



# AGENDA

## IRVINE CHILDREN, YOUTH AND FAMILIES ADVISORY COMMITTEE REGULAR MEETING

Vacant  
Chair

**May 26, 2021  
5:30 PM**

Wendy Bokota  
Vice Chair

**Irvine Civic Center  
L102 Conference Room  
One Civic Center Plaza  
Irvine, CA 92606**

Committee Members:  
Phyllis Agran  
Brooke Cazier  
Jen Chiou  
Shelby Clatterbuck  
Dina Eletreby  
Lily Freeman  
Diane Gale  
Naz Hamid  
Ense Kwan  
Ameer Mody  
Ajay Mohan  
Jing Sun  
Sahra Tanikawa  
Jada Ulep

**Zoom Meeting**

### **IMPORTANT PUBLIC HEALTH AND SAFETY MESSAGE REGARDING PARTICIPATION IN IRVINE CHILDREN, YOUTH AND FAMILIES ADVISORY COMMITTEE MEETING**

AS A RESULT OF THE COVID-19 VIRUS, AND RESULTING ORDERS AND DIRECTION FROM THE PRESIDENT OF THE UNITED STATES, AND THE GOVERNOR OF THE STATE OF CALIFORNIA, AND THE ORANGE COUNTY HEALTH CARE AGENCY, AS WELL AS THE CITY OF IRVINE EMERGENCY DECLARATION, THE PUBLIC WILL NOT BE PERMITTED TO PHYSICALLY ATTEND THE IRVINE CHILDREN, YOUTH AND FAMILIES ADVISORY COMMITTEE REGULAR MEETING TO WHICH THIS AGENDA APPLIES.

YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO "ATTN: IRVINE CHILDREN, YOUTH AND FAMILIES ADVISORY COMMITTEE," ONE CIVIC CENTER PLAZA, IRVINE, CA 92606 OR BY EMAIL TO [MBACKHUS@CITYOFIRVINE.ORG](mailto:MBACKHUS@CITYOFIRVINE.ORG). YOU MAY ALSO PROVIDE LIVE COMMENTS VIA "ZOOM." FOR MORE INFORMATION, VISIT [IRVINE CHILDREN, YOUTH AND FAMILIES ADVISORY COMMITTEE](http://IRVINECHILDREN.YOUTHANDFAMILIESADVISORYCOMMITTEE.CITYOFIRVINE.ORG).

PLEASE NOTE: THE IRVINE CHILDREN, YOUTH AND FAMILIES ADVISORY COMMITTEE IS MAKING EVERY EFFORT TO FOLLOW THE SPIRIT AND INTENT OF THE BROWN ACT AND OTHER APPLICABLE LAWS REGULATING THE CONDUCT OF PUBLIC MEETINGS, IN ORDER TO MAXIMIZE TRANSPARENCY AND PUBLIC ACCESS. FOR QUESTIONS OR ASSISTANCE, PLEASE CONTACT THE COMMUNITY SERVICES DEPARTMENT AT 949-724-6600, OR VIA EMAIL AT [MBACKHUS@CITYOFIRVINE.ORG](mailto:MBACKHUS@CITYOFIRVINE.ORG). IT WOULD BE APPRECIATED IF WRITTEN COMMUNICATIONS OR PUBLIC COMMENTS RELATED TO ITEMS ON THE AGENDA, OR ITEMS NOT ON THE AGENDA, ARE PROVIDED PRIOR TO THE COMMENCEMENT OF THE MEETING.

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**Speaker's Card/Request to Speak:** If you would like to address the Irvine Children, Youth and Families Advisory Committee (ICYFAC) on a scheduled agenda item, please complete the Request to Speak Form. Speaker's Forms are located on the table at the entrance to the Meeting Room. Please identify on the card your name, address and the item on which you would like to speak and return to the Recording Secretary. The Request to Speak Form assists the Chair in ensuring that all persons wishing to address the ICYFAC are recognized. Your name will be called at the time the matter is heard.

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**CALL TO ORDER**

**ROLL CALL**

**PLEDGE OF ALLEGIANCE**

**INTRODUCTIONS**

- New Committee Member Introductions – Deputy Director of Community Services Corey Lakin.

**COMMITTEE REORGANIZATION**

**IRVINE CHILDREN, YOUTH AND FAMILIES ADVISORY COMMITTEE REORGANIZATION**

**RECOMMENDED ACTION:**

- 1) Selection of Irvine Children, Youth and Families Advisory Committee Chair: Designee declares nominations open for Chair and calls for Committee vote.
- 2) Selection of Vice Chair: Newly-elected or reappointed Irvine Children, Youth and Families Advisory Committee Chair declares nominations open for Vice Chair and calls for Committee vote.

**PRESENTATIONS**

**ANNOUNCEMENTS**

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Announcements are for the purpose of presenting brief comments or reports, are subject to California Government Code Section 54954.2 of the Brown Act and are limited to 15 minutes per meeting.

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**COMMITTEE UPDATES**

- High School Youth Action Team report

**ADDITIONS AND DELETIONS TO THE AGENDA**

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Additions to the agenda are limited by California Government Code Section 54954.2 of the Brown Act and for those items that arise after the posting of the Agenda and must be acted upon prior to the next Committee meeting.

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**PUBLIC COMMENTS**

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Any member of the public may address the Committee on items within the Committee's subject matter jurisdiction, but which are not listed on this Agenda during PUBLIC COMMENTS. However, no action

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may be taken on matters that are not part of the posted agenda. PUBLIC COMMENTS are scheduled for 30 minutes and are limited to 3 minutes per person. If you wish to speak, please complete a Speaker's Form and submit it to the Recording Secretary.

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## **COMMITTEE BUSINESS**

### **1. APPROVAL OF IRVINE CHILDREN, YOUTH AND FAMILIES ADVISORY COMMITTEE MINUTES FOR MEETING HELD FEBRUARY 24, 2021**

#### **RECOMMENDED ACTION:**

Approve the minutes of the regular meeting of the Irvine Children, Youth and Families Advisory Committee held February 24, 2021.

### **2. REVIEW OF IRVINE CHILDREN, YOUTH AND FAMILIES ADVISORY COMMITTEE PURPOSE, MISSION, AND DUTIES**

#### **RECOMMENDED ACTION:**

Receive and file report.

### **3. REVIEW OF 2013-18 STRATEGIC PLAN FOR CHILDREN, YOUTH AND FAMILIES UPDATE AND 2020-2021 IRVINE CHILDREN, YOUTH AND FAMILIES ADVISORY COMMITTEE WORK PLAN**

#### **RECOMMENDED ACTION:**

Review and discuss the Strategic Plan for Children, Youth and Families Update 2013-18 (Strategic Plan) and the 2020-2021 Irvine Children, Youth and Families Advisory Committee Work Plan, and determine if any further action is necessary.

## **ADJOURNMENT**

### **NOTICE TO THE PUBLIC**

**At 11:00 p.m.**, the Irvine Children, Youth and Families Advisory Committee (Committee) will determine which of the remaining agenda items can be considered and acted upon prior to 12:00 midnight and will continue all other items on which additional time is required until a future Committee meeting. All meetings are scheduled to terminate at 12:00 midnight.

### **STAFF REPORTS**

As a general rule, staff reports or other written documentation have been prepared or organized with respect to each item of business listed on the agenda. Copies of these materials are on file with the Committee liaison and are available for public inspection and copying once the agenda is publicly posted, (at least 72 hours prior to a regular Committee meeting).

If you have any questions regarding any item of business on the agenda for this meeting, or any of the staff reports or other documentation relating to any agenda item, please contact the Committee liaison at (949) 724-6642.

**SUPPLEMENTAL MATERIAL RECEIVED AFTER THE POSTING OF THE AGENDA**

Any supplemental writings or documents distributed to a majority of the Committee regarding any item on this agenda after the posting of the agenda will be available for public review in the Community Services Department, One Civic Center Plaza, Irvine, California, during normal business hours. In addition, such writings or documents will be made available for public review at the respective public meeting.

**SUBMITTAL OF INFORMATION BY MEMBERS OF THE PUBLIC FOR DISSEMINATION OR PRESENTATION AT PUBLIC MEETINGS**

Written Materials/handouts:

Any member of the public who desires to submit documentation in hard copy form may do so prior to the meeting or at the time he/she addresses the Committee. Please provide 15 copies of the information to be submitted and file with the Recording Secretary at the time of arrival to the meeting. This information will be disseminated to the Committee at the time testimony is given.

**CITY SERVICES TO FACILITATE ACCESS TO PUBLIC MEETINGS**

AMERICANS WITH DISABILITIES ACT: It is the intention of the City of Irvine to comply with the Americans with Disabilities Act (ADA) in all respects. If, as an attendee or a participant at this meeting, you will need special assistance beyond what is normally provided, the City of Irvine will attempt to accommodate you in every reasonable manner. Please contact the Committee liaison at 949-724-6647 at least 48 hours prior to the meeting to inform us of your particular needs and to determine if accommodation is feasible. Please advise us at the time if you will need accommodations to attend or participate in meetings on a regular basis.

**COMMUNICATION DEVICES**

To minimize distractions, please turn off or silence all personal communication devices.

**MEETING SCHEDULE**

Regular meetings of the Committee are held quarterly on the last Wednesday of every third month at 5:30 p.m. unless otherwise noted. The Committee agenda is posted in the Police Department for public viewing. Meeting agendas and approved minutes are kept current on the City website at [www.cityofirvine.org](http://www.cityofirvine.org).

I hereby certify that the agenda for the Irvine Children, Youth and Families Advisory Committee meeting was posted at the main entrance of City Hall and in the posting book located in the Public Safety Lobby, One Civic Center Plaza, Irvine, California on May 20, 2021 by 5:30 p.m. as well as on the City's website.

/s/Rebecca Parmer  
Committee Liaison

## **COMMITTEE REORGANIZATION**

### **IRVINE CHILDREN, YOUTH AND FAMILIES ADVISORY COMMITTEE REORGANIZATION**

*(There is no Staff Report associated to this  
item.)*

# **COMMITTEE BUSINESS**

## **ITEM 1**

### **MINUTES**



# MINUTES

## IRVINE CHILDREN, YOUTH AND FAMILIES ADVISORY COMMITTEE REGULAR MEETING

February 25, 2021

**Middle School Programs Office**  
14321 Yale Avenue  
Irvine, CA 92604

### CALL TO ORDER

A regular meeting of the Irvine Children Youth and Families Advisory Committee was called to order at 5:43 p.m. at the Irvine Middle School Programs Office via WebEx, 14321 Yale Avenue, Irvine by Vice-Chair Bokota.

### ROLL CALL

Present: 13

Committee Member	Phyllis Agran
Committee Member	Brooke Cazier
Committee Member	Shelby Clatterbuck
Committee Member	Dina Eletreby
Committee Member	Lily Freeman
Committee Member	Diane Gale
Committee Member	Naz Hamid
Committee Member	Christine Ito
Committee Member	Ense Kwan
Committee Member	Ajay Mohan
Committee Member	Jing Sun
Committee Member	Jada Ulep
Vice Chair	Wendy Bokota

Absent: 1

Committee Member	Luz Arellano
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### PLEDGE OF ALLEGIANCE

Vice Chair Bokota led the Pledge of Allegiance.

## **INTRODUCTIONS**

Community Services Administrator Buchanan Introduced new members: Community Services Commissioners Naz Hamid, and Jing Sun, Ajay Mohan, Vice Mayor Kim's appointee, and Phyllis Agran, Councilmember Agran's appointee.

## **PRESENTATIONS**

1. Irvine Unified School District Counselor's Present Campus Climate, Trends, and Support.

Counselors Michele Trapp from Jeffrey Trail Middle School, Tami Watkins, South Lake Middle School, Elizabeth Taylor from Woodbridge High School, Amy Klamberg from Irvine High School and Connie Jacobs, Coordinator College and Career Readiness Counseling, presented a PowerPoint showing how counselors are supporting IUSD middle and high school students during the pandemic.

## **ANNOUNCEMENTS**

Community Services Administrator Buchanan announced the following:

- Member at Large recruitment currently has four applications; the recruitment closes on March 1, at 5:00 p.m.
- ICYFAC Chair and Vice-chair elections will take place at the regular May meeting.

Supervisor Painter announced:

- Middle School Programs will be working with the Weichman Institute to create a program focusing on students' mental health and a separate program with the same focus for parents.

Committee Member Agran announced:

- The American Academy of Pediatrics Orange County Chapter is an excellent resource for families to find up-to-date information regarding Covid 19.

Vice Chair Bokota announced:

- The Irvine Children's Fund is carefully monitoring the pandemic to determine if it will be safe to hold the 2021 Irvine Junior Games. The Junior Games are the primary fundraiser for Irvine Child Care Projects' afterschool scholarship program.

## **COMMITTEE MEMBER UPDATES**

Youth Action Team Project Updates:

Committee Members Freeman and Ulep provided an update on High School Youth Action Teams Winter programming:

### Community Service

- Each month, HSYAT continues to offer numerous opportunities for teens to serve their community while at home. Projects include: creating cards for first responders



and teachers, creating learning materials for local day-care centers, online book reviews, community clean-ups, making care packages, creating gardens at local community centers, making dog toys for the Irvine Animal Care Center. HSYAT has 8-10 new volunteer opportunities each month open to all students

- Over 400 students are currently volunteering with HSYAT. They have completed over 2,500 hours of service since the start of the school year.
- HSYAT is also an approved Presidential Volunteer Service Award program. Students who complete over 100 hours of service with HSYAT are eligible for the award. Over a dozen students have received the award since November, with many more students expected to receive the award this year.

### Education

- HSYAT has also been addressing many important teen topics through a weekly online speaker series held every Thursday. Topics discussed include: Job Interview Skills, Navigating the UC Application, Personal Branding, Career Paths, Emergency Preparedness, Goal Setting, Working with Special Needs Community, Cultural Activism, Writing/Publishing, Zoom Fatigue, Understanding the Deaf Community, Leadership, Reducing Screen Time and more.
- HSYAT also hosted the online Health and Wellness Speakers Series every other Wednesday. Topics included: Stress management, Self-Love, Building Good Habits, Manifestation, Personal Advocacy, Social Anxiety, De-stressing Through Art. Today's discussion was on Healthy Teen Dating and Relationships. They have also hosted online Tai Chi and yoga classes.
- In addition to the online speaker series, 60 HSYAT volunteers and staff attended the CASA Youth Leadership conference online last Saturday with workshops addressing mental health, supporting the LGBTQ+ community, healthy relationships, and suicide awareness.
- On March 3, many students are expected to attend the OC Youth Town Hall on Mental Health hosted by OC Supervisor Don Wagner and OC Health Care Agency. HSYAT staff are very involved in this event and will be moderating each component, hosting a youth panel, leading a mindfulness break, and delivering the opening and closing remarks.
- HSYAT staff participated in the IUSD College and Career Fair, hosting breakout sessions on Maximizing Your High School Experience, Intro to Adulting, and Building College Connections.
- Over 750 students are attending the HSYAT-hosted workshops.

### Social Events

- HSYAT has been hosting online Friday night social events such as Teen Trivia Nights, Movie Nights, Game Nights, Cookie Decorating, Escape Room Challenges, Baking Class, and current social events like the upcoming 17th Annual Acoustic Music Festival.

## **ADDITIONS AND DELETIONS TO THE AGENDA**

There were no additions or deletions to the plan.

**PUBLIC COMMENTS**

There were no public comments.

**COMMITTEE BUSINESS**

**2. APPROVAL OF IRVINE CHILDREN, YOUTH AND FAMILIES ADVISORY COMMITTEE MINUTES FOR MEETING HELD NOVEMBER 18, 2020.**

**ACTION: Moved by Committee Member Gale and seconded by Committee Member Eletreby to approve the minutes of the regular meeting of the Irvine Children, Youth and Families Advisory Committee held November 18, 2020.**

The motion carried as follows:

Ayes: 13 Committee Members: Bokota, Agran, Cazier, Clatterbuck, Eletreby, Freeman, Gale, Hamid, Ito, Kwan, Mohan, Sun Ulep  
Absent: 1 Committee Members: Arellano

**3. IRVINE CHILDREN, YOUTH AND FAMILIES ADVISORY COMMITTEE MEMBER-AT-LARGE RECRUITMENT.**

**ACTION: Moved by Committee Member Mohan and seconded by Committee Member Eletreby to appoint Irvine Children, Youth, and Families Advisory Committee members to serve on a selection committee to fill expiring Member-at-Large positions.**

The motion carried as follows:

Ayes: 13 Committee Members: Bokota, Agran, Cazier, Clatterbuck, Eletreby, Freeman, Gale, Hamid, Ito, Kwan, Mohan, Sun Ulep  
Absent: 1 Committee Members: Arellano

**ADJOURNMENT**

Moved by Committee Member Agran, seconded by Committee Member Hamid, and unanimously carried by those members present, to adjourn the meeting at 7:32 p.m.

\_\_\_\_\_  
WENDY BOKOTA  
VICE CHAIR

Date Approved: \_\_\_\_\_

\_\_\_\_\_  
MARCY BACKHUS  
RECORDING SECRETARY

# **COMMITTEE BUSINESS**

## **ITEM 2**

### **REVIEW OF IRVINE CHILDREN, YOUTH AND FAMILIES ADVISORY COMMITTEE PURPOSE MISSION, AND DUTIES**



# REQUEST FOR IRVINE CHILDREN, YOUTH AND FAMILIES ADVISORY COMMITTEE ACTION

**MEETING DATE:** MAY 26, 2021

**TITLE:** REVIEW OF IRVINE CHILDREN, YOUTH AND FAMILIES  
ADVISORY COMMITTEE PURPOSE, MISSION, AND DUTIES

  
Director of Community Services

## RECOMMENDED ACTION

Receive and file report.

## EXECUTIVE SUMMARY

The Irvine Children, Youth and Families Advisory Committee (ICYFAC) Chair requested the Committee receive the ICYFAC purpose, mission, and duties.

## ANALYSIS

The purpose, mission, and duties for the Irvine Children, Youth and Families Advisory Committee (ICYFAC) are located in the Bylaws (Attachment).

### Purpose

The purpose of the Committee is to serve as a public advisory body of the City of Irvine, reporting to the Community Services Commission (herein after "Commission"). The Committee's purpose is to be achieved in accordance with the goals and objectives of City Council and the Commission.

### Mission

The Committee's mission is to provide ongoing review and evaluation of the City's children, youth and family-related initiatives.

### Duties

The Committee's duties include reviewing progress of children, youth and family-related services and programs and integrating community input on an ongoing basis. The Committee shall have all the primary powers and authorities necessary and convenient to carry out the business and affairs of the Committee, including the power to invite City residents to serve on ad hoc committees as nonvoting participants. The Committee shall

recommend to the Commission such actions as they deem appropriate, and the Commission can convey such recommendations to the City Council as it deems appropriate. The Committee shall report annually to the Commission on its goals and accomplishments.

#### **ALTERNATIVES CONSIDERED**

No alternatives to consider.

#### **FINANCIAL IMPACT**

There is no fiscal impact associated with reviewing Irvine Children, Youth and Families Advisory Committee (ICYFAC) purpose, mission and duties.

**REPORT PREPARED BY**     Corey Lakin, Community Services Deputy Director

#### **ATTACHMENTS**

Irvine Children, Youth and Families Advisory Committee (ICYFAC) Bylaws



**IRVINE CHILDREN, YOUTH AND FAMILIES  
ADVISORY COMMITTEE  
BYLAWS**

Community Services Resolution Number: 18-07  
Community Services Commission Approved: 06/06/2018

  
\_\_\_\_\_  
Director of Community Services

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**1.0 NAME**

The name of this advisory body of the City of Irvine shall be the Irvine Children, Youth and Families Advisory Committee (hereinafter "Committee").

**2.0 LOCATION**

The principal office for the transaction of business is hereby fixed and located at One Civic Center Plaza in Irvine, California.

**3.0 PURPOSE, MISSION, AND DUTIES**

3.1 Purpose – The purpose of the Committee is to serve as a public advisory body of the City of Irvine, reporting to the Community Services Commission (herein after "Commission). The Committee's purpose is to be achieved in accordance with the goals and objectives of City Council and the Commission.

3.2 Mission – The Committee's mission is to provide ongoing review and evaluation of the City's children, youth and family-related initiatives.

3.3 Duties – The Committee's duties include reviewing progress of children, youth and family-related services and programs and integrating community input on an ongoing basis.

The Committee shall have all the primary powers and authorities necessary and convenient to carry out the business and affairs of the Committee, including the power to invite City residents to serve on ad hoc committees as nonvoting participants. The Committee shall recommend to the Commission such actions as they deem appropriate, and the Commission can convey such recommendations to the City Council as it deems appropriate.

The Committee shall report annually to the Commission on its goals and accomplishments.

**ATTACHMENT**

#### **4.0 GENERAL STATEMENT OF POLICY**

Provisions of the Irvine Municipal Code, Title I, Division 4-Commissions and Committees, are applicable to all commissions and committees appointed by, or otherwise operating under, the authority of the City of Irvine, City Council and/or its properly appointed delegate.

#### **5.0 MEMBERSHIP**

The Committee shall consist of no more than fifteen (15) voting members ("Committee Members"). All Committee Members must either be a resident of, or employed in, the City of Irvine, and shall serve pursuant to Section 5310 of the California Organizations Code.

Membership on the Committee is comprised of representatives meeting the following requirements:

- 5.1 Five (5) City Council-appointed Members – Each member of the City Council shall appoint one member to serve on the Committee for a term expiring upon the expiration of the Council member's term.
- 5.2 Two (2) Members of the Community Services Commission – Community Services Commission elects two (2) members to serve two-year terms.
- 5.3 Two (2) Members-at-Large – Members-at-Large are selected through a public recruitment to serve two-year terms.
- 5.4 Two (2) Youth Members – Youth High School Members are selected through the City of Irvine Youth Action Team to serve one-year terms.
- 5.5 Five (5) Agency Representatives – The following groups will be asked to appoint one (1) person to represent the interests of their respective constituencies to serve at the pleasure of their organization:
  - 5.5.1 Irvine Unified School District
  - 5.5.2 Tustin Unified School District
  - 5.5.3 Irvine Prevention Coalition
  - 5.5.4 Irvine Child Care Committee
  - 5.5.5 Irvine Public Safety (Ex-Officio)

## 5.6 Resignation, Vacancies, and Removal

- 5.6.1 Resignation – Any Committee Member or officer may resign at any time by giving written notice to the Chair or Vice Chair.
- 5.6.2 Vacancies – In the event a vacancy is created, it shall be filled by the same method by which the vacancy was previously filled, at a timeline established by the Committee.
- 5.6.3. Removal – Absence from three (3) consecutive meetings may constitute the removal of the member. In the event a Committee Member fails to attend three consecutive meetings, the Committee may, by motion, move to remove the Committee Member from the Committee. A majority vote of the Committee Members present at the duly constituted meeting shall be required to carry such a motion.
- 5.6.4 Liabilities and Property Rights of the Committee - No member of the Committee shall be personally responsible for any indebtedness or liability, and any and all creditors shall look only to the City of Irvine's assets for payment.

## 6.0 VOTING

- 6.1 One Vote Per Member – Committee Members shall each be entitled to one vote.
- 6.2 Proxy Votes – No proxy votes are permitted.

## 7.0 OFFICERS

Officers of the Committee shall include a Chair and a Vice Chair, each of whom shall be a member of the Committee. The officers shall be elected by the Committee every other year.

- 7.1 Election – Regular election of officers shall be held at the Committee's spring meeting of odd-numbered years. The term of office shall be two (2) years, commencing upon election.
- 7.2 Chair – The Chair shall be responsible for the general supervision, direction, and control of the business and affairs of this Committee. The Chair shall preside over all meetings and shall represent the Committee to the Commission, the City Council and City staff.



- 7.3 Vice Chair – In the absence or resignation of the Chair, the Vice Chair shall perform all of the duties of the Chair, and in so acting, shall have all of the authority of the Chair. The Vice Chair shall have such other powers and perform such other duties as may be prescribed by the Committee.

## 8.0 MEETINGS

All meetings shall be opened to the public and shall conform to the provisions of the “Ralph M. Brown Act”.

- 8.1 Agenda – Agenda items may be submitted thirty (30) days in advance by any Committee Member upon notification to the Chair or City liaison. The agenda shall be established with items as coordinated by the Chair and City liaison.
- 8.2 Procedures – Robert’s Rules of Order shall govern the general conduct of meetings.
- 8.3 Quorum – A majority of the Committee Members shall constitute a quorum. A majority vote of the Committee Members present at a duly constituted meeting shall be required to carry a motion, proposal and/or resolution.
- 8.4 Regular Meetings – The Committee shall meet four (4) times each year per an annual schedule approved by the Committee at the last meeting of the previous year. All regular meeting agendas shall be posted in a location accessible to the public at least 72 hours before the time of the meeting and must describe the business to be transacted.
- 8.5 Special Meetings – A special meeting may be called at any time by the Chair or by a majority of the members of the Committee, by delivering personally, by mail, or by email written notice to each member and by circulating the agenda as required by law, and by posting the agenda in a location freely accessible to the public at least 24 hours before the meeting. The special meeting notice must specify both the time and the place of the meeting and the business to be transacted.

## 9.0 BYLAWS

Amendments to these bylaws are subject to approval and adoption by the Commission by a majority vote of the members present at a duly constituted meeting of the Commission.

## **COMMITTEE BUSINESS**

### **ITEM 3**

**REVIEW OF 2013-18 STRATEGIC PLAN  
FOR CHILDREN, YOUTH AND FAMILIES  
UPDATE AND 2020-2021 IRVINE  
CHILDREN, YOUTH AND FAMILIES  
ADVISORY COMMITTEE WORK PLAN**



# REQUEST FOR IRVINE CHILDREN, YOUTH AND FAMILIES ADVISORY COMMITTEE ACTION

**MEETING DATE:** MAY 26, 2021

**TITLE:** REVIEW OF 2013-18 STRATEGIC PLAN FOR CHILDREN,  
YOUTH AND FAMILIES UPDATE AND 2020-2021 IRVINE  
CHILDREN, YOUTH AND FAMILIES ADVISORY COMMITTEE  
WORK PLAN

  
Director of Community Services

## RECOMMENDED ACTION

Review and discuss the Strategic Plan for Children, Youth and Families Update 2013-18 (Strategic Plan) and the 2020-2021 Irvine Children, Youth and Families Advisory Committee Work Plan, and determine if any further action is necessary.

## EXECUTIVE SUMMARY

The Irvine Children, Youth and Families Advisory Committee (ICYFAC) has received a copy of the Strategic Plan for Children, Youth and Families Update 2013-18 (Strategic Plan), the 2020-2021 Irvine Children, Youth and Families Advisory Committee Work Plan, and other supporting documentation in preparation for a discussion at tonight's meeting.

## ANALYSIS

### Strategic Plan

An extensive community planning process that began in 2007 resulted in the creation of the Strategic Plan for Children, Youth and Families 2008-13, which was approved by the City Council in May 2008. The Strategic Plan 2008-13 provided a guide for development and maintenance of programs and policies, and effective allocation of resources. The Strategic Plan for Children, Youth and Families Update for 2013-18 built upon the previous plan, and was the result of community input, City staff recommendations, and feedback from the Advisory Committee. The Strategic Plan Update included five goals and 12 strategies to accomplish those goals.

### Work Plan

At the November 28, 2018 Irvine Children, Youth and Families Advisory Committee (ICYFAC) meeting, Committee members participated in a goal-setting discussion which resulted in the development of a Work Plan. The Work Plan defines the committee's goals and establishes a framework to measure accomplishment. One was developed for FY 2019-20 and FY 2020-21.

Staff is recommending the ICYFAC review and discuss the Strategic Plan for Children, Youth and Families Update 2013-18 (Strategic Plan) and the 2020-2021 Irvine Children, Youth and Families Advisory Committee Work Plan to determine if any further action is necessary.

### **ALTERNATIVES CONSIDERED**

Alternatives to consider are:

- 1) Receive and file.
- 2) Make a recommendation to the Community Services Commission.

### **FINANCIAL IMPACT**

There is no fiscal impact associated with reviewing and discussing the Strategic Plan Update and Work Plan.

**REPORT PREPARED BY** Corey Lakin, Community Services Deputy Director

### **ATTACHMENTS**

1. Strategic Plan for Children, Youth and Families Update 2013-18
2. Strategic Plan for Children, Youth and Families Highlights for FY 2012-13
3. FY 2020-21 Irvine Children, Youth and Families Advisory Committee Work Plan
4. 26th Annual Report on the Conditions of Children in Orange County

# Strategic Plan for Children, Youth and Families Update 2013-18



# Table of Contents

Background .....	2
Development of the Strategic Plan Update .....	5
Key Achievements 2008-13.....	6
Support to Families in Need.....	6
Child Care and School Readiness.....	7
Underage Drinking Reduction.....	8
Volunteerism and Community Service .....	10
Health and Fitness.....	10
Children’s Mental Health .....	11
Community Recommendations for Strategic Plan Update.....	13
1. Support to Families in Need .....	14
2. Child Care and School Readiness .....	16
3. Youth Alcohol, Substance Use and Other Risky Behavior Reduction....	18
4. Youth Volunteerism .....	21
5. Health, Fitness and Well-being.....	23
Conclusion .....	27
Acknowledgements.....	29
<b>APPENDICES</b>	
A. Strategic Plan for Children, Youth and Families .....	30
2008-13 Strategies	
B. Strategic Plan for Children, Youth and Families .....	33
Update Implementation Matrix 2013-18	
C. Organizations Represented at Key Stakeholder Meetings .....	40

# Background



The City of Irvine, incorporated in 1971, is a strong, diverse community of more than 230,000 residents, spanning approximately 66 square miles. Irvine is one of the country's safest and most successful master-planned urban communities, with exceptional schools, ample green space and parks, and quality programs and services. Recognized as a model for the quality of life it provides to children, youth and families, Irvine is named one of the nation's *100 Best Communities for Young People* by America's Promise Alliance and consistently ranks among the top communities on key indicators for conditions of children and families.



The City takes a proactive approach to planning for the well-being of children, youth and families. In 2002, City Councilmembers presided at a *Forum on Child and Elder Poverty in Irvine and Orange County* that culminated in a call for development of a strategic plan for children and families. In 2003, the City Council responded by selecting Mr. Sid Gardner of Children and Family Futures to prepare an indicators report on conditions of children, youth and families in Irvine to serve as a baseline of overall well-being and the foundation for a strategic plan. Indicators reports were completed and presented to the City Council in 2005 and 2007, and the City Council directed staff in 2007 to develop a Strategic Plan for Children, Youth and Families to address priority programmatic areas identified in the reports.



An extensive community planning process that began in 2007 resulted in the creation of the Strategic Plan for Children, Youth and Families 2008-13 (Strategic Plan 2008-13), which was approved by the City Council in May 2008. Comprised of 13 specific strategies under six goal areas, the plan represents the City's vision to create and maintain a safe community where children, youth and families thrive emotionally, physically, academically and socially. A list of 2008-13 goal areas and strategies is included as Appendix A.



In March 2009, under the auspices of the City's Community Services Commission, the Irvine Children, Youth and Families Advisory Committee (Advisory Committee) was formed to oversee the plan. The Advisory Committee reviews plan progress, monitors funded activities and integrates community input on an ongoing basis.

The Strategic Plan 2008-13 has provided a guide for development and maintenance of programs and policies, and effective allocation of resources. Plan implementation has resulted in a coordinated, outcome-driven approach to providing services and many accomplishments, as outlined in the Key Achievements 2008-13 section of this report.



The Strategic Plan for Children, Youth and Families Update for 2013-18 (Strategic Plan Update) is a continuation of the Strategic Plan 2008-13, and will guide the City for the next five years. It builds directly on the previous plan and is the result of community input, City staff recommendations and feedback from the Advisory Committee.



The Strategic Plan Update goals are to:

1. Reduce poverty and the harmful effects of poverty and near-poverty status among families in Irvine (Support to Families in Need).
2. Expand and enhance early care and educational opportunities, and support continued developmental well-being of children (Child Care and School Readiness).
3. Reduce and prevent alcohol and substance use and other harmful behavior among Irvine youth (Youth Alcohol, Substance Use and Other Risky Behavior Reduction).
4. Enhance and expand community service by youth and families in Irvine through youth-oriented and intergenerational programs (Youth Volunteerism).
5. Improve health and fitness, and social, emotional and developmental well-being among children and youth (Health, Fitness and Well-being).



Twelve strategies were identified to address these goals, as depicted in Chart 1. New to the updated plan are target areas, which are suggested actions to guide strategy implementation. A five-year Implementation Matrix, included as Appendix B, was also developed to meet the goals of the updated strategic plan.





## Chart 1: Strategic Plan Update Goals and Strategies

### **GOAL AREA 1: Support to Families in Need**

Reduce poverty and the harmful effects of poverty and near-poverty status among families in Irvine.

#### **Strategy: Community Outreach and Education**

Enhance community outreach and education to improve access to information and increase use of community resources and services.

### **GOAL AREA 2: Child Care and School Readiness**

Expand and enhance early care and educational opportunities, and support continued developmental well-being of children.

#### **Strategy: Child Care Capacity Expansion**

Provide technical assistance and expertise in developing new and expanding existing, high-quality licensed child care.

#### **Strategy: Child Care Quality Enhancement**

Provide technical assistance, information and professional development opportunities to existing child care providers to enhance quality of care.

#### **Strategy: School Readiness and Continued Developmental Support**

Provide education and resources to parents to support school readiness and social, emotional and developmental well-being of young children.

### **GOAL AREA 3: Youth Alcohol, Substance Use and Other Risky Behavior Reduction**

Reduce and prevent alcohol and substance use and other harmful behavior among Irvine youth.

#### **Strategy: Youth Development**

Prevent substance use and abuse, and risky behavior by building on youth assets and strengths. Foster healthy youth development, provide safe social recreation activities and develop leadership skills.

#### **Strategy: Risk Reduction**

Enhance access to information, resources and prevention/intervention activities to reduce high risk behavior.

#### **Strategy: Community Collaboration**

Reduce risky behavior among young people through collaboration with groups such as Irvine Prevention Coalition and school districts.

### **GOAL AREA 4: Youth Volunteerism**

Enhance and expand community service by youth and families in Irvine through youth-oriented and intergenerational programs.

#### **Strategy: Youth Community Service and Volunteerism**

Promote community service as a means of strengthening resiliency, facilitating community engagement, providing service to others, and youth development and learning.

### **GOAL AREA 5: Health, Fitness and Well-being**

Improve health and fitness, and social, emotional and developmental well-being among children and youth.

#### **Strategy: Physical Activity Policy and Program Development**

Expand offerings and quality of physical education and fitness programs in the City of Irvine and other youth serving institutions.

#### **Strategy: Youth Wellness Advocacy**

Encourage healthy food choices and physical activity for communities and schools throughout Irvine.

#### **Strategy: Standards for Public Facility Use**

Create consistent policies, practices and messaging between the City and its facility users regarding the provision of healthy and nutritious food at events.

#### **Strategy: Social, Emotional and Developmental Support Services and Linkages**

Increase support for children and youth experiencing social, emotional and developmental issues, and raise awareness about youth well-being.

# Development of the Strategic Plan Update

## Key Stakeholder Meetings and Public Forums

Between March and May 2012, the City contracted with WestEd to facilitate five key stakeholder meetings and five public forums to gain community input. Participants represented more than 20 community agencies and local institutional partners.

Each key stakeholder meeting focused on a specific goal area, with participants selected based on their expertise. Meetings included a review of the 2008-13 goals and strategies, a discussion of successes and challenges in implementing the first five years of the plan, an examination of local conditions and data indicators, and staff recommendations for goal and strategy revisions. Participants provided information regarding continuing or emerging trends and needs, suggestions for modifications to existing goals and strategies, and next steps to be considered. A list of community organizations represented at the stakeholder meetings is included as Appendix C.

Staff used stakeholder input to update 2008-13 goals and strategies, which were then presented to the community at public forums. Forums included a presentation on local conditions, an overview of existing plan achievements and discussion to gather strategy recommendations.

## Irvine Children, Youth and Families Advisory Committee

In May 2012, results of the stakeholder meetings and public forums were compiled and presented to the Advisory Committee, which reviewed and provided feedback regarding proposed goals, strategies and key target areas for inclusion in the plan update.

## Plan Completion

A draft plan and implementation matrix were presented to the Advisory Committee at its May 2013 meeting. The Advisory Committee recommended presenting the plan update to the Community Services Commission. In August 2013, the Community Services Commission reviewed the plan update and recommended City Council approval.



# Key Achievements 2008-13

The successes, lessons learned and momentum created from efforts implemented under the Strategic Plan 2008-13 provide the foundation for the updated plan and implementation matrix. The most significant achievements under the Strategic Plan 2008-13, organized by the six original goal areas, include:

## Support to Families in Need

- The Irvine Children's Health Program, conducted by the City in partnership with the Children's Health Initiative of Orange County, was established in 2008 to help families obtain affordable health insurance for their children. The program expanded services in 2011 at no additional cost to the City, to help low-income adults find public health care coverage and other assistance programs. Through 2012, the program has enrolled more than 1,500 previously uninsured Irvine children and 155 adults into health coverage programs.
- Financial assistance scholarships for parks and other Community Services programs have more than doubled since Fiscal Year 2009-10 (FY 2009-10) from approximately \$44,000 to approximately \$92,000 in FY 2011-12, making City services more accessible to lower income families.
- In an effort to prevent youth from engaging in high-risk behaviors and dangerous situations, the City's Mobile Recreation Program reoriented programming in 2008 to locations such as large apartment buildings and affordable housing complexes, where there are high numbers of unsupervised youth during after school hours. The program provides constructive activities for approximately 100 children per week.
- Since 2008, the City has held an annual healthy food drive in partnership with Second Harvest Food Bank to support families in need.
- Since 2009, the City has hosted a State of California WeConnect Neighborhood Center to link families with assistance programs. Irvine was the first municipality to offer this service.
- Since 2009, the City, the Irvine Chamber of Commerce and the Irvine Unified School District Family Resource Center have partnered to provide holiday gifts for Irvine Unified School District students who are homeless.
- Since 2009, the City has provided resource areas at each community park to make information about support services and other resource materials easily accessible to the public.
- The City's Financial Literacy Campaign has expanded through increased marketing and greater collaboration with community partners, including affordable housing providers and local employers. Participation in the City's financial literacy workshops, conducted with Consumer Credit Counseling of Orange County and Legal Aid Foundation of Orange County, has more than doubled since 2008 to almost 1,400 participants in FY 2011-12.

- Returns from no-cost tax preparation services for low- to moderate-income residents, provided by the City in partnership with Legal Aid Society of Orange County, increased from \$1.2 million in tax year 2008 to \$1.8 million in tax year 2011, with Earned Income Tax Credit refunds increasing from \$452,000 to \$648,000.

### Child Care and School Readiness

- In 2008, the City opened a newly designed and expanded Child Resource Center Lending Library, which contains more than 2,500 items on child development, child care program administration and curriculum rarely available in public libraries. Library usage has increased from 1,269 items checked out in FY 2008-09 to more than 6,500 items in FY 2011-12.
- Since 2008, the Child Care Coordination Office has provided the *Guide to Opening a Licensed Family Child Care in the City of Irvine*, outlining steps to meet both state and City requirements for opening a home-based child care business. Since 2010, the Child Care Coordination Office has offered a user-friendly web page for potential child care operators, providing step-by-step guidance for opening both home-based and center-based child care in Irvine.
- Each year, approximately 30 to 65 potential home- or center-based providers interested in locating in Irvine receive information or technical support from the Child Care Coordination Office. Since 2008, 17 child care centers have received individualized technical support in applying for a conditional use permit to locate in the City; 11 received a permit.

- Each year, the Child Care Coordination Office provides information and support to nearly 600 parents seeking help with finding child care, financial assistance and other resources related to child care and child development.
- Approximately 16 professional development workshops for early child care providers are hosted by the Child Care Coordination Office each year. The *Super Saturday: Staff Development Day for Early Care and Education Professionals* is the largest of these events. Attendance increased from 197 in 2009 to 270 in 2013.
- The Child Care Coordination Office has strengthened its relationship with local home-based child care providers resulting in the development of new programs and services. In 2010, the Child Care Coordination Office added an online listing of home-based child care providers to the City website, which already



*Child care providers taking part in a hands-on educational workshop at Super Saturday: Staff Development Day for Early Care and Education Professionals.*

included a listing of local child care centers. The home-based provider list has grown from 23 providers to 79 in 2013. Since 2011, the City has also provided evening training sessions for home-based providers to assist in enhancing care.

- In 2012, the Irvine Child Care Coordination Office conducted a survey of all licensed child care providers (152) to assess availability of licensed child care spaces in Irvine. The survey had a 98 percent response rate (150 providers). As of March 2012, there were 8,692 licensed child care spaces in the City, with 1,122 unfilled and available spaces.
- Since 2008, the Irvine Child Care Coordination Office and the Irvine Unified School District School Readiness Program have partnered to offer various parent and provider workshops and share materials and resources.

### Underage Drinking Reduction

- In 2008, the Irvine Prevention Coalition, comprised of community partners including Irvine Community Drug Prevention, University of California, Irvine, Irvine Unified School District and the City, received a four-year federal grant to coordinate a community education campaign to prevent underage drinking.
- Since 2009, the Irvine Prevention Coalition has conducted a parent education campaign and provided a website focused on raising community awareness about the negative impact of underage drinking on adolescent development.

- In 2009, the City's High School and Middle School Youth Action Teams worked with Irvine Community Drug Prevention to develop *PAUSE (Preventing Alcohol Use by Students Everywhere)*, a social norms campaign to reduce underage drinking and other substance use. *PAUSE* includes educational and interactive peer-led programs and activities to promote positive, healthy behaviors and is conducted yearly on five high school and five middle school campuses.
- The Irvine Police Department received an Alcoholic Beverage Control grant in 2010 to combat underage drinking. The program included education and enforcement activities such as informing alcohol retailers of the laws and consequences of serving alcohol to minors, conducting decoy operations to determine sales to minors, and inspecting problem establishments for underage drinking.



*Irvine High School students participating in an on-campus PAUSE campaign activity to raise awareness about drug and alcohol use prevention.*

- Merchant education has been a key component of Irvine’s strategy to reduce underage drinking. Activities include: Irvine Police Department-led LEAD trainings (*Licensee Education on Alcohol and Drugs* also known as *Responsible Beverage Service*) offered to more than 100 alcohol servers since 2009; education materials developed by the Irvine Prevention Coalition and distributed by the City’s High School Youth Action Team to 50 alcohol retailers to raise awareness of businesses’ role in underage drinking prevention; a Safe Celebrations campaign led by the Irvine Prevention Coalition and launched before prom season in 2012 urging limousine/charter bus companies to educate staff on underage drinking laws and pledge to prohibit alcohol, tobacco and other drug use by their minor clientele; and, a *Sticker Shock* campaign conducted in 2012 by the City’s High Youth Action Team and Mothers Against Drunk Driving in which several thousand stop sign stickers and signs were placed on alcohol bottles and refrigerators at all Albertsons supermarkets in Irvine to raise awareness about preventing access to alcohol by minors.
- In 2011, the City to passed a Social Host Ordinance that holds adults responsible for underage drinking that takes place at gatherings, parties or events on their private property. The Irvine Prevention Coalition’s involvement was instrumental in this effort.
- Since 2010, the City of Irvine Community Services Department hosted five community education forums on topics related to underage drinking and illegal substance use, with a total of 1,225 attendees.
- The Irvine Public Safety Department hosted seven Prescription Drug Take Back Events since 2010 to provide the community an opportunity to safely dispose of unused medications and help prevent inappropriate prescription drug use. On average, 400 pounds of medication have been collected at each event.
- The City implements youth development programs and safe social recreation activities to foster healthy development and prevent substance use and other risky behaviors. Examples include: the City’s Youth Action Teams, which provide peer-led activities including teen forums, dances, music festivals, poetry and dance contests; the Creekside Leadership Academy, which was established by the City in 2009 to provide students at the City’s alternative education high school with leadership development opportunities and constructive activities during non-school hours; and the Mobile Recreation Program, which provides recreational activities for youth during after school hours, when young people are most likely to engage in risky behavior, commit crimes or be the victims of crime.



*Middle School Program dances held monthly provide a safe and fun social activity for Irvine youth.*

- In 2012, the City launched its first mobile application, *Access Irvine*, to provide residents with access to City information and resources, and the ability to easily report crimes and other concerns. The application began as an idea of the Irvine Children, Youth and Families Advisory Committee for a teen resource and tip line, and was developed through the Irvine Police Department.

### Volunteerism and Community Service

- The City has offered the *Volunteer* website since 2009 to link residents to community volunteer opportunities, and enable nonprofits and other organizations to advertise their volunteer projects.
- In 2010, Irvine became a *City of Service* by joining the *Cities of Service Coalition*, a group of municipalities from across the nation committed to engaging citizens in volunteerism to address community needs.
- Community service hours conducted by the City's Junior, Middle and High School Youth Action Teams have almost tripled since FY 2007-08. In FY 2011-12, 675 Irvine students provided more than 14,300 volunteer hours.



*Junior Youth Action Team volunteers participating in trail maintenance in Irvine's open space.*

- In 2012, the City established a Summer Youth Action Team program to provide volunteer activities during the summer months for youth 13 to 18 years of age. Participants conducted more than 2,500 hours of service over a 10-week period.
- The Creekside Leadership Academy, an after school leadership program led by the City for alternative high school students, enhanced its curriculum in 2012 to provide participants with approximately 10 hours of meaningful volunteer experience during the six-week program.

### Health and Fitness

- In 2009, the City joined the *Healthy Eating Active Living Cities Campaign* (HEAL), a statewide effort aimed at introducing changes to reduce local obesity and physical inactivity rates and related costs through changes to city policies and environments.
- In 2011, the City Council adopted a resolution to become a *Let's Move! City* supporting the *Let's Move! Campaign* headed by First Lady Michelle Obama, the President's Task Force on Childhood Obesity and the Secretary of Health and Human Services, in an effort to solve childhood obesity within a generation.
- City partnerships with Irvine Unified School District and Parent Teacher Associations were expanded to provide innovative community parks-led health and physical activity programs on school sites. Programs include: the Lunch Time Activities program, which expanded from seven elementary school sites in 2007-08 to 16 in 2012-13 and provides activities led by park staff during lunch; the City Fitness program, which began at two schools in 2010-11, expanded

to three in 2011-12, and provides structured physical activity sessions during the school day; the Youth Wellness Committee, which began in 2008 at two high schools to create and support clubs that promote healthy food and fitness on and around schools; the Fit Factory program, a weekly after school program that focuses on fitness activities and nutrition education piloted at one elementary school in 2011-12; and the Walk to School Wednesdays program, which began in 2010 at seven schools as part of the Safe Routes to School program to encourage students to walk or bike to school, and was funded in 2012 to expand to 14 schools by 2016.

- The City received \$1 million in federal Safe Routes to School grants (2009 and 2011 combined) to provide pedestrian and bicycle safety education, outreach events, and enforcement to encourage walking and biking to school.
- In 2011, the City's Youth Wellness Committee received a grant from the Orange County Nutrition and Physical Activity Collaborative to implement the *Rethink Your Drink* campaign to encourage youth and families to make healthy beverage choices.
- Since 2010, the City has implemented several garden projects for youth, including a school garden at Creekside High School, an intergenerational community garden at Rancho Senior Center, and a gardening education program for middle school youth at the Orange County Great Park.
- In 2008, the City renegotiated its vending machine contract to require 50 percent healthier options in all vending machines at City facilities. The 2012 contract

requires a phased increase to 100 percent healthier options in vending machines at community parks located near schools.

- Since 2008, community parks have provided a healthy parks program in which all camp and after school programs implement at least 60 minutes of physical activity daily.
- Since 2008, the City's Middle School Sports Program has expanded to include new activities such as surfing, kayaking, archery and lacrosse. This after school program is held at all five middle school campuses, with approximately 600 participant registrations per year.

### Children's Mental Health

- The City's FOR Families program provides short-term support and referrals to families in need of assistance for issues including parenting, relationship difficulties, substance abuse concerns, stress and depression. Yearly, FOR Families provides approximately 185 in-person consultations, 860 phone support sessions and 195 advocacy contacts.
- The City's Educational Partnership Fund supports Irvine Unified School District's Elementary Guidance Assistant program, which provides individual and small group counseling for approximately 3,700 elementary students each year, and Middle School and High School Project Success, which provides prevention and early intervention services for approximately 770 students annually.
- Each year, the Irvine Unified School District's Family Resource Center provides parent education courses and support groups for approximately 142 families, and approximately 500 hours of counseling services.



- The City's Disability Services program provides services for individuals with special needs, including children with emotional, behavioral and developmental issues. Assistance includes one-on-one accommodations to ensure inclusion in City programs, adaptive swim lessons, assessments and referrals. Services have increased every year since 2008; accommodations have increased from 183 hours to 2,096 in 2012 and adaptive swim lessons have increased from 68 lessons to 510 in 2012.
- Since 2008, the City's Disability Services program has provided annual sensitivity training to community park staff to encourage inclusion of children with special needs in parks and recreation programming.
- Since 2009, the City, in partnership with the Irvine Children, Youth and Families Advisory Committee, the Irvine Child Care Committee and Irvine Unified School District, held 10 community forums focused on children's mental health and well-being attended by approximately 1,000 parents, youth and educators.
- In 2008, the Irvine Police Department initiated the Family Violence Prevention Project, an interagency collaboration with Irvine Community Services Department, Human Options, Community Service Programs Victim Assistance Program, Irvine Unified School District and Kaiser Permanente. Since then, services have included victim advocacy, community forums about family violence, and school presentations that address abusive relationships among high school- and college-aged individuals.

### City of Irvine Awards and Recognition 2008-13 Related to Children, Youth and Family Services

- Named a **Bicycle Friendly Community** by the American League of Bicyclists (2009, 2013).
- Ranked 6th best place to live in the nation on Money Magazine's list of **Best Places to Live in America** based on strong job opportunities, great schools, low crime, quality health care and options for recreation (2012).
- **Playful City USA** designation from KaBoom!, a national non-profit organization promoting children's recreation and creation of more places for children to play (2012).
- Identified as **#1 Safest City in America** with a population over 100,000 by CQ Press in its annual publication titled "City Crime Rankings 2011-12: Crime in Metropolitan America."
- Named **#1 Best Family-Friendly City in Orange County** for cities with over 100,000 population by Parenting OC Magazine (2011).
- Named a **Top 100 Place to Live in the U.S.** in RelocateAmerica's 14th annual rankings. Irvine received high marks for its master-planned villages, quality of schools, property values, low crime rate, parks and open space (2011).
- California Park and Recreation Society **Awards of Excellence** 2010 for Irvine's Youth Wellness Committee (Youth Development category), Lunch Time Activities Program (Health and Wellness category), and Financial Literacy Program (Economic Development category).
- Selected as one of the nation's **100 Best Communities for Young People** by America's Promise Alliance, for providing outstanding services and support to youth (2008-2013).
- Child Care Connections Collaborative (county-wide) **Excellence in Child Care Planning Award** for policies favorable to developing additional child care facilities within the City (2009).
- Named **Best Big City for Families in Orange County** by Orange County Parenting Magazine (2008).

# Community Recommendations for Strategic Plan Update

The implementation of the Strategic Plan 2008-13 resulted in many successful programs and services. To build upon these achievements, the Advisory Committee, community stakeholders and residents reviewed areas of need to ensure Irvine continues to be proactive in supporting the health and well-being of children, youth and families.

Five goal areas were selected to be addressed through the Strategic Plan Update. The goal areas are the same as those included in the Strategic Plan 2008-13, except where noted in the parentheses below:

1. Support to Families in Need
2. Child Care and School Readiness
3. Youth Alcohol, Substance Use and Other Risky Behavior Reduction (*replaces Underage Drinking Reduction*)
4. Youth Volunteerism (*replaces Volunteerism and Community Service*)
5. Health, Fitness and Well-being (*replaces Health and Fitness, and Children's Mental Health*)

Through the planning process, the original six goal areas were consolidated into five. The Health and Fitness goal was combined with the original Children's Mental Health goal because the majority of activities under the Mental Health goal were focused on preventing behavioral or emotional problems and promoting general well-being, rather than treatment interventions for youth with diagnosed disorders. The broader goal of Health, Fitness and Well-being allows for a wider range of activities that support physical and mental well-being.

The following sections describe the goals, strategies and target areas selected for inclusion in the Strategic Plan Update.



*High School Youth Action Team members assisting at a City-sponsored educational forum on children's well-being.*

# 1. Support to Families in Need

**GOAL:** Reduce poverty and the harmful effects of poverty and near-poverty status among families in Irvine.

Many significant programs and services to support families in need were implemented under the previous five-year plan. While progress has been made in supporting families, local data (discussed below) and community input indicate the continued importance of this goal area.

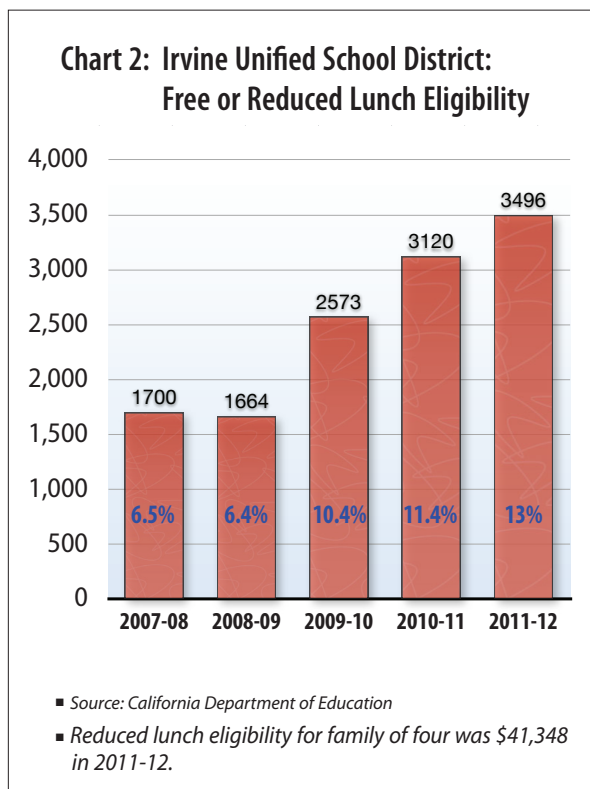
During the economic downturn over the past five years, rising unemployment rates and slow economic recovery have created challenges for many families. Although Irvine fared better than many communities,

data from the Irvine Unified School District indicates there are more low-income students today than in the past. Since 2008, as shown in Chart 2, the percentage of students qualifying for free or reduced lunch based on income eligibility, living at or below 185% of the federal poverty level, has doubled.

While the poverty rate among children living in Irvine is relatively low, at approximately seven percent compared to 20 percent in California (American Community Survey, 2008-10), the purpose of the plan is to ensure all children and youth, regardless of income level, have access to resources and benefits offered in Irvine and are afforded the highest quality of life.

Through community input and key stakeholder meetings, issues forming the basis of the updated plan were identified and are summarized below.

After school enrichment and fitness programs for lower income children should continue to be provided through services such as the City's Mobile Recreation Program. This program provides supervised and structured activities at locations near or adjacent to apartment buildings and affordable housing complexes during after school hours when children are most likely to be unsupervised and engage in high-risk behaviors.



Outreach to link families with existing services and programs should be enhanced, including culturally competent service delivery methods.

Assistance to low-income families with members with disabilities or special needs also remains a priority. Additionally, challenges that need to be addressed for lower income families include the high cost of housing, child care and health services.

Finally, the economic downturn put a strain on resources available for community agencies. New service delivery models to maximize resources, including partnering to provide services to build a continuum of support, should be developed.



*Recreational activities for children and youth are available through the City's drop-in Mobile Recreation Program.*

## Strategies and Target Areas for Support to Families in Need

The strategy and target areas listed below were chosen to meet the Support to Families in Need goal of *reducing poverty and the harmful effects of poverty and near-poverty status among families in Irvine*. Target areas are suggested actions to help guide strategy implementation.

### Strategy 1: Community Outreach and Education

Enhance community outreach and education to improve access to information and increase use of community resources and services.

#### Target Areas:

- a. Develop additional marketing and culturally relevant outreach strategies for City support services and programs.
- b. Link families with lower incomes and disabilities to available resources.
- c. Create mechanisms for community service providers to share information about services and resources.
- d. Enhance recreational services for families with lower incomes, particularly near affordable housing complexes and apartments.
- e. Explore local child care scholarship options for lower income working families to access care for children from birth to five years old.

## 2. Child Care and School Readiness

**GOAL:** Expand and enhance early care and educational opportunities, and support continued developmental well-being of children.

Child care and early education are City of Irvine priorities. For nearly 30 years, Irvine has had a Child Care Coordinator and Child Care Committee dedicated to enhancing and maintaining quality child care in the community.

Quality early education promotes children's development, including cognitive and social skills and future performance in school. Over the last five years, as guided by the previous strategic plan, the City supported the development of new high-quality child care programs, enhanced the quality of care through professional training, and promoted school readiness by enhancing resources for professionals and parents.

To continue to meet child care and early education needs of Irvine families, key stakeholders and community members taking part in the plan update recommended continued expansion of child care capacity and quality enhancement activities. Issues forming the basis of the updated plan were identified and are summarized below.

Child care centers should be encouraged to provide incentives for staff to seek additional training and provide internship opportunities for students at local colleges to promote professional development of future providers. Additional training provided onsite at child care centers could motivate staff to participate in continuing education. Additional training on working with children with special needs should also be provided to child care staff.

Guidelines for parents on high-quality care should continue to be disseminated through multiple media channels to assist parents in selecting the best care for their children.

The plan should continue to address social, emotional and developmental well-being of young children to improve school readiness. This includes continuing to provide early childhood parent education and support, and improving awareness of existing services through outreach such as community blogs, homeowner association newsletters and medical offices.

## Strategies and Target Areas for Child Care and School Readiness

The strategies and target areas listed below were selected to meet the Child Care and School Readiness goal of *expanding and enhancing early care and education opportunities, and supporting continued developmental well-being of children*. Target areas are suggested actions to help guide implementation of the strategies.

### Strategy 1: Child Care Capacity Expansion

Provide technical assistance and expertise in developing new and expanding existing, high-quality licensed child care.



*The Irvine Child Care Coordination Office provides information and resources to assist families in finding the child care option that best fits their needs.*

### Strategy 2: Child Care Quality Enhancement

Provide technical assistance, information and professional development opportunities to existing child care providers to enhance quality of care.

#### Target Areas:

- a. Expand training opportunities for child care professionals regarding services for children with special needs.
- b. Explore conducting onsite trainings at child care centers.

### Strategy 3: School Readiness and Continued Developmental Support

Provide education and resources to parents to support school readiness and social, emotional and developmental well-being of young children.

#### Target Areas:

- a. Expand parent and provider awareness of parent education opportunities and other services for children, especially those related to social, emotional and developmental issues.
- b. Provide parents information on research-based indicators of high-quality child care.

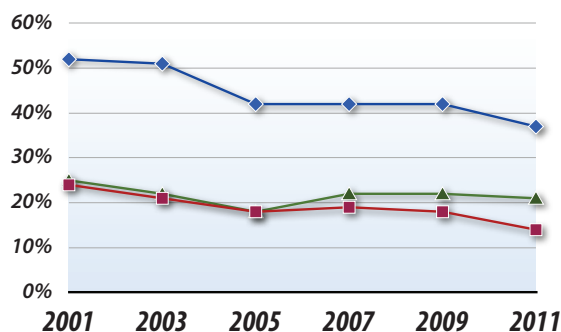
### 3. Youth Alcohol, Substance Use and Other Risky Behavior Reduction

**GOAL:** Reduce and prevent alcohol and substance use and other harmful behavior among Irvine youth.

The City of Irvine and its community partners have a long history of delivering prevention and youth development programs that build youth assets and aim to limit substance use. Through the previous plan, the City enhanced efforts to address substance abuse by building strong collaborative programs and developing consistent messaging throughout the community, with a focus on the problem of underage drinking.

Over the past 10 years, the percent of Irvine Unified School District students who have ever tried alcohol, cigarettes or marijuana has decreased, as shown in Chart 3. According to the California Healthy Kids Survey, Irvine students have among the lowest rates of alcohol and drug use in Orange County. Still, approximately 11 percent of ninth graders and 20 percent of 11th graders reported using alcohol or drugs in the past 30 days on the Healthy Kids Survey 2011-12.

**Chart 3: Percent of Irvine Unified School District 11th Grade Students Who Have Ever Tried Alcohol, Cigarettes or Marijuana**



Source: California Healthy Kids Survey, California Department of Education

	2001	2003	2005	2007	2009	2011
—◆— Alcohol	52%	51%	42%	42%	42%	37%
—■— Cigarettes	24%	21%	18%	19%	18%	14%
—▲— Marijuana	25%	22%	18%	22%	22%	21%

Given the importance of sustaining the progress made over the past 10 years, youth substance use is an important issue to address under the Strategic Plan Update. Through community input and key stakeholder meetings, issues forming the basis of the updated plan were identified and are summarized below.

The updated plan broadens the goal of reducing and preventing underage drinking to include drug use (casual use of marijuana, prescription drugs, Ecstasy and other substances) and risky behavior that often accompanies it.

Prevention activities should continue to include leadership development and character building opportunities for youth, and safe social recreation activities as alternatives to engaging in harmful behaviors. Examples include enhancing on-campus programs and services such as the City's Youth Action Teams, School Resource Officers and school clubs to build resiliency and student connectedness to school. School connectedness, as found by The National Longitudinal Study on Adolescent Health, is the strongest protective factor for boys and girls to decrease substance abuse, school absenteeism, early sexual initiation, violence and risk of unintentional injury.

Efforts to expand middle school after school programs should be continued to prevent high risk behaviors among middle school youth who have aged out of before and after school child care. Outreach to increase parent awareness of available programs should also be enhanced.

Community forums and educational programs on drug use should continue to address topics such as understanding the effects and risks associated with drugs, identifying substance use in others and helping kids learn how to resist drugs. Additionally, peer-to-peer learning opportunities for middle and high school students and user-friendly web information to locate resources and services are essential to the plan.

Another factor to consider is the difficulty some parents encounter in obtaining information and assistance for their children due to the stigma associated with substance use. The plan should ensure that information is easy to obtain in a safe and confidential manner, including working with groups such as the Irvine Prevention Coalition and Parent Teachers Associations to enhance educational outreach. Outreach and assistance should be provided in a culturally sensitive manner since substance use crosses all cultural and economic barriers.

Providing consistent messages and services across agencies through collaboration on programs like the *PAUSE* social norms campaign and Prescription Drug Take-Back Events remain important elements of the plan.



*Student participating in a Red Ribbon Week kick-off event.*



## Strategies and Target Areas for Youth Alcohol, Substance Use and Other Risky Behavior Reduction

The strategies and target areas listed below were identified to meet the Youth Alcohol, Substance Use and Other Risky Behavior Reduction goal of *reducing and preventing underage drinking, substance use and other harmful behaviors among youth in Irvine*. Target areas are suggested actions to help guide implementation of the strategies.

### Strategy 1: Youth Development

Prevent substance use and abuse, and risky behavior by building on youth assets and strengths. Foster healthy youth development, provide safe social recreation activities and develop leadership skills.

#### Target Areas:

- a. Continue to support City programs that focus on building resilience, leadership and character.
- b. Expand peer-to-peer learning opportunities, clubs and non-sports related on-campus activities to keep youth engaged and focused on positive activities.
- c. Use existing social media tools to promote safe and engaging activities for youth.
- d. Improve linkages from child care to middle school after school programs.

### Strategy 2: Risk Reduction

Enhance access to information, resources and prevention/intervention activities to reduce high risk behavior.

#### Target Areas:

- a. Assist youth and parents in obtaining support in a safe, confidential manner by promoting resources such as the City's FOR Families program.
- b. Provide information to parents and Parent Teacher Associations about substance use, including identifying signs of risky behavior.
- c. Enhance culturally specific outreach to parents regarding how to obtain information and assistance.
- d. Increase youth programs that focus on developing skills for resisting drug use.
- e. Provide additional community forums, user-friendly websites and social media to educate the community about the risks of substance use, including prescription drugs.

### Strategy 3: Community Collaboration

Reduce risky behavior among young people through collaboration with groups such as Irvine Prevention Coalition and school districts.

#### Target Areas:

- a. Develop consistent messaging among community partners and ensure easy access to information through user-friendly websites, educational forums and community education campaigns.

## 4. Youth Volunteerism

**GOAL:** Enhance and expand community service by youth and families in Irvine through youth-oriented and intergenerational programs.

Volunteerism supports local organizations and provides opportunities for personal development. The previous five-year plan identified volunteerism as a community strength to be cultivated and integrated throughout all plan goal areas.

Through community input and key stakeholder meetings, issues forming the basis of the updated plan were identified and are summarized below.

While the City will continue to offer linkages to adult volunteer activities, the focus of the plan should be on service opportunities for youth given the strong impact of volunteerism on building youth resiliency, leadership skills and connection to the community, and decreasing high risk behaviors.

Volunteer opportunities for children under 15 years of age are often limited by age requirements. To address this issue, the City may work with local service organizations to raise awareness about the need for more community service activities for families with young children. In addition, after school child care programs should be encouraged to provide onsite volunteer activities.

To increase youth involvement in volunteerism, the City could enhance efforts with Irvine and Tustin Unified School Districts to promote community service among high schools students, particularly among disconnected and high-risk students. Volunteerism could be promoted by notifying schools about available youth volunteer projects in the City and through social media.



*Leaders in Training program participant gaining volunteer work experience at the Lakeview Senior Center.*



*Youth Action Team member volunteering at the Incredible Edible Park, which provides fresh fruits and vegetables to Second Harvest Food Bank.*

## Strategies and Target Areas for Youth Volunteerism

The strategy and target areas listed below were selected to meet the Youth Volunteerism and Community Service goal of *enhancing and expanding community service by youth and families in Irvine through youth-oriented and intergenerational programs*. Target areas are suggested actions to help guide implementation of the strategy.

### Strategy 1: Youth Community Service and Volunteerism

Promote community service as a means of strengthening resiliency, facilitating community engagement, providing service to others, and youth development and learning.

### Target Areas:

- a. Increase access to volunteer opportunities for children under 15 years of age and families with young children.
- b. Explore the possibility of local school districts encouraging community service through academic or detention credit, or service recognition on transcripts or diplomas.
- c. Increase outreach to the community about volunteer opportunities, particularly for high risk and home-schooled youth.



*Junior Youth Action Team members delivering books from their book drive to a local non-profit organization.*

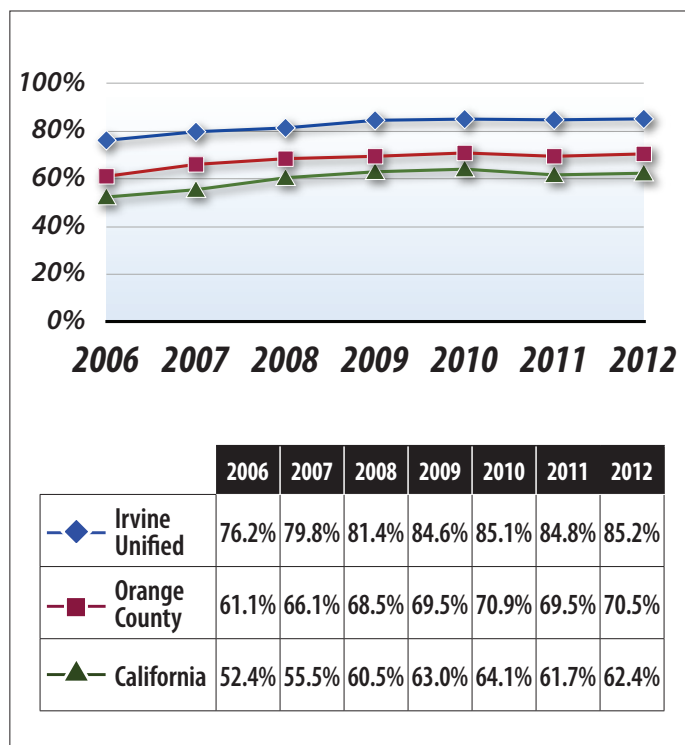
# 5. Health, Fitness and Well-Being

**GOAL:** Improve health and fitness, and social, emotional and developmental well-being among children and youth.

The Health, Fitness and Well-being goal area encompasses strategies that support physical and mental well-being among children and youth. Under the previous five year plan, the City expanded youth health and well-being programs through partnerships with school districts, parent teacher associations and community groups, focusing on prevention of childhood obesity, and raising awareness about and providing support for children’s emotional and mental health.

Fitness indicators among Irvine students have improved over the past several years, and remain relatively high compared to state and county performance measures (see Charts 4 and 5). Irvine students also report healthier eating habits than the state average. The City’s continued proactive approach to preventing childhood obesity is important. Nationally, rates of childhood obesity have more than tripled over the past 30 years. Obesity is a major risk factor

**Chart 4:**  
9th Graders Meeting Aerobic Endurance Standards



Source: California Department of Education, California Physical Fitness Report

**Chart 5:**  
Percent of Ninth Grade Student with Healthy Body Composition by School District, 2009/10

Location	Percent of 9th Graders
Irvine Unified	90%
Laguna Beach Unified	90%
Los Alamitos Unified	87%
Capistrano Unified	86%
Brea-Olinda Unified	82%
Saddleback Valley Unified	82%
Placentia-Yorba Linda Unified	81%
Newport-Mesa Unified	81%
Tustin Unified	79%
Fullerton Joint Union High	79%
Huntington Beach Union High	78%
Orange County	77%
Orange Unified	76%
Garden Grove Unified	73%
California	71%
Anaheim Union High	68%
Santa Ana Unified	62%

Source: California Physical Fitness Report, 2009/10

for chronic diseases, depression and other significant health problems, and children who are physically active and have healthy diets also achieve better social, emotional and academic outcomes.

Irvine also performs well on indicators of youth well-being. According to the California Healthy Kids Survey 2011-12, Irvine Unified School District students rank higher than the state average on resilience indicators and protective factors, such as school and community connectedness. City and school district programs that address youth behavioral, developmental and emotional issues are in high demand, which indicates well-being services are important and should continue to be promoted in the updated plan.



*Students taking part in the Fit Factory after school program.*

Through community input and key stakeholder meetings, issues forming the basis of the updated plan were identified and are summarized below.

Easily accessible physical activity opportunities for school-aged youth should continue to be expanded by increasing after school fitness programs at school sites. In addition, health, fitness and well-being programs for middle school students should be enhanced.

Youth should continue to be encouraged to use active forms of transportation such as walking, biking and skateboarding. Barriers to active transportation should be addressed through continued collaboration between City departments and county agencies.

Nutrition education and options for healthy eating in schools, parks, after school programs and City facilities should continue to be a focus of the updated plan. Examples include working with school districts to promote consumption of healthier food items required to be served as a part of new healthier federal food guidelines, and to promote the school breakfast program. High school students who leave campus to eat lunch at local food establishments should also be encouraged to make healthier food choices.

After school and camp programs should incorporate nutrition education messages into their curriculums and ensure healthy snacks are available.

Children’s emotional and developmental well-being should remain a priority of the plan. Community forums and educational programs should continue to address topics such as bullying/cyberbullying prevention, coping with stress and pressure, youth mental health issues and resources, and awareness of behavioral and developmental milestones in children. Support services for children with social, emotional and developmental issues should continue to be enhanced, including culturally sensitive and linguistically appropriate assistance.

School districts have continued to take on more responsibility for youth mental

health and well-being services. Support should continue to be provided to schools to maintain a continuum of prevention and intervention services for students and families.

Youth should be educated about the connection between a healthy mind, body and environment. The City should continue to increase collaboration among its Parks, Youth Services and Resource Management sections to create student gardens, recycling education programs, and environmental advocacy and stewardship opportunities.



*Elementary school students participating in a Safe Routes to School program Bicycle and Walk Festival, co-hosted by City of Irvine Community Services and Irvine Police Department.*

## Strategies and Target Areas for Health, Fitness and Well-being

The strategies and target areas listed below were chosen to meet the Health, Fitness and Well-being goal of *improving health and fitness outcomes and social, emotional and developmental well-being among children and youth*. Target areas are suggested actions to help guide implementation of the strategies.

### Strategy 1: Physical Activity Policy and Program Development

Expand offerings and quality of physical education and fitness programs in the City of Irvine and other youth-serving institutions.

#### Target Areas:

- a. Expand after school fitness and nutrition programs at school sites, especially at middle schools.

### Strategy 2: Youth Wellness Advocacy

Encourage healthy food choices and physical activity for communities and schools throughout Irvine.



*Park staff member making a healthy snack with a young program participant.*

#### Target Areas:

- a. Work with City departments and the county to encourage youth to use public and active transportation.
- b. Expand collaboration between the City's youth programs and Resource Management program.
- c. Work with after school and City recreation programs to provide nutrition education and healthy snack options.
- d. Work with school districts to promote healthier selections as they adopt new federal food guidelines.
- e. Partner with local restaurants to encourage healthier food options for youth leaving campus for lunch.

### Strategy 3: Standards for Public Facility Use

Create consistent policies, practices and messaging between the City and its facility users regarding the provision of healthy and nutritious food at events.

### Strategy 4: Social, Emotional and Developmental Support Services and Linkages

Increase support for children and youth experiencing social, emotional and developmental issues, and raise awareness about youth well-being.

- a. Prevent bullying, including cyberbullying.
- b. Increase awareness about resources to address mental health and social, emotional and developmental issues.
- c. Increase linkages to programs for children with special needs.

# Conclusion

The Strategic Plan for Children, Youth and Families was developed in 2008 based on extensive community participation and input. The plan identifies priority areas and strategies to guide service delivery for Irvine's children, youth and families. It has resulted in the targeted use of resources to provide high-quality, coordinated and outcome-driven programs.

In 2012, the City returned to the community to evaluate the Strategic Plan 2008-13 and receive recommendations for future plan implementation. The Strategic Plan Update reflects community feedback and staff recommendations based on lessons learned and plan achievements.

The Strategic Plan Update Implementation Matrix is funded for Fiscal Year 2013-14. Review and evaluation of the Strategic Plan Update implementation and outcomes will be conducted by the Irvine Children, Youth and Families Advisory Committee. City staff will provide regular updates to the Advisory Committee and City Council, detailing plan progress and results. Ongoing monitoring and feedback will ensure the plan remains relevant to community needs and responsive to changing conditions.

For information about the Strategic Plan Update, please contact Corinne Schneider-Jones, Community Services Manager, at [cschneider-jones@cityofirvine.org](mailto:cschneider-jones@cityofirvine.org) or 949-724-6685.





# Acknowledgements

The City of Irvine would like to thank all who participated in the development of the Strategic Plan Update, including the many stakeholders and community members who attended meetings and forums to provide valuable input.

The City would like to acknowledge members of the Irvine Children, Youth and Families Advisory Committee and City staff who contributed to the plan.

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## Acknowledgments- Strategic Plan for Children, Youth and Families 2008-13

The City of Irvine would like to acknowledge the contributions of the Advisory Committee and Task Force members, and City staff who participated in the development of the Strategic Plan for Children, Youth and Families 2008-13.

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The Strategic Plan for Children, Youth and Families 2008-13 was written by Gibson & Associates.

## Appendix A: Strategic Plan for Children, Youth and Families 2008-13 Strategies

GOAL AREA	STRATEGY
<b>1. Support to Families in Need</b>	<p><b>Community Education and Outreach Campaign</b> Build collaborative efforts to increase access, information sharing and utilization of community resources and services by Irvine children, youth and families.</p>
<b>2. Child Care and School Readiness</b>	<p><b>Child Care Capacity Expansion</b> Create a staff team to work with developers, the City, school district, university, faith community and any other potential partners in developing new high quality, affordable child care programs.</p>
	<p><b>Child Care Quality Enhancement</b> Expand professional development and on-site training programs for existing early child care providers and provide technical assistance in applying for National Association of Education of Younger Children (NAEYC) accreditation.</p> <p>Explore opportunities to integrate parent education and early childhood/kindergarten readiness assessments throughout the child care system.</p>
<b>3. Underage Drinking</b>	<p><b>Youth Development Activities</b> Prevent risky behavior by building on youth assets and strengths through existing youth development activities. Youth development activities foster healthy youth development, provide safe social-recreational activities and prevent youth substance use and abuse, while teaching youth to become leaders in their community.</p>
	<p><b>Accountability and Enforcement</b> Develop a set of consequences and a protocol for dealing with youth who are caught drinking or under the influence of alcohol.</p>
	<p><b>Irvine Prevention Coalition (Community Collaboration)</b> Reduce risky behavior among young people through community collaboration including groups such as Irvine Prevention Coalition and school districts.</p>
<b>4. Volunteerism</b>	<p><b>Community Service and Volunteerism Program</b> Promote community service as a meaningful means of community engagement, youth development and learning for Irvine residents of all ages.</p>

## Appendix A: Continued

GOAL AREA	STRATEGY
<b>5. Health and Fitness</b>	<b>Physical Activity Policy and Program Development</b> Expand the offerings and quality of physical education and fitness programs in the City of Irvine and other youth serving institutions through partnership programs.
	<b>Youth Wellness Advocacy</b> Build support for environments that support healthy food choices and activity levels for community and schools throughout Irvine.
	<b>Standards for Public Facility Use</b> Create consistent policies, practices and messaging between the City and its partners that utilize its facilities, particularly in regards to the provision of healthy and nutritious foods at events.
	<b>Health and Fitness Funder Engagement</b> Increase the level of coordination and engagement of key funders in Irvine who are concerned with the health and fitness of young people.
<b>6. Children’s Mental Health</b>	<b>Comprehensive School-Linked Support</b> Increase identification of and support for children and youth experiencing mental health issues.
	<b>Infant-Toddler Support Services</b> Reduce the impact of social, emotional, behavioral and developmental conditions in infants and toddlers that are identified through programs working with families and child care providers.

## Appendix B: Strategic Plan for Children, Youth and Families Update Implementation Matrix 2013-18

GOAL AREA 1: Support to Families in Need				
Strategy	Year - 1	Year - 2	Year - 3	Year - 4 Year - 5
<p><b>1. Community Outreach and Education</b> Enhance community outreach and education to improve access to information and increase use of community resources and services.</p>	<p><b>Continuing (All Years):</b></p> <ul style="list-style-type: none"> <li>• Provide Irvine Children's Health Program for children and adults</li> <li>• Provide scholarship program for parks and other Community Services programs</li> <li>• Ensure resource information is available at community park sites and other City facilities</li> <li>• Conduct Financial Literacy program educational workshops</li> <li>• Conduct Earned Income Tax Credit promotion and Tax Assistance program</li> <li>• Provide Youth Employment Services classes and job referrals</li> </ul> <p><b>Expanded/New:</b></p> <ul style="list-style-type: none"> <li>• Expand the use of social media to increase awareness of services and programs</li> <li>• Expand specialized outreach to lower income families with disabilities to link with City and community resources</li> </ul>	<p><b>Expanded/New:</b></p> <ul style="list-style-type: none"> <li>• Develop culturally specific outreach materials and social media strategies for City support services, programs and community resources</li> <li>• Expand the use of social media to increase awareness of services and programs</li> <li>• Enhance recreational services for families with lower incomes through mobile recreation</li> </ul>	<p><b>Expanded/New:</b></p> <ul style="list-style-type: none"> <li>• Explore local scholarship options for child care for children under 5 years old</li> <li>• Develop volunteer groups from various cultural communities to help outreach to culturally specific groups about services, programs and community resources</li> <li>• Enhance collaborative efforts with community service providers to share information about services and resources</li> </ul>	

## Appendix B: Continued

GOAL AREA 2: Child Care and School Readiness				
Strategy	Year - 1	Year - 2	Year - 3	Year - 4
<b>1. Child Care Capacity Expansion</b> Provide technical assistance and expertise in developing new and expanding existing, high-quality licensed child care.	<b>Continuing (All Years):</b> <ul style="list-style-type: none"> <li>• Provide information and assistance to potential child care providers who want to locate in Irvine</li> </ul>		<b>Continue:</b> <ul style="list-style-type: none"> <li>• Conduct bi-annual child care survey to assess availability of child care in Irvine</li> </ul>	<b>Expanded/New:</b> <ul style="list-style-type: none"> <li>• Hold educational workshops for potential child care providers</li> </ul>
	<b>2. Child Care Quality Enhancement</b> Provide technical assistance, information and professional development opportunities to existing child care providers to enhance quality of care.	<b>Continuing (All Years):</b> <ul style="list-style-type: none"> <li>• Expand and promote Child Resource Center Lending Library</li> <li>• Provide professional development workshops and forums for child care professionals</li> <li>• Provide home-based child care provider training sessions</li> </ul>	<b>Expanded/New:</b> <ul style="list-style-type: none"> <li>• Expand training opportunities for child care professionals regarding services for children with special needs</li> <li>• Explore conducting on-site trainings at child care centers</li> </ul>	
<b>3. School Readiness and Continued Developmental Support</b> Provide education and resources to parents to support school readiness and social, emotional and developmental well-being of young children.	<b>Continuing (All Years):</b> <ul style="list-style-type: none"> <li>• Provide information and support to families seeking help in finding child care placement and resources</li> <li>• Maintain collaborative partnerships with Irvine Unified School District School Readiness Program to offer various parent and provider workshops and share resources</li> <li>• Provide parent education opportunities about well-being of young children</li> </ul>	<b>Expanded/New:</b> <ul style="list-style-type: none"> <li>• Increase marketing of parent resources through community avenues such as homeowner associations and physician offices</li> </ul>		
		<b>Expanded/New:</b> <ul style="list-style-type: none"> <li>• Increase marketing of parent resources through social media avenues</li> <li>• Disseminate information to parents about research-based indicators of high-quality care</li> <li>• Deliver flexible early childhood community park programs offering drop-off services and daily registration</li> </ul>		

Appendix B: Continued

GOAL AREA 3: Youth Alcohol, Substance Use and Other Risky Behavior Reduction				
Strategy	Year - 1	Year - 2	Year - 3	Year - 4 Year - 5
<p><b>1. Youth Development</b> Prevent substance use and abuse, and risky behavior by building on youth assets and strengths. Foster healthy youth development, provide safe social recreation activities and develop leadership skills.</p>	<p><b>Continuing (All Years):</b></p> <ul style="list-style-type: none"> <li>• Provide Youth Action Team programs that focus on building resilience, leadership and character</li> <li>• Provide community park programs focused on safe social recreation opportunities for youth</li> <li>• Use social media outlets for youth outreach about programs and services offered</li> </ul> <p><b>Expanded/New:</b></p> <ul style="list-style-type: none"> <li>• Provide additional learning and volunteer opportunities for Creekside Leadership Academy program</li> <li>• Provide additional peer-to-peer learning opportunities, clubs and on-campus activities</li> <li>• Enhance use of social media to promote safe and engaging activities available to youth</li> <li>• Pilot a creative expression and arts program for middle school youth during after school hours</li> <li>• Outreach to child care providers to promote middle school after school programs to parents with children aging out of before and after school child care programs</li> <li>• Initiate delivery of new Middle School Program at Jeffrey Trails Middle School</li> </ul>	<p><b>Expanded/New:</b></p> <ul style="list-style-type: none"> <li>• Expand mobile recreation services to new apartment complex areas being built</li> <li>• Expand creative expression and arts programs for middle school youth during after school hours</li> <li>• Expand the City's Middle School Program to new school sites, as they open</li> </ul>	<p><b>Expanded/New:</b></p> <ul style="list-style-type: none"> <li>• Expand Youth Action Team programs and clubs as Irvine/Lustin Unified School Districts add sites.</li> </ul>	
<p><b>2. Risk Reduction</b> Enhance access to information, resources and prevention/intervention activities to reduce high risk behavior.</p>	<p><b>Continuing (All Years):</b></p> <ul style="list-style-type: none"> <li>• Conduct PAUSE social norms campaign</li> <li>• Provide forums on underage drinking and illegal substance use</li> <li>• Promote Irvine Public Safety Drug Take Back Events to collect unused medications</li> <li>• Update Access Irvine application to appeal to teens</li> </ul> <p><b>Expanded/New:</b></p> <ul style="list-style-type: none"> <li>• Enhance promotion of FOR Families program, City Website, Access Irvine and other resources to assist parents and youth in accessing support in a safe, confidential manner</li> </ul>	<p><b>Expanded/New:</b></p> <ul style="list-style-type: none"> <li>• Enhance culturally specific outreach to parents on how to obtain information and assistance</li> </ul>	<p><b>Expanded/New:</b></p> <ul style="list-style-type: none"> <li>• Increase youth programs that focus on developing skills for resisting drug use</li> <li>• Enhance social media as means of communication to educate youth on risks of substance use including prescription drugs</li> </ul>	

## Appendix B: Continued

GOAL AREA 3: Youth Alcohol, Substance Use and Other Risky Behavior Reduction				
Strategy	Year - 1	Year - 2	Year - 3	Year - 4 Year - 5
<p><b>3. Community Collaboration</b> Reduce risky behavior among young people through collaboration with groups such as Irvine Prevention Coalition and school districts.</p>	<p><b>Continuing (All Years):</b></p> <ul style="list-style-type: none"> <li>• Collaborate with community partners and faith-based agencies to reduce risky behavior through consistent messaging about drug use prevention and intervention</li> <li>• Partner with community organizations on events and activities that reduce risky behavior</li> </ul>			



## Appendix B: Continued

GOAL AREA 4: Youth Volunteerism				
Strategy	Year - 1	Year - 2	Year - 3	Year - 4 Year - 5
<p><b>1. Youth Community Service and Volunteerism</b> Promote community service as a means of strengthening resiliency, facilitating community engagement, providing service to others, and youth development and learning.</p>	<p><b>Continuing (All Years):</b></p> <ul style="list-style-type: none"> <li>• Provide Volunteer website to link community members to volunteer opportunities</li> <li>• Conduct City Youth Action Team community service projects</li> <li>• Conduct Leaders in Training summer program at City sites to provide work experience for youth</li> <li>• Provide Youth Action Team volunteer programs and services to include summer months</li> </ul> <p><b>Expanded/New:</b></p> <ul style="list-style-type: none"> <li>• Enhance Creekside Leadership Academy community service opportunities</li> <li>• Enhance Middle School Program volunteer opportunities</li> </ul>	<p><b>Expanded/New:</b></p> <ul style="list-style-type: none"> <li>• Work with local service agencies to raise awareness about the need for more volunteer opportunities for families with young children</li> <li>• Work with Irvine Child Care Project sites to provide onsite volunteer activities (writing letters to troops, collecting donation items for families in need and art projects for children in the hospital)</li> <li>• Enhance collaboration with community agencies to offer additional volunteer opportunities for youth and families</li> </ul>	<p><b>Expanded/New:</b></p> <ul style="list-style-type: none"> <li>• Encourage school districts to recognize youth service activities</li> <li>• Increase outreach to high risk and home-schooled youth about community service opportunities</li> </ul>	

Appendix B: Continued

GOAL AREA 5: Health, Fitness and Well-being				
Strategy	Year - 1	Year - 2	Year - 3	Year - 4 Year - 5
<p><b>1. Physical Activity Policy and Program Development</b> Expand offerings and quality of physical education and fitness programs in the City of Irvine and other youth-serving institutions.</p>	<p><b>Continuing (All Years):</b></p> <ul style="list-style-type: none"> <li>Provide Lunch Time Activities program at elementary school sites</li> <li>Conduct City Fitness program and Fit Factory after school program</li> <li>Collaborate on Safe Routes to School activities with Irvine Public Safety and school districts</li> </ul> <p><b>Expanded /New:</b></p> <ul style="list-style-type: none"> <li>Expand the Walk to School Wednesdays program to 9 schools</li> <li>Initiate delivery of Middle School Sports Program at Jeffrey Trails Middle School</li> </ul>	<p><b>Expanded/New:</b></p> <ul style="list-style-type: none"> <li>Expand Lunch Time Activities program to additional Irvine and Tustin schools</li> <li>Expand the Walk to School Wednesdays program to 11 schools</li> <li>Expand the Middle School Sports Program to new school sites, as they open</li> </ul>	<p><b>Expanded/New:</b></p> <ul style="list-style-type: none"> <li>Expand the Walk to School Wednesdays program to 13 schools</li> </ul>	<p><b>Expanded/New:</b></p> <ul style="list-style-type: none"> <li>Expand the Walk to School Wednesdays program to 14 schools</li> </ul>
<p><b>2. Youth Wellness Advocacy</b> Encourage healthy food choices and physical activity for communities and schools throughout Irvine.</p>	<p><b>Continuing (All Years):</b></p> <ul style="list-style-type: none"> <li>Conduct youth garden projects in collaboration with school district and Orange County Great Park</li> <li>Promote at least 60 minutes of physical activity at park after-school programs</li> </ul> <p><b>Expanded/New:</b></p> <ul style="list-style-type: none"> <li>Expand Youth Wellness Committee activities</li> </ul>	<p><b>Expanded/New:</b></p> <ul style="list-style-type: none"> <li>Work with Youth Wellness Committee to promote healthy food and vending machine choices</li> <li>Expand collaboration between City youth programs and the Resource Management program</li> </ul>	<p><b>Expanded/New:</b></p> <ul style="list-style-type: none"> <li>Work with City departments and County agencies to encourage youth to use public and active transportation</li> <li>Work with after school and City recreation programs to provide nutrition education and healthy snack options</li> <li>Ensure Youth Wellness Committee works with school districts to promote healthier food options</li> <li>Promote healthy eating and physical activity at early child care centers</li> </ul>	<p><b>Expanded/New:</b></p> <ul style="list-style-type: none"> <li>Ensure Youth Wellness Committee works with restaurants to encourage healthier lunch specials</li> </ul>
<p><b>3. Standards for Public Facility Use</b> Create consistent policies, practices and messaging between the City and its facility users regarding the provision of healthy and nutritious food at events.</p>	<p><b>Continuing (All Years):</b></p> <ul style="list-style-type: none"> <li>Work with the City's Sports Committee to encourage healthier food options at sporting events in City parks and facilities</li> </ul>			

## Appendix B: Continued

GOAL AREA 5: Health, Fitness and Well-being				
Strategy	Year - 1	Year - 2	Year - 3	Year - 4 - 5
<p><b>4. Social, Emotional and Developmental Support Services and Linkages</b></p> <p>Increase support for children and youth experiencing social, emotional and developmental issues, and raise awareness about youth well-being.</p>	<p><b>Continuing (All Years):</b></p> <ul style="list-style-type: none"> <li>• Provide forums and educational programs on children's well-being</li> <li>• Support schools in providing prevention and intervention services for students and families</li> <li>• Promote FOR Families services to individuals and families in crisis</li> <li>• Provide information to families about resources for children's mental health and social, emotional and developmental issues</li> </ul> <p><b>Expanded/New:</b></p> <ul style="list-style-type: none"> <li>• Promote parent awareness of developmental milestones in young children</li> </ul>	<p><b>Expanded/New:</b></p> <ul style="list-style-type: none"> <li>• Expand linguistically and culturally sensitive outreach and assistance for children with social, emotional and developmental issues</li> <li>• Increase linkages to support services and programs for children with special needs</li> </ul>		

## Appendix C: Organizations Represented at Key Stakeholder Meetings

### ■ Support to Families in Need

Irvine Unified School District, Student Support Services  
Irvine Unified School District, Family Resource Center  
City of Irvine Community Development, Housing  
Families Forward  
Jamboree Housing  
City of Irvine Public Safety  
Irvine Children, Youth and Families Advisory Committee

### ■ Child Care and School Readiness

Irvine Unified School District, Early Childhood Learning Center  
City of Irvine Child Care Committee  
Irvine Children, Youth and Families Advisory Committee  
Irvine Child Development Centers  
Jenny Hart Early Education Center  
Merage Jewish Community Center  
City of Irvine Child Care Project  
Irvine Children's Fund

### ■ Underage Drinking, Youth Substance Use and Risk Behavior Reduction

Irvine Prevention Coalition  
University of California, Irvine, Health Education Center  
City of Irvine Public Safety  
City of Irvine Youth Action Team  
Irvine Unified Council Parent Teacher Association  
Irvine Children, Youth and Families Advisory Committee

### ■ Health, Fitness and Well-being

Hoag Hospital  
Center for Drug-Free Communities  
Irvine Unified School District, Nutrition Services  
Irvine Unified School District, Health Services  
Irvine Unified School District, Family Resource Center  
Concordia University  
Orange County Health Care Agency  
City of Irvine Youth Action Team  
Irvine Children, Youth and Families Advisory Committee  
City of Irvine Planning Commission  
American Academy of Pediatrics

### ■ Youth Volunteerism

Team Kids  
Irvine Children, Youth and Families Advisory Committee  
City of Irvine Youth Action Team



For information on programs and services of the Strategic Plan for Children, Youth and Families, contact Community Services, or visit ***[cityofirvine.org/spcyf](http://cityofirvine.org/spcyf)***.



# Strategic Plan for Children, Youth and Families Highlights for Fiscal Year 2012-13

In May 2008, the Irvine City Council approved the Strategic Plan for Children, Youth and Families 2008-2013. The Plan is comprised of six priority goal areas and 13 strategies that support the Plan's vision to create a safe community where children, youth and families thrive emotionally, physically, academically and socially.

This report details many activities and programs implemented during the 2012-13 fiscal year (FY 2012-13) to address the Plan's goals.



Goal 1: Reduce or eliminate poverty and the harmful effects of near-poverty status among families in Irvine.

Goal 2: Improve health outcomes and fitness among children and youth in Irvine.

Goal 3: Expand early care and educational opportunities for parents and children least likely to benefit from the highest quality care.

Goal 4: Improve mental health outcomes among children and youth in Irvine.

Goal 5: Reduce underage drinking in Irvine.

Goal 6: Enhance and expand community service by adults and youth in Irvine.

## **GOAL 1: Reduce or eliminate poverty and the harmful effects of near-poverty status among families in Irvine.**

### **Irvine Children's Health Program**

The Irvine Children's Health Program (*i*CHP), conducted by the City in partnership with the Children's Health Initiative of Orange County, was established in 2008 to help income-eligible Irvine families obtain affordable health insurance coverage for their children. In 2011, the program expanded services, at no additional cost to the City, to help low-income adults find health care coverage and other assistance programs.

In FY 2012-13, 284 children and 97 adults enrolled in health insurance programs through *i*CHP. From program inception through June 2013, 1,545 Irvine children and 197 adults have enrolled in health insurance through *i*CHP.

Hoag Memorial Hospital Presbyterian and the Medici Foundation awarded a total of \$50,000 in grant funds in FY 2012-13 to support *i*CHP.

### **Youth Employment Services**

Irvine Youth Employment Services (*i*YES) provides job seeker workshops, one-on-one resume assistance, mock interview sessions and job referrals for youth ages 16 to 25. In FY 2012-13, *i*YES provided 42 workshops and approximately 400 individual sessions to 478 participants. This fiscal year, the program partnered with Creekside High School, the alternative education high school for Irvine Unified School District. Five job seeker workshops were held at the Creekside campus in FY 2012-13.

*The workshop was very helpful, and so was the resume building! I really appreciate your help in the mock interview; using these skills, I was able to successfully interview and receive a job as a courtesy clerk at Albertsons in Quail Hill! This can, without a doubt, be attributed to the skills that I learned with the *i*YES team!*

—*i*YES participant, 16 years old

# GOAL 1: Reduce or eliminate poverty and the harmful effects of near-poverty status among families in Irvine (continued).

## Community Services Program Scholarships to Families in Need

The City provides scholarships to income-eligible residents to make recreation, education and support services more accessible to Irvine children, youth and families. In FY 2012-13, approximately \$110,000 in scholarships were provided for City park programs, TRIPS transportation services and Meals on Wheels, benefitting more than 600 residents.

Top uses for scholarships included: 1) youth swimming instruction; 2) youth camps; 3) kindergarten readiness programs; 4) teen camps; and 5) TRIPS transportation services for seniors and persons with disabilities.

*After paying bills, I have very little to nothing left financially to allow my children to do extracurricular activities. I have a teenage son, and I think teens that are more involved and active in activities stay out of trouble and are more likely to excel at school. My children, this year with their scholarship funds, have been able to try tae kwon do and ice skating, have learned some Chinese, and have been able to do amazing summer camps. These are definitely opportunities they would not have had had it not been for the scholarship program. I am extremely grateful to the City of Irvine for this beneficial program. This program helps us take pride and get involved in our community.*

–Scholarship recipient

## Tax Assistance Program and Earned Income Tax Credit Initiative

The City, in collaboration with Orange County United Way, provided no-cost tax preparation assistance to 1,213 income-eligible taxpayers for tax year 2012. As part of this program, the City works to raise awareness of the Earned Income Tax Credit (EITC), which is available to low to moderate income working individuals and families. Each year, billions of dollars in EITC refunds are left unclaimed in California. Irvine's EITC Initiative helps to ensure that lower income taxpayers receive the maximum tax return benefit.

Between February and April 2013, 58 free tax preparation events were held in Irvine at Cypress Community Park, Irvine Valley College, Orange County One-Stop Center, AIDS Services Foundation, Lakeview Senior Center and Concordia University. Taxpayers received \$860,675 in federal and state refunds, of which \$267,450 was from the Earned Income Tax Credit.

## Healthy Food Drive for Residents in Need

In FY 2012-13, the City held its fourth annual Healthy Food Drive in partnership with Second Harvest Food Bank. Nearly 3,900 pounds of food were collected at drop-off locations at City facilities, Irvine faith-based organizations and Irvine Unified School District sites.



# GOAL 2: Improve health outcomes and fitness among children and youth in Irvine.

## Working Together to Enhance Physical Activity Opportunities

The City of Irvine, Irvine Unified School District and Parent Teacher Associations collaborate to enhance physical activity opportunities for Irvine students. Collaborative programs led by City park staff on school sites in FY 2012-13 included:

<b>Lunch Time Activities (LTA) program</b>	Inspires youth to be physically active by providing group activities during lunch breaks. In FY 2012-13, the program was conducted at 17 elementary schools, one to five times per week, and was partially funded by each school's Parent Teacher Association.
<b>Ready, Fit, Go Fitness Challenge</b>	A special event that provides each student with one hour of fun, non-traditional physical activity during the regular school day. More than 8,900 elementary and middle school students at 13 schools participated in FY 2012-13.
<b>Middle School Program</b>	Engages youth in after-school sports programs at 5 middle schools and provides special interest sport activity sessions; 568 students participated in this fee-based program in FY 2012-13.
<b>Walk to School Wednesdays</b>	Part of the Safe Routes to School program intended to increase the number of students walking and biking to school. An average of 3,100 students (52 percent) at eight schools participated in each of the three sessions in FY 2012-13.
<b>City Fitness</b>	Provides structured physical activity sessions during the school day at three elementary schools, two to five times per month. Approximately 2,800 students participated in the FY 2012-13 program, which was partially funded by each school's Parent Teacher Association.
<b>Fit Factory</b>	A fee-based program that engages students at Greentree Elementary in a weekly after-school program that provides creative activities to increase fitness skills and proper nutrition. In FY 2012-13, 53 students participated.

## GOAL 2: Improve health outcomes and fitness among children and youth in Irvine (continued).

### Safe Routes to School Program

In 2012, the City received a four-year, \$500,000 federal Safe Routes to School grant to implement bicycle and pedestrian safety education, encouragement activities and enforcement to promote walking and bicycling to school.

Program activities are implemented by Community Services and the Police Department in partnership with Irvine elementary and middle schools. Fiscal Year 2012-13 included program start-up and partnership development, staff training, and implementation of program activities beginning in January 2013.



Safe Routes to School educational presentation at an Irvine elementary school.

Activities	Completed in FY 2012-13
<b>Safety assemblies and presentations</b> teach students and parents about bicycle and pedestrian safety.	Two school-wide safety assemblies, reaching approximately 1,450 middle school students. Four safety presentations at after-school programs and Safe Routes to School Bike and Walk Festivals, reaching approximately 885 students and parents.
<b>Bicycle safety rodeo courses</b> teach children bicycle safety skills through hands-on riding exercises.	Five rodeos conducted at schools and in the community with 495 participants.
<b>Bicycle and Walk Festivals</b> include rodeo courses, bicycle and pedestrian safety presentations, safety information scavenger hunts, bicycle registration and bicycle maintenance checks. Festivals are held after school on school campuses.	Three Bike and Walk Festivals with more than 1,620 student and parent participants.
<b>National Walk to School Day</b> is held in collaboration with Irvine Unified School District to encourage all students to walk to school on one designated day of the year.	Promoted National Walk to School Day at Irvine Unified School District elementary and middle schools, and conducted National Walk to School Day celebration events at Plaza Vista K-8 School, Woodbridge High School and Northwood Community Park.
<b>Walk to School Wednesdays program</b> encourages students to walk or bike to school every Wednesday by monitoring participation throughout the school year and providing incentives to participate.	Eight Irvine Unified School District schools participated, with an average of 3,100 student walkers and riders in each of three sessions conducted throughout the year.
<b>Additional traffic enforcement and encouragement activities</b> are conducted around elementary and middle schools at drop-off and pick-up times. Encouragement activities include providing prizes to students who are modeling safe riding and walking behaviors.	This program component began in June 2013, and will continue at Irvine schools throughout the next three years.
<b>Program evaluation</b> includes parent surveys and teacher tallies to determine modes of transportation to and from school, and factors affecting whether parents allow their children to walk or bike to school.	More than 8,800 surveys were completed by parents, and 434 tallies were completed by teachers. Approximately 34 percent of surveyed elementary and middle school students used active transportation (walking and biking) to get to and from school in October 2012.

### Lunch Time Activities Program

The Lunch Time Activities program, created and implemented at seven elementary schools in 2007, was highlighted in the Strategic Plan for Children, Youth and Families as an example of a collaboration between the City and school district that could be expanded to increase physical activity among Irvine students.

The program involves placing City park staff in school yards during lunch breaks to lead fun activities that encourage students to be active. It is partially funded by each school's Parent Teacher Association.

During 2012-2013, 17 schools (77 percent of Irvine Unified School District elementary schools) participated in the program.



# GOAL 3: Expand early care and educational opportunities for parents and children least likely to be able to benefit from the highest quality care.

## Professional Development for Child Care Providers

The Irvine Child Care Coordination program provides professional development opportunities for early childhood education providers to enhance the quality of care in the City. In FY 2012-13, the Child Care Coordination Office hosted 13 provider training events.



### WORKSHOPS FOR FAMILY CHILD CARE PROVIDERS

Three workshops tailored to licensed family/home-based child care providers were held in FY 2012-13:

- 23 providers attended *More than a Babysitter: Communicating with Parents with Confidence and Professionalism*.
- 21 providers participated in a *Family Child Care Provider Networking and Appreciation Night* to share ideas on family child care topics such as children's social and emotional development, and health and safety procedures.
- 16 providers attended *How to Deal with Challenging Behavior in a Family Child Care Setting*, co-hosted with Irvine Unified School District.

## Child Care Capacity Expansion: Technical Support for Child Care Providers

The Child Care Coordination program provided technical support to 26 existing and 49 potential child care providers in FY 2012-13. Staff assisted center- and home-based providers in navigating state and City processes for opening or expanding a licensed child care business.

Of the large child care center operators who received technical support, three opened for business and two expanded capacity in FY 2012-13. The new centers (Great Foundations Montessori, Spectrum Montessori and LePort Irvine Spectrum) created 370 new child care spaces, and the expanded sites (University Synagogue and Jewish Community Center Preschool) created 165 new spaces.

Child Care Provider Trainings and Support FY 2012-13	Attendees or Contacts
Professional Development Workshops (13 events)	716
Technical support to potential and existing child care operators	75
E-blasts announcing provider trainings, resources and funding opportunities (30 e-blasts)	7,133

## Child Care Information for Families

The Child Care Coordination program provides assistance to Irvine families seeking referrals and information about licensed child care options in the City; income-based financial assistance and transportation services to child care sites; and other support services.

Parent Resource and Referral Contacts FY 2012-13	Number of contacts
Child Care Referrals	308
Financial Assistance Referrals	342
Transportation Referrals	30
Family Support Services Referrals (parenting classes and counseling)	27

## Irvine Child Care Project Scholarship Program

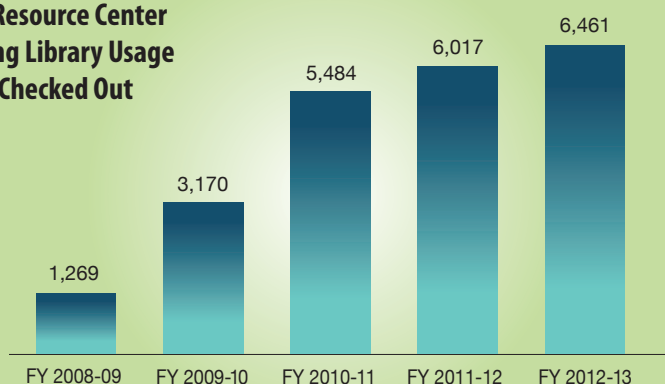
Before- and after-school child care is available on all 22 Irvine Unified School District elementary school campuses through the Irvine Child Care Project, a joint powers agreement between the City and Irvine Unified School District. Tuition assistance scholarships are available to income-eligible residents and funded through state grants, the Irvine Children's Fund and the Irvine Child Care Project. Two hundred and fifty-nine children received scholarships valued at approximately \$569,000 in FY 2012-13.

## Irvine Child Resource Center

The Child Resource Center is a membership-based lending library for families and early childhood education professionals. Resources include books, educational toys, children's music CDs, DVDs and curriculum materials geared toward child development.

There were approximately 3,700 visits to the lending library in FY 2012-13; 84 percent of visitors were parents and grandparents.

### Child Resource Center Lending Library Usage Items Checked Out



## GOAL 4: Improve mental health outcomes among children and youth in Irvine.

### FOR Families

FOR Families is a unique City program that offers information and short-term support to families and individuals who need help finding and accessing services and resources. FOR Families is staffed by licensed family counselors who assist with creative problem-solving, resource linkages and referrals for counseling for various concerns.

In FY 2012-13, FOR Families provided:

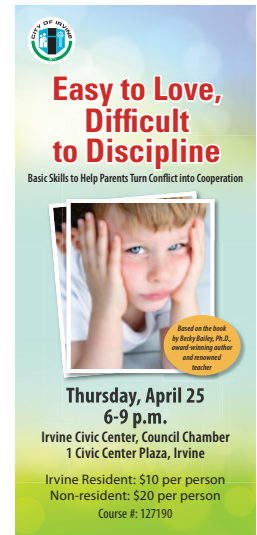
- 169 in-person consultations to 193 individuals.
- 1,076 phone support sessions to those seeking information and assistance.
- 11 hours per week of support at the Keen Center for Senior Resources providing information, referrals, assessments, case management and home visits to Irvine seniors.

Irvine police officers and other City staff referred approximately 50 percent of FOR Families participants.

### Parent Education Forum

On April 25, 2013, the Irvine Child Care Coordination program, in collaboration with the Irvine Child Care Committee, Irvine Child Care Project, and Irvine Children, Youth and Families Advisory Committee, hosted a forum on Conscious Discipline titled *Easy to Love, Difficult to Discipline*.

The forum was designed to teach parents new skills to consciously respond instead of unconsciously react to everyday conflict, focusing on self-control and confidence-building for both parent and child. More than 140 residents attended the event.



**Easy to Love,  
Difficult  
to Discipline**  
Basic Skills to Help Parents Turn Conflict into Cooperation

Based on the book  
by Becky Bailey, Ph.D.,  
award-winning author  
and renowned teacher

**Thursday, April 25  
6-9 p.m.**  
Irvine Civic Center, Council Chamber  
1 Civic Center Plaza, Irvine

Irvine Resident: \$10 per person  
Non-resident: \$20 per person  
Course #: 127190



### Irvine Unified School District Elementary Guidance Assistance Program

Some young children have trouble adjusting to the classroom, getting along with others, managing feelings, paying attention, and developing the social and emotional skills needed for school and life success. The Irvine Unified School District (IUSD) Elementary Guidance Assistance Program is designed to offer support during school hours to these students to help increase learning-readiness and success in school.

Trained paraprofessional Guidance Assistants are assigned at each of IUSD's kindergarten through sixth grade school sites to provide support through small group or individual social skills lessons. Lessons are also offered to entire classrooms in a series of 30-minute workshops. Small group or classroom lessons may cover topics such as friendship skills, empathy, impulse control, anger management, problem-solving and coping skills.

The Guidance Assistance Program is supported, in part, by the Irvine Educational Partnership Fund, a City grant program aimed at enhancing academic and health programs for Irvine students in Irvine and Tustin Unified School Districts. In school year 2012-13, approximately \$143,000 in Educational Partnership Fund grants were provided for the program, with participation of 3,700 students. Approximately 80 percent of students who participated in the small group sessions demonstrated improved classroom adjustment, as rated by their teachers.

## GOAL 5: Reduce underage drinking in Irvine.

### Access Irvine

In August 2012, the City launched its first mobile application, *Access Irvine*, to provide quick and simple access to City information and resources, and the ability to easily report crimes and other concerns. The application began as an idea of the Irvine Children, Youth and Families Advisory Committee as a teen resource and tip line to assist youth in reporting crimes and other suspicious activity directly to Public Safety. *Access Irvine* was developed by Public Safety in cooperation with Community Services, the Public Information Office and the Office of Information Technology.

### Drug Take Back Events

The Irvine Police Department held two Prescription Drug Take-Back events in FY 2012-13 (September 2012 and April 2013) as part of the U.S. Drug Enforcement Administration's National Prescription Drug Take-Back efforts. These events allow for the safe disposal of unused medications and help prevent inappropriate prescription drug use. Collection sites were located at Kaiser Irvine Medical Center and the Irvine Civic Center. More than 1,100 pounds of prescription drugs were collected from the two events.

## GOAL 5: Reduce underage drinking in Irvine (continued).

### PAUSE Campaign to Reduce Underage Drinking and Other Substance Use

In 2009, the City’s High School Youth Action Team and Irvine Community Drug Prevention developed *PAUSE (Preventing Alcohol Use by Students Everywhere)*, a social marketing campaign to reduce underage drinking and other substance use. *PAUSE* includes educational and interactive peer-led activities to promote positive, healthy behaviors, and is conducted yearly on five high school and five middle school campuses.

In FY 2012-13, the student-developed theme for the campaign was “Make *PAUSE*-itive Choices.” Activities included:

Activity	Description
<b>PAUSE Experiments</b>	During Red Ribbon Week and as a kickoff to the <i>PAUSE campaign</i> , 100 students on five high school campuses held signs during lunch stating their positive alternative to substance use, Red Ribbon Week messages and statistical data from the California Healthy Kids Survey showing that alcohol and drug use among Irvine students is not the norm. The exercise raised awareness about the <i>PAUSE campaign</i> and educated students that most youth in Irvine choose not to use drugs, alcohol or tobacco.
<b>On-campus educational booths</b>	High School Youth Action Team hosted on-campus educational booths at each high school. More than 300 students participated by answering questions about actual rates of alcohol and substance use among their peers for a chance to win prizes.
<b>Poster campaign</b>	High School Youth Action Team created and placed posters in classrooms and on exterior campus walls to raise awareness about the <i>PAUSE campaign</i> and social norms related to alcohol and substance use.
<b>Pledge cards and scavenger hunt</b>	Middle school students were challenged to answer 10 social norm questions by finding information on <i>PAUSE campaign</i> posters placed throughout campuses. Questions were placed on the backs of pledge cards that stated, “I pledge to make healthy choices, be a positive role model for my friends, and to support the mission of Red Ribbon Week.” More than 2,500 students signed the pledge and accurately completed the questions for a chance to win prizes.
<b>Pledge banners</b>	More than 150 middle school students wrote healthy activities they enjoy on a banner displayed on each campus the week after Red Ribbon Week.

### Substance Use Prevention Forums

The City conducted two substance use prevention forums in FY 2012-13:

- The High School Youth Action Team hosted an event at City Hall on marijuana and other illegal drug use, conducted in partnership with the Irvine Prevention Coalition, Irvine Police Department and Irvine Community Drug Prevention. A total of 225 students heard speakers from Community Service Programs Incorporated and the Irvine Police Department.
- The Irvine Police Department held a community meeting at City Hall for parents regarding the abuse of prescription, opiate and synthetic drugs. The event was presented in partnership with the Orange County Health Care Agency, U.S. Drug Enforcement Administration and Irvine Police Officers’ Association.

### Positive Activities for Middle and High School Students

The City’s Youth Outreach programs implement safe social and recreation activities for middle and high school youth during non-school hours to encourage constructive use of leisure time, foster healthy development, and prevent substance use and other risky behaviors. Highlights of FY 2012-13 High School Youth Action Team and Middle School Program activities include:



- The 19th Annual Teen Summit with workshops on bystander intervention, public speaking and leadership. This was the largest Teen Summit to date, with 373 participants.
- College campus tours for Los Angeles and San Diego area universities with 150 participants.
- The 7th Annual Akustikoff Music Concert with 20 high school students performing acoustic music for 175 of their peers.
- A teen fashion show with 9 student designers representing four Irvine high schools, presenting original fashions to more than 150 peers and family members. The event also included a silent auction fundraiser that raised more than \$900 for Relay for Life and the American Cancer Society.
- Middle School Program after-school sports sessions with 568 participants.
- Teen camps held during school breaks for middle school students with 574 participants.
- 2 high school dances with 500 participants.
- 2 high school Trivia Nights with 138 participants.
- 2 Battle of the Band events with 650 participants.
- 9 Middle School Program dances with 2,899 participants.
- 11 Middle School Program excursions with 335 participants.

# GOAL 6: Enhance and expand community service by adults and youth in Irvine

## Summer Youth Action Team



In 2012, the City began the Summer Youth Action Team program to provide youth ages 13 to 18 with opportunities to participate in leadership development and volunteer activities during the summer. Twenty-seven youth took part in the program, providing approximately 2,500 hours of community service. Activities included:

- Volunteering with local organizations such as Pretend City, Orange County Food Bank, Orange County Great Park Farm + Food Lab, Lakeview and Rancho Senior Centers, Working Wardrobes, Think Together, and Orange County Interfaith Homeless Shelter.
- Assisting with City of Irvine Summer Camp programs at Woodbury, University and Turtle Rock Community Parks.
- Planning and conducting a Youth Conference at University Community Park with workshops on distracted driving, job skills development, college preparation, healthy cooking and Tahitian dance. Fifty youth attended the event.

## Irvine Police Explorers

The Irvine Police Explorers is a volunteer program that allows high school youth to investigate and explore a career in law enforcement. Explorers volunteer at community events and provide public services ranging from traffic control to fingerprinting children. After completing a five-day training academy, Explorers are eligible to participate in patrol ride-alongs. They also participate in bimonthly meetings to learn how different divisions of the Police Department function. In FY 2012-13, approximately 25 Explorers provided 4,700 volunteer hours contributing to the safety and well-being of the community.



Police Explorer conducting bike registration at a Safe Routes to School Bike and Walk Festival.

## City of Irvine Community Services: Youth Volunteer Programs

The Community Services Department provides the following youth volunteer and community service opportunities:

<p><b>High School Youth Action Team Service Clubs</b></p>	<p>High School Youth Action Team service clubs on each of the five traditional high school campuses in Irvine provide students with volunteer opportunities. In FY 2012-13, 383 service club members provided approximately 7,500 hours of community service to local nonprofits, charitable organizations and City programs. Approximately 300 volunteer projects were completed.</p>
<p><b>Middle School Youth Action Team</b></p>	<p>Middle School Youth Action Teams, located on each of the five IUSD middle schools, provide service opportunities to students through off-campus, after-school volunteer projects and planning of on-campus activities. Approximately 245 students completed 4,945 hours of community service in FY 2012-13.</p>
<p><b>Junior Youth Action Team</b></p>	<p>Junior Youth Action Teams meet weekly as part of after-school programs at five community park sites to provide students (grades 4-6) with community service opportunities. In FY 2012-13, 97 students provided approximately 2,400 service hours to local nonprofit organizations and City programs. Junior Youth Action Team conducts one service project per month with the Middle School Youth Action Team, and one per month with the High School Youth Action Team.</p>
<p><b>Summer Youth Action Team</b></p>	<p>Summer Youth Action Team provides volunteer activities during the summer for youth ages 13 to 18. Twenty-seven youth conducted approximately 2,500 hours of service over a 10-week period during Summer 2012.</p>
<p><b>Leaders in Training</b></p>	<p>Youth ages 13 to 18 are provided work experience during the summer through volunteer positions at 12 City facilities. In 2012, 180 youth participated in the program.</p>

# Irvine Strategic Plan For Children, Youth and Families Advisory Committee 2012-2014

- Phyllis Agran
- Anila Ali
- Justin Aminian
- Jim Antenore
- Sandy Avzaradel
- Shiva Farivar
- Tim Cheng
- Theresa Collins
- Nancy Colocino
- Romit Gupta
- Christina Hernandez
- Joanne Hong
- Carolyn Inmon
- Hannah Kim
- Annette Lee
- Linda Lyons-Justus
- Drew Motta
- Alison Moriarty
- Kevin Trussell
- Prathyusha Yalamanchili
- Diane Wertheimer-Gale

## Strategic Plan for Children, Youth and Families Update 2013-2018

In 2012-13, the City undertook a community input and planning process to update the Strategic Plan for Children, Youth and Families 2008-13. The City held five key stakeholder meetings and five public forums to gain community input. Participants represented more than 20 local agencies and institutional partners, and provided information about continuing and emerging trends and needs; suggestions for modifications to existing goals and strategies; and next steps.

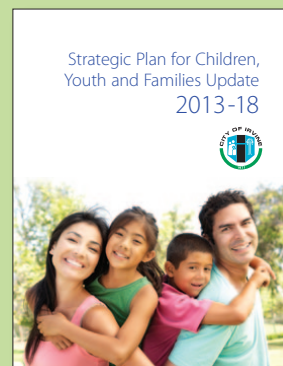
In May 2012, results of stakeholder meetings and forums were presented to the Irvine Children, Youth and Families Advisory Committee (Advisory Committee), which provided feedback regarding proposed goals, strategies and key target areas for inclusion in the plan update. A draft plan update was presented to the Advisory Committee in May 2013 and Community Services Commission in August 2013. On August 13, 2013, City Council approved the Strategic Plan for Children, Youth and Families Update for 2013-18 (Strategic Plan Update).

The Strategic Plan Update will guide the City for the next five years. It builds on the previous plan and is the result of community input, staff recommendations and Advisory Committee feedback.

The Strategic Plan Update goals are to:

- 1) Reduce poverty and the harmful effects of poverty and near-poverty status among families in Irvine (Support to Families in Need).
- 2) Expand and enhance early care and educational opportunities, and support the continued developmental well-being of children (Child Care and School Readiness).
- 3) Reduce and prevent alcohol and substance use and other harmful behavior among Irvine youth (Youth Alcohol, Substance Use and Other Risky Behavior Reduction).
- 4) Enhance and expand community service by youth and families in Irvine through youth-oriented and intergenerational programs (Youth Volunteerism).
- 5) Improve health and fitness, and social, emotional and developmental well-being among children and youth (Health, Fitness and Well-being).

To learn more about the Strategic Plan for Children, Youth and Families and obtain a copy of the Strategic Plan Update, visit [cityofirvine.org/spcyf](http://cityofirvine.org/spcyf).



# FY 2020-21 Irvine Children, Youth and Families Advisory Committee Work Plan

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## **MISSION**

Support development of Irvine children and youth to become capable, healthy, and successful adults.

## **GOALS**

- Denotes ICYFAC related work
- ✓ Denotes staff tasks

### **1. Minimize stress, anxiety, and depression by strengthening resiliency of young people**

- a. Promote access to resources supporting mental health
  - Increase knowledge and support for Irvine Unified School District/Tustin Unified School District social-emotional learning and wellness resources
  - Increase knowledge and support to City and County systems addressing social/emotional resources
  - ✓ Support leadership efforts targeted at strengthening youth resiliency
  - ✓ Educate teachers and youth program leaders to build resiliency in classrooms and community programs
- b. Convene discussions and forums which accurately depict issues and concerns impacting Irvine children and youth
  - Conduct student and parent educational forums facilitating student viewpoints and life experiences
  - ✓ Conduct on-campus student forums which reduce stigma and promote accessibility to resources
  - ✓ Conduct educational sessions at Teen Summit on minimizing stress, anxiety and depression.
- c. Deliver character development learning experiences
  - Recognize youth character role models (Outstanding Supporters of Prevention – OSP)
  - ✓ Develop character development curriculum
  - ✓ Deliver character development workshops at middle school campuses
  - ✓

### **2. Connect children and youth to their schools and community**

- a. Strengthen access to caring adult relationships
  - Serve as caring adults to Youth Action Team reps and other youth participants
  - ✓ Promote and educate youth group leaders of impacts of caring adult relationships
  - ✓ Match students at Creekside High School with adult mentors
  - ✓ Provide support to DARE, Team Kids, and other youth leadership groups

- b. Provide meaningful and impactful service learning experiences
  - Participate in a Youth Action Team sponsored service learning activity
  - ✓ Engage middle and high school students in community services projects directed at benefiting others
  - ✓ Enable youth to be the planners, organizers, and lead agents in delivering service learning projects
  - ✓ Connect youth to service learning experiences which provide an insight to potential career paths.
- c. Disconnect from technology devices and re-connect with non-screen experiences
  - Promote alternatives to screen time
  - ✓ Deliver recreational experiences which require social interaction among youth while disabling tech devices.
  - ✓ Plan, organize and coordinate youth experiences in nature

### **3. Value youth as a vibrant section of the Irvine community**

- a. Recognize youth contributions to school and community
  - Develop systems for ICYFAC to recognize outstanding efforts benefiting school and community
  - ✓ Collaborate with Irvine Unified School District/Tustin Unified School District mental health and wellness personnel to support and recognize peer to peer efforts to strengthen resiliency
- b. Enable youth input and participation in problem resolution
  - Facilitate discussion among High School Youth Action Team and other youth groups to solve problems facing young people
  - Invite young people to participate and provide input on issues which affect students
- c. Generate experiences to actively listen to young people
  - Establish an annual meeting for ICYFAC members to listen to students perspectives of growing up in Irvine
  - Participate as an active listener at a High School Youth Action Team or similar youth-led meeting

### **4. Collaborate with youth and community serving agencies**

- a. Provide leadership to enhance community outreach
  - Increase knowledge of organizations and resources supporting young people
  - Collaborate with Irvine Prevention Coalition to host training and educational activities
  - ✓ Facilitate outreach meetings and events at City facilities
  - ✓ Support coordination of youth organized forums at high school campuses

FY 2019-20 Irvine Children, Youth and Families  
Advisory Committee Work Plan

- b. Partner in delivery of resiliency oriented programs and services throughout the Irvine community
  - ✓ Work with Irvine Prevention Coalition, Team Kids, and other youth focused organizations to strengthen resiliency
  - ✓ Collaborate with Irvine Unified School District/Tustin Unified School District representatives in delivery of “We Care” messaging and activities





THE 26<sup>TH</sup> ANNUAL REPORT ON THE

# CONDITIONS OF CHILDREN IN ORANGE COUNTY

ATTACHMENT 4

# 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,



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

Lynda Perring  
Juvenile Justice Commission

Vacant  
Foster Parent Representative

Vacant  
Group Home Representative

Candice Gomez, MSHCA  
CalOptima

Vacant  
Former Foster Youth

For more information about the priorities, work and public meetings of the OCCP, please visit: [ohealthinfo.com/phs/about/family/OCCP](http://ohealthinfo.com/phs/about/family/OCCP).

# TABLE OF CONTENTS

Letter from the Chair	
Executive Summary	3
Special Edition: COVID-19	4
Orange County Snapshot	10
Good Health Indicators	12
ACCESS TO HEALTH CARE	14
EARLY PRENATAL CARE	16
INFANT MORTALITY	18
LOW BIRTH WEIGHT	20
PRETERM BIRTHS	22
TEEN BIRTHS	24
BREASTFEEDING	26
IMMUNIZATIONS	28
OBESITY	30
PHYSICAL FITNESS AND NUTRITION	32
BEHAVIORAL HEALTH	34
Economic Well-Being Indicators	36
CHILD POVERTY	38
CALWORKS	40
SUPPLEMENTAL NUTRITION	42
HOUSING	44
CHILD SUPPORT	46
Educational Achievement Indicators	48
KINDERGARTEN READINESS	50
THIRD GRADE ENGLISH LANGUAGE ARTS	52
THIRD GRADE MATHEMATICS	54
HIGH SCHOOL DROPOUT RATES	56
COLLEGE READINESS	58
CHRONIC ABSENTEEISM	60
Safe Homes and Communities Indicators	62
PREVENTABLE CHILD AND YOUTH DEATHS	64
SUBSTANTIATED CHILD ABUSE	66
CHILD WELFARE	68
JUVENILE ARRESTS	70
JUVENILE SUSTAINED PETITIONS	72
GANG ACTIVITY AMONG YOUTH	74
Index of Supplemental Tables	76



# EXECUTIVE SUMMARY

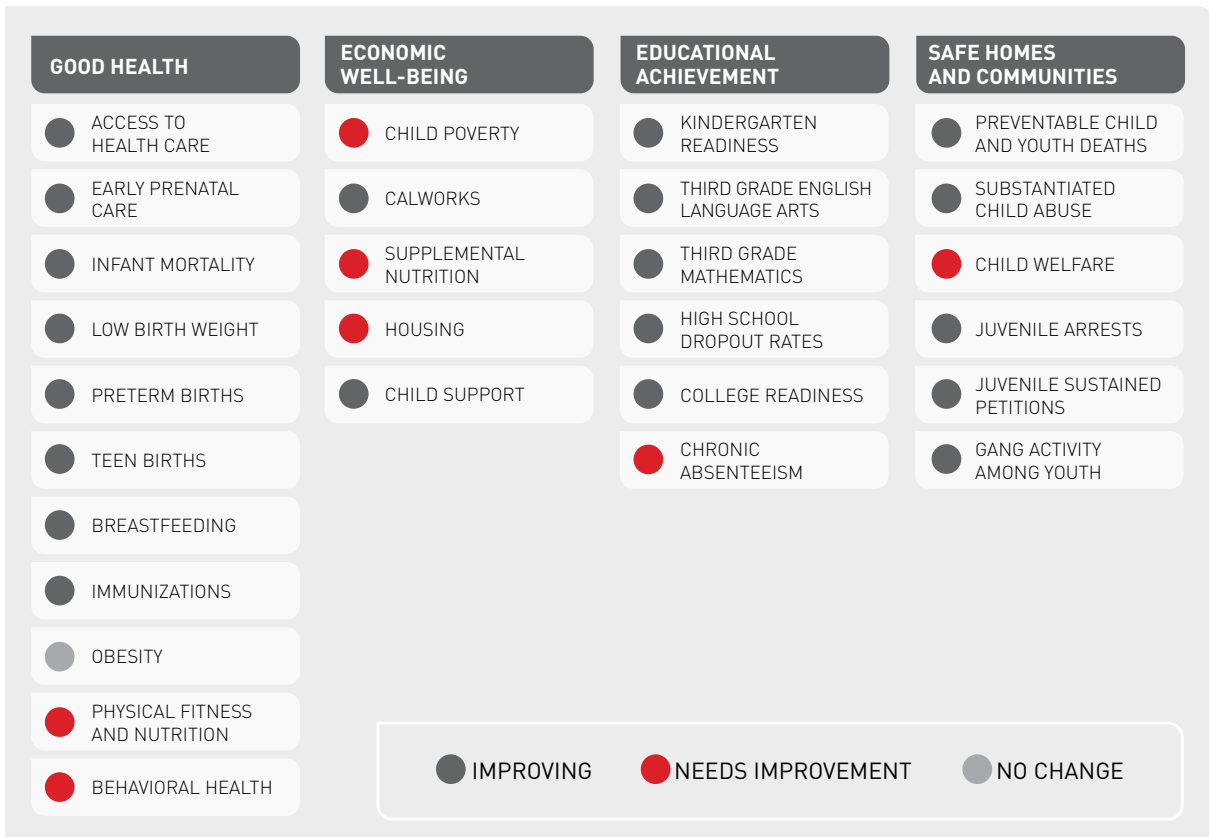
**The 26<sup>th</sup> Annual Report on the Conditions of Children in Orange County studies four interdependent focus areas: Good Health, Economic Well-Being, Educational Achievement and Safe Homes and Communities. Each focus area includes the most recent data for indicators to assess improving or worsening 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 absenteeism 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.



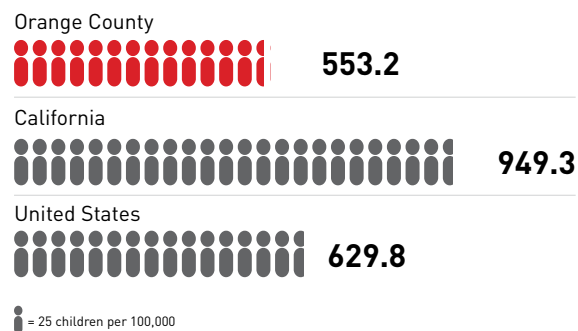
# SPECIAL EDITION ON COVID-19: HOW ORANGE COUNTY IS ADDRESSING EMERGING IMPACTS AMONG CHILDREN AND FAMILIES

**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.<sup>1</sup> 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).<sup>2</sup> Youth ages 0 to 17 years accounted for 7.2 percent of all cases.

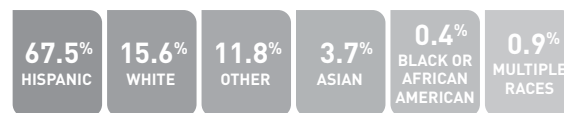
RATE OF COVID-19 AMONG 0 TO 17 YEAR-OLDS  
(PER 100,000)



COVID-19 is shown nationally to disproportionately impact people from racial and ethnic minority groups, due in part to long-standing systemic health and social inequities.<sup>3</sup>

These social determinants of health have left certain groups at higher risk of contracting the disease.<sup>4</sup> 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.<sup>5</sup>

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



**Note:** Percent cases are among children 0 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.

<sup>1</sup> Orange County Health Care Agency. COVID-19 Case Counts and Testing Figures. Retrieved on October 5, 2020 from <https://occcovid19.ochhealthinfo.com/coronavirus-in-oc>. <sup>2</sup> 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/339d1c4d-77ab-44a2-9b40-745e64e335f2>; Case data for the US from the CDC COVID Data Tracker <https://www.cdc.gov/covid-data-tracker/index.html#demographics>. <sup>3</sup> 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. <sup>4</sup> 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. <sup>5</sup> As of October 5, 2020, Orange County Health Care Agency reported 55% (2,182) of the COVID-19 cases among youth have a known 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.<sup>1</sup>

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.<sup>2</sup> 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)<sup>3</sup>, 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.<sup>4</sup>

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

### TOTAL APPLICATIONS RECEIVED FROM MARCH TO AUGUST, 2019 AND 2020

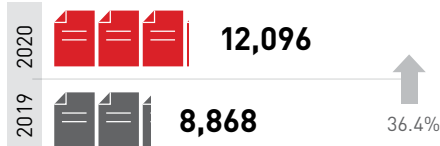
#### Medi-Cal



#### CalFresh



#### CalWORKs



<sup>1</sup> Health Management Associates. (2020, July). Findings from key informant interviews with Orange County community leaders. <sup>2</sup> California Employment Development Department, retrieved from <https://edd.ca.gov/>. <sup>3</sup> 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. <sup>4</sup> Orange County Social Services Agency, Call Center as of September 17, 2020. <sup>5</sup> CalWIN MRH053R. <sup>6</sup> CalWIN MRH053R. <sup>7</sup> CalWIN MRH053R.

## 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 in-person 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 Technology<sup>1</sup>

PERCENT OF ORANGE COUNTY HOUSEHOLDS WITH NO COMPUTER OR SMART PHONE



5.6%

25.1%  
CITY WITH HIGHEST PERCENT OF HOUSEHOLDS

PERCENT OF ORANGE COUNTY HOUSEHOLDS WITH NO INTERNET ACCESS<sup>2</sup>



8.2%

38.2%  
CITY WITH HIGHEST PERCENT OF HOUSEHOLDS

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



<sup>1</sup> U.S. Census Bureau, ACS, 5-year estimates 2014-2018, Table S2801. <sup>2</sup> Percentage of households with no access to the internet through subscription broadband, dial-up, satellite, cellular data or any other service.

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 reduced-price 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 faith-based 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 24/7 Orange County Child Abuse Registry (CAR) hotline between March and August 2020 revealed a 37% reduction in calls overall.

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-at-home 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.

NUMBER OF CAR CALLS RECEIVED FROM MARCH TO AUGUST



<sup>1</sup> Feeding America, Map the Meat Gap, The Impact of Coronavirus on Food Insecurity.



## **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.

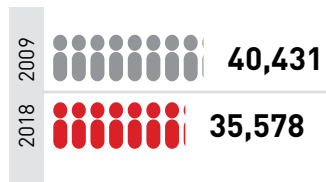


# ORANGE COUNTY SNAPSHOT

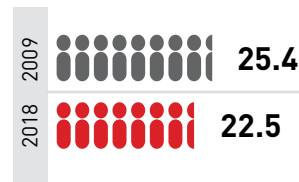
## Population

- 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

### NUMBER OF BIRTHS IN ORANGE COUNTY<sup>1</sup>



### PERCENT CHILDREN IN ORANGE COUNTY<sup>2</sup>

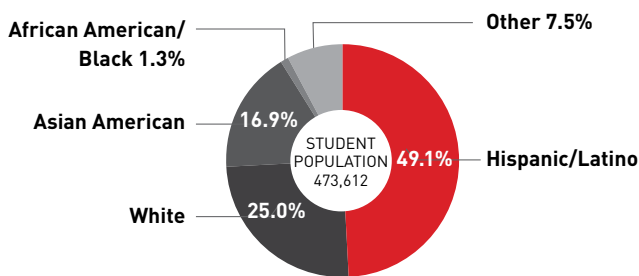


### POPULATION INCREASE DUE TO NET MIGRATION VS NATURAL INCREASE<sup>3</sup>

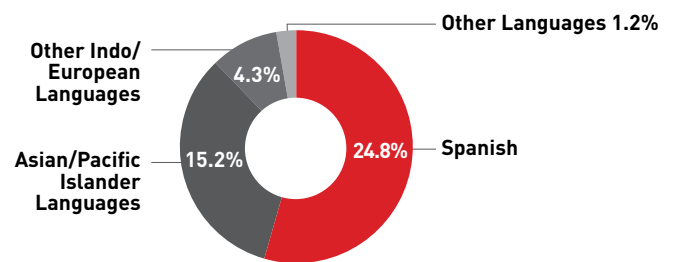


## Demographics, 2018/19

### GRADE K-12 STUDENT POPULATION BY RACE/ETHNICITY GROUP<sup>4</sup>

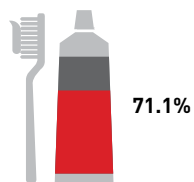


### PERCENT OF CHILDREN AGES 5 AND OLDER WHO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME<sup>5</sup>



## Good Health, 2018

LAST VISIT TO THE DENTIST WAS 6 MONTHS AGO OR LESS AMONG 3-11 YEAR OLDS<sup>6</sup>

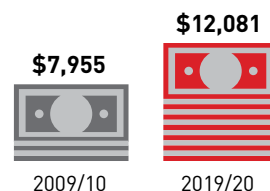


HEALTH STATUS OF 0 TO 17 YEAR OLDS IS EXCELLENT OR VERY GOOD<sup>7</sup>

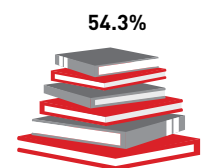


## Educational Achievement

ANNUAL EXPENDITURE PER PUPIL<sup>8</sup>

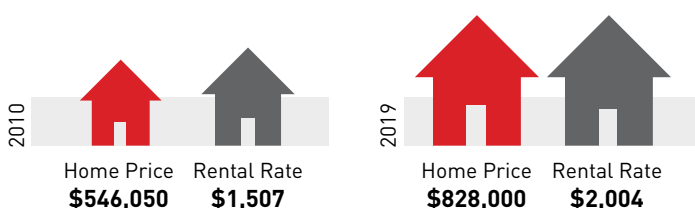


CHILDREN ARE READ TO DAILY (0 TO 5 YEARS OLD), 2018/19<sup>9</sup>



## Economic Well-Being

MEDIAN HOME PRICE AND MEDIAN AVERAGE RENTAL RATE<sup>10</sup>



MINIMUM INCOME NEEDED TO PURCHASE A MEDIAN-INCOME HOME, 2018/19



## Safe Homes and Communities, 2018/19

YOUTH AGES 16 TO 19 YEARS OLD WHO ARE NEITHER WORKING NOR IN SCHOOL<sup>11</sup>



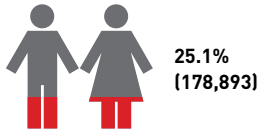
Note: Current data reflect the most recent year of data available, ranging from 2017 to 2020. \*Natural increase is total births minus total deaths. Net migration is the net movement including intrastate, interstate and international moves.

# COVID-19 IMPACT PLANNING SNAPSHOT

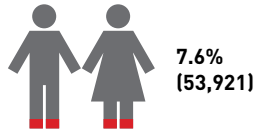
The following snapshot includes data points both depicting direct impacts of COVID-19, as well as children and families who may be uniquely susceptible to its health, social and economic effects. Data included elsewhere in the report (e.g., child poverty) has not been included.

## Children 0 to 17 Years Old, 2018

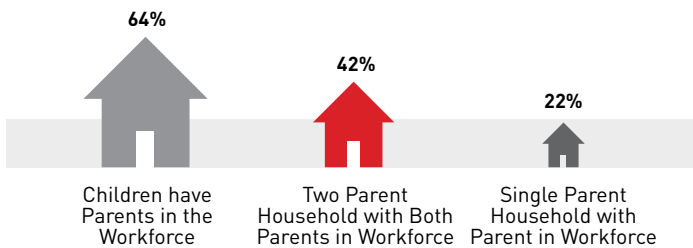
CHILDREN IN SINGLE PARENT HOUSEHOLDS<sup>13</sup>



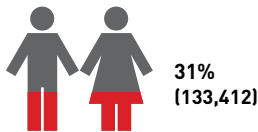
CHILDREN LIVING WITH GRANDPARENT<sup>14</sup>



PERCENT OF HOUSEHOLDS WITH CHILDREN WITH PARENTS IN THE WORKFORCE<sup>17</sup>



CHILDREN UNDER 6 WITH BOTH PARENTS IN THE WORKFORCE



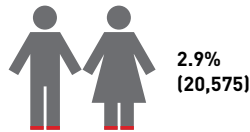
CHILDREN UNDER 6 WITH SINGLE PARENT IN THE WORKFORCE



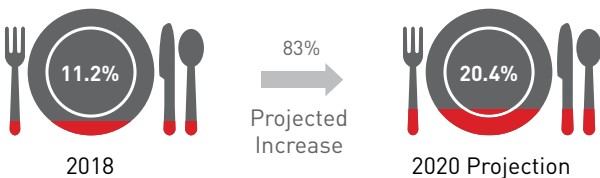
PERCENT OF CHILDREN 5 TO 17 YEARS WITH SELF-CARE DIFFICULTY<sup>15</sup>



PERCENT OF CHILDREN WITH DISABILITY<sup>16</sup>

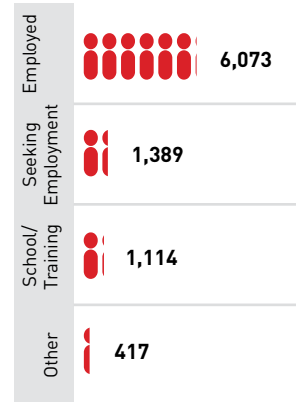


## Child Food Insecurity<sup>18</sup>

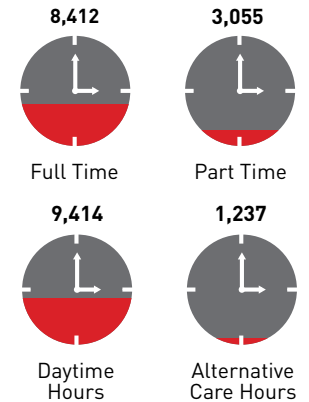


## Child Care, 2018/19<sup>19</sup>

NUMBER OF FAMILIES NEEDING CHILD CARE, BY REASON

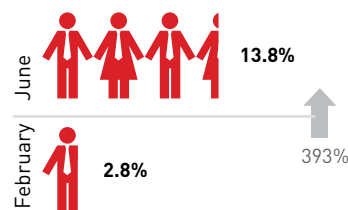


NUMBER OF CHILDREN NEEDING CHILD CARE, BY TYPE

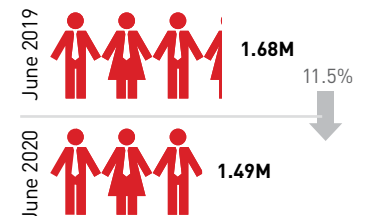


## Employment

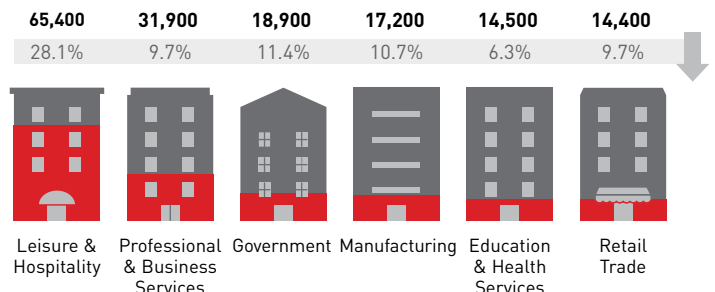
UNEMPLOYMENT IN 2020<sup>20</sup>



NUMBER OF INDIVIDUALS IN THE WORKFORCE<sup>21</sup>



INDUSTRIES WITH LARGEST NUMBER OF JOB LOSSES<sup>21</sup>



<sup>1</sup> Orange County Health Care Agency. <sup>2</sup> KidsData.org. <sup>3</sup> California Department of Finance, E-2. California County Population Estimates and Components of Change by Year. <sup>4</sup> CDE DataQuest. <sup>5</sup> U.S. Census Bureau, American Community Survey, 2018 1-Year Estimates, Table S1601. <sup>6</sup> California Health Interview Survey, 2018. <sup>7</sup> California Health Interview Survey, 2018. <sup>8</sup> California Department of Education, Current Expense of Education. <sup>9</sup> California Health Interview Survey, 2018. <sup>10</sup> California Association of Realtors, Historical Housing Data, Median Prices of Existing Detached Home. <sup>11</sup> U.S. Census Bureau, ACS, 5-Year Estimate 2014-2018, Table DP02. <sup>12</sup> U.S. Census Bureau, ACS, 2018 5-Year Estimate, Table S0901. <sup>13</sup> U.S. Census Bureau, ACS, 5-Year Estimates, Table S1001. <sup>14</sup> U.S. Census Bureau, ACS, 1-Year Estimate 2018: Table B18106. <sup>15</sup> U.S. Census Bureau, ACS, 1-Year Estimate 2018: Table S0901. <sup>16</sup> U.S. Census Bureau, ACS, 2018 5-Year Estimate, Table S1101. <sup>17</sup> Feeding America, Map the Meal Gap, The Impact of Coronavirus on Food Insecurity. <sup>18</sup> Children's Home Society of California, 2018/2019. <sup>19</sup> Federal Reserve Bank of St. Louis. <sup>20</sup> California, Employment Development Department, Labor Market Information Division.

# GOOD HEALTH INDICATORS

## ACCESS TO HEALTH CARE

PERCENT OF UNINSURED CHILDREN



**10.4%**  
2009

**2.9%**  
2018

## PRETERM BIRTHS

PERCENT OF PRETERM BIRTHS



**9.4%**  
2009

**7.6%**  
2018

## OBESITY

PERCENT OF 5<sup>TH</sup> GRADE STUDENTS WITH HEALTH RISK DUE TO BODY COMPOSITION



**18.3%**  
2013/14

**18.3%**  
2018/19

## EARLY PRENATAL CARE

PERCENT OF WOMEN WHO RECEIVED EARLY PRENATAL CARE IN THE FIRST TRIMESTER EXCLUDING SELF-PAY DELIVERIES



**88.3%**  
2009

**89.9%**  
2018

## TEEN BIRTHS

BIRTH RATE PER 1,000 FEMALES 15 TO 19 YEARS OF AGE



**25.3**  
2009

**8.3**  
2018

## PHYSICAL FITNESS AND NUTRITION

PERCENT OF 5<sup>TH</sup> GRADE STUDENTS WITH HEALTH RISK DUE TO AEROBIC CAPACITY



**5.8%**  
2013/14

**6.4%**  
2018/19

## INFANT MORTALITY

RATE OF INFANT MORTALITY PER 1,000 LIVE BIRTHS



**4.1**  
2009

**2.8**  
2018

## BREASTFEEDING

PERCENT EXCLUSIVE BREASTFEEDING AT TIME OF HOSPITAL DISCHARGE



**63.1%**  
2012

**67.0%**  
2018

## BEHAVIORAL HEALTH

HOSPITALIZATION RATE FOR SERIOUS MENTAL ILLNESS AND SUBSTANCE ABUSE PER 10,000 CHILDREN



**19.2**  
2009

**29.0**  
2018

## LOW BIRTH WEIGHT

PERCENT OF INFANTS WITH LOW BIRTH WEIGHT



**6.6%**  
2009

**6.3%**  
2018

## IMMUNIZATIONS

PERCENT OF CHILDREN ADEQUATELY IMMUNIZED BY KINDERGARTEN



**89.0%**  
2010

**95.5%**  
2019

	UPWARD TREND IMPROVEMENT		UPWARD TREND NEEDS IMPROVEMENT
	DOWNWARD TREND IMPROVEMENT		DOWNWARD TREND NEEDS IMPROVEMENT
	NO CHANGE		

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



# 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 under<sup>1</sup> 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.

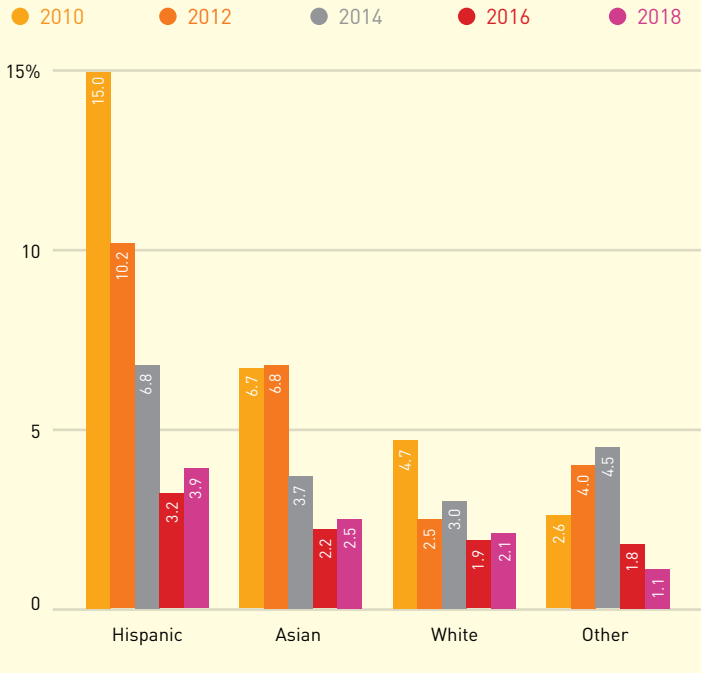
### Findings

- 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%<sup>2</sup> in 2018.
- In addition, the California Health Interview Survey (pooled estimate for 2014 through 2018) reveals:<sup>3</sup>
  - 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%).

<sup>1</sup> Due to changes in data reporting with the U.S. Census, data as of 2017 includes children 0-18 years. Prior year data included only children ages 0-17. The U.S. Census released the following statement regarding the changes: "[In 2017] Multiple health insurance tables were updated to have categories that better align with the current health insurance landscape [...] Estimates for 2017 and 2018 include children ages 0 - 18. Increases in the percent of uninsured children in 2017 from 2016 may be attributable to this change in reported age groups. See prior footnote. <sup>2</sup> UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS. Available at <http://askchis.ucla.edu>.

## GOOD HEALTH

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



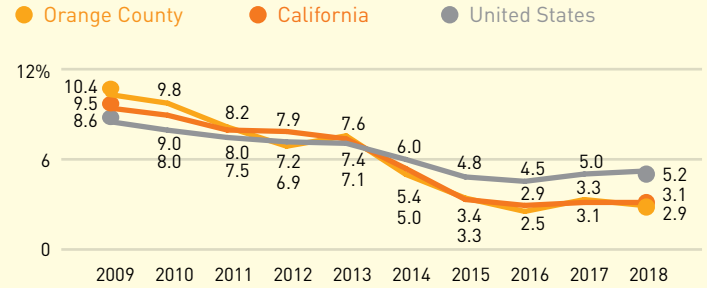
Source: U.S. Census Bureau, American Community Survey, 1-Year Estimates, Tables B27001 A-I, C2700E

Other includes: Black/African American, AIAN, 2+ races and Other races

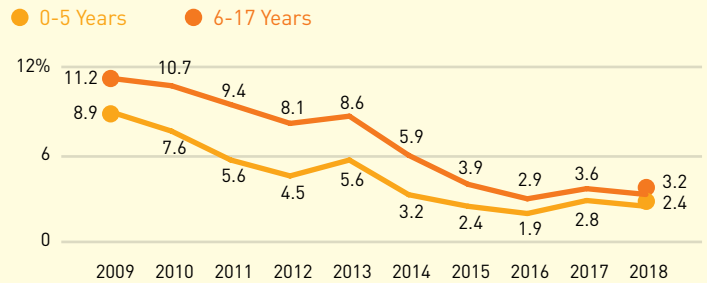
\*Increases in the percent of uninsured children in 2017 and after may be attributable to change in reported age groups. See footnote 1.

### Percent of Children Under 18 Years Who Were Uninsured

Orange County, California and United States, 2009 to 2018



By Age Group, 2009 to 2018

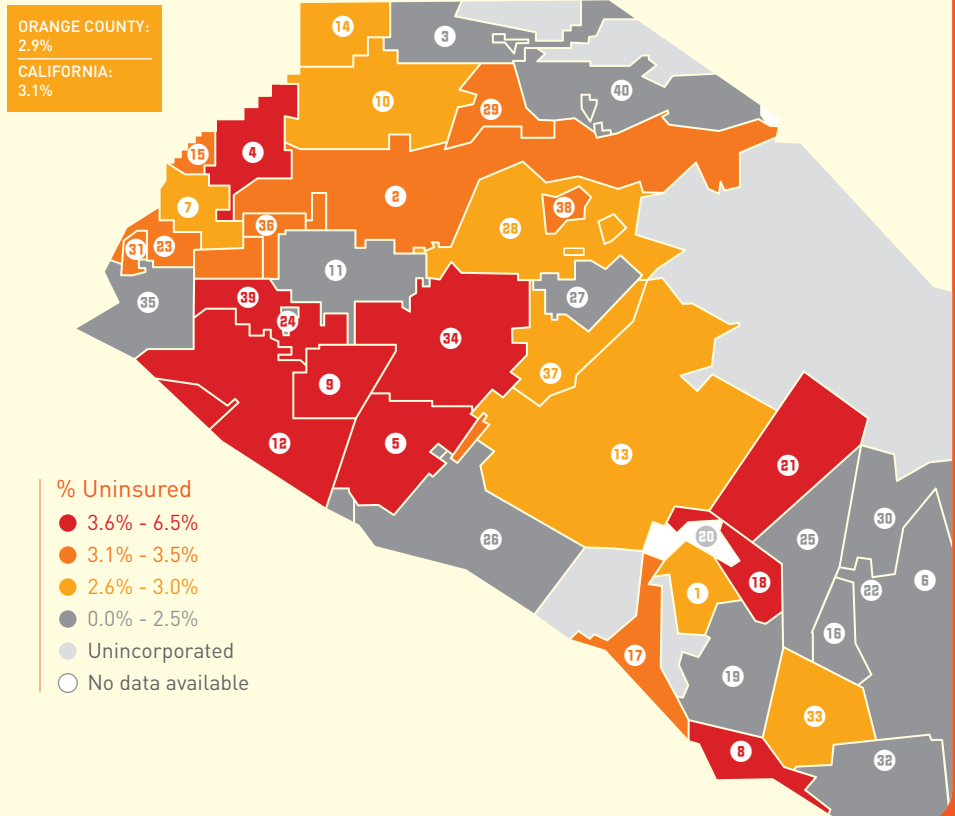


Source: U.S. Census Bureau, American Community Survey, 1-Year Estimates, Tables S2701 (2009-2018) and B27001 (2008)

\*See footnote 1

### Percent of Children 18 Years and Under Who Were Uninsured, by Community of Residence 5-Year Average, 2018

1 ALISO VIEJO 2.8%	15 LA PALMA 3.1%	29 PLACENTIA 3.5%
2 ANAHEIM 3.3%	16 LADERA RANCH 1.2%	30 RANCHO SANTA MARGARITA 2.1%
3 BREA 2.2%	17 LAGUNA BEACH 3.2%	31 ROSSMOOR 3.3%
4 BUENA PARK 4.4%	18 LAGUNA HILLS 4.1%	32 SAN CLEMENTE 0.6%
5 COSTA MESA 3.6%	19 LAGUNA NIGUEL 0.0%	33 SAN JUAN CAPISTRANO 3.0%
6 COTO DE CAZA 2.5%	20 LAGUNA WOODS* N/A	34 SANTA ANA 4.2%
7 CYPRESS 2.9%	21 LAKE FOREST 4.7%	35 SEAL BEACH 1.2%
8 DANA POINT 4.3%	22 LAS FLORES 0.0%	36 STANTON 3.5%
9 FOUNTAIN VALLEY 4.5%	23 LOS ALAMITOS 3.5%	37 TUSTIN 3.0%
10 FULLERTON 3.1%	24 MIDWAY CITY 0.0%	38 VILLA PARK 3.5%
11 GARDEN GROVE 2.4%	25 MISSION VIEJO 1.4%	39 WESTMINSTER 6.5%
12 HUNTINGTON BEACH 3.7%	26 NEWPORT BEACH 0.0%	40 YORBA LINDA 2.2%
13 IRVINE 2.6%	27 NORTH TUSTIN 2.2%	
14 LA HABRA 3.0%	28 ORANGE 2.9%	



\*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.<sup>1</sup> 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.<sup>2</sup>

### 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%).<sup>3</sup>

- 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.<sup>4</sup>
  - 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.

<sup>1</sup> Hagan, J. F., Shaw, J. S., and Duncan, P. M., Eds. (2008). <sup>2</sup> Smith, A. and Bassett-Novoa, E., Late Presentation to Prenatal Care, American Family Physician, Volume 92, Number 5, September 1, 2015. <sup>3</sup> National Center for Health Statistics, final natality data. Retrieved from [www.marchofdimes.org/peristats](http://www.marchofdimes.org/peristats). <sup>4</sup> 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 relatively stable when self-pay deliveries are considered.

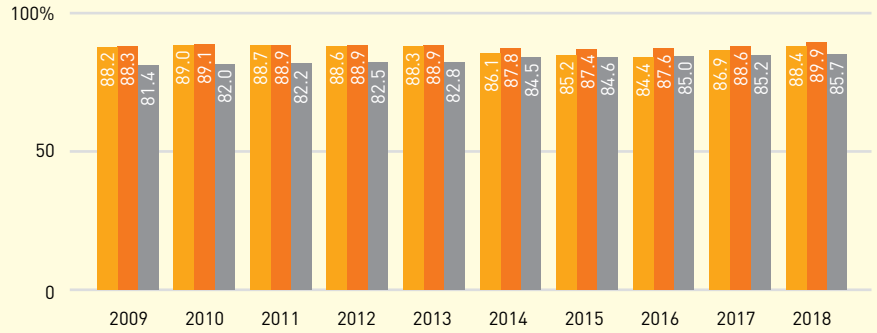
## GOOD HEALTH

### 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](http://www.marchofdimes.org/peristats)

**Orange County Source:** Orange County Health Care Agency, Family Health Division



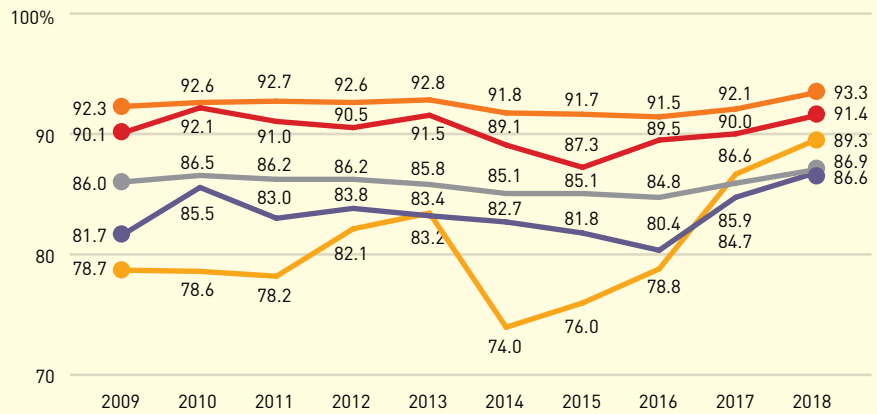
### Percent of Women who Received Early Prenatal Care in the First Trimester, Excluding Self-Pay Deliveries, by Race/Ethnicity, 2009 to 2018

- White
- Asian
- Hispanic
- Black
- Other\*

\*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

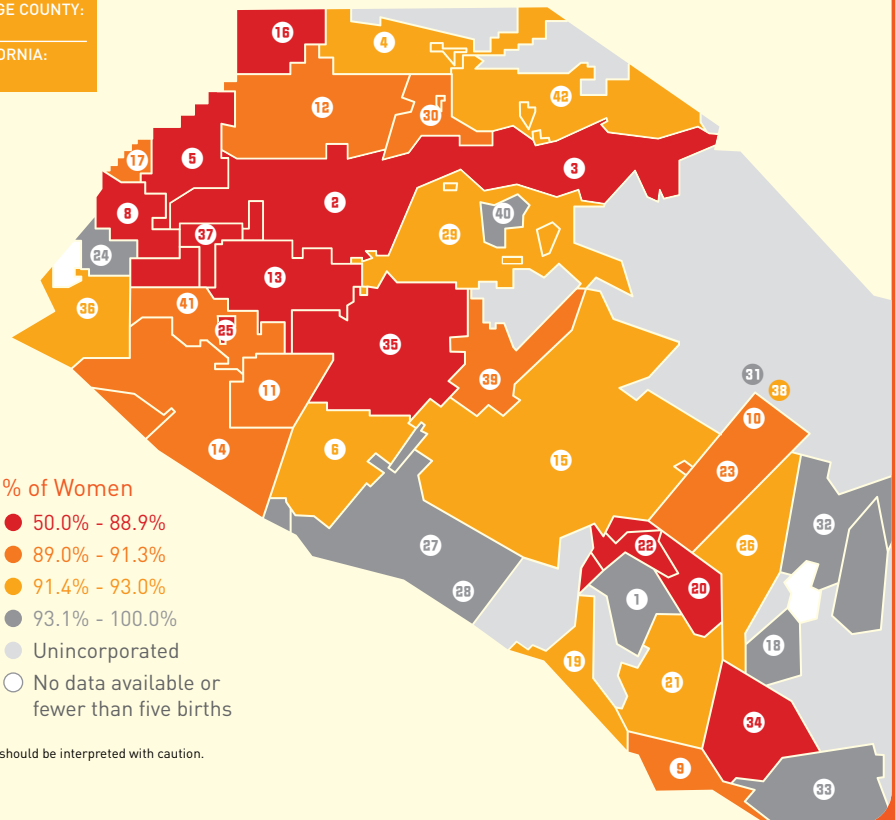


### Percent of Women who Received Early Prenatal Care, Excluding Self-Pay Deliveries in Orange County, by City of Residence, 2018

- |                              |                           |                                    |
|------------------------------|---------------------------|------------------------------------|
| 1 ALISO VIEJO<br>93.1%       | 15 IRVINE<br>92.1%        | 29 ORANGE<br>91.4%                 |
| 2 ANAHEIM<br>87.0%           | 16 LA HABRA<br>86.9%      | 30 PLACENTIA<br>90.0%              |
| 3 ANAHEIM HILLS<br>91.4%     | 17 LA PALMA<br>90.2%      | 31 PORTOLA HILLS*<br>100.0%        |
| 4 BREA<br>92.2%              | 18 LADERA RANCH<br>95.6%  | 32 RANCHO SANTA MARGARITA<br>94.9% |
| 5 BUENA PARK<br>88.1%        | 19 LAGUNA BEACH<br>92.2%  | 33 SAN CLEMENTE<br>93.9%           |
| 6 COSTA MESA<br>92.3%        | 20 LAGUNA HILLS<br>88.3%  | 34 SAN JUAN CAPISTRANO<br>88.1%    |
| 7 COTO DE CAZA<br>100.0%     | 21 LAGUNA NIGUEL<br>92.3% | 35 SANTA ANA<br>87.4%              |
| 8 CYPRESS<br>87.6%           | 22 LAGUNA WOODS*<br>50.0% | 36 SEAL BEACH<br>92.3%             |
| 9 DANA POINT<br>90.1%        | 23 LAKE FOREST<br>90.2%   | 37 STANTON<br>81.8%                |
| 10 FOOTHILL RANCH<br>90.1%   | 24 LOS ALAMITOS<br>93.2%  | 38 TRABUCO CANYON<br>92.4%         |
| 11 FOUNTAIN VALLEY<br>91.2%  | 25 MIDWAY CITY<br>84.1%   | 39 TUSTIN<br>90.9%                 |
| 12 FULLERTON<br>89.4%        | 26 MISSION VIEJO<br>92.2% | 40 VILLA PARK<br>100.0%            |
| 13 GARDEN GROVE<br>87.3%     | 27 NEWPORT BEACH<br>95.9% | 41 WESTMINSTER<br>89.1%            |
| 14 HUNTINGTON BEACH<br>91.2% | 28 NEWPORT COAST<br>97.0% | 42 YORBA LINDA<br>93.0%            |

ORANGE COUNTY:  
89.9%

CALIFORNIA:  
85.7%



**Note:** \*Rate is based on fewer than five births. Rates based on less than five events are unstable and should be interpreted with caution.

**Source:** Orange County Health Care Agency, Family Health Division

# 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?

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.<sup>1</sup> 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

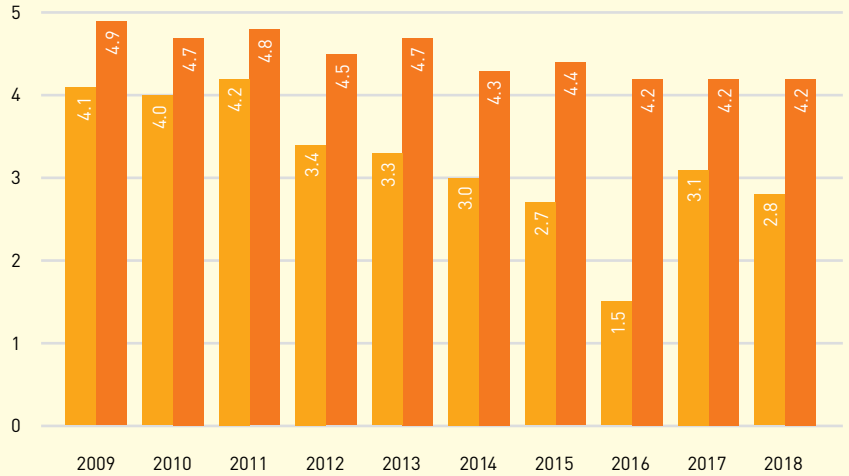
- In 2018, there were 100 infant deaths in Orange County.
- The infant mortality rate was 2.8 deaths per 1,000 births in 2018, a 31.7% decrease since 2009. This rate is lower than California's rate of 4.2<sup>2</sup> and the United States' rate of 5.8.<sup>3</sup> However, this rate is an increase of 86.6% from a low of 1.5 deaths per 1,000 births in 2016.
- Leading causes of infant mortality were maternal causes<sup>4</sup> (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.

GOOD HEALTH

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

- Orange County
- California

Source: Orange County Health Care Agency

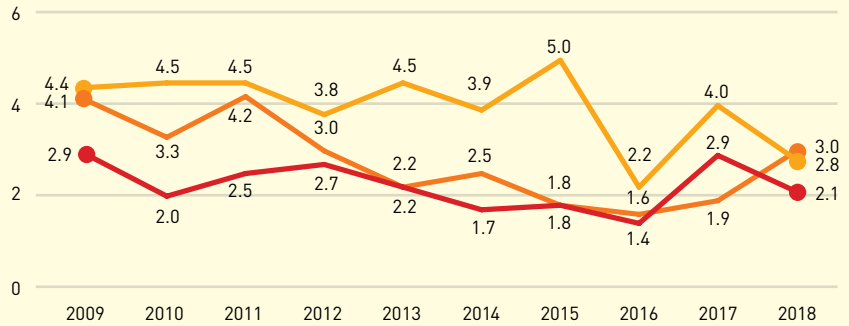


Infant Mortality Rate per 1,000 Live Births, by Race and Ethnicity 2009 to 2018

- 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

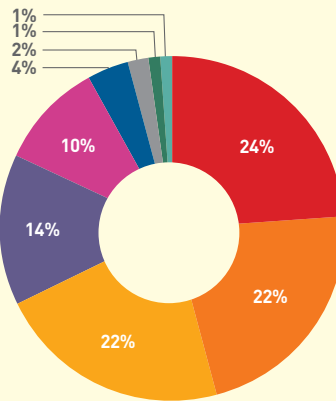
- Maternal Causes\*
- Congenital Anomalies (Birth Defects)
- All Other Causes
- Short Gestation/Low Birth Weight
- Other Conditions of Perinatal Period
- Sudden, Unexpected Infant Death (SUID)\*\*
- Pneumonia and Influenza
- Respiratory Distress Syndrome (RDS)
- Accidents and Adverse Effects

\*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.<sup>1</sup> 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.<sup>2</sup> 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

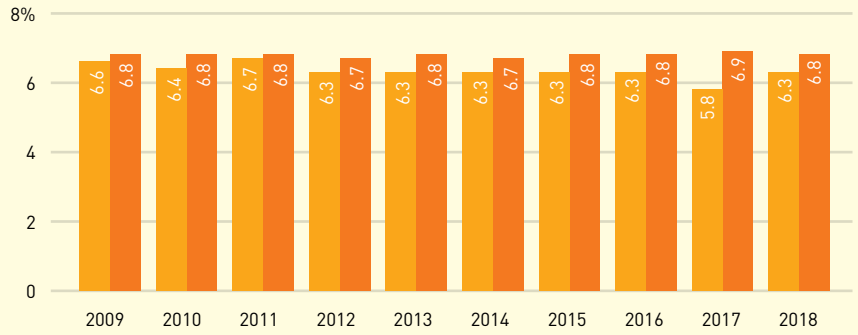
- In 2018, there were 35,578 births to residents in Orange County, of which 6.3% (2,227) were low birth weight infants, a 6.0% decrease from the 10-year high of 6.7% in 2011. However, the percent of low birth weight infants increased by 8.6% from the previous year (5.8% in 2017).
- Overall, the Orange County rate is lower than the 2018 rates for California (6.8%)<sup>3</sup> and the United States (8.3%).<sup>4</sup>
- 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.

# GOOD HEALTH

## 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

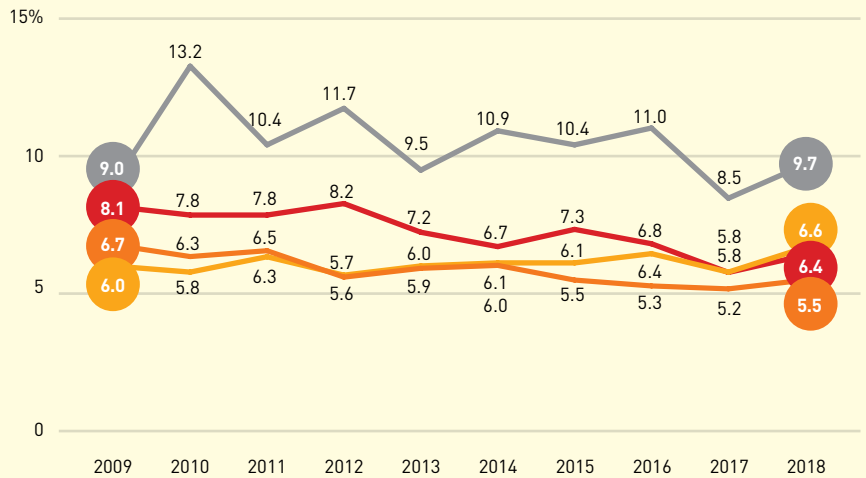


## Percent of Infants with Low Birth Weight, by Race/Ethnicity, 2009 to 2018

- Black
- Asian
- White
- Hispanic

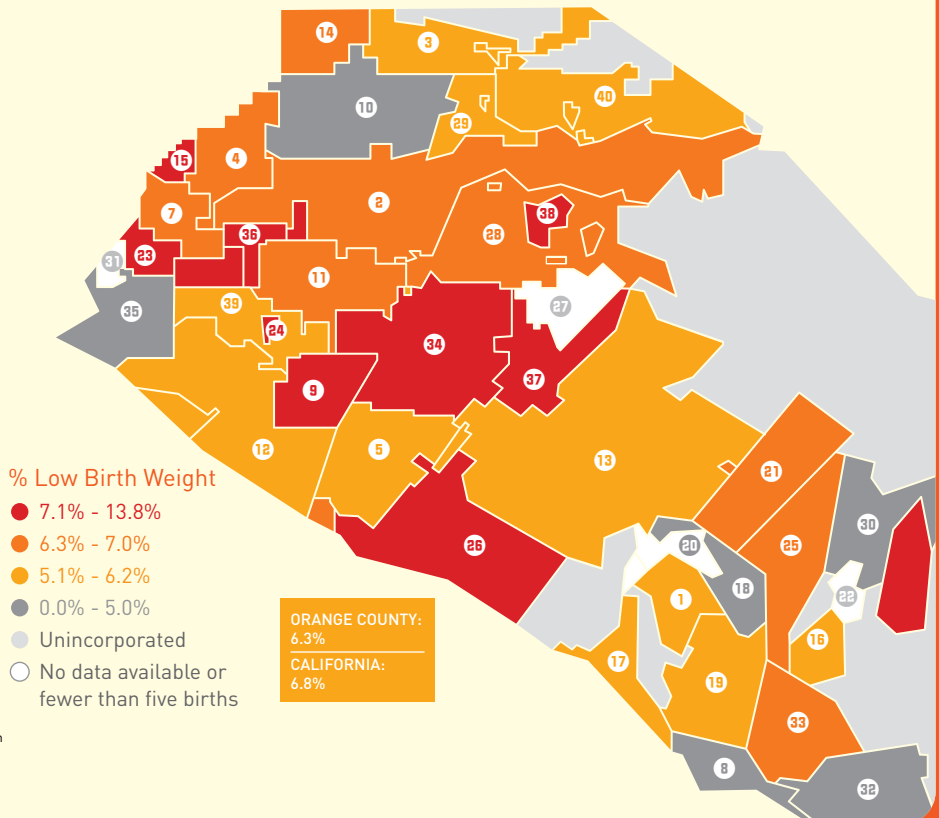
Note: Due to relatively low numbers of Black infants statistics for this group are unreliable.

Source: Orange County Health Care Agency, Family Health Division



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

- |                             |                          |                                   |
|-----------------------------|--------------------------|-----------------------------------|
| 1 ALISO VIEJO<br>5.2%       | 14 LA HABRA<br>7.0%      | 28 ORANGE<br>7.0%                 |
| 2 ANAHEIM<br>7.7%           | 15 LA PALMA<br>13.8%     | 29 PLACENTIA<br>5.9%              |
| 3 BREA<br>5.5%              | 16 LADERA RANCH<br>5.4%  | 30 RANCHO SANTA MARGARITA<br>4.8% |
| 4 BUENA PARK<br>6.6%        | 17 LAGUNA BEACH<br>5.7%  | 31 ROSSMOOR<br>N/A                |
| 5 COSTA MESA<br>5.2%        | 18 LAGUNA HILLS<br>3.5%  | 32 SAN CLEMENTE<br>4.7%           |
| 6 COTO DE CAZA*<br>8.1%     | 19 LAGUNA NIGUEL<br>6.1% | 33 SAN JUAN CAPISTRANO<br>3.0%    |
| 7 CYPRESS<br>6.9%           | 20 LAGUNA WOODS*<br>0.0% | 34 SANTA ANA<br>7.2%              |
| 8 DANA POINT<br>4.4%        | 21 LAKE FOREST<br>6.4%   | 35 SEAL BEACH<br>4.8%             |
| 9 FOUNTAIN VALLEY<br>7.4%   | 22 LAS FLORES<br>N/A     | 36 STANTON<br>8.8%                |
| 10 FULLERTON<br>5.0%        | 23 LOS ALAMITOS<br>8.0%  | 37 TUSTIN<br>7.1%                 |
| 11 GARDEN GROVE<br>7.0%     | 24 MIDWAY CITY<br>8.4%   | 38 VILLA PARK<br>7.7%             |
| 12 HUNTINGTON BEACH<br>6.2% | 25 MISSION VIEJO<br>6.4% | 39 WESTMINSTER<br>5.3%            |
| 13 IRVINE<br>5.4%           | 26 NEWPORT BEACH<br>7.2% | 40 YORBA LINDA<br>6.2%            |
|                             | 27 NORTH TUSTIN<br>N/A   |                                   |



Note: N/A is no data available. \*Rates based on less than five low birthweight births (less than 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.<sup>1</sup>

#### Why is this indicator important?

Preterm birth is an important public health issue requiring sustained focus on its causes, consequences and prevention strategies.<sup>2</sup> Several factors – economic, personal, medical and behavioral – may increase the likelihood that a woman has preterm labor and delivers early.<sup>3</sup> Compared to infants born at term, preterm infants are more likely to suffer lifelong neurologic, cognitive and behavioral problems.<sup>4,5</sup> 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).<sup>6</sup> Preterm births cost the United State's health care system more than \$25.2 billion each year.<sup>7</sup>

#### 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%).<sup>8</sup>
- 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%

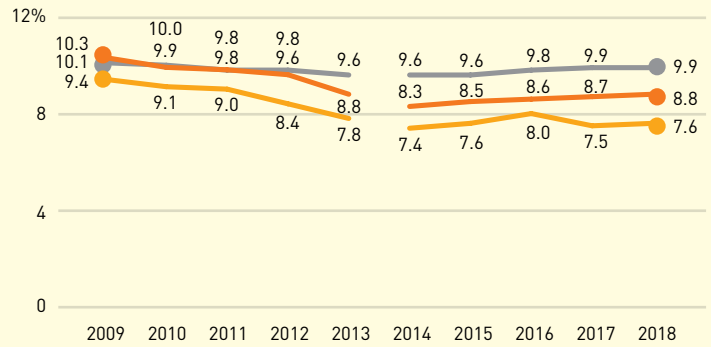
<sup>1</sup> Since 2014, preterm births have been calculated by establishing the gestational age based on the obstetric estimate. For years 2013 and earlier, the gestational age was calculated in the month prenatal care began by recording the date of the last normal menses. This change may lead to a slight discontinuity in prenatal care results between years 2013 and 2014. <sup>2</sup> Surgeon General's Conference on the Prevention of Preterm Birth, 2008. <sup>3</sup> Centers for Disease Control, Preterm Birth Infographic. <sup>4</sup> Martin, J.A., et al, 2012. <sup>5</sup> Mathews, T.J., MacDorman, M.F., 2012. <sup>6</sup> National Vital Statistics Reports, Vol. 68, No. 13, November 27, 2019. <sup>7</sup> 2019 March of Dimes Report Card. <sup>8</sup> County of Orange Health Care Agency, March of Dimes Report Card.

GOOD HEALTH

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

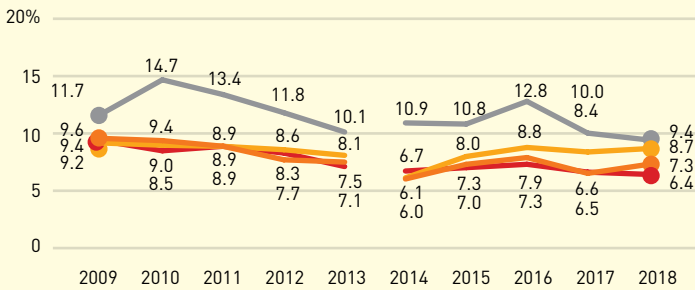
United States California Orange County

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

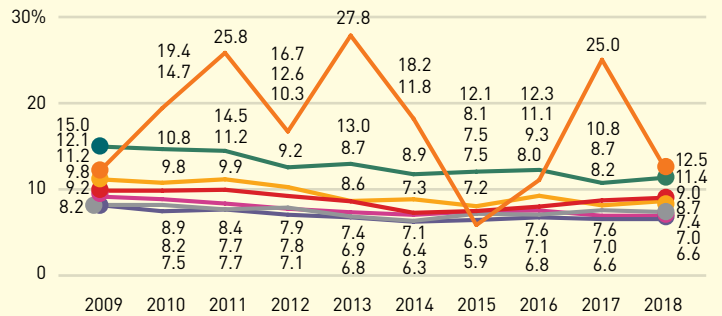
Black White Hispanic Asian



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

<15 Years 15-19 years 20-24 years 25-29 years 30-34 Years 35-39 Years 40+ Years



Source: Orange County Health Care Agency

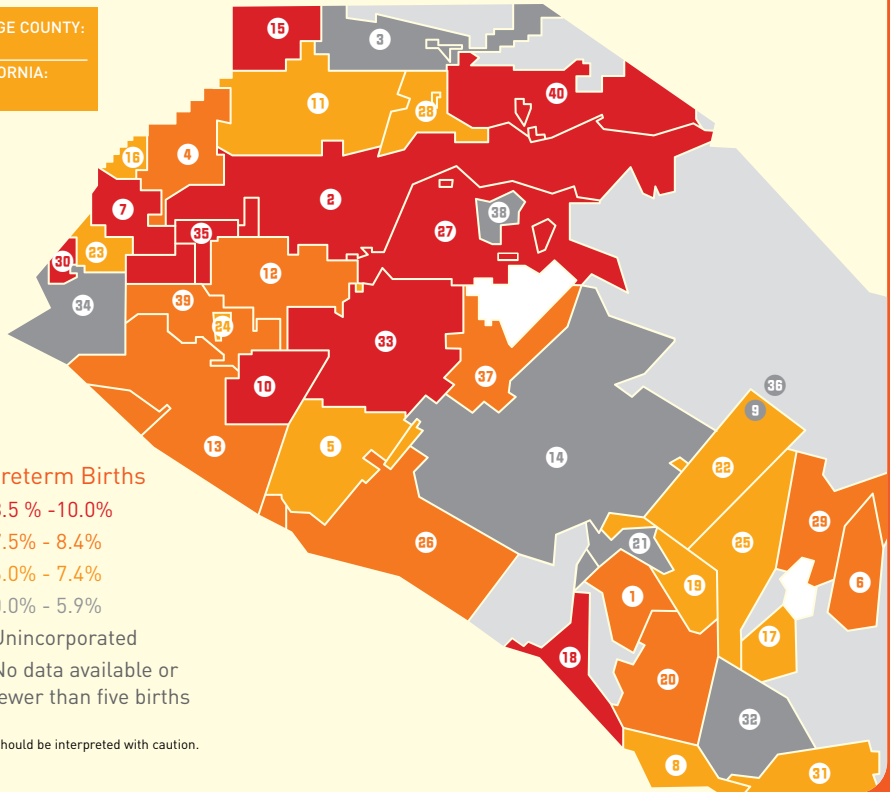
Percent of Preterm Births, by Community of Residence, 2018

- |                          |                       |                                |
|--------------------------|-----------------------|--------------------------------|
| 1 ALISO VIEJO 8.2%       | 14 IRVINE 5.6%        | 28 PLACENTIA 7.3%              |
| 2 ANAHEIM 8.8%           | 15 LA HABRA 10.0%     | 29 RANCHO SANTA MARGARITA 7.6% |
| 3 BREA 5.1%              | 16 LA PALMA 6.9%      | 30 ROSSMOOR N/A                |
| 4 BUENA PARK 7.6%        | 17 LADERA RANCH 6.0%  | 31 SAN CLEMENTE 6.0%           |
| 5 COSTA MESA 6.2%        | 18 LAGUNA BEACH 9.5%  | 32 SAN JUAN CAPISTRANO 5.4%    |
| 6 COTO DE CAZA* 8.1%     | 19 LAGUNA HILLS 6.6%  | 33 SANTA ANA 9.2%              |
| 7 CYPRESS 9.2%           | 20 LAGUNA NIGUEL 8.4% | 34 SEAL BEACH 5.4%             |
| 8 DANA POINT 6.3%        | 21 LAGUNA WOODS* 0.0% | 35 STANTON 9.4%                |
| 9 FOOTHILL RANCH 5.3%    | 22 LAKE FOREST 7.1%   | 36 TRABUCO CANYON 4.7%         |
| 10 FOUNTAIN VALLEY 8.5%  | 23 LOS ALAMITOS 7.4%  | 37 TUSTIN 8.2%                 |
| 11 FULLERTON 7.0%        | 24 MIDWAY CITY 6.0%   | 38 VILLA PARK* 3.8%            |
| 12 GARDEN GROVE 8.0%     | 25 MISSION VIEJO 7.4% | 40 WESTMINSTER 7.5%            |
| 13 HUNTINGTON BEACH 7.5% | 26 NEWPORT BEACH 7.6% | 40 YORBA LINDA 8.8%            |
|                          | 27 ORANGE 9.3%        |                                |

ORANGE COUNTY: 7.6%  
CALIFORNIA: 8.8%

% Preterm Births

- 8.5% - 10.0%
- 7.5% - 8.4%
- 6.0% - 7.4%
- 0.0% - 5.9%
- Unincorporated
- No data available or fewer than five births



Note: \*Percentages based on less than five preterm births (17-36 weeks) are unstable and therefore should be interpreted with caution. 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.<sup>1</sup> 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.<sup>2</sup> Teen birth rates have declined significantly since 1991, representing an estimated annual U.S. taxpayer savings of \$4.4 billion in 2015 alone.<sup>3</sup> 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)<sup>4</sup> and the United States (17.4).<sup>5</sup>
- 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).

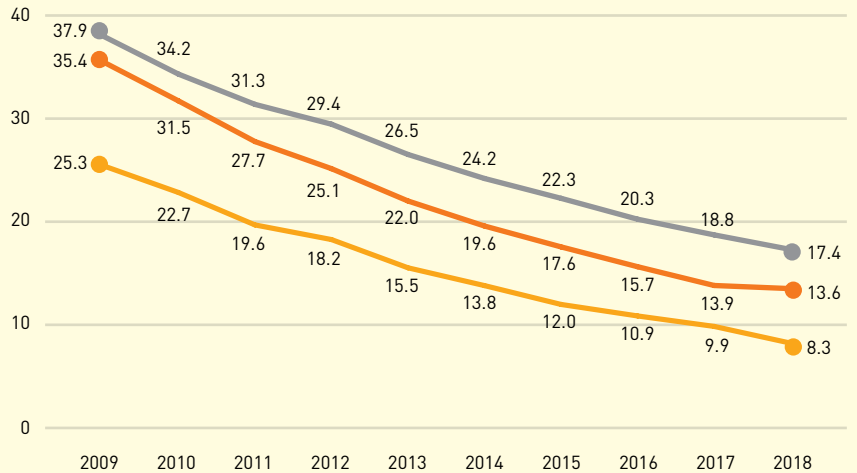
<sup>1</sup> Healthy People 2020, 2014. <sup>2</sup> CDC, Vital Signs: Teen Pregnancy, 1991-2009. <sup>3</sup> Power to Decide: Progress Pays Off. National Public Savings Data, 2015. This estimate of public savings factors in Medicaid spending associated with prenatal care, labor, delivery, postpartum 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. <sup>4</sup> State of California, Department of Public Health, Maternal, Child and Adolescent Health Division. <sup>5</sup> Centers for Disease Control, National Center for Health Statistics, National Vital Statistics Reports, Vol. 68, No. 13, November 27, 2019.

GOOD HEALTH

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

- United States
- California
- Orange County

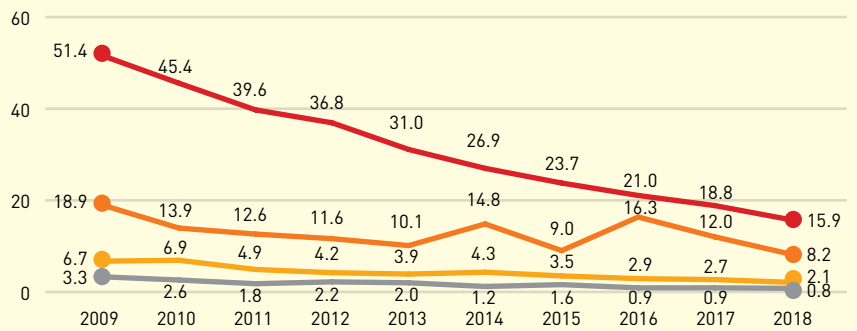
Note: Rates calculated using data from State of California, Department of Finance  
 Source Orange County: Orange County Health Care Agency  
 Source California: State of California, Health Information and Research Section  
 Source United States: National vital statistics reports: National Center for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



Birth Rate per 1,000 Females 15 to 19 Years of Age, by Race/Ethnicity, 2009 to 2018

- Hispanic
- Black
- White
- Asian

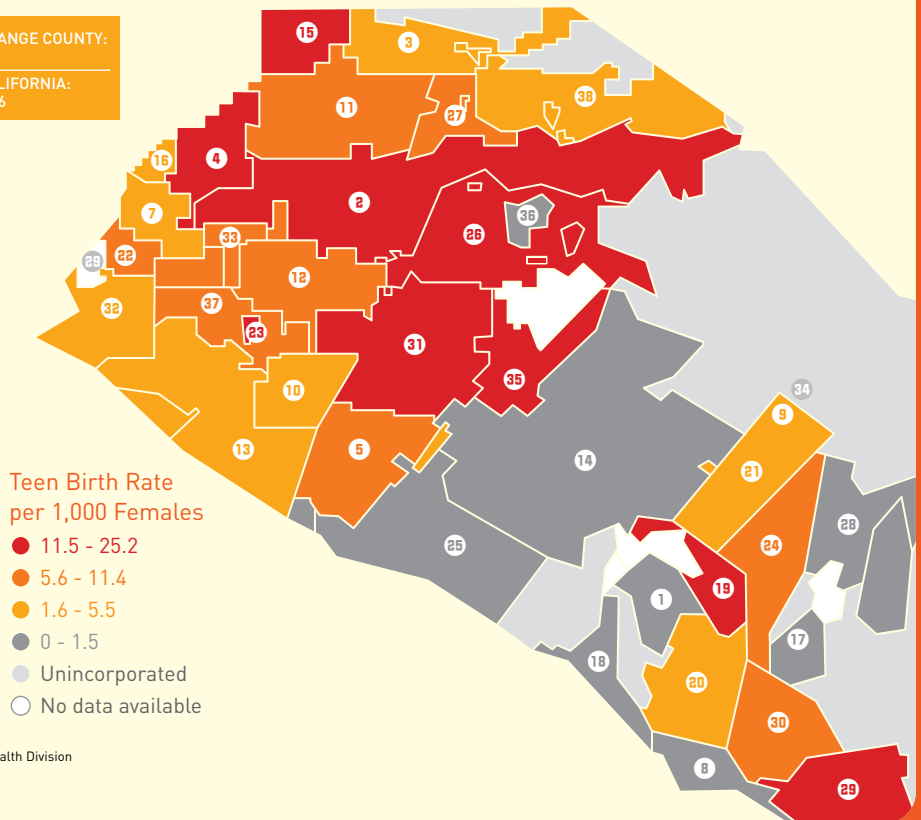
Source: Orange County Health Care Agency



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

- |                            |                         |                                  |
|----------------------------|-------------------------|----------------------------------|
| 1 ALISO VIEJO<br>1.2       | 14 IRVINE<br>0.6        | 28 RANCHO SANTA MARGARITA<br>0.6 |
| 2 ANAHEIM<br>15.4          | 15 LA HABRA<br>13.2     | 29 SAN CLEMENTE<br>11.9          |
| 3 BREA<br>4.2              | 16 LA PALMA<br>4.4      | 30 SAN JUAN CAPISTRANO<br>8.7    |
| 4 BUENA PARK<br>13.0       | 17 LADERA RANCH<br>1.2  | 31 SANTA ANA<br>25.2             |
| 5 COSTA MESA<br>11.0       | 18 LAGUNA BEACH<br>1.5  | 32 SEAL BEACH<br>2.9             |
| 6 COTO DE CAZA<br>0.0      | 19 LAGUNA HILLS<br>13.9 | 33 STANTON<br>9.3                |
| 7 CYPRESS<br>3.3           | 20 LAGUNA NIGUEL<br>3.3 | 34 TRABUCO CANYON<br>N/A         |
| 8 DANA POINT<br>1.4        | 21 LAKE FOREST<br>4.7   | 35 TUSTIN<br>12.8                |
| 9 FOOTHILL RANCH<br>N/A    | 22 LOS ALAMITOS<br>5.6  | 36 VILLA PARK CITY<br>0.0        |
| 10 FOUNTAIN VALLEY<br>2.9  | 23 MIDWAY CITY<br>17.9  | 37 WESTMINSTER<br>9.3            |
| 11 FULLERTON<br>8.8        | 24 MISSION VIEJO<br>5.7 | 38 YORBA LINDA<br>1.9            |
| 12 GARDEN GROVE<br>9.6     | 25 NEWPORT BEACH<br>0.5 |                                  |
| 13 HUNTINGTON BEACH<br>5.2 | 26 ORANGE<br>14.3       |                                  |
|                            | 27 PLACENTIA<br>11.4    |                                  |

ORANGE COUNTY:  
8.3  
CALIFORNIA:  
13.6



Note: N/A indicates no data are available. Source: Orange County Health Care Agency, Family Health Division  
 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.<sup>1</sup> 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.<sup>2</sup> 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

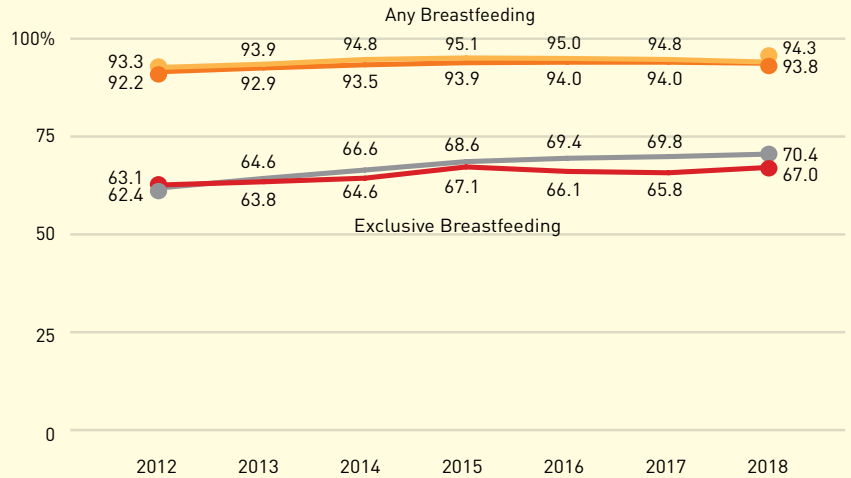
- In 2018, 67.0% of Orange County women were exclusively breastfeeding at time of hospital discharge, lower than California at 70.4% of women.<sup>3</sup>
- Exclusive breastfeeding at time of discharge was highest among White women at 83.0%, followed by Multiracial (79.8%), Pacific Islander (78.4%), Black (70.7%), Hispanic (64.0%) and Asian (52.8%) women.<sup>3</sup>
- 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%.

GOOD HEALTH

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

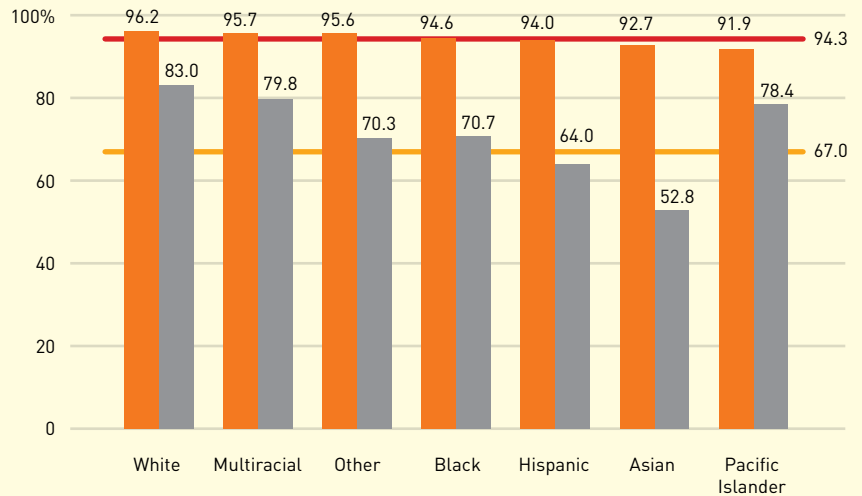
Source: California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2018. NBS Form Version (D) Revised 12/2008. Maternal, Child and Adolescent Health Program.



Hospital Discharge Breastfeeding Percentage, by Race/Ethnicity, 2018

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

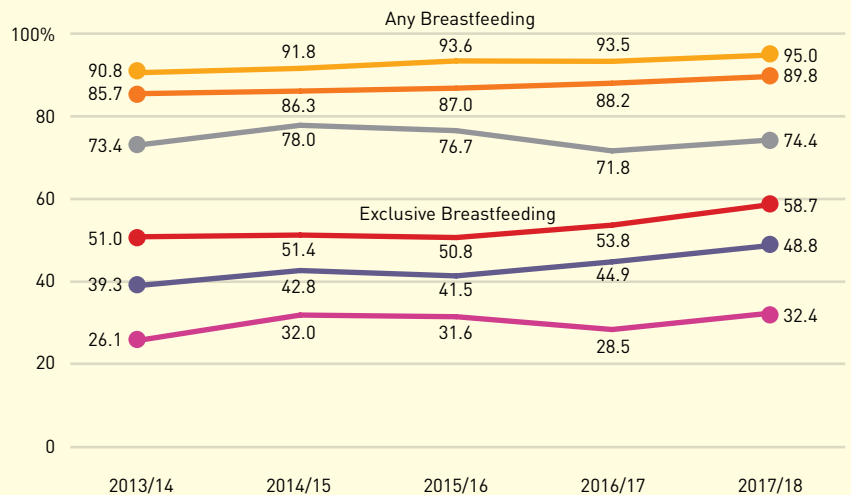
Source: California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2018. NBS Form Version (D) Revised 12/2008. Maternal, Child and Adolescent Health Program.



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% CI), and population estimates (rounded 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](http://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.<sup>1</sup>

#### 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.<sup>2</sup> 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.<sup>3</sup>

#### 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.<sup>4</sup>
- 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.<sup>5</sup>
- 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.<sup>6</sup>

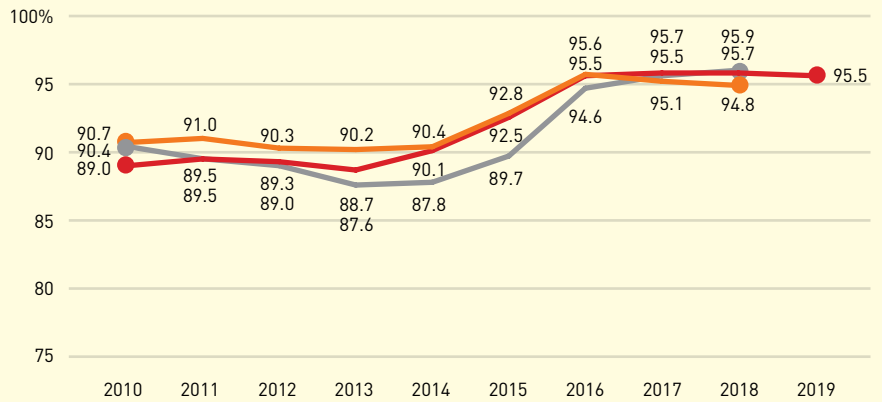
Effective July 1, 2016, California law now removes the personal belief exemption from statute and requires almost all schoolchildren to be fully vaccinated in order to attend public or private elementary, middle and high schools. For kindergarten entrance, children must be immunized against 10 diseases: 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.

<sup>1</sup> California Immunization Requirements for Pre-Kindergarten, available at <http://eziz.org/assets/docs/IMM-230.pdf>. <sup>2</sup> Wei, F., Mullooly, J.P., Goodman, M. et al., 2009. <sup>3</sup> Hussain, H. et al., 2011. <sup>4</sup> 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. <sup>5</sup> California Department of Public Health, Immunization Branch. <sup>6</sup> 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.

GOOD HEALTH

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

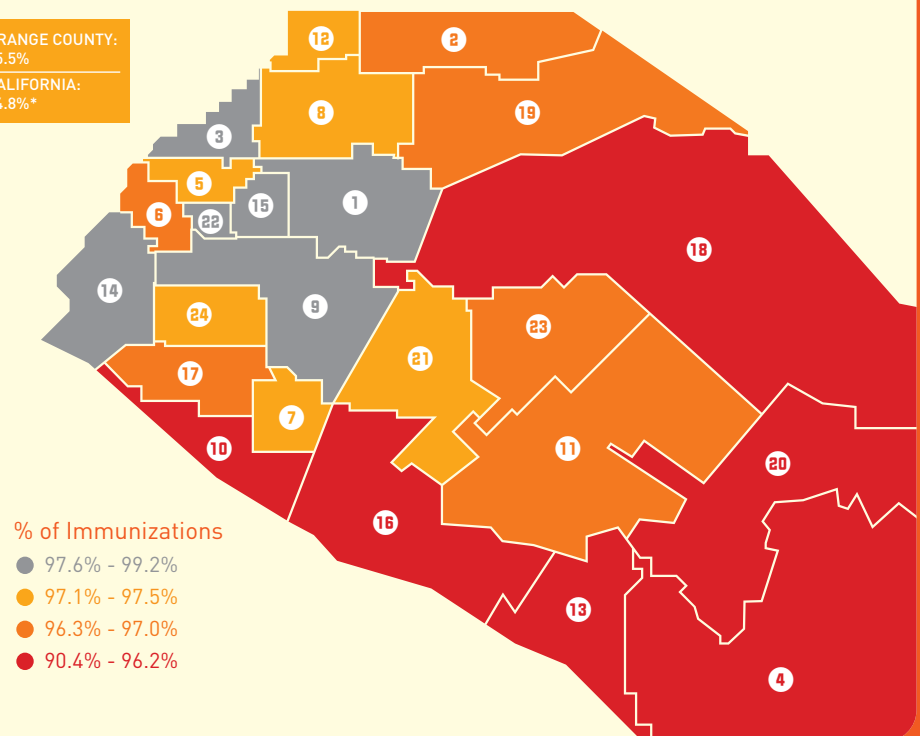
Year	Total Children	DTaP <sup>1</sup> (4+)	Polio <sup>2</sup> (3+)	MMR <sup>3</sup> (1+)	Hepatitis B <sup>4</sup> (3+)	Varicella <sup>5</sup> (1+)
2010	44,910	94.4%	95.8%	95.9%	94.8%	95.7%
2011	42,098	91.9%	92.0%	96.1%	95.4%	95.8%
2012	42,805	94.1%	95.4%	95.3%	93.3%	95.0%
2013	44,070	93.4%	95.1%	94.8%	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

- |                              |                                   |                         |
|------------------------------|-----------------------------------|-------------------------|
| 1 ANAHEIM<br>98.1%           | 11 IRVINE<br>96.3%                | 21 SANTA ANA<br>97.1%   |
| 2 BREA-OLINDA<br>97.0%       | 12 LA HABRA<br>97.3%              | 22 SAVANNA<br>97.9%     |
| 3 BUENA PARK<br>98.1%        | 13 LAGUNA BEACH<br>90.4%          | 23 TUSTIN<br>96.4%      |
| 4 CAPISTRANO<br>91.2%        | 14 LOS ALAMITOS<br>97.8%          | 24 WESTMINSTER<br>97.4% |
| 5 CENTRALIA<br>97.2%         | 15 MAGNOLIA<br>99.2%              |                         |
| 6 CYPRESS<br>97.0%           | 16 NEWPORT-MESA<br>95.7%          |                         |
| 7 FOUNTAIN VALLEY<br>97.5%   | 17 OCEAN VIEW<br>96.3%            |                         |
| 8 FULLERTON<br>97.4%         | 18 ORANGE<br>95.1%                |                         |
| 9 GARDEN GROVE<br>97.6%      | 19 PLACENTIA-YORBA LINDA<br>96.7% |                         |
| 10 HUNTINGTON BEACH<br>94.1% | 20 SADDLEBACK VALLEY<br>94.2%     |                         |

ORANGE COUNTY:  
95.5%  
CALIFORNIA:  
94.8%\*



**Note:** \*Up-to-date immunizations for 2018 Kindergarten enrollment.  
**Source:** Kindergarten Assessment Results, California Department of Health Services, Immunization Branch

# 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.<sup>1</sup> 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

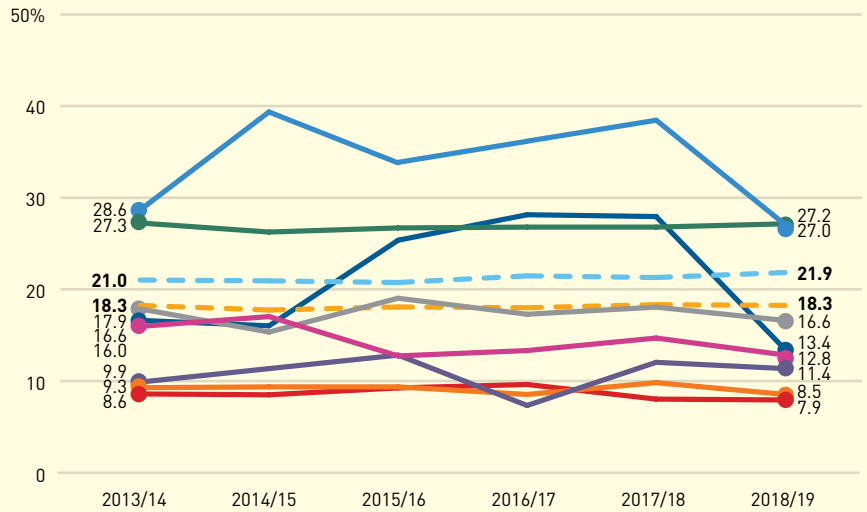
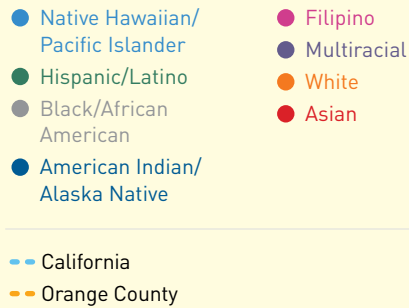
- During the 2018/19 school year, 18.3% (6,444) of Orange County 5th graders tested were classified as obese. This rate has remained steady since 2013/14 at approximately 18% and is lower than California at 21.9% of 5th graders.
- Among race and ethnic groups, Hispanic or Latino (27.2%) and Native Hawaiian 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.<sup>2</sup>
- 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.

<sup>1</sup> The Surgeon General, 2000. <sup>2</sup> CDE defines Socioeconomically Disadvantaged (SED) students are defined as students: (1) who are eligible for the free or reduced-price meal (FRPM) program (also known as the National School Lunch Program, or NSLP), or have a direct certification for FRPMs, or (2) who are migrant, homeless, or foster youth, or (3) where neither of the parents were a high school graduate.

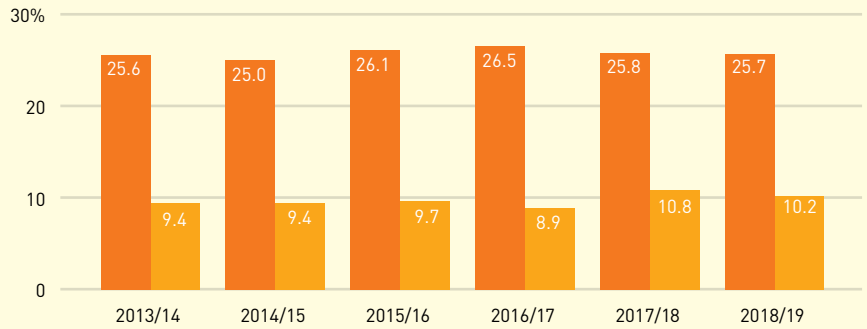
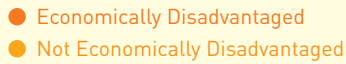
## GOOD HEALTH

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



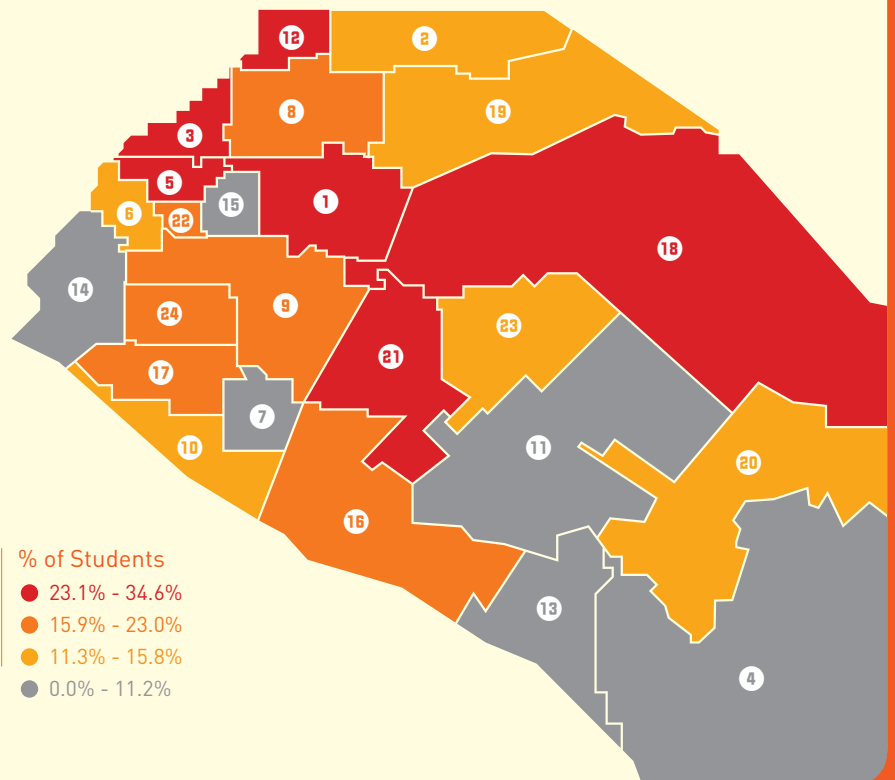
**Source:** California Department of Education, DataQuest, 2018/19  
**Notes:** Black/African American, Filipino, American Indian/Alaska Native and Native Hawaiian/Pacific Islander 5th grade student enrollment is less than 4.5% of all 5th grade student enrollment. Percent at risk for these groups may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

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



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

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



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



# 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.<sup>1</sup> 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.<sup>2,3</sup> Additionally, these behaviors, when developed at a younger age, are associated with similar behaviors in adulthood.<sup>4</sup>

### 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.

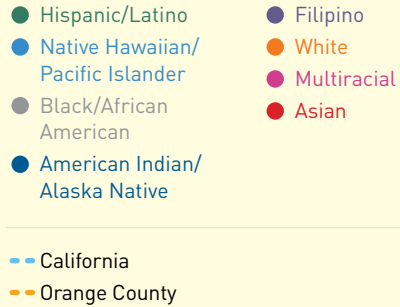
- The percentage of 5th graders at health risk due to aerobic capacity was highest among Native Hawaiian or Pacific Islander 5th graders (10.3%), followed by Hispanic or Latino (9.7%), Black or African American (7.6%), Multiracial (6.0%), American Indian or Alaska Native (4.2%), Filipino (3.0%), White (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.<sup>5</sup>

**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.

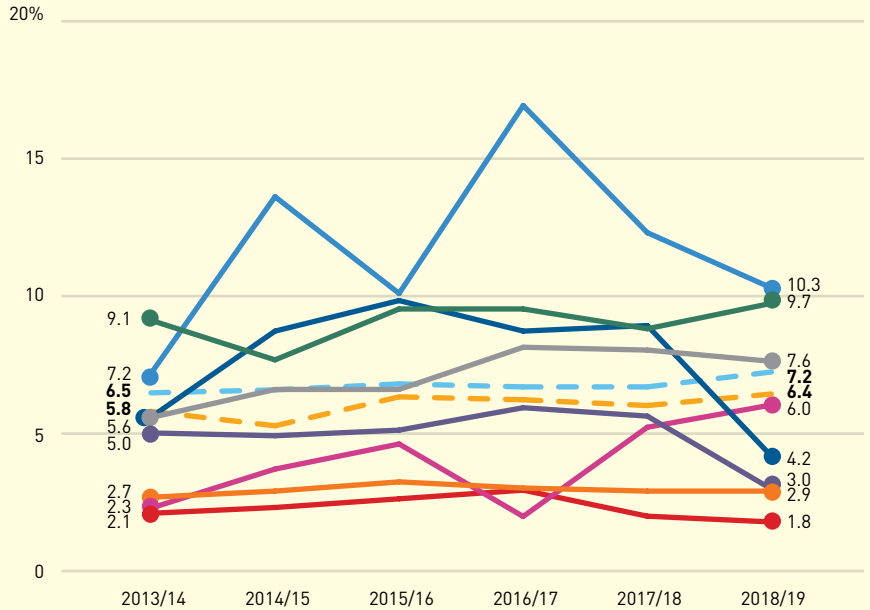
## GOOD HEALTH

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

Orange County, 2013/14 to 2018/19

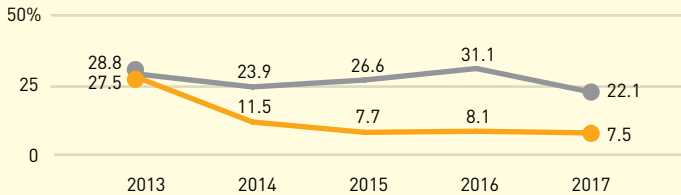


**Source:** California Department of Education, DataQuest, 2018/19  
**Note:** Black, Filipino, American Indian and Pacific Islander 5th grade student enrollment is less than 4.5% of all 5th grade student enrollment. Percent at risk for these groups may be unstable and should be interpreted with caution.



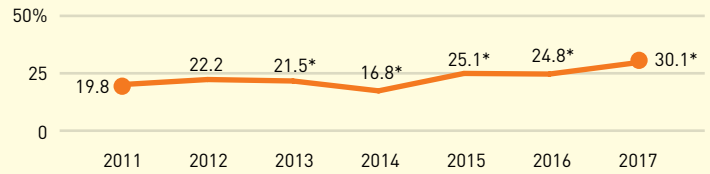
### Percent of Children who Consumed One Soda the Previous Day, by Age, 2013 to 2017

● 2-11 Years ● 12-17 Years



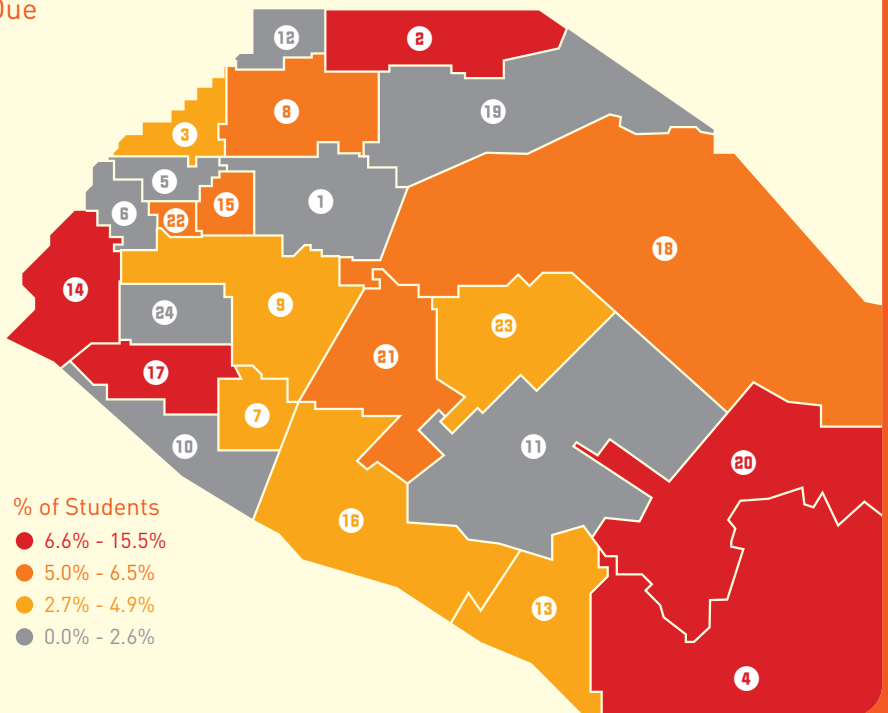
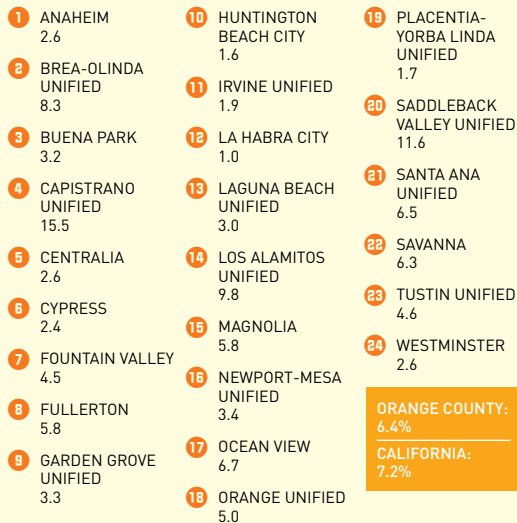
\* Statistically unstable. **Note:** Previous reports presented children consumption of two or more sodas in the previous day. 2017 CHIS suppressed the results for 2 or more glasses a day of soda in the last CHIS due to small sample size.  
**Source:** California Health Interview Survey, 2017

### Percent of 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

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



**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.

#### Findings

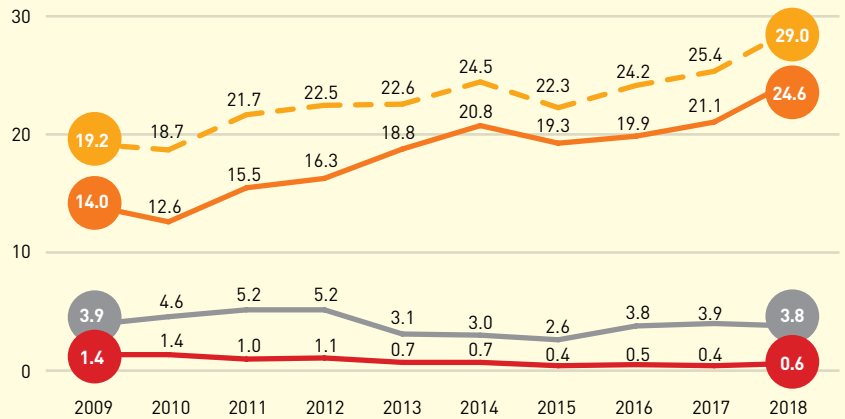
- The combined hospitalization rate for serious mental illness and substance abuse conditions for children increased by 51%, from a low of 19.2 in 2009 to 29.0 per 10,000 children in 2018.
- The hospitalization rate for serious mental illness increased 76%, from a low of 14 in 2009 to 24.6 per 10,000 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 California<sup>1</sup> and 14.4% in the U.S.<sup>2</sup> 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

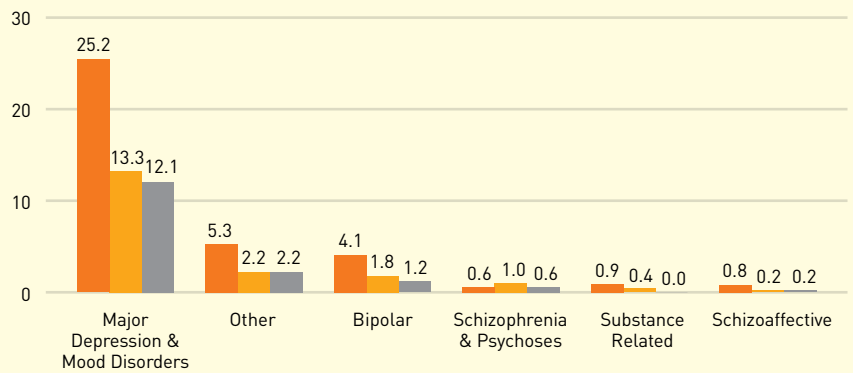
**Source:** Orange County Health Care Agency, Health Policy - Research  
**Note:** 'Other' includes mental disorders such as other unspecified mood disorders, conduct disorders and disorders related to sleep, eating, elimination and pain.



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

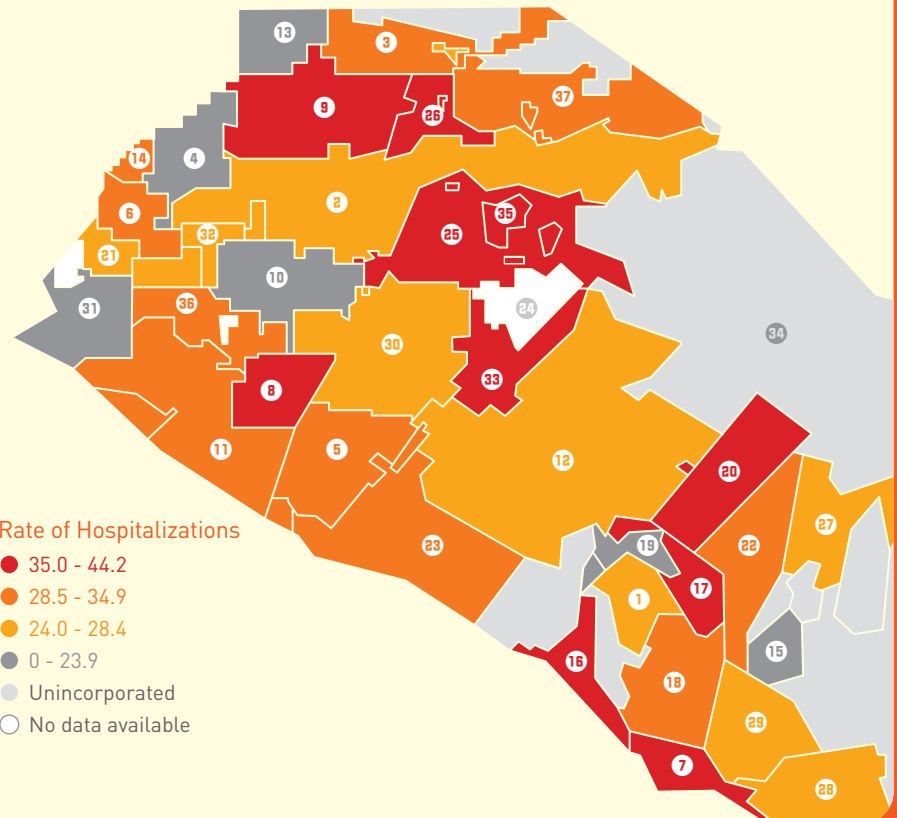
- White
- Hispanic
- Asian/Pacific Islander

**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<br>27.6       | 14 LA PALMA<br>31.9      | 27 RANCHO SANTA MARGARITA<br>25.6 |
| 2 ANAHEIM<br>28.4           | 15 LADERA RANCH<br>0.0   | 28 SAN CLEMENTE<br>24.0           |
| 3 BREA<br>34.7              | 16 LAGUNA BEACH<br>42.8  | 29 SAN JUAN CAPISTRANO<br>25.5    |
| 4 BUENA PARK<br>39.2        | 17 LAGUNA HILLS<br>39.2  | 30 SANTA ANA<br>26.7              |
| 5 COSTA MESA<br>33.1        | 18 LAGUNA NIGUEL<br>30.4 | 31 SEAL BEACH<br>16.8             |
| 6 CYPRESS<br>28.8           | 19 LAGUNA WOODS<br>0.0   | 32 STANTON<br>24.5                |
| 7 DANA POINT<br>35.1        | 20 LAKE FOREST<br>43.6   | 33 TUSTIN<br>35.0                 |
| 8 FOUNTAIN VALLEY<br>41.3   | 21 LOS ALAMITOS<br>25.3  | 34 UNINCORPORATED<br>23.4         |
| 9 FULLERTON<br>39.0         | 22 MISSION VIEJO<br>30.8 | 35 VILLA PARK<br>44.2             |
| 10 GARDEN GROVE<br>22.4     | 23 NEWPORT BEACH<br>33.5 | 36 WESTMINSTER<br>29.1            |
| 11 HUNTINGTON BEACH<br>29.8 | 24 NORTH TUSTIN<br>N/A   | 37 YORBA LINDA<br>31.0            |
| 12 IRVINE<br>24.0           | 25 ORANGE<br>41.9        |                                   |
| 13 LA HABRA<br>19.0         | 26 PLACENTIA<br>37.4     |                                   |



# ECONOMIC WELL-BEING INDICATORS

## CHILD POVERTY

PERCENT OF STUDENTS ELIGIBLE FOR FREE AND REDUCED PRICE LUNCH



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

## HOUSING

PERCENT OF CHILDREN INSECURELY HOUSED



**4.4%** 2009/10  
**6.8%** 2018/19

## CALWORKS

PERCENT OF CHILDREN RECEIVING CALWORKS



**5.4%** 2009/10  
**3.7%** 2018/19

## CHILD SUPPORT

PERCENT OF CURRENT SUPPORT DISTRIBUTED



**59.0%** 2010/11  
**68.2%** 2019/20

## SUPPLEMENTAL NUTRITION

PERCENT OF CHILDREN RECEIVING CALFRESH



**12.3%** 2009/10  
**14.2%** 2018/19

- UPWARD TREND IMPROVEMENT
- UPWARD TREND NEEDS IMPROVEMENT
- DOWNWARD TREND IMPROVEMENT
- DOWNWARD TREND NEEDS IMPROVEMENT

**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.<sup>1</sup> 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.<sup>2</sup> 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.

#### Findings

- 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.<sup>3</sup>

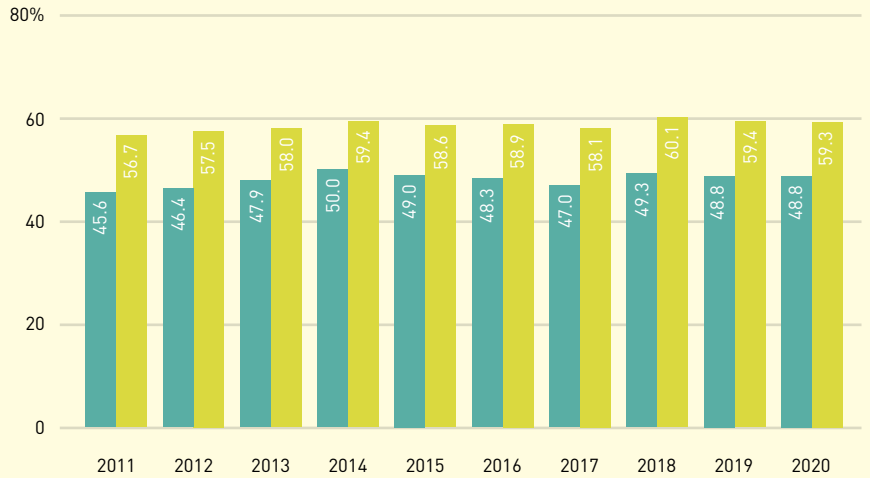
<sup>1</sup> American Psychological Association, 2014. <sup>2</sup> The Institute for Education Sciences define high-poverty schools public schools where more than 75.0% of the students are eligible for the Free and Reduced Price Lunch program. <sup>3</sup> California Poverty by County, 2015-2017, calculated according to the California Poverty Measure (CPM). The California Poverty Measure (CPM) incorporates the changes in costs and standards of living since the official poverty measure was devised in the early 1960s – and accounts for geographic differences in the cost of living across the state. It also factors in tax credits and in-kind assistance that can augment family resources and subtracts medical, commuting and child care expenses. 2011 Census Bureau data is used to estimate the CPM.

## ECONOMIC WELL-BEING

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

- Orange County
- California

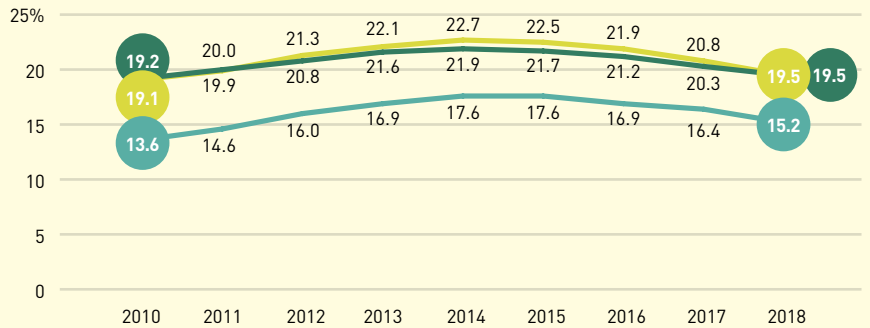
Source: California Department of Education, 2020 (2019/2020)



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

- United States
- California
- Orange County

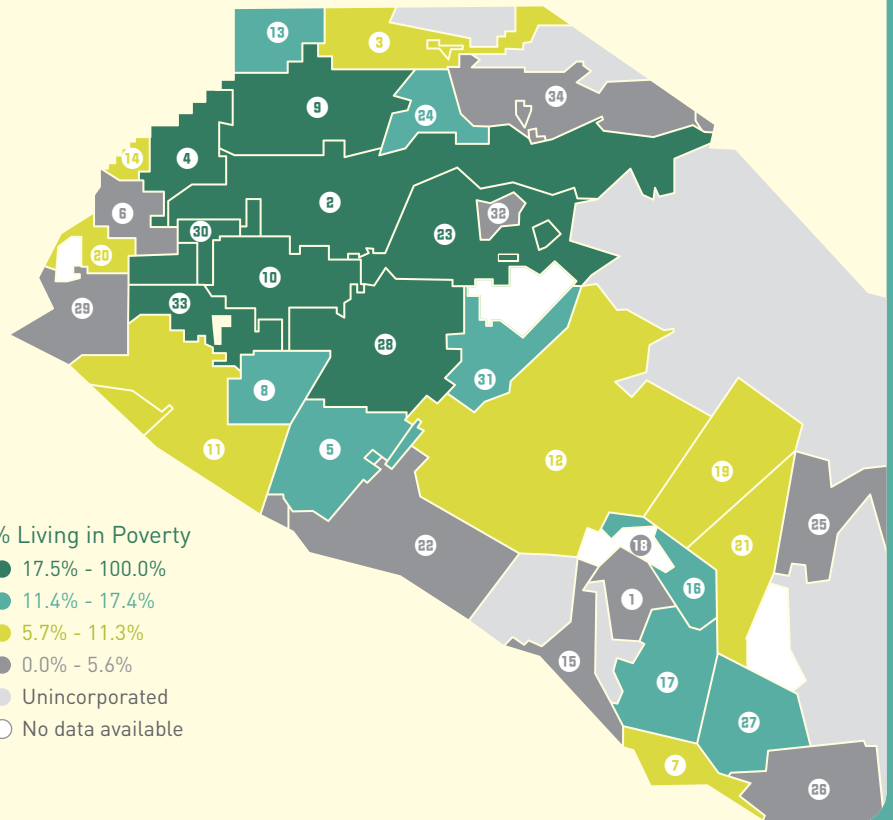
Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates



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

- |                             |                                  |                                |
|-----------------------------|----------------------------------|--------------------------------|
| 1 ALISO VIEJO<br>2.7        | 13 LA HABRA<br>17.4              | 26 SAN CLEMENTE<br>4.0         |
| 2 ANAHEIM<br>22.4           | 14 LA PALMA<br>7.7               | 27 SAN JUAN CAPISTRANO<br>12.1 |
| 3 BREA<br>5.7               | 15 LAGUNA BEACH<br>4.7           | 28 SANTA ANA<br>26.6           |
| 4 BUENA PARK<br>19.3        | 16 LAGUNA HILLS<br>14.2          | 29 SEAL BEACH<br>3.0           |
| 5 COSTA MESA<br>16.3        | 17 LAGUNA NIGUEL<br>11.4         | 30 STANTON<br>30.4             |
| 6 CYPRESS<br>5.1            | 18 LAGUNA WOODS<br>N/A           | 31 TUSTIN<br>16.5              |
| 7 DANA POINT<br>9.0         | 19 LAKE FOREST<br>9.2            | 32 VILLA PARK<br>5.1           |
| 8 FOUNTAIN VALLEY<br>11.4   | 20 LOS ALAMITOS<br>10.9          | 33 WESTMINSTER<br>18.5         |
| 9 FULLERTON<br>17.9         | 21 MISSION VIEJO<br>5.7          | 34 YORBA LINDA<br>4.9          |
| 10 GARDEN GROVE<br>19.7     | 22 NEWPORT BEACH<br>4.0          |                                |
| 11 HUNTINGTON BEACH<br>11.3 | 23 ORANGE<br>17.8                |                                |
| 12 IRVINE<br>9.3            | 24 PLACENTIA<br>13.5             |                                |
|                             | 25 RANCHO SANTA MARGARITA<br>5.6 |                                |

ORANGE COUNTY:  
15.2%  
CALIFORNIA:  
19.5%



Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, Table S1701



# 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.

#### Findings

- 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).

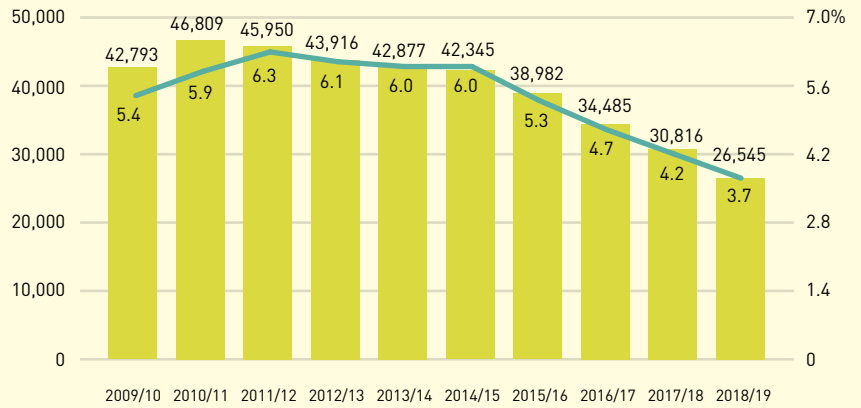
## ECONOMIC WELL-BEING

### 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

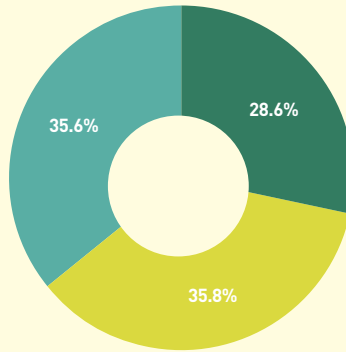


### Percent of Children Under 18 Years Old Receiving CalWORKs, by Age Group

2018/19

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

Source: Orange County Social Services Agency

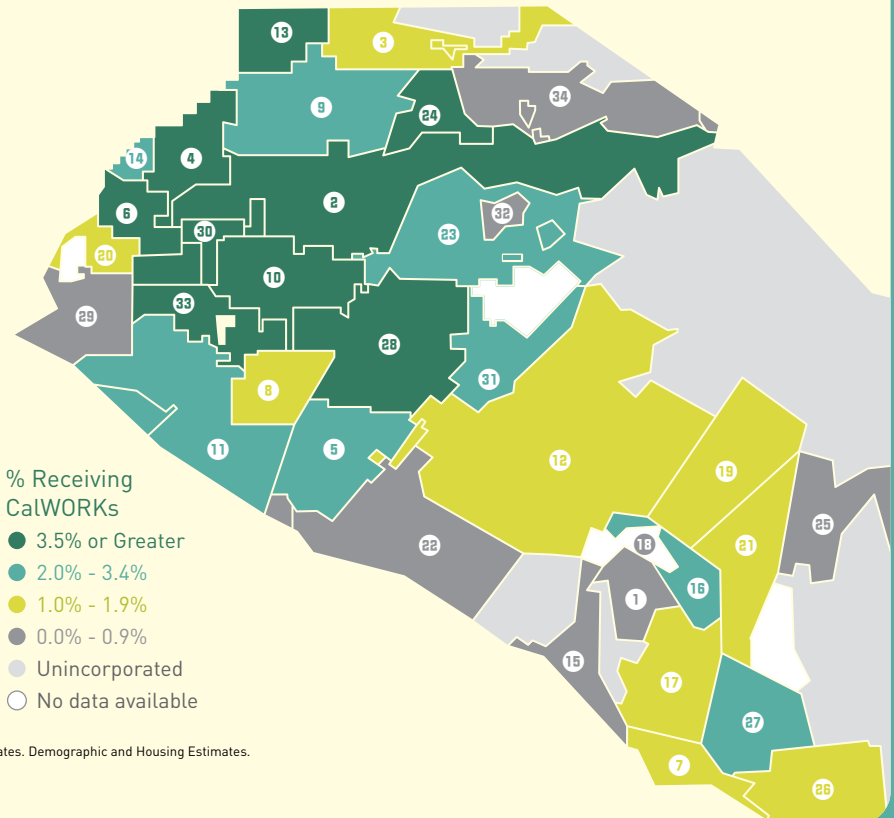


### Percent Receiving CalWORKs, by City

January 2020

1 ALISO VIEJO 0.7%	14 LA PALMA 2.0%	27 SAN JUAN CAPISTRANO 2.2%
2 ANAHEIM 6.7%	15 LAGUNA BEACH 0.4%	28 SANTA ANA 6.5%
3 BREA 1.3%	16 LAGUNA HILLS 3.2%	29 SEAL BEACH 0.8%
4 BUENA PARK 4.5%	17 LAGUNA NIGUEL 1.4%	30 STANTON 5.0%
5 COSTA MESA 2.6%	18 LAGUNA WOODS N/A	31 TUSTIN 3.2%
6 CYPRESS 5.0%	19 LAKE FOREST 1.8%	32 VILLA PARK 0.4%
7 DANA POINT 1.5%	20 LOS ALAMITOS 1.9%	33 WESTMINSTER 4.9%
8 FOUNTAIN VALLEY 1.7%	21 MISSION VIEJO 1.0%	34 YORBA LINDA 0.8%
9 FULLERTON 3.4%	22 NEWPORT BEACH 0.5%	
10 GARDEN GROVE 4.9%	23 ORANGE 3.0%	
11 HUNTINGTON BEACH 2.2%	24 PLACENTIA 3.5%	
12 IRVINE 1.0%	25 RANCHO SANTA MARGARITA 0.6%	
13 LA HABRA 3.7%	26 SAN CLEMENTE 1.0%	

ORANGE COUNTY:  
3.7%  
CALIFORNIA:  
10.7%



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).<sup>1</sup> 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.<sup>2</sup>

- 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%.<sup>3</sup>
- 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%.<sup>4</sup> Both rates have dropped from a high in 2011, when the national rate was 63.5% and California rate was 82.5%.

<sup>1</sup> 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).

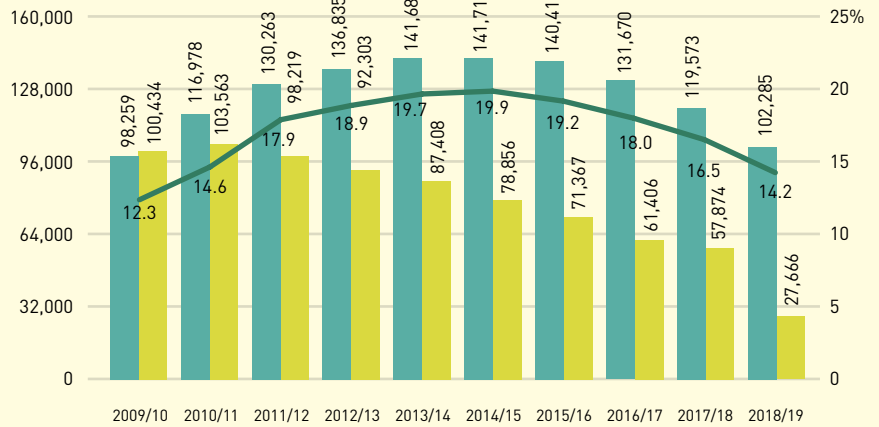
<sup>2</sup> California Department of Social Services, CalFresh County Data Dashboard, 2018. <sup>3</sup> California Department of Social Services, CalFresh County Data Dashboard, 2018. <sup>4</sup> USDA National and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2017.

## 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

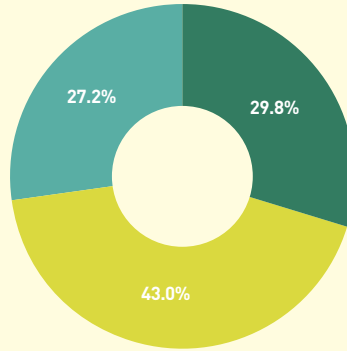
**Note:** Data represents fiscal Year (July - June) monthly averages for CalFresh.  
**Source for CalFresh:** Orange County Social Services Agency  
**Source for WIC:** Orange County Health Care Agency/Nutrition Services-WIC



### Percent of Children Receiving CalFresh, by Age Group, 2018/19

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

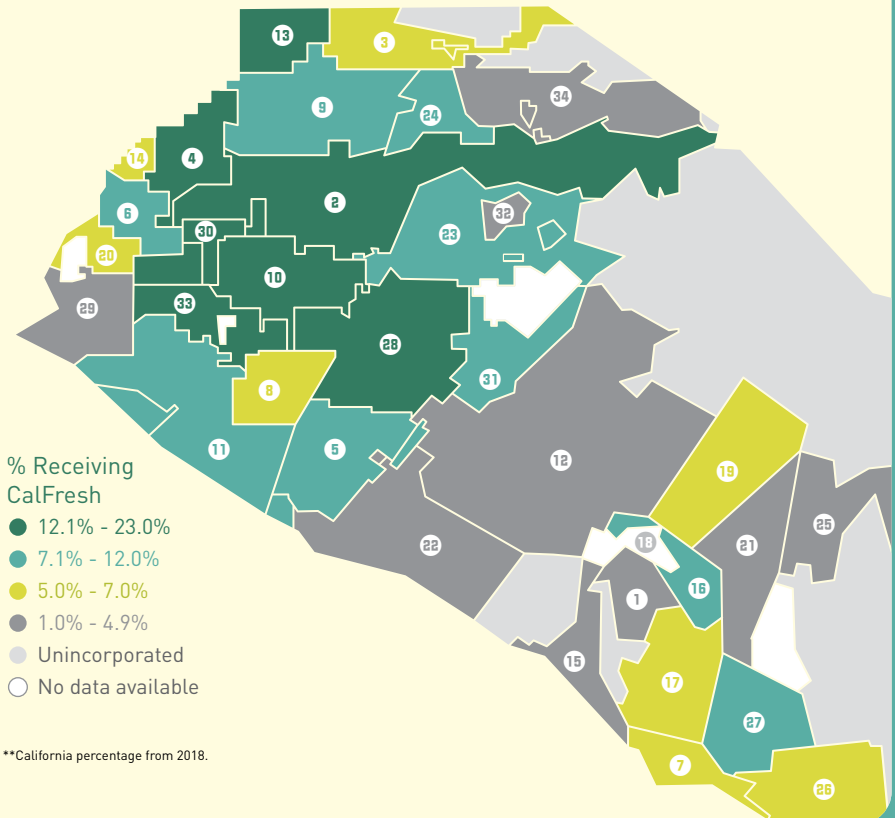
**Source:** Orange County Social Services Agency



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

- |                             |                                   |                                 |
|-----------------------------|-----------------------------------|---------------------------------|
| 1 ALISO VIEJO<br>4.0%       | 14 LA PALMA<br>7.0%               | 27 SAN JUAN CAPISTRANO<br>10.0% |
| 2 ANAHEIM<br>21.0%          | 15 LAGUNA BEACH<br>2.0%           | 28 SANTA ANA<br>23.0%           |
| 3 BREA<br>5.0%              | 16 LAGUNA HILLS<br>10.0%          | 29 SEAL BEACH<br>3.0%           |
| 4 BUENA PARK<br>15.0%       | 17 LAGUNA NIGUEL<br>5.0%          | 30 STANTON<br>16.0%             |
| 5 COSTA MESA<br>10.0%       | 18 LAGUNA WOODS*<br>N/A           | 31 TUSTIN<br>12.0%              |
| 6 CYPRESS<br>10.0%          | 19 LAKE FOREST<br>6.0%            | 32 VILLA PARK<br>1.0%           |
| 7 DANA POINT<br>6.0%        | 20 LOS ALAMITOS<br>7.0%           | 33 WESTMINSTER<br>21.0%         |
| 8 FOUNTAIN VALLEY<br>7.0%   | 21 MISSION VIEJO<br>4.0%          | 34 YORBA LINDA<br>3.0%          |
| 9 FULLERTON<br>12.0%        | 22 NEWPORT BEACH<br>2.0%          |                                 |
| 10 GARDEN GROVE<br>20.0%    | 23 ORANGE<br>12.0%                |                                 |
| 11 HUNTINGTON BEACH<br>8.0% | 24 PLACENTIA<br>12.0%             |                                 |
| 12 IRVINE<br>4.0%           | 25 RANCHO SANTA MARGARITA<br>3.0% |                                 |
| 13 LA HABRA<br>14.0%        | 26 SAN CLEMENTE<br>5.0%           |                                 |

ORANGE COUNTY:  
14.2%  
CALIFORNIA:\*\*  
21.0%



- % Receiving CalFresh**
- 12.1% - 23.0%
  - 7.1% - 12.0%
  - 5.0% - 7.0%
  - 1.0% - 4.9%
  - Unincorporated
  - No data available

**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

# 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.

### Findings

- 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).<sup>1</sup>
- 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.<sup>2</sup>
- 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%.

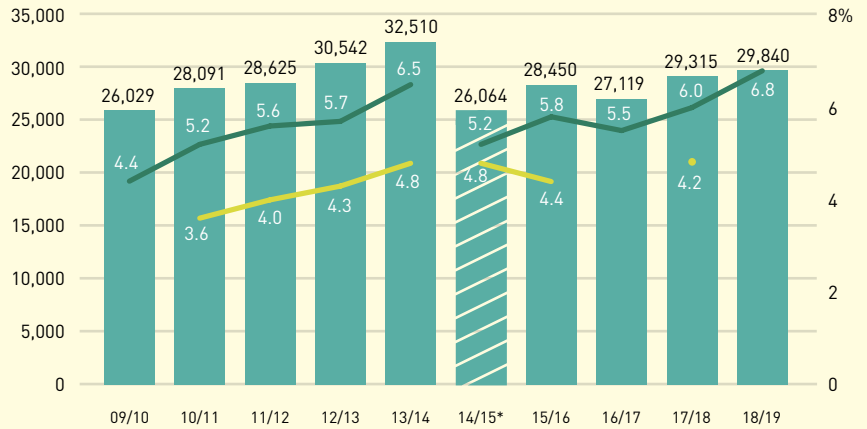
<sup>1</sup> The data are collected from the Local Education Agency (school district) and reported to the California Department of Education (CDE) at the end of each academic year, by June 30. Beginning 2010-2011, CDE began collecting the data directly via California Longitudinal Pupil Achievement Data System. Data from 2014-2015 is lower due to a statewide data system error at the CDE that likely resulted in under-reported counts. <sup>2</sup> Due to the small population size, the data may be unstable.

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

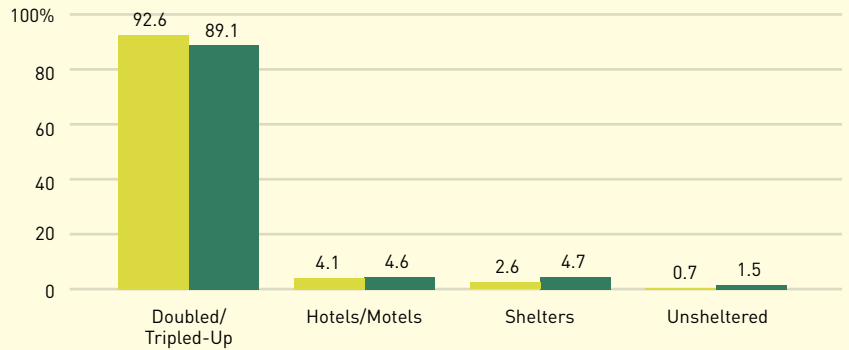
\* Data from 2014-2015 is lower due to a statewide data system error at the CDE that likely resulted in under-reported counts.  
**Source:** California Department of Education



### Primary Nighttime Residency of Insecurely Housed Students 2009/10 and 2018/19

- 2009/10
- 2018/19

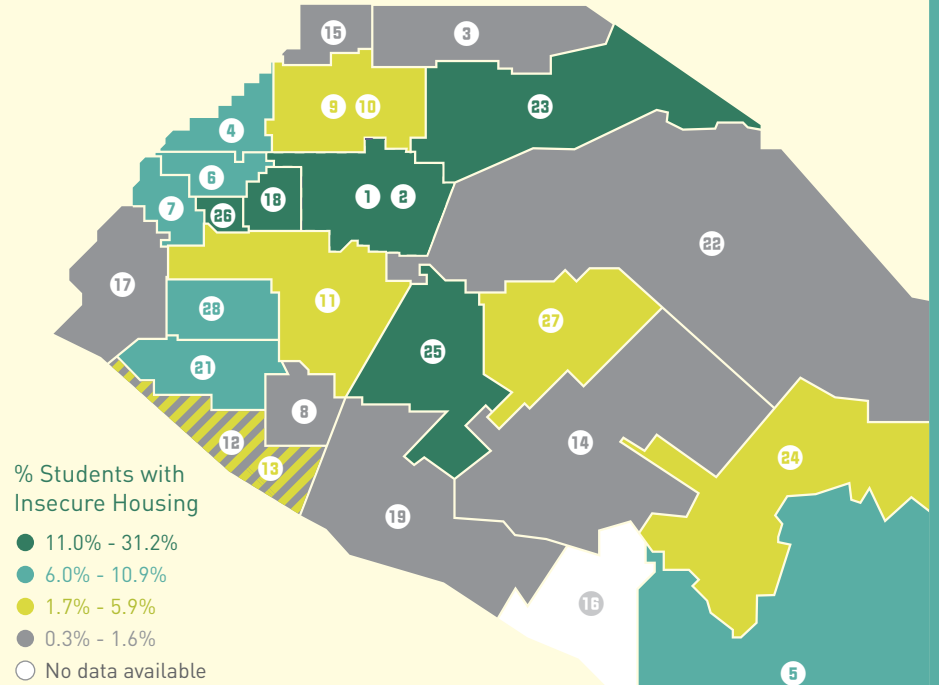
**Source:** California Department of Education



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

- |                                    |                                     |  |
|------------------------------------|-------------------------------------|--|
| 1 ANAHEIM 11.4%                    | 12 HUNTINGTON BEACH CITY 0.7%       | 23 PLACENTIA-YORBA LINDA UNIFIED 13.4% |
| 2 ANAHEIM UNION HIGH 11.6%         | 13 HUNTINGTON BEACH UNION HIGH 3.5% | 24 SADDLEBACK VALLEY UNIFIED 4.0%      |
| 3 BREA-OLINDA UNIFIED 0.5%         | 14 IRVINE UNIFIED 0.4%              | 25 SANTA ANA UNIFIED 13.2%             |
| 4 BUENA PARK 7.6%                  | 15 LA HABRA CITY 1.1%               | 26 SAVANNA 16.3%                       |
| 5 CAPISTRANO UNIFIED 6.9%          | 16 LAGUNA BEACH UNIFIED N/A         | 27 TUSTIN UNIFIED 1.7%                 |
| 6 CENTRALIA 9.9%                   | 17 LOS ALAMITOS UNIFIED 0.3%        | 28 WESTMINSTER 8.6%                    |
| 7 CYPRESS 10.5%                    | 18 MAGNOLIA 31.2%                   |  |
| 8 FOUNTAIN VALLEY 0.8%             | 19 NEWPORT-MESA UNIFIED 0.7%        |  |
| 9 FULLERTON 1.7%                   | 20 OCDE - ACCESS* 17.5%             |  |
| 10 FULLERTON JOINT UNION HIGH 2.8% | 21 OCEAN VIEW 8.2%                  |  |
| 11 GARDEN GROVE UNIFIED 2.4%       | 22 ORANGE UNIFIED 1.1%              |  |

ORANGE COUNTY: 6.8%  
 CALIFORNIA: Not yet updated



**Note:** \* OCDE - ACCESS (Alternative, Community and Correctional Schools and Service) student population is unique in that it encompasses a wide range of youth, 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).<sup>1</sup> 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.<sup>2</sup> 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 family-centered 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.

#### Findings

- 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%).<sup>3</sup>
- 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%.<sup>4</sup>

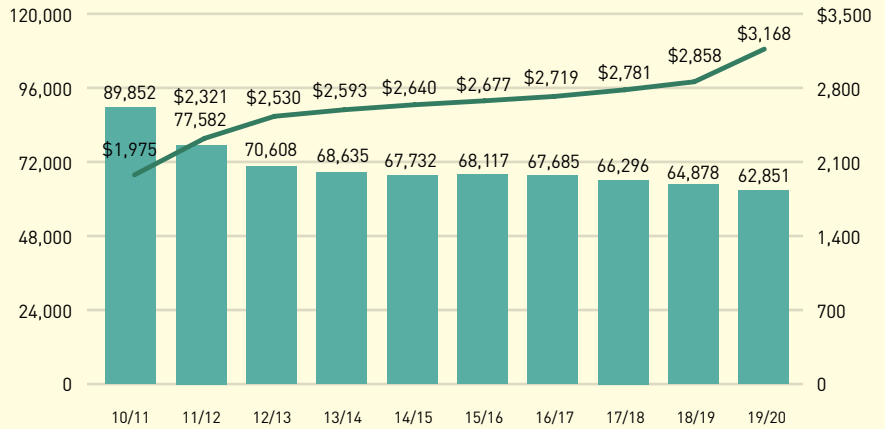
<sup>1</sup> U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2014 - 2018. Table S1701. <sup>2</sup> Turetsky, V., 2005. <sup>3</sup> California Department of Child Support Services: Comparative Data for Managing Program Performance, FFY 2019. Published March 2020. Percentage data source, Table 1.2 Cases with Support Orders Established using Point-in Time Data. <sup>4</sup> Department of Child Support Services, 209. Collection Rate Percentage and Dollars Owed collected from California pulled from State of California - Health and Human Services Agency Child Support Program Statistics FFY 2018, table 1.3.

# ECONOMIC WELL-BEING

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

- Total Number of Cases
- Per Case Collection

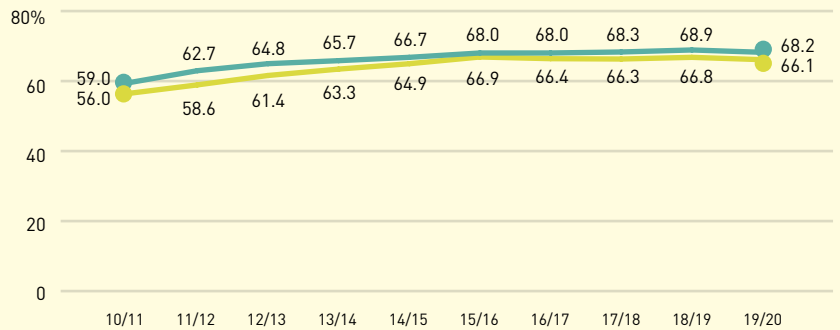
Note: Total cases each year is a 12-month average from July to June.  
Source: Orange County Department of Child Support Services



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

- Orange County
- California

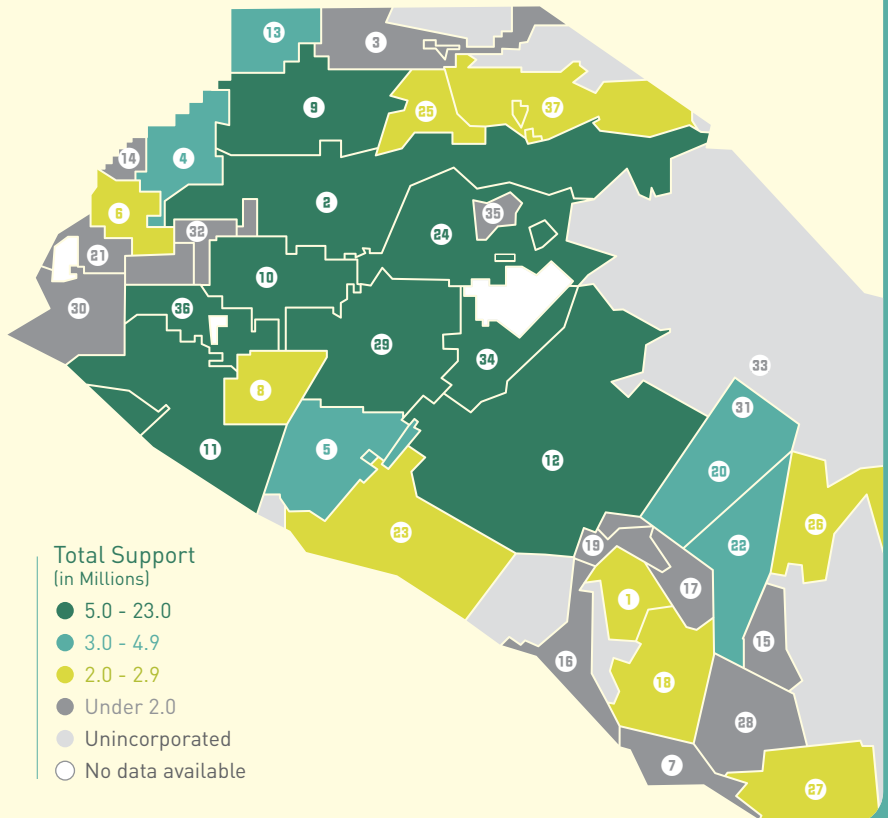
Source: Orange County Department of Child Support Services



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

1 ALISO VIEJO 463 \$2,670,962	13 LA HABRA 943 \$3,785,217	26 RANCHO SANTA MARGARITA 379 \$2,034,352
2 ANAHEIM 6,162 \$22,396,815	14 LA PALMA 132 \$526,888	27 SAN CLEMENTE 470 \$2,611,633
3 BREA 447 \$1,993,922	15 LADERA RANCH 239 \$1,598,466	28 SAN JUAN CAPISTRANO 346 \$1,523,452
4 BUENA PARK 1,285 \$4,454,118	16 LAGUNA BEACH 96 \$673,037	29 SANTA ANA 5,545 \$19,936,586
5 COSTA MESA 1,081 \$4,576,776	17 LAGUNA HILLS 281 \$1,298,689	30 SEAL BEACH 88 \$498,632
6 CYPRESS 538 \$2,442,237	18 LAGUNA NIGUEL 475 \$2,746,224	31 SILVERADO 18 \$70,988
7 DANA POINT 276 \$1,268,409	19 LAGUNA WOODS 28 \$82,937	32 STANTON 571 \$1,909,169
8 FOUNTAIN VALLEY 481 \$2,047,990	20 LAKE FOREST 724 \$3,271,661	33 TRABUCO CANYON 172 \$886,715
9 FULLERTON 1,801 \$7,042,394	21 LOS ALAMITOS 175 \$885,558	34 TUSTIN 1,215 \$5,046,495
10 GARDEN GROVE 2,421 \$9,012,253	22 MISSION VIEJO 743 \$3,608,153	35 VILLA PARK 20 \$236,010
11 HUNTINGTON BEACH 1,905 \$8,754,161	23 NEWPORT BEACH 395 \$2,882,717	36 WESTMINSTER 1,219 \$5,035,947
12 IRVINE 1,420 \$8,206,372	24 ORANGE 1,678 \$6,306,777	37 YORBA LINDA 526 \$2,940,314
	25 PLACENTIA 650 \$2,643,001	

**ORANGE COUNTY:**  
35,408 CASES  
\$147.9 MILLION



Source: Orange County Department of Child Support Services



# EDUCATIONAL ACHIEVEMENT INDICATORS

## KINDERGARTEN READINESS

PERCENT OF CHILDREN READY FOR KINDERGARTEN



**51.9%** 2015    **52.9%** 2019

## HIGH SCHOOL DROPOUT RATES

PERCENT OF HIGH SCHOOL DROPOUTS FOR GRADES 9-12 COHORT



**12.3%** 2009/10    **5.1%** 2018/19

## THIRD GRADE ENGLISH LANGUAGE ARTS

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



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

## COLLEGE READINESS

PERCENT OF GRADUATES WITH UC/CSU ELIGIBLE REQUIREMENTS



**38.3%** 2009/10    **55.3%** 2018/19

## THIRD GRADE MATHEMATICS

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



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

## CHRONIC ABSENTEEISM

PERCENT OF STUDENTS CHRONICALLY ABSENT FROM SCHOOL



**7.7%** 2016/17    **8.8%** 2018/19



UPWARD TREND IMPROVEMENT



UPWARD TREND NEEDS IMPROVEMENT



DOWNWARD TREND 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.<sup>1</sup> 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).<sup>2</sup>
- Among kindergartners, the areas of greatest vulnerabilities are language and cognitive

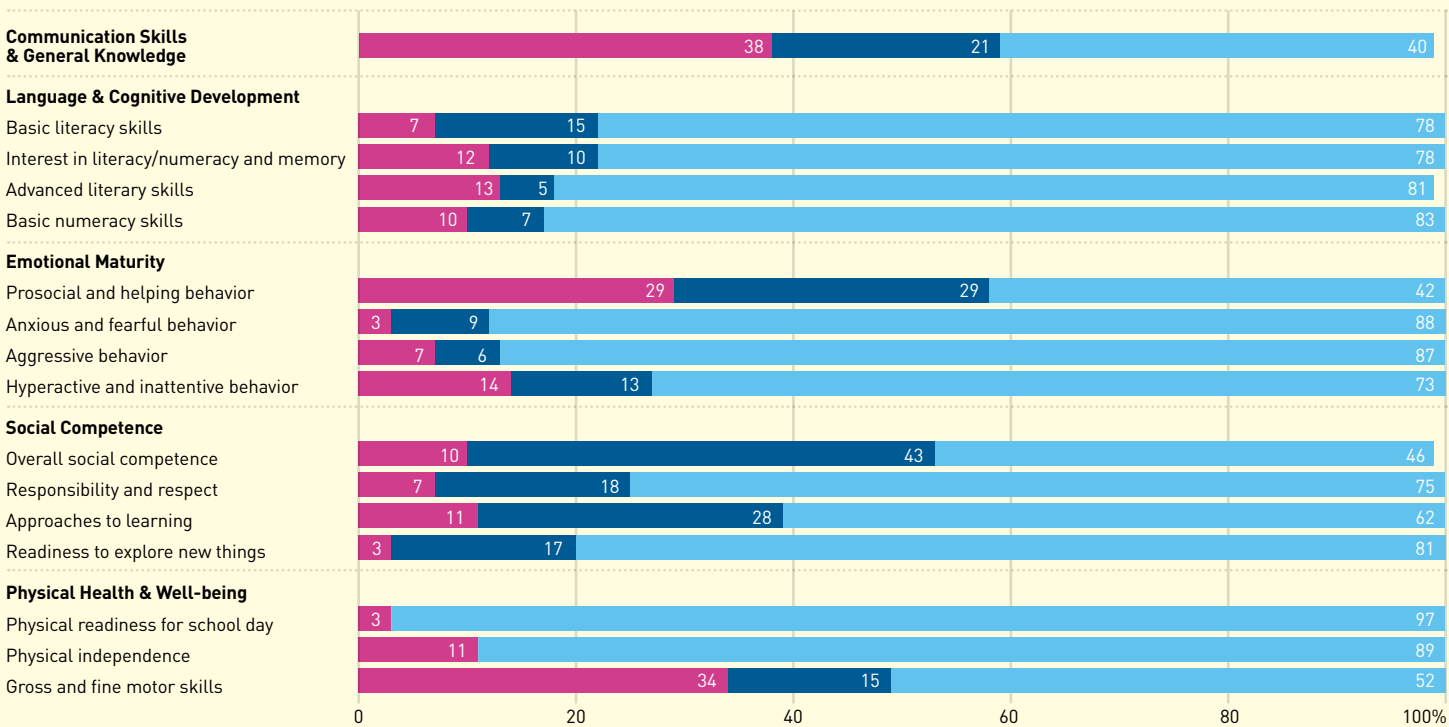
development (27% vulnerable or at-risk) and communication skills and general knowledge (26% vulnerable or at-risk). Smaller percentages of children are vulnerable or at risk in social competence (22%), physical health and well-being (20%) and emotional maturity (20%).

- 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).<sup>3</sup>
- 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

● Not Ready ● Somewhat Ready ● Ready

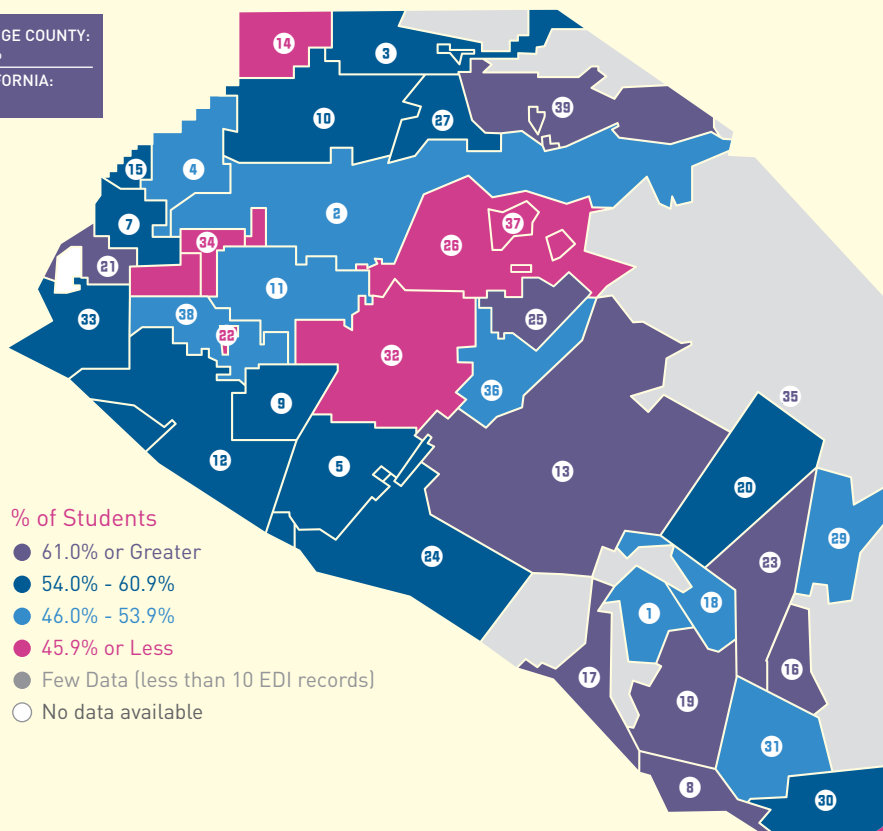


Note: Due to rounding, percentages may not add to 100. Source: Early Development Index, 2019

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

- 1 ALISO VIEJO 53.0%
- 2 ANAHEIM 47.5%
- 3 BREA 58.4%
- 4 BUENA PARK 48.0%
- 5 COSTA MESA 55.1%
- 6 COTO DE CAZA 67.3%
- 7 CYPRESS 60.7%
- 8 DANA POINT 62.0%
- 9 FOUNTAIN VALLEY 55.9%
- 10 FULLERTON 57.0%
- 11 GARDEN GROVE 48.7%
- 12 HUNTINGTON BEACH 58.7%
- 13 IRVINE 64.8%
- 14 LA HABRA 43.7%
- 15 LA PALMA 55.5%
- 16 LADERA RANCH 75.9%
- 17 LAGUNA BEACH 65.3%
- 18 LAGUNA HILLS 46.9%
- 19 LAGUNA NIGUEL 63.7%
- 20 LAKE FOREST 58.8%
- 21 LOS ALAMITOS 68.9%
- 22 MIDWAY CITY 41.2%
- 23 MISSION VIEJO 63.6%
- 24 NEWPORT BEACH 59.7%
- 25 NORTH TUSTIN 71.4%
- 26 ORANGE 44.5%
- 27 PLACENTIA 55.9%
- 28 RANCHO MISSION VIEJO 61.3%
- 29 RANCHO SANTA MARGARITA 53.9%
- 30 SAN CLEMENTE 59.0%
- 31 SAN JUAN CAPISTRANO 47.5%
- 32 SANTA ANA 44.8%
- 33 SEAL BEACH 55.8%
- 34 STANTON 42.4%
- 35 TRABUCO CANYON 64.7%
- 36 TUSTIN 51.1%
- 37 VILLA PARK 42.0%
- 38 WESTMINSTER 50.8%
- 39 YORBA LINDA 63.7%

ORANGE COUNTY: 52.9%  
CALIFORNIA: N/A



Source: Early Development Index, 2019

# 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. Third-graders who lack proficiency in reading are four times more likely to become high school dropouts.<sup>1</sup>

#### Findings

- 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.

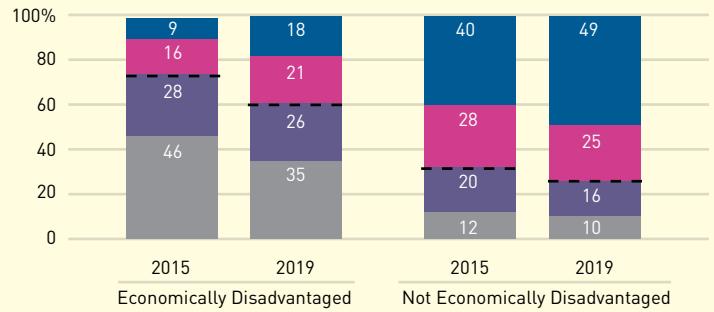
- The ELA assessments are subdivided by four academic focus areas. Thirty-three percent of third graders were above standards in the area of Reading, followed by 29% in Research/Inquiry, 27% in Writing and 26% in Listening.
- Across all focus areas, more third grade students were above standards in 2019 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

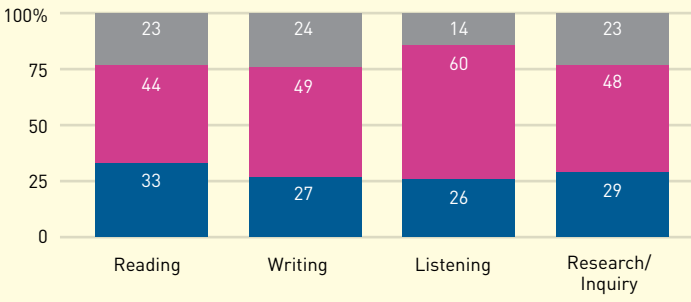
- Standard Not Met
- Standard Nearly Met
- Standard Met
- Standard Exceeded

**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 ELA Focus Areas Among Third Grade Students, 2019

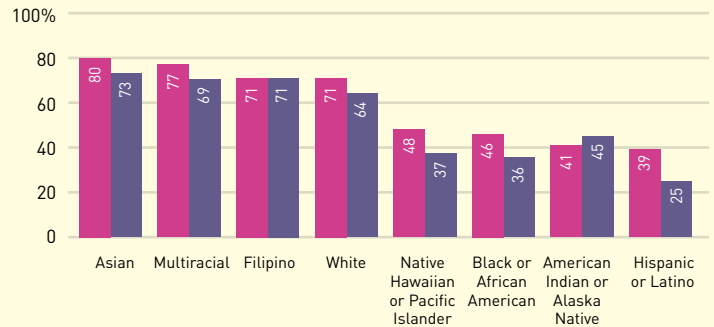
- Above Standard
- At or Near Standard
- Below Standard



**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)

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

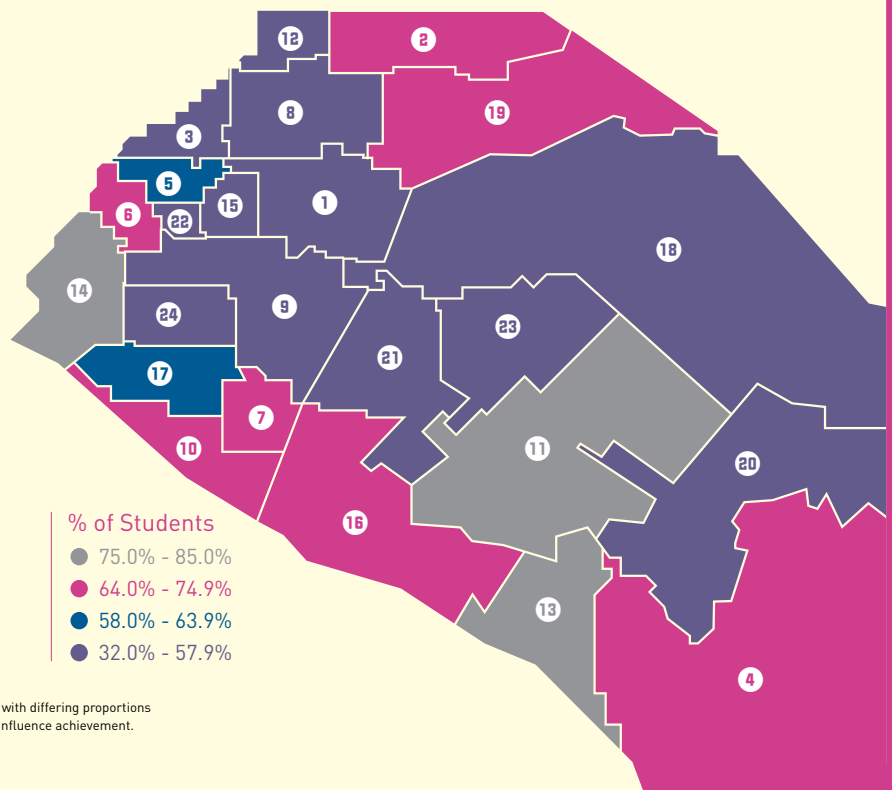
- 2019 Standard Exceeded/Met
- 2015 Standard Exceeded/Met



**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)

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

- |                                   |   |
|-----------------------------------|---|
| 1 ANAHEIM<br>32.0%                | 14 LOS ALAMITOS UNIFIED<br>84.0%          |
| 2 BREA-OLINDA UNIFIED<br>65.0%    | 15 MAGNOLIA<br>54.0%                      |
| 3 BUENA PARK<br>45.0%             | 16 NEWPORT-MESA UNIFIED<br>65.0%          |
| 4 CAPISTRANO UNIFIED<br>66.0%     | 17 OCEAN VIEW<br>58.0%                    |
| 5 CENTRALIA<br>61.0%              | 18 ORANGE UNIFIED<br>53.0%                |
| 6 CYPRESS<br>68.0%                | 19 PLACENTIA-YORBA LINDA UNIFIED<br>65.0% |
| 7 FOUNTAIN VALLEY<br>72.0%        | 20 SADDLEBACK VALLEY UNIFIED<br>56.0%     |
| 8 FULLERTON<br>53.0%              | 21 SANTA ANA UNIFIED<br>32.0%             |
| 9 GARDEN GROVE UNIFIED<br>56.0%   | 22 SAVANNA<br>48.0%                       |
| 10 HUNTINGTON BEACH CITY<br>73.0% | 23 TUSTIN UNIFIED<br>56.0%                |
| 11 IRVINE UNIFIED<br>75.0%        | 24 WESTMINSTER<br>56.0%                   |
| 12 LA HABRA CITY<br>34.0%         |   |
| 13 LAGUNA BEACH UNIFIED<br>85.0%  |   |
- ORANGE COUNTY: 56.0%  
 CALIFORNIA: 49.0%



**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)

# 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 critical-thinking 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.<sup>1</sup> 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.<sup>2</sup>
- 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%).

<sup>1</sup> National Mathematics Advisory Panel. Foundations for success: The final report of the National Mathematics Advisory Panel, Washington, DC: U.S. Department of Education, 2008.

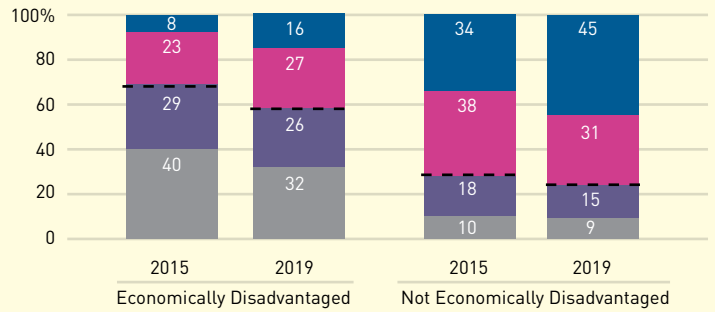
<sup>2</sup> The percentage increase in Hispanic or Latino students who exceeded or met standards in math between 2015 and 2018 was misreported in the 25th Annual Conditions of Children's report. The correct percentage increase was 30%, not 56%.

EDUCATION

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

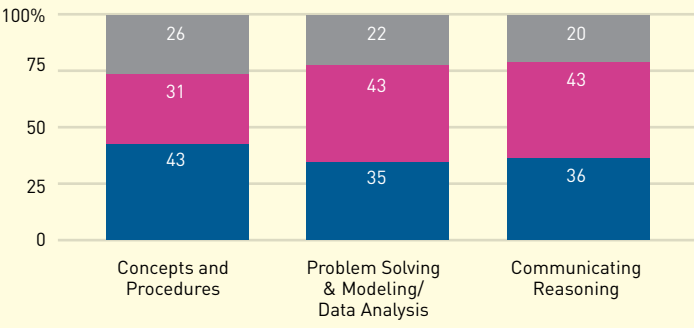
- Standard Not Met
- Standard Nearly Met
- Standard Met
- Standard Exceeded

**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

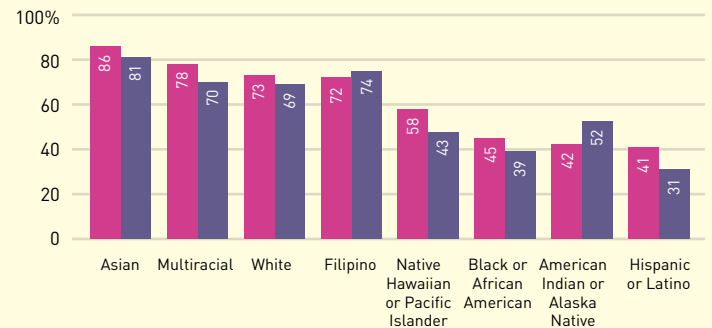
- Above Standard
- At or Near Standard
- Below Standard



**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)

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

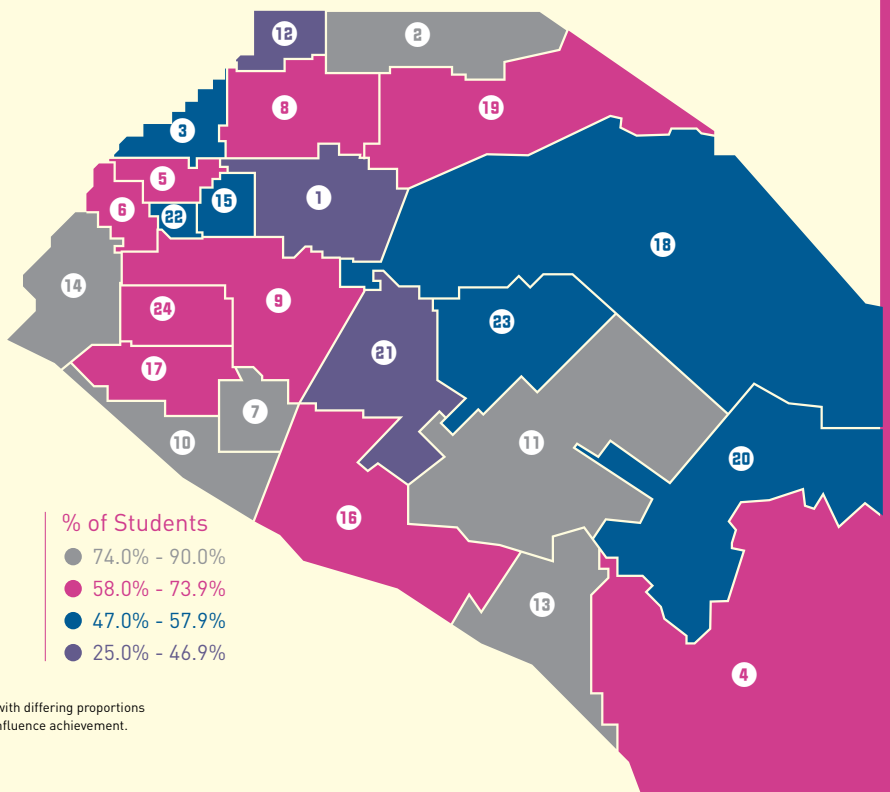
- 2019 Standard Exceeded/Met
- 2015 Standard Exceeded/Met



**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)

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

- |                                   |   |
|-----------------------------------|---|
| 1 ANAHEIM<br>33.0%                | 14 LOS ALAMITOS UNIFIED<br>90.0%          |
| 2 BREA-OLINDA UNIFIED<br>75.0%    | 15 MAGNOLIA<br>52.0%                      |
| 3 BUENA PARK<br>54.0%             | 16 NEWPORT-MESA UNIFIED<br>66.0%          |
| 4 CAPISTRANO UNIFIED<br>66.0%     | 17 OCEAN VIEW<br>63.0%                    |
| 5 CENTRALIA<br>63.0%              | 18 ORANGE UNIFIED<br>53.0%                |
| 6 CYPRESS<br>73.0%                | 19 PLACENTIA-YORBA LINDA UNIFIED<br>66.0% |
| 7 FOUNTAIN VALLEY<br>83.0%        | 20 SADDLEBACK VALLEY UNIFIED<br>57.0%     |
| 8 FULLERTON<br>58.0%              | 21 SANTA ANA UNIFIED<br>35.0%             |
| 9 GARDEN GROVE UNIFIED<br>60.0%   | 22 SAVANNA<br>50.0%                       |
| 10 HUNTINGTON BEACH CITY<br>76.0% | 23 TUSTIN UNIFIED<br>57.0%                |
| 11 IRVINE UNIFIED<br>76.0%        | 24 WESTMINSTER<br>60.0%                   |
| 12 LA HABRA CITY<br>39.0%         |   |
| 13 LAGUNA BEACH UNIFIED<br>87.0%  |   |
- ORANGE COUNTY: 59.0%  
 CALIFORNIA: 50.0%



**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)



# 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.<sup>1</sup>

### 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.<sup>2</sup>

### 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.<sup>3</sup>
- 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

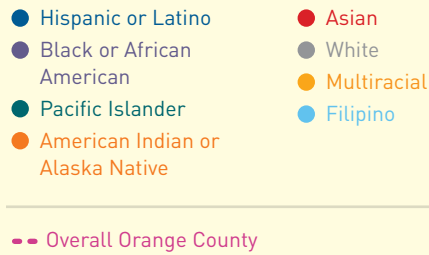
(218) or completed the GED (37) or adult education diploma (12). 388 students were "other transfers."

- 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.<sup>4</sup>

<sup>1</sup> 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. <sup>2</sup> Betfield, C. and Levin, H. (2007). The Economic Losses from High School Dropouts in California. <sup>3</sup> National Center of Education Statistics, The Condition of Education 2019, Indicator 1.18. <sup>4</sup> Socioeconomically Disadvantaged is a student whose parents have not received a high school diploma or is eligible for the free or reduced-price lunch program. English Learner is a student identified as English learner based on the results of the California English Language Development Test or is a reclassified fluent-English-proficient student (RFEP) who has not scored at the proficient level on the California English-Language Arts and Mathematics Standards Tests. 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, regular and adequate nighttime residence.

# EDUCATION

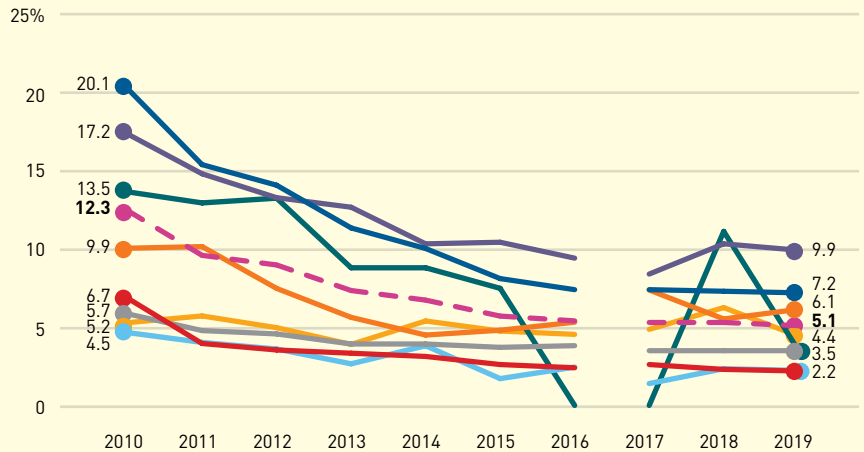
## Percent of Grade 9-12 Cohort Dropouts, by Race/Ethnicity 2010 to 2019



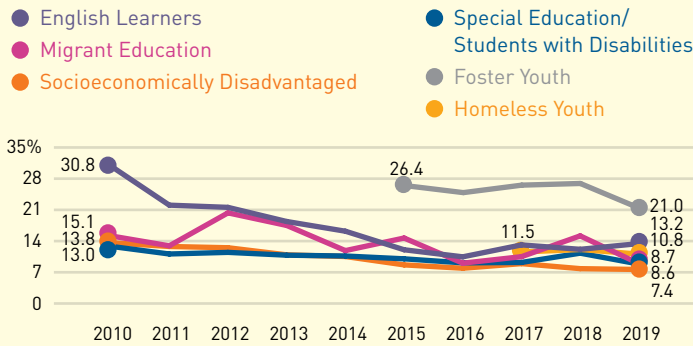
**Note:** A cohort is a defined group of students that could potentially graduate during a 4-year time period (grade 9 through grade 12). Due to the changes in the methodology for calculating the 2016-17 Adjusted Cohort Graduation Rate (ACGR) and subsequent years, the 2016-17 ACGR data is not comparable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

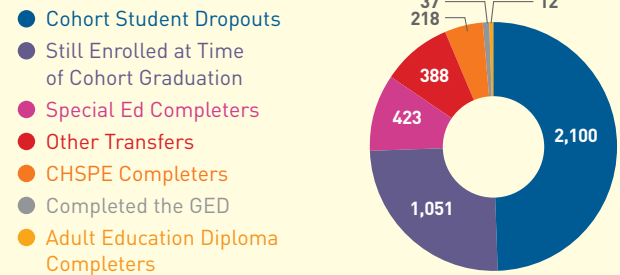


## Percent of Grade 9-12 Cohort Dropouts by Program, 2010 to 2019



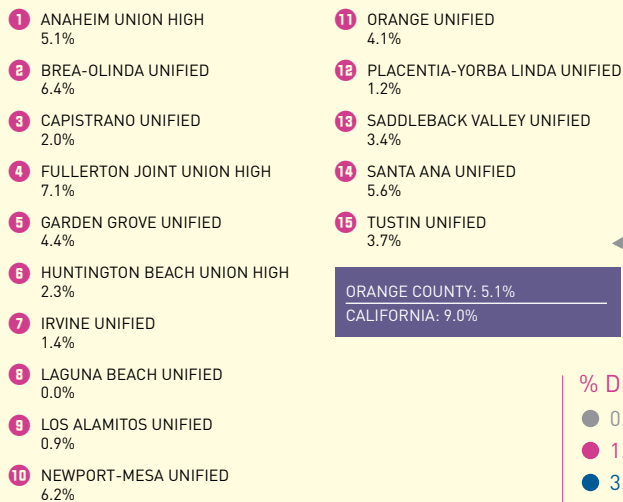
**Source:** California Department of Education, DataQuest, 2018/19 (2019)

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

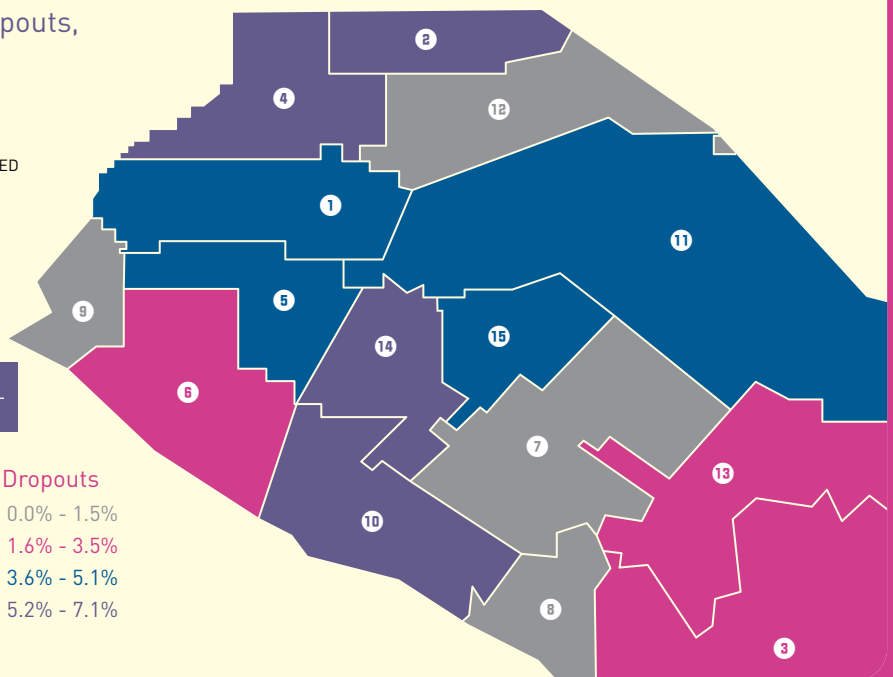


**Source:** California Department of Education, DataQuest, 2018/19 (2019)

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



**Source:** California Department of Education, DataQuest, 2018/19 (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.<sup>1</sup>

### 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.<sup>2</sup>

### 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%).<sup>3</sup>

### 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 one-half 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

<sup>1</sup> 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. <sup>2</sup> University of California, Office of the President. <sup>3</sup> See footnotes on page 56 for program descriptions.

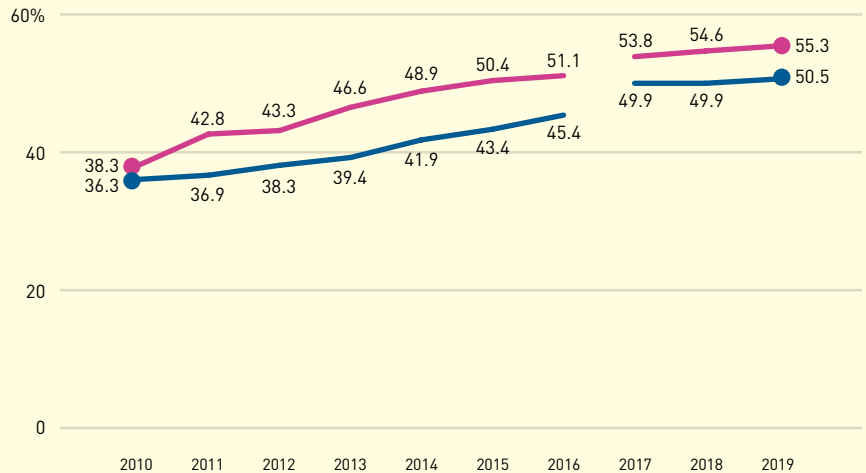
# EDUCATION

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

- Orange County
- California

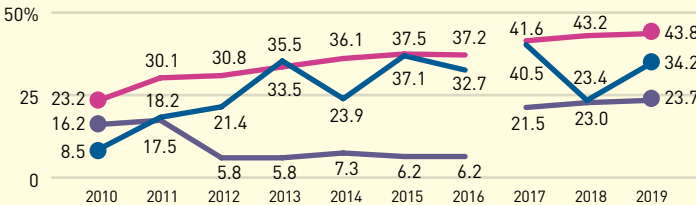
**Note:** A cohort is a defined group of students that could potentially graduate during a 4-year time period (grade 9 through grade 12). Due to the changes in the methodology for calculating the 2016–17 Adjusted Cohort Graduation Rate (ACGR) and subsequent years, the 2016–17 ACGR data is not comparable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

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



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

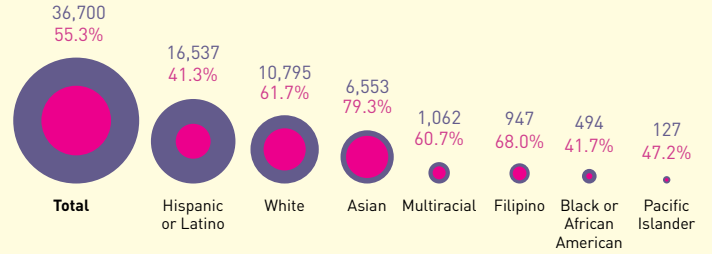
- Socioeconomically Disadvantaged
- English Learners
- Migrant Education



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

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

- Total Graduates
- Percent of UC/CSU Eligible Graduates within each Race/Ethnicity

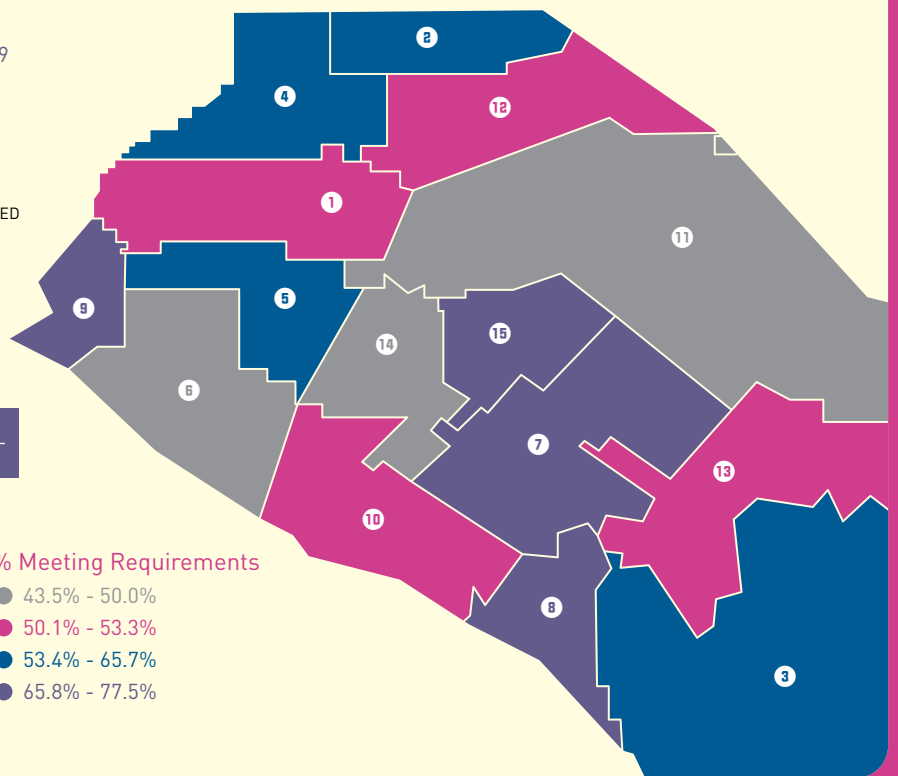


**Note:** American Indian or Alaska Native total graduates [57], percent of UC/CSU eligible graduates [40.4%]. **Source:** California Department of Education, DataQuest, 2018/19 (2019)

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

- 1 ANAHEIM UNION HIGH 50.2%
- 2 BREA-OLINDA UNIFIED 65.7%
- 3 CAPISTRANO UNIFIED 62.7%
- 4 FULLERTON JOINT UNION HIGH 56.4%
- 5 GARDEN GROVE UNIFIED 60.4%
- 6 HUNTINGTON BEACH UNION HIGH 50.0%
- 7 IRVINE UNIFIED 69.8%
- 8 LAGUNA BEACH UNIFIED 77.5%
- 9 LOS ALAMITOS UNIFIED 74.0%
- 10 NEWPORT-MESA UNIFIED 50.2%
- 11 ORANGE UNIFIED 49.9%
- 12 PLACENTIA-YORBA LINDA UNIFIED 52.4%
- 13 SADDLEBACK VALLEY UNIFIED 53.3%
- 14 SANTA ANA UNIFIED 43.5%
- 15 TUSTIN UNIFIED 67.1%

ORANGE COUNTY: 55.3%  
CALIFORNIA: 50.5%



- 43.5% - 50.0%
- 50.1% - 53.3%
- 53.4% - 65.7%
- 65.8% - 77.5%

**Source:** California Department of Education, DataQuest, 2018/19 (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.<sup>1</sup> 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.<sup>2</sup>

### 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.<sup>3</sup>
- 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.

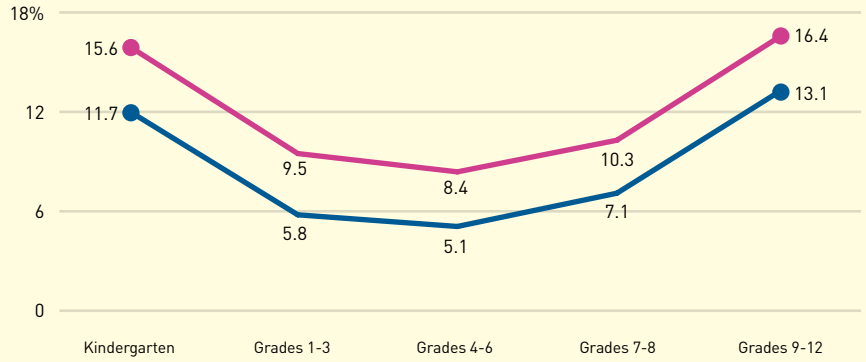
<sup>1</sup> Robert Balfanz and Vaughan Byrnes, "The Importance of Being in School: A Report on Absenteeism in the Nation's Public Schools," [Baltimore: Johns Hopkins University Center for Social Organization of Schools, May 2012]. <sup>2</sup> Romero, M. & Lee, Y. 2007. A National Portrait of Chronic Absenteeism in the Early Grades. New York, NY: National Center for Children in Poverty: The Mailman School of Public Health at Columbia. <sup>3</sup> See footnotes on page 56 for program descriptions.

# EDUCATION

## Chronic Absenteeism, by Grade, 2019

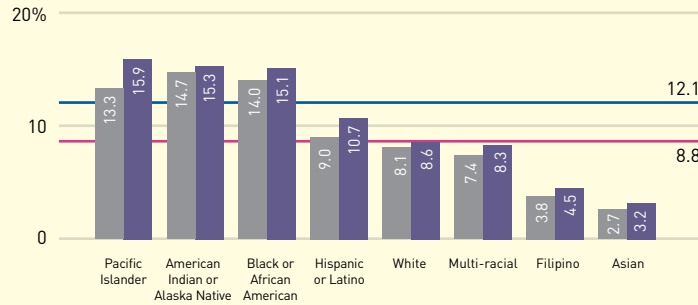
● California  
● Orange County

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



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

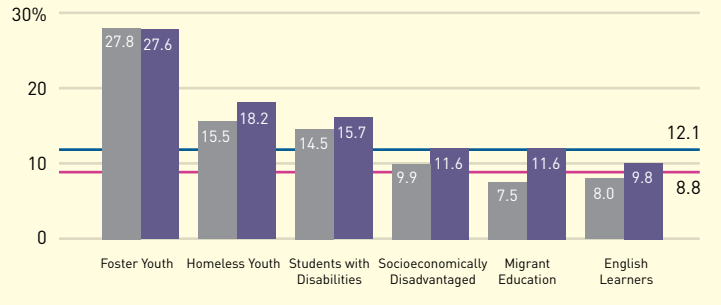
● 2017 ● 2019 ● California 2019 ● Orange County 2019



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

## Chronic Absenteeism Among All Students, by Program, 2017 and 2019

● 2017 ● 2019 ● California 2019 ● Orange County 2019

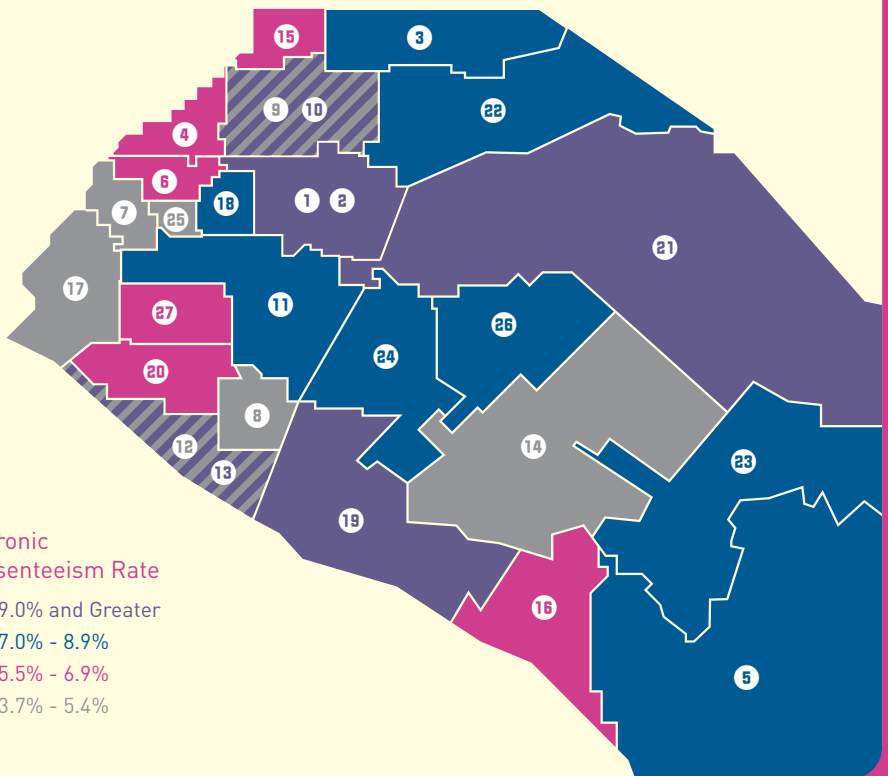


Source: California Department of Education, DataQuest, 2018/19 (2019)

## Chronic Absenteeism, by School District, 2019

- 1 ANAHEIM 9.4%
- 2 ANAHEIM UNION HIGH 13.0%
- 3 BREA-OLINDA UNIFIED 7.1%
- 4 BUENA PARK 6.9%
- 5 CAPISTRANO UNIFIED 8.9%
- 6 CENTRALIA 5.5%
- 7 CYPRESS 4.2%
- 8 FOUNTAIN VALLEY 3.8%
- 9 FULLERTON 4.8%
- 10 FULLERTON JOINT UNION HIGH 12.0%
- 11 GARDEN GROVE UNIFIED 8.1%
- 12 HUNTINGTON BEACH CITY 5.1%
- 13 HUNTINGTON BEACH UNION HIGH 10.7%
- 14 IRVINE UNIFIED 5.4%
- 15 LA HABRA CITY 6.7%
- 16 LAGUNA BEACH UNIFIED 6.4%
- 17 LOS ALAMITOS UNIFIED 3.7%
- 18 MAGNOLIA 8.9%
- 19 NEWPORT-MESA UNIFIED 10.0%
- 20 OCEAN VIEW 6.5%
- 21 ORANGE UNIFIED 11.2%
- 22 PLACENTIA-YORBA LINDA UNIFIED 8.9%
- 23 SADDLEBACK VALLEY UNIFIED 8.4%
- 24 SANTA ANA UNIFIED 7.9%
- 25 SAVANNA 5.4%
- 26 TUSTIN UNIFIED 7.5%
- 27 WESTMINSTER 5.6%

ORANGE COUNTY: 8.8%  
CALIFORNIA: 12.1%



Chronic Absenteeism Rate

- 9.0% and Greater
- 7.0% - 8.9%
- 5.5% - 6.9%
- 3.7% - 5.4%

Source: California Department of Education, DataQuest, 2018/19 (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**  
2009

**5.0**  
2018

## JUVENILE ARRESTS

JUVENILE ARREST RATE PER 100,000 YOUTH 10 TO 17 YEARS OLD



**4,010**  
2009

**823**  
2018

## SUBSTANTIATED CHILD ABUSE

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



**10.0**  
2010

**6.7**  
2019

## JUVENILE SUSTAINED PETITIONS

SUSTAINED PETITIONS PER 100,000 YOUTH 10 TO 17 YEARS OLD



**800**  
2013

**393**  
2018

## CHILD WELFARE

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



**42.4%**  
2008/09

**33.0%**  
2017/18

## GANG ACTIVITY AMONG YOUTH

PERCENT OF GANG-RELATED JUVENILE PROSECUTIONS



**13.6%**  
2010

**4.7%**  
2019



UPWARD TREND  
IMPROVEMENT



UPWARD TREND  
NEEDS IMPROVEMENT



DOWNWARD TREND  
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.<sup>1</sup> 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.<sup>2</sup> 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).

### Findings

- 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).

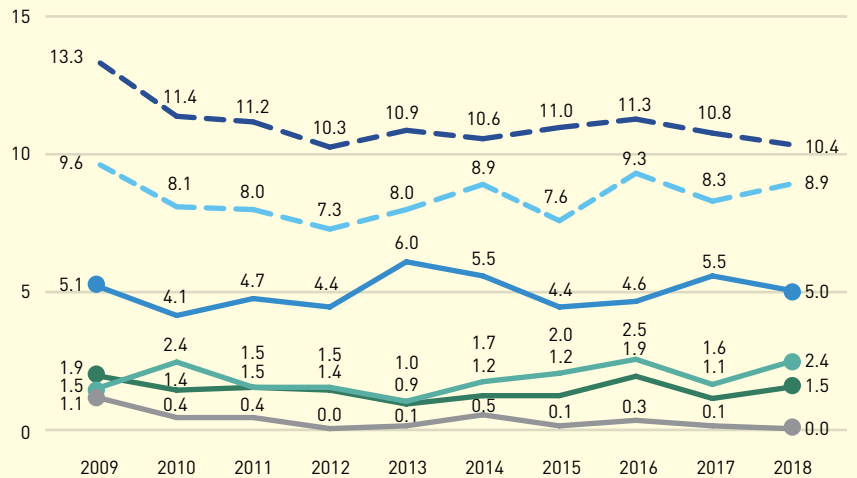
<sup>1</sup> Infant, Child and Teen Mortality, Indicators on Children and Youth, Child Trends Data Bank, updated June 2013 ([www.childtrendsdatbank.org](http://www.childtrendsdatbank.org)).  
<sup>2</sup> Consumer Federation of America. 2013. Child Poverty, Unintentional Injuries and Foodborne Illness: Are Low-Income Children at Greater Risk?

SAFE HOMES & COMMUNITIES

Injury, Unintentional Injury, Suicide and Homicide, Rate Per 100,000 Children, One to 19 Years Old, 2009 to 2018

- Unintentional Injury
  - Homicide
  - Suicide
  - Other
- All Injury Deaths California
  - All Injury Deaths Orange County

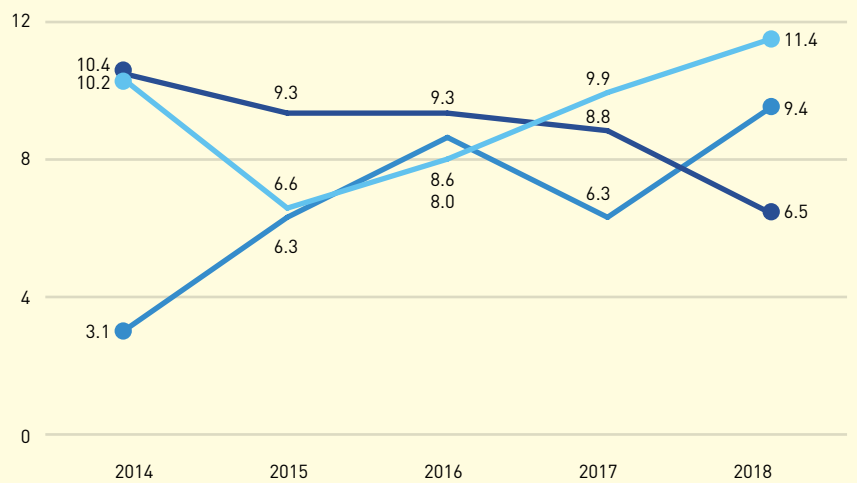
Source: Orange County Health Care Agency



Death Due to Injury, Rate per 100,000 Children, One to 19 Years Old, by Race/Ethnicity, 2014 to 2018

- Hispanic
- White
- Asian/Pacific Islander

Source: Orange County Health Care Agency



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
<b>FIRST LEADING CAUSE</b>	Unintentional Injuries (22)	Cancer (20)	Cancer (15)	Unintentional Injuries (72)	Unintentional Injuries (113)
<b>SECOND LEADING CAUSE</b>	Cancer (11)	Unintentional Injuries (11)	Unintentional Injuries (8)	Suicide (42)	Cancer (69)
<b>THIRD LEADING CAUSE</b>	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%.<sup>1</sup> 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.<sup>2</sup>
- 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%.<sup>3</sup>
- In 2019, most (73.6%) substantiated child abuse allegations were due to general neglect,<sup>4</sup> 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.

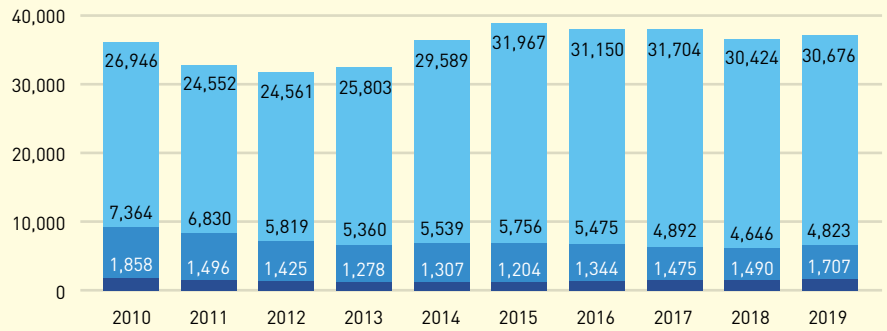
<sup>1</sup> University of California, Berkeley, California Child Welfare Indicators Project, CWS/CMS 2019 Quarter 4 Extract. <sup>2</sup> U.S. Department of Health and Human Services, Children's Bureau. Child Maltreatment, 2018. <sup>3</sup> A child is counted only once, in the category of highest severity. <sup>4</sup> General neglect is the negligent failure of a parent/guardian or caretaker to provide adequate food, clothing, shelter, or supervision where no physical injury to the child has occurred.

## SAFE HOMES & COMMUNITIES

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

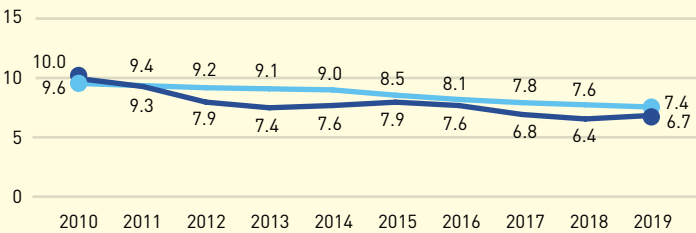
- Child Abuse Allegations
- Substantiated Allegations
- Child Abuse Petitions Filed in Court

**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

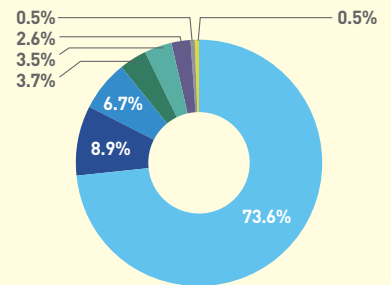
- Orange County
- California



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

### Substantiated Child Abuse Allegations, by Reason, 2019

- General Neglect
- At-Risk/Sibling Abuse
- Severe Neglect
- Physical Abuse
- Sexual Abuse
- Caretaker Absence
- Exploitation
- Emotional Abuse

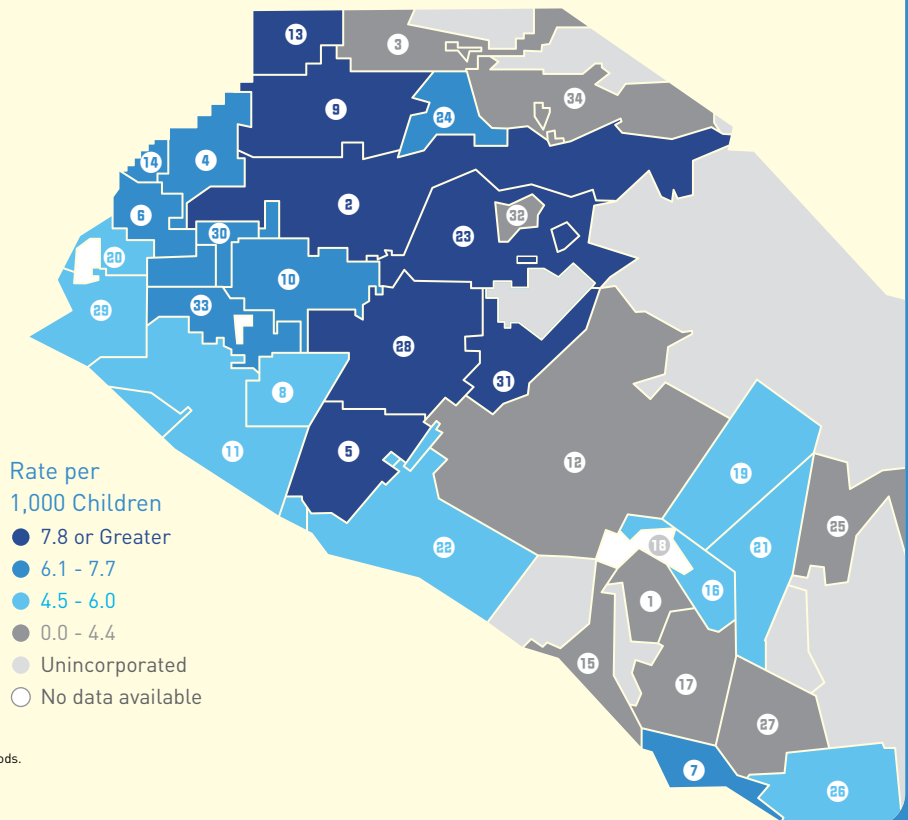


**Source:** Orange County Social Services Agency, 2019

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

- |                         |                               |                            |
|-------------------------|-------------------------------|----------------------------|
| 1 ALISO VIEJO 2.1       | 14 LA PALMA 6.6               | 27 SAN JUAN CAPISTRANO 4.0 |
| 2 ANAHEIM 11.0          | 15 LAGUNA BEACH 4.3           | 28 SANTA ANA 10.8          |
| 3 BREA 3.6              | 16 LAGUNA HILLS 4.9           | 29 SEAL BEACH 4.9          |
| 4 BUENA PARK 7.6        | 17 LAGUNA NIGUEL 2.8          | 30 STANTON 7.7             |
| 5 COSTA MESA 8.7        | 18 LAGUNA WOODS N/A           | 31 TUSTIN 9.2              |
| 6 CYPRESS 6.2           | 19 LAKE FOREST 5.1            | 32 VILLA PARK 1.8          |
| 7 DANA POINT 7.1        | 20 LOS ALAMITOS 5.8           | 33 WESTMINSTER 7.1         |
| 8 FOUNTAIN VALLEY 5.1   | 21 MISSION VIEJO 4.5          | 34 YORBA LINDA 3.3         |
| 9 FULLERTON 8.7         | 22 NEWPORT BEACH 4.9          |                            |
| 10 GARDEN GROVE 6.1     | 23 ORANGE 7.8                 |                            |
| 11 HUNTINGTON BEACH 4.8 | 24 PLACENTIA 7.1              |                            |
| 12 IRVINE 2.9           | 25 RANCHO SANTA MARGARITA 3.2 |                            |
| 13 LA HABRA 8.1         | 26 SAN CLEMENTE 5.0           |                            |

ORANGE COUNTY: 6.7  
 CALIFORNIA: 7.4



**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

# 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.<sup>1</sup>

#### Why is this indicator important?

The placement of children in foster care occurs when a child cannot remain safely with his or her family.<sup>2</sup> 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.

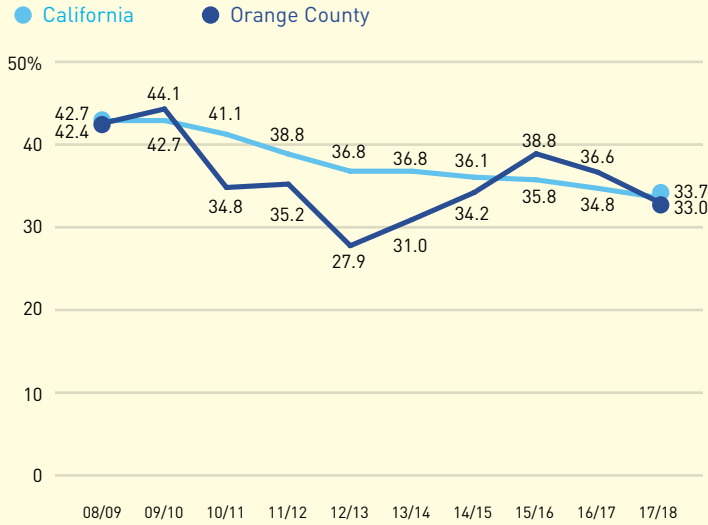
#### Findings

- 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%.<sup>3</sup>
- 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%.

<sup>1</sup> Exists to permanency measures children who were in foster care for 24 months or longer on the first day of the year, who were then transitioned to a permanency within 12 months. <sup>2</sup> University of California, Berkeley, Center for Social Services Research, 2013. <sup>3</sup> Federal evaluation of statewide child welfare systems, Child and Family Services Review (CFSR), recently released the third round of Federal Outcomes measures (CFSR3). The new focus is on timeliness to any type of permanency achieved—a combination of reunification, adoption and guardianship. Methodology has changed from exit cohort (in which all who reunified within study period are observed), to an entry cohort (of those who were removed within the same study period and reunified within 12 months are observed).

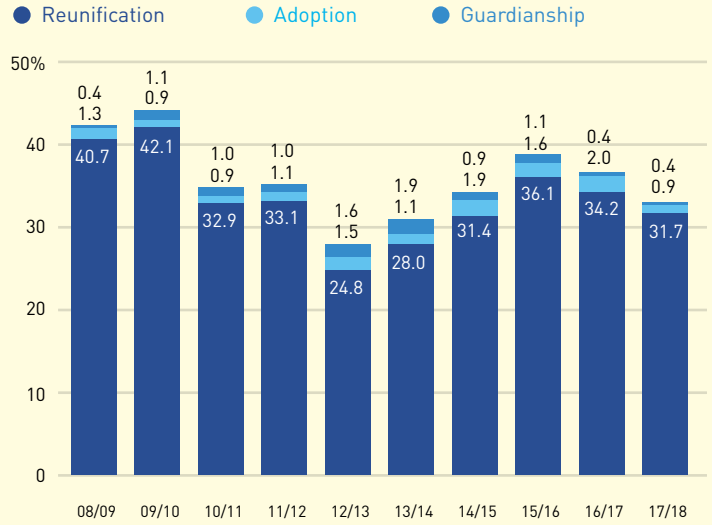
## SAFE HOMES & COMMUNITIES

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



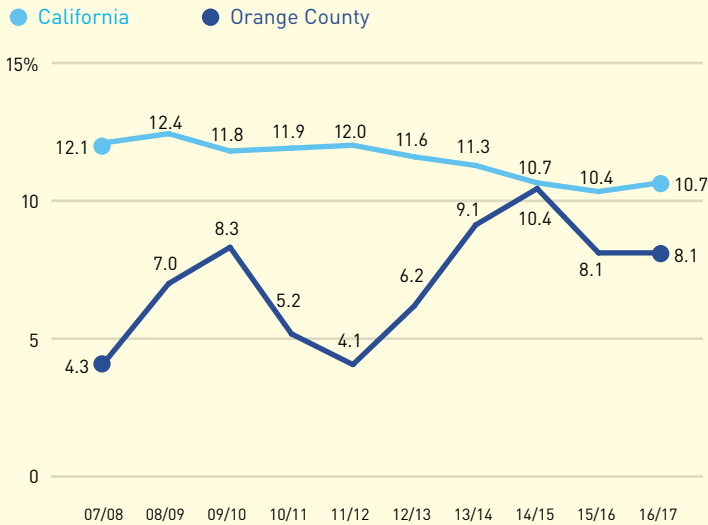
Source: CWS/CMS 2019 Quarter 4 Extract, UC Berkeley Center for Social Services Research

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 Berkeley 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

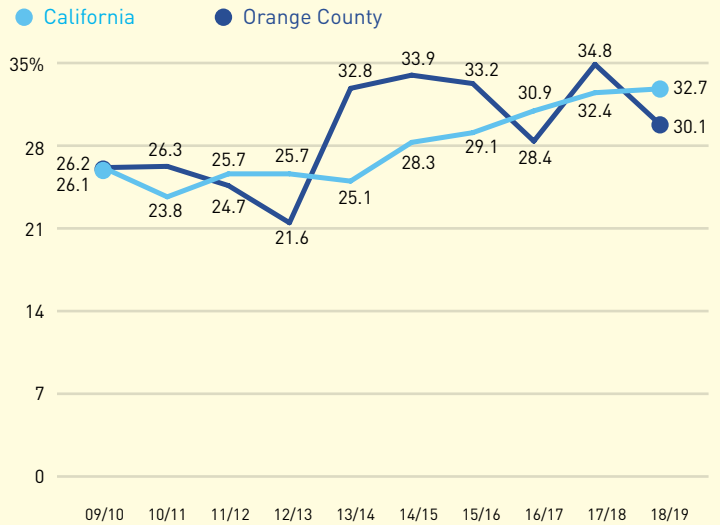


Note: Due to methodological differences, the reporting period for no reentry following reunification will always be one year behind what is reported for the other measures.

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 Berkeley, 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 Berkeley, 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.<sup>1</sup>

### 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.<sup>2</sup> Prevention programs positively impact the general public because they stop crime from happening in the first place.<sup>3</sup> Various cost-benefit analyses show that early prevention programs are a worthwhile investment of government resources compared with prison and other criminal justice responses.<sup>4</sup>

### 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.

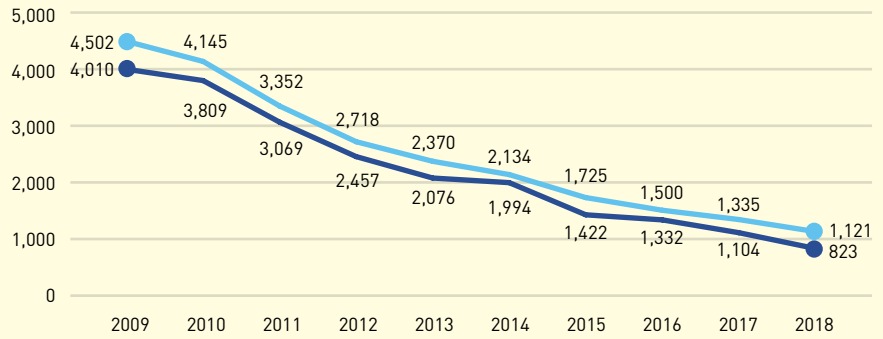
<sup>1</sup> This indicator does not include statistics for youths contacted, but not arrested, by law enforcement for new law violations. As a result of reductions of penalties pursuant to Prop. 47, these youths may be processed through rehabilitative endeavors such as community programming, law enforcement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

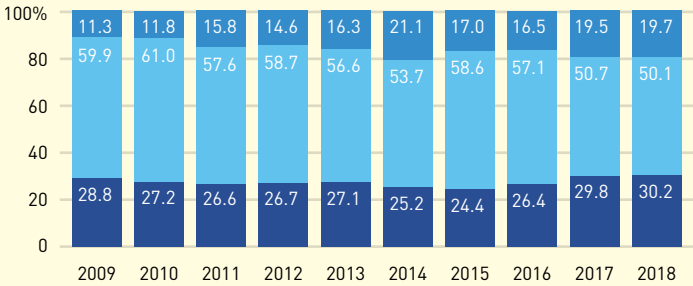
- California
- Orange County

**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

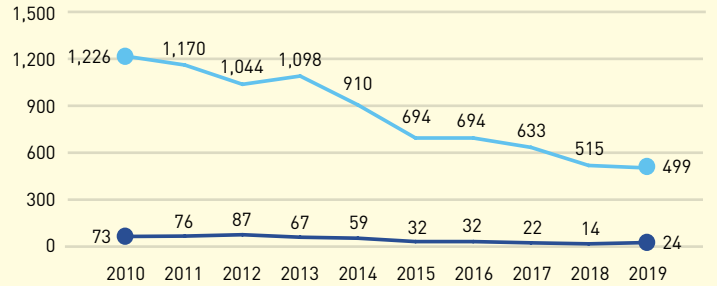
- Felony Arrests
- Misdemeanor Arrests
- Status Offense Arrests



**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

- 18-20
- Under 18



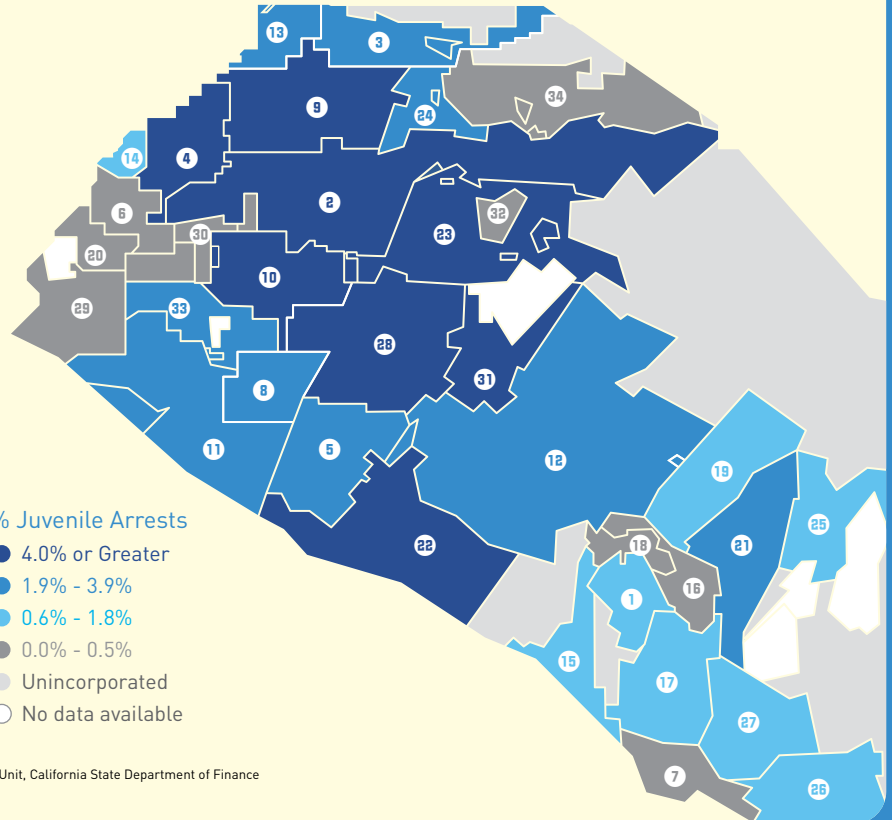
**Note:** The number of DUI convictions per year are based on data from two years prior.  
**Source:** Annual Reports of the California DUI Management Information System 2019

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

- |                            |                                  |                               |
|----------------------------|----------------------------------|-------------------------------|
| 1 ALISO VIEJO<br>0.8       | 14 LA PALMA<br>0.6               | 27 SAN JUAN CAPISTRANO<br>1.1 |
| 2 ANAHEIM<br>13.7          | 15 LAGUNA BEACH<br>0.9           | 28 SANTA ANA<br>18.3          |
| 3 BREA<br>2.3              | 16 LAGUNA HILLS<br>0.5           | 29 SEAL BEACH<br>0.1          |
| 4 BUENA PARK<br>4.3        | 17 LAGUNA NIGUEL<br>0.8          | 30 STANTON<br>0.4             |
| 5 COSTA MESA<br>2.3        | 18 LAGUNA WOODS<br>0.0           | 31 TUSTIN<br>5.0              |
| 6 CYPRESS<br>0.5           | 19 LAKE FOREST<br>1.5            | 32 VILLA PARK<br>0.1          |
| 7 DANA POINT<br>0.5        | 20 LOS ALAMITOS<br>0.1           | 33 WESTMINSTER<br>3.4         |
| 8 FOUNTAIN VALLEY<br>2.7   | 21 MISSION VIEJO<br>2.4          | 34 YORBA LINDA<br>0.0         |
| 9 FULLERTON<br>5.1         | 22 NEWPORT BEACH<br>4.0          |                               |
| 10 GARDEN GROVE<br>9.1     | 23 ORANGE<br>6.6                 |                               |
| 11 HUNTINGTON BEACH<br>3.6 | 24 PLACENTIA<br>1.9              |                               |
| 12 IRVINE<br>1.9           | 25 RANCHO SANTA MARGARITA<br>1.0 |                               |
| 13 LA HABRA<br>2.9         | 26 SAN CLEMENTE<br>1.6           |                               |

ORANGE COUNTY:  
0.8%\*  
CALIFORNIA:  
N/A

- % Juvenile Arrests
- 4.0% or Greater
  - 1.9% - 3.9%
  - 0.6% - 1.8%
  - 0.0% - 0.5%
  - Unincorporated
  - No data available



**Note:** \*0.8% represents the percentage of 10 - 17 year olds arrested in Orange County.  
**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.

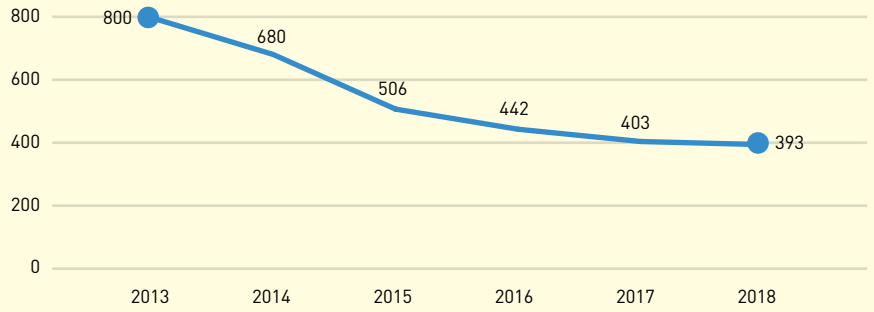
### Findings

- In 2018, there were 3,324 total juvenile petitions.<sup>1</sup> 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.

## SAFE HOMES & COMMUNITIES

### Juvenile Sustained Petitions, Rate per 100,000 Youth 10 to 17 Years Old, Orange County, 2013 to 2018

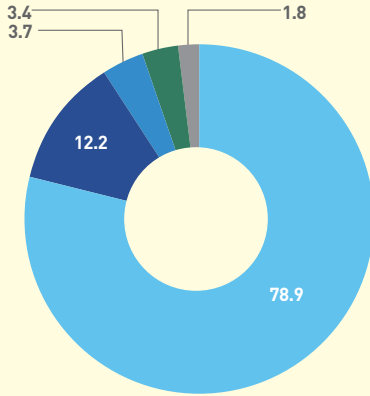
Source: Orange County Probation, Research Division



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

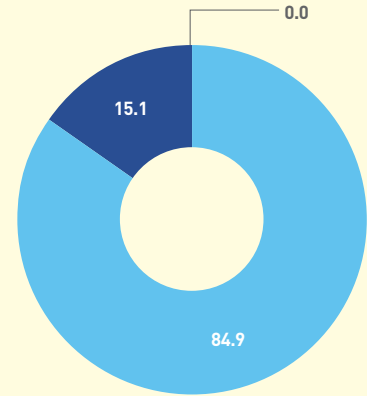
#### By Race/Ethnicity

- Hispanic
- White
- Other/Unknown
- Black
- Asian/Pacific Islander



#### By Years of Age

- 15 to 17
- 12 to 14
- 10 to 11

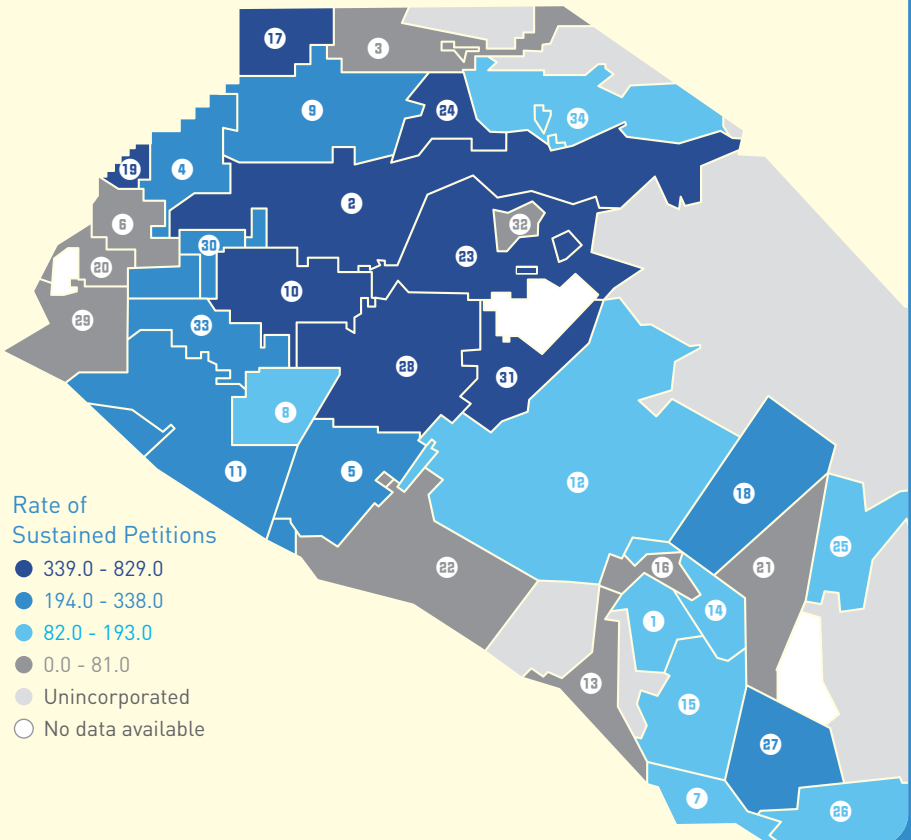


Source: Orange County Probation, Research Division

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

1 ALISO VIEJO 91.0	14 LAGUNA HILLS 129.0	27 SAN JUAN CAPISTRANO 286.0
2 ANAHEIM 740.0	15 LAGUNA NIGUEL 159.0	28 SANTA ANA 829.0
3 BREA 48.0	16 LAGUNA WOODS 0.0	29 SEAL BEACH 0.0
4 BUENA PARK 338.0	17 LA HABRA 431.0	30 STANTON 222.0
5 COSTA MESA 266.0	18 LAKE FOREST 225.0	31 TUSTIN 579.0
6 CYPRESS 50.0	19 LA PALMA 432.0	32 VILLA PARK 0.0
7 DANA POINT 145.0	20 LOS ALAMITOS 81.0	33 WESTMINSTER 214.0
8 FOUNTAIN VALLEY 108.0	21 MISSION VIEJO 54.0	34 YORBA LINDA 112
9 FULLERTON 329.0	22 NEWPORT BEACH 63.0	
10 GARDEN GROVE 462.0	23 ORANGE 455.0	
11 HUNTINGTON BEACH 217.0	24 PLACENTIA 530.0	
12 IRVINE 133.0	25 RANCHO SANTA MARGARITA 193.0	
13 LAGUNA BEACH 47.0	26 SAN CLEMENTE 93.0	

ORANGE COUNTY:  
393.0  
CALIFORNIA:  
N/A



Rate of Sustained Petitions

- 339.0 - 829.0
- 194.0 - 338.0
- 82.0 - 193.0
- 0.0 - 81.0
- Unincorporated
- No data available

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

# 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.<sup>1</sup> 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.<sup>2</sup>

#### 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.<sup>3</sup> According to the 2015 National Gang Report, neighborhood street gangs continue to be a significant threat to local jurisdictions across the country.<sup>4</sup> 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.

#### Findings<sup>5</sup>

- 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.

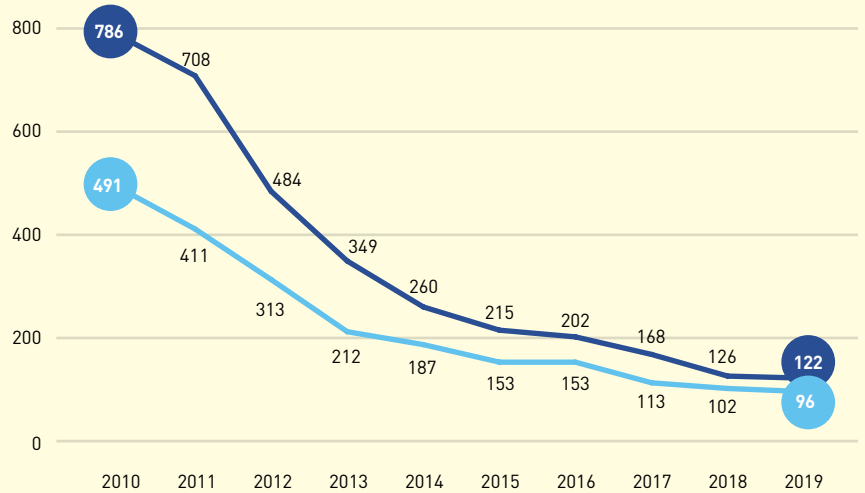
<sup>1</sup> Prior Conditions of Children reports tracked the number of gang members countywide, using data from local law enforcement agencies. This data became unavailable in 2017. Therefore, youth gang activity is reported using data from the Orange County District Attorney's office (OCDA). <sup>2</sup> "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. <sup>3</sup> National Gang Intelligence Center, "National Gang Report." 2015, page 12. <sup>4</sup> National Gang Intelligence Center, "National Gang Report." 2015, page 9. <sup>5</sup> 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



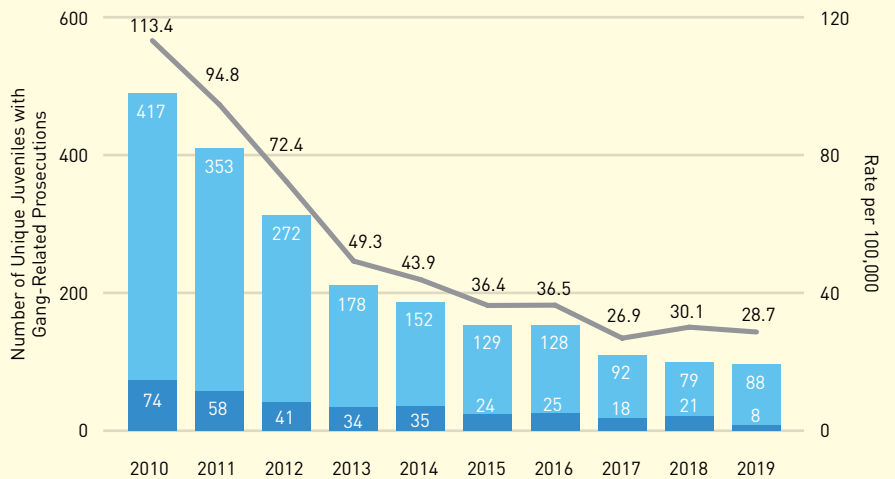
### Number of Unique Juveniles with Gang-Related Prosecutions and Rate Per 100,000 Youth 10 to 17 Years Old with Gang-Related Prosecutions, by Age, 2010 to 2019

- 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

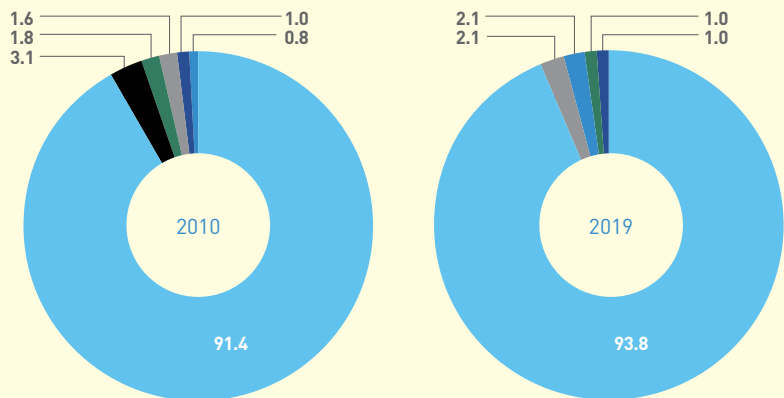


### Percent of Unique Juveniles with Gang-Related Prosecutions, by Race/Ethnicity, 10 to 17 Years Old 2010 and 2019

- 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





INDEX OF  
SUPPLEMENTAL  
TABLES

**GOOD HEALTH INDICATORS . . . . . 80**

**Indicator: ACCESS TO HEALTH CARE . . . . . 81**

Number and Percent of Children Uninsured, by Race/Ethnicity, 2011 to 2018 . . . . . 81  
Enrollment by Program, January 2011 to January 2020 . . . . . 81

**Indicator: EARLY PRENATAL CARE . . . . . 82**

Total Number and Percent of Women who Received Early Prenatal Care in Orange County, California and United States, by Year, 2009 to 2018 . . . . . 82

Total Number and Percent of Women who Received Early Prenatal Care, by Race/Ethnicity, 2009 to 2018 . . . . . 82

**Indicator: BIRTHS AND LOW BIRTH WEIGHT . . . . . 84**

Total Number and Percent of Births, by City and Community, 2009 to 2018 . . . . . 84

Number and Percent of Infants, by Birth Weight and Race/Ethnicity, 2009 to 2018 . . . . . 86

Low Birth Weight and Very Low Birth Weight, by Maternal Age, 2017 and 2018 . . . . . 87

**Secondary Indicator: INFANTS BORN WITH ABNORMAL CONDITIONS . . . . . 88**

Number and Rate Per 1,000 Live Births of Infants Born with Selected Abnormal Conditions, by Race/Ethnicity, 2009 to 2018 . . . . . 88

Number of Infants Born, by Selected Abnormal Conditions, 2009 to 2018 . . . . . 88

**Indicator: PRETERM BIRTHS . . . . . 89**

Percent of Preterm Births, by Mother's Age, 2009 to 2018 . . . . . 89

Percent Preterm (17-36 Completed Weeks of Gestation), 2009 to 2018 . . . . . 89

Percent Preterm, by Maternal Race/Ethnicity, 2009 to 2018 . . . . . 89

Percent Preterm for Orange County, California and United States, 2009 to 2018 . . . . . 90

Percent Late and Very Late Preterm for All Births and Singleton Births, Orange County, 2009 to 2018 . . . . . 90

**Indicator: TERM BIRTHS . . . . . 91**

Total Number and Percent of Term Infant Births, by Race/Ethnicity, 2018 . . . . . 91

Total Number and Percent of Total Term Infant Births, by Mother's Age, 2018 . . . . . 91

Total Number and Percent of Term Infant Births, by Birth Type, 2018 . . . . . 92

Total Number and Percent of Term Infant Births, by Delivery Type, 2018 . . . . . 92

**Secondary Indicator: SUBSTANCE-EXPOSED INFANTS . 93**

Number of Orange County Infants Taken into Protective Custody (or petition for dependency filed) as a Result of Testing Positive for Substance Exposure at Birth, 2009/10 to 2018/19 . . . . . 93

**Indicator: INFANT MORTALITY RATE . . . . . 94**

Percent of Infant Deaths, by Cause, 2009 to 2018 . . . . . 94

Number and Rate per 1,000 Live Births Suffering Infant Mortality, by Race/Ethnicity, 2009 to 2018 . . . . . 95

Three Year Average Rate per 1,000 Live Births Suffering Infant Mortality, by Race/Ethnicity, 2010 to 2018 . . . . . 95

**Indicator: BREASTFEEDING . . . . . 96**

Hospital Discharge Breastfeeding Percentages in Orange County and California, 2012 to 2018 . . . . . 96

Orange County Number and Percent of Any and Exclusive Breastfeeding, by Race/Ethnicity, 2012 to 2018 . . . . . 96

Breastfeeding Percentages in Orange County Hospitals and California, 2012 to 2017 . . . . . 97

**Indicator: IMMUNIZATIONS . . . . . 98**

Percent of Adequately Immunized Children Enrolling in School Between 2010 through 2019 in Orange County and California . . . . . 98

**Secondary Indicator: DEVELOPMENTAL DISABILITIES. 99**

Children Receiving Services for Developmental Disabilities, 2010 to 2019 . . . . . 99

Total Number of Children Under 18 Years of Age Receiving Services for Developmental Disabilities, by Race/Ethnicity, 2010 to 2019 . . . . . 100

Total Number of Children by Age Groups and Number and Percent of Children with a Diagnosis of Autism, Served by the Regional Center of Orange County (RCOC), July 2014 to July 2020 . . . . . 100

**Indicator: PHYSICAL ACTIVITY AND NUTRITION . . . . 101**

Percent of 5th, 7th and 9th Grade Students in Healthy Fitness Zone (HFZ) for Aerobic Capacity, 2012/13 to 2018/19 . . 101

Percent of Students in Healthy Fitness Zone for Aerobic Capacity, by Grade and Race/Ethnicity, 2012/13 to 2018/19 . . . . . 101

Percent of 5th Grade Students Classified as Needs Improvement Based on Health Risk for Aerobic Capacity, by Race/Ethnicity, 2012/13 to 2018/19 . . . . . 102

**Indicator: OBESITY . . . . . 102**

Percent of 5th, 7th and 9th Grade Students in Healthy Fitness Zone (HFZ) for Body Composition, 2012/13 to 2018/19 . . . . . 102

Percent of Students Meeting Healthy Fitness Zone (HFZ) Standards for Body Composition, by Grade and Race/Ethnicity, 2012/13 to 2018/19 . . . . . 103

Percent of 5th Grade Students Classified as Needs Improvement Based on Health Risk for Body Composition, by Race/ Ethnicity, 2012/13 to 2018/19 . . . . . 104

**Indicator: TEEN BIRTHS . . . . . 105**

Birth Rate per 1,000 Females Aged 15-19 Years in Orange County, California and United States, 2009 to 2018 . . 105

Percent of Teen Births (19 and Under) of Total Births in Orange County, 2009 to 2018 . . . . . 105

Number and Birth Rates, by Age of Mother (19 Years and Under) per 1,000 Females, 2009 to 2018 . . . . . 105

Birth Rate per 1,000 Female Teen Population 15-19 Years of Age, by Race/Ethnicity, 2009 to 2018 . . . . . 105

Percent of Population, Total Births and Births to Teens (19 and Under), by Race/Ethnicity, 2009 to 2018 . . . . . 106

Number of Teen Births and Teen Birth Rates\* per 1,000 females 15-19 years of age, by Age and Race/Ethnicity, 2009 to 2018 . . . . . 107

Number of Live Births, by Mothers Age 15 to 19 and Birth Rate per 1,000 Females, by City of Residence, 2014 to 2018 . . . . . 108

**Secondary Indicator: SEXUALLY TRANSMITTED DISEASES . . . . . 109**

Number and STD Case Rates Per 100,000 Youth 10-17 Years Old, by Type of Disease, 2009 to 2018 . . . . . 109

Number of STD's Among Youth 10-17 Years of Age, by Gender and Type of Disease, 2010 to 2019 . . . . . 110

Number and STD Case Rates\* per 100,000 Youth, By Age Group and Type of Disease, 2010 to 2019 . . . . . 111

**Indicator: BEHAVIORAL HEALTH . . . . . 112**

Number of Children and Young Adults through Age 25 Served by Children and Youth Behavioral Health, 2009/10 to 2018/19 . . . . . 112

Number of Clients Served by Children and Youth Behavioral Health, by Race/Ethnicity, 2009/10 to 2018/19 . . . 112

Number of Services, by Type of Outpatient Program, 2009/10 to 2018/19 . . . . . 112

Number of Bed Days, by Type of Inpatient Placements, 2009/10 to 2018/19 . . . . . 112

**Secondary Indicator: SUBSTANCE USE SERVICES . 113**

Number of Children and Young Adults through Age 25 Served by Children and Youth Behavioral Health, 2009/10 to 2018/19 . . . . . 113

\* See online supplemental tables for asterisk references.

Substance Use Services: Number and Percent, by Discharge Status, 2009/10 to 2018/19 . . . . .114

Number and Percent of Adolescents Receiving Substance Use Services, by Drug of Choice and Age, 2009/10 to 2018/19 . . . . .115

Number and Percent of Adolescents Receiving Substance Use Treatment, by Race/Ethnicity and Gender, 2009/10 to 2018/19 . . . . .116

Number and Percent of Referrals to Substance Use Treatment, by Source, 2009/10 to 2018/19 . . . . .117

**Secondary Indicator: CHILDHOOD LEAD POISONING 118**

Number of Individual Children Ages 0-20 Years with Elevated Blood Lead Levels (4.5mcg/dL or higher), 2009 to 2018 . . . . .118

**ECONOMIC WELL-BEING INDICATORS . . . . .119**

**Indicator: CHILD POVERTY . . . . . 120**

Percent of Children Under 18 Years Old, Living in Poverty, and Families Living in Poverty, Orange County and California, 2009 to 2018 . . . . .120

**Indicator: CALIFORNIA WORK OPPORTUNITY & RESPONSIBILITY TO KIDS (CALWORKS) . . . . . 121**

Number and Percent of Students Eligible to Receive Free and Reduced-Price Lunch, by District, 2018/19 . . . . .121

Number of Children Receiving Financial Assistance Countywide, 2009/10 to 2018/19 . . . . .121

CalWORKs Recipients: Children by Age and City, January 2020 . . . . .122

**Indicator: HOMELESS STUDENTS . . . . . 124**

Homeless Children and Youth, by School District, 2009/10 to 2018/19 . . . . .124

Primary Nighttime Residency of Homeless Students, 2009/10 to 2018/19 . . . . .125

Homeless High School Students 9th to 12th Grade, 2017/18 . . . . .125

**Indicator: SUPPLEMENTAL NUTRITION PROGRAMS . . 126**

Number of Participants Served by the WIC Program, 2009/10 to 2018/19 . . . . .126

CalFresh Recipients, 2009/10 to 2018/19 . . . . .126

CalFresh Recipients, by Age and City, January 2020 . . . . .127

**Indicator: CHILD SUPPORT . . . . . 128**

Number of Child Support Cases, Net and Per Case Collection, 2010/11 to 2019/20 . . . . .128

Child Support Collections, 2010/11 to 2019/20 . . . . .128

Child Support Collections Percent of Current Support Distributed (CSD), 2010/11 to 2019/20 . . . . .129

**Secondary Indicator: COST OF EARLY CARE AND EDUCATION . . . . . 129**

County-Wide Average Weekly Licensed Family Child Care Homes and Child Care Centers Costs\*, 2010/11 to 2019/20 . . . . .129

County-Wide Average Weekly Orange County Family Child Care Homes and Child Care Centers Costs\*, by Region, 2019/20 . . . . .130

Child Care Supply, by Age of Child and Type of Child Care, 2020 . . . . .130

County-Wide Quality Start Child Care Ratings, Orange County, 2014/15-2018/19 . . . . .131

Birth to 13 Years of Age Child Care Centers (CCTR) Priorities Report, by Board of Supervisor (BOS) District, 2017 . . . . .132

Subsidized Part-Day Eligibility, 2017 . . . . .133

**EDUCATIONAL ACHIEVEMENT INDICATORS . . . . 134**

**Secondary Indicator: EARLY CARE AND EDUCATION . . 135**

Total Licensed Early Care and Education Capacity, Family Child Care Homes (FCCH) and Child Care Centers, 2010/11 to 2019/20 . . . . .135

Requests for Child Care Referrals, Reason, and Type of Child Care Needed, 2019/20 . . . . .135

**Secondary Indicator: SCHOOL ENROLLMENT . . . . . 136**

Total Public School K-12 Enrollment by District, 2010/11 to 2019/20 . . . . .136

Number and Percent of Total Public School K-12 Enrollment, by Race/Ethnicity, 2010/11 to 2019/20 . . . . .137

**Secondary Indicator: ENGLISH LEARNERS . . . . . 137**

Number and Percent of English Language Learners, 2010/11 to 2019/20 . . . . .138

English Learners Number and Percent, by District, 2010/11 to 2019/20 . . . . .139

**Secondary Indicator: AVERAGE DOLLAR EXPENDITURE PER PUPIL . . . . . 141**

Annual Expenditure Per Pupil (K-12), by District, 2009/10 to 2018/19 . . . . .141

Average Expenditure Per Pupil, by District Level, Orange County and California, 2009/10 to 2018/19 . . . . .142

**Indicator: KINDERGARTEN READINESS . . . . . 143**

Number and Percent of Children Developmentally Vulnerable on One or More Areas, by Community, 2019 . . . . .143

Percent of Children Developmentally Vulnerable on One or More Areas, by Community, 2019 (Continued) . . . . .144

Percent of Children Developmentally Vulnerable or At Risk on One or More Areas and On Track on all Areas, by Community, 2019 . . . . .144

Percent of Children Developmentally Vulnerable or At Risk on One or More Areas and On Track on all Areas, by Student Characteristic, 2019 . . . . .146

**Indicator: HIGH SCHOOL DROPOUT RATES . . . . . 147**

Number and Percent of Grade 9-12 Cohort Dropouts, by District, 2010/11 to 2018/19 . . . . .147

Number and Percent of Grade 9-12 Cohort Dropouts, by Race/Ethnicity, 2009/10 to 2017/18 . . . . .149

**Indicator: CHRONIC ABSENTEEISM . . . . . 149**

Number and Percent of Chronic Absenteeism, by Grade Span, 2016/17 to 2018/19 . . . . .149

**Secondary Indicator: HIGH SCHOOL GRADUATION . . 150**

Number and Percent of Grade 9-12 Cohort Graduates, by District, 2014/15 to 2018/19 . . . . .150

Percent of Graduates, by Race/Ethnicity, 2010/11 to 2018/19 . . . . .151

**Indicator: ENGLISH LANGUAGE ARTS AND MATHEMATICS . . . . . 151**

Percent of 11th Grade Students Meeting Benchmarks for ELA and Math, Orange County and California, 2018/19 . . . . .151

Comparison of Lowest and Highest Free and Reduced-Price Lunch Program (FRL) with Percent of Students Meeting Benchmarks, by District, 2018/19 . . . . .151

Percent of 11th Grade Students Meeting Benchmarks for ELA and Math, by District, Orange County and California, 2018/19 . . . . .152

**Indicator: COLLEGE READINESS . . . . . 153**

Number of High School Graduates with UC/CSU Required Courses, by School District, 2009/10 to 2018/19 . . . . .153

Number and Percent of High School Graduates with UC/CSU Required Courses, by Race/Ethnicity, 2009/10 to 2018/19 . . . . .154

**Secondary Indicator: SPECIAL EDUCATION . . . . . 155**

Number of K-12 Students Receiving Special Education Services, by Type of Disability, Orange County and California, 2009 to 2018 . . . . .155

Number of Students Receiving Special Education Services, by Age and Type of Disability, 2008 to 2018 . . . . .156

**SAFE HOMES AND COMMUNITIES INDICATORS . 157**

**Secondary Indicator: CHILD MORTALITY . . . . . 158**

Overall Death Rate Per 100,000 Children and Youth 1 to 19 Years of Age, 2009 to 2018 . . . . .158

<b><u>Indicator: PREVENTABLE CHILD AND YOUTH DEATH..</u></b>	<b>158</b>
Number of Deaths and Rate Per 100,000 Population for Persons 0 to 19 Years of Age from Unintentional Injury Homicide and Suicide, 2009 to 2018 .....	158
Death Rate per 100,000 Population for Persons Age 0-19 Years from Unintentional Injury, Homicide and Suicide, by Age Group and Gender, 2009 to 2018 .....	159
Death Rate Per 100,000 Persons 0-19 Years of Age, by Race/Ethnicity and Cause, 2009 to 2018 .....	160
<b><u>Secondary Indicator: UNINTENTIONAL INJURY DEATHS</u></b>	<b>160</b>
Number and Rate per 100,000 Persons of Unintentional Injury Deaths, by Age Group, 2009 to 2018 .....	161
Number and Rate per 100,000 Persons 0 to 19 Years of Age for Unintentional Injury Deaths, by Gender, 2009 to 2018 .....	161
Number and Rate per 100,000 Persons 0 to 19 Years of Age for Unintentional Injury Deaths, by Cause, 2009 to 2018 .....	162
Number and Rate per 100,000 Persons 0 to 19 Years of Age for Unintentional Injury Deaths, by Race/Ethnicity, 2009 to 2018 .....	162
<b><u>Secondary Indicator: HOMICIDE DEATHS</u></b>	<b>163</b>
Number and Rate per 100,000 Persons of Homicide Deaths, by Age Group, 2009 to 2018 .....	163
Number and Rate per 100,000 Persons 0 to 19 Years of Age for Homicide Deaths, by Gender, 2009 to 2018 .....	163
Number and Rate per 100,000 Persons 0 to 19 Years of Age for Homicide Deaths, by Race/Ethnicity, 2009 to 2018 .....	164
Percent of Homicides of Total Deaths from Unintentional Injury, Homicide and Suicide for Persons 0 to 19 Years of Age, 2009 to 2018 .....	164
Homicides Death Rate Per 100,000 Persons 0 to 19 Years of Age in Orange County and California, 2009 to 2018 .....	164
<b><u>Secondary Indicator: SUICIDE DEATHS</u></b>	<b>165</b>
Number and Rate per 100,000 Persons of Suicide Deaths, by Age Group, 2009 to 2018 .....	165
Number and Rate per 100,000 Persons 0 to 19 Years of Age for Suicide Deaths, by Gender, 2009 to 2018 .....	165
Number and Rate per 100,000 Persons 0 to 19 Years of Age for Suicide Deaths, by Race/ Ethnicity, 2009 to 2018 .....	166
<b><u>Indicator: Child and Youth Deaths</u></b>	<b>166</b>
Total Number and Rate per 100,000 Population of Leading Causes of Death, by Age Group, 2009 to 2018 .....	166
<b><u>Secondary Indicator: CHILD AND YOUTH DEATHS</u></b>	<b>172</b>
Manner of Death, Children Less than 18 Years of Age, 2019 ..	172
<b><u>Secondary Indicator: MOTOR VEHICLE ACCIDENTS</u></b>	<b>173</b>
Number of Victims 0 to 19 Years of Age Killed or Injured as a Result of Motor Vehicle Accidents*, by Age Group, 2009 to 2018 .....	173
<b><u>Secondary Indicator: CHILDREN AND GUNS</u></b>	<b>174</b>
Number of Gun-Related Incidents with Children 0 to 19 Years of Age, by Type of Incident, 2009 to 2018 .....	174
<b><u>Indicator: SUBSTANTIATED CHILD ABUSE ALLEGATIONS</u></b>	<b>174</b>
Counts of Children with One or More Reports, by Age and Disposition, 2019 .....	174
Substantiated Child Abuse Allegations, by Percent for Children Under 18 Years, by Type of Abuse, 2010 to 2019 .....	175
Total Number of Children with One or More Child Abuse Allegations and Substantiated Allegations, 2010 to 2019 .....	175
<b><u>Secondary Indicator: CHILD ABUSE – DEPENDENCY PETITIONS</u></b>	<b>176</b>
Number and Percent of Dependency Petitions Filed, 2009/10 to 2018/19 .....	176
Percent of “Recurrence of Maltreatment” in 12- month Time Period for children with a Substantiated Child Abuse Allegation Orange County and California, 2008/09 to 2017/18 .....	177

<b><u>Secondary Indicator: DEPENDENTS OF THE COURT</u></b>	<b>177</b>
Monthly Number of Dependents of the Court by End of Month Cases, 2009/10 to 2018/19 .....	177
Percent of Children in Out-of-Home Care, by Race/Ethnicity, April 2011 to April 2020 .....	178
Wraparound Referrals, by Agency, 2009/10 to 2018/19 .....	178
Average Monthly Number of Children in Out-of-Home Care, 2009/10 to 2018/19 .....	178
<b><u>Secondary Indicator: FOSTER CARE</u></b>	<b>179</b>
Number and Percent of Placement Type, April 2011 to April 2020 .....	179
Children and Family Services – Out-Of-Home Placements by Age and City of Placement, April 2020 .....	180
Number of Placement Moves: Number of Placement Moves Per Day for Children in Foster Care in a 12 Month Period, 2009/10 to 2018/19 .....	182
<b><u>Indicator: CHILD WELFARE</u></b>	<b>183</b>
Percent of Children Reaching Reunification and Guardianship within 12 Months and Reentry Following Reunification and Guardianship, Orange County and California, 2008/09 to 2017/18 .....	183
<b><u>Secondary Indicator: EMANCIPATION SERVICES</u></b>	<b>184</b>
Youth Who Received Independent Living Program Services, 2000/01 to 2007/08 .....	184
Youth Who Received Independent Living Services, 2010/11 to 2018/19 .....	185
<b><u>Indicator: JUVENILE ARRESTS</u></b>	<b>186</b>
Orange County Juvenile Arrests 10 to 17 Years Old, 2009 to 2018 .....	186
Juvenile Arrests by City, Youth 10 to 17 Years Old, 2009 to 2018 .....	187
Number of Juvenile Arrests and Rates Per 100,000 Youth Ages 10 to 17, Orange County and California, 2009 to 2018 .....	188
<b><u>Secondary Indicator: REFERRALS TO PROBATION</u></b>	<b>189</b>
Total Probation Referrals with Final Case Disposition, 2009 to 2018 .....	189
Total Number and Percent of Juvenile Probation Referrals by Age, 2009 to 2018 .....	189
Probation Referrals, by City of Residence*, 2009 to 2018 .....	190
Total Felony Referrals Broken Down by Offense at Time of Arrest, 2009 to 2018 .....	191
Total Number and Percent of Probation Referrals, by Final Case Disposition, 2009 to 2018 .....	193
Total Number and Percent of Probation Referrals, by Race and Ethnicity, 2009 to 2018 .....	194
Total Number and Rate per 100,000 of Probation Referrals Incarcerated in County Institutions and the Division of Juvenile Justice California Department of Corrections & Rehabilitation, 2009 to 2018 .....	194
<b><u>Indicator: JUVENILE SUSTAINED PETITIONS</u></b>	<b>195</b>
Juvenile Sustained Petitions by City Referred Youth 10-17 Years Old, 2018 .....	195
Juvenile Sustained Petitions Youth 10 to 17 Years Old, by Sex, 2018 .....	196
Juvenile Sustained Petitions Youth 10 to 17 Years Old, by Age, 2018 .....	196
Juvenile Sustained Petitions Youth 10 to 17 Years Old, by Race and Ethnicity, 2018 .....	196
<b><u>Indicator: GANG ACTIVITY AMONG YOUTH</u></b>	<b>197</b>
Gang Related Prosecutions by Crime Type, 2010 to 2019 .....	197
Number of Gang Related Prosecutions, Total and by Unique Individuals, and Percent by Repeat Offenders, 2010 to 2019 .....	197
Number and Percent of Gang Related Prosecutions, by Age, 2010 to 2019 .....	198
Number and Percent of Gang Related Prosecutions, by Race/Ethnicity, 2010 to 2019 .....	198