orange County.
- The 2008/09 Orange County Grand Jury recognized the Orange County GRIP program as one of the most effective gang prevention programs in the state, and recommended its expansion to other Orange County law enforcement agencies. The GRIP program received the State of California's Golden Bell Award in 2011 for the successes the program has seen in the North Unincorporated areas.

What's working:

- The OCDA, along with local law enforcement agencies have implemented 13 gang injunctions in the Cities of Anaheim, Fullerton, Garden Grove, Orange, Santa Ana, San Juan Capistrano, Stanton and San Clemente. In each of the neighborhoods where the injunctions have been issued, there has been a dramatic decrease in gang-related crimes. Gang related crimes have been dramatically reduced in Safety Zones, which are designated areas with restrictions on documented gang members from participating in specific acts or activities that may or may not be inherently criminal within these Safety Zones. In the Safety Zones in Santa Ana, gang-related crime has decreased by 60%. In Anaheim, serious and violent felonies have decreased by 49% in one Safety Zone and 58% in another. Violent crime in the San Juan Capistrano Safety Zone fell up to 43% after their injunctions were put in place. Orange and Garden Grove had up to 16% and 52% overall decrease in crime respectively, while San Clemente experienced an up to 54% reduction.
- A majority of the schools in the OC GRIP program have seen a dramatic increase in school-wide attendance, a decrease in suspensions and expulsions and an increase in standardized testing scores. Each of the OC GRIP schools has had a reduction of gang crime on their campuses and a reduction of gang graffiti on their campuses. The OC GRIP program has mobilized over 2,000 teachers to mentor minors who are at-risk of joining a gang and over 3,000 parents who participate in a neighborhood watch program.
- Seventy-five percent of the targeted at-risk GRIP students county-wide improved school attendance and over 7,500 students received gang prevention education. Over 1,500 parents volunteer at the GRIP schools in the Greeter/Neighborhood watch program and over 2,500 faculty members mentor at-risk students.

✓ See page 207 in Supplemental Tables for additional data

NATIONWIDE:

In 2011, it was estimated that approximately 782,000 gang members and 29,900 gangs were active in the United States.¹

DATA SOURCE(S):

Orange County District Attorney's Office/GRIP and Injunction Unit

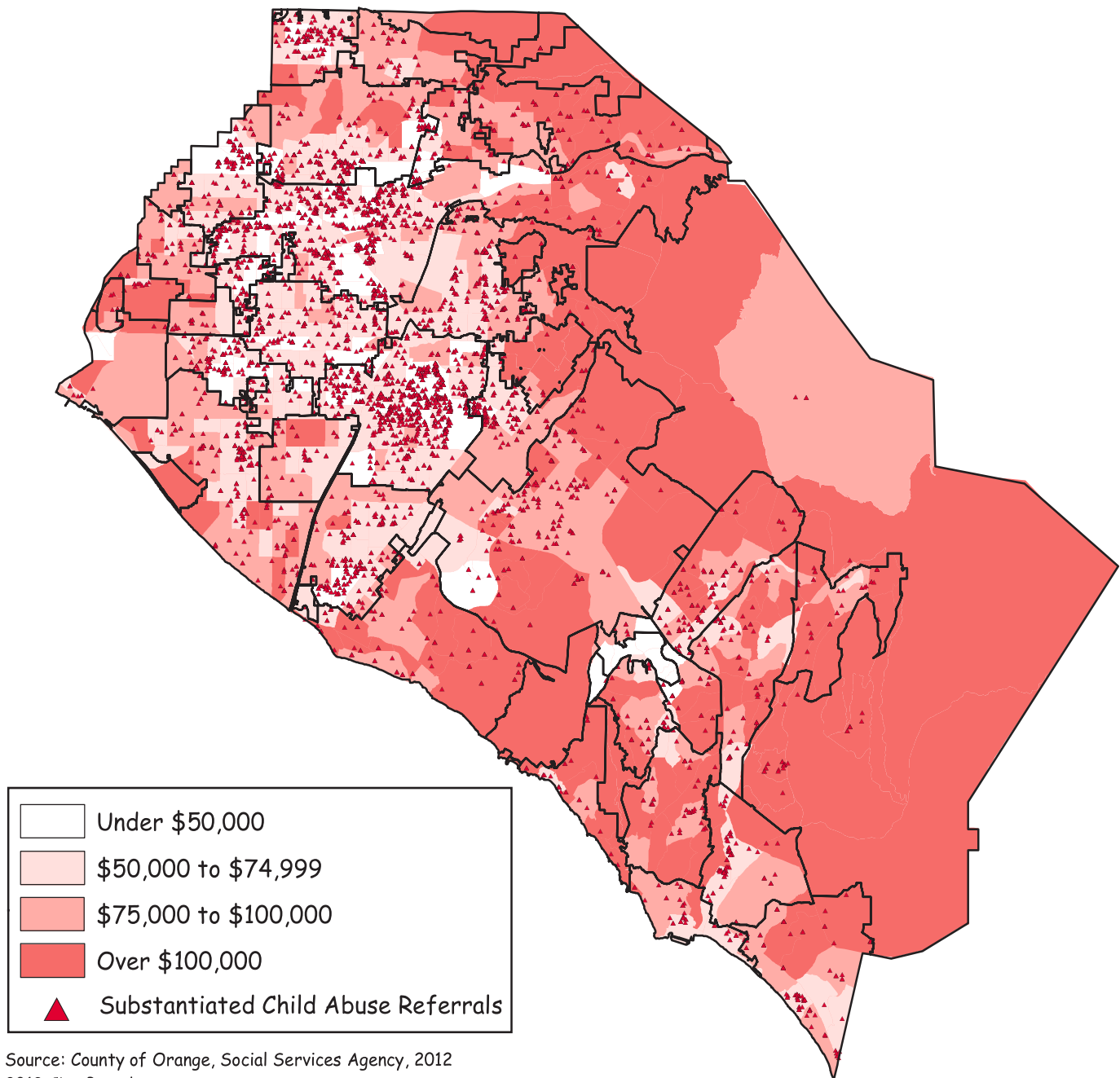
NOTES:

¹ U.S. Department of Justice/ Office of Juvenile Justice and Delinquency Prevention, 2011.



MAP OF SUBSTANTIATED CHILD ABUSE REFERRALS

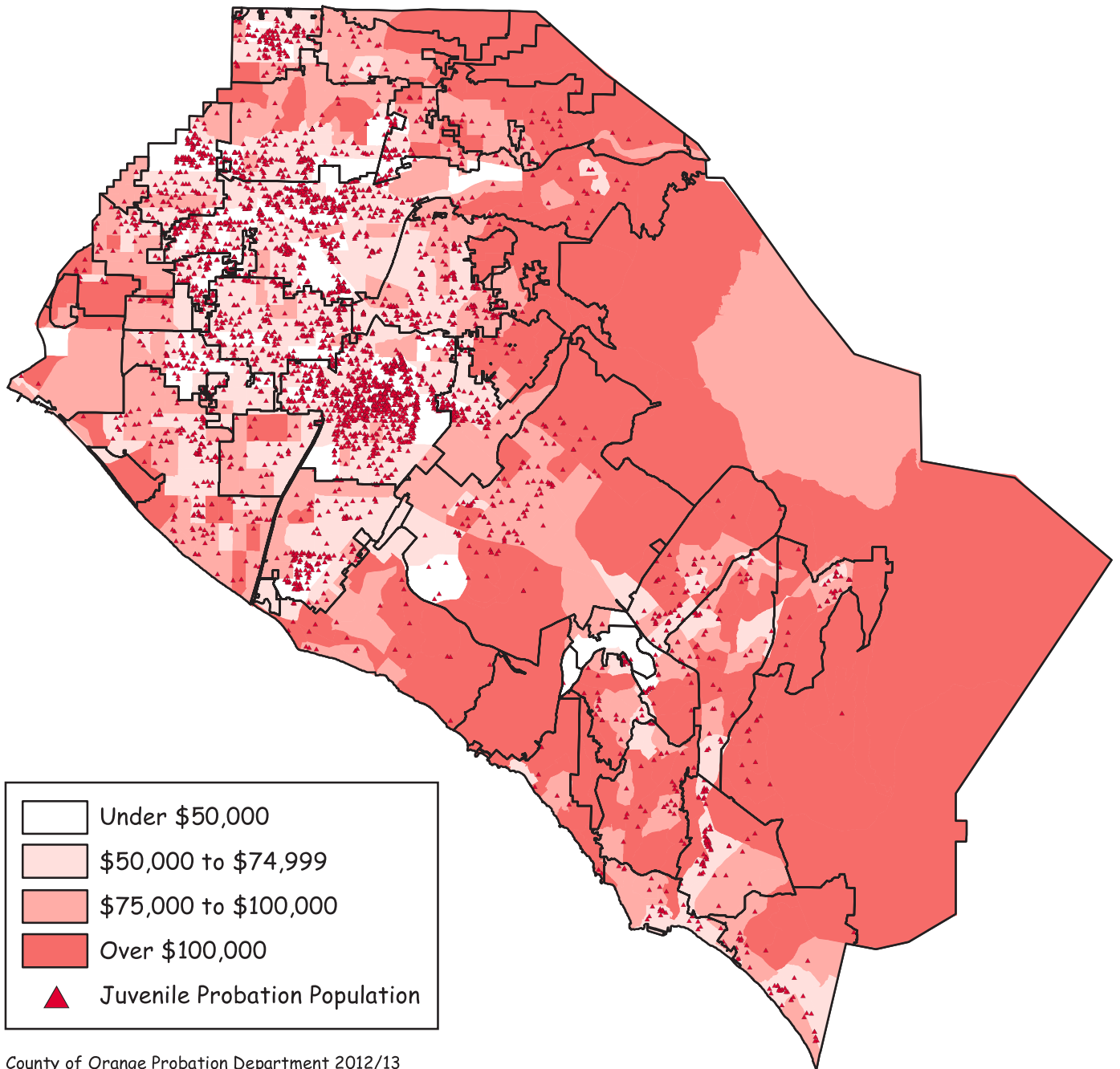
Orange County Substantiated Child Abuse Referrals, Age 0-17, 2012 & Median Household Income, 2011



Source: County of Orange, Social Services Agency, 2012
2013 City Boundary
Center for Demographic Research, 2013



Orange County Juvenile Probation, 2012/13 & Median Household Income, 2011



County of Orange Probation Department 2012/13
2013 City Boundary
Center for Demographic Research, 2013





Good Health

Access to Healthcare

Number and Percent of Children Uninsured by Race/Ethnicity, 2009 to 2011	144
--	-----

Early Prenatal Care

Total Number and Percent of Women who Received Early Prenatal Care in Orange County, California and the United States by Year, 2002 to 2011	144
Total Number and Percent of Women who Received Early Prenatal Care by Race/Ethnicity, 2002 to 2011	145

Births and Low Birth Weight

Total Number of Births and Birth Rates by City and Community, 2002 to 2011	146
Number and Percent of Infants by Birth Weight and Race/Ethnicity, 2002 to 2011	147

Infants Born With Abnormal Conditions

Number and Rate Per 1,000 Live Births of Infants Born with Abnormal Conditions by Race/Ethnicity, 2002 to 2011	148
Number of Infants Born by Types of Abnormal Conditions, 2002 to 2011	148

Pre-Term Births

Total Preterm (17-36 Weeks of Gestation) Birth Rates, Orange County, 2002 to 2011	149
Preterm Birth Rates for Orange County, California and the United States, 2002 to 2011	149
Total Preterm Birth Rates by Maternal Race/Ethnicity, Orange County, 2002 to 2011	150
Late and Very Late Preterm Birth Rates for All and Singleton Births, Orange County, 2002 to 2011	150

Infant Mortality Rate

Percent of Infant Deaths by Cause, 2002 to 2011	150
Number and Rate Per 1,000 Live Births Suffering Infant Mortality by Race/Ethnicity, 2002 to 2011	151
Three Year Average Rate Per 1,000 Live Births Suffering Infant Mortality by Race/Ethnicity, 2003 to 2011	151

Breastfeeding

Breastfeeding Rates in Orange County and California, 2010 to 2012	151
Orange County Any and Exclusive Breastfeeding Patterns by Race/Ethnicity, 2010 to 2012	152
Breastfeeding Percentages in Orange County Hospitals and California, 2010 to 2012	152

Adequate Immunization

Percent of Adequately Immunized Children Enrolling in School in Between 2003 through 2012 in Orange County and California	153
Up-to-Date Immunizations at Kindergarten Enrollment, Private and Public Schools Within Each School District, 2011	153
Percent of Regional Variations in Up-to-Date Vaccination Status, Personal Belief Exemptions, and Conditional Enrollment at Kindergarten Entry in Orange County by School District, 2012	154

Developmental Disabilities

Children Receiving Services for Developmental Disabilities, 2003 to 2012	154
Total Number of Children Under 18 Years of Age Receiving Services for Developmental Disabilities by Race/Ethnicity, 2003 to 2012	155
Total Number of Children by Age Group and Number and Percent of Children with a Diagnosis of Autism Served by the Regional Center of Orange County, July 2012 and July 2013	155

Physical Activity

Summary Results of Students Meeting Health Fitness Zone (HFZ) Standards for Aerobic Capacity by Race/Ethnicity, 2010/11 to 2011/12	155
Percent of 5th, 7th, and 9th Grade Students in Healthy Fitness Zone (HFZ) for Aerobic Capacity, 2002/03 to 2011/12	156

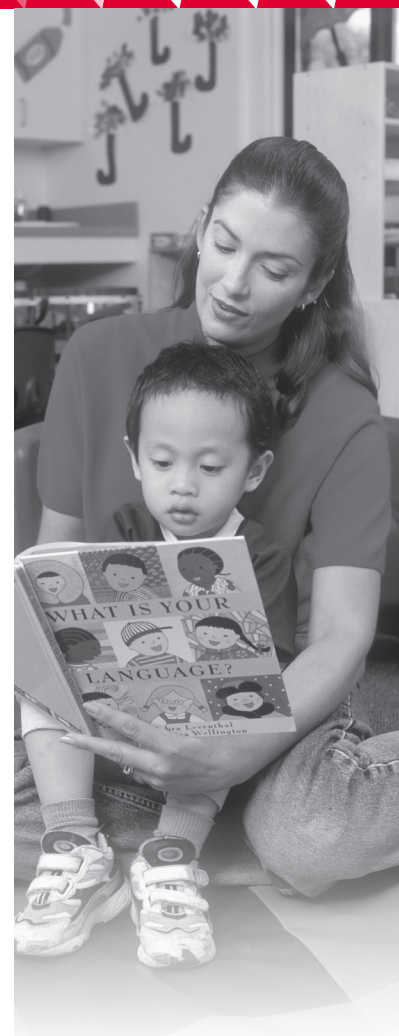
Body Composition

Summary Results of Students Meeting Health Fitness Zone (HFZ) Standards for Body Composition by Race/Ethnicity, 2010/11 to 2011/12	156
Percent of 5th, 7th, and 9th Grade Students in Healthy Fitness Zone (HFZ) for Body Composition, 2002/03 to 2011/12	156

Births to Teens

Percent of Births to Teens (19 and Under) of Total Births in Orange County, 2002 to 2011	157
Number and Birth Rate by Age of Mother (19 Years and Under) per 1,000 Females, 2002 to 2011	157
Birth Rates per 1,000 Females Age 15 to 19 Years in Orange County, California, and the United States, 2002 to 2011	157
Birth Rate Per 1,000 Female Teen Population 15 to 19 Years of Age by Race/Ethnicity, 2002 to 2011	157

Note: Definitions for abbreviations used throughout supplemental tables: N/A=Not Available, No.=Number, Mo.=Month



Percent of Population, Total Births and Births to Teens (19 and under) by Race/Ethnicity, 2002 to 2011 . . .	157
Number of Teen Births and Teen Birth Rates by Age and Race/Ethnicity, 2002 to 2011	158
Number of Live Births, Mothers Age 15 to 19 and Five-Year Average Birth Rate per 1,000 Females by City of Residence 2007 to 2011	159
Sexually Transmitted Diseases	
Number and STD Case Rates Per 100,000 Child Population 10 to 17 Years of Age by Type of Disease, 2003 to 2012	160
Number of STDs Among Children 10 to 17 Years of Age by Gender and Type of Disease, 2003 to 2012	160
Number of STD Case Rates Per 100,000 Child Population by Age Group and Type of Disease, 2003 to 2012	161
Mental Health Services	
Number of Services by Type of Outpatient Program, 2002/03 to 2011/12	162
Number of Bed Days by Type of Inpatient Placements, 2002/03 to 2011/12	162
Substance Abuse (Drug, Alcohol, and Tobacco)	
Number and Percent of Adolescents Using Substance Abuse Services by Drug of Choice and Age, 2002/03 to 2011/12	163
Number and Percent of Adolescents Receiving Treatment Services by Race/Ethnicity and Gender, 2002/03 to 2011/12	164
Number and Percent of Referrals to Substance Abuse Treatment by Source, 2002/03 to 2011/12	165
Number and Percent of Adolescents Treated for Substance Abuse by Type of Service, 2002/03 to 2011/12	166
Substance Abuse Services: Number and Percent by Discharge Status, 2002/03 to 2011/12	166
Economic Well-Being	
CalWORKs Recipient Children	
CalWORKs Recipient Children by Age and City, December 2012	167
Free and Reduced Lunch	
Free and Reduced Lunch Income Eligibility, 2011/12	168
Number and Percent of Students Receiving Free and Reduced Lunch By District, 2011/12	168
Supplemental Nutrition Programs: WIC and CalFresh	
Number of Participants served by the WIC Program, 2002/03 to 2011/12	169
CalFresh Recipients, 2002/03 to 2011/12	169
CalFresh Recipients by Age and City, December 2012	170
Child Support	
Number of Child Support Cases, Net and Per Case Collection, 2003/04 to 20012/13	171
Child Support Collections, 2003/04 to 20012/13	171
Cost for Child Care	
County-Wide Average Weekly Licensed Family Child Care Homes and Child Care Center Costs, 2003/04 to 20012/13	172
County-Wide Average Weekly Orange County Family Child Care Homes and Child Care Center Costs by Region, 2012/13	172
Births to 13 Years of Age Child Care Centers (CCTR) Priorities Report by Board of Supervisors (BOS) District, 2013	173
Subsidized Part-Day Eligibility, 2013	174
Educational Achievement	
School Enrollment	
Total Public School K-12 Enrollment by District 2003/04 to 2012/13	175
Number and Percent of Total Public School K-12 Enrollment by Race/Ethnicity, 2003/04 to 2012/13	176
Early Care and Education	
Requests for Child Care Referrals, Reason for and Type of Child Care Needed for 2012/13	176
Total Number of Licensed Early Care and Education Spaces, FCCH and Child Care Centers, 2005/06 to 2012/13	176
Academic Performance Index (API)	
Academic Performance Index Growth Scores by District, 2003 to 2012	177
Percent of Orange County Schools with an API Growth at or above 800, 2003 to 2012	178
5th Grade Reading and Math Scores for 2013 and API Growth by District for 2012	178



English Learners

English Learners Number and Percent by District, 2003/04 to 2012/13	179
Number and Percent of English Language Learners, 2003/04 to 2012/13	180

Average Dollar Expenditure Per Pupil

Annual Expenditure Per Pupil (K-12) by District, 2002/03 to 2011/12	180
Average Expenditure Per Pupil by District Level for Orange County and California, 2002/03 to 2011/12	181

High School Dropout Rates

Number and Percent for Grade 9-12 Cohort Dropouts by District for Orange County, 2009/10 to 2011/12	181
Number of Dropouts Grades 9-12 by Race/Ethnicity and District for Orange County and California, 2011/12	181

High School Graduation

Number and Percent for Grade 9-12 Cohort Graduates by District for Orange County, 2009/10 to 2011/12	182
Number and Percent of High School Graduates with UC/CSU Required Courses by Race/Ethnicity, 2002/03 to 2011/12	182
CAHSEE: Number and Percent of 10th Grade Students who Passed English Language Arts and Math by School District, March 2013	183

SAT I Scores

Average Combined SAT Reasoning Test Scores for Orange County, California, and the United States, 2002/03 to 2011/12	183
Average Combined SAT Reasoning Test Scores and Number Tested by District for Orange County and California, 2011/12	184

Special Education

Number of K-12 Students Receiving Special Education Services by Type of Disability for Orange County and California, 2003 to 2012	184
Number of Students Receiving Special Education Services by Age and Type of Disability for Orange County, 2001 to 2012	185

Safe Homes and Communities

Child and Youth Deaths

Total Number and Rate Per 100,000 Population of Leading Causes of Death by Age Group, 2002 to 2011	186
Number of Deaths and Rate Per 100,000 Population for Persons Age 0 to 19 Years from Unintentional Injury, Homicide, and Suicide, 2002 to 2011	188
Death Rate Per 100,000 Population for Persons Age 0 to 19 Years From Unintentional Injury, Homicide, and Suicide by Age Group and Gender, 2002 to 2011	188
Death Rate Per 100,000 Persons 0 to 19 Years of Age by Race/Ethnicity and Cause, 2002 to 2011	188
Overall Death Rate per 100,000 Children and Youth Ages 0 to 19, 2002 to 2011	188

Unintentional Injury Deaths

Number and Rate Per 100,000 Persons of Unintentional Injury Deaths by Age Group, 2002 to 2011	189
Number and Rate Per 100,000 Persons 0 to 19 Years of Age of Unintentional Injury Deaths by Gender, 2002 to 2011	189
Number and Rate Per 100,000 Persons 0 to 19 Years of Age of Unintentional Injury Deaths by Race/Ethnicity, 2002 to 2011	189
Number and Rate Per 100,000 Persons 0 to 19 Years of Age of Unintentional Injury Deaths by Cause, 2002 to 2011	189

Homicide Deaths/Legal Intervention

Number and Rate Per 100,000 Persons of Homicide Deaths by Age Group, 2002 to 2011	190
Number and Rate Per 100,000 Persons 0 to 19 Years of Age of Homicide Deaths by Gender, 2002 to 2011	190
Number and Rate Per 100,000 Persons 0 to 19 Years of Age of Homicide Deaths by Race/Ethnicity, 2002 to 2011	190
Percent Homicides of Total Deaths from Unintentional Injury, Homicide, and Suicide for Persons 0 to 19 Years of Age, 2002 to 2011	190
Homicide Death Rate Per 100,000 Persons 0 to 19 Years of Age in Orange County and California, 2002 to 2011	190

Note: Definitions for abbreviations used throughout supplemental tables: N/A=Not Available, No.=Number, Mo.=Month



Suicide Deaths

Number and Rate Per 100,000 Persons of Suicide Deaths by Age Group, 2002 to 2011	191
Number and Rate Per 100,000 Persons 0 to 19 Years of Age of Suicide Deaths by Gender, 2002 to 2011	191
Number and Rate Per 100,000 Persons 0 to 19 Years of Age of Suicide Deaths by Race/Ethnicity, 2002 to 2011	191
Manner of Death for Children Less than 18 Years of Age, 2012	192

Motor Vehicle Accidents

Number of Victims 0 to 19 Years of Age Killed or Injured as a Result of Motor Vehicle Accidents by Age Group, 2002 to 2011	193
--	-----

Children and Guns

Number of Gun Related Incidents with Children 0 to 19 Years of Age by Type of Incident, 2002 to 2011	193
--	-----

Child Abuse Reports

Child Abuse Registry Reports, 2003/04 to 2011/12	194
Counts of Children with One or More Reports for 2012	194

Child Abuse Dependency Petitions

Percent of No Recurrence of Maltreatment in 6 Month Time Period, 2002/03 to 2011/12	195
---	-----

Dependents of the Court

Dependents of the Court by End of the Month Cases for FY 2002/03 to 2011/12	195
Percent of Children by Race/Ethnicity in Out-of-Home Care, April 2004 to 2013	195
Wraparound Referrals by Year, 2002/03 to 2011/12	195

Foster Care

Number and Percent of Placement Type, April, 2004 to 2013	196
Percent of Placement Stability (8 Days to 12 Months in Care), Orange County, 2002/03 to 2011/12	196
Children and Family Services Out-Of-Home Placements by Age and City of Placement, April 2013	197

Family Reunification

Percent of Foster Care Children Reunited Within 12 Months and No Reentry Following Reunification for Orange County and California, 2002/03 to 2011/12	198
---	-----

Adoptions

Number of Foster Care Children Legally Free for Adoption and Percent with Finalized Adoptions within 12 and 24 Months, 2002/03 to 2011/12	198
---	-----

Emancipation Services

Youths Who Received Independent Living Program Services, 2000/01 to 2007/08	199
---	-----

Juvenile Arrests

County of Orange Juvenile Arrest Trends, 2002 to 2011	200
Number of Juvenile Arrests and Rates Per 100,000 Youth Ages 10 to 17, for Orange County and California, 2002 to 2011	201
County of Orange Juvenile Arrests by City, 2002 through 2011	202

Referrals to the Probation Department

Total Juveniles (Ages 10 to 18) Referred to the Orange County Probation Department Who Received Final Disposition, 2002 through 2011	203
Total Felony Referrals Broken Down By Offenses for Which the Juveniles Were Arrested, 2002 to 2011	203
Total Number and Percent of Juvenile Referrals by Age, 2002 to 2011	204
Total Number and Percent of Juvenile Referrals by Race/Ethnicity, 2002 to 2011	204
Total Number and Percent of Juvenile Referrals by Final Case Disposition, 2002 to 2011	205
Total Number and Rate Per 100,000 Juveniles Ages 10 to 18 Incarcerated in County Institutions and the Division of Juvenile Justice, California Department of Corrections and Rehabilitation, 2002 to 2011	205
County of Orange Juvenile Referrals by City, 2002 through 2011	206

Gang Membership

Total Number of Known Gang Members by Age Group, December 2003 through December 2012	207
Number and Percent of Known Gang Members Under 18 Years of Age by Race/Ethnicity, 2003 to 2012	207
Number of Gang Members in Orange County by Gang Type and Gender as of December 2005 to 2012	208

Orange County Children's Partnership: Focus on High School Completion

Ten Ways to Promote Educational Achievement and Attainment Beyond the Classroom	209
---	-----



Indicator

Access to Health Care

Number and Percent of Children Uninsured by Race/Ethnicity, 2009 to 2011

Race/Ethnicity	2009		2010		2011	
	No.	%	No.	%	No.	%
White	8,056	3.3%	10,951	4.7%	11,437	5.0%
Hispanic	58,147	16.1%	51,600	15.0%	40,124	11.5%
Asian	9,669	9.3%	7,831	6.7%	7,300	6.3%
Black	1,382	10.3%	383	3.9%	792	6.5%
Other	1,484	5.3%	731	2.3%	792	2.5%
Total	78,738		71,796		60,445	

Source: American Community Survey, 2009-2011

Indicator

Early Prenatal Care

Total Number and Percent of Women who Received Early Prenatal Care in Orange County, California and the United States by Year, 2002 to 2011

	2002		2003		2004		2005		2006	
	No.	%	No.	%	No.	%	No.	%	No.	%
Orange County	40,654	90.8	41,516	91.6	41,306	91.7	40,293	91.4	40,240	91.0
California*	448,955	84.8	464,157	85.8	466,463	85.6	470,955	85.8	478,973	85.2
United States**	N/C	N/C	N/C	N/C	N/A	72.9	N/A	70.2	N/A	69.0
	2007		2008		2009		2010		2011	
	No.	%	No.	%	No.	%	No.	%	No.	%
Orange County	38,727	88.0	37,267	87.8	35,650	88.2	34,018	89.0	33,780	88.7
California*	459,188	81.1	445,108	80.7	428,449	81.3	416,759	81.7	410,213	81.7
United States**	N/A	70.8	N/A	71.0***	N/A	N/A	N/A	73.1	N/A	N/A

N/C: Not Comparable

N/A: Not Available

*CA data were obtained from California Department of Health, Vital Statistics Query System

**Source for U.S. data: National vital statistics reports, National Center on Health Services <http://www.cdc.gov/nchs/births.htm>

***Data are based on 27 reporting areas (States and Territories) that used the revised birth certificate.

Source: County of Orange Health Care Agency



Total Number and Percent of Women who Received Early Prenatal Care by Race/Ethnicity, 2002 to 2011

Trimester	Total	%	White	%	Black	%	Hispanic	%	Asian	%	Other	%
2002												
First Trimester	40,654	90.8	14,085	95.1	416	87.0	19,405	87.7	5,942	92.6	806	88.1
Second Trimester	3,227	7.2	541	3.7	51	10.7	2,209	10.0	365	5.7	61	6.7
Third Trimester	543	1.2	82	0.6	6	1.3	373	1.7	65	1.0	17	1.9
No Prenatal Care	216	0.5	70	0.5	4	0.8	111	0.5	25	0.4	6	0.5
Unknown Care	120	0.3	38	0.3	1	0.2	39	0.2	17	0.3	25	2.7
Total	44,760	100.0	14,816	100.0	478	100.0	22,137	100.0	6,414	100.0	915	100.0
2003												
First Trimester	41,516	91.6	13,935	95.0	383	85.9	19,821	88.6	6,561	94.8	816	86.9
Second Trimester	3,104	6.9	579	3.9	49	11.0	2,101	9.4	307	4.4	68	7.2
Third Trimester	490	1.1	87	0.6	9	2.0	339	1.5	42	0.6	13	1.4
No Prenatal Care	133	0.3	41	0.3	2	0.4	77	0.3	9	0.1	4	0.4
Unknown Care	102	0.2	27	0.2	3	0.7	30	0.1	4	0.1	38	4.0
Total	45,345	100.0	14,669	100.0	446	100.0	22,368	100.0	6,923	100.0	939	100.0
2004												
First Trimester	41,306	91.7	13,542	95.1	397	89.0	19,925	89.0	6,501	94.4	941	85.9
Second Trimester	2,941	6.5	521	3.7	35	7.8	1,979	8.8	308	4.5	98	8.9
Third Trimester	482	1.1	98	0.7	7	1.6	304	1.4	52	0.8	21	1.9
No Prenatal Care	135	0.3	35	0.3	6	1.3	64	0.3	16	0.2	14	1.3
Unknown Care	185	0.4	41	0.3	1	0.2	109	0.5	12	0.2	22	2.0
Total	45,049	100.0	14,237	100.0	446	100.0	22,381	100.0	6,889	100.0	1,096	100.0
2005												
First Trimester	40,293	91.4	12,976	94.4	406	88.6	19,994	89.2	6,335	93.6	582	86.6
Second Trimester	3,056	6.9	592	4.3	43	9.4	1,992	8.9	369	5.4	60	8.9
Third Trimester	464	1.1	96	0.7	5	1.1	298	1.3	47	0.7	18	2.7
No Prenatal Care	126	0.3	36	0.3	3	0.7	72	0.3	9	0.1	6	0.9
Unknown Care	126	0.3	53	0.4	1	0.2	57	0.3	9	0.1	6	0.9
Total	44,065	100.0	13,753	100.0	458	100.0	22,413	100.0	6,769	100.0	672	100.0
2006												
First Trimester	40,240	91.0	12,649	94.3	404	87.6	20,155	88.6	6,461	93.3	571	84.2
Second Trimester	3,207	7.3	566	4.2	44	9.5	2,142	9.4	374	5.4	81	11.9
Third Trimester	553	1.3	97	0.7	9	2.0	357	1.6	72	1.0	18	2.7
No Prenatal Care	143	0.3	44	0.3	2	0.4	78	0.3	13	0.2	6	0.9
Unknown Care	88	0.2	53	0.4	2	0.4	29	0.1	2	0.0	2	0.3
Total	44,231	100.0	13,409	100.0	461	100.0	22,761	100.0	6,922	100.0	678	100.0
2007												
First Trimester	38,727	88.0	11,615	92.1	389	85.3	19,431	85.1	6,614	90.7	678	83.4
Second Trimester	4,269	9.7	765	6.1	48	10.5	2,793	12.2	567	7.8	96	11.8
Third Trimester	684	1.6	116	0.9	14	3.1	439	1.9	84	1.2	31	3.8
No Care	94	0.2	26	0.2	3	0.7	55	0.2	5	0.1	6	0.7
Unknown Care	252	0.6	96	0.8	2	0.4	127	0.6	24	0.3	2	0.2
Total	44,026	100.0	12,618	100.0	456	100.0	22,845	100.0	7,294	100.0	813	100.0
2008												
First Trimester	37,267	87.8	11,225	91.8	375	81.7	18,735	85.1	6,299	90.2	633	81.6
Second Trimester	4,195	9.9	773	6.3	59	12.9	2,702	12.3	551	7.9	110	14.2
Third Trimester	649	1.5	126	1.0	13	2.8	398	1.8	88	1.3	24	3.1
No Care	94	0.2	30	0.2	3	0.7	49	0.2	7	0.1	5	0.6
Unknown Care	251	0.6	77	0.6	9	2.0	119	0.5	42	0.6	4	0.5
Total	42,456	100.0	12,231	100.0	459	100.0	22,003	100.0	6,987	100.0	776	100.0
2009												
First Trimester	35,650	88.2	11,091	91.6	358	80.8	17,456	85.9	6,103	89.9	642	83.4
Second Trimester	3,719	9.2	759	6.3	55	12.4	2,282	11.2	530	7.8	93	12.1
Third Trimester	683	1.7	153	1.3	14	3.2	402	2.0	93	1.4	21	2.7
No Care	99	0.2	16	0.1	7	1.6	63	0.3	7	0.1	6	0.8
Unknown Care	280	0.7	88	0.7	9	2.0	120	0.6	55	0.8	8	1.0
Total	40,431	100.0	12,107	100.0	443	100.0	20,323	100.0	6,788	100.0	770	100.0
2010												
First Trimester	34,018	89.0	10,541	92.4	357	85.8	16,356	86.4	5,760	91.9	649	85.2
Second Trimester	3,248	8.5	622	5.5	36	8.7	2,039	10.8	405	6.5	84	11.0
Third Trimester	592	1.5	114	1.0	13	3.1	370	2.0	58	0.9	17	2.2
No Care	114	0.3	47	0.4	3	0.7	55	0.3	1	0.0	5	0.7
Unknown Care	265	0.7	84	0.7	7	1.7	110	0.6	45	0.7	7	0.9
Total	38,237	100.0	11,408	100.0	416	100.0	18,930	100.0	6,269	100.0	762	100.0
2011												
First Trimester	33,780	88.7	10,623	92.5	374	82.7	15,815	86.2	5,924	90.7	664	84.7
Second Trimester	3,253	8.5	626	5.4	57	12.6	1,950	10.6	470	7.2	88	11.2
Third Trimester	600	1.6	123	1.1	13	2.9	344	1.9	81	1.2	18	2.3
No Prenatal Care	90	0.2	25	0.2	0	0.0	54	0.3	5	0.1	4	0.5
Unknown Care	377	1.0	90	0.8	8	1.8	194	1.1	54	0.8	10	1.3
Total	38,100	100.0	11,487	100.0	452	100.0	18,357	100.0	6,534	100.0	784	100.0

Percentages based on fewer than five events are statistically unreliable. Due to rounding, percentages may not add up to 100.
Source: County of Orange Health Care Agency

Indicator

Births and Low Birth Weight

Total Number and Percent of Births by City and Community, 2002 to 2011

City	2002		2003		2004		2005		2006		2007		2008		2009		2010		2011	
	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%
Aliso Viejo	954	2.1	886	2.0	868	1.9	874	2.0	812	1.9	739	1.7	771	1.8	765	1.9	715	1.9	731	1.9
Anaheim	6,522	14.6	6,496	14.3	6,581	14.6	6,532	15.2	6,414	14.9	6,294	14.3	6,230	14.7	5,912	14.6	5,493	14.4	5,478	14.4
Brea	402	0.9	435	1.0	453	1.0	460	1.0	464	1.0	483	1.1	441	1.0	388	1.0	451	1.2	436	1.1
Buena Park	1,155	2.6	1,182	2.6	1,229	2.7	1,266	2.9	1,198	2.7	1,220	2.8	1,145	2.7	1,041	2.6	1,048	2.7	1,046	2.7
Costa Mesa	1,734	3.9	1,741	3.8	1,709	3.8	1,611	3.7	1,664	3.8	1,695	3.8	1,644	3.9	1,614	4.0	1,557	4.1	1,563	4.1
Coto de Caza	N/A	N/A	N/A	N/A	N/A	N/A	92	0.2	67	0.2	59	0.1	67	0.2	44	0.1	42	0.1	42	0.1
Cypress	531	1.2	474	1.0	458	1.0	414	0.9	467	1.1	445	1.0	449	1.1	404	1.0	429	1.1	416	1.1
Dana Point	357	0.8	389	0.9	385	0.9	406	0.9	377	0.9	320	0.7	324	0.8	367	0.9	321	0.8	328	0.9
Foothill Ranch/ El Toro	226	0.5	210	0.5	181	0.4	166	0.4	181	0.4	156	0.4	159	0.4	140	0.3	136	0.4	122	0.3
Fountain Valley	566	1.3	574	1.3	584	1.3	520	1.2	514	1.2	533	1.2	485	1.1	526	1.3	431	1.1	466	1.2
Fullerton	1,820	4.1	1,834	4.0	2,027	4.5	1,936	4.4	1,883	4.3	1,884	4.3	1,823	4.3	1,678	4.2	1,517	4.0	1,591	4.2
Garden Grove	2,791	6.2	2,942	6.5	2,823	6.3	2,756	6.3	2,840	6.4	2,891	6.6	2,623	6.2	2,461	6.1	2,340	6.1	2,189	5.7
Huntington Beach	2,283	5.1	2,349	5.2	2,239	5.0	2,096	4.8	2,216	5.0	2,040	4.6	1,990	4.7	1,962	4.9	1,954	5.1	1,965	5.2
Irvine	1,860	4.2	2,052	4.5	2,053	4.6	2,051	4.7	2,206	5.0	2,301	5.2	2,486	5.9	2,389	5.9	2,490	6.5	2,577	6.8
La Habra	1,100	2.5	1,040	2.3	1,010	2.2	992	2.3	961	2.2	1,001	2.3	962	2.3	927	2.3	867	2.3	839	2.2
La Palma	162	0.4	172	0.4	173	0.4	144	0.3	143	0.3	164	0.4	137	0.3	126	0.3	131	0.3	108	0.3
Ladera Ranch	231	0.5	392	0.9	519	1.2	590	1.3	625	1.4	572	1.3	569	1.3	480	1.2	473	1.2	411	1.1
Laguna Beach	244	0.5	212	0.5	197	0.4	202	0.5	203	0.5	155	0.4	162	0.4	169	0.4	164	0.4	137	0.4
Laguna Hills	380	0.8	389	0.9	382	0.8	362	0.8	381	0.9	366	0.8	386	0.9	329	0.8	298	0.8	323	0.8
Laguna Niguel	780	1.7	765	1.7	689	1.5	709	1.6	625	1.4	641	1.5	612	1.4	641	1.6	589	1.5	606	1.6
Laguna Woods	1	0.0	0	0.0	0	0.0	2	0.0	2	0.0	4	0.0	4	0.0	4	0.0	5	0.0	6	0.0
Lake Forest	812	1.8	816	1.8	806	1.8	839	1.9	828	1.9	791	1.8	798	1.9	747	1.8	674	1.8	722	1.9
Los Alamitos	209	0.5	201	0.4	181	0.4	150	0.3	170	0.4	172	0.4	137	0.3	165	0.4	152	0.4	160	0.4
Midway City	140	0.3	136	0.3	151	0.3	100	0.2	123	0.3	119	0.3	127	0.3	133	0.3	98	0.3	102	0.3
Mission Viejo	1,133	2.5	1,062	2.3	1,078	2.4	992	2.3	966	2.2	988	2.2	902	2.1	877	2.2	859	2.2	848	2.2
Newport Beach	540	1.2	577	1.3	559	1.2	517	1.2	475	1.1	499	1.1	450	1.1	424	1.0	469	1.2	449	1.2
Newport Coast	108	0.2	115	0.3	97	0.2	119	0.3	117	0.3	117	0.3	93	0.2	114	0.3	82	0.2	110	0.3
Orange	2,115	4.7	2,082	4.6	2,097	4.7	2,086	4.7	2,083	4.7	2,124	4.8	2,055	4.8	1,960	4.8	1,895	5.0	1,925	5.1
Placentia	782	1.7	825	1.8	782	1.7	738	1.7	737	1.7	731	1.7	699	1.6	673	1.7	635	1.7	614	1.6
Portola Hills	N/A	N/A	N/A	N/A	N/A	N/A	22	N0.0	27	0.1	24	0.1	24	0.1	15	0.0	0	0.0	10	0.0
Rancho Santa Margarita	844	1.9	788	1.7	821	1.8	703	1.6	672	1.5	656	1.5	595	1.4	600	1.5	573	1.5	522	1.4
San Clemente	864	1.9	903	2.0	999	2.2	994	2.3	994	2.2	933	2.1	930	2.2	1,003	2.5	993	2.6	886	2.3
San Juan Capistrano	477	1.1	531	1.2	500	1.1	504	1.1	461	1.0	552	1.3	497	1.2	447	1.1	454	1.2	389	1.0
Santa Ana	8,113	18.1	8,131	17.9	7,976	17.7	7,775	17.6	7,928	17.9	7,711	17.5	7,424	17.5	6,787	16.8	6,235	16.3	6,041	15.9
Seal Beach	125	0.3	150	0.3	136	0.3	137	0.3	147	0.3	106	0.2	155	0.4	134	0.3	124	0.3	153	0.4
Stanton	543	1.2	614	1.4	597	1.3	520	1.2	605	1.4	568	1.3	562	1.3	486	1.2	480	1.3	448	1.2
Trabuco Canyon	415	0.9	400	0.9	366	0.8	178	0.4	182	0.4	159	0.4	172	0.4	173	0.4	184	0.5	132	0.3
Tustin	1,314	2.9	1,316	2.9	1,269	2.8	1,227	2.8	1,304	2.9	1,364	3.1	1,212	2.9	1,295	3.2	1,198	3.1	1,278	3.4
Villa Park	29	0.1	29	0.1	29	0.1	33	0.1	28	0.1	22	0.0	27	0.1	26	0.1	28	0.1	44	0.1
Westminster	1,369	3.1	1,400	3.1	1,325	2.9	1,256	2.9	1,236	2.8	1,354	3.1	1,146	2.7	1,131	2.8	959	2.5	975	2.6
Yorba Linda	566	1.3	604	1.3	623	1.4	603	1.4	573	1.3	636	1.4	597	1.4	644	1.6	559	1.5	608	1.6
Balance of County	163	0.4	131	0.3	97	0.2	391	0.9	332	0.8	437	1.0	385	0.9	245	0.6	135	0.4	304	0.8
Total	44,760		45,345		45,049		44,065		44,231		44,026		42,456		40,431		38,237		38,100	

Source: County of Orange Health Care Agency

Number and Percent of Infants by Birth Weight and Race/Ethnicity, 2002 to 2011

Birth Weight	Total	%	White	Black	Hispanic	Asian	Other
2002							
Under 1,500 Grams	431	1.0	157	7	199	63	5
1,500-2,499 Grams	2,279	5.1	771	45	1,013	395	55
2,500 Grams & over	42,050	93.9	13,888	426	20,925	5,956	855
Total	44,760	100.0	14,816	478	22,137	6,414	915
% Low Birth Weight*	6.1%		6.3%	10.9%	5.5%	7.1%	6.6%
2003							
Under 1,500 Grams	454	1.0	141	13	220	71	9
1,500-2,499 Grams	2,264	5.0	710	33	1,038	430	53
2,500 Grams & Over	42,627	94.0	13,818	400	21,110	6,422	877
Total	45,345	100.0	14,669	446	22,368	6,923	939
% Low Birth Weight*	6.0%		5.8%	10.3%	5.6%	7.2%	6.6%
2004							
Under 1,500 Grams	478	1.1	131	14	237	76	20
1,500-2,499 Grams	2,304	5.1	732	32	1,042	417	81
2,500 Grams & Over	42,267	93.8	13,374	400	21,102	6,396	995
Total	45,049	100.0	14,237	446	22,381	6,889	1,096
% Low Birth Weight*	6.2%		6.1%	10.3%	5.7%	7.2%	9.2%
2005							
Under 1,500 Grams	457	1.0	150	9	243	50	5
1,500-2,499 Grams	2,369	5.4	765	47	1,073	451	33
2,500 Grams & Over	41,239	93.6	12,838	402	21,097	6,268	634
Total	44,065	100.0	13,753	458	22,413	6,769	672
% Low Birth Weight*	6.4%		6.7%	12.2%	5.9%	7.4%	5.7%
2006							
Under 1,500 Grams	479	1.1	167	14	218	68	12
1,500-2,499 Grams	2,337	5.3	727	35	1,073	468	34
2,500 Grams & Over	41,415	93.6	12,515	412	21,470	6,386	632
Total	44,231	100.0	13,409	461	22,761	6,922	678
% Low Birth Weight*	6.4%		6.7%	10.6%	5.7%	7.7%	6.8%
2007							
Under 1,500 Grams	494	1.1	157	12	253	61	11
1,500-2,499 Grams	2,385	5.4	648	40	1,208	443	46
2,500 Grams & Over	41,147	93.5	11,813	404	21,384	6,790	756
Total	44,026	100.0	12,618	456	22,845	7,294	813
% Low Birth Weight*	6.5%		6.4%	11.4%	6.4%	6.9%	7.0%
2008							
Under 1,500 Grams	417	1.0	107	11	231	58	10
1,500-2,499 Grams	2,288	5.4	652	39	1,115	454	28
2,500 Grams & over	39,751	93.6	11,472	409	20,657	6,475	738
Total	42,456	100.0	12,231	459	22,003	6,987	776
% Low Birth Weight*	6.4%		6.2%	10.9%	6.1%	7.4%	4.9%
2009							
Under 1,500 Grams	406	1.0	126	8	194	66	12
1,500-2,499 Grams	2,264	5.6	683	32	1,021	487	41
2,500 Grams & over	37,761	93.4	11,298	403	19,108	6,235	717
Total	40,431	100.0	12,107	443	20,323	6,788	770
% Low Birth Weight*	6.6%		6.7%	9.0%	6.0%	8.1%	6.9%
2010							
Under 1,500 Grams	362	0.9	126	12	160	53	11
1,500-2,499 Grams	2,100	5.5	645	43	943	436	33
2,500 Grams & over	35,775	93.6	11,103	361	17,827	5,780	704
Total	38,237	100.0	11,874	416	18,930	6,269	748
% Low Birth Weight*	6.4%		6.3%	13.2%	5.8%	7.8%	5.9%
2011							
Under 1,500 Grams	406	1.1	114	8	196	64	10
1,500-2,499 Grams	2,144	5.6	637	39	957	444	41
2,500 Grams & over	35,550	93.3	10,736	405	17,204	6,026	733
Total	38,100	100.0	11,487	452	18,357	6,534	784
% Low Birth Weight*	6.7%		6.5%	10.4%	6.3%	7.8%	6.5%

*Low birth weight is defined as less than 2,500 grams at birth.
 Note: Due to rounding, percentages may not add up to 100.
 Source: County of Orange Health Care Agency

Infants Born with Abnormal Conditions

Number and rate of infants born with abnormal conditions that are identified at birth and recorded on the birth certificate and the type of abnormalities with which they are born

Number and Rate Per 1,000 Live Births of Infants Born with Selected Abnormal Conditions by Race/Ethnicity, 2002 to 2011

Race/Ethnicity	2002		2003		2004		2005		2006	
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
Asian	12	1.9	7	1.0	6	0.9	11	1.7	10	1.4
Black	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Hispanic	27	1.2	39	1.7	32	1.4	39	1.8	27	1.2
White	17	1.1	19	1.3	17	1.2	10	0.8	15	1.1
Other/Unknown	0	0.0	0	0.0	4	3.6**	1	1.0**	1	0.0
TOTAL	56	1.3	65	1.5	59	1.3	61	1.5	52	1.2
Race/Ethnicity	2007		2008		2009		2010		2011	
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
Asian	2	0.3**	5	0.7	10	1.5	3	0.5	6	0.9
Black	0	0.0	1	2.2**	0	0.0	0	0.0	2	4.4
Hispanic	17	0.7	38	1.7	29	1.4	20	1.1	26	1.4
White	8	0.6	9	0.7	11	0.9	7	0.6	9	0.8
Other/Unknown	1	1.2**	0	0.0	0	0.0	1	0.8	2	1.6**
TOTAL	28	0.6	53	1.2	50	1.2	31	0.8	45	1.2

Important note to readers: Beginning in 2006, the Medical Worksheet information associated with the birth certificate was modified to capture fewer abnormal conditions within each category. To be consistent with the new classification, data prior to 2006 have been re-analyzed, and will significantly differ from the data presented in previous editions in terms of the total number of abnormal conditions in each category.
Source: County of Orange Health Care Agency

Number of Infants Born by Selected Types of Abnormal Conditions, 2002 to 2011

Type of Abnormal Conditions	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Anencephaly	1	5	4	5	2	2	7	2	1	0
Meningomyelocele/Spina Bifida	4	4	3	2	2	1	2	3	2	2
Omphalocele/Gastroschisis	5	3	2	1	5	5	6	5	2	9
Cleft Lip/Palate	26	23	23	28	38	13	24	22	13	17
Down's Syndrome	14	29	25	22	5**	5**	13**	16**	12**	16**
Hypospadias	6	1	2	3	5	2	1	3	1	1
Total	56	65	59	61	52	28	53	51	31	45

Important note to readers: Beginning in 2006, the Medical Worksheet information associated with the birth certificate was modified to capture fewer abnormal conditions within each category. To be consistent with the new classification, data prior to 2006 have been re-analyzed, and will significantly differ from the data presented in previous editions in terms of the total number of abnormal conditions in each category.

*Please note that beginning in 2006, the Medical Worksheet started separating Down's Syndrome into Karyotype confirmed and Karyotype pending categories, and therefore, only confirmed cases are presented for 2006 forward.

**Rates based on less than five births are unstable and therefore should be interpreted with caution.

Source: County of Orange Health Care Agency

Indicator

Pre-Term Births

Total Preterm (17-36 Completed Weeks of Gestation) Birth Rates, Orange County, 2002 to 2011

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
All Births Calculated										
by LMP	10	10.1	9.8	9.8	9.4	9.8	9.5	9.4	9.1	9.0
All Births Estimated										
by OE	N/A	N/A	N/A	N/A	N/A	8.8	8.4	8.6	8.1	8.3
Singleton Births Calculated										
by LMP	8.5	8.5	8.2	7.9	7.7	8.2	7.9	7.6	7.5	7.2
Singleton Births Estimated										
by OE	N/A	N/A	N/A	N/A	N/A	7.1	6.7	6.7	6.4	6.4

Percent calculated from number of births with known gestational age within the range of 17-47 weeks and a birth weight between 125 grams and 5,000 grams.

Note: The primary measure used to determine the gestational age is calculated based on the mother's last menstrual period (LMP) and the child's date of birth. In 2007, the obstetric estimate (OE) was added to the California birth certificate to address missing or erroneous LMP data and precludes neonatal assessments. Both rates are shown for 2007-2011. It is anticipated that routine reporting of OE on the birth certificate will improve the accuracy of gestational age estimates.

Source: County of Orange Health Care Agency

Preterm Birth Rates for Orange County, California and United States, 2002 to 2011

	Total Preterm Births <37 Weeks			Late Preterm Births 34-36 Weeks			Moderate Preterm Births 32-33 Weeks			Very Preterm Births 17-31 Weeks		
	OC	CA	US	OC	CA*	US	OC	CA*	US	OC	CA*	US
2002	10.0%	10.5%	12.1%	7.5%	N/A	8.9%	1.3%	N/A	1.2%	1.2%	1.6%	2.0%
2003	10.1%	10.8%	12.3%	7.4%	N/A	8.8%	1.4%	N/A	1.5%	1.3%	1.6%	2.0%
2004	9.8%	11.0%	12.5%	7.2%	N/A	8.9%	1.2%	N/A	1.6%	1.4%	1.7%	2.0%
2005	9.8%	11.2%	12.7%	7.4%	N/A	9.1%	1.2%	N/A	1.6%	1.2%	1.7%	2.0%
2006	9.4%	11.0%	12.8%	6.9%	N/A	9.2%	1.2%	N/A	1.6%	1.3%	1.7%	2.0%
2007	9.8%	11.1%	12.7%	7.4%	N/A	9.0%	1.0%	N/A	1.7%	1.4%	1.6%	2.0%
2008	9.5%	10.7%	12.3%	7.2%	N/A	8.8%	1.1%	N/A	1.5%	1.2%	1.5%	2.0%
2009	9.4%	10.4%	12.2%	7.0%	N/A	8.7%	1.2%	N/A	1.5%	1.2%	1.5%	2.0%
2010	9.1%	10.0%	12.0%	6.8%	N/A	8.5%	1.1%	N/A	1.5%	1.2%	1.5%	2.0%
2011	9.0%	9.8%	11.7%	6.6%	7.1%	8.3%	1.1%	N/A	1.5%	1.3%	N/A	1.9%

*Data not available for California

Percent for OC calculated from number of births with known gestational age within the range of 17-47 weeks and a birth weight between 125 grams and 5,000 grams.

Source: County of Orange Health Care Agency

Total Preterm Birth Rates by Maternal Race/Ethnicity, Orange County, 2002 to 2011

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
White	9.3	9.6	9.3	10.3	10.2	9.7	9.2	9.6	9.5	8.9
Black	14.1	12.7	11.7	14.7	13.7	16.3	13.5	11.7	14.7	13.4
Hispanic	10.6	10.9	10.2	9.5	8.8	9.7	9.7	9.2	9.0	8.9
Asian	9.0	8.5	9.2	9.0	9.2	9.4	9.0	9.4	8.5	8.9

Percent calculated from number of births with known gestational age within the range of 17-47 weeks and a birth weight between 125 grams and 5,000 grams.
Source: County of Orange Health Care Agency

Late and Very Late Preterm Birth Rates for All and Singleton Births, Orange County, 2002 to 2011

	Late Preterm Births (34-36 Completed Weeks of Gestation)				Very Preterm Births (17-31 Completed Weeks of Gestation)			
	All Births		Singleton Births		All Births		Singleton Births	
	Calculated by LMP							
2002	7.5%		6.5%		1.2%		1.0%	
2003	7.4%		6.6%		1.3%		1.0%	
2004	7.2%		6.2%		1.4%		1.0%	
2005	7.4%		6.2%		1.2%		0.9%	
2006	6.9%		5.9%		1.3%		1.0%	
	Calc. by LMP	Est. by OE	Calc. by LMP	Est. by OE	Calc. by LMP	Est. by OE	Calc. by LMP	Est. by OE
2007	7.4%	6.5%	6.4%	5.5%	1.4%	1.3%	1.0%	0.9%
2008	7.2%	6.3%	6.2%	5.3%	1.2%	1.1%	0.9%	0.8%
2009	7.0%	6.4%	5.8%	5.2%	1.2%	1.2%	0.9%	0.8%
2010	6.8%	6.1%	5.7%	4.9%	1.2%	1.1%	1.0%	0.9%
2011	6.6%	6.1%	5.5%	4.9%	1.3%	1.2%	1.0%	0.9%

Percent calculated from number of births with known gestational age within the range of 17-47 weeks and a birth weight between 125 grams and 5,000 grams
Note: The primary measure used to determine the gestational age is calculated based on the mother's last menstrual period (LMP) and the child's date of birth. In 2007, the obstetric estimate (OE) was added to the California birth certificate to address missing or erroneous LMP data and precludes neonatal assessments. Both rates are shown for 2007-2011. It is anticipated that routine reporting of OE on the birth certificate will improve the accuracy of gestational age estimates.
Source: County of Orange Health Care Agency

Indicator

Infant Mortality Rate

Percent of Infant Deaths by Cause, 2002 to 2011

Causes of Infant Death	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Short Gestation/Low Birth Weight	14.4%	9.5%	14.5%	10.4%	12.1%	8.6%	6.9%	3.0%	5.4%	6.3%
Congenital Anomalies (Birth Defects)	26.4%	22.5%	30.2%	28.0%	27.2%	29.4%	31.7%	33.9%	27.9%	31.3%
Sudden Infant Death Syndrome (SIDS)	1.4%	5.0%	4.5%	1.9%	2.7%	1.6%	2%	0.0%	1.4%	0.0%
Respiratory Distress Syndrome (RDS)	5.6%	4.0%	3.9%	5.2%	0.9%	2.1%	3.0%	1.8%	3.4%	0.6%
Maternal Causes*	6.0%	2.5%	6.1%	12.8%	12.5%	11.8%	16.8%	18.2%	12.9%	13.8%
Accidents and Adverse Effects	4.6%	2.0%	1.7%	0.9%	2.2%	0.5%	1.5%	2.4%	1.4%	1.9%
Other Conditions of Perinatal Period	22.7%	36.0%	24.6%	26.1%	17.9%	24.6%	10.9%	17.6%	36.7%	30.6%
Pneumonia and Influenza	0.0%	0.5%	1.7%	0.0%	0.9%	1.1%	1.0%	0.6%	0.0%	0.6%
All Other Causes	19.0%	18.0%	12.8%	14.7%	23.7%	20.3%	26.2%	22.4%	10.9%	14.9%

*Maternal Causes includes hypertension, premature rupture of membranes, malpresentation, placenta previa, alcohol/drug abuse, or other complications of labor and delivery.

Note: Due to rounding, percentages may not add up to 100.

Source: County of Orange Health Care Agency

Number and Rate Per 1,000 Live Births Suffering Infant Mortality by Race/Ethnicity, 2002 to 2011

Race/Ethnicity	2002		2003		2004		2005		2006	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Asian	25	3.9	24	3.5	16	2.3	19	3.5	22	3.2
Black	3	6.3*	6	13.5	3	6.7*	4	9.8*	8	17.4
Hispanic	120	5.4	102	4.6	102	4.6	118	5.3	128	5.6
White	69	4.6	65	4.4	53	4.0	64	4.8	64	4.8
Total**	216	4.8	200	4.4	179	4.0	211	4.8	224	5.1
Race/Ethnicity	2007		2008		2009		2010		2011	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Asian	21	2.9	18	2.3	20	2.9	13	2.0	16	2.5
Black	6	13.2	4	8.7*	3	6.8*	2	4.8*	3	6.6*
Hispanic	90	3.9	128	5.8	89	4.4	86	4.5	82	4.5
White	56	4.4	49	4.1	50	4.1	39	3.3	48	4.2
Total**	187	4.2	202	4.8	165	4.1	147	4.0	160	4.2

*Rates are based on less than five deaths, and should be interpreted with caution.

**Totals include other/unknown ethnicities not reported.

Source: County of Orange Health Care Agency

Three Year Average Rate Per 1,000 Live Births Suffering Infant Mortality by Race/Ethnicity, 2003 to 2011

Race/Ethnicity	2003-2005	2006-2008	2009-2011
White	4.3	4.4	3.9
Black*	9.6	13.1	6.1
Hispanic	4.8	5.1	4.5
Asian	2.9	2.9	2.5

*Due to the relatively low numbers of Black infants and deaths, statistics for this group are unreliable.

Source: County of Orange Health Care Agency

Indicator

Breastfeeding

Breastfeeding Rates in Orange County and California, 2010 to 2012

	Any Breastfeeding Percent			Exclusive Breastfeeding Percent		
	2010	2011	2012	2010	2011	2012
Orange County	92.7	93.3	93.2	55.6	59.4	62.1
California	90.8	91.7	92.3	56.6	60.6	62.6

*This is the rate for breastfeeding in infants born in Orange County hospitals, not the OC resident breastfeeding rate.

Source: California Department of Public Health. Genetic Disease Screening Program, Newborn Screening Data, 2012. NBS Form Version (D) Revised 12/2008. Maternal, Child and Adolescent Health Program.



Orange County Any and Exclusive Breastfeeding Patterns By Race/Ethnicity, 2010 to 2012

2010 Race/Ethnicity	Any		Exclusive	
	No.	Rate	No.	Rate
Black	300	89.0	179	53.1
Asian	4,695	92.5	2,381	46.9
Hispanic	16,021	92.6	8,484	49.0
Multiple Race	1,055	94.1	751	65.9
Pacific Islander	54	91.5	30	50.8
White	9,013	93.1	6,685	69.1
Missing/Other	320	94.1	210	61.8
Total	32,049	92.8	19,067	55.2
2011 Race/Ethnicity	Any		Exclusive	
	No.	Rate	No.	Rate
Black	314	87.2	204	56.7
Asian	4,842	93.8	2,662	51.6
Hispanic	15,806	92.8	9,119	53.6
Multiple Race	1,232	93.0	899	67.8
Pacific Islander	63	94.0	34	50.7
White	9,155	94.1	7,091	72.9
Missing/Other	335	95.2	222	63.1
Total	32,197	93.3	20,505	59.4
2012 Race/Ethnicity	Any		Exclusive	
	No.	Rate	No.	Rate
Black	293	91.8	196	61.4
Asian	5529	93.8	3038	51.6
Hispanic	15232	92.4	9373	56.8
Multiple Race	1336	94.9	1041	73.9
Pacific Islander	47	83.9	23	41.1
White	8900	94.3	7197	76.2
Missing/Other	754	93.2	493	60.9
Total	32,091	93.2	21,361	62.1

Source: California Department of Public Health. Genetic Disease Screening Program, Newborn Screening Data, 2012. NBS Form Version (D) Revised 12/2008. Maternal, Child and Adolescent Health Program.

Breastfeeding Percentages in Orange County Hospitals and California, 2010 to 2012

Hospitals	Percent of Any Breastfeeding			Percent of Exclusive Breastfeeding		
	2010	2011	2012	2010	2011	2012
Anaheim Regional Medical Center	88.1	89.9	88.7	32.2	35.3	28.2
Coastal Communities Hospital	92.3	91.5	91.2	18.7	23.9	55.3
Fountain Valley Regional Medical Center	87.1	88.0	89.1	27.7	27.1	25.7
Garden Grove Hospital	93.4	93.2	93.7	47.7	62.3	60.5
Hoag Memorial-Presbyterian Hospital**	96.1	96.2	96.2	59.7	62.9	70.1
Kaiser-Anaheim**	93.5	94.9	94.3	76.0	76.9	73.8
Kaiser-Irvine**	95.9	96.7	97.1	75.0	80.0	80.1
La Palma Intercommunity Hospital	93.0	89.2	93.5	46.8	53.3	66.8
Los Alamitos Medical Center	87.5	91.8	94.1	36.8	55.2	75.2
Mission Hospital Regional Medical Center**	95.0	95.1	94.8	66.7	73.7	80.3
Orange Coast Memorial Hospital	90.8	94.5	91.6	53.2	63.0	60.2
Saddleback Memorial Medical Center	91.7	91.7	92.1	58.0	60.1	60.1
St. Joseph's Hospital**	94.7	94.5	94.8	82.5	79.7	81.0
St. Jude Medical Center**	93.2	93.4	94.3	76.5	75.2	78.6
UC Irvine Medical Center	90.1	90.6	93.2	55.7	65.1	64.1
Western Medical Center	86.8	85.6	82.9	15.6	16.0	14.7
Western Medical Center Anaheim	96.8	96.2	96.5	59.9	62.4	62.8
Orange County*	92.7	93.2	93.3	55.6	59.8	63.1
California	90.8	91.7	92.2	56.6	60.4	62.4

Note: These data should not be compared to data previously provided prior to 2010 because there was a change in methodology for computing these rates.

*This is the rate for breastfeeding in infants born in Orange County hospitals, not the OC resident breastfeeding rate.

**Indicates Baby-Friendly Designation as defined on page 51.

Source: California Department of Public Health. Genetic Disease Screening Program, Newborn Screening Data, 2012. NBS Form Version (D) Revised 12/2008. Maternal, Child, and Adolescent Health Program.

Indicator

Adequate Immunization

Percent of Adequately Immunized Children Enrolling in School Between 2003 through 2012 in Orange County and California

Assessment Year	Up-To-Date at Kindergarten Entry*		Up-To-Date at 2nd Birthday**	
	CA (%)	OC (%)	CA (%)	OC (%)
2003	92.5	92.9	71.8	71.4
2004	92.9	92.7	76.3	77.6
2005	92.8	92.7	77.7	78.9
2006	92.7	92.1	75.7	78.9
2007	92.1	90.8	76.7	76.9
2008	91.7	90.0	77.9	81.1
2009	91.4	89.6	76.9	76.6
2010	90.7	89.0	77.4	74.8
2011	91.0	89.5	***	78.1
2012	90.3	89.3	***	75.7

*Up-to-date (UTD) for Kindergarten: Proof of immunizations is required to enter kindergarten. Children who are partially immunized are not considered UTD but may attend school as long as they are not overdue for doses needed to complete the vaccine series. Children with a written exemption based on personal beliefs or documented medical conditions are also not UTD but may attend school. 2012 Kindergarten Assessment Results, California Department of Health Services, Immunization Branch.

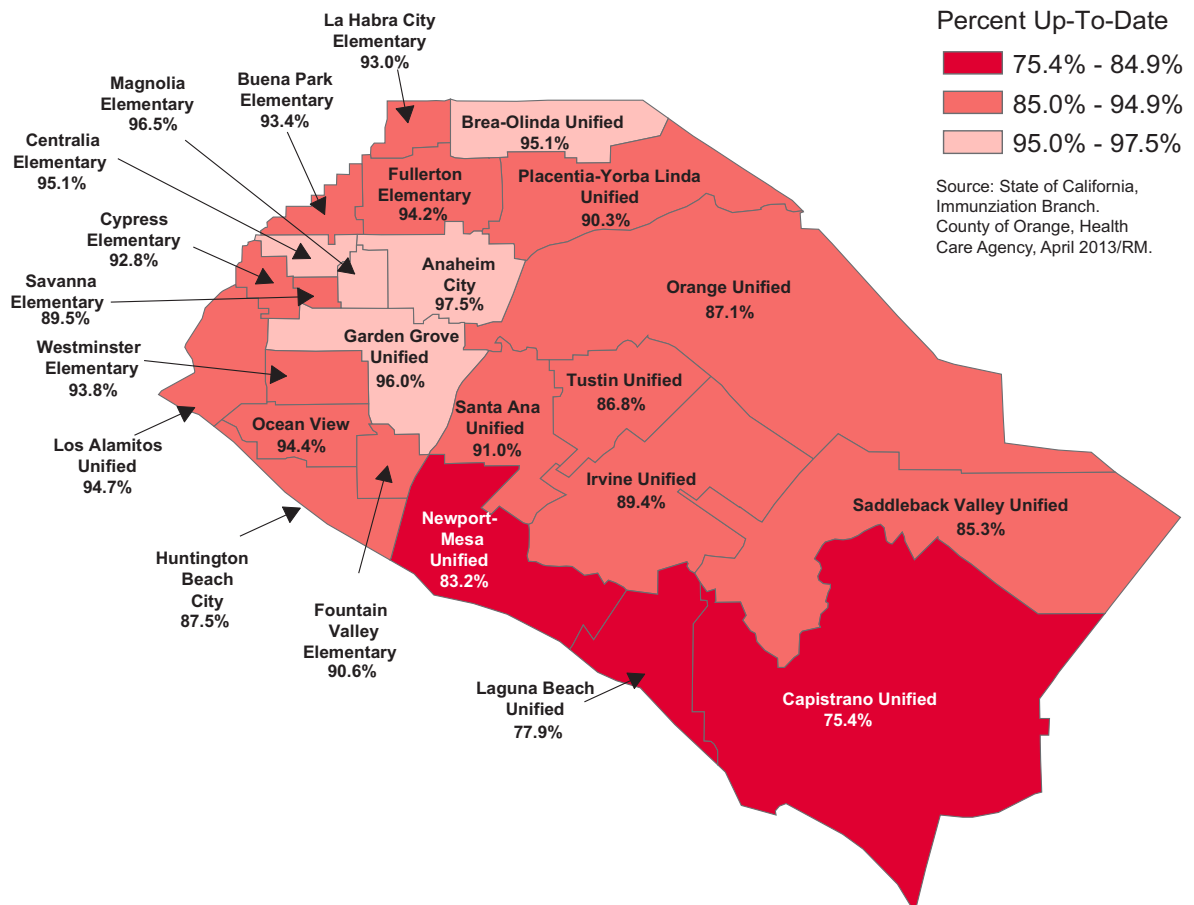
**Up-to-date at 2nd birthday: 3 doses of polio, 4 doses of DTP or DTaP (diphtheria, pertussis and tetanus) and 1 MMR (measles, mumps and rubella). Additional doses of each vaccine are required before school entry. 2003-2012 Kindergarten Retrospective Survey Results, California Department of Health Services, Immunization Branch. 2003-2010 OC data includes other Southern CA counties (Imperial, Orange, Riverside, San Bernardino, and San Diego). 2011-2012 data include a small, random sample of schools for OC only.

***After 2010, California data is no longer being collected for percent of up-to-date immunized children at their 2nd birthday.

Sources: 2012 Kindergarten Assessment Results, California Department of Health Services, Immunization Branch

2011 Kindergarten Retrospective Survey Results, California Department of Health Services, Immunization Branch

Up-to-Date Immunizations at Kindergarten Enrollment, Private and Public Schools Within Each School District, 2012



Percent of Regional Variations in Up-to-Date Vaccination Status*, Personal Belief Exemptions, and Conditional Enrollment*** at Kindergarten Entry in Orange County by School District****, 2012**

Elementary District	Up to Date	Personal Belief	Conditional Enrollment	Unified District	Up to Date	Personal Belief	Conditional Enrollment
Anaheim City	97.5	0.3	2.1	Brea-Olinda	95.1	3.2	2.7
Buena Park	93.4	0.4	5.9	Capistrano	75.4	8.8	14.8
Centralia	95.1	0.6	4.4	Garden Grove	96.0	0.6	3.3
Cypress	92.8	1.4	5.6	Irvine	89.4	3.2	6.8
Fountain Valley	90.6	2.8	6.5	Laguna Beach	77.9	11.9	8.8
Fullerton	94.2	3.9	1.9	Los Alamitos	94.7	3.7	1.5
Huntington Beach City	87.5	7.0	5.3	Newport-Mesa	83.2	5.9	10.7
La Habra	93.0	1.3	5.7	Orange	87.1	1.9	10.5
Magnolia	96.5	0.2	3.3	Placentia- Yorba Linda	90.3	2.8	6.9
Ocean View	94.4	3.2	2.1	Saddleback Valley	85.3	4.7	9.5
Savanna	89.5	0.0	10.5	Santa Ana	91.0	0.7	8.2
Westminster	93.8	1.4	4.7	Tustin	86.8	2.0	11.0

*Refer to chart on page 153 for up-to-date definition.

**Refer to other personal beliefs held by the parents who do not believe that their child should be immunized.

***Includes children who are not up-to-date (missing one or more required vaccines), but not currently due for any remaining doses.

****Conditional admission includes children who are missing one or more of the required immunizations, but are not currently due for any remaining doses and children who have temporary medical exemptions.

Indicator

Developmental Disabilities

Children Receiving Services for Developmental Disabilities, 2003 to 2012

	2003		2004		2005		2006		2007	
	No.	%	No.	%	No.	%	No.	%	No.	%
Total Served	7,200	100.0	7,677	100.0	8,055	100.0	8,151	100.0	8,743	100.0
Total Served with Diagnosis	5,218	72.5	5,435	70.8	5,471	67.9	5,497	67.4	5,685	65.0
Total Number Under 4 years of age	2,321	32.2	3,092	40.3	3,451	42.8	3,515	43.1	3,929	44.9
Total Number of CalWorks/Medi-Cal	68	0.9	71	0.9	*	*	*	*	*	*
Total Number of SSI/Medi-Cal	1,079	4.9	970	12.6	*	*	*	*	*	*
Total Number who live at home	6,818	94.7	7,394	96.3	7,739	96.1	7,833	96.1	8,439	96.5
Total Number who live in Community Care Facility	153	2.1	124	1.6	117	1.5	115	1.4	114	1.3
Total Number who live in Foster Care (SSA)	99	1.4	113	1.5	107	1.3	112	1.4	119	1.4
	2008		2009		2010		2011		2012	
	No.	%	No.	%	No.	%	No.	%	No.	%
Total Served	9,281	100.0	9,443	100.0	9,412	100.0	8,915	100.0	8,821	100.0
Total Served with Diagnosis	5,956	64.2	6,495	68.8	6,362	67.6	6,119	68.6	6,268	71.1
Total Number Under 4 years of age	4,270	46.0	4,297	45.5	4,056	43.1	3,463	38.8	3,247	36.8
Total Number of CalWorks/Medi-Cal	*	*	*	*	*	*	*	*	*	*
Total Number of SSI/Medi-Cal	*	*	*	*	*	*	*	*	*	*
Total Number who live at home	8,977	96.7	9,192	97.3	8,530	90.6	8,451	94.7	8,394	95.2
Total Number who live in Community Care Facility	102	1.1	71	0.8	102	1.1	76	0.9	78	0.9
Total Number who live in Foster Care (SSA)	125	1.3	106	1.1	114	1.2	115	1.3	99	1.1

Note: Due to some children being counted in more than one category, based on their qualifications, values may not add up to 100%.

*Numbers were not included for this time period because data were inconclusive.

Source: Regional Center of Orange County

Total Number of Children Under 18 Years of Age Receiving Services for Developmental Disabilities by Race/Ethnicity, 2003 to 2012

Race/Ethnicity	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
White	2,781	2,811	2,874	2,848	2,966	2,918	2,863	2,798	2,448	2,342
Black	124	132	121	124	121	119	129	127	116	119
Hispanic	2,532	2,681	2,776	2,833	3,183	3,318	3,507	3,495	3,366	3,328
Asian	788	928	1,034	1,050	1,089	1,295	1,399	1,437	1,425	1,477
Other	775	911	1,026	1,069	1,140	1,358	1,345	1,365	1,360	1,035
Unknown	200	214	224	227	244	273	200	199	200	295
Total	7,200	7,677	8,055	8,151	8,743	9,281	9,443	9,412	8,915	8,821

Note: Those with Middle Eastern ethnicity are included in the 'other' category.
Source: Regional Center of Orange County

Total Number of Children by Age Group and Number and Percent of Children with a Diagnosis of Autism Served by the Regional Center of Orange County, July 2012 and July 2013

	Total # of Children Served by RCO	2012 # with Autism	% with Autism	Total # of Children Served by RCO	2013 # with Autism	% with Autism	Percent Change 2012 to 2013
3-4 Years of Age	731	308	42.1	692	312	45.1	1.3%
5-9 Years of Age	2,140	1,088	50.8	2,195	1,125	51.2	3.4%
10-14 Years of Age	1,877	853	45.4	1,943	920	47.3	7.9%
15-18 Years of Age	1,541	626	40.6	1,597	677	42.4	8.1%
Total	6,289	2,875	45.7	6,437	3,034	47.1	5.6%

Note: Point-in-time data for July 31, 2012, and July 31, 2013.
Source: Regional Center of Orange County

Indicator

Physical Activity

Summary Results of Students Meeting Healthy Fitness Zone (HFZ) Standards for Aerobic Capacity by Race/Ethnicity, 2010/11 to 2011/12

2010/11	Grade 5 %	Grade 7 %	Grade 9 %
American Indian	73.6	73.3	68.9
Asian	75.7	82.6	81.2
Black	67.6	72.8	68.8
Hispanic	59.5	60.5	59.1
White	79.9	81.4	78.5
Average	68.8%	72.0%	70.5%
2011/12	Grade 5 %	Grade 7 %	Grade 9 %
American Indian	65.9	75.9	70.5
Asian	73.9	82.9	79.8
Black	64.8	72.4	67.5
Hispanic	59.1	63.5	61.4
White	80.1	82.3	78.2
Average	68.2%	73.1%	70.4%

Note: Data prior to 2010/11 is not comparable due to differences in reporting methodology.
Source: California Department of Education, DataQuest

**Percent of 5th, 7th, and 9th Grade Students in Healthy Fitness Zone (HFZ)
for Aerobic Capacity, 2002/03 to 2011/12**

	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
5th Graders	65.0	65.4	64.6	67.6	69.5	70.3	72.0	72.6	69.0	68.4
7th Graders	70.1	69.8	69.6	69.3	72.9	73.5	74.5	76.1	71.1	73.3
9th Graders	58.8	58.1	61.3	61.1	66.1	68.5	69.5	70.9	69.5	70.5

Note: Data prior to 2010/11 is not comparable due to differences in reporting methodology.
Source: California Department of Education, DataQuest

Indicator

Body Composition

**Summary Results of Students Meeting Healthy Fitness Zone (HFZ) Standards for Body Composition
by Race/Ethnicity, 2010/11 to 2011/12**

2010/11	Grade 5 %	Grade 7 %	Grade 9 %
American Indian	73.6	73.3	68.9
Asian	67.1	74.1	78.3
Black	67.6	72.8	68.8
Hispanic	59.5	60.5	59.1
White	79.9	81.4	78.5
Average	58.0%	63.4%	69.1%
2011/12	Grade 5 %	Grade 7 %	Grade 9 %
American Indian	62.4	59.3	65.1
Asian	65.4	70.6	73.6
Black	55.0	57.3	61.3
Hispanic	43.5	50.7	56.4
White	71.0	71.7	73.8
Average	56.0%	61.0%	65.4%

Note: Data prior to 2010/11 is not comparable due to differences in reporting methodology.
Source: California Department of Education, DataQuest

**Percent of 5th, 7th, and 9th Grade Students in Healthy Fitness Zone (HFZ)
for Body Composition, 2002/03 to 2011/12**

	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
5th Graders	69.6	70.4	70.1	70.5	71.4	71.2	71.7	72.4	58.1	56.4
7th Graders	72.3	71.3	70.6	70.2	71.9	73.0	73.9	73.7	61.4	61.3
9th Graders	72.3	72.0	74.4	73.2	75.3	76.3	76.0	76.9	67.3	65.5

Note: Data prior to 2010/11 is not comparable due to differences in reporting methodology.
Source: California Department of Education, DataQuest

Indicator

Births to Teens

Percent of Births to Teens (19 and Under) of Total Births in Orange County, 2002 to 2011

2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
7.0%	6.8%	6.8%	7.0%	7.3%	7.0%	7.0%	6.8%	6.6%	5.8%

Number and Birth Rate* by Age of Mother (19 Years and Under) per 1,000 Females, 2002 to 2011

Age of Mother	2002		2003		2004		2005		2006	
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
<15 Years	46	0.4	44	0.4	51	0.5	52	0.5	51	0.5
15-17 Years	1,001	17.2	1,025	17.3	1,021	16.9	1,014	16.4	1,007	16.0
18-19 Years	2,147	55.8	2,043	52.5	2,058	52.2	2,064	52.3	2,207	55.9
Age of Mother	2007		2008		2009		2010		2011	
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
<15 Years	44	0.4	52	0.5	34	0.3	36	0.4	34	0.3
15-17 Years	984	15.3	979	15.0	902	13.8	806	12.2	730	11.2
18-19 Years	2,105	52.7	1,976	48.0	1,828	42.7	1,673	37.5	1,485	32.9

Birth Rates Per 1,000 Females Age 15-19 Years in Orange County, California and the United States, 2002 to 2011

Area	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Orange County	32.6	31.3	30.9	30.4	31.3	29.6	27.7	25.3	22.4	20.1
California**	40.9	39.4	39.0	38.6	40.2	40.1	38.3	35.4	31.5	28.0
United States***	43.0	41.6	41.1	40.5	41.9	42.5	41.5	39.1	34.2	31.3

Birth Rates Per 1,000 Female Teen Population 15-19 Years of Age by Race/Ethnicity, 2002 to 2011

Race and Ethnicity	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Asian	6.1	4.7	4.4	4.3	4.1	3.4	2.4	3.2	2.5	1.9
Black	25.0	26.7	24.1	25.1	24.0	25.2	24.9	18.9	13.2	13.2
Hispanic	69.6	67.6	65.9	64.7	65.9	62.5	57.2	50.7	44.1	39.7
White	10.7	9.2	8.3	8.4	8.5	5.4	6.7	6.7	7.7	6.8

Percent of Population, Total Births and Births to Teens (19 and Under) by Race/Ethnicity, 2002 to 2011

Race/Ethnicity	Percent of Population in 2007	Percent of Total Births by Year									
		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Asian	14.8%	14.3	15.3	15.3	15.4	15.6	16.6	16.5	16.8	16.4	17.1
Black	1.6%	1.1	1.0	1.0	1.0	1.0	1.0	1.1	1.1	1.1	1.2
Hispanic	41.9%	49.5	49.3	49.7	50.9	51.5	51.9	51.8	50.3	49.5	48.2
White	37.9%	33.1	32.3	31.6	31.2	30.3	28.7	28.8	29.9	31.1	30.1
Race/Ethnicity	Percent of Population in 2007	Percent of Teen Births by Year									
		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Asian	14.8%	2.9	2.3	2.1	2.1	2.0	1.8	1.4	1.9	1.8	1.4
Black	1.6%	1.3	1.4	1.3	1.4	1.3	1.4	1.5	1.2	1.0	1.0
Hispanic	41.9%	80.6	82.9	83.1	84.2	84.5	86.1	85.0	85.3	85.3	86.4
White	37.9%	14.3	11.6	11.0	11.1	10.8	8.9	10.3	9.7	10.5	8.8

Notes: Birth rates for females <15 are based on a per 1,000 females 12-14 years of age, as there were no births to females younger than 12 years of age.

*Rates are calculated for 2002-2009: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2010. Sacramento, CA, September 2012; for 2010-2011: State of California, Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060. Sacramento, California, January 2013.

**State of California, Department of Health Services, Birth Records. <http://www.cdph.ca.gov/data/statistics/Documents/VSC-2005-0202.pdf>; <http://www.dhs.ca.gov/hisp/chsOHIR/tables/datafiles/vsofca.xls>.

***National vital statistics reports: National Center for Health Statistics, <http://www.cdc.gov/nchs/births.htm>.

Source: County of Orange Health Care Agency

SUPPLEMENTAL TABLES: GOOD HEALTH

Number of Teen Births and Teen Birth Rates* by Age and Race/Ethnicity, 2002 to 2011

Age of Mother	Total	Rate	White	Black	Hispanic	Asian	Other
2002							
Under 15 Years	46	0.4	1	2	41	2	0
15-17 Years	1,001	17.2	94	11	871	18	7
18-19 Years	2,147	55.8	356	30	1,667	73	21
Total Teen Births	3,194		451	43	2,579	93	28
Teen Birth Rate	32.6		11.2	26.2	70.7	6.2	N/A
2003							
Under 15 Years	44	0.4	2	1	40	1	0
15-17 Years	1,025	17.3	81	21	889	15	19
18-19 Years	2,043	52.5	276	23	1,655	56	33
Total Teen Births	3,112		359	45	2,584	72	52
Teen Birth Rate	31.3		8.8	27.3	68.6	4.8	N/A
2004							
Under 15 Years	51	0.5	2	0	46	2	1
15-17 Years	1,021	16.9	70	18	883	19	31
18-19 Years	2,058	52.2	268	22	1,677	47	44
Total Teen Births	3,130		340	40	2,606	68	76
Teen Birth Rate	30.9		8.3	24.1	67.1	4.5	N/A
2005							
Under 15 Years	52	0.5	2	0	45	3	2
15-17 Years	1,014	16.4	101	15	870	17	11
18-19 Years	2,064	52.3	241	27	1,723	48	25
Total Teen Births	3,130		344	42	2,638	68	38
Teen Birth Rate	30.4		8.5	25.1	65.8	4.5	N/A
2006							
Under 15 Years	51	0.5	1	1	48	0	1
15-17 Years	1,007	16.0	81	13	881	18	14
18-19 Years	2,207	55.9	265	28	1,836	46	32
Total Teen Births	3,265		347	42	2,765	64	47
Teen Birth Rate	31.3		8.5	24.6	67.1	4.1	N/A
2007							
Under 15 Years	44	0.4	1	0	41	0	2
15-17 Years	984	15.3	67	9	885	13	10
18-19 Years	2,105	52.7	207	35	1,776	43	44
Total Teen Births	3,133		275	44	2,702	56	56
Teen Birth Rate	29.6		6.9	25.2	63.5	3.4	N/A
2008							
Under 15 Years	52	0.5	1	2	45	2	2
15-17 Years	979	15.0	74	12	869	10	14
18-19 Years	1,976	48.0	231	33	1,644	31	37
Total Teen Births	3,007		306	47	2,558	43	53
Teen Birth Rate	27.7		7.7	26.1	58.2	2.5	N/A
2009							
Under 15 Years	34	0.3	0	0	33	1	0
15-17 Years	902	13.8	63	9	806	13	11
18-19 Years	1,828	42.7	202	25	1,522	40	39
Total Teen Births	2,764		265	34	2,361	54	50
Teen Birth Rate	25.3		6.7	18.9	51.1	3.3	N/A
2010							
Under 15 Years	36	0.4	3	1	31	1	0
15-17 Years	806	12.2	54	2	730	13	7
18-19 Years	1,673	37.5	207	21	1,384	31	30
Total Teen Births	2,515		264	24	2,145	45	37
Teen Birth Rate	22.4		6.8	13.8	44.8	2.5	N/A
2011							
Under 15 Years	34	0.3	1	0	33	0	0
15-17 Years	730	11.2	52	8	642	9	13
18-19 Years	1,485	32.9	142	14	1,272	23	25
Total Teen Births	2,249		195	22	1,947	32	38
Teen Birth Rate	20.1		5.1	13.2	40.4	1.9	N/A

*Teen birth rate is expressed per 1,000 females 15-19 years of age.

Population Sources for 2002-2009: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2010. Sacramento, California, September 2012; for 2010-2011: State of California, Department of Finance, Report P-3; State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060. Sacramento California, January 2013.

Source: County of Orange Health Care Agency

Number of Live Births, Mothers Age 15 to 19 and Five-Year Average Birth Rate*
per 1,000 Females by City of Residence, 2007 to 2011

	Females Population Age 15-19	2007	2008	2009	2010	2011	Five-year Average Rate per 1,000 Females 15-19
Santa Ana	14,321	952	834	764	725	638	54.6
Anaheim	12,570	589	671	572	535	470	45.1
San Juan Capistrano	1,096	53	48	50	27	44	40.5
Stanton	1,260	62	61	46	48	32	39.5
La Habra	2,397	103	93	101	78	72	37.3
Garden Grove	5,417	226	210	198	183	139	35.3
Tustin	2,227	84	59	67	62	66	30.4
Orange	5,066	160	153	133	124	115	27.0
Placentia	1,615	61	45	38	38	34	26.7
Costa Mesa	3,361	91	93	83	89	84	26.2
Fullerton	4,956	154	155	133	97	98	25.7
Buena Park	3,473	98	98	94	69	79	25.3
Westminster	3,019	92	60	73	71	54	23.2
San Clemente	1,724	37	33	31	37	35	20.1
Midway CDP	357	6	3	8	6	8	17.4
Lake Forest	2,267	36	47	46	34	33	17.3
Laguna Hills	1,047	14	21	21	15	11	15.7
Huntington Beach	5,497	70	62	76	70	54	12.1
Aliso Viejo	1,168	15	14	18	6	6	10.1
Los Alamitos	358	1	6	1	8	2	10.1
Dana Point	726	6	8	9	3	6	8.8
Mission Viejo	3,541	33	35	34	25	27	8.7
La Palma	509	1	4	9	4	4	8.6
Rancho Santa Margarita	1,991	15	19	12	19	14	7.9
Cypress	2,359	20	27	12	12	10	6.9
Brea	1,347	8	8	9	12	5	6.2
Laguna Niguel	2,270	11	12	18	15	14	6.2
Villa Park	290	3	3	1	0	0	4.8
Ladera Ranch CDP	303	1	0	2	2	2	4.6
Fountain Valley	2,144	10	6	14	13	5	4.5
Yorba Linda	2,330	14	9	10	10	10	4.5
Seal Beach	532	2	4	2	1	0	3.4
Laguna Beach	569	1	2	0	4	1	2.8
Newport Beach	1,868	6	3	2	4	6	2.2
Irvine	10,000	22	22	24	22	13	2.1
Coto de Caza CDP	779	0	2	0	2	0	1.0
Las Flores CDP	346	0	0	0	0	0	0.0
Laguna Woods	0	0	0	0	0	0	0.0
North Tustin CDP	662	0	0	0	0	0	0.0
Rossmoor CDP	305	0	0	0	0	0	0.0
Orange County Total	107,345	3,089	2,955	2,730	2,479	2,215	25.1

*Five-year average rate from 2007 to 2011.

Population source: U.S. Census Bureau, American Community Survey, Five Year Average Population 2006-2010

Prepared by: County of Orange Health Care Agency

Source: State of California, Center for Health Statistics, Birth Records

Indicator

Sexually Transmitted Diseases (STDs)

Number and STD Case Rates* Per 100,000 Child Population 10 to 17 Years of Age by Type of Disease, 2003 to 2012

Type of STD**	2003		2004 ¹		2005 ¹		2006		2007	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Chlamydia	576	163.5	635	177.2	687	189.6	732	201.4	772	211.7
Gonorrhea	33	9.4	58	16.2	48	13.2	61	16.8	78	21.4
Syphilis	4	1.1	4	1.1	4	1.1	3	0.8	3	0.8
HIV/AIDS	0	0.0	0	0.0	4	1.1	4	1.1	2	0.5
Total	613	174.0	697	194.5	743	205.0	800	220.2	855	234.5
Population	352,252		358,406		362,403		363,386		364,624	
Type of STD**	2008		2009		2010 ²		2011 ²		2012	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Chlamydia	751	207.5	748	209.2	670	193.6	724	211.6	675	200.5
Gonorrhea	39	10.8	25	7.0	38	11.0	35	10.2	49	14.6
Syphilis	4	1.1	2	0.6	2	0.6	1	0.3	2	0.6
HIV/AIDS	2	0.6	4	1.1	00.0	4	1.20	0.0		
Total	796	220.0	779	217.8	710	205.1	764	223.3	726	215.7
Population	361,899		357,637		346,098		342,172		336,580	

*Rates per 100,000 population; rates based on less than five events are unstable and should be interpreted with caution.

**Does not include congenital cases resulting from mother to child transmission.

¹Due to delays in reporting, incident 2004 chlamydia and gonorrhea cases were reported in 2005. This report reallocates those cases from 2005 back to 2004.

²The rates before 2010 are calculated using the following population source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050. Sacramento, California, July 2007. The rates since 2010 are calculated using the following population source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2010-2060. Sacramento, California, January 2013.

Source: County of Orange Health Care Agency, Public Health Services, June 2013.

Number of STDs Among Children 10 to 17 Years of Age by Gender and Type of Disease, 2003 to 2012

Type of STD*	2003	2004 ¹	2005 ¹	2006	2007	2008	2009	2010	2011	2012
Chlamydia										
Male	96	138	123	139	133	147	151	121	162	134
Female	480	497	564	593	639	603	593	548	561	540
Unknown	0	0	0	0	0	1	4	1	1	1
Total	576	635	687	732	772	751	748	670	724	675
Gonorrhea										
Male	9	12	9	12	24	11	17	12	13	15
Female	24	46	39	49	54	28	8	25	22	33
Unknown	0	0	0	0	0	0	0	1	0	1
Total	33	58	48	61	78	39	25	38	35	49
Syphilis										
Male	3	3	2	3	1	2	0	0	0	2
Female	1	1	2	0	2	2	2	2	1	0
Unknown	0	0	0	0	0	0	0	0	0	0
Total	4	4	4	3	3	4	2	2	1	2
HIV/AIDS										
Male	0	0	3	3	2	2	4	0	3	0
Female	0	0	1	1	0	0	0	0	1	0
Unknown	0	0	0	0	0	0	0	0	0	0
Total	0	0	4	4	2	2	4	0	4	0

*Does not include congenital cases resulting from mother to child transmission.

¹Due to delays in reporting, incident 2004 chlamydia and gonorrhea cases were reported in 2005. This report reallocates those cases from 2005 back to 2004.

Source: County of Orange Health Care Agency, Public Health Services, June 2012.

Number and STD Case Rates* Per 100,000 Child Population by Age Group and Type of Disease, 2003 to 2012

Type of STD**	2003		2004 ¹		2005 ²		2006		2007	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Chlamydia										
10-14 Years	45	19.7	45	19.5	45	19.6	44	19.4	41	18.3
15-17 Years	531	428.7	590	462.6	642	485.2	688	504.6	731	520.6
Gonorrhea										
10-14 Years	2	0.9	7	3.0	3	1.3	4	1.8	7	3.1
15-17 Years	31	25.0	51	40.0	45	34.0	57	41.8	71	50.6
Syphilis										
10-14 Years	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
15-17 Years	4	3.2	4	3.1	4	3.0	3	2.2	3	2.1
HIV/AIDS										
10-14 Years	0	0.0	0	0.0	1	0.4	0	0.0	0	0.0
15-17 Years	0	0.0	0	0.0	3	2.3	4	2.9	2	1.4
10-14 Total cases	47	20.6	52	22.5	49	21.3	48	21.1	48	21.4
15-17 Total cases	566	457.0	645	505.7	694	524.5	752	551.5	807	574.8
10-17 Total cases	613	174.0	697	194.5	743	205.0	800	220.2	855	234.5
Type of STD**	2008		2009		2010		2011		2012	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Chlamydia										
10-14 Years	40	18.2	52	24.0	27	12.8	50	24.0	29	14.1
15-17 Years	711	501.8	696	492.6	643	473.2	674	503.2	646	490.8
Gonorrhea										
10-14 Years	4	1.8	0	0.0	1	0.5	2	1.0	2	1.0
15-17 Years	35	24.7	25	17.7	37	27.2	33	24.6	47	35.7
Syphilis										
10-14 Years	0	0.0	1	0.5	0	0.0	0	0.0	0	0.0
15-17 Years	4	2.8	1	0.7	2	1.5	1	0.7	2	1.5
HIV/AIDS										
10-14 Years	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
15-17 Years	2	1.4	4	2.8	0	0.0	4	3.0	0	0.0
10-14 Total Cases	44	20.0	53	24.5	28	13.3	52	25.0	31	15.1
15-17 Total Cases	752	530.8	726	513.8	682	501.9	712	531.5	695	528.0
10-17 Total cases	796	220.0	779	217.8	710	205.1	764	223.3	726	215.7

*Rates per 100,000 population; rates based on less than five events are unstable, and should be interpreted with caution.

**Does not include congenital cases resulting from mother to child transmission.

¹⁻²Due to delays in reporting, incident 2004 chlamydia and gonorrhea cases were reported in 2005. This report allocates those cases from 2005 back to 2004.

Source: County of Orange Health Care Agency, Public Health Services, June 2013



Indicator

Mental Health Services

Number of Services by Type of Outpatient Program, 2002/03 to 2011/12

Outpatient (Visit)	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Special Education (Community-Based)	134,480	109,321	87,972	72,451	65,163	65,343	60,864	55,881	37,435	25,335
Wards & Dependents	278,696	196,803	163,344	145,844	123,405	127,175	137,613	120,002	115,999	109,580
Other (Community-Based)	266,474	153,715	140,002	136,857	164,169	194,638	213,615	256,496	306,331	281,450
Total	639,650	459,839	391,318	355,152	352,737	387,156	412,092	432,379	459,765	416,365

Note: Since FY 04/05 visit count adjusted to exclude clinical documentation activities
Source: County of Orange County Health Care Agency/Children and Youth Services

Number of Bed Days by Type of Inpatient Placements, 2002/03 to 2011/12

Inpatient	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
State Hospital	0	0	0	0	0	0	0	0	0	0
Acute Hospital (Unfunded)	597	823	525	492	549	566	497	386	547	440
Acute Hospital (Medi-Cal)	2,547	2,443	2,398	2,127	2,639	2,131	2,304	3,016	3,164	3,049
Residential Placement (Sp. Ed.)	27,573	26,975	31,016	35,106	53,664	58,573	52,610	49,503	41,677	27,654
Total	30,717	30,241	33,939	37,725	56,852	60,270	55,411	52,905	45,388	31,143

Source: County of Orange County Health Care Agency/Children and Youth Services



Indicator

Substance Abuse (Drug, Alcohol, and Tobacco)

Number and Percent of Adolescents Receiving Substance Abuse Services by Drug of Choice and Age, 2002/03 to 2011/12

	Drug of Choice							
Year and Age	Alcohol	Metham- phetamine	Cocaine	Marijuana	PCP/ Hallucinogen	Heroin	Other*	Total
2002/03¹								
Under 13 years	0	3	0	1	0	0	0	4
13-14 years	9	20	2	47	0	0	0	78
15-17 years	50	164	24	239	3	8	4	492
Total	59	187	26	287	3	8	4	574
Percent	10.0%	33.0%	5.0%	50.0%	1.0%	1.0%	1.0%	100.0%
2003/04¹								
Under 13 years	0	2	0	3	0	0	0	5
13-14 years	5	12	2	25	0	0	1	45
15-17 years	26	118	6	102	0	6	4	262
Total	31	132	8	130	0	6	5	312
Percent	9.9%	42.3%	2.6%	41.7%	0.0%	1.9%	1.6%	100.0%
2004/05¹								
Under 13 years	0	0	0	1	0	0	0	1
13-14 years	2	14	0	22	0	0	0	39
15-17 years	40	127	10	171	0	13	3	364
Total	42	141	10	194	0	13	4	404
Percent	10.4%	34.9%	2.5%	48.0%	0.0%	3.2%	1.0%	100.00%
2005/06								
Under 13	0	0	0	0	0	0	0	0
13-14	2	18	1	14	0	0	1	36
15-17	13	74	8	94	0	4	4	197
Total	15	92	9	108	0	4	5	233
Percent	6.4%	39.5%	3.9%	46.4%	0.0%	1.7%	2.1%	100.0%
2006/07								
Under 13	0	1	0	1	0	0	0	2
13-14	2	14	2	38	0	0	3	59
15-17	44	146	12	258	0	4	15	479
Total	46	161	14	297	0	4	18	540
Percent	8.5%	29.8%	2.6%	55.0%	0.0%	0.7%	3.3%	100.0%
2007/08								
Under 13	1	1	0	1	0	0	0	3
13-14 years	10	11	0	44	1	0	6	72
15-17 years	51	90	16	314	3	2	17	493
Total	62	102	16	359	4	2	23	568
Percent	10.9%	18.0%	2.8%	63.2%	0.7%	0.4%	4.0%	100.0%
2008/09								
Under 13	0	0	0	0	0	0	0	0
13-14 years	3	2	0	27	2	12	0	46
15-17 years	45	122	14	273	5	37	11	507
Total	48	124	14	300	7	49	11	553
Percent	8.7%	22.4%	2.5%	54.2%	1.3%	8.9%	2.5%	100%
2009/10								
Under 13 years	0	0	0	2	0	0	0	2
13-14 years	5	5	0	34	0	0	7	51
15-17 years	28	33	1	150	0	13	16	241
Total	33	38	1	186	0	13	23	294
Percent	11.2%	12.9%	0.3%	63.2%	0.0%	4.4%	7.8%	100.0%
2010/11								
Under 13 years	0	0	0	2	0	0	0	2
13-14 years	7	4	1	48	3	2	2	67
15-17 years	28	38	4	186	17	33	6	312
Total	35	42	5	236	20	35	6	381
Percent	9.2%	11%	1.3%	61.9%	5.2%	9.2%	1.6%	100.0%
2011/12								
Under 13 years	0	0	0	1	0	0	0	1
13-14 years	5	3	0	25	0	0	2	35
15-17 years	26	46	4	178	0	27	16	297
Total	31	49	4	204	0	27	18	333
Percent	9.3%	14.7%	1.2%	61.2%	0%	8.1%	5.4%	100%

*Includes inhalants, amphetamines, sedatives, stimulants, and over the counter drugs.

¹Total does not include youth who received specialized education, prevention, linkage & referral services in connection with the Probation Department.

Source: County of Orange Health Care Agency

SUPPLEMENTAL TABLES: GOOD HEALTH

Number and Percent of Adolescents Receiving Treatment Services by Race/Ethnicity and Gender, 2002/03 to 2011/12

	Race/Ethnicity						
Year and Gender	White	Hispanic	Black	American Indian	Asian	Other	Total
2002/03¹							
Male	125	243	14	N/A	12	14	408
Female	61	94	3	N/A	6	2	166
Frequency	186	337	17	N/A	18	16	574
Percent	32.4%	58.7%	3.0%	N/A	3.1%	2.8%	100.0%
2003/04¹							
Male	100	101	4	0	6	3	214
Female	60	34	1	1	1	1	98
Frequency	160	135	5	1	7	4	312
Percent	51.3%	43.3%	1.6%	0.3%	2.2%	1.3%	100.0%
2004/05¹							
Male	89	156	10	3	8	0	266
Female	57	73	2	2	4	0	138
Frequency	146	229	12	5	12	0	404
Percent	36%	56.7%	3.0%	1.2%	3.0%	0%	100.0%
2005/06							
Male	56	98	0	0	8	2	164
Female	34	32	1	0	1	1	69
Total	90	130	1	0	9	3	233
Percent	38.6%	55.8%	0.4%	0.0%	3.9%	1.3%	100.0%
2006/07							
Male	119	231	5	2	15	3	375
Female	53	102	3	3	3	1	165
Total	172	333	8	5	18	4	540
Percent	31.9%	61.7%	1.5%	0.9%	3.3%	0.7%	100.0%
2007/08							
Male	126	240	13	2	18	17	416
Female	64	81	1	0	3	3	152
Total	190	321	14	2	21	20	568
Percent	33.5%	56.5%	2.5%	0.3%	3.7%	3.5%	100.0%
2008/09							
Male	157	209	7	2	11	12	398
Female	79	65	3	3	4	1	155
Frequency	236	274	10	5	15	13	553
Percent	42.7%	49.5%	1.8%	0.9%	2.7%	2.4%	100.0%
2009/10							
Male	56	132	3	1	3	11	206
Female	23	58	1	1	3	2	88
Frequency	79	190	4	2	6	13	294
Percent	26.8%	64.6%	1.3%	0.6%	2.0%	4.4%	100.0%
2010/11							
Male	110	133	7	0	10	3	263
Female	52	59	2	0	5	0	118
Frequency	162	192	9	0	15	3	381
Percent	42.5%	50.4%	2.4%	0.0%	3.9%	0.1%	100.0%
2011/12*							
Male	152	141	4	4	6	69	235
Female	61	50	2	0	3	32	98
Frequency	213	191	6	4	9	101	333
Percent	64.0%	57.4%	1.8%	1.2%	2.7%	30.3%	N/A

¹Total does not include adolescents who received specialized education, prevention, linkage and referral services in connection with the Probation Department.

*Hispanic or Latino were not excluded from other races and therefore the data cannot be compared to prior years.

Source: County of Orange Health Care Agency

Number and Percent of Referrals to Substance Abuse Treatment by Source, 2002/03 to 2011/12

Year	School	Family/ Self	Legal System	Health Care Programs	Other Community Referral	Total
2002/03¹						
Number	9	83	322	22	36	574
Percent	1.6%	14.5%	56.1%	5.7%	6.3%	100.0%
2003/04¹						
Number	5	78	202	10	17	312
Percent	1.6%	25.0%	64.7%	3.2%	5.4%	100.0%
2004/05¹						
Number	12	120	218	19	35	404
Percent	2.9%	29.7%	54.0%	4.7%	8.7%	100.0%
2005/06						
Number	4	118	100	4	7	233
Percent	1.7%	50.6%	42.9%	1.7%	3.0%	100.0%
2006/07						
Number	18	275	217	7	23	540
Percent	3.3%	50.9%	40.2%	1.3%	4.3%	100.0%
2007/08						
Number	19	246	179	7	11	462
Percent	4.1%	53.3%	38.7%	1.5%	2.4%	100.0%
2008/09						
Number	12	218	261	37	25	553
Percent	2.2%	39.4%	47.2%	6.7%	4.5%	100.0%
2009/10						
Number	11	137	102	1	43	294
Percent	3.7%	46.6%	34.7%	0.3%	14.6%	100.0%
2010/11						
Number	17	146	153	10	55	381
Percent	4.5%	38.3%	40.2%	2.6%	14.4%	100.0%
2011/12						
Number	14	136	112	16	55	333
Percent	4.2%	40.8%	33.6%	4.8%	16.5%	100%

¹Total does not include adolescents who received specialized education, prevention, linkage and referral services in connection with the Probation Department.

Source: County of Orange Health Care Agency



Number and Percent of Adolescents Treated for Substance Abuse by Type of Service, 2002/03 to 2011/12

Year	Outpatient	Residential	Specialized	Total
2002/03				
Number	494	80	1,953	2,527
Percent	19.5%	3.2%	77.3%	100.0%
2003/04				
Number	225	87	2,308	2,620
Percent	8.6%	3.3%	88.1%	100.0%
2004/05				
Number	303	101	3,291	3,695
Percent	8.2%	2.7%	89.1%	100.0%
2005/06				
Number	236	100	---	336
Percent	70.2%	29.8%	---	100.0%
2006/07				
Number	380	160	---	540
Percent	70.4%	29.6%	---	100.0%
2007/08				
Number	315	145	---	460
Percent	68.5%	31.5%	---	100.0%
2008/09				
Number	317	236	---	553
Percent	57.3%	42.7%	---	100.0%
2009/10				
Number	156	56	---	427 ¹
Percent	73.6%	26.4%	---	100.0%
2010/11				
Number	256	323	---	579 ²
Percent	44.2%	55.8%	---	100.0%
2011/12				
Number	183	288	---	471
Percent	38.9%	61.1%	---	100%

¹Total does not include 215 adolescents counted from Youth Guidance Center.

²Total does not include 198 adolescents counted from Youth Guidance Center.

Substance Abuse Services: Number and Percent by Discharge Status, 2002/03 to 2011/12

Year	Completed Treatment	Left with Satisfactory Progress	Left with Unsatisfactory Progress	Referred/ Transferred	Total
2002/03¹					
Number	101	70	282	102	555
Percent	18.2%	12.6%	50.8%	18.4%	100.0%
2003/04¹					
Number	51	32	173	36	292
Percent	17.5%	11%	59.2%	12.3%	100.0%
2004/05¹					
Number	40	65	236	3	344
Percent	11.6%	18.9%	68.6%	0.9%	100.0%
2005/06					
Number	247	0	121	N/A	368
Percent	67.1%	0%	32.9%	N/A	100.0%
2006/07					
Number	66	42	314	N/A	422
Percent	15.6%	10%	74.4%	N/A	100.0%
2007/08					
Number	52	32	160	N/A	244
Percent	21.3%	13.1%	65.6%	N/A	100.0%
2008/09					
Number	143	68	316	N/A	527
Percent	27.1%	12.9%	60.0%	N/A	100.0%
2009/10					
Number	53	27	102	65	247
Percent	21.5%	10.9%	41.3%	26.3%	100.0%
2010/11					
Number	104	68	106	111	389
Percent	26.7%	17.5%	27.2%	28.5%	100.0%
2011/12*					
Number	72	89	212	122	373
Percent	19.3%	23.8%	56.8%	32.7%	100.0%

¹Total does not include adolescents who received specialized education, prevention, linkage and referral services in connection with the Probation Department.

*Total does not include Referred.

Source: County of Orange Health Care Agency



Indicator

California Work Opportunity and Responsibility to Kids (CalWORKs)

CalWORKs Recipients: Children by Age and City, December 2012

City	<1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Subtotal
Aliso Viejo	6	12	12	7	17	18	10	10	7	3	6	6	3	4	9	7	5	4	146
Anaheim	486	628	674	691	799	715	704	628	612	602	556	510	497	498	447	437	483	410	10,377
Brea	6	17	13	8	13	14	12	7	4	8	15	9	4	14	8	5	11	11	179
Buena Park	81	92	97	95	107	96	107	92	99	67	81	82	55	75	70	72	80	49	1,497
Costa Mesa	49	69	97	105	86	92	95	76	86	78	81	59	73	47	54	57	44	57	1,305
Cypress	24	25	41	34	38	31	22	29	34	17	23	23	27	26	25	26	26	22	493
Dana Point	7	6	8	6	9	9	9	9	6	7	7	4	6	5	4	5	7	6	120
Fountain Valley	12	6	14	7	14	12	16	16	17	12	13	21	17	8	15	12	15	12	239
Fullerton	88	106	135	152	128	134	120	115	108	107	101	90	88	84	84	99	80	85	1,904
Garden Grove	137	185	240	233	192	216	193	201	179	179	189	170	164	154	161	176	163	191	3,323
Huntington Beach	48	86	80	95	82	82	97	87	77	72	69	62	86	67	71	66	72	85	1,384
Irvine	17	41	36	44	44	43	50	48	52	44	34	46	41	41	51	40	37	37	746
La Habra	57	77	84	75	87	89	77	73	58	62	57	52	44	33	47	46	48	42	1,108
La Palma	2	9	2	6	5	8	3	7	1	4	9	3	6	3	5	0	2	6	81
Laguna Beach	1	2	3	2	1	1	3	0	0	3	2	4	2	2	1	1	2	1	31
Laguna Hills	7	14	13	19	19	22	20	7	10	12	14	9	7	8	11	5	12	8	217
Laguna Niguel	3	9	13	12	10	6	11	11	9	9	13	11	7	11	6	11	4	12	168
Laguna Woods	0	0	1	0	0	0	0	0	0	2	0	0	0	1	0	1	0	0	5
Lake Forest	19	31	33	40	32	32	35	34	21	24	18	22	15	19	21	16	13	16	441
Los Alamitos	11	4	14	6	9	5	8	8	5	4	5	4	8	7	8	3	2	1	112
Mission Viejo	9	27	19	24	29	20	23	19	22	14	23	17	27	17	14	14	13	15	346
Newport Beach	5	7	7	9	8	10	5	6	6	8	5	6	10	3	5	7	10	4	121
Orange	88	116	116	111	133	134	140	120	116	103	111	81	87	65	87	68	67	62	1,805
Placentia	39	39	54	44	60	50	49	34	33	38	36	35	34	41	33	28	35	33	715
Rancho Santa Margarita	5	8	6	8	6	10	11	10	9	4	6	8	9	9	3	8	4	3	127
San Clemente	9	10	14	15	22	25	17	21	15	12	11	13	14	10	11	14	9	14	256
San Juan Capistrano	6	13	16	25	30	36	28	21	28	25	14	24	15	8	16	16	15	22	358
Santa Ana	520	671	747	826	925	959	918	847	774	720	685	663	575	529	534	539	541	468	12,441
Seal Beach	0	3	1	3	2	2	3	3	2	1	0	1	1	4	2	0	1	0	29
Stanton	29	64	53	53	57	63	65	57	56	47	56	53	49	41	30	39	46	46	904
Tustin	48	68	76	64	75	75	87	69	74	70	59	73	53	51	46	45	61	51	1,145
Villa Park	2	1	0	0	1	0	0	1	0	0	1	0	1	1	2	0	2	1	13
Westminster	52	89	78	77	76	77	68	83	75	70	79	64	58	65	65	69	66	64	1,275
Yorba Linda	8	8	6	9	9	10	9	7	7	12	10	8	12	9	5	6	13	7	155
Cities Subtotal	1,881	2,543	2,803	2,905	3,125	3,096	3,015	2,756	2,602	2,440	2,389	2,233	2,095	1,960	1,951	1,938	1,989	1,845	43,566
Unincorporated Areas																			
Coto de Caza	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	1	2	5
Ladera Ranch	0	2	5	0	2	2	5	0	4	3	3	1	2	1	1	1	0	0	32
Midway City	11	11	7	14	16	18	8	20	13	13	10	14	13	6	10	9	8	9	210
Modjeska Canyon	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Rossmoor	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Silverado Canyon	0	0	0	1	0	0	1	0	1	1	1	0	1	0	0	0	0	0	6
Sunset Beach	0	2	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	4
Trabuco Canyon	0	0	2	1	5	3	2	0	3	2	3	2	3	2	3	0	2	1	34
Unincorporated Total	11	16	14	17	23	23	16	20	21	22	17	18	19	9	14	10	11	12	293
Unassigned/Out of Area																			
Unassigned Subtotal	29	43	42	39	34	31	33	20	24	19	12	11	10	13	10	13	13	12	408
Total by Age	1,921	2,602	2,859	2,961	3,182	3,150	3,064	2,796	2,647	2,481	2,418	2,262	2,124	1,982	1,975	1,961	2,013	1,869	44,267

Source: Orange County Social Services Agency

Indicator

Free and Reduced Lunch (FRL)

Free and Reduced Lunch Income Eligibility 2011/12*

Household Size	2011/12 Federal Poverty Level Guidelines (FPL)	2011/12 Free Eligibility Breakfast, Lunch, Milk (130% FPL)	2011/12 Reduced Price Eligibility Breakfast, Lunch (185% FPL)
2	\$14,710	\$19,123	\$27,214
3	\$18,530	\$24,089	\$34,281
4	\$22,350	\$29,055	\$41,348
5	\$26,170	\$34,021	\$48,415
6	\$29,990	\$38,987	\$55,482
7	\$33,810	\$43,953	\$62,549
8	\$37,630	\$48,919	\$69,616

*Income guidelines for the Child Nutrition Programs for the 2011/12 school year are effective from July 1, 2011 to June 30, 2012.
Source: United States Department of Agriculture, Food and Nutrition Service

Number and Percent of Students Receiving Free and Reduced Lunch By District, 2011/12

School Districts	No.	%
Elementary Districts		
Anaheim City	16,205	86.1
Buena Park	3,820	72.9
Centralia	2,597	59.9
Cypress	1,190	31.0
Fountain Valley	1,424	22.8
Fullerton	5,188	38.5
Huntington Beach City	1,213	17.2
La Habra City	3,517	68.3
Magnolia	5,201	83.4
Ocean View	3,606	38.7
Savanna	1,521	66.0
Westminster	6,871	72.6
High School Districts		
Anaheim Union	21,182	66.6
Fullerton Joint Union	4,721	33.4
Huntington Beach Union	4,759	30.1
Unified Districts		
Brea-Olinda	1,453	24.9
Capistrano	12,607	24.1
Garden Grove	30,326	64.6
Irvine	3,664	13.2
Laguna Beach	287	9.6
Los Alamitos	1,162	12.2
Newport-Mesa	9,514	44.6
Orange	13,741	46.6
Placentia-Yorba Linda	8,239	32.7
Saddleback Valley	7,587	25.2
Santa Ana	43,355	78.0
Tustin	9,301	40.0
County Totals	226,854	46.4
State Totals	3472,481	57.5

Source: Orange County Department of Education

Indicator

Supplemental Nutrition Program for Women, Infants and Children (WIC) Program.

Number of Participants Served by the WIC Program 2002/03 to 2011/12

Participants	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
Number of participants*	97,882	99,115	98,635	95,635	107,595	117,188	104,622	100,434	103,563	98,219
Caseload Allocation**	102,600	102,850	106,681	105,698	105,553	106,883	107,668	105,621	111,051	105,417
Percent of Caseload served in Orange County	95.4	96.4	92.5	90.5	101.9	109.9	97.2	95.1	93.3	93.2

*Participation is based on the number of women, infants and children served during the month of September by the four WIC agencies serving Orange County.

**Caseload is based on the combined caseload allocations for the four WIC agencies serving Orange County.

Sources: Orange County Health Care Agency/Nutrition Services-WIC Program

Camino Health Center-WIC Program

Planned Parenthood of Orange and San Bernardino Counties-WIC Program

PHFE Management Solutions-WIC Program

CalFresh* Recipients**, 2002/03 to 2011/12

	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Number of Persons	71,616	74,039	79,931	79,487	82,132	88,284	109,491	150,141	185,489	213,919
Percent Change (from prior year)	4.1%	3.4%	8.0%	-0.6%	3.3%	7.5%	24.0%	37.1%	23.5%	15.3%
Children less than 18 years of age	49,172	50,836	54,881	54,576	56,449	60,793	74,127	98,259	116,978	130,263
Percent Change (from prior year)	4.1%	3.4%	8.0%	-0.6%	3.4%	7.7%	21.9%	32.6%	19.1%	11.4%
Percent of Recipients who are Children	68.7%	68.7%	68.7%	68.7%	68.7%	68.9%	67.7%	65.4%	63.1%	60.9%

*Known nationally as Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps.

**Data reflects total persons and total children receiving CalFresh, including cash-aided cases, MRH009R.

Source: Orange County Social Services Agency



CalFresh Recipients by Age and City*, December 2012**

Cities and Communities	Age 0 to < 6	Age 6 to <13	Age 13 to <18	Total
North				
Anaheim	11,061	11,640	5,994	28,695
Brea	220	278	173	671
Fullerton	2,212	2,238	1,213	5,663
La Habra	1,265	1,366	676	3,307
Placentia	902	834	417	2,153
Yorba Linda	173	205	125	,503
North Totals	15,833	16,561	8,598	40,992
Central				
Orange	2,436	2,398	1164	5,998
Santa Ana	15,025	15,332	7,280	37,637
Tustin	1,375	1,606	771	3,752
Villa Park	6	7	9	22
Central Totals	18,842	19,343	9,224	47,409
West				
Buena Park	1,543	1,654	898	4,095
Cypress	390	457	293	1,140
Garden Grove	4,337	4,904	3,076	12,317
La Palma	81	102	58	241
Los Alamitos	103	128	80	311
Stanton	1,048	1,095	574	2,717
Westminster	1,754	2,099	1,404	5,257
West Totals	9,256	10,439	6,383	26,078
South				
Aliso Viejo	197	195	116	508
Dana Point	176	193	120	489
Irvine	642	917	592	2,151
Laguna Beach	28	43	32	103
Laguna Hills	282	277	125	684
Laguna Niguel	221	270	130	621
Laguna Woods	2	1	3	6
Lake Forest	642	565	271	1,478
Mission Viejo	367	360	226	953
Rancho Santa Margarita	213	222	112	547
San Clemente	370	432	243	1,045
San Juan Capistrano	514	489	222	1,225
South Totals	3,654	3,964	2,192	9,810
Coastal				
Costa Mesa	1,815	1,799	906	4,520
Fountain Valley	264	424	318	1,006
Huntington Beach	1,486	1,784	1,122	4,392
Newport Beach	139	177	125	441
Seal Beach	31	27	20	78
Coastal Totals	3,735	4,211	2,491	10,437
Unincorporated Totals				
	361	468	269	1,098
Out of County Totals				
	520	394	172	1,086
Total all Orange County				
	52,201	55,380	29,329	136,910

*Includes cash-aided persons.

**Data collected by MR0007E and MR0009E. Point-in-time data for December 2012.

Source: Orange County Social Services Agency

Indicator

Child Support

Number of Child Support Cases, Net and Per Case Collection, 2003/04 to 2012/13

Fiscal Year	Total Number of Cases*	Total Net Collections (in Millions)	Per Case Collection
2003/04	99,134	\$171.9	\$1,734
2004/05	98,503	\$176.9	\$1,796
2005/06	97,425	\$176.8	\$1,815
2006/07	94,769	\$179.0	\$1,888
2007/08	94,860	\$179.6	\$1,894
2008/09	103,598	\$180.3	\$1,741
2009/10	100,056	\$177.2	\$1,771
2010/11	89,852	\$177.4	\$1,975
2011/12	77,582	\$180.1	\$2,321
2012/13	70,608	\$182.2	\$2,580

*Total number of cases is a 12-month average. Net collections for FY 2012/13 are from Jul-12 to May-13, with a forecast through Jun-13.
Source: Orange County Department of Child Support Services

Child Support Collections, 2003/04 to 2012/13

Fiscal Year	Net Collections (in Millions)	Dollar Increase From Prior Year (in Millions)	Percent Increase From Prior Year
2003/04	\$171.9	\$5.8	3.5%
2004/05	\$176.9	\$5.0	2.9%
2005/06	\$176.8	-\$0.1	-0.1%
2006/07	\$179.0	\$2.2	1.2%
2007/08	\$179.6	\$0.6	0.3%
2008/09	\$180.3	\$0.7	0.4%
2009/10	\$177.2	-\$3.1	-1.7%
2010/11	\$177.4	\$0.2	0.1%
2011/12	\$180.1	\$2.7	1.5%
2012/13	\$182.2	\$2.1	1.2%

Source: Orange County Department of Child Support Services



Indicator

Cost of Early Care and Education

County-Wide Average Weekly Licensed Family Child Care Homes and Child Care Centers Costs*, 2003/04 to 2012/13

Licensed Family Child Care Homes**	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13
Infant Care	\$152	\$158	\$163	\$176	\$184	\$189	\$194	\$198	\$200	\$202
Preschool - 2 through 5 years of age	\$140	\$145	\$149	\$162	\$169	\$173	\$178	\$181	\$185	\$186
School-age - 6 through 13 years of age	\$116	\$122	\$127	\$143	\$151	\$155	\$159	\$160	\$164	\$166
Child Care Centers ***	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13
Infant Care	\$194	\$204	\$213	\$236	\$248	\$252	\$257	\$263	\$250	\$264
Preschool - 2 through 5 years of age	\$131	\$137	\$143	\$157	\$161	\$158	\$162	\$169	\$172	\$178
School-age - 6 through 13 years of age	\$93	\$99	\$104	\$148	\$154	\$140	\$142	\$137	\$157	\$156
All Licensed Child Care Providers	\$138	\$144	\$150	\$165	\$170	\$175	\$182	\$182	\$188	\$192

County-Wide Average Weekly Orange County Family Child Care Homes and Child Care Centers Costs* by Region, 2012/13

Centers	Infant (0-2)	Preschool (2-5)	School Age (6-12)
East County Centers	\$288.00	\$185.00	\$148.00
West County Centers	\$256.00	\$169.00	\$148.00
South County Centers	\$277.00	\$197.00	\$171.00
North County Centers	\$243.00	\$162.00	\$146.00
Homes	Infant (0-2)	Preschool (2-5)	School Age (6-12)
East County Centers	\$204.00	\$184.00	\$165.00
West County Centers	\$196.00	\$182.00	\$169.00
South County Centers	\$217.00	\$202.00	\$175.00
North County Centers	\$192.00	\$175.00	\$158.00

*Cost of child care per week represents the average rate given to CHS staff during the intake process and through phone calls made to child care providers during quarterly updates.

**Family Child Care providers care for children in their homes and are licensed as follows: Small child care- 1) 4 infants only, 2) 6 children, no more than 3 of whom may be infants, 3) 8 children, no more than 2 infants, and 2 must be 6 years of age or older. Large family child care- which requires a full time assistant to work with the licensed care provider - 1) 12 children, no more than 4 of whom may be infants, 2) 14 children, not more than 3 of whom may be infants and 2 must be 6 years of age or older.

***Child care centers include private for-profit centers, parent-run cooperatives and church-based non-profits. The state regulates the ratio of caregivers, square footage and staff qualifications.

Source: Children's Home Society of California's Child Care Resource and Referral Program



Birth to 13 Years of Age Child Care Centers (CCTR) Priorities Report by Board of Supervisor (BOS) District, 2013

City	2013 # of Children Birth-12	# of Children that Qualify for CDE* Child Care	% that Qualify for CDE* Child Care	Total Spaces Available	% Qualified Children Served
BOS District 1					
Garden Grove	37,407	19,636	52.5	643	3.2
Midway	1,733	905	52.2	72	7.9
Santa Ana	105,094	61,444	58.5	1,353	2.2
Westminster	17,207	8,122	47.2	377	4.6
Total	161,441	90,107	55.8	2,445	2.7
BOS District 2					
Costa Mesa	23,258	10,707	46.0	527	4.9
Fountain Valley	7,429	1,983	26.7	88	4.4
Huntington Beach	29,953	2,918	30.8	398	4.3
Los Alamitos	2,596	701	27.0	43	6.1
Newport Beach	28,400	1,427	17.0	76	5.3
Seal Beach	1,940	664	34.2	6	0
Stanton	8,193	4,703	57.4	130	2.7
Sunset Beach	121	34	28.3	0	0
Surfside	13	3	2.5	0	0
Total	101,903	23,140	22.7	1,268	5.4
BOS District 3					
Brea	6,108	1,952	32.0	85	4.3
Irvine	30,640	5,949	19.4	610	10.2
Orange	28,583	10,535	36.9	383	3.6
Silverado Ranch	227	44	19.2	2	4.5
Trabuco Canyon	4,377	436	9.9	14	3.2
Tustin	17,660	7,008	39.7	861	12.2
Villa Park	425	63	14.8	0	0
Yorba Linda	8,389	1,513	18.0	70	4.6
Total	96,409	27,500	28.5	2,025	7.3
BOS District 4					
Anaheim	87,142	45,475	52.2	2,064	4.5
Buena Park	18,272	8,532	46.7	503	5.8
Cypress	6,603	2,153	32.6	118	5.4
Fullerton	25,055	11,197	44.7	574	5.1
La Habra	14,187	6,200	43.7	474	7.6
Placentia	10,042	3,274	32.6	146	4.4
Total	161,301	76,831	47.6	3,879	5.0
BOS District 5					
Capistrano	1,137	427	37.5	13	2
Corona Del Mar	1,538	241	15.7	22	9.1
Dana Point	3,906	1,180	30.2	26	2.2
Foothill Ranch	2,491	346	13.9	10	2.8
Ladera Ranch	6,039	1,190	19.7	15	1.2
Laguna Beach	19,174	4,529	23.6	106	2.3
Laguna Niguel	9,576	1,944	20.3	55	2.8
Lake Forest	10,935	3,182	29.1	146	4.5
Mission Viejo	13,779	2,867	20.8	143	4.9
Rancho Santa Margarita	9,957	2,031	20.4	43	2.1
San Clemente	13,033	3,800	29.2	85	2.2
San Juan Capistrano	6,734	2,108	31.3	51	2.4
Total	98,299	23,845	24.2	715	2.9

*California Department of Education (CDE) full-day child care and development services for birth to 12 year old children.

SUPPLEMENTAL TABLES: ECONOMIC WELL-BEING

Subsidized Part-Day Eligibility, 2013

City	Total Children 3 and 4 Years Old	# of Subsidy- Eligible Children	% of Children who income-qualify for subsidy	Total Spaces	% of Eligible Qualified Children Served
BOS District 1					
Garden Grove	4,784	2,510	52.5	1,346	53.6
Midway	231	121	52.4	178	147.6
Santa Ana	13,047	7,604	58.3	2,957	38.9
Westminster	2,088	986	47.2	530	53.8
Total	20,151	11,221	55.6	5,011	44.6
BOS District 2					
Costa Mesa	3,172	1,451	45.8	662	45.6
Fountain Valley	968	258	26.7	24	9.3
Huntington Beach	3,917	1,207	30.8	462	38.3
Los Alamitos	357	96	27.0	48	49.8
Newport Beach	1,090	189	17.3	6	3.2
Seal Beach	258	88	34.2	0	0
Stanton	966	554	57.4	188	33.9
Sunset Beach	10	3	28.3	0	0
Surfside	0	0	0	0	0
Total	10,738	3,846	35.8	1,390	36.1
BOS District 3					
Brea	834	266	32.0	68	25.5
Irvine	4,466	799	17.9	174	21.8
Orange	3,840	1,432	37.3	562	39.2
Silverado Ranch	30	6	19.2	0	0
Trabuco Canyon	437	44	10.0	0	0
Tustin	2,450	940	38.4	278	29.6
Villa Park	52	8	14.8	0	0
Yorba Linda	1,199	219	18.3	0	0
Total	13,308	3,714	27.9	1,082	29.1
BOS District 4					
Anaheim	11,399	5,967	52.3	904	15.2
Buena Park	3,225	1,387	43.0	364	26.2
Fullerton	3,188	1,426	44.7	624	43.8
La Habra	1,845	806	43.7	330	40.9
Placentia	1,305	425	32.6	288	67.7
Total	20,962	10,011	47.7	2,510	25.0
BOS District 5					
Corona Del Mar	181	28	15.7	0	0
Dana Point	514	155	30.2	48	30.9
Foothill Ranch	276	38	13.9	0	0
Ladera Ranch	955	188	19.7	0	0
Laguna Beach	2,440	571	23.4	72	12.6
Laguna Niguel	1,233	250	20.3	72	28.8
Lake Forest	1,420	413	29.1	0	0
Mission Viejo	1,733	361	20.8	96	26.6
Rancho Santa Margarita	1,173	239	20.4	0	0
San Clemente	1,997	590	29.6	192	32.5
San Juan Capistrano	1,073	347	32.3	324	93.5
Total	12,995	3,180	24.4	804	25.2

Indicator**School Enrollment****Total Public School K-12 Enrollment by District, 2003/04 to 2012/13**

	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13
Elementary Districts										
Anaheim City	21,963	21,383	20,690	19,958	19,332	19,278	19,312	19,095	19,312	19,126
Buena Park	6,372	6,266	6,237	6,008	5,751	5,574	5,395	5,296	5,345	5,349
Centralia	5,255	5,056	5,036	4,841	4,808	4,752	4,556	4,540	4,440	4,501
Cypress	4,727	4,439	4,288	4,202	4,100	4,082	4,007	3,950	3,916	3,879
Fountain Valley	6,250	6,250	6,188	6,114	6,123	6,145	6,315	6,312	6,317	6,344
Fullerton	13,812	13,874	13,890	13,613	13,597	13,458	13,616	13,661	13,656	13,830
Huntington Beach City	6,931	6,782	6,599	6,571	6,566	6,679	6,759	7,002	7,173	7,056
La Habra City	6,534	6,352	6,165	5,910	5,746	5,633	5,574	5,430	5,234	5,250
Magnolia	6,971	6,771	6,666	6,482	6,341	6,317	6,310	6,347	6,372	6,353
Ocean View	10,186	10,012	9,945	9,532	9,412	9,503	9,759	7,607	9,461	9,418
Savanna	2,449	2,524	2,563	2,403	2,388	2,473	2,463	2,323	2,363	2,398
Westminster	10,253	10,003	10,024	9,908	9,930	9,880	9,772	9,725	9,637	9,620
High School Districts										
Anaheim Union	32,468	32,975	33,112	33,076	33,368	33,719	33,187	33,156	32,704	32,085
Fullerton Joint	16,398	16,742	16,299	16,499	16,321	16,343	15,130	14,726	14,783	14,608
Huntington Beach Union	14,975	15,283	15,757	15,913	16,052	16,125	16,162	16,317	16,442	16,400
Unified Districts										
Brea-Olinda	6,206	6,220	6,193	6,085	6,033	5,944	5,950	5,927	5,960	5,972
Capistrano	49,746	50,615	51,245	51,512	52,304	52,661	53,381	53,192	53,170	53,785
Garden Grove	50,172	50,030	49,574	48,798	48,705	48,574	47,914	48,659	47,999	47,599
Irvine	24,930	25,158	25,496	25,821	26,134	26,522	26,822	27,258	28,179	29,072
Laguna Beach	2,703	2,770	2,861	2,860	2,893	2,947	2,920	3,037	3,034	3,045
Los Alamitos	9,184	9,100	9,125	9,240	9,372	9,475	9,582	9,640	9,714	9,912
Newport-Mesa	22,383	22,487	22,122	21,421	21,343	21,507	21,718	21,811	21,857	22,003
OC Dept of Education	8,617	8,246	8,284	8,631	8,697	8,204	7,717	7,607	7,602	7,184
Orange	32,032	31,351	30,901	30,327	30,132	30,170	30,210	30,373	30,136	29,854
Placentia-Yorba Linda	26,774	26,725	26,757	26,460	26,277	26,094	25,920	25,821	25,747	25,622
Saddleback Valley	35,349	34,901	34,592	33,909	33,558	32,936	32,387	31,724	30,885	30,355
Santa Ana	62,874	61,693	59,310	57,346	57,061	57,439	56,937	57,319	57,250	57,410
Tustin	18,950	19,736	20,195	20,515	20,880	21,682	22,454	23,093	23,507	23,771
Total	515,464*	513,744	510,114	503,955	503,225	504,136	502,239	502,895	502,195	501,801

*Data does not include 1,754 Adult Education Students. Orange County Total Enrollment figure listed does not include 3,305 students in the Lowell Joint Elementary School District which serves Orange County students in their district but reports to the Los Angeles County Department of Education.
Source: California Department of Education

Number and Percent of Total Public School K-12 Enrollment by Race/Ethnicity, 2003/04 to 2012/13

Race/Ethnicity	2003/04		2004/05		2005/06		2006/07		2007/08	
	No.	%	No.	%	No.	%	No.	%	No.	%
American Indian	2,719	0.5	2,630	0.5	2,619	0.5	2,436	0.5	2,581	0.5
Asian	75,732	14.6	76,714	14.9	78,328	15.4	78,931	15.7	79,920	15.9
Black	9,567	1.9	9,555	1.9	9,480	1.9	9,027	1.8	8,561	1.7
Hispanic	226,347	43.7	227,539	44.3	225,830	44.3	222,125	44.1	223,183	44.4
Non-Hispanic White	192,616	37.4	187,387	36.5	182,185	35.7	176,026	34.9	170,220	33.8
Multiple or No Response	8,783	1.7	9,919	1.9	11,674	2.3	15,410	3.1	18,760	3.7
O.C. Total	515,464*		513,744		510,114		503,955		503,225	

Race/Ethnicity	2008/09		2009/10		2010/11		2011/12		2012/13	
	No.	%	No.	%	No.	%	No.	%	No.	%
American Indian	2,472	0.5	2,516	0.5	2,520	0.5	2,267	0.5	2,281	0.5
Asian	82,198	16.3	82,814	16.5	84,319	16.8	85,066	16.9	85,850	17.1
Black	8,484	1.7	8,241	1.6	8,129	1.6	7,988	1.6	7,660	1.5
Hispanic	225,500	44.7	235,778	46.9	237,831	47.3	241,473	48.1	242,613	48.3
Non-Hispanic White	165,374	32.8	159,533	31.8	156,875	31.2	151,947	30.3	148,089	29.5
Multiple or No Response	20,108	4.0	13,357	2.7	13,221	2.6	13,454	2.7	15,308	3.1
O.C. TOTAL	504,136		502,239		502,895		502,195		501,801	

*Data does not include 1,754 Adult Education Students.
 Note: Total # includes "other" Race/Ethnicity counts.
 Source: Orange County Department of Education
 California Department of Education, Data Quest

Indicator

Early Care and Education

Requests for Child Care Referrals Reason and Type of Child Care Needed for 2012/13

Reason Care is Needed*	Number of Families That Called	Type of Care	# of Children
Employed	2,824	Full time	2,982
Seeking Employment	625	Part time	248
School/Training	411	Daytime Hours	3,056
Other	214	Alternative Care Hours**	364

*The number of reasons for care contains a duplicate count, therefore totals do not match with Calls by Age of Child.

**Includes evening, weekend, drop-in or overnight care.

Total Number of Licensed Early Care and Education Spaces, Family Child Care Homes (FCCH) and Child Care Centers, 2005/06 to 2012/13

	2005/06		2006/07		2007/08		2008/09	
	FCCH	Child Care Centers	FCCH	Child Care Centers	FCCH	Child Care Centers	FCCH	Child Care Centers
Infant (0-2)	6,813	5,905	3,394	4,919	3,500	4,426	3,594	5,048
Preschool (2-5)	8,152	30,342	6,064	47,555	6,949	47,710	6,412	46,009
School Age (6-12)	4,274	3,878	3,300	17,423	2,737	20,161	3,594	20,272
Total	19,239	40,125	12,758	69,897	13,186	72,297	13,600	71,419

	2009/10		2010/11		2011/12		2012/13	
	FCCH	Child Care Centers	FCCH	Child Care Centers	FCCH	Child Care Centers	FCCH	Child Care Centers
Infant (0-2)	3,556	4,866	3,532	5,006	3,336	3,279	N/A	3,503
Preschool (2-5)	6,314	46,847	6,252	47,378	4,267	43,341	N/A	43,791
School Age (6-12)	3,556	50,590	3,532	51,221	2,766	20,864	N/A	13,801
Total	13,426	102,303	13,316	103,605	10,269	67,484	12,688	61,095

Indicator

Academic Performance Index (API)

Academic Performance Index Growth Scores by District, 2003 to 2012

School District	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Percent change 2003 to 2012
Anaheim City Elementary	644	642	672	682	696	725	749	755	773	776	20.5%
Anaheim Union High	651	658	681	691	715	729	730	748	763	778	19.5
Brea-Olinda Unified	826	823	830	838	833	840	854	864	869	872	5.6
Buena Park Elementary	708	719	734	745	757	769	803	811	816	822	16.1
Capistrano Unified	791	798	813	823	825	837	857	862	875	879	11.1
Centralia Elementary	758	759	774	773	783	804	824	830	846	878	15.8
Cypress Elementary	828	838	848	853	854	860	880	877	878	893	7.9
Fountain Valley Elementary	841	845	856	865	865	879	889	892	892	911	8.3
Fullerton Elementary	742	746	766	790	798	813	837	855	861	867	16.8
Fullerton Joint Union	703	730	758	791	775	794	809	811	818	826	17.5
Garden Grove Unified	719	726	740	756	766	778	792	802	815	820	14.0
Huntington Beach City Elementary	815	826	836	853	859	859	878	889	895	902	10.7
Huntington Beach Union	720	741	757	767	763	795	807	826	835	842	16.9
Irvine Unified	862	872	882	891	888	898	910	916	921	923	7.1
La Habra City Elementary	695	701	713	734	725	738	770	760	781	776	11.7
Laguna Beach Unified	831	820	836	849	846	858	875	894	904	922	11.0
Los Alamitos Unified	831	848	858	868	870	881	893	904	912	918	10.5
Magnolia Elementary	701	698	705	727	743	771	798	800	808	814	16.1
Newport-Mesa Unified	737	734	760	778	791	797	813	820	830	838	13.7
Ocean View Elementary	790	794	815	826	830	845	847	857	868	866	9.6
Orange Unified	731	746	765	777	782	787	797	806	823	836	14.4
Placentia-Yorba Linda	774	783	801	805	814	822	838	848	860	867	12.0
Saddleback Valley Unified	820	823	826	833	838	847	848	859	862	866	5.6
Santa Ana Unified	614	624	656	657	669	685	706	723	740	754	22.8
Savanna Elementary	752	747	759	769	758	763	775	775	795	809	7.6
Tustin Unified	754	771	790	810	814	827	837	850	857	868	15.1
Westminster Elementary	725	737	753	769	770	782	802	821	821	838	15.6
County Average	754	761	777	790	794	807	823	832	841	850	12.7

API Growth Scores

The 2008 Growth API summarizes a school's, and LEA's, or the state's performance on the 2008 Standardized Testing and Reporting (STAR) Program and 2008 California High School Exit Examination (CAHSEE) tests. The API is on a scale of 200 to 1000. The 2008 Growth API is based on the performance of individual students on the following tests administered in spring 2008:

California English-Language Arts and Mathematics Standards Tests (CSTs in ELA and mathematics), grades two through eleven
 California Science Standards Test (CST in science), grades five, eight, and nine through eleven
 California Life Science Standards Test (CST in life science), grade ten
 California History-Social Science Standards Test (CST in history-social science), grades eight through eleven
 California Alternate Performance Assessment (CAPA) in English-language arts and mathematics for students with the most significant cognitive disabilities, grades two through eleven
 California Achievement Tests, Sixth Edition Survey (CAT/6 Survey), in reading, language, spelling, and mathematics, grades three and seven
 California High School Exit Examination (CAHSEE), in ELA and mathematics, grade ten (and grades eleven and twelve if the student retook and passed either part of the CAHSEE)
 In addition, APIs also are calculated for numerically significant student subgroups at a school or LEA.

Note: Lowell Joint Elementary School District API is not included because it serves Orange County students in their district but reports to the Los Angeles County Department of Education. Lowell Joint District Mean: 762.
 Source: California Department of Education

Percent of Orange County Schools with an Academic Performance Index (API) at or above 800, 2003 to 2012

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Elementary Schools	47%	45%	49%	50%	53%	57%	62%	66%	72%	74%
Middle Schools	35%	37%	42%	51%	51%	60%	65%	69%	70%	74%
High Schools	13%	10%	30%	40%	46%	50%	50%	59%	60%	67%
All Schools	41%	39%	46%	49%	52%	57%	61%	66%	70%	73%

Source: Orange County Department of Education

5th Grade Reading and Math Scores for 2013, and API Growth by District for 2012

School Districts*	2013 Reading Scores			2013 Math Scores			2012 API Growth		
	High	Low	Average	High	Low	Average	High	Low	District-Wide Score
Elementary Districts									
Anaheim City	380	329	350	423	333	380	833	726	776
Buena Park	388	339	360	412	343	374	891	752	822
Centralia	426	367	389	493	389	437	971	828	878
Cypress	406	366	383	431	361	413	933	853	893
Fountain Valley	411	365	388	479	404	431	952	868	911
Fullerton	421	333	380	502	328	426	982	749	867
Huntington Beach City	409	385	399	496	415	451	960	803	902
La Habra City	354	337	349	374	324	358	758	828	776
Magnolia	382	348	362	430	362	404	848	762	814
Ocean View	395	347	377	455	376	421	941	772	866
Savanna	381	344	360	446	393	414	829	797	809
Westminster	397	337	368	450	369	401	929	788	838
Unified Districts									
Brea-Olinda	401	371	389	421	321	411	950	830	872
Capistrano	406	328	388	444	333	406	993	753	879
Garden Grove	426	333	362	502	344	418	981	746	820
Irvine	435	361	407	505	414	463	980	856	923
Laguna Beach	408	395	402	460	345	447	944	906	922
Los Alamitos	426	402	407	518	452	473	987	885	918
Newport-Mesa	417	319	376	479	335	403	961	700	838
Orange	438	337	376	497	321	404	980	736	836
Placentia-Yorba Linda	423	346	386	488	352	434	948	744	867
Saddleback Valley	410	342	384	465	317	413	937	778	866
Santa Ana	382	321	348	427	327	378	907	625	754
Tustin	415	339	385	510	340	429	968	710	868
County Average	406	350	378	463	358	416	932	783	855

*17 schools not reporting data (API= 6, 4th grade reading and math= 11).

Note: Lowell Joint Elementary School District is not included because it serves Orange County students in their district but reports to the Los Angeles County Department of Education.

Source: California Department of Education, Data Quest

Indicator

English Learners

English Learners Number and Percent by District, 2003/04 to 2012/13

School Districts	2003/04		2004/05		2005/06		2006/07		2007/08	
	No.	%	No.	%	No.	%	No.	%	No.	%
Elementary Districts										
Anaheim City	13,722	62.5	13,024	60.9	12,255	59.2	11,847	59.4	11,579	59.9
Buena Park	2,879	45.2	2,846	45.4	2,891	46.4	2,806	46.7	2,765	48.0
Centralia	1,526	29.0	1,577	32.7	1,633	32.4	1,551	32.0	1,684	35.0
Cypress	580	12.3	615	13.9	630	14.7	787	18.7	831	20.3
Fountain Valley	496	7.9	645	10.3	708	11.4	782	12.8	676	11.0
Fullerton	3,914	28.3	3,918	28.2	3,718	26.8	4,180	30.7	4,454	32.8
Huntington Beach City	478	6.9	509	7.5	499	7.6	491	7.5	468	7.1
La Habra City	2,897	44.3	2,821	44.4	2,568	41.7	2,450	41.5	2,433	42.3
Lowell Joint*			321	9.8	375	11.6				
Magnolia	3,689	52.9	3,755	55.8	3,823	57.4	3,765	58.1	3,707	58.5
Ocean View	2,133	20.0	2,211	22.1	2,233	22.5	2,337	24.5	2,151	22.9
Savanna	894	36.5	1,017	40.3	1,102	43.0	1,074	44.7	1,103	46.2
Westminster	4,403	42.9	4,654	46.5	4,829	48.2	4,874	49.2	4,953	49.9
High School Districts										
Anaheim Union	8,640	26.6	8,859	26.9	8,532	25.8	8,318	25.1	8,028	59.9
Fullerton Joint Union	4,807	29.3	4,348	26.0	3,421	21.0	3,048	18.5	3,383	20.7
Huntington Beach Union	1,490	10.4	1,512	9.9	1,511	9.6	1,539	9.7	1,630	10.2
Unified Districts										
Brea-Olinda	645	10.4	564	9.1	555	9.0	614	10.1	618	10.2
Capistrano	6,465	13.0	5,820	11.5	5,696	11.1	5,694	11.1	5,421	10.3
Garden Grove	24,659	49.1	23,698	47.4	23,133	46.7	22,697	46.5	22,287	45.7
Irvine	3,064	12.3	3,194	12.7	3,106	12.2	3,245	12.6	3,489	13.3
Laguna Beach	61	2.3	101	3.6	110	3.8	83	2.9	97	3.3
Los Alamitos	196	2.1	199	2.2	229	2.5	212	2.3	245	2.6
Newport-Mesa	6,062	27.1	5,815	25.9	5,408	14.4	5,465	25.5	5,614	26.3
OC Dept of Education	1,566	18.2	1,647	20.0	3,428	41.4	2,928	33.9	3,072	35.1
Orange	7,201	22.5	6,828	21.8	6,655	21.5	6,852	22.6	7,235	24.0
Placentia-Yorba Linda	4,216	15.7	4,043	15.1	3,949	14.8	3,914	14.8	3,696	14.1
Saddleback Valley	3,020	8.5	3,219	9.2	3,380	9.8	3,883	11.5	4,200	12.5
Santa Ana	38,207	60.8	36,807	59.7	33,120	55.8	31,189	54.4	31,924	55.9
Tustin	5,145	27.2	5,269	26.7	4,996	24.7	5,137	25.0	5,090	24.4
County Total	153,055	29.7	149,535	29.1	144,118	28.3	141,762	28.1	142,833	28.4
School Districts	2008/09		2009/10		2010/11		2011/12		2012/13	
	No.	%	No.	%	No.	%	No.	%	No.	%
Elementary Districts										
Anaheim City	11,074	57.4	10,984	56.9	10,941	57.3	10,547	54.6	10,357	54.2
Buena Park	2,417	43.4	2,510	46.5	2,224	42.0	2,187	40.9	2,159	40.4
Centralia	1,548	32.6	1,622	35.5	1,502	33.1	1,481	33.4	1,424	31.6
Cypress	914	22.4	900	22.5	933	23.6	940	24.0	906	23.4
Fountain Valley	485	7.9	648	10.3	664	10.5	640	10.1	683	10.8
Fullerton	4,271	31.7	4,172	30.6	3,906	28.6	4,014	29.4	4,006	29.0
Huntington Beach City	471	7.1	494	7.3	0	0.0	421	5.9	402	5.7
La Habra City	2,263	40.2	2,233	40.1	0	0.0	2,048	38.9	1,928	36.7
Lowell Joint*										
Magnolia	3,435	54.4	3,698	58.6	3,399	53.6	3,136	49.2	3,147	49.5
Ocean View	2,109	22.2	2,288	23.4	2,083	21.8	2,196	23.2	2,181	23.2
Savanna	1,115	45.1	1,121	45.5	1,150	49.5	1,042	44.1	977	40.7
Westminster	4,972	27.9	5,312	54.4	4,996	51.4	4,776	49.6	4,579	47.6
High School Districts										
Anaheim Union	8,040	23.8	7,726	23.3	0	0.0	6,580	20.1	6,356	19.8
Fullerton Joint Union	2,270	13.9	2,472	16.3	2,049	13.9	1,969	13.3	1,635	11.2
Huntington Beach Union	1,632	10.1	1,680	10.4	1,462	9.0	1,366	8.3	1,255	7.7
Unified Districts										
Brea-Olinda	651	11.0	743	12.5	627	10.6	611	10.3	546	9.1
Capistrano	6,224	11.8	5,890	11.0	5,407	10.2	5,424	10.2	5,404	10.0
Garden Grove	22,465	46.2	21,603	45.1	21,093	43.3	20,221	42.1	18,831	39.6
Irvine	3,463	13.1	3,954	14.7	3,628	13.3	3,655	13.0	3,827	13.2
Laguna Beach	95	3.2	43	1.5	115	3.8	111	3.7	99	3.3
Los Alamitos	252	2.7	223	2.3	197	2.0	157	1.6	180	1.8
Newport-Mesa	5,693	26.5	5,883	27.1	5,387	24.7	5,242	24.0	5,101	23.2
OC Dept of Education	2,554	31.3	1,853	24.0	2,500	32.9	2,602	22.8	2,285	31.8
Orange	7,255	24.0	7,739	25.6	7,812	25.7	6,856	34.1	6,521	21.8
Placentia-Yorba Linda	3,606	13.8	3,890	15.0	3,256	12.6	3,170	12.3	3,063	12.0
Saddleback Valley	4,090	12.4	4,260	13.2	4,135	13.0	4,045	13.1	4,128	13.6
Santa Ana	32,202	56.1	31,819	55.9	31,379	54.7	29,382	51.3	26,226	45.7
Tustin	5,321	24.5	5,845	26.0	5,381	23.3	5,257	22.4	5,084	47.6
County Total	140,887	27.9	141,605	28.2	126,226	25.1	130,076	25.9	123,290	24.6

*Data was found in Los Angeles County Public Schools Report in DataQuest.
Source: California Department of Education, DataQuest

Number and Percent of English Language Learners, 2003/04 to 2012/13

Primary Languages	03/04		04/05		05/06		06/07		07/08	
	No.	%	No.	%	No.	%	No.	%	No.	%
Spanish	128,160	83.7	125,099	83.7	120,040	83.3	116,813	82.4	117,387	82.2
Vietnamese	11,286	7.4	11,165	7.5	11,254	7.8	11,372	8.0	11,445	8.0
Korean	4,014	2.6	4,070	2.7	3,834	2.7	4,319	3.0	4,421	3.1
Arabic	826	0.5	818	0.5	890	0.6	941	0.7	963	0.7
Filipino	960	0.6	1,081	0.7	1,070	0.7	1,189	0.8	1,289	0.9
All Other Languages*	7,809	5.1	7,302	4.9	7,030	4.9	7,128	5.0	7,328	5.1
Total	153,055	100.0	149,535	100.0	144,118	100.0	141,762	100.0	142,833	100.0

Primary Languages	08/09		09/10		10/11		11/12		12/13	
	No.	%	No.	%	No.	%	No.	%	No.	%
Spanish	115,366	81.9	115,431	81.5	102,623	81.3	106,871	82.2	100,998	81.9
Vietnamese	12,042	8.5	12,430	8.8	11,746	9.3	10,960	8.4	10,221	8.3
Korean	4,122	2.9	4,011	2.8	3,237	2.6	3,191	2.5	2,936	2.4
Arabic	1,005	0.7	1,124	0.8	1,116	0.9	1,359	1.0	1,556	1.3
Filipino	1,234	0.9	1,144	0.9	1,087	0.9	1,139	0.9	1,090	0.9
All Other Languages*	7,118	5.1	7,465	5.3	6,417	6.3	6,556	5.0	6,489	5.3
Total	140,887	100.0	141,605	100.0	126,226	100.0	130,076	100.0	123,290	100.0

*Note: All other languages includes 54 other languages listed on the California Department of Education website at <http://dq.cde.ca.gov/dataquest/>.
Source: Orange County Department of Education

Indicator

Average Dollar Expenditure Per Pupil

Annual Expenditure Per Pupil (K-12) by District, 2002/03 to 2011/12

School Districts	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Elementary Districts										
Anaheim City	\$6,765	6,922	7,366	8,078	8,510	8,820	8,928	8,399	7,540	8,073
Buena Park	\$6,578	6,512	6,724	6,917	7,808	8,824	8,305	8,034	7,457	7,558
Centralia	\$6,541	6,623	7,011	6,970	7,753	8,475	8,161	7,578	7,430	7,554
Cypress	\$6,458	6,269	6,773	7,280	7,691	8,101	7,718	7,395	6,809	7,004
Fountain Valley	\$6,607	6,313	6,337	6,760	7,344	7,716	7,593	6,981	6,764	6,901
Fullerton	\$6,409	6,329	6,680	6,998	7,787	7,851	7,949	7,290	7,076	7,393
Huntington Beach City	\$6,341	6,167	6,332	6,607	7,241	7,529	7,612	7,178	6,475	6,620
La Habra City	\$6,743	6,645	6,990	7,168	7,823	8,280	8,377	7,805	7,930	7,588
Magnolia	\$6,726	6,868	7,085	7,441	7,863	7,994	8,268	8,341	7,393	7,551
Ocean View	\$6,519	6,721	6,878	7,156	7,976	8,185	8,119	7,874	7,723	7,881
Savanna	\$7,004	6,857	6,691	7,008	7,839	8,225	8,154	7,809	7,694	7,736
Westminster	\$7,016	6,842	6,871	7,069	7,869	8,180	8,387	8,013	7,715	7,950
High School Districts										
Anaheim Union	\$7,090	6,878	7,378	7,809	8,421	8,336	8,506	8,168	8,373	8,727
Fullerton Joint Union	\$6,871	6,929	7,305	7,937	8,236	7,977	8,753	8,766	8,543	8,410
Huntington Beach Union	\$7,269	7,281	7,413	7,715	8,293	8,287	8,637	8,284	8,240	8,333
Unified Districts										
Brea-Olinda	\$6,061	6,532	6,540	6,815	7,652	7,617	7,684	7,271	7,135	7,441
Capistrano	\$6,529	6,469	6,407	6,901	7,356	7,694	7,614	7,246	6,979	7,079
Garden Grove	\$6,501	6,584	6,926	7,431	7,911	8,420	8,461	8,193	7,782	7,832
Irvine	\$6,420	6,729	6,862	7,146	7,944	7,906	7,893	7,606	7,570	7,701
Laguna Beach	\$8,476	9,133	10,014	10,525	11,378	12,246	12,783	13,773	13,662	13,920
Los Alamitos	\$6,777	6,715	7,138	7,495	7,302	7,266	7,388	6,878	6,727	6,973
Newport-Mesa	\$7,307	7,590	8,069	8,799	9,686	10,187	10,674	10,669	10,600	10,455
Orange	\$6,520	6,290	6,881	6,909	7,603	7,954	7,649	7,208	6,747	6,716
Placentia-Yorba Linda	\$6,659	6,770	6,815	7,214	7,667	7,949	8,040	7,826	7,908	7,841
Saddleback Valley	\$6,167	6,211	6,530	6,915	7,504	7,562	7,652	7,472	6,819	6,970
Santa Ana	\$7,225	7,413	7,104	7,683	8,852	8,944	8,763	8,396	8,507	8,476
Tustin	\$6,216	6,213	6,280	6,557	7,179	7,474	7,363	7,096	6,668	6,706

Source: Orange County Department of Education

Average Expenditure Per Pupil by District Level for Orange County and California, 2002/03 to 2011/12

District Level	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
Elementary Average	\$6,643	\$6,626	\$6,891	\$7,252	\$7,905	\$8,645	\$8,587	\$7,808	\$7,351	7,580
High School Average	\$7,081	\$6,986	\$7,369	\$7,816	\$8,345	\$10,016	\$9,888	\$8,294	\$8,378	8,551
Unified District Average	\$6,673	\$6,746	\$6,883	\$7,307	\$7,975	\$8,667	\$8,539	\$7,780	\$7,702	7,746
Orange County (K-12) Average	\$6,715	\$6,750	\$6,944	\$7,360	\$8,008	\$8,844	\$8,724	\$7,852	\$7,722	7,817
California Average*	\$7,244	\$7,692	\$7,815	\$8,607	\$9,156	\$9,539	\$9,224	\$8,846	\$8,323	9,053
United States Average*	\$7,920	\$8,208	\$8,554	\$9,576	\$10,212	\$9,963	\$10,313	\$10,586	\$10,770	10,834

*2002/03 and 2003/04 figures were obtained from the National Education Association.
Source: Orange County Department of Education, 2011/12 Financial Report

Indicator

High School Dropout Rates

Number and Percent of Grade 9-12 Cohort Dropouts by District for Orange County, 2009/10 to 2011/12

District Name	2009/10		2010/11		2011/12	
	No.	%	No.	%	No.	%
Anaheim Union High	487	10.2	655	13.1	652	12.1
Brea-Olinda Unified	24	4.5	17	3.3	23	4.2
Capistrano Unified	62	1.6	76	1.8	71	1.8
Fullerton Joint Union High	1,247	26.6	397	10.5	221	5.9
Garden Grove Unified	517	14.0	384	9.8	389	10.1
Huntington Beach Union High	225	5.9	160	4.2	103	2.7
Irvine Unified	43	1.9	26	1.2	41	1.8
Laguna Beach Unified	*	3.0	*	1.2	*	1.2
Los Alamitos Unified	18	2.2	20	2.4	24	2.8
Newport-Mesa Unified	88	5.2	78	4.5	62	3.5
OC Dept of Education	---	---	---	---	---	---
Orange Unified	163	6.8	160	6.8	127	5.1
Placentia-Yorba Linda Unified	129	5.9	114	5.1	120	5.4
Saddleback Valley Unified	114	4.2	94	3.4	68	2.5
Santa Ana Unified	438	12.5	507	13.4	387	10.5
Tustin Unified	71	4.6	42	2.6	67	4.2
County Total	5,200	12.3	4,021	9.5	3,911	9.1

---Indicates County Office of Education (COE), which receives the County-wide rate

*Indicates ten or fewer students in order to protect privacy

Source: California Department of Education

Number and Percent of Grade 9-12 Cohort Dropouts by Race/Ethnicity for Orange County, 2009/10 to 2011/12

Race/Ethnicity	2009/10		2010/11		2011/12	
	No.	%	No.	%	No.	%
American Indian	40	9.9	38	10.0	30	7.7
Asian	488	9.4	307	7.6	299	7.6
Hispanic	3,554	20.1	2,767	15.3	2,681	14.1
Black	143	17.2	120	14.7	116	13.5
White	878	5.7	701	4.7	665	4.6
Multiple or No Response	97	13.7	88	11.5	120	12.9
County Total	5,200	12.3	4,021	9.5	3,911	9.1

Indicator

High School Graduation

Number and Percent of Grade 9-12 Cohort Graduates by District for Orange County, 2009/10 to 2011/12

District Name	2009/10		2010/11		2011/12	
	No.	%	No.	%	No.	%
Anaheim Union High	4,118	85.9	4,109	82.1	4,446	82.5
Brea-Olinda Unified	503	93.3	489	95.1	525	95.3
Capistrano Unified	3,779	96.5	4,083	96.7	3,798	96.9
Fullerton Joint Union High	3,308	70.6	3,207	85.1	3,248	87.3
Garden Grove Unified	3,087	83.4	3,384	86.0	3,388	87.8
Huntington Beach Union High	3,405	88.9	3,496	91.6	3,590	93.5
Irvine Unified	2,179	96.7	2,124	97.1	2,132	95.8
Laguna Beach Unified	252	95.8	241	97.6	242	97.6
Los Alamitos Unified	966	95.5	810	95.2	810	95.0
Newport-Mesa Unified	1,563	91.6	1,626	93.5	1,650	93.9
OC Dept of Education	---	---	---	---	---	---
Orange Unified	2,177	90.7	2,154	91.0	2,331	93.1
Placentia-Yorba Linda Unified	1,967	90.6	2,070	91.9	2,026	91.8
Saddleback Valley Unified	2,560	93.3	2,648	94.7	2,581	95.2
Santa Ana Unified	2,797	80.1	3,124	82.6	3,154	85.2
Tustin Unified	1,469	94.4	1,545	96.2	1,532	95.2
County Total	34,979	82.6	36,228	85.6	36,686	85.3

Source: California Department of Education

Number and Percent of High School Graduates with UC/CSU Required Courses by Race/Ethnicity, 2002/03 to 2011/12

Race/Ethnicity	2002/03		2003/04		2004/05		2005/06		2006/07	
	No.	%	No.	%	No.	%	No.	%	No.	%
American Indian	122	37.9	129	40.4	112	34.8	104	35.7	106	45.1
Asian	3,002	28.8	3,080	27.2	3,467	28.9	3,695	26.9	3,527	28.7
Hispanic	1,438	15.0	1,659	17.0	1,818	18.2	3,337	35.3	1,688	18.2
Black	135	21.5	166	27.2	55	24.6	164	29.2	140	23.9
White	5,612	40.5	6,146	44.7	6,334	45.5	6,307	45.1	6,714	44.3
Multiple or No Response	102	30.0	127	36.9	105	26.5	137	44.6	672	38.6
O.C. Total	10,411	34.4	11,307	37.6	11,991	38.7	13,744	44.9	12,304	39.1
State Total	114,515	33.6	115,926	33.8	125,068	35.2	126,019	36.1	126,516	35.5

Race/Ethnicity	2007/08		2008/09		2009/10		2010/11		2011/12	
	No.	%	No.	%	No.	%	No.	%	No.	%
American Indian	177	48.2	157	42.8	120	33.3	123	36.5	143	40.9
Asian	3,947	29.1	4,063	29.2	4,044	30.8	4,549	28.4	4,724	28.7
Hispanic	2,335	22.1	2,896	23.8	2,731	19.8	3,927	26.7	4,222	27.1
Black	148	24.0	180	27.4	189	27.4	204	31.0	211	29.7
White	6,655	45.3	6,457	45.2	5,769	40.8	6,876	49.2	6,810	50.4
Multiple or No Response	313	36.9	122	40.9	240	48.2	324	44.8	368	46.7
O.C. Total	13,575	40.7	13,920	40.3	13,142	36.2	16,003	43.0	16,478	43.3
State Total	127,594	33.9	135,370	35.3	82,083	39.7	164,598	40.3	160,494	38.3

Source: California Department of Education

CAHSEE*: Number and Percent of 10th Grade Students who Passed English Language Arts and Math by School District, March 2013

	Math		English Language Arts	
	No. Tested	Passing %	No. Tested	Passing %
All students tested	38,034	84	38,168	84
Anaheim Union High	5,232	84	5,226	82
Brea-Olinda Unified	485	94	496	92
Capistrano Unified	3,929	93	3,920	93
Fullerton Joint Union High	2,898	93	2,891	92
Garden Grove Unified	3,680	88	3,709	84
Huntington Beach Unified High	3,965	93	3,991	92
Irvine Unified	2,232	96	2,233	95
Laguna Beach Unified	7	**	5	**
Los Alamitos Unified	689	98	700	97
Newport-Mesa Unified	1,661	88	1,666	89
OC Dept. of Education	677	51	707	59
Orange County H.S. of the Arts	370	100	366	100
Orange Unified	2,233	87	2,244	89
Placentia-Yorba Linda Unified	2,000	94	2,020	93
Saddleback Valley Unified	2,421	93	2,436	93
Santa Ana Unified	3,702	80	3,709	77
Tustin Unified	1,853	92	1,849	91

*The California High School Exit Exam (CAHSEE) tests high school sophomores, juniors and seniors on proficiency in English and Mathematics. Students take both parts separately and only retake the parts they did not pass. A mean scale score is the statistical average of a group of scale scores. The CAHSEE provides scale scores for individual students and a mean or average scale score for groups of students. The exam is administered in March; schools with year-round tracks may test in March and May. Since June 2006, passing the CAHSEE is a requirement for graduation. Students are required to take the CAHSEE in 10th grade, and may take it up to five more times as a junior or senior if they have not passed. The State Board of Education has also determined that alternative means to demonstrate proficiency on the CAHSEE are feasible (July, 2010).

**Scores based on 10 or fewer students
Source: California Department of Education

Indicator

SAT Reasoning Test

Average Combined SAT Reasoning Test Scores* for Orange County, California and the United States, 2002/03 to 2011/12¹

	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Orange County Combined	1,070	1,080	1,085	1,593	1,590	1,598	1,600	1,621	1,597	1,588
California Combined	1,012	1,015	1,020	1,507	1,497	1,500	1,502	1,521	1,502	1,492
United States Combined*	1,026	1,026	1,028	1,518	1,511	1,511	1,509	1,509	1,500	1,498

*Figures reflect public and private schools results combined.

¹Increases in scores are due to the writing component added to the test in 2005/06.

Source: California Department of Education. The College Board (for U.S. numbers)

**Average Combined SAT Reasoning Test Scores and Number Tested
by District for Orange County and California, 2011/12**

District Name	Grade 12 Enrollment	Number Tested	Percent Tested	Critical Reading Average	Math Average	Writing Average	Combined Average
Orange County Department of Ed	1,832	50	2.73	529	505	512	1,546
Anaheim Union	5,662	1,886	3.33	483	517	488	1,488
Brea-Olinda Unified	541	283	52.3	529	555	535	1,619
Capistrano Unified	4,050	2,104	52	545	556	544	1,645
Fullerton Joint Union	3,238	1,649	50.9	532	564	540	1,636
Garden Grove Unified	3,846	1,805	46.9	476	513	480	1,469
Huntington Beach Union	4,070	1,754	43.1	526	552	523	1,601
Laguna Beach Unified	247	147	59.5	562	575	570	1,707
Newport-Mesa Unified	1,761	790	44.9	521	536	526	1,583
Orange Unified	2,556	988	38.7	523	544	525	1,592
Placentia-Yorba Linda Unified	2,237	1,024	45.8	534	569	534	1,637
Santa Ana Unified	4,035	1,542	38.2	444	463	452	1,359
Saddleback Valley Unified	2,845	1,356	47.7	540	567	536	1,643
Tustin Unified	1,642	832	50.7	536	560	550	1,646
Irvine Unified	2,234	1,428	63.9	587	633	600	1,820
Los Alamitos Unified	852	547	64.2	539	555	538	1,632
Total Orange County	41,648	18,185	43.7	519	546	523	1,588

Source: California Department of Education

Indicator

Special Education

**Number of K-12 Students Receiving Special Education Services by Type of Disability
for Orange County and California, 2003 to 2012**

Type of Disability	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Specific Learning Disability	22,317	21,250	20,222	18,755	17,655	17,190	16,527	15,715	15,635	15,565
Speech/Language Impairment	15,894	15,723	16,534	16,054	15,852	15,531	15,210	14,888	14,544	14,198
Mental Retardation	3,066	2,924	2,851	2,782	2,776	2,741	2,716	2,797	2,808	2,868
Orthopedic Impairment	1,130	1,123	1,146	1,133	1,125	1,153	1,194	1,177	1,147	1,089
Multiple Disabilities	872	871	851	687	560	446	423	439	447	420
Other Health Impairment	2,964	3,409	4,002	4,293	4,593	4,831	5,029	5,167	5,391	5,628
Deaf	403	403	388	384	347	315	310	303	281	277
Emotional Disturbance	1,155	1,142	1,215	1,290	1,339	1,381	1,376	1,447	1,402	1,369
Visual Impairment	354	369	358	349	332	336	331	306	299	291
Hard of Hearing	526	522	637	648	697	775	822	851	895	863
Deaf-Blind	15	11	11	12	11	9	13	14	14	12
Autistic	2,689	3,165	3,881	4,606	5,629	6,629	7,294	7,960	8,614	9,207
Traumatic Brain Injury	129	137	147	138	131	149	149	144	136	118
No Category	0	0	0	0	0	0	0	0	0	0
K-12 OC Special Education*	51,514	51,049	52,243	51,131	51,047	51,486	51,394	51,208	51,613	51,905
K-12 OC Total Enrollment	515,464	513,744	510,114	503,955	503,225	504,136	497,291	502,903	502,195	501,801
Percent OC Special Education to Regular Enrollment	9.99%	9.94%	10.24%	10.15%	10.14%	10.23%	10.3%	10.2%	10.3%	10.3%
K-12 State Special Education Enrollment*	681,980	681,969	683,178	679,648	677,875	678,105	680,164	678,929	686,352	695,173
K-12 State Total Enrollment	6,298,783	6,322,141	6,312,436	6,286,943	6,275,469	6,252,029	6,189,908	6,217,113	6,214,204	6,226,989
Percent State Special Education to Regular Enrollment	10.83%	10.79%	10.82%	10.81%	10.83%	10.85%	11.1%	10.9%	11.0%	11.2%

*Data reporting cycle: December 1st of the year reported. Also, numbers include "All Others" students ages 0 to 22.

Note: Lowell School District's enrollment numbers are included.

Source: California Department of Education, CBEDS

Number of Students Receiving Special Education Services by Age and Type of Disability, for Orange County, 2001 to 2012*

	2001			2002			2003			2004		
	0 to 5	6 to 12	13 to 18	0 to 5	6 to 12	13 to 18	0 to 5	6 to 12	13 to 18	0 to 5	6 to 12	13 to 18
Mental Retardation	392	1,186	1,043	387	1,196	1,108	357	1,185	1,165	351	1,069	1,105
Hard of Hearing	50	210	129	65	236	135	98	265	159	94	259	165
Deaf	45	193	163	46	183	167	51	158	188	69	152	173
Speech or Language Impairment	2,834	10,399	1,625	2,884	10,713	1,761	3,165	10,879	1,835	3,237	10,617	1,853
Visual Impairment	48	184	129	50	152	118	60	159	122	60	144	147
Emotional Disturbance	7	285	607	5	336	660	8	385	747	6	355	761
Orthopedic Impairment	179	543	302	196	517	314	215	541	310	204	521	341
Other Health Impairment	127	1,131	884	139	1,278	1,038	185	1,469	1,293	192	1,658	1,531
Specific Learning Disability	398	10,360	12,485	324	9,879	12,726	317	9,308	12,630	262	8,638	12,285
Deaf-Blindness	2	9	3	2	6	6	0	7	6	2	6	3
Multiple Disability	93	363	279	99	380	254	118	388	282	98	402	290
Autism	433	968	202	602	1,184	299	751	1,478	410	807	1,741	551
Traumatic Brain Injury	10	36	62	10	41	61	7	40	76	9	48	72
Total	4,618	25,867	17,913	4,809	26,121	18,647	5,332	26,262	19,223	5,390	25,637	19,279
	2005			2006			2007			2008		
	0 to 5	6 to 12	13 to 18	0 to 5	6 to 12	13 to 18	0 to 5	6 to 12	13 to 18	0 to 5	6 to 12	13 to 18
Mental Retardation	353	1,105	1,087	362	1,015	1,057	311	1,021	1,067	296	985	1,086
Hard of Hearing	126	315	187	121	320	195	127	334	223	159	339	264
Deaf	54	136	178	57	138	167	44	112	173	41	107	155
Speech or Language Impairment	3,592	10,976	1,947	3,655	10,467	1,916	3,939	9,973	1,917	4,206	9,450	1,855
Visual Impairment	44	157	139	47	146	132	38	140	135	43	144	129
Emotional Disturbance	10	366	817	3	366	895	2	338	964	4	345	1,006
Orthopedic Impairment	183	493	392	161	505	391	172	474	396	165	475	419
Other Health Impairment	217	1,844	1,910	222	1,919	2,120	256	2,053	2,252	288	2,051	2,289
Specific Learning Disability	229	7,990	11,923	140	7,463	11,068	48	7,122	10,406	24	6,907	10,144
Deaf-Blindness	0	7	3	0	7	3	1	6	4	0	3	4
Multiple Disability	94	442	247	75	327	230	77	236	188	78	173	149
Autism	1,027	2,046	722	1,169	2,388	957	1,450	2,840	1,250	1,668	3,329	1,511
Traumatic Brain Injury	11	48	77	12	43	65	5	46	64	9	55	71
Total	5,943	25,872	19,629	6,024	25,104	19,196	6,470	24,695	19,041	6,981	24,362	19,245
	2009			2010			2011			2012		
	0 to 5	6 to 12	13 to 18	0 to 5	6 to 12	13 to 18	0 to 5	6 to 12	13 to 18	0 to 5	6 to 12	13 to 18
Mental Retardation	276	979	1,075	283	1,000	1,081	279	1,004	1,058	296	1,041	1,052
Hard of Hearing	177	373	263	186	358	299	218	376	289	218	330	301
Deaf	51	106	140	49	100	140	50	92	129	47	98	118
Speech or Language Impairment	4,189	9,208	1,796	4,241	8,890	1,744	4,263	8,588	1,673	4,175	8,386	1,609
Visual Impairment	44	144	124	44	126	119	37	130	115	29	120	126
Emotional Disturbance	9	340	986	4	387	1,020	1	389	972	6	354	975
Orthopedic Impairment	189	473	425	188	465	405	167	456	387	159	416	395
Other Health Impairment	293	2,065	2,609	279	2,100	2,724	300	2,261	2,763	292	2,392	2,874
Specific Learning Disability	17	6,530	9,762	11	6,282	9,250	16	6,362	9,064	16	6,584	8,811
Deaf-Blindness	0	6	5	1	4	9	2	5	7	1	4	7
Multiple Disability	73	167	134	82	166	140	88	173	129	81	166	121
Autism	1,701	3,726	1,698	1,763	4,032	1,952	1,844	4,338	2,178	1,873	4,590	2,449
Traumatic Brain Injury	5	54	82	10	46	73	3	48	76	4	42	65
Total	7,024	24,171	19,099	7,141	23,956	18,956	7,268	24,222	18,840	7,197	24,523	18,903

*Data reporting cycle: December 1st of the year reported. Also, numbers include "All Others" students ages 0 to 22.

Note: Lowell School District's enrollment numbers are included.

Source: California Department of Education, CBEDS

SUPPLEMENTAL TABLES: SAFE HOMES & COMMUNITIES

Total Number and Rate Per 100,000 Population of Leading Causes of Death by Age Group, 2002 to 2011

2002	< 1 Year		1-4 Years		5-9 Years		10-14 Years		15-19 Years		0-19 Years	
Cause	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Unintentional Injury	10	22.8	16	9.3	9	4.0	3	1.4*	31	15.5	69	8.0
Cancers	3	6.8*	8	4.7	5	2.2	7	3.2	9	4.5	32	3.7
Congenital Anomalies	57	129.9	5	2.9	2	0.9*	2	0.9*	2	1.0*	68	7.9
Homicide	0	0.0	1	0.6*	2	0.9*	1	0.5*	13	6.5	17	2.0
Suicide	0	0.0	0	0.0	0	0.0	0	0.0	7	3.5	7	0.8
SIDS	3	6.8*	0	0.0	0	0.0	0	0.0	0	0.0	3	0.3*
Short Gestation and Low Birth Weight	30	68.4	0	0.0	0	0.0	0	0.0	0	0.0	30	3.5
Diseases of the Heart	8	18.2	1	0.6*	1	0.4*	0	0.0	3	1.5*	13	1.5
Cerebrovascular	1	2.3*	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1*
Neonatal Hemorrhage	4	9.1*	0	0.0	0	0.0	0	0.0	0	0.0	4	0.5*
Other	100	227.9	6	3.5	9	4.0	10	4.5	10	5.0	135	15.6
Total Deaths	216	492.2	37	21.5	28	12.4	23	10.4	75	37.5	379	43.9
Age Group Population	43,882		171,712		226,099		221,303		200,169		863,165	

2003	< 1 Year		1-4 Years		5-9 Years		10-14 Years		15-19 Years		0-19 Years	
Cause	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Unintentional Injury	4	9.2*	13	7.5	4	1.8*	6	2.6	32	15.7	59	6.8
Cancer	1	2.3*	3	1.7*	8	3.6	5	2.2	6	3.0	23	2.6
Congenital Anomalies	45	103.8	5	2.9	3	1.3*	2	0.9*	0	0.0	55	6.3
Homicide	1	2.3*	1	0.6*	0	0.0	5	2.2	12	5.9	19	2.2
Suicide	0	0.0	0	0.0	0	0.0	0	0.0	10	4.9	10	1.2
SIDS	10	23.1	0	0.0	0	0.0	0	0.0	0	0.0	10	1.2
Short Gestation and Low Birth Weight	19	43.8	0	0.0	0	0.0	0	0.0	0	0.0	19	2.2
Diseases of the Heart	6	13.8	2	1.2*	0	0.0	0	0.0	5	2.5	23	2.6
Cerebrovascular	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Neonatal Hemorrhage	10	23.1	0	0.0	0	0.0	0	0.0	0	0.0	10	1.2
Other	104	239.9	17	9.8	6	2.7	7	3.1	14	6.9	148	17.0
Total Deaths	200	461.4	41	23.7	21	9.4	25	11.0	79	38.9	366	42.2
Age Group Population	43,345		172,683		222,698		226,556		202,994		868,276	

2004	< 1 Year		1-4 Years		5-9 Years		10-14 Years		15-19 Years		0-19 Years	
Cause	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Unintentional Injury	3	7.0*	12	7.0	5	2.3	12	5.2	24	11.6	56	6.4
Cancer	0	0.0	5	2.9	11	5.0	11	4.8	11	5.3	38	4.4
Congenital Anomalies	54	126.0	6	3.5	4	1.8*	0	0.0	4	1.9*	68	7.8
Homicide	3	7.0*	1	0.6*	0	0.0	0	0.0	16	7.8	20	2.3
Suicide	0	0.0	0	0.0	0	0.0	1	0.4*	10	4.9	11	1.3
SIDS	8	18.7	0	0.0	0	0.0	0	0.0	0	0.0	8	0.9
Short Gestation and Low Birth Weight	26	60.7	0	0.0	0	0.0	0	0.0	0	0.0	26	3.0
Diseases of the Heart	3	7.0*	2	1.2*	1	0.5*	0	0.0	4	1.9*	10	1.1
Cerebrovascular	1	2.3*	2	1.2*	0	0.0	1	0.4*	2	1.0*	6	0.7
Neonatal Hemorrhage	3	7.0*	0	0.0	0	0.0	0	0.0	0	0.0	3	0.3*
Other	78	182.0	11	6.4	5	2.3	6	2.6	12	5.8	112	12.9
Total Deaths	179	417.8	39	22.6	26	11.9	31	13.5	83	40.3	358	41.2
Age Group Population	42,846		172,343		218,739		229,527		206,124		869,579	

2005	< 1 Year		1-4 Years		5-9 Years		10-14 Years		15-19 Years		0-19 Years	
Cause	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Unintentional Injury	2	4.8*	14	8.2	3	1.4*	7	3.1	26	12.4	52	6.0
Cancer	2	4.8*	3	1.8*	3	1.4*	4	1.7*	9	4.3	21	2.4
Congenital Anomalies	59	140.6	7	4.1	2	0.9*	2	0.9*	1	0.5*	71	8.2
Homicide	2	4.8*	2	1.2*	0	0.0	4	1.7*	8	3.8	16	1.9
Suicide	0	0.0	0	0.0	0	0.0	3	1.3*	14	6.7	17	2.0
SIDS	4	9.5*	0	0.0	0	0.0	0	0.0	0	0.0	4	0.5*
Short Gestation and Low Birth Weight	22	52.4	0	0.0	0	0.0	0	0.0	0	0.0	22	2.5
Diseases of the Heart	3	7.1*	1	0.6*	1	0.5*	1	0.4*	2	1.0*	8	0.9
Cerebrovascular	0	0.0	0	0.0	1	0.5*	1	0.4*	1	0.5*	3	0.3*
Neonatal Hemorrhage	9	21.4	0	0.0	0	0.0	0	0.0	0	0.0	9	1.0
Other	108	257.3	16	9.4	8	3.7	7	3.1	19	9.1	158	18.3
Total Deaths	211	502.7	43	25.3	18	8.4	29	12.7	80	38.2	381	44.1
Age Group Population	41,976		169,886		214,222		228,892		209,181		864,157	

2006	< 1 Year		1-4 Years		5-9 Years		10-14 Years		15-19 Years		0-19 Years	
Cause	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Unintentional Injury	5	12.2	6	3.6	10	4.7	8	3.5	37	17.5	66	7.7
Cancer	0	0.0	3	1.8*	4	1.9*	2	0.9*	0	0.0	9	1.1
Congenital Anomalies	61	148.5	4	2.4*	4	1.9*	2	0.9*	3	1.4*	74	8.6
Homicide	0	0.0	2	1.2*	1	0.5*	5	2.2	19	9.0	27	3.2
Suicide	0	0.0	0	0.0	0	0.0	1	0.4*	12	5.7	13	1.5
SIDS	6	14.6	0	0.0	0	0.0	0	0.0	0	0.0	6	0.7
Short Gestation and Low Birth Weight	27	65.7	0	0.0	0	0.0	0	0.0	0	0.0	27	3.2
Diseases of the Heart	3	7.3*	1	0.6*	1	0.5*	1	0.4*	0	0.0	6	0.7
Cerebrovascular	0	0.0	0	0.0	1	0.5*	0	0.0	0	0.0	1	0.1*
Neonatal Hemorrhage	7	17.0	0	0.0	0	0.0	0	0.0	0	0.0	7	0.8
Other	112	272.6	13	7.9	11	5.2	9	4.0	23	10.9	171	20.0
Total Deaths	224	545.3	29	17.5	32	15.1	28	12.4	94	44.4	407	47.5
Age Group Population	41,080		165,497		211,388		226,065		211,948		855,978	

SUPPLEMENTAL TABLES: SAFE HOMES AND COMMUNITIES



2007 Cause	< 1 Year		1-4 Years		5-9 Years		10-14 Years		15-19 Years		0-19 Years	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Unintentional Injury	1	2.5*	10	6.2	4	1.9*	4	1.8*	38	17.6	57	6.7
Cancer	2	5.0*	6	3.7	8	3.8	7	3.1	10	4.6	33	3.9
Congenital Anomalies	55	136.2	1	0.6*	0	0.0	2	0.9*	0	0.0	58	6.8
Homicide	1	2.5*	1	0.6*	0	0.0	0	0.0	8	3.7	10	1.2
Suicide	0	0.0	0	0.0	0	0.0	0	0.0	8	3.7	8	0.9
SIDS	3	7.4*	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Short Gestation and Low Birth Weight	16	39.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Diseases of the Heart	2	5.0*	0	0.0	1	0.5*	2	0.9*	2	0.9*	7	0.8
Cerebrovascular	0	0.0	0	0.0	0	0.0	0	0.0	1	0.5*	1	0.1*
Neonatal Hemorrhage	6	14.9	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	101	250.2	12	7.4	10	4.8	4	1.8*	14	6.5	166	19.5
Total Deaths	187	463.2	30	18.5	23	11.0	19	8.5	81	37.6	340	40.0
Age Group Population	40,367		162,577		209,282		222,734		215,558		850,518	
2008 Cause	< 1 Year		1-4 Years		5-9 Years		10-14 Years		15-19 Years		0-19 Years	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Unintentional Injury	3	7.5*	14	8.7	0	0.0	5	2.3	30	13.7	52	6.1
Cancer	1	2.5*	4	2.5*	7	3.4	10	4.6	10	4.6	32	3.8
Congenital Anomalies	64	159.0	4	2.5*	0	0.0	2	0.9*	3	1.4*	73	8.6
Homicide	2	5.0*	2	1.2*	2	1.0*	2	0.9*	11	5.0	19	2.2
Suicide	0	0.0	0	0.0	0	0.0	1	0.5*	9	4.1	10	1.2
SIDS	4	9.9*	0	0.0	0	0.0	0	0.0	0	0.0	4	0.5*
Short Gestation and Low Birth Weight	14	34.8	0	0.0	0	0.0	0	0.0	0	0.0	14	1.7
Diseases of the Heart	9	22.4	1	0.6*	1	0.5*	1	0.5*	3	1.4*	15	1.8
Cerebrovascular	0	0.0	0	0.0	1	0.5*	0	0.0	1	0.5*	2	0.2*
Neonatal Hemorrhage	5	12.4	0	0.0	0	0.0	0	0.0	0	0.0	5	0.6
Other	100	248.4	5	3.1	7	3.4	8	3.7	12	5.5	132	15.6
Total Deaths	202	501.9	30	18.7	18	8.7	29	13.3	79	36.0	358	42.3
Age Group Population	40,250		160,738		206,586		218,622		219,703		845,899	
2009 Cause	< 1 Year		1-4 Years		5-9 Years		10-14 Years		15-19 Years		0-19 Years	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Unintentional Injury	4	10.7*	8	5.1	3	1.5*	5	2.4	24	10.8	44	5.3
Cancer	2	5.4*	3	1.9*	5	2.5	11	5.3	6	2.7	27	3.3
Congenital Anomalies	56	150.3	3	1.9*	1	0.5*	1	0.5*	4	1.8*	65	7.9
Homicide	6	16.1	6	3.8	1	0.5*	0	0.0	8	3.6	21	2.5
Suicide	0	0.0	0	0.0	0	0.0	2	1.0*	10	4.5	12	1.4
SIDS	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Short Gestation and Low Birth Weight	5	13.4	0	0.0	0	0.0	0	0.0	0	0.0	5	0.6
Diseases of the Heart	4	10.7*	2	1.3*	0	0.0	1	0.5*	3	1.3*	10	1.2
Cerebrovascular	3	8.1*	0	0.0	1	0.5*	0	0.0	0	0.0	4	0.5*
Neonatal Hemorrhage	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	85	228.2	14	8.9	12	6.0	5	2.4	18	8.1	134	16.2
Total Deaths	165	442.9	36	22.9	23	11.4	25	11.9	73	32.8	322	38.9
Age Group Population	37,256		157,469		200,945		209,259		222,784		827,713	
2010 Cause	< 1 Year		1-4 Years		5-9 Years		10-14 Years		15-19 Years		0-19 Years	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Unintentional Injury	2	5.4*	10	6.5	1	0.5*	2	1.0*	18	7.9	33	4.0
Cancer	0	0.0	4	2.6*	4	2.0	2	1.0*	6	2.6	16	1.9
Congenital Anomalies	41	110.4	8	5.2	1	0.5*	0	0.0	2	0.9*	52	6.3
Homicide	2	5.4*	0	0.0	1	0.5*	1	0.5*	9	3.9	13	1.6
Suicide	0	0.0	0	0.0	0	0.0	2	1.0*	17	7.5	19	2.3
SIDS	2	5.4*	0	0.0	0	0.0	0	0.0	0	0.0	2	0.2*
Short Gestation and Low Birth Weight	8	21.5	0	0.0	0	0.0	0	0.0	0	0.0	8	1.0
Diseases of the Heart	2	5.4*	1	0.7*	1	0.5*	2	1.0*	1	0.4*	7	0.8
Cerebrovascular	0	0.0	0	0.0	0	0.0	1	0.5*	1	0.4*	2	0.2*
Neonatal Hemorrhage	3	8.1*	0	0.0	0	0.0	0	0.0	0	0.0	3	0.4*
Other	87	234.2	11	7.2	6	3.0	10	4.8	16	7.0	130	15.7
Total Deaths	147	395.7	34	22.2	14	7.1	20	9.5	70	30.7	285	34.5
Age Group Population	37,154		153,420		197,334		210,213		228,147		826,268	
2011 Cause	< 1 Year		1-4 Years		5-9 Years		10-14 Years		15-19 Years		0-19 Years	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Unintentional Injury	3	7.9*	9	5.9	3	1.5*	2	1.0*	22	9.7	39	4.7
Cancer	2	5.3*	3	2.0*	2	1.0*	4	1.9*	10	4.4	21	2.6
Congenital Anomalies	50	131.5	2	1.3*	1	0.5*	4	1.9*	2	0.9*	59	7.2
Homicide	3	7.9*	1	0.7*	0	0.0	1	0.5*	10	4.4	15	1.8
Suicide	0	0.0	0	0.0	0	0.0	1	0.5*	11	4.8	12	1.5
SIDS	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Short Gestation and Low Birth Weight	10	26.3	0	0.0	0	0.0	0	0.0	0	0.0	10	1.2
Diseases of the Heart	1	2.6*	3	2.0*	0	0.0	1	0.5*	0	0.0	5	0.6
Cerebrovascular	1	2.6*	0	0.0	0	0.0	1	0.5*	0	0.0	2	0.2*
Neonatal Hemorrhage	4	10.5*	0	0.0	0	0.0	0	0.0	0	0.0	4	0.5
Other	86	226.2	7	4.6	6	3.1	5	2.4	15	6.6	119	14.5
Total Deaths	160	420.8	25	16.4	12	6.1	19	9.1	70	30.8	286	34.8
Age Group Population	38,023		152,130		196,567		208,217		226,967		821,904	

Note: Rates based on fewer than five events are statistically unreliable.

Numbers of deaths for 2010 and prior years were revised by the State of California in 2012; data in these tables reflect the most recent figures from the California Injury Data Online website, <http://epicenter.cdph.ca.gov>;

Due to change in population estimates from the California Department of Finance following the 2010 Census, the populations and rates for 2010 and 2011 have been updated from previous Conditions of Children reports.

Source: County of Orange Health Care Agency, Family Health Division

SUPPLEMENTAL TABLES: SAFE HOMES & COMMUNITIES

**Number of Deaths and Rate Per 100,000 Population for Persons 0 to 19 Years of Age
From Unintentional Injury, Homicide, and Suicide, 2002 to 2011**

Cause of Death	2002 No. Rate	2003 No. Rate	2004 No. Rate	2005 No. Rate	2006 No. Rate	2007 No. Rate	2008 No. Rate	2009 No. Rate	2010 No. Rate	2011 No. Rate
Unintentional Injury	69 8.0	59 6.8	56 6.4	52 6.0	66 7.7	57 6.7	52 6.1	44 5.3	33 4.0	39 4.7
Homicide	17 2.0	19 2.2	20 2.3	16 1.9	27 3.2	10 1.2	19 2.2	21 2.5	13 1.6	15 1.8
Suicide	7 0.8	10 1.2	11 1.3	17 2.0	13 1.5	8 0.9	10 1.2	12 1.4	19 2.3	12 1.5
Total	93	88	87	85	106	75	81	77	65	66

**Death Rate Per 100,000 Population for Persons 0 to 19 Years of Age
From Unintentional Injury, Homicide, and Suicide by Age Group and Gender, 2002 to 2011**

Age and Gender	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Unintentional Injury										
<15 Years	5.7	4.1	4.8	4.0	4.5	3.0	3.5	3.3	2.5	2.9
15-19 Years	15.5	15.8	11.6	11.6	17.5	17.6	13.7	10.8	7.9	9.7
Males	11.1	9.7	6.5	8.1	10.0	10.3	7.6	7.1	5.7	4.5
Females	4.8	3.8	6.4	3.8	5.3	2.9	4.6	3.5	2.2	5.0
Homicide										
<15 Years	0.6*	1.1	0.6*	1.2	1.2	0.3*	1.3	2.1	0.7*	0.8
15-19 Years	6.5	5.9	7.8	3.8	9.0	3.7	5.0	3.6	3.9	4.4
Males	3.2	3.6	3.6	2.7	5.7	1.8	3.5	2.8	2.4	3.3
Females	0.7*	0.7*	0.9*	1.0*	0.5*	0.5*	1.0*	2.2	0.7*	0.2*
Suicide										
<15 Years	0.0	0.0	0.2*	0.5*	0.2*	0.0	0.2*	0.3*	0.3*	0.2*
15-19 Year	3.5	4.9	4.9	6.7	5.7	3.7	4.1	4.5	7.5	4.8
Males	1.1	2.2	1.6	2.9	1.8	1.6	2.3	1.6	3.3	1.9
Females	0.5*	0.0	0.9*	1.0*	1.2	0.2*	0.0	1.2	1.2	1.0*

Death Rate Per 100,000 Persons 0 to 19 Years of Age by Race/Ethnicity and Cause, 2002 to 2011

Race/Ethnicity	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Unintentional Injury										
Asian	8.5	6.7	5.0	2.5*	6.6	9.0	4.8	5.8	3.0*	2.3*
Black	7.5*	7.6*	0.0	7.9*	24.4*	8.3*	8.4*	8.9*	8.8*	0.0
Hispanic	8.1	5.0	6.8	6.0	7.3	5.5	4.7	3.9	3.2	3.9
White	8.4	9.4	7.4	7.9	8.8	8.0	9.2	7.5	6.0	7.6
Homicide										
Asian	0.9*	1.7*	1.7*	1.7*	1.7*	0.0	4.0	0.8*	0.0	2.3*
Black	7.5*	22.9*	7.8*	7.9*	8.1*	0.0	8.4*	8.9*	0.0	0.0
Hispanic	3.8	2.9	3.7	2.6	6.3	2.3	3.4	3.9	3.2	2.6
White	0.3*	0.9*	0.9*	0.9*	0.0	0.3*	0.0	1.4*	0.4*	0.8*
Suicide										
Asian	1.7*	0.0	1.7*	2.5*	2.5*	2.4*	1.6*	0.8*	1.5*	2.3*
Black	0.0	0.0	0.0	15.9*	0.0	0.0	0.0	0.0	0.0	17.4*
Hispanic	0.5*	0.8*	0.3*	0.5*	0.3*	0.0	1.0*	1.0*	2.4	0.5*
White	0.9*	2.1	2.5	3.2	2.9	1.7	1.4*	2.5	3.0	1.8

Overall Death Rate Per 100,000 Children and Youth 0 to 19 Years of Age in Orange County, 2002 to 2011

Age Group (Years)	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
< 1 Year	492.2	461.4	417.8	502.7	545.3	463.2	501.9	442.9	395.7	420.8
1-4	21.5	23.7	22.6	25.3	17.5	18.5	18.7	22.9	22.2	16.4
5-9	12.4	9.4	11.9	8.4	15.1	11.0	8.7	11.4	7.1	6.1
10-14	10.4	11.0	13.5	12.7	12.4	8.5	13.3	11.9	9.5	9.1
15-19	37.5	38.9	40.3	38.2	44.4	37.6	36.0	32.8	30.7	30.8
0-19	43.9	42.2	41.2	44.1	47.5	40.0	42.3	38.9	34.5	34.8

*Rates based on less than five deaths are unstable, and therefore should be interpreted with caution.

Note: Numbers of deaths for 2010 and prior years were revised by the State of California in 2012; data in these tables reflect the most recent figures from the California Injury Data Online website, <http://epicenter.cdph.ca.gov>;

Due to change in population estimates from the California Department of Finance following the 2010 Census, the populations and rates for 2010 and 2011 have been updated from previous Conditions of Children reports.

Source: County of Orange Health Care Agency, Public Health Services

Unintentional Injury Deaths

Number and Rate Per 100,000 Persons of Unintentional Injury Deaths by Age Group, 2002 to 2011

Age Group	2002		2003		2004		2005		2006	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
< 15 Years of Age	38	5.7	27	4.1	32	4.8	26	4.0	29	4.5
15-19 Years of Age	31	15.5	32	15.8	24	11.6	26	12.4	37	17.5
TOTAL	69	8.0	59	6.8	56	6.4	52	6.0	66	7.7
Age Group	2007		2008		2009		2010		2011	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
< 15 Years of Age	19	3.0	22	3.5	20	3.3	15	2.5	17	2.9
15-19 Years of Age	38	17.6	30	13.7	24	10.8	18	7.9	22	9.7
TOTAL	57	6.7	52	6.1	44	5.3	33	4.0	39	4.7

Number and Rate Per 100,000 Persons 0 to 19 Years of Age of Unintentional Injury Deaths by Gender, 2002 to 2011

Gender	2002		2003		2004		2005		2006	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Male	49	11.1	43	9.7	29	6.5	36	8.1	44	10.0
Female	20	4.8	16	3.8	27	6.4	16	3.8	22	5.3
TOTAL	69	8.0	59	6.8	56	6.4	52	6.0	66	7.7
Gender	2007		2008		2009		2010		2011	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Male	45	10.3	33	7.6	30	7.1	24	5.7	19	4.5
Female	12	2.9	19	4.6	14	3.5	9	2.2	20	5.0
TOTAL	57	6.7	52	6.1	44	5.3	33	4.0	39	4.7

Number and Rate Per 100,000 Persons 0 to 19 Years of Age of Unintentional Injury Deaths by Race/Ethnicity, 2002 to 2011

Race/Ethnicity	2002		2003		2004		2005		2006	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
White	28	8.4	31	9.4	24	7.4	25	7.9	27	8.8
Black	1	7.5*	1	7.6*	0	0.0	1	7.9*	3	24.4*
Hispanic	30	8.1	19	5.0	26	6.8	23	6.0	28	7.3
Asian	10	8.5	8	6.7	6	5.0	3	2.5*	8	6.6
TOTAL	69	8.0	59	6.8	56	6.4	52	6.0	66	7.7
Race/Ethnicity	2007		2008		2009		2010		2011	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
White	24	8.0	27	9.2	21	7.5	16	6.0	20	7.6
Black	1	8.3*	1	8.4*	1	8.9*	1	8.8*	0	0.0
Hispanic	21	5.5	18	4.7	15	3.9	12	3.2	15	3.9
Asian	11	9.0	6	4.8	7	5.8	4	3.0*	3	2.3*
TOTAL	57	6.7	52	6.1	44	5.3	33	4.0	39**	4.7

Number and Rate Per 100,000 Persons 0 to 19 Years of Age of Unintentional Injury Deaths by Cause, 2002 to 2011

Cause	2002		2003		2004		2005		2006	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Motor Vehicle ¹	40	4.6	38	4.4	35	4.0	30	3.5	40	4.7
Drowning	9	1.0	8	0.9	6	0.7	10	1.2	6	0.7
Other	20	2.3	13	1.5	15	1.7	12	1.4	20	2.3
TOTAL	69	8.0	59	6.8	56	6.4	52	6.0	66	7.7
Cause	2007		2008		2009		2010		2011	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Motor Vehicle ¹	32	3.8	31	3.7	21	2.5	13	1.6	19	2.3
Drowning	8	0.9	8	0.9	3	0.4*	2	0.2*	1	0.1*
Other	17	2.0	13	1.5	20	2.4	18	2.2	19	2.3
TOTAL	57	6.7	52	6.1	44	5.3	33	4.0	39	4.7

*Rates based on less than five deaths are unstable, and therefore should be interpreted with caution.

**Total death(s) in a race/ethnicity not listed.

¹Includes motor vehicle versus bicycle and pedestrian.

Note: Numbers of deaths for 2010 and prior years were revised by the State of California in 2012; data in these tables reflects the most recent figures from the California Injury Data Online website; Due to change in population estimates from the California Department of Finance following the 2010 Census, the populations and rates for 2010 and 2011 have been updated from previous Conditions of Children reports.

Source: County of Orange Health Care Agency, Public Health Services

Homicide Deaths/Legal Intervention
Number and Rate Per 100,000 Persons of Homicide Deaths by Age Group, 2002 to 2011

Age Group	2002		2003		2004		2005		2006	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
< 15 Years of Age	4	0.6*	7	1.1	4	0.6*	8	1.2	8	1.2
15-19 Years of Age	13	6.5	12	5.9	16	7.8	8	3.8	19	9.0
TOTAL	17	2.0	19	2.2	20	2.3	16	1.9	27	3.2
Age Group	2007		2008		2009		2010		2011	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
< 15 Years of Age	2	0.3*	8	1.3	13	2.1	4	0.7*	5	0.8
15-19 Years of Age	8	3.7	11	5.0	8	3.6	9	3.9	10	4.4
TOTAL	10	1.2	19	2.2	21	2.5	13	1.6	15	1.8

Number and Rate Per 100,000 Persons 0 to 19 Years of Age of Homicide Deaths by Gender, 2002 to 2011

Gender	2002		2003		2004		2005		2006	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Male	14	3.2	16	3.6	16	3.6	12	2.7	25	5.7
Female	3	0.7*	3	0.7*	4	0.9*	4	1.0*	2	0.5*
TOTAL	17	2.0	19	2.2	20	2.3	16	1.9	27	3.2
Gender	2007		2008		2009		2010		2011	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Male	8	1.8	15	3.5	12	2.8	10	2.4	14	3.3
Female	2	0.5*	4	1.0*	9	2.2	3	0.7*	1	0.2*
TOTAL	10	1.2	19	2.2	21	2.5	13	1.6	15	1.8

Number and Rate Per 100,000 Persons 0 to 19 Years of Age of Homicide Deaths by Race/Ethnicity, 2002 to 2011

Race/Ethnicity	2002		2003		2004		2005		2006	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
White	1	0.3*	3	0.9*	3	0.9*	3	0.9*	0	0.0
Black	1	7.5*	3	22.9*	1	7.8*	1	7.9*	1	8.1*
Hispanic	14	3.8*	11	2.9	14	3.7	10	2.6	24	6.3
Asian	1	0.9*	2	1.7*	2	1.7*	2	1.7*	2	1.7
TOTAL	17	2.0	19	2.2	20	2.3	16	1.9	27	3.2
Race/Ethnicity	2007		2008		2009		2010		2011	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
White	1	0.3*	0	0.0	4	1.4*	1	0.4*	2	0.8*
Black	0	0.0	1	8.4*	1	8.9*	0	0.0	0	0.0
Hispanic	9	2.3	13	3.4	15	3.9	12	3.2	10	2.6
Asian	0	0.0	5	4.0	1	0.8*	0	0.0	3	2.3*
TOTAL	10	1.2	19	2.2	21	2.5	13	1.6	15	1.8

Percent Homicides of Total Deaths from Unintentional Injury, Homicide, and Suicide for Persons 0 to 19 Years of Age, 2002 to 2011

DEATHS	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
% Homicide	18.3%	21.6%	23.0%	18.8%	25.5%	13.3%	23.5%	27.3%	20.0%	22.7%

Homicide Death Rate Per 100,000 Persons 0 to 19 Years of Age in Orange County and California, 2002 to 2011

AREA	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Orange County	2.0	2.2	2.3	1.9	3.2	1.2	2.2	2.5	1.6	1.8
California	4.2	4.5	4.8	4.7	5.4	4.6	4.5	4.4	3.8	3.6

*Rates based on less than five deaths are unstable, and therefore should be interpreted with caution.

Notes: Numbers of deaths for 2010 and prior years were revised by the State of California in 2012; data in these tables reflects the most recent figures from the California Injury Data Online website; Due to change in population estimates from the California Department of Finance following the 2010 Census, the populations and rates for 2010 and 2011 have been updated from previous Conditions of Children reports.

Source: County of Orange Health Care Agency, Public Health Services

Suicide Deaths

Number and Rate Per 100,000 Persons of Suicide Deaths by Age Group, 2002 to 2011

Age Group	2002		2003		2004		2005		2006	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
< 15 Years of Age	0	0.0	0	0.0	1	0.2*	3	0.5*	1	0.2*
15-19 Years of Age	7	3.5	10	4.9	10	4.9	14	6.7	12	5.7
TOTAL	7	0.8	10	1.1	11	1.3	17	1.9	13	1.5
Age Group	2007		2008		2009		2010		2011	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
< 15 Years of Age	0	0.0	1	0.2*	2	0.3*	2	0.3*	1	0.2*
15-19 Years of Age	8	3.7	9	4.1	10	4.5	17	7.5	11	4.8
TOTAL	8	0.9	10	1.2	13	1.4	19	2.3	12	1.5

Number and Rate Per 100,000 Persons 0 to 19 Years of Age of Suicide Deaths by Gender, 2002 to 2011

Gender	2002		2003		2004		2005		2006	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Male	5	1.1	10	2.2	7	1.6	13	2.9	8	1.8
Female	2	0.5*	0	0.0	4	0.9*	4	1.0*	5	1.2
TOTAL	7	0.8	10	1.2	11	1.3	17	2.0	13	1.5
Gender	2007		2008		2009		2010		2011	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Male	7	1.6	10	2.3	7	1.6	14	3.3	8	1.9
Female	1	0.2*	0	0.0	5	1.2	5	1.2	4	1.0*
TOTAL	8	0.9	10	1.2	12	1.4	19	2.3	12	1.5

Number and Rate Per 100,000 Persons 0 to 19 Years of Age of Suicide Deaths by Race/Ethnicity, 2002 to 2011

Race/Ethnicity	2002		2003		2004		2005		2006	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
White	3	0.9*	7	2.1	8	2.5	10	3.2	9	2.9
Black	0	0.0	0	0.0	0	0.0	2	15.9*	0	0.0
Hispanic	2	0.5*	3	0.8*	1	0.3*	2	0.5*	1	0.3*
Asian	2	1.7*	0	0.0	2	1.7*	3	2.5*	3	2.5*
TOTAL	7	0.8	10	1.2	11	1.3	17	2.0	13	1.5
Race/Ethnicity	2007		2008		2009		2010 ³		2011	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
White	5	1.7	4	1.4*	7	2.5	8	3.0	5	1.9
Black	0	0.0	0	0.0	0	0.0	0	0.0	2	17.4*
Hispanic	0	0.0*	4	1.0*	4	1.0*	9	2.4	2	0.5*
Asian	3	2.4*	2	1.6*	1	0.8*	2	1.5*	3	2.3*
TOTAL	8	0.9	10	1.2	12	1.4	19	2.3	12	1.5

*Rates based on less than five deaths are unstable, and therefore should be interpreted with caution.

Notes: Numbers of deaths for 2010 and prior years were revised by the State of California in 2012; data in these tables reflects the most recent figures from the California Injury Data Online website; Due to change in population estimates from the California Department of Finance following the 2010 Census, the populations and rates for 2010 and 2011 have been updated from previous Conditions of Children reports.

Source: County of Orange Health Care Agency, Public Health Services

Child and Youth Deaths

Manner of Death, Children Less than 18 Years of Age, 2012

Manner	No.	% of Child Deaths	Type	No.	% of Child Deaths	% of Manner
Natural	32	40.0%				
			Congenital	19	23.8	59.4
			Diseases/ Conditions	13	16.3	40.6
			SIDS	0	0.0	0.0
Unintentional Injury	21	26.3				
			Asphyxia	2	2.5	9.5
			Drowning	9	11.3	42.9
			Fall	1	1.3	4.8
			Overdose	2	2.5	9.5
			Train	1	1.3	4.8
			Vehicular	6	7.5	28.6
Homicide	11	13.8				
			Blunt Force Trauma	1	1.3	9.1
			Cutting/Stabbing	1	1.3	9.1
			Drowning	1	1.3	9.1
			Gunshot	7	8.8	63.6
			Other	1	1.3	9.1
Suicide	6	7.5				
			Asphyxia	3	3.8	50.0
			Cutting	1	1.3	16.7
			Fall	1	1.3	16.7
			Gunshot	1	1.3	16.7
Undetermined	10	12.5				
			Other	1	1.3	10.0
			Overdose	1	1.3	10.0
			Unknown	8	10.0	80.0
Total	80					100.0

Source: 2012 Orange County Child Death Review Team



Motor Vehicle Accidents

**Number of Victims 0 to 19 Years of Age Killed or Injured as a
Result of Motor Vehicle Accidents* by Age Group, 2002 to 2011**

Age Group	2002		2003		2004		2005		2006	
	Killed	Injured	Killed	Injured	Killed	Injured	Killed	Injured	Killed	Injured
0-4 Years	6	55	4	54	4	49	3	48	0	36
5-9 Years	6	76	4	85	5	76	2	57	5	42
10-14 Years	3	88	5	106	8	111	3	83	5	70
15-19 Years	25	272	25	348	18	332	22	333	30	285
TOTAL	40	491	38	593	35	568	30	521	40	433
Age Group	2007		2008		2009		2010		2011	
	Killed	Injured	Killed	Injured	Killed	Injured	Killed	Injured	Killed	Injured
0-4 Years	5	35	6	35	2	36	3	28	2	48
5-9 Years	2	34	0	47	3	49	1	40	3	48
10-14 Years	1	78	5	62	3	51	2	58	1	59
15-19 Years	24	269	20	226	13	192	7	159	13	160
TOTAL	32	416	31	370	21	328	13	285	19	315

*Includes motor vehicle vs. bicycle and pedestrian.

Children and Guns

Number of Gun-Related Incidents with Children 0 to 19 Years of Age by Type of Incident, 2002 to 2011

Year	NONFATAL ¹				FATAL			
	Assault	Self-Inflicted	Accidental	Total Injured by Guns	Homicide	Suicide	Accidental	Total Killed by Guns
2002	38	3	7	48	15	3	0	18
2003	45	1	5	51	13	3	0	16*
2004	43	0	6	49	15	2	0	17
2005	46	0	5	51	10	6	0	16
2006	36	0	8	44	18	2	0	20
2007	34	0	3	37	8	0	0	8
2008	39	0	9	48	12	2	0	14
2009	21	0	5	26	10	4	0	14
2010	25	1	9	35	10	4	1	15
2011	16	0	9	25	8	3	1	12

*2003 Total includes 1 death from legal intervention

¹Non-fatal data are derived from hospitalization records, non-fatal injuries not resulting in hospitalization are not included in the table. Data from EPI Center, California Injury Data Online. <http://epicenter.cdph.ca.gov/ReportMenus/CustomTables.aspx>

Notes: Numbers of deaths for 2010 and prior years were revised by the State of California in 2012; data in these tables reflects the most recent figures from the California Injury Data Online website; Due to change in population estimates from the California Department of Finance following the 2010 Census, the populations and rates for 2010 and 2011 have been updated from previous Conditions of Children reports.

Source: County of Orange Health Care Agency, Public Health Services

Indicator

Child Abuse Reports

Child Abuse Registry Reports FY 2003/04 to FY 2011/12

	03/04*		04/05		05/06		06/07		07/08	
	No.	%	No.	%	No.	%	No.	%	No.	%
<1 Year of age	1,913	5.2	1,944	5.6	1,974	5.9	2,085	5.7	2,419	5.9
1-5 Years of age	9,793	26.5	8,816	25.3	8,662	25.9	9,588	26.2	10,848	26.4
6-12 Years of age	15,505	41.9	14,255	40.8	13,188	39.5	14,374	39.3	15,771	38.4
13-18 Years of age	9,804	26.5	9,894	28.3	9,557	28.6	10,546	28.8	12,081	29.4
Unknown	0	0	0	0	0	0	0	0	0	0
Total	37,015	100%	34,909	100%	33,381	100%	36,593	100%	41,119	100%
	08/09		09/10		10/11		11/12			
	No.	%	No.	%	No.	%	No.	%		
<1 Year of age	2,300	5.9	2,184	5.8	1,990	5.5	2,004	5.8		
1-5 Years of age	10,533	27.1	10,517	27.7	9,996	27.7	9,639	27.9		
6-12 Years of age	14,830	38.1	14,220	37.4	13,803	38.3	13,564	39.3		
13-18 Years of age	11,237	28.9	11,056	29.1	10,247	28.4	9,347	27.1		
Unknown	0	0	0	0	0	0	0	0		
Total	38,900	100%	37,977	100%	36,036	100%	34,554	100%		

*Reporting of Child Abuse Reports changed during 2003. This changed some of the reporting categories. Beginning July 2003 all reports from a mandated reporter are included.

Source: Orange County Social Services Agency

Counts of Children with One or More Reports for 2012

Age-Class	Substantiated		Disposition*				Assessment Only		Total	
	No.	%	Inconclusive No.	%	Unfounded No.	%	No.	%	No.	%
<1 Year of age	596	38.0	254	16.2	456	29.1	259	16.5	1,567	6.4
1-2 Years of age	875	33.0	472	17.8	897	33.9	401	15.1	2,649	10.8
3-5 Years of age	1,120	25.4	725	16.5	1,683	38.2	862	19.6	4,406	17.9
6-10 Years of age	1,553	22.2	936	13.4	2,886	41.3	1,596	22.9	6,982	28.4
11-15 Years of age	1,246	19.1	868	13.3	2,500	38.2	1,902	29.1	6,538	26.6
16-17 Years of age	398	16.4	306	12.6	810	33.4	908	37.5	2,424	9.9
18 > Years of age	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Missing	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	5,788	23.6	3,561	14.5	9,232	37.6	5,928	24.1	24,566	100.0

Note: Percent calculation does not include Age-Class 'Missing'.

*Reports are investigated and assigned a "disposition," which is "unfounded," "inconclusive," or "substantiated." The majority of reports are not substantiated after circumstances of the report are investigated. A child is counted only once (per year per county) in the category of highest severity.

Source: Child Welfare Services Reports for California. University of California Berkeley Center for Social Services Research. CWS/CMS 2013 Quarter 1 Extract



Indicator

Child Abuse: Dependency Petitions

Percent of No Recurrence of Maltreatment in 6-Month Time Period, 2003/04 to 2011/12

	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
Orange County	93.8	92.9	93.0	93.5	93.4	94.9	94.8	93.5	94.3
California	91.2	91.2	92.2	92.5	92.7	93.0	93.0	93.0	93.3

Indicator

Dependents of the Court

Dependents of the Court by End of the Month Cases for FY 2002/03 to 2011/12

Month	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
July	4,269	3,815	3,475	3,226	3,249	3,546	3,603	3,211	2,670	2,797
August	4,197	3,825	3,435	3,200	3,335	3,582	3,542	3,141	2,813	2,822
September	4,173	3,733	3,410	3,194	3,361	3,648	3,491	3,127	2,777	2,783
October	4,093	3,663	3,423	3,171	3,392	3,626	3,434	3,103	2,769	2,750
November	4,042	3,668	3,403	3,167	3,430	3,690	3,431	3,096	2,806	2,731
December	4,002	3,688	3,379	3,215	3,456	3,787	3,429	3,058	2,816	2,749
January	3,976	3,624	3,382	3,157	3,488	3,722	3,437	3,032	2,808	2,731
February	3,921	3,650	3,424	3,180	3,491	3,686	3,453	2,996	2,781	2,740
March	3,860	3,672	3,421	3,167	3,531	3,703	3,403	2,971	2,737	2,838
April	3,843	3,616	3,384	3,149	3,524	3,749	3,358	2,875	2,720	2,863
May	3,865	3,581	3,369	3,220	3,563	3,711	3,347	2,851	2,711	2,872
June	3,848	3,550	3,279	3,203	3,543	3,649	3,270	2,806	2,758	2,809
Average	4,007	3,674	3,399	3,187	3,447	3,675	3,433	3,022	2,764	2,790

Source: Orange County Social Services Agency

Percent of Children by Race/Ethnicity in Out-of-Home Care, April 2004 to 2013

Race/Ethnicity	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White	40	37	36	33	33	31	33	34	34	34
Hispanic	47	49	52	56	55	57	55	55	57	58
Black	9	9	8	8	8	8	7	6	5	5
Asian	4	4	4	3	4	4	5	5	4	3
Other	0.6	0.4	0.4	0	0	0.5	1	0	0	0

Wraparound

Wraparound Referrals by Year, 2002/03 to 2011/12

Referral Agency	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
Social Services	89	128	112	141	167	295	173	203	172	208
Probation	8	3	43	72	96	138	247	241	202	163
Health Care	0	0	35	72	58	90	96	72	27	27
Total	97	131	190	285	321	523	516	516	401	398

Source: Orange County Social Services Agency

Indicator

Foster Care

Number and Percent of Placement Type, April, 2004 to 2013

Annual Point-in-Time Comparison	2004		2005		2006		2007		2008	
	No.	%	No.	%	No.	%	No.	%	No.	%
Relative/Guardian	1,251	42.2	1,275	46.5	1,332	50.2	1,565	56.0	1,527	54.3
County Licensed Foster Family Homes	411	13.9	366	13.4	296	11.2	310	11.1	277	9.8
Foster Family Agency Certified Homes	672	22.7	605	22.1	580	21.9	595	21.3	599	21.3
Group Homes	450	15.2	314	11.5	270	10.2	212	7.6	189	6.7
Orangewood Children's Home	132	4.5	140	5.1	148	5.6	84	3.0	69	2.4
Other/Unspecified	47	1.6	40	1.5	40	1.5	25	0.9	30	1.1
Total	2,963	100%	2,740	100%	2,651	100%	2,796	100%	2,813	100%

Annual Point-in-Time Comparison	2009		2010		2011		2012		2013		10 Year Average
	No.	%	No.	%	No.	%	No.	%	No.	%	
Relative/Guardian	1,377	51.8	1,220	51.5	1,241	54.1	1,320	59.7	1,344	59.8	54
County Licensed Foster Family Homes	249	9.4	243	10.3	245	10.7	197	8.9	171	7.6	11
Foster Family Agency Certified Homes	629	23.7	568	24.0	449	19.6	398	18.0	346	15.4	22
Group Homes	169	6.4	136	5.7	150	6.5	89	4.0	96	4.3	8
Orangewood Children's Home	68	2.6	78	3.3	98	4.3	56	2.5	46	2.0	4
Other/Unspecified	163	6.1	122	5.2	111	4.8	150	6.8	246	10.9	5
Total	2,655	100%	2,367	100%	2,294	100%	2,210	100%	2,249	100%	100%

Note: Due to rounding, percentages may not add up to 100%.
Source: Orange County Social Services Agency

Percent of Placement Stability: Children in Foster Care for 8 Days to 12 Months with one or two placements.
2002/03 to 2011/12

	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
Orange County	69.8	79.4	83.6	84.9	82.3	84.6	80.5	82.7	84.5	88.7
California	79.5	80.8	82.2	81.6	82.9	83.1	83.6	84.0	84.7	85.7

Source: Child Welfare Services Reports for California. University of California Berkeley Center for Social Services Research



Children and Family Services Out-of-Home Placements by Age and City of Placement, April 2013

Cities and Communities	Relative/ Guardian			Foster Family Home (County Licensed)			Foster Family Association Certified Home			Group Home			Total Community				% Out-Of- Home Care			
	0<6	6<13	13+	0<6	6<13	13+	0<6	6<13	13+	0<6	6<13	13+	0<6	6<13	13+	Total	0<6	6<13	13+	Total
Aliso Viejo	*	*	*	*	0	*	*	*	0	0	0	0	6	3	2	11	0.2	0.1	0.2	0.5
Anaheim	89	63	44	8	8	9	24	35	31	0	6	6	126	113	101	340	3.8	4.5	4.8	13.0
Brea	*	*	*	0	0	0	*	*	0	0	0	0	3	4	3	10	0.4	0.4	0.4	1.2
Buena Park	23	15	18	*	*	0	5	*	7	0	0	*	33	23	34	90	0.8	1.5	1.1	3.4
Costa Mesa	9	*	8	*	*	*	5	*	*	0	6	8	16	17	20	53	1.1	1.3	1.4	3.8
Cypress	*	*	*	7	*	*	*	0	0	0	0	0	11	2	6	19	0.7	0.2	0.5	1.4
Dana Point	5	*	*	*	0	0	*	0	0	0	0	0	8	3	2	13	0.0	0.0	0.0	0.0
Fountain Valley	*	5	7	*	0	5	*	*	*	0	0	*	11	8	18	37	0.9	0.4	0.9	2.2
Fullerton	26	23	17	*	0	*	8	*	7	0	0	*	38	24	32	94	0.7	0.9	1.2	2.8
Garden Grove	36	17	30	*	*	*	9	*	*	0	0	0	55	26	45	126	1.7	1.6	2.1	5.5
Huntington Beach	20	11	19	5	8	*	*	0	0	0	0	0	28	20	26	74	0.9	1.0	1.1	3.0
Irvine	5	5	10	*	0	0	*	*	0	0	0	0	11	6	12	29	0.5	0.4	0.5	1.5
La Habra	11	8	9	0	0	*	*	*	*	0	0	0	15	12	11	38	0.5	0.3	0.3	1.1
La Palma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Laguna Beach	0	0	0	*	0	0	0	0	0	0	0	0	1	0	0	1	0.0	0.1	0.1	0.2
Laguna Hills	*	0	*	0	0	0	*	0	0	0	0	0	4	4	1	9	0.4	0.3	0.1	0.8
Laguna Niguel	6	7	5	*	*	*	*	*	0	0	0	0	11	10	7	28	0.3	0.2	0.1	0.6
Laguna Woods	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Lake Forest	7	*	*	*	6	*	0	0	0	0	0	0	10	10	8	28	0.3	0.1	0.4	0.8
Los Alamitos	*	*	*	*	0	0	0	0	0	0	0	*	5	3	6	14	0.0	0.1	0.1	0.3
Mission Viejo	8	*	7	10	*	*	5	*	0	0	0	0	23	9	13	45	0.7	0.8	1.0	2.5
Newport Beach	*	*	*	*	0	*	0	0	0	0	0	0	2	2	4	8	0.3	0.0	0.1	0.4
Orange	16	17	15	*	0	*	7	*		*(*)+ 0(17)+ 5(27)+	37	32	42	94	168	2.2	2.6	5.2	10.0	
Placentia	7	*	*	*	*	*	0	*	*	0	0	9	10	5	13	28	0.6	0.7	0.6	1.8
Rancho Santa Margarita	*	*	*	*	0	0	*	0	0	0	0	0	6	4	2	12	0.5	0.2	0.1	0.8
San Clemente	12	5	0	0	*	0	0	0	0	0	0	0	12	9	2	23	0.3	0.1	0.1	0.5
San Juan Capistrano	5	*	*	*	*	0	0	0	0	0	0	0	6	5	2	13	0.1	0.1	0.1	0.3
Santa Ana	92	75	47	8	*	5	16	8	12	0	*	9	122	88	86	296	3.9	2.5	3.2	9.6
Seal Beach	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Stanton	8	*	*	*	*	*	0	0	*	0	0	0	9	5	9	23	0.1	0.2	0.2	0.6
Tustin	9	13	22	0	0	*	0	0	12	*	*	14	14	17	54	85	0.8	0.3	0.7	1.8
Unincorporated	*	*	6	0	0	0	0	0	0	5	*	8	9	2	15	26	0.2	0.3	0.3	0.8
Villa Park	0	0	0	0	*	*	0	0	0	0	0	0	0	1	1	2	0.0	0.1	0.0	0.1
Westminster	7	7	12	*	*	0	*	0	0	0	0	0	9	10	14	33	0.9	0.6	0.7	2.2
Yorba Linda	0	*	*	5	0	0	*	*	*	0	0	0	8	5	5	18	0.7	0.5	0.7	1.9
Out-of-County																				
Los Angeles County	49	45	12	0	0	0	7	7	6	0	0	*	58	56	28	142	2.0	2.6	1.7	6.3
Riverside County	49	30	24	0	*	*	7	6	17	0	*	*	58	39	52	149	2.2	2.3	2.3	6.8
San Bernardino	13	8	12	0	0	*	5	9	16	0	0	*	21	18	35	74	1.5	2.6	2.1	6.1
San Diego County	8	*	*	*	0	0	5	*	0	0	0	0	14	6	6	26	0.2	0.5	0.5	1.2
Non-Adjacent County	12	16	15	0	0	0	*	0	*	0	*	*	20	19	25	64	1.4	1.3	1.5	4.3
TOTALS	556	416	372	83	49	47	128	93	125	10	41	135	825	630	794	2,249	31.8	31.8	36.4	100

*Numbers between 1 and 4 are masked to protect confidentiality.

+Children placed at Orangewood Children and Family Center.

Note: Total Community also includes children in pre-adoptive placements, Court-Specified Placements, and placement settings such as hospitals.

Source: Orange County Social Services Agency

Indicator

Family Reunification

Percent of Foster Care Children Reunified within 12 Months and No Reentry Following Reunification for Orange County and California, 2002/03 to 2011/12

	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
Reunification Within 12 Months (Exit Cohort)										
Orange County	58.3	56.8	61.5	64.1	65.9	65.3	56.4	61.6	63.8	59.7
California	57.6	58.2	60.3	63.0	63.7	63.8	62.8	63.9	64.4	63.6
No Reentry Following Reunification (Exit Cohort)*										
Orange County	95.0	92.9	92.2	89.0	93.2	94.9	94.3	92.1	92.7	
California	88.2	88.4	87.5	86.9	87.9	88.7	87.8	88.4	87.8	

*Due to methodological differences, the reporting periods for No Reentry Following Reunification will always be one year behind what is reported for the other measures.

Source: Child Welfare Services Reports for California. University of California Berkeley Center for Social Services Research

Indicator

Adoptions

Number of Foster Care Children Legally Free for Adoption and Percent with Finalized Adoptions within 12 and 24 Months*, 2002/03 to 2011/12

Adoptions	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
12 MonthS of being Legally Free										
Number Finalized within being										
12 Months Legally Free	251	283	259	212	228	203	211	203	179	
Number Legally Free for Adoption	372	390	388	346	414	402	376	285	269	
Percent	67.5%	72.6%	66.8%	61.3%	55.1%	50.5%	56.1%	71.2%	66.5%	
Adoptions	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
24 Month (Exit Cohort)										
Number Finalized within 24										
Months of removal from home	99	122	165	134	129	126	137	109	117	101
Number Legally Free for Adoption	567	436	391	315	328	384	377	327	333	275
Percent	17.5%	28.0%	42.2%	42.5%	39.3%	32.8%	36.3%	33.3%	35.1%	36.7%

*Due to methodological differences, the reporting periods for Adoption within 12 Months will always be one year behind what is reported for the other measures.

Source: Child Welfare Services Reports for California. University of California Berkeley Center for Social Services Research

Indicator

Emancipation Services

Youths Who Received Independent Living Program Services, 2000/01 to 2007/08*

Characteristics of Youth Served	00/01	01/02	02/03	03/04	04/05	05/06	06/07	07/08
Youths to whom ILP services were offered during the year	1,885	2,063	2,254	2,582	2,752	2,875	3,022	2,679
Youths who received ILP services and have special needs	N/A	69	89	140	98	133	228	130
Youths in the Probation Department who received ILP services	216	193	233	398	182	178	335	226
Youths in the Child Welfare Dept. who received ILP services	1,268	1,086	1,272	1,742	1,471	1,657	2,432	1,696
Program Outcomes/Client Progress								
Youths who completed ILP services or a component of services	1,484	1,279	1,505	2,404	1,653	1,835	2,767	1,920
Youths who completed high school/ GED or adult education	N/A	69	129	176	144	206	146	140
Youths enrolled in college	N/A	81	134	265	323	388	368	384
Youths who obtained employment	N/A	14	223	481	413	447	454	265

*Data showing trends in ILP service delivery has not been updated because of significant reporting changes made in October 2008.
Source: SOC 405A



Indicator

Juvenile Arrests

County of Orange Juvenile Arrest Trends, 2002 to 2011

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	Percent Change 02 to 11	Percent Change 10 to 11
A. Overview of Juvenile Arrest Trends --												
Felony Arrests	3,319	3,554	3,293	3,524	3,812	4,094	4,092	4,137	3,674	2,876	-13.3%	-21.7%
Misdemeanor Arrests	8,304	8,002	8,157	8,073	8,539	9,080	8,819	8,597	8,229	6,219	-25.1%	-24.4%
Arrests for Status Offenses	2,023	2,024	1,583	1,417	1,685	1,841	2,016	1,620	1,592	1,708	-15.6%	7.3%
Total Juvenile Arrests	13,646	13,580	13,033	13,014	14,036	15,015	14,927	14,354	13,495	10,801	-20.8%	-20.0%
B. Juvenile Felony Arrest Trends --												
Homicide	20	11	10	15	29	26	19	13	10	13	-35.0%	30.0%
Forcible Rape	15	15	14	8	11	10	6	10	11	15	0%	36.4%
Robbery	139	174	125	147	223	252	284	289	273	218	56.8%	-20.1%
Assault	548	518	487	431	426	417	513	512	395	306	-44.2%	-22.5%
Kidnapping	5	2	7	1	3	5	2	8	1	10	100.0%	900.0%
Total Violent Crimes	727	720	643	602	692	710	824	832	690	562	-22.7%	-18.6%
Burglary	932	983	868	885	923	1,039	1,083	1,085	936	759	-18.6%	-18.9%
Theft	368	398	318	394	452	490	413	446	412	275	-25.3%	-33.3%
Auto Theft	271	283	295	315	200	158	169	141	109	101	-62.7%	-7.3%
Forgery	35	33	26	21	22	29	14	10	21	11	-68.6%	-47.6%
Arson	39	36	40	41	33	35	40	27	15	10	-74.4%	-33.3%
Total Property Offenses	1,645	1,733	1,547	1,656	1,630	1,751	1,719	1,709	1,493	1,156	-29.7%	-22.6%
Drug Offenses	417	461	394	463	426	413	435	467	572	480	15.1%	-16.1%
Sex Offenses	103	100	94	91	99	93	88	107	108	96	-6.8%	-11.1%
Other Offenses	201	229	271	344	513	691	612	591	480	308	53.2%	-35.8%
Weapons	216	302	335	357	444	425	410	424	325	269	24.5%	-17.2%
Others	10	9	9	11	8	11	4	7	6	5	-50.0%	-16.7%
C. Juvenile Misdemeanor Arrest Trends												
Assault & Battery	924	942	972	984	984	1,048	1,096	1,086	1,040	870	-5.8%	-16.3%
Vandalism	704	769	834	1,071	1,236	1,070	973	1,040	893	741	5.3%	-17.0%
Weapons	136	148	153	213	175	151	132	107	122	108	-20.6%	-11.5%
Drunk	132	109	134	110	121	155	174	165	176	130	-1.5%	-26.1%
Liquor Laws	559	556	639	531	590	662	673	682	613	566	1.3%	-7.7%
Marijuana and Other Drugs	1,554	1,474	1,339	1,471	1,520	1,481	1,483	1,665	1,620	620	-60.1%	-61.5%
Trespassing	269	210	199	204	177	187	261	194	199	171	-36.4%	-14.1%
Total California Juvenile Arrests	229,634	223,320	218,146	218,779	232,849	236,856	229,104	204,696	185,867	149,563	-34.8%	-19.5%

Source: Criminal Justice Statistics Center, California Department of Justice

**Number of Juvenile Arrests and Rates Per 100,000 Youth Ages 10 to 17,
for Orange County and California, 2002 to 2011**

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Juvenile Arrests										
Orange County	13,646	13,580	13,033	13,014	14,036	15,015	14,927	14,354	13,495	10,801
California	229,634	223,320	218,146	218,779	232,849	236,856	229,104	204,696	185,867	149,563
Juvenile Arrest Rates										
Orange County	3,961.1	3,750.3	3,600.3	3,528.7	3,768.1	4,118.2	4,124.6	4,014.0	3,812.1	3,070.5
California	5,248.7	4,940.9	4,901.5	4,868.9	5,167.8	5,086.7	4,972.6	4,510.4	4,149.1	3,358.4
Felony Arrests										
Orange County	3,319	3,554	3,293	3,524	3,812	4,094	4,092	4,137	3,674	2,876
California	61,539	60,878	59,871	61,161	65,189	66,191	64,963	58,555	52,020	43,403
Felony Arrest Rates										
Orange County	963.4	981.5	909.7	955.5	1,023.4	1,122.9	1,130.7	1,156.9	1,037.9	817.6
California	1,406.6	1,346.9	1,345.2	1,361.1	1,446.8	1,421.5	1,410.0	1,290.2	1,162.4	974.6
Misdemeanors - Orange County										
Total Cases	8,304	8,002	8,157	8,073	8,539	9,080	8,819	8,597	8,229	6,219
Rate per 100,000	2,410.4	2,209.9	2,253.3	2,189.0	2,292.3	2,490.4	2,436.9	2,404.1	2,324.6	1,768.0
Total Pop 10-17 (x1000)										
Orange County	344.5	362.1	362.0	368.8	372.5	364.6	361.9	357.6	354.0	351.8
California	4,375.1	4,519.8	4,450.6	4,493.4	4,505.8	4,656.4	4,607.3	4,538.3	4,475.4	4,453.4

Sources: Criminal Justice Statistics Center, California Department of Justice
California State Department of Finance, Demographic Research Unit



County of Orange Juvenile Arrests by City, 2002 through 2011

City	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Aliso Viejo	200	125	112	131	137	110	187	178	141	93
Anaheim	1,209	1,156	1,158	1,115	1,066	1,625	1,794	1,783	1,438	918
Brea	184	310	280	259	245	293	297	289	269	292
Buena Park	333	423	447	446	406	421	424	394	337	243
Costa Mesa	443	425	408	372	454	591	544	467	329	249
Cypress	64	113	135	141	141	99	44	36	62	57
Dana Point	158	138	167	112	164	158	174	182	191	114
Fountain Valley	196	191	136	222	278	315	392	351	284	249
Fullerton	621	570	691	776	816	891	705	609	523	422
Garden Grove	972	1,027	1,051	1,203	1,144	1,107	1,028	1,036	1,009	799
Huntington Beach	1,093	1,076	737	856	1,067	1,030	867	699	769	654
Irvine	906	934	768	780	668	871	585	613	612	463
Laguna Beach	143	149	172	128	96	74	81	93	82	65
Laguna Hills	160	135	96	64	108	94	132	135	112	89
Laguna Niguel	157	145	154	141	155	119	145	127	98	71
Laguna Woods	4	2	3	7	2	1	2	2	0	3
La Habra	544	576	472	420	497	525	534	548	437	336
Lake Forest	207	227	197	175	234	207	299	291	281	209
La Palma	24	42	48	46	23	43	64	33	38	29
Los Alamitos	66	60	75	68	91	114	55	53	36	29
Mission Viejo	410	415	423	350	426	345	373	383	388	293
Newport Beach	938	798	835	663	693	708	601	542	535	461
Orange	1,419	1,238	901	943	1,334	1,442	1,474	1,138	1,250	1,001
Placentia	144	244	254	258	281	315	261	313	359	263
Rancho Santa Margarita	172	142	155	129	179	153	151	125	143	164
San Clemente	140	97	129	106	126	109	114	160	139	158
San Juan Capistrano	164	141	123	118	121	92	189	209	195	124
Santa Ana	1,426	1,403	1,798	1,861	1,769	1,722	1,834	1,942	1,822	1,622
Seal Beach	27	27	29	26	29	36	34	64	40	30
Stanton	89	96	103	53	119	123	131	115	147	108
Tustin	271	202	200	246	290	344	343	262	352	222
Villa Park	14	33	21	29	36	18	39	57	34	24
Westminster	358	344	284	319	309	392	379	408	375	255
Yorba Linda	88	145	92	134	167	174	149	129	132	120
Unincorporated Area	185	331	281	232	272	252	411	474	430	476
Other	117	100	98	85	93	102	91	114	106	96
Total	13,646	13,580	13,033	13,014	14,036	15,015	14,927	14,354	13,493	10,801



Indicator

Referrals to Probation

Juveniles (ages 10-18*) referred to the Orange County Probation Department who received a final disposition in the years 2002 through 2011. This indicator counts only one disposition per minor per day.

Total Juveniles (Ages 10 to 18) Referred to the Orange County Probation Department Who Received Final Disposition, 2002 through 2011

Juveniles Referred to OC Probation	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total Case										
Dispositions	10,770	10,491	10,092	10,772	10,852	11,900	12,456	11,531	11,533	10,454

*In contrast to the arrest data, which includes juveniles ages 10-17, with 18 year olds handled by the Juvenile Court as adult arrests, the Orange County Probation Department data is mostly based upon 10-18 year olds whose cases are handled by the Juvenile Court. As shown in the table of referrals by age on page 204, juveniles less than 10 years of age as well as those more than 18 years of age were included. Source: Orange County Probation Department, Research Division, Juvenile Court and Probation Statistical System

Total Felony Referrals Broken Down by Offense for Which the Juveniles Were Arrested, 2002 to 2011

OFFENSE	2002		2003		2004		2005		2006	
	No.	%	No.	%	No.	%	No.	%	No.	%
Homicide	48	8.9	68	13.3	48	7.6	61	7.7	76	8.9
Manslaughter-Vehicular	3	0.6	0	0.0	2	0.3	2	0.3	1	0.1
Forcible Rape	19	3.5	27	5.3	17	2.7	20	2.5	15	1.8
Robbery	164	30.4	145	28.4	150	23.7	184	23.3	226	26.6
Assault	306	56.7	271	53.0	416	65.7	523	66.2	533	62.6
TOTAL	540	100.0	511	100.0	633	100.0	790	100.0	851	100.0
Burglary	453	45.7	447	47.1	503	46.8	809	50.6	779	51.7
Theft	242	24.4	205	21.6	276	25.7	426	26.7	443	29.4
Motor Vehicle Theft	220	22.2	250	26.3	233	21.7	281	17.6	224	14.9
Forgery/Checks/Access Card	23	2.3	19	2.0	18	1.7	31	1.9	22	1.5
Arson	53	5.3	28	3.0	44	4.1	51	3.2	39	2.6
TOTAL	991	100.0	949	100.0	1,074	100.0	1,598	100.0	1,507	100.0
Narcotics	85	19.1	116	24.3	85	18.5	108	20.0	90	19.1
Marijuana	136	30.5	120	25.2	99	21.5	100	18.5	115	24.5
Dangerous Drugs	222	49.8	238	49.9	273	59.3	329	60.9	263	56.0
Other Drug Violations	3	0.7	3	0.6	3	0.7	3	0.6	2	0.4
TOTAL	446	100.0	477	100.0	460	100.0	540	100.0	470	100.0
TOTAL ALL OTHER	576	100.0	590	100.0	803	100.0	1,216	100.0	1,407	100.0
TOTAL FELONY	2,553	100.0	2,527	100.0	2,970	100.0	4,144	100.0	4,235	100.0
OFFENSE	2007		2008		2009		2010		2011	
	No.	%	No.	%	No.	%	No.	%	No.	%
Homicide	71	7.9	97	10.9	43	5.0	26	3.4	17	2.5
Manslaughter-Vehicular	0	0.0	1	0.1	0	0.0	3	0.4	4	0.6
Forcible Rape	21	2.3	34	3.8	23	2.6	23	3.0	35	5.2
Robbery	277	31.0	322	36.1	317	36.5	314	40.5	264	39.3
Assault	525	58.7	438	49.1	485	55.9	409	52.8	351	52.3
TOTAL	894	100.0	892	100.0	868	100.0	775	100.0	671	100.0
Burglary	963	54.8	1,057	59.2	1,057	62.4	1,051	64.3	955	64.7
Theft	488	27.8	471	26.4	431	25.4	427	26.1	366	24.8
Motor Vehicle Theft	207	11.8	194	10.9	154	9.1	112	6.9	118	8.0
Forgery/Checks/Access Card	37	2.1	19	1.1	16	0.9	17	1.0	13	0.9
Arson	61	3.5	44	2.5	36	2.1	27	1.7	25	1.7
TOTAL	1,756	100.0	1,785	100.0	1,694	100.0	1,634	100.0	1,477	100.0
Narcotics	128	25.2	157	29.7	111	22.5	135	21.5	154	26.4
Marijuana	153	30.1	142	26.9	157	31.8	157	25.0	155	26.5
Dangerous Drugs	226	44.5	221	41.9	220	44.6	325	51.7	272	46.6
Other Drug Violations	1	0.2	8	1.5	5	1.0	12	1.9	3	0.5
TOTAL	508	100.0	528	100.0	493	100.0	629	100.0	584	100.0
TOTAL ALL OTHER	1,755	100.0	1,962	100.0	1,867	100.0	1,881	100.0	1,622	100.0
TOTAL FELONY	4,913	100.0	5,167	100.0	4,922	100.0	4,919	100.0	4,354	100.0

Note: Due to rounding, percentages may not add up to 100%.

Source: Orange County Probation Department, Research Division, Juvenile Court and Probation Statistical System

Total Number and Percent of Juvenile Referrals by Age, 2002 to 2011

Age	2002		2003		2004		2005		2006	
	No.	%	No.	%	No.	%	No.	%	No.	%
10 & Under	27	0.3	11	0.1	19	0.2	42	0.4	22	0.2
11 years	56	0.5	59	0.6	30	0.3	55	0.5	50	0.5
12 years	180	1.7	190	1.8	164	1.6	148	1.4	200	1.8
13 years	536	5.0	505	4.8	540	5.4	531	4.9	547	5.0
14 years	1,087	10.1	1,050	10.0	1,121	11.1	1,158	10.8	1,185	10.9
15 years	1,670	15.5	1,787	17.0	1,793	17.8	1,937	18.0	1,939	17.9
16 years	2,446	22.7	2,232	21.3	2,260	22.4	2,441	22.7	2,632	24.3
17 years	3,114	28.9	3,030	28.9	2,773	27.5	2,996	27.8	2,856	26.3
18 & Older	1,654	15.4	1,627	15.5	1,392	13.8	1,464	13.6	1,421	13.1
Total Referrals	10,770	100.0	10,491	100.0	10,092	100.0	10,772	100.0	10,852	100.0

Age	2007		2008		2009		2010		2011	
	No.	%	No.	%	No.	%	No.	%	No.	%
10 & Under	37	0.3	37	0.3	35	0.3	34	0.3	35	0.3
11 years	46	0.4	44	0.4	34	0.3	24	0.2	30	0.3
12 years	186	1.6	140	1.1	138	1.2	121	1.0	113	1.1
13 years	627	5.3	587	4.7	505	4.4	484	4.2	403	3.9
14 years	1,262	10.6	1,323	10.6	1,187	10.3	1,027	8.9	919	8.8
15 years	2,021	17.0	2,172	17.4	2,109	18.3	1,929	16.7	1,780	17.0
16 years	2,707	22.7	3,049	24.5	2,566	22.3	2,766	24.0	2,527	24.2
17 years	3,332	28.0	3,350	26.9	3,116	27.0	3,174	27.5	2,927	28.0
18 & Older	1,682	14.1	1,754	14.1	1,841	16.0	1,974	17.1	1,720	16.5
Total Referrals	11,900	100.0	12,456	100.0	11,531	100.0	11,533	100.0	10,454	100.0

Total Number and Percent of Juvenile Referrals by Race/Ethnicity, 2002 to 2011

Race/Ethnicity	2002		2003		2004		2005		2006	
	No.	%	No.	%	No.	%	No.	%	No.	%
White	4,046	37.6	3,553	33.9	3,061	30.3	3,192	29.6	3,078	28.4
Hispanic	5,304	49.2	5,444	51.9	5,661	56.1	6,332	58.8	6,616	61.0
Asian	712	6.6	716	6.8	637	6.3	618	5.7	510	4.7
Black	489	4.5	572	5.5	587	5.8	487	4.5	552	5.1
All Other Races	219	2.0	206	2.0	146	1.4	143	1.3	96	0.9
Total Referrals	10,770	100.0	10,491	100.0	10,092	100.0	10,772	100.0	10,852	100.0

Race/Ethnicity	2007		2008		2009		2010		2011	
	No.	%	No.	%	No.	%	No.	%	No.	%
White	3,320	27.9	3,104	24.9	2,793	24.2	2,697	23.4	2,301	22.0
Hispanic	7,234	60.8	7,832	62.9	7,440	64.5	7,593	65.8	7,049	67.4
Asian	583	4.9	639	5.1	536	4.6	534	4.6	503	4.8
Black	576	4.8	602	4.8	489	4.2	480	4.2	392	3.7
All Other Races	187	1.6	279	2.2	273	2.4	229	2.0	209	2.0
Total Referrals	11,900	100.0	12,456	100.0	11,531	100.0	11,533	100.0	10,454	100.0

Note: Due to rounding, percentages may not add up to 100%.

Source: Orange County Probation Department, Research Division, Juvenile Court and Probation Statistical System

Total Number and Percent of Juvenile Referrals by Final Case Disposition, 2002 to 2011

Final Case Disposition	2002		2003		2004		2005		2006	
	No.	%	No.	%	No.	%	No.	%	No.	%
Closed/Dismissed	3,456	32.1	3,700	35.3	2,974	29.5	3,511	32.6	3,466	31.9
Informal Probation										
W&I 654A W&I 725A :										
Referral to Peer Court Contract Diversion Programs	1,658	15.4	1,549	14.8	1,521	15.1	1,187	11.0	1,496	13.8
Formal Probation as a Ward of the Juvenile Court	2,439	22.6	2,079	19.8	2,071	20.5	2,191	20.3	2,067	19.0
Formal Probation										
Incarceration:										
County Institution (Juvenile Hall or an Open Institution)	2,724	25.3	2,559	24.4	2,652	26.3	2,742	25.5	2,804	25.8
Incarceration:										
State Institution (Division of Juvenile Justice)	25	0.2	34	0.3	37	0.4	27	0.3	22	0.2
Other Dispositions*	468	4.3	570	5.4	837	8.3	1,114	10.3	997	9.2
Total	10,770	100.0	10,491	100.0	10,092	100.0	10,772	100.0	10,852	100.0
Final Case Disposition	2007		2008		2009		2010		2011*	
	No.	%	No.	%	No.	%	No.	%	No.	%
Closed/Dismissed	3,826	32.2	4,450	35.7	4,980	43.2	4,942	42.9	3,915	37.4
Informal Probation										
W&I 654A W&I 725A :										
Referral to Peer Court Contract Diversion Programs	1,732	14.6	1,606	12.9	1,506	13.1	1,753	15.2	1,801	17.2
Formal Probation as a Ward of the Juvenile Court	2,500	21.0	2,448	19.7	1,846	16.0	1,835	15.9	1,790	17.1
Formal Probation										
Incarceration:										
County Institution (Juvenile Hall or an Open Institution)	2,832	23.8	2,956	23.7	2,511	21.8	2,365	20.5	2,334	22.3
Incarceration:										
State Institution (Division of Juvenile Justice)	6	0.1	8	0.1	4	0.0	4	0.0	4	0.0
Other Dispositions*	1,004	8.4	988	7.9	684	5.9	634	5.5	610	5.8
Total	11,900	100.0	12,456	100.0	11,531	100.0	11,533	100.0	10,454	100.0

*For 2011, other dispositions include 193 out-of-county transfers, 267 Deferred Entry of Judgment cases, 88 direct files to Adult Court, 2 remands of juvenile cases to Adult Court and 60 other wardship. Placements in other public and private facilities were previously included in this category but are now included in the ward category.

Note: Due to rounding, percentages may not add up to 100%.

Total Number and Rate Per 100,000 of Juveniles* Ages 10 to 18 Incarcerated in County Institutions and the Division of Juvenile Justice, California Department of Corrections and Rehabilitation, 2002 to 2011

Orange County											
Juveniles Incarcerated	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Total Number of Juveniles											
Incarcerated in County & State Institutions	2,749	2,593	2,689	2,769	2,826	2,838	2,964	2,515	2,369	2,338	
Rate Per 100,000**	723	681	667	673	678	692	724	619	588	583	

*In contrast to the arrest data, which includes ages 10-17 for juveniles, with 18-year-olds handled by the Juvenile Court included in the adult arrest data, the Orange County Probation Department data is mostly based upon 10-18-year-olds whose cases are handled by the Juvenile Court.

**The rate per 100,000 is based on age 10-18 juvenile population statistics provided by the California State Department of Finance, Demographic Research Unit.

Sources: Orange County Probation Department, Research Division, Juvenile Court and Probation Statistical System
California State Department of Finance, Demographic Research Unit

County of Orange Juvenile Referrals by City, 2002 through 2011

City	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Aliso Viejo	56	60	32	38	55	61	84	62	80	74
Anaheim	1,156	1,333	1,359	1,025	1,543	1,746	1,962	1,793	1,699	1,621
Brea	71	72	65	55	72	77	73	68	69	67
Buena Park	245	278	310	265	363	324	304	324	359	314
Costa Mesa	254	251	257	214	372	428	394	376	416	328
Cypress	68	100	84	88	100	100	106	81	82	97
Dana Point	71	68	50	43	76	77	71	71	73	64
Fountain Valley	89	105	59	59	88	107	118	115	124	105
Fullerton	480	449	480	382	485	658	562	507	509	431
Garden Grove	528	558	592	461	735	745	752	649	780	643
Huntington Beach	305	386	335	271	444	489	451	412	422	380
Irvine	264	230	248	201	267	254	305	336	342	312
La Habra	191	238	267	186	249	260	322	304	333	290
La Palma	11	18	42	17	17	35	21	29	32	26
Laguna Beach	29	20	18	23	17	35	45	22	60	45
Laguna Hills	65	63	43	45	56	48	42	52	53	54
Laguna Niguel	92	88	115	82	97	95	97	100	115	114
Laguna Woods	0	1	4	1	1	0	0	0	0	1
Lake Forest	148	166	127	136	129	183	196	174	159	167
Los Alamitos	30	23	38	29	58	57	45	32	24	21
Mission Viejo	191	210	160	146	167	180	189	159	173	144
Newport Beach	128	119	98	88	110	127	130	100	118	77
Orange	431	428	361	305	473	572	602	523	602	580
Placentia	115	155	131	128	168	190	165	164	187	170
Rancho Santa Margarita	94	132	98	67	70	123	91	80	103	83
San Clemente	125	115	109	83	136	141	135	148	159	124
San Juan Capistrano	122	101	111	74	116	101	159	176	195	163
Santa Ana	1,458	1,576	1,710	1,385	1,851	2,006	2,170	2,097	2,303	2,172
Seal Beach	15	18	26	15	22	22	16	26	15	14
Stanton	97	124	139	96	149	148	148	137	163	145
Tustin	267	269	243	203	273	378	367	293	338	272
Villa Park	9	7	7	2	3	3	9	5	8	4
Westminster	259	241	223	195	247	356	296	262	289	255
Yorba Linda	97	112	81	72	95	126	77	91	91	88
Unincorporated Areas										
Census Designated Places	71	92	75	80	96	113	112	109	122	101
Out of County										
Unknown/Missing	3,138	2,285	1,995	4,212	1,652	1,535	1,840	1,654	936	908
Total	10,770	10,491	10,092	10,772	10,852	11,900	12,456	11,531	11,533	10,454

Indicator

Gang Membership

Total Number of Known Gang Members by Age Group, December 2003 through December 2012

Known Gang Members by Age	December 2003*	December 2004*	December 2005*	December 2006*	December 2007*	
8-14 years old	64	97	115	152	276	
15-17 years old	781	821	848	1,052	1,490	
18-21 years old	2,977	2,620	2,381	2,399	2,813	
22+ years of age	10,168	9,645	8,122	7,486	7,495	
Unknown age	121	26	18	0	10	
Total Members	14,111	13,209	11,484	11,089	12,084	
Known Gang Members by Age	December 2008*	December 2009*	December 2010*	December 2011*	December 2012*	% Change 2003 to 2012
8-14 years old	234	146	120	90	72**	12.5%
15-17 years old	1,662	1,705	1,504	1,154	893	14.3%
18-21 years old	3,299	3,717	4,021	3,961	3,653	22.7%
22+ years of age	7,383	7,579	7,783	8,025	7,851	-22.8%
Unknown age	6	11	19	9	19	-84.3%
Total Members	12,584	13,158	13,447	13,239	12,488	-11.5%

*Note:

In 2003, 2,367 records were purged and 978 records were added.

In 2004, 2,102 records were purged and 1,250 records were added.

In 2005, 2,468 records were purged and 701 records were added.

In 2006, 2,038 records were purged and 1,653 records were added.

In 2007, 1,865 records were purged and 2,842 records were added.

In 2008, 1,997 records were purged and 2,497 records were added.

In 2009, 1,586 records were purged and 2,160 records were added.

In 2010, 1,467 records were purged and 1,756 records were added.

In 2011, 1,399 records were purged and 1,641 records were added.

In 2012, 1,969 records were purged and 1,275 records were added.

**There were 0 youth 8 to 10 years old.

Source: Orange County District Attorney's Office

Number and Percent of Known Gang Members Under 18 Years of Age by Race/Ethnicity, 2003 to 2012

Race/Ethnicity	2003		2004		2005		2006		2007	
	No.	%	No.	%	No.	%	No.	%	No.	%
Asian	70	8.3	57	6.2	33	3.4	32	2.7	45	2.5
Black	15	1.8	19	2.1	16	1.6	16	1.3	21	1.2
Hispanic	716	84.7	804	87.5	881	91.5	1,101	91.4	1,644	93.1
White	29	3.4	24	2.6	18	1.9	25	2.1	37	2.1
Other	15	1.8	14	1.5	15	1.6	31	2.6	19	1.1
Total	845	100%	918	100%	963	100%	1,205	100%	1,766	100%
Race/Ethnicity	2008		2009		2010		2011		2012*	
	No.	%	No.	%	No.	%	No.	%	No.	%
Asian	62	3.3	86	4.6	79	4.9	51	4.1	31	3.2
Black	17	0.9	10	0.5	8	0.5	5	0.4	2	0.2
Hispanic	1,701	89.7	1,617	87.4	1,396	86.0	1,099	88.3	856	88.7
White	72	3.8	96	5.2	78	4.8	39	3.1	20	2.1
Other	42	2.2	42	2.3	63	3.9	50	4.0	56	5.8
Total	1,896	100%	1,851	100%	1,624	100%	1,244	100%	965	100%

*There were 0 youth 8 to 10 years old.

Note: Due to rounding error, percentages may not add up to 100%.

Source: Orange County District Attorney's Office

SUPPLEMENTAL TABLES: SAFE HOMES & COMMUNITIES

Number of Gang Members in Orange County by Gang Type and Gender as of December, 2005 to 2012

Gang Types	2005			2006			2007			2008		
	Male Members	Female Members	Total	Male Members	Female Members	Total	Male Members	Female Members	Total	Male Members	Female Members	Total
Asian	1,070	28	10,984	1,036	25	1,061	945	22	967	57	1	58
Black												
Blood	13	0	13	13	0	13	7	0	7	4	0	4
Crew	148	10	158	146	10	156	126	5	131	110	3	113
Crips	145	4	149	134	3	137	124	2	126	118	2	120
Hispanics												
Folk	14	1	15	14	1	15	9	0	9	8	0	8
Motorcycle	46	0	46	48	0	48	39	0	39	48	2	50
Narcotics												
Other	96	3	99	96	2	98	92	3	95	94	3	97
Pacific Islander	34	2	36	35	2	37	47	2	49	55	2	57
People												
Posse	0	0	0	0	0	0	0	0	0	0	0	0
Prison	46	1	47	50	1	51	58	1	59	57	1	58
Punk	5	0	5	4	0	4	2	0	2	5	0	5
Racist	87	7	9	89	6	95	80	2	82	83	2	85
Samoan	0	0	0	0	0	0	0	0	0	0	0	0
Skinhead	260	25	285	245	28	273	260	27	287	263	26	289
Stoner	11	0	11	11	0	11	8	0	8	7	0	7
Tagbanger	243	9	252	253	9	262	389	21	410	476	28	504
Tagger	330	12	342	349	12	361	545	12	557	620	9	629
Turf	449	20	469	427	18	445	462	17	479	472	12	484
Turf (Hispanic)	7,841	393	8,234	7,500	402	7,902	8,167	490	8,657	8,635	511	9,146
White	135	4	139	134	4	138	117	3	120	101	2	103
Unknown	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	10,973	519	11,492	10,584	523	11,107	11,477	607	12,084	11,966	618	12,584
Gang Types	2009			2010			2011			2012		
	Male Members	Female Members	Total	Male Members	Female Members	Total	Male Members	Female Members	Total	Male Members	Female Members	Total
Asian	789	14	803	822	17	839	895	19	914	794	15	809
Black												
Blood	5	0	5	6	0	6	12	0	12	12	0	12
Crew	86	3	89	67	2	69	64	10	74	48	10	58
Crips	120	2	122	120	1	121	104	0	104	96	0	96
Hispanics												
Folk	7	0	7	5	0	5	*	*	*			
Motorcycle	59	2	61	58	2	60	68	3	40	64	4	68
Narcotics												
Other	114	1	115	108	1	109	*	*		19	0	19
Pacific Islander	57	4	61	57	4	61	50	5	55	30	4	34
People												
Prison	57	1	58	55	1	56	51	1	52	46	0	46
Punk	4	0	4	3	0	3	4	0	5	2	0	2
Racist	85	3	88	87	3	90	72	2	74	61	2	63
Samoan	0	0	0	0	0	0	72	2	74			
Skinhead	266	21	287	278	19	297	293	20	313	267	18	285
Stoner	4	0	4	4	0	4	2	0	2	2	0	2
Tagbanger	555	38	593	677	50	727	828	64	892	814	65	879
Tagger	633	10	643	699	12	711	688	15	703	588	15	603
Turf	515	26	541	548	26	574	616	27	643	602	29	631
Turf (Hispanic)	8,966	576	9,542	8,997	578	9,575	8,551	538	9,089	8,158	504	8,662
White	132	3	135	136	4	140	114	4	118	104	4	108
Unknown	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	5	0	5
Total	12,454	702	13,158	12,727	720	13,447	12,545	709	13,254	11,818	670	12,489

Note: Gang types in bold are new categories or split categories.

*Not reported for given time period.

Source: Orange County District Attorney's Office

OCCP Task Force - Focus On High School Completion

Ten Ways to Promote Educational Achievement and Attainment Beyond the Classroom

1) Reduce unintended pregnancies

Youth development programs targeting teenagers have been identified as effective in reducing rates of unintended pregnancy. Effective youth development programs generally employ a multifaceted approach. For example, they may combine providing information that motivates teens to practice abstinence or safe sex with providing tutoring or homework help; counseling in creating positive, supportive family relationships; and community service activities that are linked to discussions of future life options and decisions. Intensive early childhood programs that promote child well-being have also been effective at lowering unintended pregnancy and birth rates among program participants more than a decade later, when they have entered the teen years. Similarly, programs geared towards the health and well-being of low-income first-time mothers have been found to be effective at preventing subsequent unintended pregnancies.

2) Improve prenatal and postnatal maternal health

The most effective programs targeted at improving maternal health employ a multifaceted approach that focuses on parent and child health outcomes, as well as on providing parenting and health information and support services for mothers who have mental or physical health problems. Many effective programs also implement a home-visiting component in which health professionals assess the mental and physical needs of the mother, and provide information and skills training, if necessary, in a familiar environment.

3) Improve parenting practices among parents of infants and young children

Many effective home-visiting programs incorporate a multifaceted approach in which trained practitioners provide parents and children education and support services. The improved maternal parenting behaviors that these types of programs encourage have led to improvements in young children's cognitive development. Comprehensive, home- and center-based interventions, such as Early Head Start and Head Start, have also been found to improve parenting practices among parents of young children. Experimental evaluations of both Early Head Start and Head Start have found links between these programs and improved cognitive functioning and social skills among preschool and high-risk groups of elementary school children, as well as improved parenting practices. Parents of children in these programs were more likely than non-Head Start parents to read with their children frequently, to be emotionally supportive, and to refrain from physical discipline.

4) Improve young children's nutrition and encourage mothers to breastfeed

Research indicates that early childhood nutrition and breastfeeding have long-lasting effects on children's cognitive abilities. Matched control studies have found that malnutrition in early childhood is associated with lower cognitive ability, less short-term memory capacity, lower IQ, and poorer school achievement through adolescence, independent of socioeconomic factors. Research also has found that children who are breastfed for several months are more likely to display higher IQ scores and cognitive abilities throughout the schooling process. Breastfeeding for more than seven months has also been found to protect against delays in language and motor skill development and to predict significantly higher IQs in adulthood.

5) Enhance the quality and availability of educational child care, preschool, pre-kindergarten, and full-day kindergarten

Although the results of program evaluations on these interventions are mixed, research has identified important attributes shared by effective child care, preschool, prekindergarten, and full-day kindergarten programs that may help explain these programs' success. Early childhood education programs that succeed in improving children's cognitive abilities and school performance incorporate intensive teacher training, interactive learning methods, such as reading aloud and thinking aloud, and small-group learning.

6) Connect children and adolescents with long-term mentors

While rigorously evaluated programs that include mentoring are diverse, the most successful mentoring programs share several common features. In particular, such programs promote quality mentoring relationships over a long period of time, train and supervise mentors, communicate regularly, and encourage mentors to provide guidance and skill-building in several areas. Thus, effective mentors go beyond simply tutoring young people to help them improve their academic skills. They also help young people to improve their equally important life and interpersonal skills. Many successful mentoring programs also take a holistic approach to youth development. Such programs are structured so that young people receive mentoring on multiple levels, such as life skills, emotional support, job training, or academic skills-building. Some successful mentoring programs also incorporate other components, such as home visiting, that are designed to enhance the effects of mentoring.

7) Improve parenting practices among parents of school-age children and teens

Parental skills training and parent-child involvement programs have shown great promise in improving children's academic achievement.⁷⁴ Parental skills training programs help parents to develop and sustain some of the basics of good parenting, such as discipline, monitoring, limit-setting, and communication. This training often uses a variety of formats, including video or computer-based training, home visiting instruction, and classroom-based instruction. Parent-child involvement programs enable parents and children to participate in activities together that reflect program goals, such as academic achievement. These programs also have been found to be a good way to improve parenting ability and child outcomes.

8) Provide family and couples counseling to improve family functioning

The types of programs that have been found to be effective in improving family functioning and decreasing the likelihood of a child witnessing or being victimized by abuse or neglect tend to fall into two broad categories: home-visiting programs and family therapy programs. Home visiting programs are designed to have an impact on the parenting skills and behaviors of mothers, beginning immediately after the birth of their child. These programs use nurses or paraprofessionals to teach parenting skills to first-time mothers and help them access public services that promote maternal and child health and reduce the risk of child neglect or abuse. Family therapy programs are designed to positively affect interactional patterns and parenting practices within the family. While some family therapy programs have been found to improve the academic achievement and attainment levels of adolescent participants, the majority of experimental evaluations of these types of programs examine problem behaviors rather than academic outcomes. A rigorous evaluation has found that, for marriages that are not physically abusive, enhancing the marital quality through marriage counseling can have a positive effect on child development as well.

9) Provide high-quality educational after-school and summer programs

Research indicates that mentoring and tutoring programs can have a positive impact on academic achievement. Non-school programs that have the greatest likelihood of enhancing school achievement and engagement tend to share several characteristics: they involve teachers and foster active learning environments; they provide academic support or homework help; and they require frequent and intensive involvement on the part of program staff, parents, and participants alike.

10) Develop positive social skills and reduce delinquency among adolescents.

Mentoring programs and programs that focus on developing social skills (such as self-regulation, problem solving, and relationship building) have generally been found to produce at least one statistically significant, positive impact. Specifically, mentoring programs aimed at children and adolescents, family therapy interventions that involve parents and children, parental education programs, and multi-component interventions have shown promising results in encouraging adolescents to develop positive social skills. Research has found that the most effective programs designed to help children and youth build their social skills tend to be those that combine some level of teaching, modeling, and coaching. These same types of programs have generally had a positive impact on juvenile delinquency, aggressive behavior, and drug and alcohol use. Source: ChildTrends.org

References: Orange County Today

- ^{1,2,3,9,10,11} Orange County Community Indicator Report, 2012
- ⁴ Orange County Department of Education, DataQuest
- ^{5,6} Center for Demographic Research, CSUF, Orange County Facts and Figures, June 2012
- ⁷ Orange County Department of Education, McKinney-Vento Homeless Education Assistance Act, 2011
- ⁸ U.S. Department of Health and Human Services, U.S. Census
- ¹² Orange County Community Indicator Report, 2011

References: Special Section

- ¹ America's Promise Alliance. (2013). U.S. Military Demographics. Retrieved from www.americaspromise.org
- ² Gardner, S., Owen, L., Barr, D. (2012). Responding to the needs of children of veterans of Iraq and Afghanistan. Irvine, CA: Children & Family Futures.
- ³ Galovski, T., & Lyons, J. A. (2004). Psychological sequelae of combat violence: A review of the impact of PTSD on the veteran's family and possible interventions. *Aggression and Violent Behavior*, 9(5), 477-501.
- ⁴ Herzog, J. R., Everson, R. B., & Whitworth, J. D. (2011). Do Secondary Trauma Symptoms in Spouses of Combat-Exposed National Guard Soldiers Mediate Impacts of Soldiers' Trauma Exposure on Their Children?. *Child and Adolescent Social Work Journal*, 28(6), 459-473.
- ⁵ Dekel, R., and H. Goldblatt. 2008. Is there intergenerational transmission of trauma? The case of combat veterans' children. *American Journal of Orthopsychiatry* 78(3):281-289. Galovski, T., and J. A. Lyons. Op. cit.
- ⁶ Booth, B., M. W. Segal, and D. B. Bell. 2007. What We Know about Army Families: 2007 Update. Department of the Army, Family and Morale, Welfare and Recreation Command. Accessed online: <http://www.army.mil/fmwrc/documents/research/whatweknow2007.pdf>
- ⁷ Andrews, K., K. Bencio, J. Brown, L. Conwell, C. Fahlman, and E. Schone. 2008. Health Care Survey of DOD Beneficiaries 2008 Annual Report. Washington, DC: Mathematica Policy Research, Inc.
- ⁸ Stahre, M. A., R. D. Brewer, V. P. Fonseca, and T. S. Naimi. 2009. Binge drinking among US active-duty military personnel. *American Journal of Preventive Medicine* 36(3):208-217.
- ⁹ Curley, B. 2009. Wounds of War: Drug Problems Among Iraq, Afghan Vets Could Dwarf Vietnam. The National Center on Addiction and Substance Abuse at Columbia University. <http://www.jointogether.org/news/features/2009/wounds-of-war-drug-problems.html>
- ¹⁰ DOD. 2007. Demographics 2007: Profile of the Military Community. Washington, DC: Department of Defense.
- ¹¹ Morris, A. S., & Age, T. R. (2009). Adjustment among youth in military families: The protective roles of effortful control and maternal social support. *Journal of Applied Developmental Psychology*, 30(6), 695-707.
- ¹² Institute of Medicine (IOM). Returning Home from Iraq and Afghanistan: Preliminary Assessment of Readjustment Needs of Veterans, Servicemembers, and Their Families, Washington, D.C.: The National Academies Press, 2010. 32.
- ¹³ J. Haley and G. Kenney, "Uninsured Veterans and Family Members: Who are They and Where Do They Live?" The Urban Institute, May 2012
- ¹⁴ Department of Veterans Affairs, Veterans Health Administration. "Analysis of VA Health Care Utilization Among U.S. Global War on Terrorism Veterans, 3rd Quarter, Fiscal Year 2011," September 2011. Obtained by Veterans for Common Sense using the Freedom of Information Act.
- ¹⁵ Mulrooney, K. & Williams, D. (2012). Research and resilience: Recognizing the need to know more: Understanding the experiences of young children in military families in the context of deployment, reintegration, injury, or loss. United States of America: Zero to Three, National Center for Infants, Toddlers, and Families. Retrieved from www.zerotothree.org
- ^{16,17,18,19,25} Bowlby, J. (1980). Attachment and loss: Vol. 3. Loss, Sadness and Depression. New York, NY: Basic Books.
- ²⁰ Flake, E. M., Davis, B. E., Johnson, P. L., & Middleton, L. S. (2009). The psychosocial effects of deployment on military children. *Journal of Developmental and Behavioral Pediatrics*, 30,271-278.
- ²¹ Kelley, M. L., Hock, E., Smith, K. M., Jarvis, M. S., Bonney, J. F., & Gaffney, M. A. (2001). Internalizing and externalizing behavior of children with enlisted navy mothers experiencing military induced separation. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40, 464-471.
- ²² Mmari, K., et al. When a Parent Goes Off to War: Exploring the Issues Faced by Adolescents and Their Families *Youth & Society* June 2009 40: 455-475, first published on November 21, 2008 doi:10.1177/0044118X08327873
- ²³ Pincus, S. H., House, R., Christensen, J., & Adler, L. E. (2001). The Emotional Cycle of Deployment: A Military Family Perspective. *Operation: Military Kids : 1-2*
- ²⁴ Cafferty, T. P., Davis, K. E., Medway, F. J., O'Hearn, R. E., & Chappell, K. D. (1994). Reunion dynamics among couples separated during operation desert storm: An attachment theory analysis. In D. Perlman (Ed.), *Attachment processes in adulthood*. (pp. 309-330). London, U.K.: Jessica Kingsley Publishers.
- ²⁶ Riggs, D. S., Riggs S. A. (2011). Risk and Resilience in Military Families Experiencing Deployment: The Role of the Family Attachment Network. *Journal of Family Psychology*, 25(5): 675-687.
- ²⁷ Sayers, S. L., Farrow, V. A., Ross, J., & Oslin, D. W. (2009). Family problems among recently returned military veterans referred for a mental health evaluation. *Journal of Clinical Psychiatry*, 70(2), 163.
- ²⁸ Department of Veterans Affairs (DVA). (2012). VA Budget Request Tops \$140 Billion for Veterans Programs. Retrieved from <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2263>.
- ²⁹ Cooper, J.L., et al. (2007). "Strengthening Policies to Support Children, Youth, and Families Who Experience Trauma". National Center of Children in Poverty.

References: Good Health

- ^{1,6} Basch, C.E. (2011). Vision and the achievement gap among urban minority youth. *Journal of School Health*, 81(10), 599-605.
- ² Prevent Blindness America. (2011). California school vision requirements. Retrieved from <http://nationalcenter.preventblindness.org>
- ³ Mathers, M., Keyes, M., & Wright, M. (2010). A review of the evidence on the effectiveness of children's vision screening. *Child: Care, Health & Development*, 36(6), 756-780. doi:10.1111/j.1365-2214.2010.01109.x
- ⁴ Cochrane, G., Lamoureux, E., & Keeffe, J. (2008). Defining the content for a new quality of life questionnaire for students with low vision (The impact of vision impairment on children: IVI_C). *Ophthalmic Epidemiology*, 15(2), 114-120. doi:10.1080/09286580701772029
- ⁵ Ethan, D., Basch, C. E., Platt, R., Bogen, E. and Zybert, P. (2010). Implementing and evaluating a school-based program to improve childhood vision. *Journal of School Health*, 80: 340-345. doi: 10.1111/j.1746-1561.2010.00511.x

References: Economic Well-Being

- ¹ World Health Organization. (2013). Food security definition. Retrieved from www.who.int
- ² United States Department of Agriculture. (2012). Household Food Security in the United States in 2011. Retrieved from <http://www.ers.usda.gov/media/884525/err141.pdf>
- ³ Black, J. (June 25, 2009). Food deserts vs. swamps: The USDA weighs in. The Washington Post online. Retrieved from <http://voices.washingtonpost.com>
- ⁴ Ryu, J., & Bartfeld, J. (2012). Household food insecurity during childhood and subsequent health status: The early childhood longitudinal study-kindergarten cohort. *American Journal of Public Health*, 102(11), e50-e55.
- ⁵ Murphy, C., Ettinger de Cuba, S., Cook, J. Cooper, R., and Weill, J.D. (2008). Reading, writing, and hungry: The consequences of food insecurity on children, and on our nation's economic success. Issue Paper #6. Partnership for America's Economic Success.
- ⁶ Liu, J., Raine, A., Venables, P., Mednick, S. (2004). Malnutrition at age 3 years and externalizing behavior problem at ages 8, 11, and 17 years). *American Journal of Psychiatry*, 161(11): 2005-2013.

References: Educational Achievement

- ¹ Carnevale, A., Smith, N., & Melton, M. (2011). STEM: Science, technology, engineering, mathematics. Georgetown University, Center on Education and the Workforce. Available at <http://cew.georgetown.edu/STEM>
- ² Symonds, W., Schwartz, R. and Ferguson, R., (February 2011) Pathways to Prosperity: Meeting the Challenge of Preparing Young Americans for the 21st Century. Report issued by the Pathways to Prosperity Project, Harvard Graduate School of Education
- ³ Orange County Workforce Indicators Report, 2011-12. Available at: <http://www.ocbc.org/research/workforce-indicators-report#>
- ⁴ Beede, D. et al. (2011). Women in STEM: A gender gap to innovation. Office of the Chief Economist of the U.S. Department of Commerce's Economics and Statistics Administration, ESA Issue Brief #04-11.
- ⁵ National Science Foundation, Division of Science Resources Statistics. 2011. Women, Minorities, and Persons with Disabilities in Science and Engineering: 2011. Special Report NSF 11-309. Arlington, VA.
- ⁶ Duncan, G., Dowsett, C., Claessens, A., Magnuson, K., Huston, A., Klebanov, P., Pagani, L., et al. (2007) School Readiness and Later Achievement. *Developmental Psychology*, 43, 1428-1446
- ⁷ California Department of Education. Dataquest
- ⁸ Orange County Community Indicators Reports, 2012 and 2011
- ⁹ Investing in California's Economic and Workforce Development. California Community Colleges Chancellor's Office, March 2010
- ¹⁰ <http://www.whitehouse.gov/issues/education/educate-innovate>

References: Safe Homes and Communities

- ¹ U.S. Department of Transportation, National Highway Traffic Safety Administration. (2010). Key features for ignition interlock programs. Retrieved from www.nhtsa.gov.
- ² [Drinkinganddriving.org](http://www.drinkinganddriving.org). (nd). A short history of drunk driving. Retrieved from <http://www.drinkinganddriving.org>.
- ³ Federal Bureau of Investigation. (2010). "Crime in the United States: 2010".
- ⁴ National Highway Traffic Safety Administration. (2011). "Traffic Safety Facts 2010: Alcohol Impaired Driving" Washington DC: National Highway Traffic Safety Administration.
- ⁵ National Highway Traffic Safety Administration FARS data, 2012.
- ⁶ National Highway Traffic Safety Administration. (2010). Fatality Analysis Reporting System data.
- ⁷ California Department of Alcohol and Drug Programs. (2012). FACT SHEET: Driving-Under-The-Influence (DUI) Statistics 2010. Retrieved from www.adp.ca.gov.
- ⁸ Irving, D. (April 2012). O.C. among worst for alcohol-fueled crashes. Retrieved from <http://www.ocregister.com/>.
- ⁹ Masten, A. S., Faden, V. B., Zucker, R. A., & Spear, L. P. (2008). Underage drinking: A developmental framework. *Pediatrics*, 121(Supplement 4), S235-S251.
- ¹⁰ Bogenschneider, K., Wu, M., & Raffaelli, M. (1998). "Other teens drink, but not my kid": Does parental awareness of adolescent alcohol use protect adolescents from risky consequences? *Journal Of Marriage & Family*, 60(2), 356-373.
- ¹¹ Beck, K.H. (1981). Driving while under the influence of alcohol: Relationship to attitudes and beliefs in a college population. *American Journal of Drug and Alcohol Abuse*, Vol. 8, No. 3, 377-388.
- ¹² Melhem NM, Porta G, Shamseddeen W, Walker Payne M, Brent DA. (2011). Grief in Children and Adolescents Bereaved by Sudden Parental Death. *Arch Gen Psychiatry*, 68(9):911-919. doi:10.1001/archgenpsychiatry.2011.101.
- ¹³ Graydon, K., Jimerson S., Fisher, E. (2010). Death and grief in the family: Providing support at school. National Association of School Psychologists. Retrieved from <http://www.nasponline.org>.
- ¹⁴ National Council on Alcoholism and Drug Dependence - Orange County. (2013). "Programs and Services". Retrieved from <http://ncaddoc.ncadd.org/>.
- ¹⁵ Information on the Social Host Ordinance provided by Supervisor Todd Spitzer's office.



References: All Indicators

AAP

- Gartner, L.M., Morton, J., Lawrence, R.A., Naylor, A.J., O'Hare, D., Schanler, R.J., Eidelman, A.I. (2005). Breastfeeding and the use of human milk. *Pediatrics*, 115 (2)
- The Medical Home, *Pediatrics* (2002). 110: 184-86

Adoption and Foster Care Analysis and Reporting System (AFCARS) (2011)

Alan Guttmacher Institute, Contraception Counts (2010). <http://www.agi-usa.org>

America's Children: Key Indicators of Well-Being (2013)

American Academy of Child & Adolescent Psychiatry, Facts for Families (May 2008)

American Academy of Pediatrics

Anaheim City School District (2013). http://acsd.sharpschool.net/news_and_events/budget_information

Anderson P., Doyle L.W., 2003

Annie E. Casey Foundation

- Kids Count Data Book (1999)

Baby-Friendly USA (2013). <http://www.baby-friendlyusa.org>

Bartick M., Reinhold A. (2010). The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost Analysis. *Pediatrics* 125:5.

Bureau of Primary Health Care

- Uniform Data System Data for California Federally Qualified Health Centers (2011)

California Department of Developmental Disabilities (2013)

California Department of Education (2012/13)

- Accountability Progress Reporting (2012/13)
- Assessment and Accountability Division
- California High School Exit Exam (CAHSEE) Results (2013)
- CBEDS
- CELDT Information Guide (2011/12)
- Data Reporting Office
- DataQuest (2007-2013), <http://data1.cde.ca.gov/dataquest/>
- Ed Data
- Educational Demographics Office (2012) <http://ed-data.k12.ca.us>
- Food Programs (2013). <http://www.cde.ca.gov/ds/sh/sn/sfs201330.asp>
- Policy and Evaluation Division (2001)
- School Fiscal Services Division
- Special Education Division (2013)
- Standards and Assessment Division (2013)

California Department of Health Services

- STD Control Branch (2010)
- Death Records (2007/2010)

California Department of Justice

- California and Orange County Arrest Statistics (2011)
- Criminal Justice Statistics Center
- Juvenile Justice in California (2011)

California Department of Public Health

- Birth Records (2011)
- Death Records. Table 5-2: Deaths by Age and Age-Specific Death Rates, 1995-2009, California
- Dollars and Sense: WIC Program Health Outcomes
- Infant Death Statistical Data (2008-2010)
- Immunization Branch, 7th grade Pertussis Immunization (Tdap) Assessment Results (2012/13)
- OC Community Indicators
- Pertussis Summary Report (2012/13)
- Newborn Screening Data, NBS FORM VERSION (D) Revised 12/2008. Maternal, Child and Adolescent Health Branch (May 2013)
- Teen Birth Rates (2013) <http://www.cdph.ca.gov/programs/mcah/Documents/MO-MCAH-2011TBR-DataSlides.pdf>

California Department of Social Services

- Community Care Licensing Division (2013)
- Data Systems and Survey Design Bureau (2012)

California Fostering Connections to Success Act (2013). www.cafosteringconnections.org

- California State CMS Branch
 ■ CHDP Health Assessment Data (2010/11)
- Californians Together (2011). Policy Brief No. 1: Essential Elements of Effective Practices for English Learners.
- Carlsson, S., Andersson, T., Lichtenstein, P., Michaëlson, K., and Ahlbon, A. Physical Activity and Mortality: Is the Association Explained by Genetic Selection. *American Journal of Epidemiology* 2007; 166(3): 255-259.
- Center for Demographic Research, CSU Fullerton (2013).
- Center for Disease Control and Prevention
 ■ Division of Nutrition, Physical Activity, and Obesity
 ■ National Immunization Program, National Immunization Survey, National, State, and Local Area Vaccination Coverage Among Children Aged 19-35 Months, United States, 2011.
 ■ National Vital Statistical Reports, Vol. 61, No. 6 (2012)
 ■ National Vital Statistics Reports, Vol. 59, No. 3 (2010).
 ■ National Center for Health Statistics. Underlying Cause of Death 1999-2009 <http://wonder.cdc.gov/ucdicd10.html>.
 ■ Pediatric Genetics, Newborn Screening (2013) http://www.cdc.gov/ncbddd/pediatricgenetics/newborn_screening.html
 ■ Reproductive Health, Preterm Births (2013) <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm>
 ■ Stacks (2004). <http://stacks.cdc.gov/view/cdc/11365>
 ■ STD Surveillance (2003, 2010, 2011)
 ■ Vital Signs: Teen Pregnancy—United States, 1991-2009
- Child Care Aware of America, 2012
- Children's Home Society of California's Child Care Resource and Referral Program
- Cicchetti, D. and Carlson, V. (1989). *Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect*. Cambridge University Press, New York.
- Coleman-Jensen, A. Nord, M., Andrews, M. and Carson, S. (2012). Household food security in the United States in 2011.
- College Board (2009, 2012)
- Community Preventive Services Task Force. <http://www.thecommunityguide.org/pa/environmental-policy/improvingaccess.html>
- County of Orange Health Care Agency
 ■ Nutrition Services WIC
 ■ Epidemiology and Assessment (2008)
 ■ Family Health Division
 ■ Children and Youth Services
 ■ Alcohol and Drug Abuse Services
 ■ MCAH Program (2000-2011). Birth Outcome Trends and Disparities. Preterm Delivery and Very Preterm Delivery (draft): California Birth Statistical Master Files.
 ■ Public Health Services (2013)
 ■ Orange County Immunization Coalition (OCIC)
 ■ State Department of Public Health/Immunization Branch
 ■ Substance Exposed Babies in Orange County, 2007. <http://ochealthinfo.com/civicax/filebank/blobload.aspx?BlobID=13545>
- Data Accountability Center (DAC) Individuals with Disabilities Education Act (IDEA) Data, 2012
- Department of Child Support Services, Child Performance Data (2010, 2011, 2013)
- Department of Developmental Disabilities,
 ■ Factbook 11th Edition, October 2011
 ■ May Revision Highlights, May 2013
- Education Week
 ■ Diplomas Count (2013)
- Every Woman California Preconception Health Council of California (2012). <http://www.everywomancalifornia.org/index.cfm>
- Federal Bureau of Investigation, Crime Statistics/UCR (2011)
- Food Research and Action Center
 ■ National and State Program Data (2013)
 ■ <http://frac.org/newsite/up-content/uploads/2009/09/cnnsip.pdf> (2009)
- Fullerton School District Budget Advisory Committee (2013). http://fsd.k12.ca.us/budgetcrisis/BAC_Presentations/BAC_020613.pdf
- Fine, A., Kotelchuck, M., Adess, N., Pies, C. (2009) A New Agenda for MCH Policy and Programs: Integrating a Life Course Perspective. Policy Brief. http://www.cchealth.org/groups/lifecourse/pdf/2009_10_policy_brief.pdf
- Hallal, P.C., Victora, C.G., Azevedo, M.R., and Wells, J.C.K. (2006). Adolescent Physical Activity and Health: A Systematic Review. *Sports Medicine*; 36(12): 1019-1030.
- Healthy People (2010, 2020).

- Hogue, C.J., Menon, R., Dunlop, A.L., Kramer, M.R. (2011) "Racial disparities in preterm birth rates and short inter-pregnancy interval: an overview," *Acta Obstet Gynecol Scand.* 90(12):1317-24.
- Insight, Center for Community Economic Development (2005). *Overlooked and Undercounted*
- Institute of Medicine,
 ■ Committee on Prevention of Obesity and Youth. *Preventing Childhood Obesity: Health in the Balance*. Washington, DC: National Academies Press, (2005)
 ■ Committee on Understanding Premature Birth and Assuring Healthy Outcomes (2007)
- Johnston, L.D., O'Malley, P.M., Bachman, J.G., & Schulenberg, J.E.
 ■ Teen marijuana use tilts up, while some drugs decline in use." University of Michigan News Service: Ann Arbor, MI. Retrieved 2012 from <http://monitoringthefuture.org>.
- Kids Data (2013). <http://www.kidsdata.org/data/topic/trend/free-school-meals-eligible.aspx?bc=1,2,365>
- Lu M., Kotelchuck M., Hogan V., Jones L., Jones C.P., Halfon N., Closing the Black-white gap in birth outcomes: A life course approach. Accepted for publication in *Ethnicity and Disease*, 2010.
- MacDorman, M.F., Mathew, M.S. (2013). Recent Trends in Infant Mortality in the United States. CDC, National Center for Health Statistics.
- MacDorman, M.F., Shapiro-Mendoza, C.K., et al. (2009) *Pediatrics*, 123(2).
- Marlow N, et al, 2005.
- Martin, J.A., Hamilton, B.E., Ventura, S.J., Osterman, M.J.K., Wilson, E.C., and Mathews, T.J. (2012). Births: Final data for 2010. *National Vital Statistics Report*, 61(1).
- Mathews, C. (2005). Infant Mortality from the 2004 Period Linked Birth/Infant Death Data Set. *National Vital Statistics Report*, 58(14) and 58(17).
- Mathews, C. (2005). Reducing Low Birthweight by Resolving Risks: Results from Colorado's Prenatal Plus Program.
- Mathews, T.J., MacDorman, M.F. (2012). Infant mortality statistics from the 2008 period linked birth/infant death data set. *National Vital Statistics Reports*, 60(5).
- McLoyd, V.C. (1998). Socioeconomic disadvantage and child development. *American Psychologist* 53(2), 185-204.
- National Center for Education Statistics, 2013
- National Center for English Language Acquisition
- National Education Association (NEA), *Rankings & Estimates of the States*, December 2012
- National Highway Traffic Safety Administration (2008)
- National Institute of Child Health and Human Development (2013). <http://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/Pages/prenatal-care.aspx>
- Olsen, L. (2010). *Reparable Harm: Fulfilling the Unkept Promise of Educational Opportunity for California's Long Term English Learners*.
- Omer, S.B., Salmon, D.A. et al, "Vaccine Refusal, Mandatory Immunization, and the Risks of Vaccine-Preventable Diseases," *New England Journal of Medicine*, 360:19, May 7, 2009.
- Orange County Department of Education.
 ■ Financial Report, (2011/12)
 ■ Inside the Outdoors (2008). <http://ito.ocde.us/Home.htm>
- Orange County District Attorney's Office/GRIP and Injunction Unit
- Orange County Child Death Review Team/ Annual Report 2011
- Orange County Probation Department/Research Division
 ■ Juvenile Court and Probation Statistical System (2013)
- Orange County Sheriff-Coroner Department (2012). "Rx and OTC Drug Related Deaths in Orange County." Mission Viejo Police Services.
- Orange County Social Services Agency
 ■ Probation Department, System Improvement Plan (SIP)
- Orange County Substance Abuse Treatment System (2008, 2012). CalOMS Treatment data.
- Recommendations to Improve Preconception Health and Health Care-United States: A Report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care, 2006
 Regional Center of Orange County
- Rothstein, R. (2000). Equalizing education resources on behalf of disadvantaged children. A notion at risk.
- Salmon, D.A. (2011). Vaccine Safety Throughout the Product Life Cycle, A Supplement to *Pediatrics*

- State of California, Center for Health Statistics
- Vital Statistics Query System
 - Birth Files
 - Death Records
- The Child Welfare League of America, National Data Analysis System
- Children in Out-of-Home Care (2000, 2006)
 - Number of Youth Who Received Independent Living Services (2004)
- The National Association of Child Care Resource and Referral Agencies, Child Care in the State of California (2010)
- The National Campaign to Prevent Teen and Unplanned Pregnancy, (2011) and The Public Costs of Teen Childbearing in California (2011)
- The Surgeon General
- Overweight in Children and Adolescents (2000)
 - Conference on the Prevention of Preterm Birth, June 16-17, 2008
- Turetsky, V. (2005). The Child Support Enforcement Program: A Sound Investment in Improving Children's Chances in Life. www.clasp.org
- Twisk, J.W. (2001). Sports Medicine
- UCLA Center for Healthier Children
- Families and Communities, California Policy Research Center
- U.S. Census Bureau, Census 2000
- American Community Survey (2011) www.factfinder.census.gov.
- University of California, Berkeley
- Center for Social Services Research (2013)
 - Center for Social Services Research. Child Abuse Referral Highlights (2012)
 - Center for Social Service Child Welfare Supervised Foster Care (2012)
- University of California, Los Angeles
- Families and Communities, California Policy Research Center
- U.S. Department of Agriculture
- Food and Nutrition Service (2013)
 - SNAP Ed Facts (2012). <http://www.nal.usda.gov/snap/SNAP-EdFactsheet2012.pdf>.
 - Women, Infants and Children (WIC)
- U.S. Department of Education, (2009)
- National Center for Educational Statistics (2012)
 - Individuals with Disabilities Education Act (2012)
- U.S. Department of Health and Human Services
- Administration for Children and Families (2008-13)
 - Centers for Medicare and Medicaid Services (2011)
 - Child Maltreatment Annual Report (2011)
 - Maternal and Child Health Bureau. "A Healthy Start: Begin before baby's born". Child Health USA 2011
 - National Institute on Alcohol Abuse and Alcoholism
 - National Survey on Drug Use and Health Results (2011)
 - National Vital Statistics Reports (2012)
 - Trend in the Well-Being of America's Children and Youth (2002)
- U.S. Department of Labor
- Bureau of Labor Statistics (2011/12)
- United States Department of Justice
- Office of Juvenile Justice and Delinquency, National Youth Gang Survey (2011)
 - Juvenile Justice Bulletin-Juvenile Arrests (2010)
- Warburton, D.E.R., Nicol, C.W., Bredin, S.S.D. Health Benefits of Physical Activity: the Evidence. CMAJ 2006; 174(6): 801-809
- WHO. Global Strategy for Infant and Young ChildFeeding. Geneva, Switzerland, 2003
- Wolfe, D.A., Child Abuse: Implications for Child Development and Psychopathology (1987)

Good Health

Access for Infants and Mothers <http://www.aim.ca.gov>

Alan Guttmacher Institute <http://www.guttmacher.org>

Alcohol and Drug Abuse Services (714) 834-3840
<http://ochealthinfo.com/phs/services/healthlive/adas>

American Academy of Pediatrics www.aap.org

American Alliance for Health, Physical Education, Recreation,
and Dance <http://www.aahperd.org>

Annie E. Casey Foundation <http://www.aecf.org>

Boys and Girls Clubs of America <http://www.bgca.org>

California Department of Developmental Services
<http://www.dds.ca.gov>

California Department of Education <http://www.cde.ca.gov>

California Department of Health Services,
<http://www.dhcs.ca.gov>

California Department of Public Health <http://cdph.ca.gov>

California Diabetes and Pregnancy Program
<http://www.cdph.ca.gov/programs/cdapp/Pages/default.aspx>

California Health Interview Survey <http://www.chis.ucla.edu>

California State CMS Branch, CHDP Health Assessment
<http://www.dhcs.ca.gov>

California State Parks <http://parks.ca.gov>

California TeenPrevention Prevention
<http://www.cdph.ca.gov/programs/tpp/Pages/default.aspx>

California State Council on Developmental Disabilities
<http://www.sccd.ca.gov>

CalOptima (714) 246-8400 <http://www.caloptima.org/>

Centers for Disease Control and Prevention
<http://www.cdc.gov>

Center for Law and Social Policy <http://www.clasp.org>

Child Health and Disability Prevention, Gateway Program
<http://www.schsa.org/PublicHealth/programs/chdp/gatewayinfo.html>

The Children's Health Initiative of Orange County
<http://www.chioc.org>

County of Orange- Health Care Agency
<http://www.ochealthinfo.com>

County of Orange Harbors, Beaches and Parks
<http://www.ocparks.com>

DDC and OC Collaborative Courts Programs
<http://www.occourts.org/directory/collaborative-courts>

Expert Health Data Programming, Inc. <http://www.ehdp.com>

Healthy People 2010, 2020 <http://www.healthypeople.gov>

Healthy Families <http://healthyfamilies.ca.gov>.

Immunization www.cdc.gov/vaccines

Immunization Action Coalition <http://www.immunize.org>

March of Dimes <http://www.marchofdimes.com>

National Coalition for Promoting Physical Activity
<http://www.ncppa.org/>

Office of the Assistant Secretary for Planning & Evaluation
<http://aspe.hhs.gov>

Orange County Maternal, Child and Adolescent Health Program
<http://ochealthinfo.com/gov/health/phs/about/family/mcah/default.asp>

Orange County Health Care Agency's Immunization Assistance
Program
<http://media.ocgov.com/gov/health/phs/about/family/iz/about.asp>

Orange County Health Needs Assessment <http://ochna.org>

Orange County Immunization Coalition
<http://ochealthinfo.com/phs/about/family/ocic/>

Orange County Community Indicators
<http://ocgov.com/about/infooc/facts/indicators>

Orange County Social Services Agency
<http://www.ssa.ocgov.com>

OC Parks <http://www.ocparks.com>

Phoenix House (800) 251-0921

Physical Education
<http://www.cdc.gov/physicalactivity/index.html>;
<http://www.thecommunityguide.org/>

Regional Center of Orange County
<http://www.rcocdd.com> (714) 796-5100

Regional Center of Orange County Comfort Connection Family
Resource (714) 558-5400 or (888) FRC-BABY
<http://www.rcocdd.com/frc/ccfrc/>

Regional Perinatal Programs of California
<http://www.cdph.ca.gov/programs/rppc/pages/default.aspx>

Substance Exposed Babies Report
<http://www.ochealthinfo.com/seb/index.htm>

The Surgeon General <http://www.surgeongeneral.gov/>

Touchstones (714) 639-5542

U.S. Department of Health and Human Services
<http://www.hhs.gov>

YMCA <http://www.ymca.net/>

Economic Well-Being

California Department of Child Support Services
<http://www.childsup.cahwnet.gov>

California Department of Health Services, WIC Branch
<http://www.cdph.ca.gov/programs/wicworks/Pages/default.aspx>

California Department of Finance, Demographic Research Unit
<http://www.dof.ca.gov/research/demographic/>

California Department of Finance, <http://www.dof.ca.gov>

California Food Policy Advocates <http://www.cfpa.net>

CalWORKs information – OC SSA Website
<http://ssa.ocgov.com/calfresh/calworks/>

Center for Social Services Research, School of Social Welfare at Berkeley <http://cssr.berkeley.edu>

Child Development Policy Institute <http://www.cdpi.net>

Children's Defense Fund <http://www.childrensdefense.org>

Children and Families Commission of Orange County, School Readiness Programs (562) 716-6918
<http://iusd.org/eclc/school-readiness.html>

Children's Home Society of California (714) 543-2273
<http://www.chs-ca.org>

Commodity Supplemental Food Program
<http://www.fns.usda.gov/csfp/commodity-supplemental-food-program-csfp>
To Apply Contact the Community Action Partnerships of Orange County at (714) 897-6670, <http://www.capoc.org/>

The Congressional Hunger Center <http://www.hungercenter.org>

County of Orange Child Care Coordinator (714) 834-7006
<http://bos.ocgov.com/childcare/>

County of Orange Child Support Services
<http://www.css.ocgov.com>

Food Research and Action Center <http://www.frac.org>

National Center for Children in Poverty
<http://www.nccp.org>

National WIC Association
<http://www.nwica.org>

Orange County Head Start (714) 241-8920
<http://www.ochsinc.org/>

Orange County Transportation Authority
<http://www.octa.net>

Orange County United Way Child Care Connections (714) 647-0900 <http://www.ccc-oc.org/about.html>

The Urban Institute <http://www.urban.org>

U.S. Bureau of Labor Statistics <http://www.bls.gov>

U.S. Census Bureau, Poverty Statistics
<http://www.census.gov/hhes/www/poverty.html>

U.S. Department of Agriculture, Food and Nutrition Assistance Program <http://www.fns.usda.gov/>

U.S. Department of Health and Human Services, Administration for Children and Families <http://www.acf.hhs.gov>

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning & Evaluation
<http://aspe.hhs.gov>

WIC Fact Sheet <http://www.fns.usda.gov/wic/>

What is WIC and how to apply for WIC services in California?
<http://www.cdph.ca.gov/programs/wicworks>



Educational Achievement

American Speech-Language Hearing Association
<http://www.asha.org>

California Department of Education
<http://www.cde.ca.gov>

California Postsecondary Education Commission
<http://www.cpec.ca.gov>

Children Now <http://www.childrennow.org>
 Class Size Reduction Page
<http://www.cde.ca.gov/ls/cs/k3/>

Children and Families Commission of Orange County
<http://www.occhildrenandfamilies.com/>

College Board <http://www.collegeboard.org>

Data Quest <http://dq.cde.ca.gov/dataquest>

Healthy Start <http://www.cde.ca.gov/ls/pf/hs/>

High School Drop Out Rates <http://www.cde.ca.gov/ls/ai/dp/>

Just For the Kids <http://www.edresults.org/>

National Center for Education Statistics
<http://nces.ed.gov>

School Wise Press <http://www.schoolwisepress.com>

Additional Resources to Support Foster Youth Education

Bus Pass Hotline (714) 704-8894

Cal Grants <http://www.calgrants.org>

California Career Zone <http://www.cacareerzone.com/index.html>

California Cash for College, <http://www.californiacashforcollege.org>

California College Pathways, <http://www.cacollegepathways.org>

California Community Colleges, <http://www.californiacolleges.edu>

California Youth Connection (CYC),
<http://www.calyouthconn.org>

California Youth Connection (CYC), Orange County Chapter
<http://www.calyouthconn.org/orange>

Chafee Grant Program <http://www.chafee.csac.ca.gov>

County of Orange SSA, Transitional Services Program (TPSP)
 (714) 704-8000 <http://ssa.ocgov.com/adopt/youth/>

Foster and Kinship Care Education (949) 582-4884
<http://www.saddleback.edu/sbs/fkce/>

Foster and Kinship Care Liaison (714) 704-TALK (8255)
<http://oc4kids.com/existing/resources/liaison>

Foster Ed Connect, <http://www.fosteredconnect.org/>

Free Application for Federal Student Aid (FAFSA),
<http://www.fafsa.ed.gov>

Help Me Grow, <http://www.helpmegrowoc.org>

OC4Kids, <http://oc4kids.com/>

Orange County Department of Education, <http://www.ocde.us/>

Orange County Department of Education, Foster Youth Services
 (714) 835-4909 <http://www.ocde.us/ACCESS/FosterYouthServices/Pages/default.aspx>

Orange County Probation Department,
<http://ocgov.com/gov/probation>

Orangewood Children's Foundation,
<http://www.orangewoodfoundation.org>

Regional Center for Orange County
<http://www.rcocdd.com>

Safe Homes and Communities

California Child Welfare Directors Association
<http://www.cwda.org>

California Connected by 25
<http://www.f2f.ca.gov/res/CACConnected.pdf>

California Department of Social Services
<http://www.dss.cahwnet.gov/cdssweb/default.htm>

Child Abuse Prevention Center
<http://www.brightfutures4kids.org>

County of Orange- Social Services Agency
<http://www.ssa.ocgov.com>

Criminal Justice Statistics Center <http://oag.ca.gov/crime>

Families and Communities Together (FaCT) <http://www.factoc.org>

Family to Family Orange County
<https://media.ocgov.com/gov/ssa/adopt/oc4kids/ff/default.asp>

Foster and Adoptive Family Development
<http://www.ocgov/oc4kids>

Fourth National Incidence Study of Abuse and Neglect (NIS-4)
<https://www.nis4.org/nishome.asp>

Information on Child Abuse Reporting
<http://ssa.ocgov.com/abuse/>

John F. Chafee Foster Care Independence Act
http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/information_packets/foster_care_independence_act-pkt.pdf

National Center for Juvenile Justice
<http://ncjj.org>

National Institute of Justice
<http://www.nij.gov/>

Office of Juvenile Justice and Delinquency Prevention
<http://ojjdp.gov>

Orange County Child Abuse Registry Statistics
https://ssax.ocgov.com/ssa_carsa/

Orange County Child Abuse Prevention Council/Raise Foundation - <http://www.theraisefoundation.org/>

Orange County Probation Department
<http://ocgov.com/gov/probation>

Orangewood Children's Foundation, Independent Living Program
http://www.orangewoodfoundation.org/programs_indliving.asp

Orange County District Attorney's Office
<http://www.orangecountyda.com>

Prevent Child Abuse America <http://www.preventchildabuse.org>

Social Service Agency Emancipation Services Program
<http://ssa.ocgov.com/adopt/youth/ind/>

State of California Department of Justice, Criminal Justice Statistics Center <http://ag.ca.gov/cjsc/datatabs.php>

The California Institute for Federal Policy Research
<http://www.calinst.org>

Wraparound Orange County
<http://www.kinshipcenter.org/services/wraparound/service-locations/orange-county.html>



APPENDIX A: Census 2010 Definitions

The following information was pulled directly from the Census 2010 Brief: Overview of Race and Hispanic Origin, March 2011.

The federal government considers race and Hispanic origin to be two separate and distinct concepts. For Census 2010, the questions on race and Hispanic origin were asked of every individual living in the United States. The question states, Is this person of Hispanic, Latino, or Spanish origin?¹ The next question states, "What is this person's race?" Both questions are based on self-identification. The 2010 Census allows respondents to select one or more race categories to indicate their racial identities. If none of the categories accurately reflects the respondent's race, they can choose "Some other race" and write in a more accurate racial self identification. Because of this, the data reported on race are not directly comparable to the 1990 Census data or earlier incarnations. The federal standards for reporting race and ethnicity were changed in 1997 and incorporated into the 2000 Census. In regards to race, there are five race categories:

The federal standards for reporting race and ethnicity were changed in 1997 and incorporated into the 2000 Census. In regards to race, there are five race categories:

1. White;
2. Black or African American;
3. American Indian or Alaska Native;
4. Asian; and
5. Native Hawaiian or Other Pacific Islander.

In regards to ethnicity, two categories are used:

1. Hispanic or Latino
2. Not Hispanic or Latino

For respondents that do not identify with the initial 5 racial categories (Numbers 1-5 above), a sixth category was included "Some other race."

In dealing with the total population, the race data collected by Census 2000 can be collapsed into six categories. People who responded to the question on race being only one race are referred to as the race alone population or the group that reported only one race category. These are:

- White alone;
- Black or African American alone;
- American Indian or Alaska Native alone;
- Asian alone;
- Native Hawaiian or Other Pacific Islander alone; and
- Some other race alone.

With the new option to choose more than one race category, individuals who chose more than one of the six race categories are referred to as the "Two or More" races population, or as the group that reported more than one race. All respondents who indicated more than one race can be collapsed into the Two or

more races category, which, when combined with the six alone categories, yields seven mutually exclusive and exhaustive categories. Thus, the six race alone categories and the "Two or More" races category sum to the total population.

Within these seven categories, the ethnicity question of a person reporting to be Hispanic or Latino or Not Hispanic or Latino, is a descriptive subset of the total population data.

Although many people believe Hispanic or Latino is a race and classify themselves racially as being Hispanic or Latino, Hispanic or Latino is an ethnicity, not a race. For this reason, many people who reported being "Some other race" are Hispanic. This is why the reporting of Census racial data pulls out those reporting being Hispanic or Latino and reports these numbers separately.

For further explanation and descriptions of race and ethnicity or other Census definitions, please visit

<http://2010.census.gov/news/press-kits/briefs/briefs.html>

for Census Briefs or

<http://www.census.gov/dmd/www/glossary.html>

for the Census Glossary or

<http://2010.census.gov/2010census/about/interactive-form.php>

for 2010 Census Questionnaire

Source: U.S. Census Bureau, Census 2010 Brief: Overview of Race and Hispanic Origin, March 2011.

<http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf>

¹Hispanics may be of any race. The terms "Hispanic" and "Latino" are used interchangeably in this document.

APPENDIX B:

Health Programs for Low-income Families in Orange County

Medi-Cal**(888) 747-1222 TDD (800) 952-8349****www.medi-cal.ca.gov**

Medi-Cal is a public program that pays for medical and mental health services. Medi-Cal is available to people who meet certain income requirements, including children under age 21, older people 65 years and over; disabled and blind people, pregnant women and families where at least one child is under 21 and one parent is absent, disabled, or working less than 100 hours per month. The income requirements vary by age of the child.

Healthy Families/Medi-Cal**(800) 880-5305 TDD (800) 952-8349****www.healthyfamilies.ca.gov**

Healthy Families is a public program that provides affordable health, dental, and vision insurance. With Healthy Families, a family pays a small amount each month to receive health care coverage for their children. This program serves uninsured children under age 19. Children birth through age one are eligible if gross family income is between 200% and 250% of the Federal Poverty Level Guidelines (FPL); children ages 1 through 5 are eligible if gross family income is between 133% and 250% of FPL; children ages 6 through 18 are eligible if gross family income is between 100% and 250% of FPL.

*Note: Healthy Families is now transitioned to Medi-Cal as of January 2013.

California Kids**(818) 755-9700****www.californiakids.org**

California Kids provides children 2 to 19 years of age with prevention check-ups, immunizations, sick care, specialty care, prescriptions, mental health, substance abuse, dental care, and 24-hour nurse advice hotline. Services are free for children below the 200% of FPL and at a cost of \$20-\$25 per child (4th child free) monthly for children 200% to 250% FPL. A family is NOT eligible for services if they are eligible for Medi-Cal or Healthy Families or have other health insurance, and have a family income greater than 250% FPL.

Child Health and Disability Prevention Program**(CHDP) (714) 567-6224 TDD (800) 801-7100****www.dhcs.ca.gov/services/chdp**

The CHDP program is a preventive health program serving California's children and youth. CHDP makes early health care available to children and youth with health problems as well as to those who seem well. Through the CHDP program, eligible children and youth receive periodic preventive health assessments. Children and youth with suspected problems are then referred for diagnosis and treatment. CHDP works with a wide range of health care providers and organizations.

Access for Infants and Mothers (AIM)**(800) 433-2611 TDD (800) 735-2929**

Access for Infants and Mothers provides health care coverage for pregnant women and their children. The program will accept pregnant women not over 30 weeks pregnant at the time of application. The program also provides health insurance for the baby for two years. Family income must fall between 200% and 300% of FPL.

Kaiser Permanente's Cares for Kids Health Plan**(800) 464-4000 TDD (800) 777-1370****info.kaiserpermanente.org/childhealthplan**

The Child Health Plan provides comprehensive health care coverage to eligible children under age 19 who live within the California Division Service Areas. Children are eligible if their families earn 0-300% of the Federal Income Guidelines (FIG) and they do not qualify for any government-sponsored programs (such as Medical or Healthy Families). Note: Closed enrollment in early 2013.

Women, Infants, and Children (WIC)

There are four programs:

County of Orange Health Care Agency (888) 968-7942,
Camino Health Center WIC Program (949) 488-7688,
Planned Parenthood of Orange and
San Bernardino Counties (714) 973-2411,
Public Health Foundation Enterprises (888) 942-2229.

WIC provides pregnant and postpartum women, and children birth to 5 years old that reside in Orange County and are at nutritional risk, with nutrition education and counseling, breastfeeding support, community referrals, and checks for specific, nutritious foods redeemable at grocery stores. In order to be eligible for the services, a family must earn less than 185% of the FPL.

Commodity Supplemental Food Program (CSFP)**(714) 897-6670**

The CSFP program provides a monthly nutritious supplemental food box for pregnant and postpartum women, their infants and children up to age 6 that are not receiving WIC, and the elderly (60+). CSFP food boxes with recipes are distributed each month at 33 sites throughout Orange County. Eligible household income for families must be at or below 185% and the elderly at or below 130% of the Federal Poverty Guidelines.

Healthy Kids**714-246-8737 or (888) 540-5437**

Healthy Kids is a privately funded program that provides health, dental and vision insurance to children aged 0 to 18 with family incomes under 300% of the federal poverty level that are not eligible for Medi-Cal or Healthy Families. Healthy Kids provides comprehensive coverage at a monthly premium cost of \$10 per child plus minimal co-payments at the time of service.

Healthy People 2010 and 2020**(800) 336-4797****www.HealthyPeople.gov**

Healthy People 2010 and 2020 is a set of health objectives for the nation to achieve over a ten-year period. It can be used by many different people, states, communities, professional organizations, and others to help them develop programs to improve health. It was developed through a broad consultation process, built on the best scientific knowledge and designed to measure programs over time.

APPENDIX C: 2013 Federal Poverty Income Level Guidelines (FPL)

Effective 2013

Family Size	100%	185%*	250%**
1	\$11,490	\$21,257	\$28,725
2	\$15,510	\$28,694	\$38,775
3	\$19,530	\$36,131	\$48,825
4	\$23,550	\$43,568	\$58,875
5	\$27,570	\$51,005	\$68,925
6	\$31,590	\$58,442	\$78,975
7	\$35,610	\$65,879	\$89,025
8	\$39,630	\$73,316	\$99,075
Each additional person add	\$4,020		

*185% of Poverty Level is the maximum income to receive Free and Reduced Lunch program (pg 74).

**250% of Poverty Level is the maximum income eligibility requirement for Healthy Families (pg 36).

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






Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2013

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼ Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B	HepB	HepB			HepB						
Rotavirus			RV	RV	RV						
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP	see footnote	DTaP				DTaP
Haemophilus influenzae type b			Hib	Hib	Hib	Hib					
Pneumococcal			PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus			IPV	IPV	IPV						IPV
Influenza					Influenza (Yearly)						
Measles, Mumps, Rubella						MMR		see footnote			MMR
Varicella						Varicella		see footnote			Varicella
Hepatitis A						HepA (2 doses)				HepA Series	
Meningococcal										MCV4	

This schedule includes recommendations in effect as of March 20, 2013.

	Range of recommended ages for all children		Range of recommended ages for catch-up immunization		Range of recommended ages for certain high-risk groups
---	--	---	---	---	--

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2013

For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼ Age ►	7–10 years	11–12 years	13–18 years	
Tetanus, Diphtheria, Pertussis	Tdap ¹	Tdap	Tdap	
Human Papillomavirus	see footnote	HPV (3 doses)(females)	HPV Series	
Meningococcal	MCV4	MCV4	MCV4	Booster at age 16 years
Influenza	Influenza (Yearly)			
Pneumococcal	Pneumococcal			
Hepatitis A	HepA Series			
Hepatitis B	Hep B Series			
Inactivated Poliovirus	IPV Series			
Measles, Mumps, Rubella	MMR Series			
Varicella	Varicella Series			

This schedule includes recommendations in effect as of January 16, 2013.

¹Tdap vaccine is combination vaccine that is recommended at age 11 or 12 to protect against tetanus, diphtheria, and pertussis. If your child has not received any or all of the DTaP vaccine series, or if you don't know if your child has received these shots, your child needs a single dose of Tdap when they are 7-10 years old.

Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.



Children and Families Commission of Orange County

17320 Redhill Avenue, Suite 200, Irvine, CA, 92614
(714) 834-5310
<http://www.occhildrenandfamilies.com>

County of Orange

Hall of Administration
333 W. Santa Ana Blvd., Santa Ana, CA 92701
(714) 834-5400
<http://www.ocgov.com>

County of Orange Health Care Agency

1725 W. 17th Street, Santa Ana, CA 92706
(714) 834-4722
<http://www.ochealthinfo.com>

Orange County Department of Education

200 Kalmus Drive, Costa Mesa, CA 92628
(714) 966-4000
<http://www.ocde.us>

Orange County District Attorney's Office

401 Civic Center Drive West, Santa Ana, CA 92701
(714) 834-3600
<http://www.orangecountyda.com>

Orange County Probation Department

909 North Main Street, Santa Ana, CA 92701
(714) 569-2000
<http://www.ocgov.com/gov/probation>

Orange County Social Services Agency

888 North Main Street, Santa Ana, CA 92701
(714) 541-7700
<http://www.ssa.ocgov.com/gov/ssa/>

Regional Center of Orange County

1525 North Tustin Ave, Santa Ana, CA 92705
(714) 796-5100
<http://www.rcocdd.com>

Children's Home Society of California

333 South Anita Drive, Suite 350, Orange, CA 92868
(714) 456-9800
<http://www.chs-ca.org>

CalOptima

505 City Parkway West, Orange, CA 92868
(714) 246-800
<http://www.caloptima.org>