ORANGE COUNTY BOARD OF SUPERVISORS

Agenda Revisions and Supplementals

Note: This supplemental agenda is updated daily showing items that have been added, continued, deleted or modified. No new supplemental items will be added to the agenda following close of business on Friday.

November 3, 2020

THE FOLLOWING AGENDA ITEMS HAVE HAD CHANGES TO THEIR RECOMMENDED ACTIONS SINCE RELEASE OF THE AGENDA TO THE PUBLIC:

Item: None

Supplemental Item(s)

- S33A. Vice Chairman Do Receive and file 26th Annual Report on the Conditions of Children in Orange County 2020
- S33B. **Supervisor Bartlett** Orange County Mental Health Board Appoint Denis James Taylor, San Juan Capistrano, to complete term ending 12/11/22
- S33C. Vice Chairman Do Approve addition of Orange County Civic Center Japanese Garden and Tea House Anniversary events in November to County Event Calendar and make related findings per Government Code Section 26227

REVISIONS AND SUPPLEMENTALS TO NOVEMBER 3, 2020 AGENDA - PAGE 1 OF 1



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MEMORANDUM

BOARD OF SUPERVISORS

To: Robin Stieler, Clerk of the Board

From: Supervisor Andrew Do, Vice Chairman Rudu

Subject: The 26th Annual Report on the Conditions of Children in Orange County

37A

Please add the supplemental item of business to the November 3, 2020 Board Agenda. The title of the supplemental item should read:

The 26th Annual Report on the Conditions of Children in Orange County

Agenda Item Clerk's Use Only 533

SUPPLEMENTAL AGENDA ITEM AGENDA STAFF REPORT



MEETING DATE: 11/3/20 LEGAL ENTITY TAKING ACTION: BOARD OF SUPERVISORS DISTRICT(S): SUBMITTING AGENCY/DEPARTMENT: DEPARTMENT CONTACT PERSON(S):

Board of Supervisors All Districts Supervisor Do *Ruduult* Chris Wangsaporn (714) 834-3110 Veronica Carpenter (714) 834-3110

SUBJECT: The 26th Annual Report on the Conditions of Children in Orange County

| Budgeted: N/A | Current Year Cost: | N/A Annual Cost: N/A |
|--|--------------------|---|
| Staffing Impact: N/A Current Fiscal Year Revenue: N/A Funding Source: N/A | # of Positions: | Sole Source: N/A County Audit in last 3 years: N/A |
| Prior Board Action: 10/22/2019 #8 | | |

RECOMMENDED ACTION(S):

Receive and File the 26th Annual Report on the Conditions of Children in Orange County 2020.

SUMMARY:

Acceptance of the 26th Annual Report on the Conditions of Children in Orange County allows the Orange County Children's Partnership to continue to provide a unified voice that champions health, education, safety and economic stability to meet the needs of all children and families in Orange County.

BACKGROUND INFORMATION:

The Orange County Children's Partnership (OCCP), formerly the Children's Services Coordination Committee (CSCC), is a 22-member advisory body established by the Orange County Board of Supervisors (Board) in November 1982. The OCCP provides a forum for departments and agencies to disseminate and discuss issues and challenges concerning the Juvenile Justice/Dependency systems. The OCCP collectively focuses its' efforts to provide a unified voice that champions health, education, safety and economic stability to meet the needs of all children and families in Orange County.

Since 1993, the OCCP has sponsored the Annual Report on the Conditions of Children in Orange County. Most recently, on October 22, 2019, the Board received and filed the 25th consecutive Annual Report on the Conditions of Children in Orange County.

FINANCIAL IMPACT: N/A

STAFFING IMPACT: N/A

ATTACHMENT(S): Conditions of Children in Orange County Report



THE 26TH ANNUAL REPORT ON THE CONDITIONS OF CHILDREN IN ORANGE COUNTY

LETTER FROM THE CHAIR

The future of Orange County rests on the health and well-being of our children. Each year, our Conditions of Children report provides an opportunity to assess our progress and take steps to improve.

This year, 2020, is an unprecedented period for our children due to the coronavirus pandemic. Data does not yet exist to capture the immediate, let alone the long-term, impacts of COVID-19 on children in Orange County. Instead, we must rely largely on anecdotal experiences to understand what is happening with our children and families and do what we can to support the continuity of care and services for those most affected by the economic, health and social ramifications of COVID-19.

Current data shows that prior to the pandemic there was substantial progress made across many key indicators.

- The teen birth rate continues to drop to the lowest level in 10 years.
- More women in Orange County are receiving early prenatal care.
- More than half of third graders are now meeting or exceeding statewide achievement standards for English language arts and mathematics.

While we have made improvements, there is still work that needs to be done.

For example, despite the increase in the percentage of third grade students meeting or exceeding statewide achievement standards, substantial gaps persist across racial and ethnic lines; foster youth experience higher chronic absenteeism and high school dropout rates than their classmates; and one in four economically disadvantaged 5th graders are at risk for obesity compared to one in 10 5th graders who are economically advantaged. Meanwhile, poverty increases among all Orange County's children. Poverty is a risk factor for diabetes, which is a growing health concern in Orange County.

These problems require action. We need to deliver on our promise of a bright future for all our children. To achieve this requires that everyone – parents, teachers, business and community leaders and service providers – get involved.

Join me, the Orange County Children's Partnership and more than 20 member organizations in our work to advance data-informed solutions to meet the needs of our children and families.

Sincerely,

indr. a

Andrew Do, Chair Orange County Children's Partnership

ORANGE COUNTY CHILDREN'S PARTNERSHIP 2020 MEMBERS

Chair

Supervisor Andrew Do First District Orange County Board of Supervisors

Vice Chair

Debra J. Baetz County of Orange Social Services Agency

Members

Eldon Baber The Raise Foundation

Donald Barnes Orange County Sheriff Kimberly Goll, MURP First 5 Orange County Hon. Joanne Motoike Presiding Judge of the Orange County Juvenile Court

Al Mijares, PhD Orange County Superintendent of Schools

Jeff Nagel, PhD Orange County Health Care Agency, Behavioral Health Paula Noden

Regional Center of Orange County Leon J. Page County Counsel Martin Schwarz Public Defender (Interim)

Denise Schleicher Contract Attorney for Children

Steven J. Sentman Chief Probation Officer

Todd Spitzer, JD, MPP Orange County District Attorney

Clayton Chau, MD, PhD Orange County Health Care Agency, Public Health Officer

For more information about the priorities, work and public meetings of the OCCP, please visit: ochealthinfo.com/phs/about/family/OCCP.

Lynda Perring Juvenile Justice Commission Vacant Foster Parent Representative Vacant Group Home Representative Candice Gomez, MSHCA CalOptima Vacant Former Foster Youth

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EXECUTIVE SUMMARY

The 26th Annual Report on the Conditions of Children in Orange County studies four interdependent focus areas: Good Health, Economic Well-Being, Educational Achievement and Safe Homes and Communities. Each focus area includes the most recent data for indicators to assess improving or worsening trends over 10 years and help identify potential areas to be addressed to ensure all Orange County children thrive. The most recent data ranges from 2017 to 2020, and up to 10 years of data are reported.

Orange County's infants remain in good health with a recent positive increase in mothers receiving early prenatal care and continued declines in babies born pre-term and with low birth weights. Young children continue to progress academically in both Math and English Language Arts, while college readiness among high school students maintains its seven-year positive trend. Youth are safer today, as overall injury death rates and gang activity continue to decline.

These positive outcomes are not achieved by all. Disparities persist in Orange County among races and ethnicities, socioeconomic status and geographic communities, depending on the indicator. For example, some communities face greater economic hardship than others, as poverty among children increases and nearly 30,000 students experience insecure housing. Low income students are nearly three times less likely than their peers to exceed the third-grade mathematics and English language standards than their peers, with some communities experiencing this disparity more so than others. While Hispanic and Latinx students make up the largest group of graduates at 45.1% of student population, they are the least likely to be college ready making up just 41.3% of students considered college ready. Despite some improvement, foster youth still experience the highest chronic absentee at 27.6% and high school dropout rates at 21.0%.

These disparities will likely be exacerbated by the novel coronavirus-2019 (COVID-19). Due to standard delays in data collection and reporting, a data-driven understanding of these impacts is not yet available. The report's special edition explores Orange County's proactive response to the known and perceived impacts of this public health crisis on children and families and showcases examples of the response across the four focus areas.



SPECIAL EDITION ON COVID-19: HOW ORANGE COUNTY IS ADDRESSING EMERGING IMPACTS AMONG CHILDREN AND FAMILIES

The outbreak of the novel coronavirus disease-2019 (COVID-19) has had dramatic and devastating impacts locally. Orange County

organizations working with children and families have observed several emerging impacts, outlined on the following page. Some of these impacts are related to new issues or concerns, whereas others are connected to existing issues that may have been exacerbated by COVID-19. While the Conditions of Children Report cannot capture the impacts of the virus with data in real time, it is our hope that bringing them to light will help build public awareness around these challenges and help us as a community focus on how best to address them.

COVID-19 in Orange County

Orange County reported 54,760 COVID-19 cases and 1,287 deaths at the time this report went to print on October 5, 2020.¹ The rate of COVID-19 cases among children ages 0 to 17 years was lower at 553.2 per 100,000 in Orange County compared to California (949.3) and the United States (629.8).² Youth ages 0 to 17 years accounted for 7.2 percent of all cases.

RATE OF COVID-19 AMONG 0 TO 17 YEAR-OLDS (PER 100,000)



= 25 children per 100,000

COVID-19 is shown nationally to disproportionately impact people from racial and ethnic minority groups, due in part to longstanding systemic health and social inequities.³ These social determinants of health have left certain groups at higher risk of contracting the disease.⁴ Among those youth who contracted COVID-19 with known race and ethnicity, Orange County trends suggest similar disparities with 82.6% of cases among minority populations ages 0 to 17 years.⁵

PERCENT CASES IN ORANGE COUNTY AMONG POPULATIONS AGES 0 TO 17 YEARS, BY RACE AND ETHNICITY



Note: Percent cases are among children o to 17 years with known race and ethnicity. As of October 5, 2020, 55% (2,182) of the COVID-19 cases among youth have a known race and ethnicity.

COVID-19 Testing Sites Increase Access for the Most Vulnerable

Within weeks of the first reported COVID-19 cases in the county, and in an effort aimed to protect the most vulnerable populations including Asian Pacific Islander and the Middle Eastern and North African populations, Orange County Health Care Agency launched a multifaceted community outreach and advertising initiative to promote and provide testing. Partnering with community health centers, private providers and California state testing locations, the initial five testing sites expanded quickly to 20 locations, promoted through news print, social media outlets and multi-language street teams.

The County of Orange launched the Latino Health Equity Initiative in June 2020 after testing data showed higher COVID-19 positivity among Latinos in Orange County, particularly in the cities of Anaheim and Santa Ana. The initiative is a partnership between OC Health Care Agency, Latino Health Access, school districts and others. Through this initiative, Latino Health Access offers increased testing, outreach, education, contact notification support and referral services.

¹ Orange County Health Care Agency. COVID-19 Case Counts and Testing Figures. Retrieved on October 5, 2020 from https://occovid19.ochealthinfo.com/coronavirus-in-oc. ² Population data from US Census, American Community Survey, Table B09001, 2018 5-yr Estimates; Case data for California from the California Open Data Portal from date 10/5/2020 https://data.ca.gov/dataset/covid-19-cases/resource/339d1c/ad-77ab-4/a2-940b-74564c/a530f2; Case data for the US from the CDC COVID Data Tracker https://www.cdc.gov/covid-data-tracker/index.html#demographics.³ Centers for Disease Control and Prevention. (2020, July). Health Equity Considerations and Racial and Ethnic Minority Groups. National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases.⁴ Centers for Disease Control and Prevention, MMWR, Disparities in Incidence of COVID-19 Among Underrepresented Racial/Ethnic Groups in Counties Identified as Hotspots During June 5-18, 2020 — 22 States, February-June 2020; August 21, 2020 / 69(33);1122–1126.⁵ As of October 5, 2020, Orange County Health Care Agency reported 55% (2,182) of the COVID-19 cases among youth have a Antown race and ethnicity. The County also opened two drive through testing "super sites" at Anaheim Convention Center and Orange County Fair Grounds in Costa Mesa for the testing of first responders, essential workers and those exhibiting symptoms of COVID-19. In addition, the County is partnering with school districts to prioritize testing for students, faculty and staff who meet the testing criteria to be tested at these super site locations to assist schools with their re-opening efforts.

Local Response to COVID-19

To support an early understanding of how the pandemic has impacted children and families, interviews were conducted and written input gathered in July 2020 from staff in leadership roles across the OCCP's social service, health, education, child support and criminal justice agencies and community-based member organizations. The interviews provided an account of what service providers are seeing as emerging impacts for children and families, and many examples of wide-ranging efforts to meet children and families' needs.

At a high level, conversations with the community leaders and child advocates point to the various ways COVID-19 has transformed the day-to-day lives of children and families. School closures, social distancing, isolation and economic hardship has increased the risk of food insecurity among children, increased anxiety and stress and created barriers to accessing vital services.¹ According to California's Employment Development Department, during the first months of the pandemic, Orange County experienced the loss of 222,400 jobs, increasing the unemployment rate to 14 percent in April.² Orange County organizations who have historically provided safety net services and resources for families and children experiencing economic and health challenges, found themselves needing to mobilize and identify new ways to increase their capacity to meet the growing demand. For example, the County of Orange Social Services Agency (SSA), which receives calls for Medi-Cal public health insurance, CalFresh (aka Food Stamps)³, General Relief and CalWORKs benefits, saw an increase on average (March-August 2020) of approximately 20,000 additional calls per month about public assistance benefits versus monthly call volumes in the prior year. Of this call volume, approximately 55 to 60% of all inquiries were for CalFresh.⁴

The increase in applications for benefits from March to August 2020 compared to the same time period in 2019 were as follows:

- Medi-Cal applications, federally known as Medicaid, were up 10.6%;⁵
- CalFresh, federally known as the Supplemental Nutrition Assistance Program (SNAP), applications were up 29.1%⁶;and
- Direct cash aid, known as CalWORKs, for families with children increased by 36.4%.⁷



TOTAL APPLICATIONS RECEIVED FROM MARCH TO AUGUST, 2019 AND 2020

¹ Health Management Associates. [2020, July]. Findings from key informant interviews with Orange County community leaders. ² California Employment Development Department, retrieved from https://edd.ca.gov/ ³ CalFresh is the California implementation of the federal Supplemental Nutrition Assistance Program [SNAP], formerly known as the Food Stamp program, which provides financial assistance for purchasing food to low-income California residents. ⁴ Orange County Social Services Agency, Call Center as of September17, 2020.⁵ CAIWIN MRH053R. ⁴ CAIWIN MRH053R.⁷

Pivoting to Meet Expanding Need

Orange County has a robust network of services available to support families struggling to get by. That said, COVID-19 has increased the number of families in need of those support services while simultaneously presenting the challenge of how to maintain services during a pandemic when inperson interactions are restricted. Orange County responded proactively and quickly pivoted to new and innovative ways to meet this growing need, including:

- Expansion of online social benefit enrollment options and extended hours for call centers;
- The rapid transition to providing existing services in alignment with social distancing guidelines;
- The design and deployment of new services to meet the immediate and emerging needs of children and families;
- Increased collaboration to expand access and improve services, with a specific focus on inequities and disparities among people of different races and ethnicities, learning abilities, criminal justice involvement and age groups.

Orange County organizations have come together around three areas of need: 1) Transforming services to a virtual platform as needed, 2) Ensuring food security by expanding food distribution channels and 3) Increasing awareness about the role of mandated reporters in preventing child abuse.

Transforming Services to Virtual Platforms

The most substantial change in service delivery was the rapid transition to virtual formats as needed. Services from education to healthcare visits to court appearances were quickly moved online or conducted by phone to meet the state and county mandated stay-at-home orders. While this rapid transition was not without challenges for both agencies and consumers, it was necessary to ensure the continuation of services with minimal disruption. As agencies continue to build their internal capacity to efficiently and effectively provide services virtually, addressing the technological divide (i.e., computer and

Access to Technology¹

PERCENT OF ORANGE COUNTY HOUSEHOLDS WITH NO COMPUTER OR SMART PHONE



PERCENT OF ORANGE COUNTY HOUSEHOLDS WITH NO INTERNET ACCESS²



internet access and knowledge of technology) will be important to minimize barriers to services. As one example, Orange County Schools transitioned over 450,000 students to virtual learning, providing 144,529 learning devices, as well as 16,485 units of internet connectivity.

Addressing Food Insecurity

The percentage of children experiencing food insecurity is projected to increase 83.0% to 20.4% in 2020, from 11.2 in 2018. One indicator of this increased food insecurity is the number of calls to inquire about CalFresh food benefits. The SSA Call Center has experienced a 40.6% increase in call volumes for CalFresh benefits; in August 2020 the Call Center received 26,649 calls for CalFresh compared to 18,827 calls for CalFresh in August 2019.

In response to this growing need, the California Department of Social Services (CDSS) issued

SSA CALL CENTER - CALFRESH CALL VOLUME



Pandemic Electronic Benefit Transfer (P-EBT) benefits beginning in June 2020 to CalFresh, Medi-Cal, CalWORKs and Foster Care households with children who are eligible for free or reducedprice school meals as well as to households with children who are eligible for free or reduced-price school meals whose schools are closed due to the COVID-19 emergency. Through the program, households will receive up to \$365 for each child who is eligible for P-EBT benefits. On average, approximately \$13 million in P-EBT benefits have been issued to more than 75,000 households each month between March and August 2020, for a total issuance of over \$80 million to Orange County families thus far.

Beyond the expansion of benefits, numerous county agencies, community-based and faithbased organizations and ramped up efforts to increase food distribution on a daily, weekly and monthly basis. For example, the County of Orange secured approximately \$3 million in Coronavirus Aid, Relief, and Economic Security (CARES) Act funding to assist food distribution organizations like Second Harvest and OC Food Bank to help feed 16.234 more families. In addition, the Raise Foundation has increased its food distribution events for families-in-need from bi-monthly to as many as four times a week. Since March, they have held 43 food distribution events and served over 32,000 individuals. During this same period, Orange County schools provided almost 9 million meals to students and their families.

Increasing Awareness About the Role of Mandated Reporters

School closures and the move to virtual services have reduced the number of mandated reporters (i.e., people like childcare providers, pediatricians and teachers who must report when they know or suspect that child abuse is occurring) who would normally have regular in-person contact with children. The decrease in call volume to the the 24/7 Orange County Child Abuse Registry (CAR) hotline between March and August 2020 revealed a 37% reduction in calls overall.

NUMBER OF CAR CALLS RECEIVED FROM MARCH TO AUGUST



Many agencies and organizations in Orange County are working hard to increase their outreach and communications about this issue and educate individuals on what to do in the event that child abuse is suspected. With the knowledge that mandated reporters were having less contact with school-aged children due to the stay-athome order, initiatives were launched to build awareness for individual roles in reporting child abuse:

- SSA published regular and frequent messaging to the community via social media, in press conferences and via Board of Supervisor updates. The agency also partnered with the Orange County Sheriff and Orange County District Attorney on a public service announcement to encourage relatives and neighbors to check in with families and reminders to report to the CAR hotline if abuse/ neglect is suspected.
- OC School Districts and the Orange County Emergency Operations Center and Care and Shelter Branch collaborated on messaging to educators about mandated reporting requirements.
- Family emergency planning materials were shared in student lunches (during drive through pick-ups).

The largest reduction in CAR calls occurred at the beginning of the stay-at-home order, from April (58% decrease in calls) to May (55% decrease), when some services, such as schools and medical offices, were temporarily shut down and prior to the roll-out of digital or virtual service options.

The following pages present several additional highlights meant to showcase the response across Orange County four focus areas: Good Health, Economic Well-Being, Educational Achievement and Safe Homes and Communities.

Good Health

Homelessness COVID-19 Collaborative – The Family Solutions Collaborative – a coalition of 21 nonprofit organizations working to prevent and address family homelessness, primarily funded through First 5 Orange County and the County of Orange, quickly identified a designated individual to coordinate service provision for any families with children ages 0 – 5 who test positive for COVID-19. Once notified, this person works across organizations to locate the best site for them to receive care while maintaining social distance.

Multipronged approach to Support Emotional Health and Well-Being - Orange County Health Care Agency (HCA) Behavioral Health division has designed a six-pronged strategic approach to supporting youth and family's mental health and wellbeing in response to COVID-19. Specifically, strategies focus on suicide prevention, violence prevention, building youth resilience, addressing health disparities, social norm campaigns and expanding virtual care, including telehealth capacity. Activities within each strategy focus on delivery of services in new ways to increase and expand access, provide support and resources to both providers of services as well as recipients of those services and building community capacity to identify and support those struggling with suicidal ideation, domestic violence or abuse. In addition, HCA developed a Mental Health Supports webpage with a wide variety of resources on the County's COVID-19 website. This webpage, community resources, and help-seeking multi-media messaging have been developed, and/or promoted through a wide variety of community campaigns, including a partnership with Angels Baseball.

Economic Well-Being

Orange County Child Care Database – In March, Early Childhood OC initiated an Emergency Child Care Task Force to support child care providers and programs working to stay open safely. The taskforce created a centralized child care database in an effort to simplify the process for essential workers and families needing alternative child care options for children birth to 12 to allow them to continue to work. This database, the first of its kind in Orange County, was developed in response to uncertainty regarding which providers were open during different phases of the COVID-19 pandemic and how to re-open safely according to public health guidelines. The site also offers information on financial assistance for families; health and safety guidelines; stipends, grants and support for providers; and other free resources and materials.

Education

Orange County Together – The local Orange County Health Care Agency (OCHCA), the Orange County Department of Education (OCDE) and school districts across Orange County have developed a comprehensive guide with recommendations for reopening more than 600 schools. While school boards and superintendents will approve and implement plans specific to their districts, the guide serves as a key resource to inform and support decision-making.

Learning Continuity and Attendance Plan – For the 2020/21 school year, Local Education Agencies are producing Learning Continuity and Attendance Plans (LCP), established by Senate Bill 98, to capture how learning continuity will be addressed during COVID-19. The LCP will be in lieu of the Local Control Accountability Plan (LCAP) for this year and will share how districts are responding to the impacts of COVID-19 on instruction and how they are offsetting learning loss. Once approved, plans will be found on both the Orange County Department of Education's website and the websites for each local school district.

Safe Homes and Communities

Triple P – Positive Parenting Program – The Orange County Health Care Agency purchased online licenses for the evidence-based Triple P curriculum and provided them to families at no cost. The Triple P gives parents simple and practical strategies to help them build strong, healthy relationships with their children while managing their child's behavior and preventing problems from developing. This additional resource has supported parents and families as they navigate this uniquely difficult and stressful time.

Orange County Gang Reduction and Intervention Partnership (OC GRIP) – The Orange County District Attorney's Office continues to seek to reduce juvenile gang crime during the pandemic via OC GRIP, focusing its work on reducing truancy and providing gang prevention and resiliency building criteria. OC GRIP quickly tailored the student intervention component to a virtual platform,



which is the program's most crucial component, where school staff identify students in need of intervention to the OC GRIP team. Protocols for student intervention meetings now utilize the use of conference calls and documentation and support services. More than 600 remote student interventions, home visits, and mental health resources have taken place across 65 schools in Orange County. Ongoing input from the schools and parents will help each GRIP community to maintain a positive trajectory for the participating students through the COVID-19 pandemic.

The Path Forward

OCCP's mission is to serve as a unified voice championing health, education, safety and economic stability by advancing more responsive services that effectively meet the needs of children and families in Orange County. Never has this mission been more critical. In the months and years to come, data will be analyzed and reported so that the impacts of COVID-19 are better understood and services and resources are responsive to those impacts. OCCP remains committed to serving in this important role, championing those current and future efforts to meet the needs of children and families.



ORANGE COUNTY SNAPSHOT

Population

- Over 3.2 million people are living in Orange County in 2019, up from 3.0 million in 2010 6.8% increase
- Median Age in 2018: 38.3



COVID-19 IMPACT PLANNING SNAPSHOT

The following snapshot includes data points both depicting direct impacts of COVID-19, as well as children and families who may be uniquely susceptible to its health, social and economic effects. Data included elsewhere in the report (e.g., child poverty) has not been included.





CHILDREN LIVING WITH GRANDPARENT¹⁴



PERCENT OF HOUSEHOLDS WITH CHILDREN WITH PARENTS IN THE WORKFORCE¹⁷



CHILDREN UNDER 6 WITH BOTH PARENTS IN THE WORKFORCE



PERCENT OF CHILDREN 5 TO 17 YEARS WITH SELF-CARE DIFFICULTY¹⁵





32%

(41,856)

CHILDREN UNDER 6 WITH

SINGLE PARENT

IN THE WORKFORCE



Child Food Insecurity¹⁸





Child Care, 2018/19¹⁹



2.8% 393%

1.49M

INDUSTRIES WITH LARGEST NUMBER OF JOB LOSSES21



¹ Orange County Health Care Agency. ² KidsData.org. ³ California Department of Finance, E-2. California County Population Estimates and Components of Change by Year. ⁴ CDE DataQuest. ³ U.S. Census Bureau, American Community Survey, 2018 ¹-Year Estimates, Table S1601. ⁴ California Health Interview Survey, 2018. ⁷ California Department of Education, Current Expense of Education, California Health Interview Survey, 2018. ¹⁰ California Association of Realtors, Historical Housing Data, Median Prices of Existing Detached Home. ¹¹ U.S. Census Bureau, ACS, ⁵-Year Estimate 2018. ¹⁰ Safety California Association of Realtors, ¹¹ Safety California Benzinates, Table S0901. ¹¹ U.S. Census Bureau, ACS, ⁵-Year Estimates, Table S1001. ¹¹ U.S. Census Bureau, ACS, ⁵-Year Estimates, Table S1001. ¹¹ U.S. Census Bureau, ACS, ¹¹ California, ¹² California, ¹² California, ¹² California, ¹² California, ¹⁴ U.S. Census Bureau, ACS, ¹⁴ California, ¹⁴ U.S. ¹⁵ California, ¹⁶ Calif

GOOD HEALTH INDICATORS





ACCESS TO HEALTH CARE

IN 2018, THE PERCENTAGE OF CHILDREN WHO WERE UNINSURED DECREASED SLIGHTLY WHILE CALIFORNIA RATES STAYED THE SAME.

DESCRIPTION OF INDICATOR

This indicator reports the number and percentage of children 18 years old and under¹ who are uninsured; the number and percentage who do not have a usual source of care; and those who experienced delayed care or did not receive medical care or prescription medications.

Why is this indicator important?

Improving health care access for all children helps to improve prevention, early diagnosis and treatment of health problems. Children with health insurance are more likely to get timely prescription medications and medical or mental health care when needed; are more likely to get preventive care (including immunizations, dental care and vision screenings); and, overall, have better health outcomes.

Findings

- In 2018, 2.9% of children were uninsured, representing a drop in uninsured rates by 71.8% since 2009 (10.4%).
- Orange County has a similar rate of uninsured children (2.9%) compared to California (3.1%) and for the fifth consecutive year, this is a lower rate than the United States (5.2% in 2018).
- Hispanic children continue to have higher uninsured rates than other race and ethnicity groups, with 3.9% uninsured in 2018, compared with Asian children (2.5%), White children (1.9%) and Other races (1.1%).

- Uninsured percentages of very young children (0-5 years old) have dropped overall by 72.7%, from 8.9% in 2009 to 2.4% in 2018. Similarly, rates of uninsured 6 to 17-year-olds have dropped by 71.8%, from 11.2% in 2009 to 3.2%² in 2018.
- In addition, the California Health Interview Survey (pooled estimate for 2014 through 2018) reveals:³
 - An estimated 11.2% Orange County children annually did not have a usual source of care to go to when they were sick or needed health advice.
 - Approximately 2.7% of Orange County children experienced a delay or lack of medical care and 2.2% experienced a delay or lack of needed prescription medications.
 - Most Orange County children who had access to a usual source of care went to a doctor's office (70.0%), while 18.1% went to a clinic or community hospital. The proportion of children who regularly visited an Emergency Department, urgent care center or other location were those without a usual source of care (11.2%).

Percent of Children Uninsured, by Race/Ethnicity, 2010 to 2018



Source: U.S. Census Bureau, American Community Survey, 1-Year Estimates, Tables B27001 A-I, C2700E Other includes: Black/African American, AIAN, 2+ races and Other races * Increases in the percent of uninsured children in 2017 and after may be attributable to change in reported age groups. See footnote 1.

Percent of Children Under 18 Years Who Were Uninsured

Orange County, California and United States, 2009 to 2018



By Age Group, 2009 to 2018



Source: U.S. Census Bureau, American Community Survey, 1-Year Estimates, Tables S2701 (2009-2018) and B27001 (2008) "See footnot 1

Percent of Children 18 Years and Under Who Were Uninsured, by Community of Residence

5-Year Average, 2018



*Estimate unstable due to small population of children.

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2018

EARLY PRENATAL CARE

NINE IN 10 WOMEN WHO USE INSURANCE RECEIVE EARLY PRENATAL CARE.

DESCRIPTION OF INDICATOR

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

Why is this indicator important?

Getting regular prenatal care as soon as a woman knows she is pregnant improves the potential for a healthy pregnancy resulting in a full-term baby. Ideally, this care should begin with a preconception care visit to a health care provider. Prenatal care provides screening and management of a woman's risk factors and health conditions to reduce pregnancy complications, as well as education and counseling on healthy behaviors during and after pregnancy.¹ While the value of initiating prenatal care during early pregnancy is not disputed, evidence equating late prenatal care with adverse pregnancy outcomes is limited. Additionally, certain genetic, behavioral, social, environmental and other factors can also adversely affect the ability to have a healthy, full-term baby. Still, late prenatal care has been associated with risk of maternal death in all women (especially among minorities), increased rates of preterm delivery, low birth weight and congenital malformations.²

Findings

 In 2018, Orange County's rate of women receiving early prenatal care was 88.4%, up 4% since 2016 and greater than both California (85.7%) and the United States (77.5%).³

- The percent of women receiving early prenatal care has begun to rebound from a decreasing trend between 2013 and 2016. This decrease was correlated with an increase in self-pay deliveries.⁴
 - Self-pay deliveries are those paid through cash payment rather than health insurance and are often associated with foreign visitors that travel to the U.S. to give birth. These women generally arrive in the U.S. late in their pregnancy and leave shortly after giving birth; therefore, these births typically have no recorded prenatal care. In 2018, there were 3,896 self-pay deliveries in Orange County, an increase from 823 in 2008. Nearly 84% of self-pay deliveries in 2018 were among Asian/Pacific Island women.
 - When self-pay deliveries are excluded, the percent of women who received early prenatal care in Orange County in 2018 increases from 88.4% to 89.9%.
- With self-pay deliveries excluded, 93.3% of White women received early prenatal care followed by Asian/Pacific Islander (91.4%), Hispanic (86.9%) and Black (86.6%) women. Early prenatal care rates for each race/ethnicity increased from 2016, continuing the upward trend seen since 2014 and besting rates seen in 2009.

¹ Hagan, J. F., Shaw, J. S., and Duncan, P. M., Eds. (2008). ² Smith, A. and Bassett-Nova, E., Late Presentation to Prenatal Care, American Family Physician, Volume 92, Number 5, September 1, 2015. ³ National Center for Health Statistics, final natality data. Retrieved from www.marchofdimes.org/peristats. ⁴ Self-pay deliveries in Orange County increased substantially in 2014, 2015 and 2016. Analysis of trends indicates correlation of individuals with self-pay deliveries with lack of documentation of early prenatal care. Self-pay deliveries are mostly to Asian women. Self-pay deliveries only comprise a minor percentage for all other races/ethnicities and exclusion does not affect the prenatal care percentages for these groups. Further analyses indicates that early prenatal care in Orange County remains relately stable when self-pay deliveries are considered.

Percent of Women who Received Early Prenatal Care in the First Trimester, Orange County and California, 2009 to 2018

- Orange County
- Orange County, Excluding Self-Pay
- California

California Source: National Center for Health Statistics, final natality data. Retrieved from www.marchofdimes.org/peristats Orange County Source: Orange County Health Care Agency, Family Health Division



Percent of Women who Received Early Prenatal Care in the First Trimester, Excluding Self-Pay Deliveries, by Race/ Ethnicity, 2009 to 2018



*For 2009 to 2016, "Other" includes Pacific Islander, Multiracial, Other and Unknown. Rates for Pacific Islander were included with Asian starting in 2017. Note: If comparing to state and national data, beginning in 2006, individuals whose race/ ethnicity is not stated or is unknown have been grouped with Non-Hispanic Whites for CA and U.S. statistics. As a result, Hispanic rates are potentially underestimated. Source: Orange County Health Care Agency, Family Health Division



Percent of Women who Received Early Prenatal Care, Excluding Self-Pay Deliveries in Orange County, by City of Residence, 2018

100%



INFANT MORTALITY

2018 INFANT MORTALITY RATE IS THIRD LOWEST IN LAST TEN YEARS.

DESCRIPTION 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.

Why is this indicator important?

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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 Despite the overall decline in infant mortality since 2002, there continue to be racial disparities in the rates. In the past, these disparities had been only partially explained by factors such as adequacy and quality of prenatal care.

Findings

- In 2018, there were 100 infant deaths in Orange County.
- The infant mortality rate was 2.8 deaths per 1,000 births in 2018, a 31.7% decrease since 2009. This rate is lower than California's rate of 4.2² and the United States' rate of 5.8.³ However, this rate is an increase of 86.6% from a low of 1.5 deaths per 1,000 births in 2016.
- Leading causes of infant mortality were maternal causes⁴ (24%), congenital anomalies (birth defects) (22%), all other causes (22%), short gestation/low birth weight (14%) and other conditions of the perinatal period (10%).
- In 2018, disparities among races and ethnicities narrowed. Infant mortality rates (per 1,000 live births) were highest among White (3.0) infants, followed by Hispanic (2.8) and Asian (2.1) infants.

Infant Mortality Rate per 1,000 Live Births, Orange County and California, 2009 to 2018

- Orange County
- California

Source: Orange County Health Care Agency



Infant Mortality Rate per 1,000 Live Births, by Race and Ethnicity 2009 to 2018

- Hispanic
- White
- Asian

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. Source: Orange County Health Care Agency

Percent of Infant Deaths, by Cause, 2018

- Maternal Causes*
- Congenital Anomalies (Birth Defects)
- All Other Causes
- Short Gestation/Low Birth Weight
- Other Conditions of Perinatal Period
- Sudden, Unexpected Infant Death (SUID)**
- Pneumonia and Influenza
- Respiratory Distress Syndrome (RDS)
- Accidents and Adverse Effects

*Maternal Causes includes causes such as hypertension, premature rupture of membranes, malpresentation, placenta previa, alcohol/drug abuse, or other complications of labor and delivery. *Beginning 2017, SIDS cases will be categorized within SUID. Note: Due to rounding percentages may not add up to 100.

Source: Orange County Health Care Agency, Orange County Coroner Division





LOW BIRTH WEIGHT

LOW BIRTH WEIGHT REMAINS STEADY AT 6.3% OF ALL BIRTHS.

DESCRIPTION OF INDICATOR

This indicator reports the total number of low birth weight infants and very low birth weight infants as a proportion of the total number of births. Low birth weight is defined as infants born weighing less than 2,500 grams (5 pounds, 8 ounces). Very low birth weight infants are defined as a subset of low birth weight infants born weighing less than 1,500 grams (3 pounds, 5 ounces).

Why is this indicator important?

Low birth weight infants have an increased risk of experiencing developmental problems and delays. In addition, these infants are at higher risk for serious illness, disability, lifelong health difficulties and are more likely to die before their first birthday.¹ Among very low birth weight infants, the risks are higher and the negative outcomes more severe, especially the risk of death in the first year – 22% compared to 1% for low birth weight infants.² The primary causes of low birth weight are premature birth and fetal growth restriction. Risk factors for low birth weight include maternal smoking, alcohol/drug use during pregnancy, multiple births, poor nutrition, maternal age, socioeconomic factors, domestic violence and maternal or fetal infections.

Findings

- In 2018, there were 35,578 births to residents in Orange County, of which 6.3% (2,227) were low birth weight infants, a 6.0% decrease from the 10-year high of 6.7% in 2011. However, the percent of low birth weight infants increased by 8.6% from the previous year (5.8% in 2017).
- Overall, the Orange County rate is lower than the 2018 rates for California (6.8%)³ and the United States (8.3%).⁴
- Very low birth weight infants comprised less than 1.0% (312) of the total births.
- When assessed by race/ethnicity, the percent of low birth weight infants within each group were: Black (9.7%), Hispanic (6.6%), Asian (6.4%) and White (5.5%) infants. Percent of low birth weight infants increased across all race/ethnicity groups between 2017 and 2018.

Percent of Infants with Low Birth Weight Orange County and California, 2009 to 2018

- Orange County
- California



Source: Orange County Health Care Agency, Family Health Division

Percent of Infants with Low Birth Weight, by Race/Ethnicity, 2009 to 2018

- BlackAsianWhite
- Hispani
- Hispanic

Note: Due to relatively low numbers of Black infants statistics for this group are unreliable. Source: Orange County Health Care Agency, Family Health Division



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Percent of Infants with Low Birth Weight, by Community of Residence, 2018



Note: N/A is no data available. *Rates based on less than five low birthweight births (less th 2,500 grams) are unstable and therefore should be interpreted with caution. Source: Orange County Health Care Agency, Family Health Division

PRETERM BIRTHS

10-YEAR DECREASE IN PRETERM BIRTHS FOR ALL RACES AND ETHNICITIES.

DESCRIPTION OF INDICATOR

This indicator reports the percentage of total annual births which are preterm. Preterm birth is defined as the delivery of an infant at less than 37 weeks of gestation, the period of time between conception and birth. Late preterm births (occurring between 34 to 36 weeks of gestation), moderate preterm births (occurring between 32 to 33 weeks of gestation) and very preterm births (occurring less than 32 weeks of gestation) are subsets of preterm births.¹

Why is this indicator important?

Preterm birth is an important public health issue requiring sustained focus on its causes, consequences and prevention strategies.² Several factors – economic, personal, medical and behavioral – may increase the likelihood that a woman has preterm labor and delivers early.³ Compared to infants born at term, preterm infants are more likely to suffer lifelong neurologic, cognitive and behavioral problems.^{4,5} Preterm births and low birth weight are often, but not always, associated. The United States preterm birth rate in 2018 remained the same as the previous year at 9.9%, as did the rate of low birthweight (8.3% in 2018).⁶ Preterm births cost the United State's health care system more than \$25.2 billion each year.⁷

Findings

- Preterm births accounted for 7.6% of the 35,578 births to Orange County residents in 2018. This percentage represents a 19.0% decrease from 2009 (9.4%). By comparison, the rate for the United States was higher at 9.9% as was the rate for California (8.8%).⁸
- Disparities persist with preterm births among Black infants at 9.4%, followed by Hispanic (8.7%), White (7.3%) and Asian (6.4%) infants. The percentages decreased for all races and ethnicities, compared to 2009.
- Mothers under the age of 15 and over the age of 40 had the highest rate of preterm births at 12.5% and 11.4%, respectively. Mothers ages 25 29 had the lowest rate at 6.6%

¹ Since 2014, preterm births have been calculated by establishing the gestational age based on the obstetric estimate. For years 2013 and earlier, the gestational age was calculated in the month prenatal care began by recording the date of the last normal menses. This change may lead to a slight discontinuity in prenatal care results between years 2013 and 2014. ² Surgeon General's Conference on the Prevention of Preterm Birth, 2008. ³ Centers for Disease Control, Preterm Birth Infographic. ⁴ Martin, J.A., et al., 2012. ⁵ Mathews, T.J., MacDorman, M.F., 2012. ⁴ National Vital Statistics Reports, Vol. 68, No. 13, November 27, 2019. ⁷ 2019 March of Dimes Report Card. ⁴ County of Orange Health Care Agency; March of Dimes Report Card.

Percent of Preterm Births, Orange County, California and United States, 2009 to 2018



Note: Percent calculated from number of births with known obstetric estimate gestational age less than 37 weeks for 2014. Rates prior to 2014 were calculated from last menstrual cycle dates Source: Orange County Health Care Agency; March of Dimes Report Card



Percent of Preterm Births, by Race/Ethnicity 2009 to 2018



Note: Percent calculated from number of births with known obstetric estimate gestational age less than 37 weeks for 2014. Rates prior to 2014 were calculated from last menstrual cycle dates Source: Orange County Health Care Agency

Percent of Preterm Births by Mother's Age, Orange County, 2009 to 2018



3)

Source: Orange County Health Care Agency

Percent of Preterm Births, by Community of Residence, 2018



Source: Orange County Health Care Agency, Family Health Division

TEEN BIRTHS

TEEN BIRTH RATE CONTINUES TO DECLINE WHILE RACIAL AND ETHNIC DISPARITIES PERSIST.

DESCRIPTION OF INDICATOR

This indicator reports the percent of total annual births occurring among female residents ages 19 years and under and the teen birth rate, which is a calculation of annual teen births per 1,000 females ages 15 to 19 years per year.

Why is this indicator important?

Giving birth as a teen can have profoundly negative consequences for both the teen parents and the infant. Teen births also have negative consequences for society. Teen mothers are less likely to complete high school or college. They are more likely to require public assistance and live in poverty than their peers who are not mothers.¹ Infants born to teen mothers are at greater risk for low birth weight, preterm birth and death in infancy. These infants have a lower probability of obtaining the emotional and financial resources they need throughout childhood to develop into independent, productive, well-adjusted adults.² Teen birth rates have declined significantly since 1991, representing an estimated annual U.S. taxpayer savings of \$4.4 billion in 2015 alone.³ However, teen births still cost taxpayers an estimated \$1.9 billion in 2015. For California, the estimated taxpayer costs were \$159 million in 2015 and for Orange County, \$8.96 million in 2015 (societal costs are estimated to be even higher).

Findings

- In 2018, 2.6% (935) of all Orange County births were to teen females ages 19 years and under, a 61.8% decrease from 6.8% (2,764) in 2009. Overall, total births decreased 12.0% from 40,431 in 2009 to 35,578 births in 2018.
- The teen birth rate in Orange County in 2018 was 8.3 births per 1,000 females ages 15 to 19, a decrease of 67.2% from 25.3 births per 1,000 in 2009.
- At 8.3 births per 1,000 teen females, Orange County has a lower teen birth rate than California (13.6)⁴ and the United States (17.4).⁵
- When assessed by race/ethnicity, Hispanic teens had the highest birth rate (15.9 births per 1,000 Hispanic teen females), followed by Black (8.2), White (2.1) and Asian (0.8) teens in Orange County.
- Teen birth rates in Orange County have declined for all races and ethnicities, with Hispanic teens experiencing the most dramatic drop (69.5% in 10 years).

¹ Healthy People 2020, 2014. ² CDC, Vital Signs: Teen Pregnancy, 1991-2009. ³ Power to Decide: Progress Pays Off. National Public Savings Data. 2015. This estimate of public savings factors in Medicaid spending associated with prenatal care, labor, delivery, postpartum care and a year of infant care, in addition to spending associated with public assistance during pregnancy and/or the year following a birth for those who received benefits. ⁴ State of California, Department of Public Health. Maternal, Child and Adolescent Health Division. ⁵ Centers for Disease Control, National Center for Health Statistics, National Vital Statistics Reports, Vol. 68, No. 13, November 27, 2019.

Birth Rate per 1,000 Females 15 to 19 Years of Age, Orange County, California and United States, 2009 to 2018

- United States
- California

2009 to 2018

Hispanic

Black

White

Orange County

Note: Rates calculated using data from State of California, Department of Finance Source Orange County: Orange County Health Care Agency Source California: State of California, Health Information and Research Section Source United States: National vital statistics reports: National Center for Health Statistics

Birth Rate per 1,000 Females 15

to 19 Years of Age, by Race/Ethnicity,



Asian

Source: Orange County Health Care Agency

Birth Rates per 1,000 Females 15 to 19 Years of Age, by Community of Residence, 2014 to 2018, 5 year Average

| 0 | ALISO VIEJO 1.2 | 1 | IRVINE 0.6 | 28 | RANCHO SANTA MARGARITA | |
|-----|---------------------------|------------|-----------------------|------------|----------------------------|---|
| 8 | ANAHEIM 15.4 | ❶ | LA HABRA 13.2 | a | SAN CLEMENTE | |
| 3 | BREA 4.2 | 1 | LA PALMA 4.4 | 30 | 11.9 SAN JUAN | |
| 4 | BUENA PARK 13.0 | Ð | LADERA RANCH 1.2 | | CAPISTRANO 8.7 | |
| 6 | COSTA MESA 11.0 | 1 | LAGUNA BEACH 1.5 | 3 | SANTA ANA 25.2 | |
| 6 | COTO DE CAZA 0.0 | 19 | LAGUNA HILLS 13.9 | 32 | SEAL BEACH 2.9 | |
| 7 | CYPRESS 3.3 | 20 | LAGUNA NIGUEL 3.3 | 3 3 | STANTON 9.3 | |
| 8 | DANA POINT 1.4 | 8 | LAKE FOREST 4.7 | 34 | TRABUCO CANYON N/A | |
| 9 | FOOTHILL RANCH N/A | 2 2 | LOS ALAMITOS 5.6 | 35 | TUSTIN 12.8 | |
| 0 | FOUNTAIN VALLEY 2.9 | 2 3 | MIDWAY CITY 17.9 | 36 | VILLA PARK CITY 0.0 | Teen Birth Rate |
| 0 | FULLERTON 8.8 | 24 | MISSION VIEJO 5.7 | 37 | WESTMINSTER 9.3 | ● 11.5 - 25.2 |
| Ð | GARDEN GROVE 9.6 | 2 5 | NEWPORT BEACH 0.5 | 38 | YORBA LINDA 1.9 | |
| 13 | HUNTINGTON BEACH | 2 5 | ORANGE 14.3 | | | • 0 - 1.5 · · · · · · · · · · · · · · · · · · · |
| | 5.2 | 87 | PLACENTIA 11.4 | | | Unincorporated No data available |
| Nat | • N/A indicatos no data o | | ilabla Causa Oran a O | aunt | Harden Carro Arrow Francis | sile Haalth Division |

2.6

2010

0

2009

1.8

2011

2.2

2012

2.0

2013

1.2

2014

1.6

2015

0.9

2016

0.9

2017

2018

Population source: U.S. Census Bureau, American Community Survey, 5-Year Estimates

BREASTFEEDING

PERCENTAGE OF MOTHERS EXCLUSIVELY BREASTFEEDING THREE MONTHS AFTER DELIVERY REACHES A 5-YEAR HIGH.

DESCRIPTION OF INDICATOR

This indicator reports the prevalence of breastfeeding using two California Department of Public Health data sources. The In-Hospital Newborn Screening Program documents feeding practices at the time of hospital discharge. The Maternal Infant Health Assessment (MIHA) is an annual statewide-representative survey of women with a recent live birth in California. In-Hospital Newborn Screening data are presented as the percent of mothers breastfeeding in the hospital after birth; MIHA data are presented as the percent of mothers who reported breastfeeding at one month after delivery and at three months after delivery.

Why is this indicator important?

Human milk is the optimal source of nutrition and provides many benefits for healthy infant growth and development. Breastfeeding significantly reduces infant risks for infections, asthma or allergies compared to infants who are formula fed, resulting in fewer hospitalizations and trips to the doctor.¹ Evidence also demonstrates that breastfeeding reduces the risk for cardiovascular disease, asthma and diabetes later in life and can reduce the risk of childhood obesity.² These benefits increase greatly when a mother exclusively breastfeeds for the first six months of life.

Breastfeeding can provide protective health benefits for the mother who breastfeeds frequently enough for a sufficient duration. The breastfeeding mother may experience less postpartum bleeding (which conserves iron in the body), less risk for post-menopausal osteoporosis and hip fracture, an 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. Health care related expenses decrease because breastfeeding protects the infant and mother.

Findings

- In 2018, 67.0% of Orange County women were exclusively breastfeeding at time of hospital discharge, lower than California at 70.4% of women.³
- Exclusive breastfeeding at time of discharge was highest among White women at 83.0%, followed by Multiracial (79.8%), Pacific Islander (78.4%), Black (70.7%), Hispanic (64.0%) and Asian (52.8%) women.³
- In 2017/18, 58.7% of Orange County women surveyed by MIHA were exclusively breastfeeding one week after delivery, a 15.1% increase since 2013/14, but lower than women in California at 59.1%.
- One month after delivery, 48.8% of Orange County women surveyed by MIHA in 2017/18 were exclusively breastfeeding, a 24.2% increase since 2013/14, and higher than women in California at 47.5%.
- Three months after delivery, 32.4% of Orange County women surveyed by MIHA in 2017/18 were exclusively breastfeeding, a 24.1% increase since 2013/14, but lower than women in California at 33.9%.

Hospital Discharge Breastfeeding Percentage, Orange County and California, 2012 to 2018

- Orange County Any Breastfeeding
- California Any Breastfeeding
- California Exclusive Breastfeeding
- Orange County Exclusive Breastfeeding

Source: California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2018. NBS Form Version (D) Revised 12/2008. Maternal, Child and Adolescent Health Program.



Hospital Discharge Breastfeeding Percentage, by Race/Ethnicity, 2018

- Any Breastfeeding
- Exclusive Breastfeeding
- Orange County Any Breastfeeding
- Orange County Exclusive Breastfeeding

Source: California Department of Public Health. Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2018. NBS Form Version (D) Revised 12/2008. Maternal, Child and Adolescent Health Program.



Breastfeeding Percentages at One Week, One Month and Three Months After Delivery, Orange County, 2013/14 to 2017/18

- Any breastfeeding 1 week postpartum
- Any breastfeeding 1 month postpartum
- Any breastfeeding 3 months postpartum
- Exclusive breastfeeding 1 week postpartum
- Exclusive breastfeeding 1 month postpartum
- Exclusive breastfeeding 3 months postpartum

Note: Indicators for breastfeeding at three months postpartum are limited to women whose infant was at least three months old at the time of survey completion. Note: MIHA is an annual population-based survey of California resident women with a live birth. Data from MIHA 2017-2018 were combined, resulting in a statewide sample size of 12,561. The sample size of Orange County was 510. MIHA participants were sampled from the California Automated Vital Statistics System. Prevalence (%), 95% confidence interval (95% CII, and population estimates frounded to the nearest hundred) are weighted to represent all women with a live birth. Population estimate (N) is a two-year average. Indicators for breastfeeding at 3 months postpartum are limited to women whose infant was at least 3 months old at the time of survey completion. See the Technical Notes for information on weighting, comparability to prior years and technical definitions. Visit the MIHA website at www.cdph.ca.gov/MIHA **Prepared by:** California Department of Public Health; Center for Family Health; Maternal, Child and Adolescent Health Program; Epidemiology, Surveillance and Federal Reporting Branch



IMMUNIZATIONS

IMMUNIZATIONS FOR CHILDREN ENTERING KINDERGARTEN REMAIN STEADY AROUND 95%.

DESCRIPTION OF INDICATOR

This indicator reports the percent of children who received all of the doses of specific vaccines recommended for attending child care facilities and required at kindergarten entry. Child care facilities include any private or public child care center, day nursery, nursery school, family day care home or development center.¹

Why is this indicator 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.

Over the past decade, increasing numbers of children with delayed or refused vaccinations have led to reduced levels of vaccine coverage. 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.² On the population level, success depends on a community achieving a threshold level of immunity, and many communities are below the protective level needed to prevent the spread of disease.³

Findings

- In 2018, 95.9% of Orange County children in child care centers had been adequately immunized (4:3:1 schedule) at their time of enrollment, higher than the low of 87.6% in 2013, and the same as California.⁴
- In 2019, 95.5% of Orange County kindergartners had up-to-date immunizations, a 7.7% increase from the 10-year low at 88.7% in 2013, and lower than 2018 at 95.7%.
- These percentages and trends are similar to those among kindergartners throughout California, who were immunized at a rate of 94.8% in 2018.⁵
- Laguna Beach Unified had the lowest percentage of kindergartners with up-to-date immunization levels at 90.4% in 2019. This correlates with higher percentages of permanent medical exemptions and conditional enrollments in this district.⁶

Effective July 1, 2016, California law now removes the personal belief exemption from statute and requires almost all schoolchildren to be fully vaccinated in order to attend public or private elementary, middle and high schools. For kindergarten entrance, children must be immunized against 10 diseases: Diphtheria, Haemophilus Influenza Type B (Bacterial meningitis), Measles, Mumps, Pertussis (whooping cough), Polio, Rubella, Tetanus, Hepatitis B and Varicella (chicken pox). Home school students or students who do not receive classroom-based instruction are not required to be vaccinated. Students who qualify for an Individualized Educational Program cannot be prevented from accessing any special education and related services required by their IEP. The medical exemption will remain in statute.

¹ California Immunization Requirements for Pre-Kindergarten, available at http://eziz.org/assets/docs/IMM-230.pdf.² Wei, F., Mullooly, J.P., Goodman, M. et al., 2009. ³ Hussain, H. et al., 2011. ⁴ Adequately Immunized-4:3:1 or Better: In order to be considered adequately immunized by age two, children need to have at least the 4:3:1 immunization series, which includes: four or more doses of diphtheria/tetanus/pertussis (DTaP) vaccine, three or more doses of poliovirus vaccine, and one or more doses of measles/mumps/rubella (MMR) vaccine. ⁵ California Department of Public Heatth, Immunization Branch. ⁴ A permanent medical exemption (PME) shall be granted upon the filing with the governing authority of a written statement from a licensed physician to the effect that the physical condition of the pupil or medical circumstances relating to the pupil are such that immunization is permanently not indicated.

Percent of Adequately Immunized Children Enrolling in School, Orange County and California, 2010 to 2019

- Up-To-Date at Child Care Enrollment, Orange County
- Up-To-Date at Kindergarten Entry, California
- Up-To-Date at Kindergarten Entry, Orange County

Note: After 2010, California data is no longer being collected for percent of up-to-date immunized children after their 2nd birthday. Note: 2010 Orange County data includes other Southern California counties (Imperial, Orange, Riverside, San Bernardino and San Diego). 2011-2014 data include a small, random sample of schools for Orange County only. As of 2015, Orange County data is collected and tracked separately. Sources: *Kindergarten Assessment Results, California Department of Health Services, Immunization Branch. ** Child Care Immunization Assessment Results, California Department of Health Services, Immunization Branch.



Percent of Adequately Immunized Children Enrolling in Child Care Centers by Vaccine Type, 2010 to 2018

| Year | Total Children | DTaP ¹ (4+) | Polio ² (3+) | MMR ³ (1+) | Hepatitis B ⁴ (3+) | Varicella⁵ (1+) |
|------|----------------|------------------------|-------------------------|-----------------------|-------------------------------|-----------------|
| 2010 | 44,910 | 94.4% | 95.8% | 95.9% | 94.8% | 95.7% |
| 2011 | 42,098 | 91.9% | 92.0% | 96.1% | 95.4% | 95.8% |
| 2012 | 42,805 | 94.1% | 95.4% | 95.3% | 93.3% | 95.0% |
| 2013 | 44,070 | 93.4% | 95.1% | 94.8% | 92.4% | 94.4% |
| 2014 | 45,161 | 93.8% | 95.4% | 95.6% | 93.4% | 95.3% |
| 2015 | 44,645 | 94.2% | 95.7% | 96.6% | 94.0% | 95.6% |
| 2016 | 48,127 | 97.2% | 97.5% | 97.8% | 96.7% | 97.5% |
| 2017 | 48,017 | 97.5% | 97.9% | 98.2% | 97.3% | 98.0% |
| 2018 | 49,071 | 97.7% | 98.0% | 98.0% | 97.5% | 98.0% |

Source: Child Care Immunization Assessment Results, California Department of Health Services, Immunization Branch

Up-to-Date Immunizations at Kindergarten Enrollment, Public Schools within Each School District, 2019



OBESITY

ONE IN FOUR ECONOMICALLY DISADVANTAGED STUDENTS EXPERIENCE RISK OF OBESITY COMPARED TO ONE IN 10 ECONOMICALLY ADVANTAGED STUDENTS.

DESCRIPTION OF INDICATOR

This indicator reports data from the California Physical Fitness Test on the percent of 5th grade students who are classified as having health risk due to their body composition. Details about this indicator are provided in the box below.

Why is this indicator important?

Excess weight acquired during childhood and adolescence may persist into adulthood and increase the risk for chronic diseases, such as sleep apnea, diabetes, cardiovascular disease and hypertension. Obese adolescents have a 70% chance of becoming obese adults.¹ Excess weight can be prevented and treated through proper nutrition and physical activity (reported on page 32-33 of this report), especially during the critical periods of infancy, two to four years of age and adolescence.

Findings

- During the 2018/19 school year, 18.3% (6,444) of Orange County 5th graders tested were classified as obese. This rate has remained steady since 2013/14 at approximately 18% and is lower than California at 21.9% of 5th graders.
- Among race and ethnic groups, Hispanic or Latino (27.2%) and Native Hawaiian or Pacific Islander (27.0%) 5th graders had the highest percentages of students classified at health risk due to their body composition, followed by Black or African American (16.6%), American Indian or Alaska Native (13.4%), Filipino (12.8%), Multiracial (11.4%), White (8.5%) and Asian (7.9%).
- Among 5th grade students who are not economically disadvantaged, one in 10 (10.2%) were classified at health risk due to their body composition, compared with one in four (25.7%) students who are economically disadvantaged.²
- As of 2013/14, "at health risk due to body composition" is equivalent to or greater than the 95th percentile of BMI, which is obesity.

California Physical Fitness Test uses the Cooper Institute's FITNESSGRAM approach, which classifies 5th grade students at "Health Risk" due to body composition when they had a body fat percentage or a body mass index (BMI) that could result in health issues. "Health Risk" classifications for body composition are defined using criterion-referenced, age-specific standards. The definitions of FITNESSGRAM categories were recently modified to more closely approximate widely accepted CDC-defined BMI weight classification schemes and improve classification agreement between body fat and BMI based approaches. Because of these adjustments, California Physical Fitness Test data collected prior to the 2013/14 school year are not comparable to those collected under the current standards.

Percent of 5th Grade Students Classified at Health Risk Due to Body Composition, by Race/Ethnicity, 2013/14 to 2018/19

- Native Hawaiian/ Pacific Islander
- Filipino
 Multiracial
- Hispanic/Latino
 Multir
 White
 - Asian
- American

 American Indian/ Alaska Native

Black/African

- - California
- -- Orange County

Source: California Department of Education, DataQuest, 2018/19 Notes: Black/African American, Filipino, American Indian/Alaska Native and Native Hawaiian/Pacific Islander 5th grade student enrollment is less than 4.5% of all 5th grade student enrollment. Percent at risk for these groups may be unstable and should be interpreted with caution.

Percent of 5th Grade Students who are Obese, by Socioeconomic Status, 2013/14 to 2018/19

- Economically Disadvantaged
- Not Economically Disadvantaged

Source: California Department of Education, DataQuest, 2018/19





Percent of 5th Grade Students who are Obese, by School District, 2018/19



0
PHYSICAL FITNESS AND NUTRITION

ONE IN FOURTEEN 5TH GRADERS ARE AT HEALTH RISK DUE TO POOR PHYSICAL FITNESS.

DESCRIPTION OF INDICATOR

To assess physical fitness, this indicator reports data from the California Physical Fitness Test on the percent of 5th grade students who are classified as having health risk due to their aerobic capacity. For nutrition, this indicator reports the proportion of youth (ages two to 17) who consumed one soda the previous day and ate more than five servings of fruits/ vegetables daily.

Why is this indicator important?

Both physical fitness and nutrition are essential to achieving and keeping a healthy weight.¹ The habitual intake of too many calories, including the consumption of sugary beverages, without enough physical fitness, can result in obesity. Those who eat a nutritious diet rich in fruits and vegetables and/or incorporate aerobic physical activity and cardiorespiratory fitness into a daily routine are less likely to develop many types of disease, including heart disease, high blood pressure, Type 2 diabetes and oral disease.^{2,3} Additionally, these behaviors, when developed at a younger age, are associated with similar behaviors in adulthood.⁴

Findings

• During the 2018/19 school year, 6.4% (2,254) of 5th graders tested were classified "at health risk due to aerobic capacity," up 10.3% since 2013/2014 (5.8% or 2,113), but lower than California at 7.2% of 5th graders.

- The percentage of 5th graders at health risk due to aerobic capacity was highest among Native Hawaiian or Pacific Islander 5th graders (10.3%), followed by Hispanic or Latino (9.7%), Black or African American (7.6%), Multiracial (6.0%), American Indian or Alaska Native (4.2%), Filipino (3.0%), White (2.9%) and Asian (1.8%).
- According to the 2017 California Health Interview Survey:
 - 14.0% of children (two to 17 years old) reported drinking one glass of soda during the previous day, a decrease of 50.0% from 28.0% in 2013.
 - 30.1% of teenagers (12 to 17 years old) reported eating five or more servings of fruits and vegetables daily, an increase of 52.0% from 19.8% in 2011.⁵

Note: California Physical Fitness Test uses the Cooper Institute's FITNESSGRAM approach to classify 5th graders aerobic capacity at health risk when their V02 max, a measure of maximum oxygen consumption, fell within certain limits after participation in structured aerobic exercises, such as the Progressive Aerobic Cardiovascular Endurance Run (PACER), one-mile run, or walk test, which deemed them at likely risk for future health problems. The definition of aerobic capacity categories 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 2013/14 school year are not comparable to those collected under the current standards.

GOOD HEALTH

Percent of 5th Grade Students Classified at Health Risk Due to Aerobic Capacity, by Race/Ethnicity,

Orange County, 2013/14 to 2018/19





Source: California Department of Education, DataQuest, 2018/19 Note: Black, Filipino, American Indian and Pacific Islander 5th grade student enrollment is less than 4.5% of all 5th grade student enrollment. Percent at risk for these groups may be unstable and should be interpreted with caution.

Percent of Children who Consumed One Soda the Previous Day, by Age, 2013 to 2017



* Statistically unstable. Note: Previous reports presented children consumption of two or more sodas in the previous day. 2017 CHIS suppresed the results for 2 or more glasses a day of soda in the last CHIS due to small sample size. Source: California Health Interview Survey, 2017

Percent of 5th Grade Students at Health Risk Due to Aerobic Capacity, by School District, 2018/19



Percent of Children Ages 12 to 17 Years Old who Eat 5+ Servings of Fruits/Vegetables Daily, 2011 to 2017



* Statistically unstable. Source: California Health Interview Survey, 2017

æ 2 8 Ð 1 18 14 9 24 23 a Ð 1 Ð Ð 20 % of Students 15 • 6.6% - 15.5% • 5.0% - 6.5% • 2.7% - 4.9% 13 • 0.0% - 2.6% 4

Source: California Department of Education, DataQuest, 2018/19

BEHAVIORAL HEALTH

HOSPITALIZATION RATES DUE TO SERIOUS MENTAL ILLNESS AMONG YOUTH INCREASED BY 76% SINCE 2009.

DESCRIPTION OF INDICATOR

This indicator reports the number of inpatient hospitalizations in Orange County among children under age 18 related to serious mental health and substance use conditions. The data include rates of inpatient hospitalization for broad behavioral health conditions and rates of inpatient hospitalization per 10,000 children broken down by behavioral health diagnosis, race/ethnicity and city of residence.

Why is this indicator important?

The presence of behavioral health disorders can have a profound impact on individuals and families, as well as systems within the community, such as schools or the juvenile justice system. By tracking hospitalization rates related to behavioral health disorders, health officials can more readily identify trends and monitor the needs of the community while directing needed resources (e.g., training, education, counseling, outreach, substance abuse treatment) to areas in need. For example, increased hospitalization rates due to depression may signal a serious trend in a community and may inform resource allocation to counteract increased mood disorders and potential substance use.

- The combined hospitalization rate for serious mental illness and substance abuse conditions for children increased by 51%, from a low of 19.2 in 2009 to 29.0 per 10,000 children in 2018.
- The hospitalization rate for serious mental illness increased 76%, from a low of 14 in 2009 to 24.6 per 10,000 children in 2018.
- Major Depression and Mood Disorders accounted for 70% of all such hospitalizations, followed by Bipolar (10%), Schizophrenia/Psychoses (4%) and Schizoaffective Disorders (2%).

- Hospitalizations for substance-related diagnoses accounted for 2% of all such admissions for children in 2018. This proportion is a decrease of 56% over the past decade to 0.6 hospitalizations per 10,000 population.
- White children accounted for 41% of all mental illness and substance abuse-related hospitalizations, followed by Hispanic (37%), Asian/Pacific Islander (9%) and Black (4%) children.
- Females accounted for the majority (65%) of mental illness hospitalizations, a third (33.3%) of substance-related hospitalizations and 63% of all admissions.
- The majority (64%) of the 2,098 hospitalizations among Orange County children occurred at hospitals located in Orange County, while the rest were in Los Angeles (27%), San Bernardino (9%), San Diego (11%) and Alameda (0.1%) counties. Less than 1% of hospitalizations were not covered under either private insurance (46%) or Medi-Cal (53%).
- In 2018, 13.7% of adolescents aged 12 to 17 years had at least one major depressive episode in the past year in California¹ and 14.4% in the U.S.² Overall, both proportions were higher than previous years between 2009 to 2018 (ranging from 8.0 to 14.4%).

GOOD HEALTH

Mental Health and Substance Abuse-Related Hospitalizations, Rate per 10,000 Children, 2009 to 2018

- --- Total
- Mental Illness
- Other
- Substance Abuse

Source: Orange County Health Care Agency, Health Policy - Research Note: 'Other' includes mental disorders such as other unspecified mood disorders, conduct disorders and disorders related to sleep, eating, elimination and pain.



Mental Health Hospitalization Rates per 10,000 Children, by Race/Ethnicity 2018



Asian/Pacific Islander

Source: Orange County Health Care Agency, Health Policy - Research Note: Rates for Black children are not included due to unstable and unreliable estimates for small case numbers and populations. 'Other' includes disorders such as other unspecified mood disorders, conduct disorders and disorders related to sleep, eating, elimination and pain.



Rate of Orange County Hospitalizations for Mental Health and Substance Abuse per 10,000 Children, by City of Residence, 2018

| 1 | ALISO VIEJO 27.6 | 1 | LA PALMA 31.9 | 87 | RANCHO SANTA MARGARITA | | | |
|-----|---------------------------|------------|--------------------------|------------|---------------------------|--|---|---|
| 2 | ANAHEIM 28.4 | Ð | LADERA RANCH 0.0 | 8 | 25.6 SAN CLEMENTE | | | |
| 3 | BREA 24.7 | 1 | LAGUNA BEACH 42.8 | 2 9 | 24.U SAN JUAN | | | R |
| 4 | BUENA PARK 23.8 | Ð | LAGUNA HILLS 39.2 | | 25.5 | | | |
| 6 | COSTA MESA 33.1 | 1 | LAGUNA NIGUEL 30.4 | 30 | SANTA ANA 26.7 | | | |
| 6 | CYPRESS 28.8 | 19 | LAGUNA WOODS 0.0 | 3 | SEAL BEACH 16.8 | | | |
| 7 | DANA POINT 35.1 | 20 | LAKE FOREST 43.6 | 32 | STANTON 24.5 | | | |
| 8 | FOUNTAIN VALLEY 41.3 | 0 | LOS ALAMITOS 25.3 | 33 | TUSTIN 35.0 | | 8 | |
| 9 | FULLERTON 39.0 | 22 | MISSION VIEJO 30.8 | 34 | UNINCORPORATED 23.4 | | | |
| 0 | GARDEN GROVE 22.4 | 2 3 | NEWPORT BEACH 33.5 | 35 | VILLA PARK 44.2 | | | |
| 0 | HUNTINGTON BEACH | 24 | NORTH TUSTIN N/A | 35 | WESTMINSTER 29.1 | Rate of Hospitalizations | 3 | |
| æ | 29.8 IRVINE | 25 | ORANGE 41.9 | 37 | YORBA LINDA 31.0 | 35.0 - 44.2 28.5 - 34.9 | | |
| 13 | 24.0 LA HABRA | 26 | PLACENTIA 37.4 | 0 2 | RANGE COUNTY: 9.0 | 24.0 - 28.4 0 - 23.9 | | |
| | 19.0 | | | C N | ALIFORNIA: /A | Unincorporated | | |
| | | | | | | 🔘 No data available | | |
| Sou | Irces: OSHPD Patient Disc | harge | e Data (2018) Prepared b | у НСА | Health Policy - Research | | | |

ECONOMIC WELL-BEING INDICATORS

CHILD POVERTY

PERCENT OF STUDENTS ELIGIBLE FOR FREE AND REDUCED PRICE LUNCH



CALWORKS

PERCENT OF CHILDREN **RECEIVING CALWORKS**

45.6[%] **48.8**[%] 2010/11 2019/20

3.7%

2018/19



HOUSING

PERCENT OF CHILDREN

INSECURELY HOUSED



CHILD SUPPORT

PERCENT OF CURRENT SUPPORT DISTRIBUTED





68.2[%] 2019/20

SUPPLEMENTAL NUTRITION

5.4%

2009/10

PERCENT OF CHILDREN **RECEIVING CALFRESH**



12.3% 14.2% 2009/10 2018/19











NOTE: Variation in data ranges are due to availability of data and frequency of data collection.



CHILD POVERTY

POVERTY AMONG CHILDREN IN ORANGE COUNTY INCREASED 11.8% SINCE 2010.

DESCRIPTION OF INDICATOR

This indicator reports the number and percent of students eligible for the National School Free and Reduced Price Lunch program, considered to be an indicator of children living in poverty or of working poor families. Eligibility is based on income of the child's parent(s) or guardian(s), which must be below 185% of the Federal Poverty Level. This indicator also tracks the percent of children living in poverty according to the United States Census Bureau.

Why is this indicator important?

Research has demonstrated that living in poverty has a wide range of negative effects on the physical and mental health and well-being of children. Poverty is linked with negative conditions such as substandard housing, homelessness, inadequate nutrition, food insecurity, inadequate child care, lack of access to health care, unsafe neighborhoods and under-resourced schools.¹ These conditions mean school districts face many challenges serving low-income families, particularly those school districts with more than 75% of students enrolled in the Free and Reduced Price Lunch program.² The implications for children living in poverty include greater risk for poor academic achievement, school dropout, abuse and neglect, behavioral and social/ emotional problems, physical health problems and developmental delays.

- In the 2019/20 school year, 48.8% (231,160) of students were eligible for the Free and Reduced Price Lunch program in Orange County, lower than California at 59.3% (3,654,943).
- Between 2011 and 2020, there was an increase (7.0%) among Orange County students eligible for the Free and Reduced Price Lunch program, more so than among students throughout California (4.6%).
- According to the U.S. Census Bureau, 15.2% of Orange County's children were living in poverty in 2018. This is an 11.8% increase from 2010 (13.6%), while remaining lower than California (19.5%) and the United States (19.5%).
- When cost of living and a range of family needs and resources, including social safety net benefits, are factored in, poverty among Orange County's children jumps to 24.2%, surpassing California at 19.3%, with a threshold income needed to maintain a basic standard of living for a family of four at \$35,434 in 2017.³

ECONOMIC WELL-BEING

Percent of Students Eligible to Receive Free and Reduced Price Lunch, Orange County and California, 2011 to 2020

- Orange County
- California

Source: California Department of Education, 2020 (2019/2020)





Percent of Children Under 18 Years Old, Living in Poverty, Orange County, California and United States, 2010 to 2018

- United States
- California
- Orange County

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates

Percent of Children Under 18 Years Old Living in Poverty, by City, 2018

| 1 ALISO VIEJO 2.7 | 13 | LA HABRA 17.4 | 26 | SAN CLEMENTE 4.0 | |
|---------------------------|----|----------------------------------|----------------|------------------------|--|
| ANAHEIM 22.4 | 1 | LA PALMA 7.7 | 87 | SAN JUAN CAPISTRANO | |
| 3 BREA 5.7 | • | LAGUNA BEACH 4.7 | 28 | SANTA ANA 26.6 | |
| UENA PARK 19.3 | U | LAGUNA HILLS 14.2 | 3 9 | SEAL BEACH | |
| COSTA MESA 16.3 | Ū | LAGUNA NIGUEL 11.4 | 30 | STANTON | |
| 6 CYPRESS 5.1 | B | LAGUNA WOODS N/A | 3) | TUSTIN | |
| DANA POINT 9.0 | ₿ | LAKE FOREST 9.2 | 32 | VILLA PARK | |
| B FOUNTAIN VALLEY 11.4 | 80 | LOS ALAMITOS 10.9 | 33 | b.I WESTMINSTER | |
| FULLERTON 17.9 | 8 | MISSION VIEJO 5.7 | 34 | 18.5 YORBA LINDA | |
| GARDEN GROVE 19.7 | 82 | NEWPORT BEACH 4.0 | | 4.9 | |
| 1 HUNTINGTON BEACH | 23 | ORANGE 17.8 | $\frac{15}{C}$ | .2% LIFORNIA: | |
| II.3 | 24 | PLACENTIA 13.5 | 19 | 2.5% | |
| 9.3 | 25 | RANCHO SANTA MARGARITA 5.6 | | | |
| | | | | | |



CALWORKS

CHILDREN RECEIVING CALWORKS CONTINUES TO STEADILY DECLINE IN 2018/19, DOWN 14% FROM THE PRIOR YEAR.

DESCRIPTION OF INDICATOR

This indicator reports the average number and percent of children per month under the age of 18 years receiving financial assistance through California Work Opportunity and Responsibility to Kids (CalWORKs). The decline in the percentage of children receiving CalWORKs benefits may suggest decreased poverty or might be attributed in part to improvement in the economy or a decline in the number of children under 18 residing in Orange County.

Why is this indicator important?

The percent of children benefiting from CalWORKs is an indicator of Orange County's capacity to help families struggling to make ends meet and at the same time, responsibly care for their children. This indicator also reflects a widespread need for financial support among families in need across Orange County as CalWORKs beneficiaries receive financial and employment assistance. The goals of the CalWORKs program include reduced welfare dependency, increased self-sufficiency and improved child well-being by encouraging parental responsibility through school attendance, child immunization requirements and assisting with paternity and child support enforcement activities.

- In 2018/19, 3.7% (26,545) of Orange County's children received CalWORKs assistance, a 38.0% decrease from 5.4% (42,793) of children in 2009/10. Overall, Orange County's rate is lower than California at 10.7% (956,952).
- Since 2011/12, the proportion of children receiving CalWORKs has been steadily declining, mirroring a nationwide trend.
- Young children (birth to five years of age) accounted for 28.6% of the youth population receiving CalWORKs assistance.
- The highest percentages of children receiving CalWORKs live in the cities of Anaheim at 6.7% (5,729), Santa Ana at 6.5% (5,890), Cypress at 5.0% (542), Stanton at 5.0% (494), Westminster at 4.9% (870), Garden Grove at 4.9% (1,840) and Buena Park at 4.5% (858).
- Cities with the lowest percentage of children receiving CalWORKs include Laguna Beach at 0.4% (15), Villa Park at 0.4% (5), Newport Beach at 0.5% (78), Rancho Santa Margarita at 0.6% (71), Aliso Viejo at 0.7% (87), Yorba Linda at 0.8% (122) and Seal Beach at 0.8% (25).

ECONOMIC WELL-BEING

Number and Percent of Children Under 18 Years Old Receiving CalWORKs 2009/10 to 2018/19

- Number of Children
- Percent of Children

Source: Orange County Social Services Agency



Percent of Children Under 18 Years Old Receiving CalWORKs, by Age Group 2018/19

- Less than 5 Years
- 6-11 Years
- 12-17 Years

Source: Orange County Social Services Agency



Percent Receiving CalWORKs, by City

January 2020





Source: Population Under 18 Years: U.S. Census Bureau, American Community Survey, 5-Year Estimates. Demographic and Housing Estimates. Orange County Social Services Agency, January 2020.

SUPPLEMENTAL NUTRITION

NEARLY THREE IN FOUR CHILDREN RECEIVING CALFRESH ARE 12 OR YOUNGER.

DESCRIPTION OF INDICATOR

This indicator reports the number and percent of recipients of the CalFresh Program, federally known as the Supplemental Nutrition Assistance Program (SNAP), and the number and percent of recipients in the Supplemental Nutrition Program for Women, Infants and Children (WIC).¹ As an indicator of poverty, an increase in children receiving these benefits is one that needs improvement. However, an increase may also be viewed as an improvement because more eligible children are receiving these benefits.

Why is this indicator important?

Data shows that there is 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 hunger. CalFresh and WIC programs 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. Income eligible children can receive both forms of nutrition assistance.

Findings

• In 2018/19, 14.2% (102,285) of children under 18 years old received CalFresh, a 15.4% increase in the percent of children since 2009/10 at 12.3%; yet lower than a peak at 19.9% in 2014/15. Orange County had a lower rate than California at 21.0% (1,947,113) of children receiving CalFresh.²

- In January 2020, the greatest proportion of CalFresh beneficiaries under 18 in Orange County were children aged six to 12 years old (43.0% or 36,871), followed by birth to five years old (29.8% or 25,503) and 13 to 17 years old (27.2% or 23,308).
- It is estimated that 59.0% of people in Orange County who are eligible for CalFresh are receiving that benefit, less than California at 71.0%.³
- WIC enrollment is steadily declining. In 2018/19, 27,666 participants were served by the WIC program, a decrease of 72.5% from 100,434 in 2009/10.
- In the average month of 2017, 51.1% of women and children eligible for WIC were receiving that benefit nationally, lower than California at 61.1%.⁴ Both rates have dropped from a high in 2011, when the national rate was 63.5% and California rate was 82.5%.

¹ WIC provides nutrition services to pregnant and postpartum women, infants and children (ages 0 to 5 years). 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, infants and children up to five years old who receive food vouchers in the month of September each year. The CalFresh Program, federally known as the 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 at grocery stores and participating farmers markets. The amount of the benefit is based on household size, income and housing expenses. Children under 18 years are reported annually through CalWIN. December figures are used to define the service population for a given federal fiscal year (Oct. 1, 2016 to Sept. 30, 2017).
² California Department of Social Services, CalFresh County Data Dashboard, 2018. ³ California Department of Social Services, CalFresh County Data Dashboard, 2018. ⁴ USDA National and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2017.

ECONOMIC WELL-BEING

Number and Percent of Children Under 18 Years Old Served by CalFresh and Number of Participants Served by WIC 2009/10 to 2018/19

- CalFresh
- WIC
- Percent Served by CalFresh

Note: Data represents fiscal Year (July – June) monthly averages for CalFresh. Source for CalFresh: Orange County Social Services Agency Source for WIC: Orange County Health Care Agency/Nutrition Services-WIC





- Less than 5 Years
- 6-12 Years
- 13-17 Years

Source: Orange County Social Services Agency



Percent of Children Under 18 Years Old Receiving CalFresh, by City, 2018/19



Notes: *2010-2019 American Community Survey estimates no population under 18 in Laguna Woods. **California percentage from 2018 Source: Orange County Social Services Agency, Family Health Division

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HOUSING

ABOUT 1 IN 10 INSECURELY HOUSED STUDENTS LIVE IN SHELTERS, HOTELS OR MOTELS OR ARE UNSHELTERED.

DESCRIPTION OF INDICATOR

This indicator reports the number of insecurely housed students identified by school districts as homeless, meaning they are living unsheltered or in motels, shelters, parks and doubling- or tripling-up in a home, as defined by the McKinney-Vento Homeless Education Assistance Act.

Why is this indicator important?

The high mobility, trauma and poverty associated with homelessness and insecure housing create educational barriers, low school attendance, developmental, physical and emotional problems for students. Lacking a fixed, regular nighttime stay increases the chances that a student will require additional support services associated with their developmental and academic success. A homeless student or one living in a crowded environment may experience a greater tendency for stress and anxiety not knowing where they are going to sleep each night nor having a consistent, quiet, permanent place to study or do their homework. Lack of secure housing may be associated with lower standardized test scores in all areas.

- In 2018/19, 6.8% (29,840) of students in Orange County experienced insecure housing, which is 55.0% greater than in 2009/10, at 4.4% (26,029).¹
- With regard to primary nighttime residence, in 2018/19:
 - 89.1% (26,600) of insecurely housed students were doubled or tripled-up in housing.
 - 4.6% (1,380) of insecurely housed students were in hotels or motels.
 - 4.7% (1,403) of insecurely housed students were housed in shelters.
 - 1.5% (457) of insecurely housed students were unsheltered.²
- Of those students with insecure housing in 2018/19, elementary age students (pre K-5th) represent the highest percentage at 43.2%, followed by high school age students (grades 9-12) at 33.4% and middle school students (grades 6-8) at 23.4%.

ECONOMIC WELL-BEING

Number and Percent of Students with Insecure Housing, Orange County and California, 2009/10 to 2018/19

 Total Orange County Students with Insecure Housing

Primary Nighttime Residency

of Insecurely Housed Students

- % of Total Student Enrollment in Orange County
- % of Total Student Enrollment in California
- Unstable Data

2009/10 and 2018/19

Source: California Department of Education

• 2009/10

• 2018/19

 Data from 2014-2015 is lower due to a statewide data system error at the CDE that likely resulted in under-reported counts.
 Source: California Department of Education





Percent of Enrolled Students with Insecure Housing, by School District, 2018/19



Note: OCDE - ACCESS (Alternative, Community and Correctional Schools and Service) student population is unique in that it encompasses a wide range of youri, including students in group homes or incarcerated in institutions, students on probation or homeless, students who are parents or working full-time, students participating in a home schooling program and students who are referred by local school districts.

Source: California Department of Education. Data provided by districts on their LEA Reporting Consolidated Application and Reporting System (CARS)

CHILD SUPPORT

CHILD SUPPORT COLLECTIONS AND SUPPORT DISTRIBUTION TO FAMILIES INCREASE.

DESCRIPTION OF INDICATOR

This indicator reports the Distributed Net Collections divided by the average monthly caseload for the Federal Fiscal Year. Improvements in collections per case reflects an increase in income to parents to provide for the basic needs of their children.

Why is this indicator important?

The number of Orange County children living in poverty has increased slightly since 2011 (presently 106,810).¹ Research shows that child support payments help to lift more than one million Americans above the poverty line each year and assist families with incomes below the poverty line to make ends meet.² Child Support Services (CSS) builds partnerships with parents, develops community linkages and cultivates existing relationships with other county agencies. Expected results are increased collections and improved performance, which yield increased financial support to meet the needs of children and families. Child support collections pay for essentials such as food, shelter, child care and medical support. CSS has implemented a familycentered approach that connects customers to local resources for family essentials (e.g., clothing and food), parental success (e.g., parenting classes and financial workshops) and individual services (e.g., adult education and job training). In the last 10 years, the number of Orange County CSS cases has decreased while services to customers have increased, along with the collections per case.

- Total Orange County child support cases decreased by 30.1% from 89,852 in 2010/11 to 62,851 in 2019/20.
- Over the same period, net collections increased by 12.2% from \$177.4 million in 2010/11 to \$199.1 million in 2019/20, with an average of \$182.8 million annually.
- Most (93.6%) Orange County cases have a court order established, in comparison to California's rate of 92.1%. Since 2009/10, the percentage of cases in Orange County with a court order has increased 23.0% (from 76.1%).³
- The percent of current support distributed among Orange County cases during 2019/20 was 68.2% (which equates to \$145.3 million distributed), which is higher than the California rate of 66.1% and represents a 15.6% increase from 2010/11 when the rate was 59.0%.⁴

ECONOMIC WELL-BEING

Total Child Support Cases and Per Case Collections, 2010/11 to 2019/20

- Total Number of Cases
- Per Case Collection

Note: Total cases each year is a 12-month average from July to June. Source: Orange County Department of Child Support Services



Percent of Child Support Distributed, Orange County and California 2010/11 to 2019/20

Orange County

🔴 California

Source: Orange County Department of Child Support Services



Number of Cases and Total Support Distributed, by Community of Residence, 2019/20



EDUCATIONAL ACHIEVEMENT INDICATORS

KINDERGARTEN READINESS

PERCENT OF CHILDREN READY FOR KINDERGARTEN



51.9[%] **52.9**[%] 2015 2019

THIRD GRADE ENGLISH LANGUAGE ARTS

PERCENT OF THIRD GRADE STUDENTS WHO MET OR EXCEEDED STATE STANDARDS FOR ENGLISH LANGUAGE ARTS



46.0% **56.0**% 2014/15 2018/19

THIRD GRADE MATHEMATICS

PERCENT OF THIRD GRADE STUDENTS WHO MET OR EXCEEDED STATE STANDARDS FOR MATHEMATICS



51.0% **59.0**[%] 2014/15 2018/19

HIGH SCHOOL DROPOUT RATES

PERCENT OF HIGH SCHOOL DROPOUTS FOR GRADES 9-12 COHORT



12.3[%] **5.1**[%] 2009/10 2018/19

COLLEGE READINESS

PERCENT OF GRADUATES WITH UC/CSU ELIGIBLE REQUIREMENTS



38.3% 2009/10

55.3[%] 2018/19

CHRONIC ABSENTEEISM



8.8% 2018/19 UPWARD TREND IMPROVEMENT DOWNWARD TREND

UPWARD TREND NEEDS IMPROVEMENT

DOWNWARD TREND NEEDS IMPROVEMENT

NOTE: Variation in data ranges are due to availability of data and frequency of data collection.



KINDERGARTEN READINESS

3 IN 5 CHILDREN ENTERING SCHOOL ARE NOT FULLY READY IN THEIR COMMUNICATION SKILLS AND GENERAL KNOWLEDGE.

DESCRIPTION OF INDICATOR

Orange County uses the Early Development Index (EDI) to measure children's readiness for school. The EDI – conducted during the kindergarten year – assesses children's development by using a questionnaire filled out by kindergarten teachers for every child in their class. It tracks five areas of a child's development: language and cognitive development; communication skills and general knowledge; social competence; emotional maturity; and physical health and well-being. In 2015, comprehensive EDI data was available for children enrolled in public school for the first time in Orange County and thus serves as a baseline to measure changes in incoming kindergarten class readiness over time.

Why is this indicator important?

Long-term, a child's academic success is heavily dependent upon their readiness for kindergarten. Children who enter school with early skills, such as basic knowledge of math and reading concepts as well as communication, language, social competence and emotional maturity, are more likely than their peers without such skills to experience later academic success, attain higher levels of education and secure employment.¹ Factors that influence kindergarten readiness include family and community supports and environments, as well as children's early development opportunities and experiences. The EDI is one way to assess how well communities are preparing their children for school.

Findings

- In 2019, 52.9% of children in Orange County were developmentally ready for kindergarten, a 1.9% increase from 2015 at 51.9%. Children are considered developmentally ready for school if they are on track in all five areas assessed (or in all four areas if only four areas were assessed).²
- Among kindergartners, the areas of greatest vulnerabilities are language and cognitive

development (27% vulnerable or at-risk) and communication skills and general knowledge (26% vulnerable or at-risk). Smaller percentages of children are vulnerable or at risk in social competence (22%), physical health and well-being (20%) and emotional maturity (20%).

- The five developmental areas are made up of 16 sub areas which are measured by a child's readiness (ready, somewhat ready or not ready). Within these sub areas, children are least ready in their communication skills and general knowledge (59% not ready or somewhat ready), prosocial and helping behavior (58%), overall social competence (53%) and gross and fine motor skills (49%).
- Communities with the highest percentage of students developmentally ready for school include Ladera Ranch at 75.9% (345 children), followed by North Tustin at 71.4% (49), Los Alamitos at 68.9% (286) and Coto de Caza at 67.3% (52).³
- The lowest percentage of students ready for school are in the communities of Midway City at 41.2% (177 children) followed by Villa Park at 42.0% (69) and Stanton at 42.4% (425).

EDUCATION

Percent of Children Not Ready for Kindergarten, by Sub Area, 2019





Note: Due to rounding, percentages may not add to 100. Source: Early Development Index, 2019

Percent of Children Ready for Kindergarten, by Community of Residence, 2019



30

THIRD GRADE ENGLISH LANGUAGE ARTS

THIRD GRADE STUDENTS SHOW GREATEST IMPROVEMENT IN READING AND LISTENING.

DESCRIPTION OF INDICATOR

This indicator presents the California Assessment of Student Performance and Progress (CAASPP) data for student academic performance in English Language Arts and Literacy (ELA) among third grade students. Starting in 2014/15 (2015), CAASPP reflects the Common Core State Standards and online testing system to measure the academic performance of students.

Why is this indicator important?

CAASPP is designed to demonstrate progress towards learning problem-solving and critical thinking skills needed for college and career readiness. It gives schools and communities data on the performance of students and significant student groups within a school. This information helps schools analyze academic progress and if resource re-allocation is needed to ensure all students succeed. ELA assesses a student's performance in reading, writing, listening and research. Understanding performance at the completion of third grade is important because third grade is the year that the focus of reading instruction shifts from learning to read, to reading to learn. Thirdgraders who lack proficiency in reading are four times more likely to become high school dropouts.¹

- In 2019, over half (56%) of third grade students met or exceeded the statewide achievement standard for ELA, a 22% increase from 2015 (46%) and higher than California at 49%.
- Among third grade students who are not economically disadvantaged, 74% met or exceeded the achievement standards in ELA, substantially higher than those students who are economically disadvantaged at 39%.
- Between 2015 and 2019, the percentage of economically disadvantaged students who met or exceeded standards increased by 57% compared to a 9% increase among students who were not economically disadvantaged.

- The ELA assessments are subdivided by four academic focus areas. Thirty-three percent of third graders were above standards in the area of Reading, followed by 29% in Research/Inquiry, 27% in Writing and 26% in Listening.
- Across all focus areas, more third grade students were above standards in 2019 than 2015. The greatest improvement was in listening (46% increase), followed by Reading (43% increase), Research/Inquiry (28% increase) and Writing (17% increase).
- Asian students exceeded or met standards for ELA at 80%, followed by Multiacial (77%), Filipino (71%), White (71%), Native Hawaiian or Pacific Islander (48%), Black or African American (46%), American Indian or Alaska Native (41%) and Hispanic or Latino (39%) students. Since 2015, Hispanic or Latino students have shown the greatest improvement with a 55% increase in students who exceeded or met standards.
- The school districts with the highest percentage of third grade students exceeding or meeting standards for overall achievement in English Language Arts were Laguna Beach Unified (85%), Los Alamitos Unified (84%), Irvine Unified (75%) and Huntington Beach City (73%). The school districts with the lowest percentages were Santa Ana Unified (32%), Anaheim City (32%) and La Habra City (34%).

EDUCATION

Overall Achievement in ELA Among Third Grade Students, by Socioeconomic Status, 2015 and 2019

Note: A student is defined as "economically disadvantaged" if the most educated parent of the student, as indicated in CALPADS, has not received a high school diploma or the student is eligible to participate in free or reduced-price lunch program also known as the National School Lunch Program. Source: CAASPP, 2018/19 (2019)

Achievement in ELA Focus Areas Among Third Grade Students, 2019



Note: ELA results include information about the students' performance in the areas of reading, writing, listening and research. The student's performance in these key areas for each subject are reported using the following three indicators: below standard, at or near standard and above standard. Source: CAASPP, 2018/19 (2019)

84.0%

54.0%

65.0%

58.0%

53.0%

65.0%

56.0%

Percent of Third Grade Students Who Exceeded or Met Standards for ELA Overall Achievement, by School District, 2019



- 6 75.0%
- 34.0%

85.0%



Overall Achievement in ELA Among Third Grade Students, by Race/Ethnicity, 2015 and 2019



Note: Third grade student enrollment by race/ethnicity is 50.2% Hispanic or Latino, 24.1% White, 16.0% Asian, 5.2% Multiracial, 1.9% Filipino, 1.2% African American, 0.3% Native Hawaiian or Pacific Islander, 0.1% American Indian or Alaska Native and 1% Not Reported. Source: CAASPP, 2018/19 (2019)

19

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18

20

4

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12

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9

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24

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a SANTA ANA UNIFIED Ð 32.0% 7 SAVANNA 48.0% 1 Ð TUSTIN UNIFIED 56.0% **IRVINE UNIFIED** WESTMINSTER % of Students 16 Æ 56.0% • 75.0% - 85.0% 12 LA HABRA CITY 64.0% - 74.9% B CALIFORNIA: 49.0% 58.0% - 63.9% 13 LAGUNA BEACH UNIFIED 32.0% - 57.9% Note: District comparisons should be interpreted with caution as districts vary greatly in composition, with differing proportions of students who are English learners, special needs, low income, or homeless - all factors which can influence achievement. Source: CAASPP, 2018/19 (2019)

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THIRD GRADE MATHEMATICS

ECONOMICALLY DISADVANTAGED STUDENTS SHOW GREATEST IMPROVEMENT IN MATH, WHILE DISPARITY PERSISTS.

DESCRIPTION OF INDICATOR

This indicator presents the new California Assessment of Student Performance and Progress (CAASPP) data for student academic performance in mathematics. Starting in 2014/15 (2015), CAASPP reflects the Common Core State Standards and online testing system to measure the academic performance of students. This indicator reports on third grade students.

Why is this indicator important?

CAASPP is designed to demonstrate progress towards learning problem-solving and criticalthinking skills needed for college and a career. It gives schools and communities data on the performance of all students and significant subgroups within a school. This information helps schools analyze their academic progress and if resource reallocation is needed to ensure all students succeed. The mathematics component assesses a student's performance in applying mathematical concepts and procedures, using appropriate tools and strategies to solve problems and demonstrating ability to support mathematical conclusions. It is known that math difficulties are cumulative and worsen with time.¹ Understanding third grade performance is important because it is the year that students start utilizing the decimal system to do multi-digit number calculations, an important foundation for future success in mathematics.

Findings

- In 2019, over half (59%) of Orange County third grade students met or exceeded the statewide achievement standard in math, a 16% increase from 2015 (51%) and higher than California at 50%.
- Among third grade students who are not economically disadvantaged, 76% met or exceeded the achievement standards in math,

substantially higher than those students who are economically disadvantaged at 42%.

- Between 2015 and 2019, the percentage of economically disadvantaged students who met or exceeded standards increased by 35% compared to a 5% increase among students who were not economically disadvantaged.
- The mathematics assessments are subdivided by three academic focus areas. Forty-three percent of third grade students were above the standard in Concepts and Procedures compared to Communicating Reasoning (36%) and Problem Solving and Modeling/Data Analysis (35%).
- Asian students exceeded or met standards in math at 86%, followed by Multiracial (78%), White (73%), Filipino (72%), Native Hawaiian or Pacific Islander (58%), Black or African American (45%), American Indian or Alaska Native (42%) and Hispanic or Latino (41%) students. Since 2015, Hispanic or Latino students showed the greatest improvement with a 32% increase.²
- The school districts with the highest percentage of third grade students exceeding or meeting standards for overall achievement in math were Los Alamitos Unified (90%), Laguna Beach Unified (87%), and Fountain Valley (83%). The school districts with the lowest percentage were Anaheim (33%), Santa Ana Unified (35%), and La Habra City (39%).

EDUCATION

Overall Achievement Among Third Grade Students in Mathematics, by Socioeconomic Status, 2015 and 2019

| Standard Not Met | • | Standard Met |
|---------------------|---|-------------------|
| Standard Nearly Met | | Standard Exceeded |

Note: A student is defined as "economically disadvantaged" if the most educated parent of the student, as indicated in CALPADS, has not received a high school diploma or the student is eligible to participate in free or reduced-price lunch program also known as the National School Lunch Program. Source: CAASPP, 2018/19 (2019)

Achievement in Mathematics Focus Areas Among Third Grade Students, 2019



Note: Math results include information about the students' performance in the areas of concepts and procedures, problem solving & modeling/data analysis and communicating reasoning. The student's performance in these key areas for each subject are reported using the following three indicators: below standard, at or near standard and above standard Source: CAASPP, 2018/19 (2019)

Percent of Third Grade Students Who Exceeded or Met Standards for Mathematics Overall Achievement, by School District, 2019

- ANAHEIM 33.0%
- BREA-OLINDA UNIFIED 75.0%
- BUENA PARK 0 54.0%
- CAPISTRANO UNIFIED 66.0%
- CENTRALIA 0 63.0%
- CYPRESS G 73.0%
- FOUNTAIN VALLEY 83.0%
- FULLERTON 8 58.0%
- 9 GARDEN GROVE UNIFIED 60.0%
- HUNTINGTON BEACH CITY Ð 76.0%
- 1 IRVINE UNIFIED 76.0%
- 12 LA HABRA CITY 39.0%
- 13 LAGUNA BEACH UNIFIED 87.0%



Overall Achievement in Mathematics Among Third Grade Students, by Race/Ethnicity, 2015 to 2019



Note: Third grade student enrollment by race/ethnicity is 50.2% Hispanic or Latino, 24.1% White, 16.0% Asian,

5.2% Multiracial, 1.9% Filipino, 1.2% Black or African American, 0.3% Native Hawaiian or Pacific Islander, 0.1% American Indian or Alaska Native and 1% Not Reported. Source: CAASPP. 2018/19 (2019)



HIGH SCHOOL DROPOUT RATES

FOSTER YOUTH ARE HARDEST HIT BY DROPOUT RATES.

DESCRIPTION OF INDICATOR

This indicator measures high school dropout rates for Orange County school districts, including detail by race/ethnicity and by program. Beginning in 2007/08 (2008), a student is considered a dropout if they were enrolled in grades 9 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 are not counted as dropouts if they received a diploma, General Education Diploma (GED), or California High School Proficiency Exam (CHSPE) certificate; are Special Education completers; transferred to a degree-granting college; passed away; had a school-recognized absence; or were known to have left the state.¹

Why is this indicator important?

Education provides benefits to both individuals and society. Compared to high school graduates, dropouts earn lower wages, resulting in lower tax contributions and more utilization of welfare programs. They are also at higher risk for criminal involvement and health problems.²

Findings

- The Orange County cohort dropout rate for 2019 was 5.1%, lower than the California dropout rate of 9.0% and the United States dropout rate for public schools of 5.4% in 2017.³
- In 2019, there were 40,929 cohort students of which 36,700 graduated and 2,100 students dropped out. The remaining 2,129 students did not graduate because they were either considered still enrolled at the time of the cohort's graduation (1,051 students), Special Education completers (423), CHSPE completers

(218) or completed the GED (37) or adult education diploma (12). 388 students were "other transfers."

- Dropout rates for the 2019 school year continued to be highest among Black or African American students (9.9%), followed by Hispanic or Latino (7.2%), American Indian or Alaska Native (6.1%), Multiracial (4.4%), White (3.5%), Pacific Islander (3.5%), Filipino (2.2%) and Asian (2.2%) students.
- By program, dropout rates were highest among students enrolled as foster youth (21.0%), followed by English Learners (13.2%), Homeless Youth (10.8%), Migrant Education (8.7%), Students with Disabilities (8.6%) and Socioeconomically Disadvantaged (7.4%) programs.⁴

¹ California Department of Education, DataQuest, 2018/19 (2019) data. A cohort is a defined group of students that could potentially graduate during a 4-year time period (grade 9 through grade 12). Due to the changes in the methodology for calculating the 2016-17 Adjusted Cohort Graduation Rate (ACGR) and subsequent years, the 2016-17 ACGR data is not comparable with the cohort outcome data from prior years. ³ Editical C, and Levin, H. (2007). The Economic Losses from High School Dropouts in California. ³ National Center of Education Statistics, The Condition of Education 2019, Indicator 1.18. ⁴ Socioeconomically Disadvantaged is a student whose parents have not received a high school Dropouts in California. ³ National Center of Education Statistics, The Condition of Education 2019, Indicator 1.18. ⁴ Socioeconomically Disadvantaged is a student whose parents have not received a high school Dropouts in California. ³ National Center of Education Statistics, The Condition of Education 2019, Indicator 1.18. ⁴ Socioeconomically Disadvantaged is a student whose parents have not received a high school Dropouts in California. ³ National Center of Education Statistics, The Condition of Education Statistics, The Condition of Education Statistics, The Condition of Statistics and Control Education Statistics, The Condition of Statistics, The Condition Program. English Learner is a student identified as English learner based on the results of the California English-Language Arts. Student with Disabilities is a student who receives special education services and has a valid disability code or was previously identified as special education but who is no longer receiving special education services for two years after exiting special education. Migrant is a student who changes schools during the year, often crossing school district and state lines, to follow work in agriculture, fishing, dairies, or the logging industry. Homeless Youth is a student who lacks a fixed, requalar and adequate individum receives pe

EDUCATION

Percent of Grade 9-12 Cohort Dropouts, by Race/Ethnicity 2010 to 2019 • Hispanic or Latino • Black or African American • Pacific Islander • American Indian or Alaska Native -- Overall Orange County

Note: A cohort is a defined group of students that could potentially graduate during a 4-year time period (grade 9 through grade 12). Due to the changes in the methodology for calculating the 2016-17 Adjusted Cohort Graduation Rate (ACGR) and subsequent years, the 2016-17 ACGR data is not comparable with the cohort outcome data from prior years.

Note: Data may be unstable to do small cohort population sizes for Black or African American, Pacific Islander and American Indian or Alaska Native. Source: California Department of Education, DataQuest, 2018/19 [2019]

Percent of Grade 9-12 Cohort Dropouts by Program, 2010 to 2019



• Socioeconomically Disadvantaged

35%

28

21

14 <u>13</u> 13

7

0

30.8

15



74



Number of Students Who Did Not Graduate by Cohort, by Reason, 2019



Completers



Source: California Department of Education, DataQuest, 2018/19 (2019)

2

Source: California Department of Education, DataQuest, 2018/19 (2019)

Percent of Grade 9-12 Cohort High School Dropouts, by School District, 2019

2010 2011 2012 2013 2014 2015 2016 2017 2018 2019



COLLEGE READINESS

MORE THAN HALF OF ORANGE COUNTY STUDENTS ARE COLLEGE-READY.

DESCRIPTION OF INDICATOR

This indicator tracks the number and percent of students who graduate from high school having completed the course requirements to be eligible to apply to a University of California (UC) or California State University (CSU). The UC/CSU eligibility requirements are presented below.¹

Why is this indicator important?

The UC/CSU minimum course requirements are centered on a well-rounded curriculum that fosters content mastery and ensures that students are ready to take college courses without remediation. Courses include an applied learning component to help students improve comprehension and practice critical thinking skills. The more students master the content in conjunction with these skills, the more likely they are to pursue and succeed in college, as well as in the workforce.²

Findings

• In 2018/19 (2019), Orange County had 36,700 high school graduates, of which 55.3% were UC/ CSU eligible, higher than California's eligibility rate of 50.5%.

- At 79.3%, Asian students had the greatest proportion of graduates who were UC/CSU eligible, followed by Filipino (68.0%), White (61.7%), Multiracial (60.7%), Pacific Islander (47.2%), Black or African American (41.7%), Hispanic or Latino (41.3%) and American Indian or Alaska Native (40.4%) graduates.
- Hispanic or Latino graduates comprise the largest group of total graduates (45.1%), while only 41.3% of those were UC/CSU eligible. This percentage is lower than Asian (17.9% of total graduates, of which 79.3% were UC/CSU eligible) and White (29.4% of graduates, of which 61.7% were UC/CSU eligible) graduates.
- By program, the UC/CSU eligibility rates were highest among students in the Socioeconomically Disadvantaged program (43.8%), followed by students in the Migrant Education program (34.2%) and English Learner program (23.7%).³

UC/CSU Requirements

- 4 years of English
- 3 years of Math, including Algebra, Geometry and Intermediate Algebra
- 2 years of History/Social Studies, including one year of U.S. History or one-half year of U.S. History and onehalf year of Civics or American Government; and one year of World History, Cultures and Geography
- 2 years of Science with lab required chosen from Biology, Chemistry and Physics
- 2 years of Foreign Language and must be the same language for those two years
- 1 year of Visual and Performing Arts chosen from Dance, Drama/Theater, Music or Visual Art
- 1 year of Electives

EDUCATION

Percent of Graduates in Orange County and California Meeting UC/CSU Entrance Requirements, 2010 to 2019

- Orange County
- California

Note: A cohort is a defined group of students that could potentially graduate during a 4-year time period (grade 9 through grade 12). Due to the changes in the methodology for calculating the 2016-17 Adjusted Cohort Graduation Rate (ACGR) and subsequent years, the 2016-17 ACGR data is not comparable with the cohort outcome data from prior years.





Percent of Graduates, by Program Meeting UC/CSU Entrance Requirements, 2010 to 2019



Number of Graduates and Percent of Graduates Meeting UC/CSU Entrance Requirements, 2019



Note: American Indian or Alaska Native total graduates (57), percent of UC/CSU elibgible graduates (40.4%). Source: California Department of Education, DataQuest, 2018/19 (2019)

2

Source: California Department of Education, DataQuest, 2018/19 (2019)

Percent of Graduates Meeting UC/CSU Entrance Requirements, by School District, 2019



CHRONIC ABSENTEEISM

CHRONIC ABSENTEEISM IS HIGHEST AMONG FOSTER YOUTH.

DESCRIPTION OF INDICATOR

This indicator tracks the number and percent of students who were absent for 10% or more of the enrolled instructional days, regardless of the reason (excused and unexcused absences). Chronic absenteeism is based on each school districts' days of enrollment, the expected days of attendance and the actual days attended. For most districts, this threshold is around 18 days in a school year, or two days a month. Chronic absenteeism is associated with a number of negative consequences for students, including lower test scores, increased risk of dropping out and less access to health screenings and other support services. This indicator has been tracked by the California Department of Education since 2016 - 2017.

Why is this indicator important?

School attendance is an influential factor in academic achievement. Chronic absenteeism is associated with a number of negative consequences for students, including lower academic achievement and increased risk of dropping out due to the number of days missed.¹ Achievement gaps in elementary, middle and high school levels are increased by chronic absenteeism. In particular, research has shown that chronic absenteeism in kindergarten is associated with lower achievement in reading and math in later grades, even when controlling for a child's socioeconomic status, kindergarten readiness and age entering kindergarten.²

Findings

- In 2018/19 (2019), Orange County students including kindergarten through high school had a chronic absenteeism rate of 8.8%. While this rate is an increase from 2017 (7.7%), it remains lower than California at 12.1%.
- In 2019, Pacific Islander students had the highest chronic absenteeism rate (15.9%), followed by American Indian or Alaska Native (15.3%), Black

or African American (15.1%) and Hispanic or Latino (10.7%) students. Asian students reported the lowest rate of chronic absenteeism (3.2%).

- By program, chronic absenteeism rates were highest among students enrolled as Foster Youth (27.6%), followed by Homeless Youth (18.2%), Students with Disabilities (15.7%), Socioeconomically Disadvantaged (11.6%), Migrant Education (11.6%) and English Learners (9.8%) programs.³
- Foster youth students consistently have among the highest chronic absenteeism rates from kindergarten (24.9%) to high school (48.1%).
 However, all student groups are seeing increasing rates of chronic absenteeism throughout their school experience.
- High school students have the highest rates of chronic absenteeism (13.1%), followed by kindergarten (11.7%), middle school (7.1%) and elementary school (6.4%) students. This trend is similar to California.

EDUCATION

Chronic Absenteeism, by Grade, 2019

- California
- Orange County

Source: California Department of Education, DataQuest, 2018/19 (2019)



Chronic Absenteeism Among All Students, by Race and Ethnicity, 2017 and 2019



Chronic Absenteeism Among All Students,

Source: California Department of Education, DataQuest, 2018/19 (2019)

by Program, 2017 and 2019



Source: California Department of Education, DataQuest, 2018/19 (2019)

Chronic Absenteeism, by School District, 2019



SAFE HOMES AND COMMUNITIES INDICATORS

PREVENTABLE CHILD AND YOUTH DEATHS

UNINTENTIONAL INJURY DEATH RATE PER 100,000 YOUTH ONE TO 19 YEARS OLD

5.1 5.0 2009 2018

SUBSTANTIATED CHILD ABUSE

SUBSTANTIATED CHILD ABUSE **ALLEGATIONS RATE PER 1,000** CHILDREN 0 TO 17 YEARS OLD



10.0 6.7 2010 2019

JUVENILE ARRESTS



JUVENILE SUSTAINED PETITIONS



GANG ACTIVITY AMONG YOUTH

CHILD WELFARE

PERCENT OF CHILDREN ENTERING FOSTER CARE PLACED IN PERMANENT HOMES WITHIN 12 MONTHS



42.4% 33.0% 2008/09 2017/18

PERCENT OF GANG-RELATED JUVENILE PROSECUTIONS



4.7% 2019



DOWNWARD TREND

IMPROVEMENT

UPWARD TREND NEEDS IMPROVEMENT

DOWNWARD TREND NEEDS IMPROVEMENT

NOTE: Variation in data ranges are due to availability of data and frequency of data collection.



PREVENTABLE CHILD AND YOUTH DEATHS

UNINTENTIONAL INJURIES CONTINUE TO REPRESENT THE LEADING CAUSE OF PREVENTABLE DEATH IN CHILDREN AND YOUTH.

DESCRIPTION OF INDICATOR

This indicator reports the number of deaths from unintentional and intentional injuries, including suicide and homicide. Leading causes of death by age group are also identified.

Why is this indicator important?

The death of every child is a tragedy for family and friends and a loss to the community. Along with the direct impact of a child's death, the child death rate in a community can be an important indicator for public health advocates and policymakers. A high rate can point to underlying problems such as violent neighborhoods or inadequate child supervision.¹ Unintentional childhood mortality due to injury is strongly inversely related to median income and thus, a solid indicator of poverty. It can also point to health and social inequalities such as access to health care or safe places to play.² Since children are much more likely to die during the first year of life (infancy) than they are at older ages, trends in infant mortality are discussed separately (page 18).

- There were 127 deaths for children ages 1 to 19 years in Orange County in 2018.
- Orange County's overall injury death rate for children decreased 7.3% from a rate of 9.6 per 100,000 children ages one to 19 years in 2009 to 8.9 per 100,000 children in 2018, which is lower than California's rate of 10.4 in 2018.
- The unintentional injury death rate (e.g., accidental poisoning, motor vehicle accident, or drowning) decreased 2.0% from a rate of 5.1 per 100,000 children in 2009 to 5.0 per 100,000 children in 2018.

- Despite this decrease, unintentional injuries accounted for the highest average number (38 per year) and rate (5.0 per 100,000) of all injury deaths to children between 2016 and 2018, followed by cancer (23 per year) and suicide (16 per year).
- Over half, or 58.3%, of all child and youth deaths were among the older teen age group (ages 15 to 19).
- Male mortality rate increased 9.3% from 21.4 per 100,000 in 2017 to 23.4 per 100,000 in 2018. A decreasing trend was seen among the female mortality rate declining 4.6% between 2017 and 2018 (10.9 vs 10.4 per 100,000).
- Non-Hispanic White and Hispanic youth had lower mortality rates in 2018 when compared to 2017 (19.6 vs 20.2 and 15.0 vs 15.8, respectively).
- Asian/Pacific Islander youth had a higher mortality rate in 2018 when compared to 2017 (17.3 vs 12.6).
- The percent of overall youth deaths related to injury by race/ethnicity in 2018 was Non-Hispanic White (58.1%), Asian/Pacific Islander (54.5%) and Hispanic (43.4%). The rate for Black youth is unstable due to the small number of deaths.
- The cities with the highest rate of mortality due to unintentional injury were Laguna Beach (16.5 per 100,000), Dana Point (11.0 per 100,000) and Seal Beach (10.5 per 100,000).

SAFE HOMES & COMMUNITIES



10.4

8.9

5.0

2.4

1.5

0.0

2018

11.4

9.4

65

2018

Leading Causes of Death for Children One to 19 Years Old, by Age Group and Number of Deaths, 2016-2018

| | 1-4 Years | 5-9 Years | 10-14 Years | 15-19 Years | 1-19 Years |
|----------------------------|-----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|------------------------------------|
| FIRST LEADING CAUSE | Unintentional Injuries (22) | Cancer (20) | Cancer (15) | Unintentional Injuries (72) | Unintentional Injuries (113) |
| SECOND LEADING CAUSE | Cancer (11) | Unintentional Injuries (11) | Unintentional Injuries (8) | Suicide (42) | Cancer (69) |
| THIRD LEADING CAUSE | Congenital Anomalies (7) | Congenital Anomalies (5) | Suicide (7) | Homicide (30) | Suicide (49) |

Notes: Three-year total number of deaths. Source: Orange County Health Care Agency

SUBSTANTIATED CHILD ABUSE

SUBSTANTIATED CHILD ABUSE RATES LOWER THAN 10 YEARS AGO.

DESCRIPTION OF INDICATOR

This indicator reports the unduplicated count of children with substantiated child abuse allegations. Allegations refer to the nature of abuse or neglect that a child is experiencing (e.g., sexual or physical). A substantiated child abuse allegation is determined by the investigator based upon evidence that makes it more likely than not that child abuse or neglect occurred as defined in California Penal Code (PC) 1165.6. A substantiated allegation does not include a report where the investigator later found the report to be false, inherently improbable, to involve accidental injury or to not constitute child abuse or neglect as defined in PC 1165.6.

Why is this indicator important?

Studies indicate that victims of child abuse are more likely to use drugs and alcohol, become homeless as adults, engage in violence against others and be incarcerated. The identification of a family in which a substantiated incident of abuse or neglect has occurred is important because it provides an opportunity for intervention to assure child safety. Once a child abuse referral is substantiated by the investigating social worker, safety threats for the child(ren) are identified and a social worker works with the family to develop a safety plan.

Findings

 In 2019, 30,676 children were the subject of one or more child abuse allegations in Orange County. Of these, 15.7% (4,823) of children had substantiated allegations of child abuse, higher than California in 2019, at 14.2%.¹ Since 2015, the proportion of child abuse petitions among substantiated allegations filed in court has increased, from 21% (1,204) to 35% (1,707).

- In 2019, substantiated allegations occurred at a rate of 6.7 per 1,000 children, a 33.0% decrease from 10.0 in 2010 and lower than California (7.4), with a 22.9% decrease from 9.6 in 2010. In 2018, there were approximately 678,000 maltreated children with substantiated allegations in the United States, a rate of 9.2 per 1,000 children, higher than Orange County and California.²
- Children under six made up the greatest proportion of substantiated allegations: children less than one year of age comprised 14.0% of substantiated child abuse allegations and children one to five years old made up 29.9% of substantiated allegations, totaling 43.9%. Children six to 10 years old made up 26.5%; 11 to 15 years old, 22.8%; and 16 to 17 years old, 6.8%.³
- In 2019, most (73.6%) substantiated child abuse allegations were due to general neglect,⁴ followed by at-risk/sibling abuse (8.9%), severe neglect (6.7%) and physical abuse (3.7%).
 Sexual abuse (3.5%), caretaker absence (2.6%), exploitation (0.5%) and emotional abuse (0.5%) made up the remaining types.

SAFE HOMES & COMMUNITIES

Total Number of Children with Child Abuse Allegations and Substantiated Allegations, 2010 to 2019

- Child Abuse Allegations
- Substantiated Allegations
- Child Abuse Petitions Filed in Court



Note: Numbers are based on an unduplicated count of children. Source: CWS/CMS 2019 Quarter 4 Extract, Orange County Social Services Agency

Substantiated Child Abuse Allegations, Rate per 1,000 Children Under 18 Years Old, 2010 to 2019



Substantiated Child Abuse Allegations, by Reason, 2019

Source: Orange County Social Services Agency, 2019



Note: Rates are based on an unduplicated count of children. Source: Orange County Social Services Agency, 2019

Substantiated Child Abuse Allegations, Rate per 1,000 Children, by City, 2019



Note: N/A indicates data are not available due to the small number of children living in Laguna Woods. Source: Orange County Social Services Agency, 2019

9
CHILD WELFARE

PERMANENT HOME PLACEMENT IS TAKING LONGER AMONG FOSTER YOUTH.

DESCRIPTION OF INDICATOR

This indicator reports on three measures of permanency following the placement of a child into foster care. "Permanency within 12 months" reports the percent of children placed in homes through reunification with the family, adoption or guardianship within 12 months of removal. "Reentry Following Reunification" tracks those children who reentered foster care within 12 months of reunification with the family or guardianship. "Exits to Permanency" is a measure of children who were in foster care for 24 months or longer, who were then transitioned to a permanent home, including reunified with the family, placed with a legal guardian or adopted.¹

Why is this indicator important?

The placement of children in foster care occurs when a child cannot remain safely with his or her family.² Child abuse and neglect is a problem that crosses socioeconomic and racial/ethnic boundaries with profound effect on the well-being of the children. The number of children growing to maturity in foster care has gained considerable national, state and local attention. Too often these children experience many placements, which can lead to the inability to reunify with their families or attach to a new permanent family. Permanent placement of children helps prevent placement instability, which can be related to attachment disorders, poor educational outcomes, mental health and behavioral problems and negative adult outcomes.

Findings

- In 2017/18, 33.0% of Orange County foster children were placed in permanent homes within 12 months of entering foster care, which is lower than California at 33.7% and a decrease of 25.2% from the high of 44.1% of children placed in 2009/10. The national goal is greater than or equal to 40.5%.
- Of the 33.0% of children who were placed in permanent homes within 12 months of entering foster care in 2017/18, reunification was the most common type of permanency (31.7%), followed by adoption (0.9%) and guardianship (0.4%).
- In 2016/17, the rate of reentry was 8.1%, an 88.4% increase since 2007/08. California was higher at 10.7%. The national goal is less than or equal to 8.3%.³
- In 2018/19, 30.1% of children who were in foster care for two years or more were placed in a permanent home, 14.9% higher than in 2009/10 (26.2%). California is higher at 32.7%. The national goal is greater than or equal to 30.3%.

Percent of Children Entering Foster Care and Placed in a Permanent Home within 12 months, Orange County and California, 2008/09 to 2017/18



Source: CWS/CMS 2019 Quarter 4 Extract, UC Berkley Center for Social Services Research

Percent of Children Reentering Foster Care within 12 months of Reunification or Guardianship, Orange County and California, 2007/08 to 2016/17



Note: Due to methodological differences, the reporting period for no reentry following reunification will always be one year behind what is reported for the other measures.

Note: Data should be interpreted with caution. Every effort is made to provide supportive services so children can remain safely at home with their parents whenever possible. For children brought into protective custody, this most commonly occurs in the context of extremely complex family issues. Additionally, given these complex issues coupled with regulated reunification timelines and possible court delays, transitioning children into permanent homes within 12 months can be a challenge in Orange County.

Source: CWS/CMS 2019 Quarter 4 Extract, UC Berkley, Center for Social Services Research

Percent of Children Entering Foster Care and Placed in a Permanent Home within 12 months, by Type of Permanency, 2008/09 to 2017/18



Source: CWS/CMS 2019 Quarter 4 Extract, UC Berkley Center for Social Services Research

Percent of Children in Foster Care, 24+ Months, Placed in a Permanent Home, Orange County and California, 2009/10 to 2018/19



Note: Permanency is defined as achieved when the child is reunified with the family, placed with a legal guardian, or adopted. Source: CWS/CMS 2019 Quarter 4 Extract. UC Berkley. Center for Social Services Research

JUVENILE ARRESTS

JUVENILE ARREST RATE IN ORANGE COUNTY IS SIGNIFICANTLY LOWER THAN CALIFORNIA.

DESCRIPTION OF INDICATOR

This indicator tracks youth 10-17 years old 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 for be a felony, misdemeanor, status or infraction. Felonies generally include violent crimes (such as murder, assault and rape), some property and drug-related offenses, plus other serious offenses. Misdemeanor offenses include crimes such as assault and battery, petty theft, other drug and alcohol-related offenses and many less serious offenses. Status offenses are acts that are considered offenses only when committed by a juvenile, such as truancy or curfew violations.¹

Why is this indicator important?

An arrest is usually the first formal encounter a youth has with the juvenile justice system. It is particularly important that at this onset of criminal activity, a pattern of juvenile delinquency does not continue into adulthood. More importantly, the flow of youthful offenders into the justice system should be prevented. Research shows that early intervention in children's lives can effectively reduce later crime.² Prevention programs positively impact the general public because they stop crime from happening in the first place.³ Various cost-benefit analyses show that early prevention programs are a worthwhile investment of government resources compared with prison and other criminal justice responses.⁴

Findings

- In 2018, there were 2,729 juvenile arrests in Orange County.
- Between 2009 and 2018, there was an 81.0% decrease in the total number of juvenile arrests in Orange County, dropping from 14,341 arrests to 2,729 arrests.

- Orange County's juvenile arrest rate in 2018 was 823 per 100,000 youth 10 to 17 years old, a decrease of 79.5% from 2009, compared to California at 1,121 per 100,000 youth, a similar decrease of 75.1% from 2009.
- In Orange County, misdemeanors accounted for 50.1% (1,367) of juvenile arrests in 2018, which is down 16.3% from 2009 when misdemeanors accounted for 59.9% of juvenile arrests.
- In contrast, felonies among youth accounted for 30.2% (825) of arrests in 2018, up 4.9% since 2009 when felonies accounted for 28.8% of juvenile arrests.
- Status offenses accounted for 19.7% (537) of arrests among youth ages 17 years and under in 2018, an increase of 74.5% in 10 years when status offenses accounted for 11.3% of juvenile arrests.
- Among 18 to 20 year olds, DUI Convictions have decreased 59.3% since 2019 from a high of 1,226 convictions in 2010. Among youth under 18 years, there was a 67.1% decrease since 2010, from a high of 73 convictions in 2010 to 24 convictions in 2019.

¹ This indicator does not include statistics for youths contacted, but not arrested, by law enforcement for new law violations. As a result of reductions of penalties pursuant to Prop. 47, these youths may be processed through rehabilitative endeavors such as community programing, law enforcement diversion programs, and efforts by the District Attorney's Office utilizing collaborative programing including STAT "School Threat Assessment Team" and GRIP "Gang Reduction and Intervention Partnership" in lieu of formal handling.² Zagar, R.J., Busch, K.G., and Hughes, J.R., 2009. ³ Saminsky, A., 2010. ⁴ Welsh, B.C. and Farrington, D.P., 2009.

SAFE HOMES & COMMUNITIES

Juvenile Arrest Rate per 100,000 Youth 10 to 17 Years Old, Orange County and California, 2009 to 2018

- California
- Orange County

Note: 2009 to 2012 figures are based on population projections as of 2007 while 2013 and 2014 figures are based on revised projections as of December 2014. 2015 figures are based on revised projections as of February 2017. Sources: Criminal Justice Statistics Center, California Department of Justice Demographic Research Unit, California State Department of Finance



Percent of Juvenile Arrests, by Crime Type, 2009 to 2018



Source: Criminal Justice Statistics Center, California Department of Justice Demographic Research Unit, California State Department of Finance

DUI Convictions in Orange County, by Age 2010 to 2019



Note: The number of DUI convictions per year are based on data from two years prior Source: Annual Reports of the California DUI Management Information System 2019

Percent of Juvenile Arrests, by City, Youth 10 to 17 Years Old, 2018



Sources: Criminal Justice Statistics Center, California Department of Justice Demographic Research Unit, California State Department of Finance

JUVENILE SUSTAINED PETITIONS

YOUTH AGES 15-17 MAKE UP THE MAJORITY OF SUSTAINED PETITIONS.

DESCRIPTION OF INDICATOR

This indicator reports the number and percent of juvenile petitions that are sustained. After a juvenile arrest, a referral is typically made by the arresting officer to the Probation Department for further processing. The probation officer decides whether a referral is dismissed, the juvenile is placed on informal probation or a petition will be sought for a formal court hearing. When a petition is sustained by the court, the juvenile becomes a ward of the court. A ward is either allowed to go home under the supervision of a probation officer or ordered for detention in a juvenile institution.

Why is this indicator important?

Sustained juvenile petitions are similar to an adult criminal conviction. They indicate where and what types of crimes are occurring among youth. Many agencies have a role to play in helping to meet California's goal of rehabilitation for youth who have a sustained petition, including schools, social services agencies and community-based organizations. Knowledge about sustained juvenile petitions can help provide strategic direction to prevention, early intervention and rehabilitation efforts in Orange County.

Findings

- In 2018, there were 3,324 total juvenile petitions.¹ Of these, 1,302 were sustained petitions (39.2%), a 51.0% decrease from 2013 (2,657).
- The rate of sustained petitions was 393 per 100,000 youth ages 10 to 17 years old in 2018, a 50.9% decrease from 2013 (800 per 100,000 youth).
- Sustained petitions were highest among youth 15 to 17 years old who received 84.9% of sustained petition decisions, followed by youth 12 to 14 years old (15.1%). There were no sustained petitions for youth 10 to 11 years old in 2018.
- When assessed by race/ethnicity, Hispanic youth (78.9%) had the most sustained petitions, followed by White (12.2%), Other/Unknown (3.7%), Black (3.4%) and Asian/Pacific Islander (1.8%) youth in 2018.
- Across genders, the vast majority of sustained petitions were for juvenile males (82.4%), with juvenile females accounting for 17.6% of sustained petitions in 2018.

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Juvenile Sustained Petitions, Rate per 100,000 Youth 10 to 17 Years Old, Orange County, 2013 to 2018 Source: Orange County Probation, Research Division

Percent of Total Juvenile Sustained Petitions, Youth 10 to 17 Years Old, 2018



Source: Orange County Probation, Research Division

Juvenile Sustained Petitions, Rate per 100,000 Youth, 10 to 17 years old, by City, 2018



GANG ACTIVITY AMONG YOUTH

NUMBER OF GANG-RELATED PROSECUTIONS SIGNIFICANTLY LOWER THAN 10 YEARS AGO.

DESCRIPTION OF INDICATOR

This indicator reports the number and rate of gang-related prosecutions of juveniles under the age of 18.¹ Gang-related prosecutions involve charges related to active gang membership or committing a crime at the direction of a criminal street gang, with other gang members and/or for the benefit of a gang.²

Why is this indicator important?

Data consistently shows that gang members are responsible for a disproportionately high number of crimes committed by youthful offenders. Compared to other delinquent youth, gang members are more extensively involved in serious and violent criminal behavior. Juvenile gang members commit serious and violent offenses at a rate several times higher than non-gang adolescents. Gang crime often involves offenses such as weapons possession, drug trafficking, carjacking, assault and murder.³ According to the 2015 National Gang Report, neighborhood street gangs continue to be a significant threat to local jurisdictions across the country.⁴ From a societal standpoint, the issue of juvenile gangs is one that requires swift action for both the well-being and safety of communities and the youth who get caught up in gang life. The Orange County District Attorney's Office seeks to reduce juvenile gang crime both by prosecuting those crimes and collaborating with other agencies to prevent juveniles from joining gangs via the Orange County Gang Reduction and Intervention Partnership (OC GRIP). OC GRIP focuses its work on reducing truancy and providing gang prevention and resiliency building curricula. As a result of OC GRIP, 81% of students receiving its curricula decreased truancy and about 60% of students reported increased well-being and resiliency in 2018-19. 62% of parents who had children receiving services reported an increase in family functioning.

Findings⁵

- In 2019, 4.7% of juvenile prosecutions were gang-related, down 65.4% from 13.6% in 2010 but up from 2018 (4.1%).
- Between 2010 and 2019, the total number of juvenile gang-related prosecutions in Orange County decreased 84.5%, from 786 in 2010 to 122 in 2019.
- The rate of juvenile gang-related prosecutions declined 81% from 113.4 per 100,000 youth aged 10 to 17 in 2010 to 28.7 per 100,000 in 2019.
- Also, the number of unique juveniles prosecuted for gang-related offenses in Orange County dropped 80.4% from 491 in 2010 to 96 in 2019.
- Older teens accounted for the majority of gang-related prosecutions, with teens ages 15-17 comprising 91.7% of the total number of juveniles who were prosecuted for gang-related offenses.
- In 2019, Hispanic youth represented the highest percentage of juvenile gang-related prosecutions (93.8%), followed by Black (2.1%), Other/Unspecified (2.1%). White (1.0%) and Asian (1%).
- The communities most impacted by juvenile gang-related prosecutions in 2019 were Santa Ana (29.2%) and Anaheim (20.2%), as 50% of the juvenile gang-related filings originated in these cities.

¹ Prior Conditions of Children reports tracked the number of gang members countywide, using data from local law enforcement agencies. This data became unavailable in 2017. Therefore, youth gang activity is reported using data from the Orange County District Attorney's office (DODA).² "Gang-related" prosecutions are defined as those prosecutions that involve charges of Penal Code § 186.22(a) which prohibits active gang membership and/or Penal Code § 186.22(b) which prohibits committing a crime at the direction of a criminal street gang. ³ National Gang Intelligence Center, "National Gang Report." 2015, page 12. ⁴ National Gang Intelligence Center, "National Gang Report." 2015, page 9. ⁵ Prosecutorial data was sourced from OCDA records.

SAFE HOMES & COMMUNITIES

Number of Juvenile Gang-Related Prosecutions and Number of Unique Juveniles Prosecuted for Gang-Related Offenses 10 to 17 Years Old, 2010 to 2019

- Number of Gang-Related Prosecutions
- Number of Unduplicated Juveniles Prosecuted

Source: Orange County District Attorney's Office



Number of Unique Juveniles with Gang-Related Prosecutions and Rate Per 100,000 Youth 10 to 17 Years Old with Gang-Related Prosecutions, by Age, 2010 to 2019

- 10-14 Years
- 15-17 Years
- Rate per 100,000 10-17 Years

Note: Rate is calculated using two data sources. The Orange County District Attorney's Office provided gang-related prosecution data. The U.S. Census provided data for the total 10-17 year-old population in 2018. Source: Orange County District Attorney's Office Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, Table S0101



Percent of Unique Juveniles with Gang-Related Prosecutions, by Race/Ethnicity, 10 to 17 Years Old 2010 and 2019

- Hispanic
- Vietnamese*
- White
- Other/Unknown
- Asian
- Black

*Note: 0% of juveniles with gang-related prosecutions identified as Vietnamese in 2019. Source: Orange County District Attorney's Office



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Board of Supervisors

Memorandum

| То: | Clerk of the Board | October 22, 2020 |
|----------|--|------------------|
| From: | Supervisor Lisa Bartlett, 5 th District | |
| Subject: | Appointment to Orange County Mental Health Board | |

Please add the following item to the supplemental calendar for the November 3, 2020 Board meeting agenda. The title of the item should read:

Supervisor Bartlett:

Orange County Mental Health Board – Appoint Denis James Taylor, San Juan Capistrano, as Public Interest/Mental Health for Term of Office ending 12/11/22.

Supervis isa Bartlei

BOARD U 22 5 CT

533R



APPLICATION FOR COUNTY OF ORANGE

BOARD, COMMISSION OR COMMITTEE

Return to:

Clerk of the Board of Supervisors 333 West Santa Ana Blvd., Suite 465 Santa Ana, California 92701 Website: www.ocgov.com/gov/cob/ (FOR COUNTY USE ONLY) 2020 OCT 22 PM 2: 51

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Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee for which you desire consideration. For information or assistance, please contact the Clerk of the Board of Supervisor's Office at (714) 834-2206. Please print in ink or type.

NAME OF BOARD, COMMISSION, OR COMMITTEE TO WHICH YOU ARE APPLYING FOR MEMBERSHIP (SEE LIST AT HTTP://WWW.OCGOV.COM/GOV/COB/BCC/CONTACT):

BHAB/MHB

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: 🗌 First 🔲 Second 🔲 Third 🗔 Fourth 🔳 Fifth

APPLICANT NAME AND RESIDENCE ADDRESS:

| Denis | James | Taylor | |
|---|---|---------------------------------------|-------------------|
| First Name | Middle Name | Last Nan | ne |
| •••• | • | | |
| Street Address | City | State | 7. |
| • / - · - · | · | | Ζη , υτ , |
| Home Phone Number | | Cell Phone Num | per |
| Email Address | | | |
| CURRENT EMPLOYER: | Harmonic Energetic Te | chnologies | <u> </u> |
| OCCUPATION/JOB TITLE: | Software Designer | | |
| BUSINESS ADDRESS: | / | | ······ |
| BUSINESS PHONE NUMBER: | | · | |
| EMPLOYMENT HISTORY: Plea helpful in evaluating your applic | ase attach a resume to this app ation. | lication and provide any informat | ion that would be |
| ARE YOU A CITIZEN OF THE | UNITED STATES: 🗆 YES 🛢 N | 0 | |
| IF NO, NAME OF COUNTRY O | F CITIZENSHIP: Canada | | |
| ARE YOU A REGISTERED VO | TER? 🗆 YES 🔳 NO | | |
| FYES, NAME COUNTY YOU | ARE REGISTERED IN: | | |
| | | · · · · · · · · · · · · · · · · · · · | |

LIST ALL CURRENT PROFESSIONAL OR COMMUNITY ORGANIZATIONS AND SOCIETIES OF WHICH YOU ARE A MEMBER.

| ORGANIZATION/SOCIETY | FROM (MO./YR.) | TO (MO./YR.) |
|------------------------------|----------------|--------------|
| AFSP - Orange County | 10/2014 | Date |
| SJC Fiesta Association | 1/2015 | Date |
| Laguna Niguel Holiday Parade | 1/2016 | Date |

WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN AFFILIATED WITH ANY BUSINESS OR NONPROFIT AGENCY(IES)?

DO YOU OWN REAL OR PERSONAL PROPERTY OR HAVE FINANCIAL HOLDING WHICH MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST? DYES IN NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME SINCE YOUR 18TH BIRTHDAY? YOU ARE NOT REQUIRED TO DISCLOSE ANY OF THE FOLLOWING: ARRESTS OR DETENTIONS THAT DID NOT RESULT IN A CONVICTION; CONVICTIONS THAT HAVE BEEN JUDICIALLY DISMISSED, EXPUNGED OR ORDERED SEALED; INFORMATION CONCERNING REFERRAL TO AND PARTICIPATION IN ANY PRETRIAL OR POSTRIAL DIVERSION PROGRAM; AND CERTAIN DRUG RELATED CONVICTIONS THAT ARE OLDER THAN TWO YEARS, AS LISTED IN CALIFORNIA LABOR CODE § 432.8 (INCLUDING VIOLATIONS OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11357(B) AND (C), 11360(C) 11364, 11365 AND 11550 – AS THEY RELATE TO MARIJUANA)?

□YES ■ NO

IF YES, PLEASE EXPLAIN AND ATTACH ADDITIONAL SHEETS, IF NECESSARY.

PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD, COMMITTEE, OR COMMISSION. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

I have been active for 6 years in Suicide Prevention in OC

as an advocate, spokesperson and group facilitator.

DATE: 10/16/2020

APPLICANTS SIGNATURE:

CLERK OF THE BOARD OF SUPERVISORS USE ONLY - DO NOT WRITE BELOW THIS LINE

| Date | Received: | | Received by: | | |
|--------------------------------|-----------------------|----------------|------------------|----------------|----------------|
| Date referred: | | | d of Supervisors | | |
| To: | BOS District 1 | BOS District 2 | BOS District 3 | BOS District 4 | BOS District 5 |
| All BOS BCC Contact Person | | on Name | | | |
| NAME AND ADDRESS OF | Revised Date 02/07/19 | | | | |

Page 2 of 2

Volunteer Resume Jim Taylor

I have been active in my communities for almost 30 years as a volunteer and advocate. This document serves to detail what I consider to be the highlights of my service. None of these positions are paid. In addition, I have participated free of charge in fundraisers as a comedian, DJ, MC and/or auctioneer for many organizations from CHOC, CHP, LA City and County Fire, Huntington Beach Fire, Women's Shelters, Homeless Shelters, and numerous others, Pre-COVID. I have no difficulty speaking in front of thousands of people and embrace my position as a passionate layman in world of experts.

In my professional life I am a software designer/programmer and a professional comedian.

1991-1992 - Board Member - Samadana

- Samadana was formed to provide a safe environment for sexually abused disabled children with normal or higher than normal intelligence. At the time, placement for these children in protective facilities or foster care was exceedingly difficult.
- I was approached by Dr. Jim Colbert to serve on the board of directors. At the time I was a comedy radio host (KORG-AM 1190) and produced a comedy fundraiser for his organization.
- The Board consisted of physicians, administrators, and clinicians. My position was a public voice and a layman.
- I left in 1992 once the first home was opened and we began to receive children.
- https://www.latimes.com/archives/la-xpm-1992-10-29-me-1063-story.html

1995-2005 - Parents Without Partners Chapter #306

- I joined this organization in 1995 as a single parent and was soon invited to join the board as Director of Parent Education.
- My role was to organize educational events related to single parenting in the form of discussions, panel speakers and forums.
- I was elected President in 1998 and was annually re-elected for another 6 years.
- I left the organization after becoming engaged to my wife.

2014-2019 – American Foundation for Suicide Prevention – Orange County

- I served as the MC for the 2014 Out of the Darkness Walk to prevent suicide.
- I was invited to join the Board in 2014 and appointed Chairman, serving 5 years.
- My primary role was administration, but I also hosted many events.
- I interfaced with the National organization, attended suicide prevention trainings, and spoke to many groups regarding suicide prevention.
- I have worked with NAMI OC, Didi Hirsch and OC Links on suicide prevention efforts in Orange County.
- I co-hosted International Survivors of Suicide Loss Day events with Saddleback Church.

- My objectives were to help reduce the stigma associated with suicide and encourage open and frank discussions. I was able to secure exhibitor space for our booth at events where a mental health organization was not expected, and the results were heartening. We were invited into concerts in the park, gun shows and festivals.
- We participated in parades and have a booth at the annual Swallows Day Parade and Mercado.
- I am a staunch advocate for suicide prevention.

2015 to date - San Juan Capistrano Fiesta Association

- Fiesta is tasked with producing and funding the annual Swallows Day Parade and Mercado Street Faire, as well as all the related events.
- I had been announcing the parade for years and was approached to join Fiesta and accept a Board position.
- I served in many positions before being elected President in the spring of 2017 and still serve in this position.
- The organization has expanded its role in the community especially during the COVID crisis. We partnered with other nonprofits and operated 32 free prepared food events serving as many as
- 5,000 people per day. We also participated in 7 free grocery distributions and dispensed over 245 tons of free groceries. Fiesta also assists the City of San Juan Capistrano with volunteers for their events whenever asked.
- In the early days of the shutdown, Fiesta purchased thousands of masks and distributed them free of charge throughout the community, including nursing homes and hospital nurses.

2015 to date – Laguna Niguel Holiday Parade Committee

- This committee is tasked with producing the annual Laguna Niguel Holiday Parade.
- I had also been announcing for this parade for years and I asked to join the committee to coordinate announcers and scripts.
- Was appointed Chairman in 2018 and still serve in this position.



RE: Add Supplemental Item on the calendar for 11/3/2020 Agenda – Add to the Master Event Calendar the Orange County Civic Center Japanese Garden and Tea House Anniversary in the month of November

Please add the following supplemental item for the calendar for the 11/3/20 Board of Supervisors meeting:

• Add to the Master Event Calendar the Orange County Civic Center Japanese Garden and Tea House Anniversary in the month of November, findings per Government Code Section 26227.

Thank you.

Date: 10/22/2020

cc: Valerie Sanchez, Chief Deputy Clerk of the Board