

# QUICK GUIDE

The 18<sup>th</sup> Annual Report on the

Conditions

of

Children

in ORANGE  
COUNTY

Every child instinctively knows what many adults have long since forgotten -

Our differences are not something to be tolerated, they are something to be celebrated.

2012

Executive Summary

## ABOUT THE REPORT



The First Annual Report on the Conditions of Children in Orange County was developed in 1993 and presented information and data on 28 indicators describing the status of Orange County's children. The stated purpose of the report was "to provide a comprehensive picture of the present condition of children in Orange County and to establish a baseline from which to measure future progress and track changing conditions." This report, the 18th Annual Report on the Conditions of Children in Orange County, 2012, has been expanded to include 41 indicators, but the purpose of the Report remains the same.

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

This year, in the 18th Annual Report, the Special Section focuses Community Collaborations to Improve Children's Well-Being. The Discussion Topics include: Low Birth Weight in the Good Health section; Safety Net for Families in the Economic Well-Being section; STEM Education (Science, Technology, Engineering, and Mathematics Education) in the Education section; and Bullying in the Safe Homes and Community section.

The Report's reputation as a fair and accurate assessment of the conditions of children in Orange County is measured by the evolving improvement of indicators presented. Throughout this past year input was gathered from users of the Report, contributors of data, and community stakeholders regarding how to improve the information and data presented in the Report. Based on the feedback, there have been changes to some of the indicators and two new indicators added to the Good Health and Safe Homes and Communities sections.

The new indicators are Preterm Births on page 42 and Family Reunification on page 124. In addition, an explanation of the importance of Child Welfare Outcomes is presented on page 113. Within the Education section, data is presented on 5th grade achievement instead of 4th grade since it is the first year data is collected for science tests. As well, data is now presented on High School Graduation instead of Higher Education and Average Class Size and California High School Exit Exam are no longer included.

The Quick Guide, posted as an on-line resource, serves as a user-friendly abridged version of the report's key indicators.

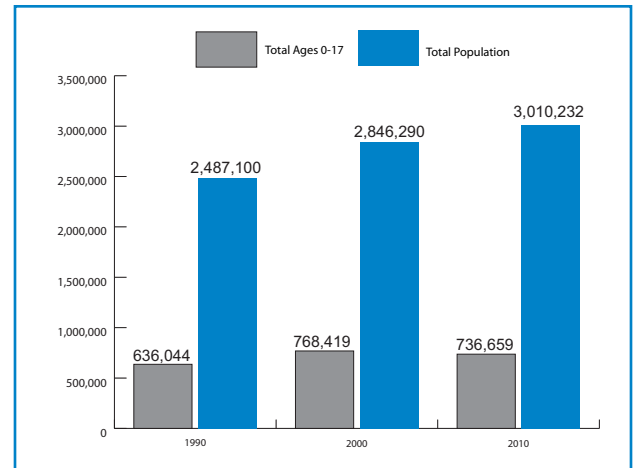
The Orange County Children's Partnership (OCCP) continually reviews the purpose and content of this report and welcomes input from those who use it. If you have any suggestions for improving the report or would like to obtain additional copies, please contact Orangewood Childrens Foundation at 714-704-8777,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

In addition, the entire report and links to resources are available at <http://ochealthinfo.com/occp/report> or at <http://hhd.fullerton.edu/cccl/>.

NOTE: Any revisions/corrections to the report will be noted on the website.

- 736,659 children 0-17 years old (U.S. Census, 2010)
- 0-17 year olds are 24.5% of total population (3,010,232)
- 38,237 births recorded in 2010
- 502,195 students recorded for Fall 2011 public school K-12 enrollment in 28 school districts
- Of the total student enrollment (2011/12):
  - ♦ Hispanic or Latino 48.1%
  - ♦ Non-Hispanic White 30.3%
  - ♦ Asian, Pacific Islander, or Filipino 16.9%
  - ♦ Black or African American 1.6%
  - ♦ American Indian or Alaskan Native 0.5%
  - ♦ Other (Multi-racial or Other Race and Ethnicity) 2.7%
- 34 incorporated cities, covering 798 square miles
- Cities with largest 0-17 population (U.S. Census, 2010):
  - ♦ Santa Ana (99,678)
  - ♦ Anaheim (91,917)
  - ♦ Irvine (45,675)
  - ♦ Garden Grove (43,763)
  - ♦ Huntington Beach (39,128)

**Child Population (0-17) and Total Population of Orange County, 1990, 2000 and 2010**



## **Annual Report on the Conditions of Children Sponsored by:**

### **Orange County Board of Supervisors, 2012**

**Janet Nguyen**, First District

**John M.W. Moorlach**, Second District

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### **Orange County Social Services Agency**

### **Children and Families Commission of Orange County**

### **Orange County Children's Partnership**

The Orange County Children's Partnership (OCCP) is a 22-member advisory body that was established by the Board of Supervisors in November 1982. A complete list of members can be found on the inside front cover of the full report.

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

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



## First the Good News

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

### Good Health

- Over the past ten years, enrollments in **Medi-Cal and Healthy Families** increased by 33.4%, from 225,903 in 2003 to 301,346 in 2012. However, the 2010 American Community Survey (ACS) conducted by the U.S. Census Bureau estimated that 9.8% of children in Orange County (or nearly 71,496) were uninsured (pg. 36).
- From 2001/02 to 2010/11, the proportion of students meeting **Aerobic Capacity** standards in Orange County increased from 54.9% to 69.0% among fifth graders, 58.8% to 71.1% among seventh graders, and 50.1% to 69.5% among ninth graders. However, **Obesity** is still a concern among low income children, in 2010, 12.2% of children ages 0 to 4, 23.2% of children 5 to 11, and 19.2% of children 12 to 19 years old were obese. This is an improvement over the past ten years but still above healthy goals for children (pgs. 54-57).

### Economic Well-Being

- In the past ten years there has been a 24% decrease in the number of **Child Support** cases, from 102,040 in (2002/03) to 77,582 (2011/12) with a high of 103,598 in 2008/09. Average per case collection was \$2,362 in 2011/12 for a total net collection of \$183.2 million. The percent of current support collected was 62.7% in 2011/12 (pg. 78).

### Educational Achievement

- Orange County has been collecting **Academic Performance Index (API)** Growth score data since 2003. In the ninth year of API data collection, Orange County schools' API scores have increased with a range from 740 to 921. Seventy percent of Orange County schools made the API target of 800 in 2011. In comparison, only 47% of schools in the state made the target of 800 (pg. 92).

### Safe Homes and Communities

- From 2001/02 to 2010/11, the monthly average number of dependent children decreased by 35.1% and children in out-of-home care decreased 38% (4,256 to 2,764 and 3,253 to 2,018, respectively). After a steady downward trend to a low of 3,187 in 2005/06, there was a 15.3% increase in dependents of the court to 3,675 in 2007/08. However, in the last three years, the average monthly number of dependents fell 24.8% to a ten-year low of 2,764 (pg. 118).

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



## Conditions Needing Improvement

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

### Good Health

- Between 2001 and 2010, the percentage of Orange County resident births with **Low Birth Weight** increased from 5.9% to 6.4%. The Healthy People 2010 Goal was to reduce low birth weight to a maximum incidence of 5.0% of live births (pg. 40).
- In 2011, there was a total of 764 cases of **Sexually Transmitted Diseases (STD)** among children and youth 10 to 17 years of age at a rate of 217.2 per 100,000. The majority (93%) of STD cases occurred among adolescents between 15 to 17 years (712 cases at a rate of 512.4 per 100,000). In the ten-year period, there was a 26% increase in the STD case rate per 100,000 children and youth 10 to 17 years of age, from 172.4 in 2002 to 217.2 in 2011 (pg. 60).

### Economic Well-Being

- There was a 20% increase in the number of children receiving Financial Assistance through **CalWORKs** from 38,999 in 2001/02 to 46,809 in 2010/11. After a decade of steady declines, the number of children receiving financial assistance increased by 47% in the past three years, from 31,932 in 2007/08 to 46,809 in 2010/11 (pg. 72).
- The **Free and Reduced Lunch (FRL)** indicator is a proxy for children living at or near the poverty level. There was a 19.4% increase in the total number of students receiving free and reduced lunch in Orange County between 2001/02 and 2010/11 (190,979 to 228,121). The proportion of students receiving free and reduced lunch as a percent of the total public school enrollment also increased from 38% in 2001/02 to 45% in 2010/11. Over the last two years, the number of students receiving free and reduced lunch increased 8.0% from 211,179 in 2008/09 to 228,121 in 2010/11, to its highest level of 45% of all students. (pg.74).

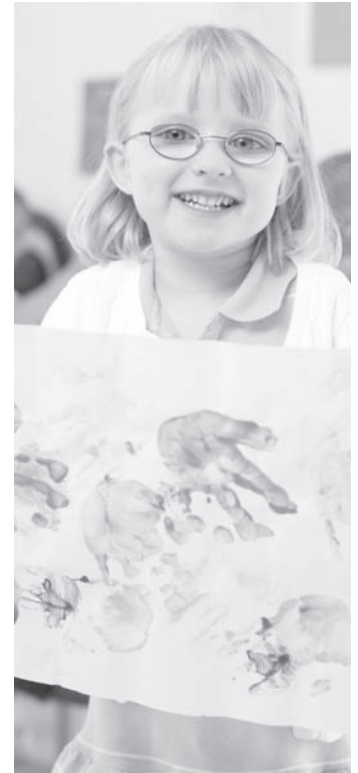
### Educational Achievement

- The **Total Public School Enrollment** decreased slightly between 2002/03 and 2011/12 from 512,105 to 502,195. However, there has been a decline from the high of 515,464 in 2003/04 (pg. 88).
- During 2010/11, the **Average per Pupil Expenditure** for grades K-12 in Orange County was \$7,722, a decrease of 12.7% from the high of \$8,844 in 2007/08. Comparatively, in California, the average expenditure per pupil was \$8,323, while for the United States, the average amount was \$10,770 (pg. 98).

### Safe Homes and Communities

- From 2002 to 2011, the number of known **Gang Members** 8 to 17 years of age increased by 50% from 830 to 1,244. After a steady increase, from a low of 830 in 2002, the number of known gang members in Orange County decreased by 34.4% over the last three years from 1,896 (2008) to 1,244 (2011) (pg.134).

For many of the indicators in this year's Annual Report on the Conditions of Children in Orange County, there are data available to provide an analysis of the trends over the past ten years. A summary of all the indicators is provided on pages 8 and 9, which reports on the most recent data, the earliest available data of the past ten years, and California and national comparisons, where available. In addition, the summary of indicators identifies whether or not the indicator demonstrates an improvement (I), a need for improvement (NI), or remains constant (RC). There may be indicators in which a determination of improvement based on an increase or decrease in the number or rate is difficult to assess (DA) due to the nature of the condition. For some indicators, the status reflects the earliest recent years rather than the ten-year trend.



# SUMMARY OF INDICATORS

Good Health

Indicator Name and Description	Past 10-Year Data Value (Year)	New Data Value (Year)	Status*	California (Year)	United States (Year)
<b>Access to Health Care</b>					
Number of children receiving health care through:					
Medi-Cal under age 18	163,433 (2003)	219,418 (2012)	I		
Healthy Families	62,470 (2003)	81,928 (2012)	I		
California Kids	4,270 (2003)	798 (2012)	DA		
Kaiser Permanente's Child Health Plan	309 (2003)	6,405 (2012)	I		
<b>Early Prenatal Care</b>					
Percent of births that received early prenatal care	89.0% (2001)	89.0% (2010)	NI	81.7% (2010)	82.0% (2007)
<b>Births and Low Birth Weight</b>					
Total Births	45,462 (2001)	38,237 (2010)	NA		
Percent of infants born with low birth weight (weighing under 2,500 grams)	5.9% (2001)	6.4% (2010)	NI	6.8% (2010)	8.2% (2009)
Percent of infants born with very-low birth weight (weighing under 1,500 grams)	1.0% (2001)	0.9% (2010)	RC		1.5% (2004)
<b>Preterm Births</b>					
Percent of preterm births	10.1% (2001)	9.1% (2010)	RC	10% (2010)	12% (2010)
<b>Substance-Exposed Infants in Out-of-Home Care</b>					
Number of infants in protective custody due to alcohol/drug exposure at birth	121 (01/02)	128 (10/11)	NI		
<b>Infant Mortality</b>					
Rate of infant mortality per 1,000 live births	4.5 (2001)	3.8 (2010)	I	4.7 (2010)	6.1 (2010)
<b>Breastfeeding</b>					
Percent of mothers breastfeeding (Any)	92.8% (2010)	93.3% (2011)	I	91.7% (2011)	
Percent of mothers breastfeeding (Exclusive)	55.2% (2010)	59.4% (2011)	NI	60.6% (2011)	
<b>Immunization of Children</b>					
Percent of children who received combined series immunization coverage by 2 years of age	71.5% (2002)	74.8% (2011)	NI	77.4% (2011)	78.8% (2010) <sup>1</sup>
<b>Developmental Disabilities</b>					
Total number of children under 18 years of age served at Regional Centers	6,396 (2002)	8,915 (2011)	DA		
Percent of those served at Regional Center who are diagnosed with developmental disabilities	74% (2002)	69% (2011)	DA		
<b>Physical Activity</b>					
Percent of Students in Healthy Fitness Zone (HFZ) for Aerobic Capacity					
Grade 5	54.9% (01/02)	69.0% (10/11)	I	61.4% (10/11)	
Grade 7	58.9% (01/02)	71.1% (10/11)	I	63.0% (10/11)	
Grade 9	50.1% (01/02)	69.5% (10/11)	I	61.7% (10/11)	
<b>Obesity</b>					
Obesity: Percent of records with weight greater than 95th percentile, 5-19 years	21.1% (2002)	21.1% (2010)	NI	23.3% (2010)	
<b>Births to Teens</b>					
Birth rates per 1,000 females 15-19 years of age	34.9 (2001)	21.4 (2010)	I	29.0 (2010)	
<b>Sexually Transmitted Diseases</b>					
Chlamydia case rates per 100,000 children and youth 10 to 17 years of age	162.3 (2002)	205.8 (2011)	NI		
Gonorrhea case rates per 100,000 children and youth 10 to 17 years of age	9.3 (2002)	9.9 (2011)	NI		
Syphilis case rates per 100,000 children and youth 10 to 17 years of age	0.3 (2002)	0.3 (2011)	RC		
<b>Mental Health Services</b>					
Total number of children through age 25 served by Children and Youth Services	13,590 (01/02)	14,431 (10/11)	DA		
<b>Substance Abuse Services</b>					
Total number 17 and under receiving substance abuse services	1,822 (01/02)	6,785 (10/11)	DA		
Total number 17 and under receiving outpatient and residential services	824 (01/02)	579 (10/11)	DA		
<b>Children Living in Poverty</b>					
Percent of children below the official federal poverty level	15.9% (2000)	15.2% (2009)	RC	20% (2009)	21% (2009)
<b>CalWORKS</b>					
Total number of children receiving financial assistance through CalWORKS	38,999 (01/02)	46,809 (10/11)	NI		
Percent of children receiving CalWORKS of total population	4.7% (01/02)	5.9% (10/11)	NI	12.3% (10/11)	
<b>Free and Reduced Lunch</b>					
Percent of students participating in the Free and Reduced Lunch Program	38% (01/02)	45% (10/11)	NI	53% (10/11)	
<b>Supplemental Nutritional Programs: Women Infant and Children (WIC) &amp; Commodity Supplemental Food Program (CSFP)</b>					
Total number of participants served by the WIC program	103,264 (01/02)	103,563 (10/11)	RC	1,466,564 (2011)	8,961,000 (2011)
Total number of women and children served by CSFP	5,693 (01/02)	581 (10/11)	DA		
<b>Child Support</b>					
Total number of child support cases	102,040 (02/03)	77,582 (11/12)	DA		
Annual per case collection	\$1,628 (02/03)	\$2,362 (11/12)	I		
<b>Cost of Early Care and Education</b>					
Average cost per week for child care, infant	\$171 (02/03)	\$225 (11/12)	NI		
Average cost per week for child care, preschool	\$132 (02/03)	\$179 (11/12)	NI		
Average cost per week for child care, school age	\$106 (02/03)	\$161 (11/12)	NI		

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

Economic Well-Being

# SUMMARY OF INDICATORS

Indicator Name and Description	Past Year Data Value (Year)	New Data Value (Year)	Status*	California (Year)	United States (Year)
<b>Education Data</b>					
Total public school enrollment	512,105 (02/03)	502,195 (11/12)	NA	6,214,204 (11/12)	
<b>Early Care and Education</b>					
Total number of licensed child care spaces	67,131 (2003)	77,853 (11/12)	I	1,405,856 (2011)	
Total number State Subsidized Full Day child care spaces	3,373 (2009)	2,502 (2012)	NI		
<b>Academic Performance Index (API)</b>					
Elementary school growth score range	558-939 (2003)	709-984 (2011)	I	808 (2011)	
Middle school growth score range	523-878 (2003)	705-935 (2011)	I	778 (2011)	
High school growth score range	541-850 (2003)	615-989 (2011)	I	742 (2011)	
<b>5th Grade Achievement (California Standards Test (CST))</b>					
CST English Language Arts Mean Scale Score	347 (03/04)	377 (11/12)	I		
CST Mathematics Mean Scale Score	348 (03/04)	415 (11/12)	I		
CST Science Mean Scale Scores	327 (03/04)	385 (11/12)	I		
<b>English Learners (EL)</b>					
Percent English Learners of total enrollment	31.1% (01/02)	25.1% (10/11)	I	17.0% (10/11)	
<b>Average Dollar Expenditure per Pupil</b>					
Average dollar expenditure per pupil	\$6,557 (01/02)	\$7,772 (10/11)	NI	\$8,323 (10/11)	\$10,770 (10/11)
<b>High School Dropout Rates</b>					
Annual adjusted high school dropout rates [See page 100 for formula]	2.8% (01/02)	2.4% (10/11)	I	4.3 (10/11)	
<b>High School Graduation</b>					
Percent graduates of total 12th grade enrollment	NA	90.0% (10/11)	NA	84.8% (10/11)	
<b>SAT Reasoning Scores</b>					
Average combined SAT Reasoning Scores	1,592 (05/06)	1,616 (09/10)	I	1,512 (09/10)	1,509 (09/10)
<b>Special Education</b>					
Total number of students K-12 receiving special education services	50,236 (02/03)	51,613 (11/12)	DA	686,352 (11/12)	
Percent of students K-12 receiving special education services relative to total enrollment	9.8% (02/03)	10.3% (11/12)	DA	11.0% (11/12)	
<b>Child and Youth Deaths</b>					
Death rate per 100,000 children 0 to 1 year of age	455.9 (2001)	316.9 (2010)	I	470.0 (2010)	610.0 (2010)
Death rate per 100,000 children 1 to 4 years of age	26.4 (2001)	18.9 (2010)	I	21.9 (2010)	26.1 (2009)
Death rate per 100,000 children 5 to 9 years of age	10.4 (2001)	6.4 (2010)	I	10.4 (2010)	12.2 (2009)
Death rate per 100,000 children 10 to 14 years of age	15.7 (2001)	9.4 (2010)	I	12.2 (2010)	15.7 (2009)
Death rate per 100,000 children 15 to 19 years of age	36.8 (2001)	29.3 (2010)	I	53.5 (2010)	41.3 (2009)
Death rate by unintentional injury, homicide, and suicide per 100,000 youth 15 to 19 years of age	22.7 (2001)	18.4 (2010)	I		
<b>Child Abuse Reports</b>					
Total number of child abuse reports filed	37,015 (03/04)	36,036 (10/11)	I	475,930 (2011)	3,300,000 (2010)
<b>Child Abuse: Dependency Petitions</b>					
Total number of dependency petitions filed	2,120 (01/02)	1,617 (10/11)	I		
Percent of child abuse reports with petitions filed	8.3% (01/02)	4.5% (10/11)	I		
<b>Dependents of the Court &amp; Out-of-Home Care</b>					
Average monthly number of children in out-of-home care	3,253 (01/02)	2,018 (10/11)	I		
Average monthly number of dependents of the court	4,256 (01/02)	2,764 (10/11)	I		
<b>Foster Care</b>					
Total number of children in foster care	3,095 (2003)	2,210 (2012)	I	53,550 (2011)	
<b>Family Reunification (Exhit Cohort)*</b>					
Reunification within 12 months	56.8% (03/04)	63.8% (10/11)	I	64.4% (10/11)	75.2% (10/11)
No Reentry following reunification	95.0% (02/03)	92.1% (09/10)	RC	88.3% (09/10)	90.1% (09/10)
Median Time to Reunification (months)	9.7 (01/02)	9.0 (10/11)	RC	8.6 (10/11)	
<b>Adoptions</b>					
Total number of children placed in adoptive homes	475 (01/02)	288 (10/11)	DA		
Percent of legally free foster children who were adopted within 12 months	48.1% (01/02)	71.2% (09/10)	I		
Percent of legally free foster children who were adopted within 24 months	13.7% (01/02)	35.1% (10/11)	I		
<b>Emancipation Services</b>					
Number of youth ages 15-20 receiving emancipation services (Monthly Average)	1,794 (01/02)	2,312 (10/11)	I		
<b>Juvenile Arrests</b>					
Total juvenile arrests for youth 10 to 17 years of age	14,986 (2001)	13,495 (2010)	I	185,867 (2010)	
Juvenile arrest rates per 100,000 youth 10 to 17 years of age	4,618 (2001)	3,812 (2010)	I	4,153 (2010)	
Felony arrest rates per 100,000 youth 10 to 17 years of age	1,100 (2001)	1,038 (2010)	I	1,162 (2010)	
<b>Referrals to Probation</b>					
Total number of juvenile referrals 10 to 18 years of age	10,688 (2001)	11,533 (2010)	NI		
<b>Gang Membership</b>					
Total number of known gang members 8 to 17 years of age	830 (2002)	1,244 (2011)	NI		

\*Due to methodological differences the reporting period for no reentry following reunifications will always be behind for what it reported for the other measures.

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

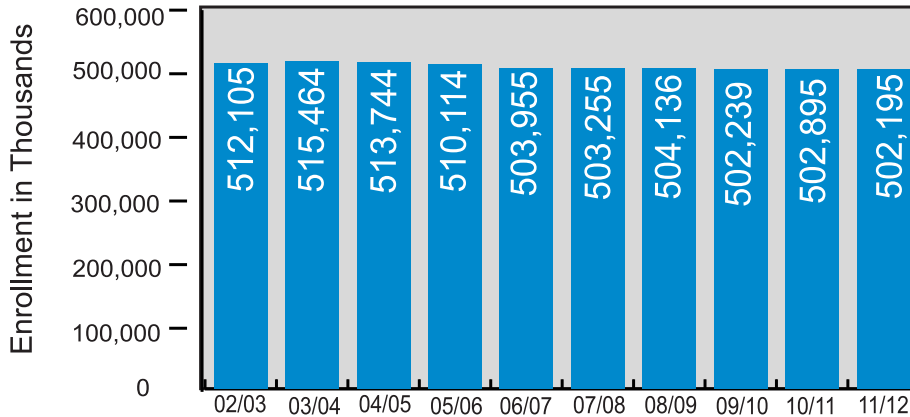
\*Legend: The status of each indicator is determined by the ten-year trend data analysis and the healthy standards set for the well-being of children.

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

## Enrollment

The Orange County Department of Education (OCDE) recorded a total of 502,195 students in Fall 2011. The total public school enrollment decreased slightly between 2002/03 and 2011/12. Orange County schools continue to serve a population with increasingly diverse needs. There are 28 school districts serving K-12 students in Orange County.

Total Public School Enrollment, 2002/03 through 2011/12

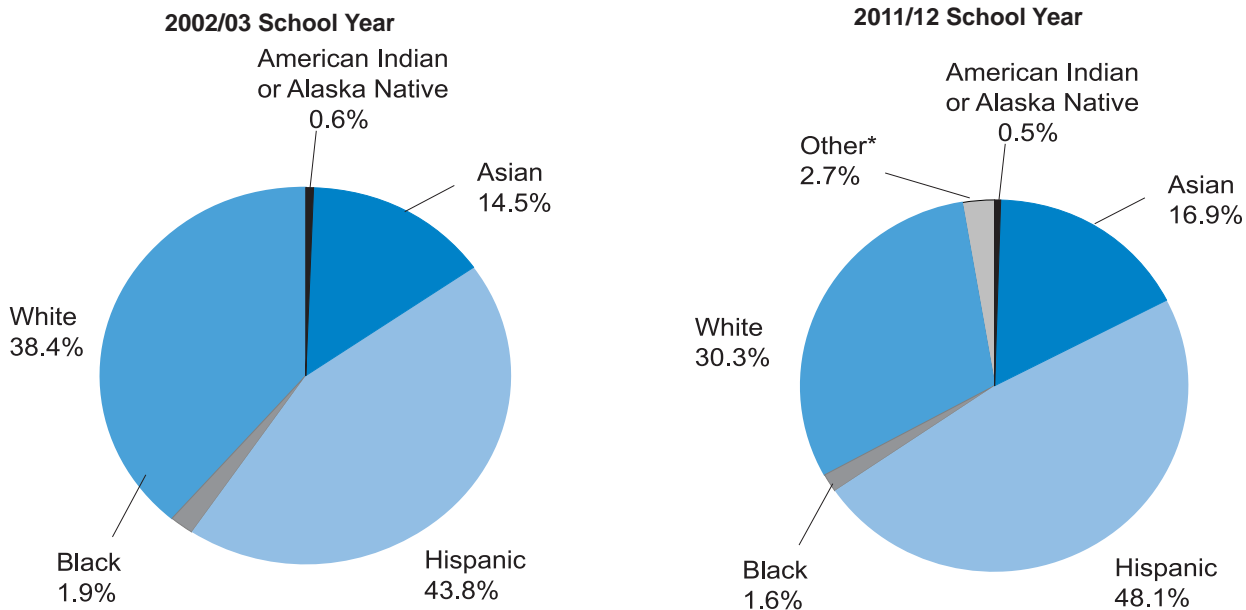


Source: Orange County Department of Education, DataQuest.

## Enrollment by Race and Ethnicity

In 2002/03, the Hispanic student population represented the largest racial or ethnic group in the county's K-12 public school enrollment at 43.8%. White students were the second largest racial or ethnic group representing 38.4% of students, followed by Asian at 14.5%; Black at 1.9%; and American Indian or Alaska Native at 0.6%.

In 2011/12, the largest racial or ethnic student group represented in the county was still the Hispanic student population at 48.1%. The White student population was the second largest racial or ethnic group representing 30.3% of students, followed by Asian, 16.9%; Black, 1.6%; American Indian or Alaska Native, 0.5%; and Other, 2.7%.



\*Other: Includes Multiple or No response categories  
Source: California Department of Education, DataQuest.



## Overview

The table below shows demographics for all school districts in Orange County. The data are broken down by Fall 2011 enrollment totals, percent of English Learners (EL) (see page 96), percent of students participating in the Free and Reduced Lunch (FRL) Program (see page 74), Average Academic Performance Index Score (see page 92), and Spring 2012 California Content Standards Test mean scale score.

For Fall 2010, EL students accounted for 25.1% of the K-12 students in Orange County. There were 228,121 (45.6%) students participating in the FRL program in the Fall of 2010.

### Orange County School Districts' Demographics- 2010/11 and 2011/12

School District	2011/12	2010/11	2010/11	2011	Spring Mean Scale Score	
	Total Number of Students	English Learner	Free and Reduced Lunch	Academic Performance Index	California Standards Test Language Arts* 2012	Math* 2012
<b>Elementary District</b>					<b>5th grade</b>	
Anaheim City	19,312	57.3%	85.5%	773	349	379
Buena Park	5,345	42.0%	72.9%	816	363	393
Centralia	4,440	33.1%	57.0%	846	380	432
Cypress	3,916	23.6%	30.2%	878	389	426
Fountain Valley	6,317	10.5%	19.5%	892	398	426
Fullerton	13,656	28.6%	41.9%	861	384	431
Huntington Beach City	7,173	0.0%	15.6%	895	395	430
La Habra City	5,234	0.0%	73.4%	781	356	377
Lowell Joint	N/A	N/A	N/A	N/A	N/A	N/A
Magnolia	6,372	53.6%	80.3%	808	364	410
Ocean View	9,461	21.8%	37.6%	868	378	414
Savanna	2,363	49.5%	69.0%	795	361	406
Westminster	9,637	51.4%	69.3%	821	369	407
<b>High School Districts</b>					<b>10th grade**</b>	
Anaheim Union	32,704	0.0%	62.1%	762	N/A	N/A
Fullerton Joint Union	14,783	13.9%	41.9%	817	N/A	N/A
Huntington Beach Union	16,442	9.0%	28.6%	834	N/A	N/A
<b>Unified Districts</b>					<b>5th grade</b>	
Brea-Olinda Unified	5,960	10.6%	23.5%	869	399	422
Capistrano Unified	53,170	10.2%	21.4%	875	393	414
Garden Grove Unified	47,999	43.3%	69.3%	815	364	435
Irvine Unified	28,179	13.3%	11.4%	921	411	451
Laguna Beach Unified	3,034	3.8%	12.8%	904	404	441
Los Alamitos Unified	9,714	2.0%	9.9%	912	407	460
Newport-Mesa Unified	21,857	24.7%	47.9%	830	377	400
Orange Unified	30,136	32.9%	36.0%	823	378	402
OC Dept. of Education	7,602	25.7%	30.9%	616	374	352
Placentia/Yorba Linda Unified	25,747	12.6%	25.0%	859	384	428
Saddleback Valley Unified	30,885	13.0%	20.0%	862	388	407
Santa Ana Unified	57,250	54.7%	84.3%	740	349	392
Tustin Unified	23,507	23.3%	39.1%	857	388	434
<b>Total</b>	<b>502,195</b>	<b>25.1%</b>	<b>45.6%</b>			
<b>Statewide Total</b>	<b>6,214,204</b>	<b>17.0%</b>	<b>55.9%</b>			

\*Mean Scale Score. (For further information, see page 94).

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

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

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

Source: CBEDS, California Department of Education

## Community Collaborations' Impact on Children's Well-Being

Collaboration, in some form or another, has always been important in the field of human services. Whether formal or informal, it involves the partnership of two or more individuals or agencies that are working together towards a shared effort or initiative.

- Collaboration requires participants to change “business as usual” and become involved in a joint project that has a shared vision, goals, and anticipated outcomes.
- Collective Impact can have lasting positive results through a sustained alignment of involved partners around a common goal.
- Collective Impact initiatives involve centralized infrastructure, dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities.
- A collaboration that develops through a collective impact approach acknowledges the limitations that exist when agencies work alone (i.e., in “silos”).

- A service system that functions collaboratively enables families to more easily and seamlessly access support from multiple service providers.
- The need for well-developed and sustainable interagency collaborations is increasingly urgent in times of economic hardship, such as that being seen nationwide today.

Although organizations have collaborated to solve social problems for decades, the results have not always been favorable. One type of collaboration (See Figure 1 for a listing of the common types of collaborations), Collective Impact, can have lasting positive results through a sustained alignment of involved partners around a common goal. The success of a Collective Impact initiative relies largely on the participants' ability to develop a common agenda for solving a specific social problem. Unlike other collaborative efforts, Collective Impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants.

### Figure 1. Types of Collaborations

**Funder Collaboratives** are groups of funders that are interested in supporting the same issue and pool their resources. Generally, participants do not adopt an overarching evidence-based plan of action or a shared measurement system, nor do they engage in differentiated activities beyond check writing or engaging stakeholders from other sectors.

**Public-Private Partnerships** are partnerships formed between government and private sector organizations to deliver specific services or benefits. They are often targeted narrowly, such as developing a particular drug to fight a single disease, and usually don't engage the full set of stakeholders that affect the issue, such as the potential drug's distribution system.

**Multi-Stakeholder Initiatives** are voluntary activities by stakeholders from different sectors around a common theme. Typically, these initiatives lack any shared measurement of impact and the supporting infrastructure to forge any true alignment of efforts or accountability for results.

**Social Sector Networks** are groups of individuals or organizations fluidly connected through purposeful relationships, whether formal or informal. Collaboration is generally ad hoc, and most often the emphasis is placed on information sharing and targeted short-term actions, rather than a sustained and structured initiative.

**Collective Impact Initiatives** are long-term commitments by a group of important actors from different sectors to a common agenda for solving a specific social problem. Their actions are supported by a shared measurement system, mutually reinforcing activities, and ongoing communication, and are staffed by an independent backbone organization.

### Current Collaborative Efforts in Orange County

The Orange County Children's Partnership (OCCP) was established in order to improve the conditions of Orange County's children. As part of this collaborative effort, the OCCP sponsors the Annual Report on the Conditions of Children in Orange County (Conditions Report), which provides a format to review how Orange County's children are faring to lead to collaborative county strategies to address improvements in the conditions of children. The Report looks at indicators across four main areas: Health, Education, Economic Well-being, and Safe Homes and Communities. Below is a selection of local collaborative projects that address one or more of these areas on behalf of the children and families in Orange County. For more information on each of the following community collaboratives, please see the full report at <http://ochealthinfo.com/occp/report>.

#### ***Neighbor to Neighbor***

Neighbor to Neighbor is a collaborative of the Orange County Social Services Agency (SSA), Orange County Health Care Agency (HCA) and community based organizations (CBOs) i.e. Child Abuse Prevention Center, Children's Bureau, Olive Crest, and The Raise Foundation. It uses a Multi-Disciplinary Team (MDT) in an effort to prevent child abuse. The program is not funded by the County of Orange. CBO funding for program costs are supported via each CBO's organization and resources. Participating agencies partner to meet the identified needs and provide free voluntary services for the identified families.

#### ***Family to Family***

In 1992, the Annie E. Casey Foundation embarked on an initiative entitled Family to Family: Reconstructing Family Foster Care. By the time it concluded in 2009, dozens of localities in more than 20 states had participated in Family to Family. The final phase from 2006 through 2009 focused on a smaller set of "anchor sites" in nine states, of which Orange County was one.

#### ***Gang Reduction Intervention Partnership (GRIP)***

In 2008, a team of determined and influential stakeholders from Anaheim and Stanton joined together for the purpose of positively influencing the negative conditions affecting the lives of children and families living in the more economically depressed areas of their respective cities. The team examined the adverse conditions under which so many were living and set in motion a series of activities and programs to provide a more asset-rich environment that would bring safety, hope, opportunity, dignity, and respect to these neighborhoods.

#### ***Families and Communities Together (FaCT)***

Led by a public-private partnership between the Orange County SSA and the Orangewood Children's Foundation (OCF), the Families and Communities Together (FaCT) program was established in 1994. The FaCT network is comprised of 12 Family Resource Centers (FRCs) located throughout Orange County's highest-risk communities. FRCs reach beyond the traditional definition of a public-private partnership by providing essential family support services, parent education, and community resources to isolated families.

#### ***Mental Health Services Act (MHSA) Steering Committee***

In early November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), to fund a community mental health system that adequately meets the needs of children, adults, and older adults with serious mental illness, and reduces the long-term adverse impact of untreated serious mental illness. In order to effectively address the mental health needs of individuals and families in Orange County, the MHSA Steering Committee was formed.

#### ***Health Funders Partnership***

Founded in 1999, the Health Funders Partnership of Orange County (Partnership) is comprised of local and regional funders that are committed to improving the health and wellness of the Orange County community by enhancing the impact and efficiency of health philanthropy. The Partners believe that health is a state of complete physical, mental, and social well-being, and not merely the absence of disease.

### Conclusion

Individuals and families cannot sustain themselves without the support of both formal and informal networks to help them overcome the challenges (whether small or large) that inevitably crop up in life. The partnerships that have been established not only have a significant impact on the overall well-being of individuals and families, but they also ensure that services are not duplicated, resources are accessed and utilized effectively, and that service delivery is efficient. The collective and innovative efforts of agencies within Orange County will continue to support all individuals, children, and their families.



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**Orange County Health Care Agency**

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**Orange County Probation Department**

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**Orange County Social Services Agency**

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<http://www.ssa.ocgov.com>

**Regional Center of Orange County**

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<http://www.rcocdd.com>

**Children's Home Society of California**

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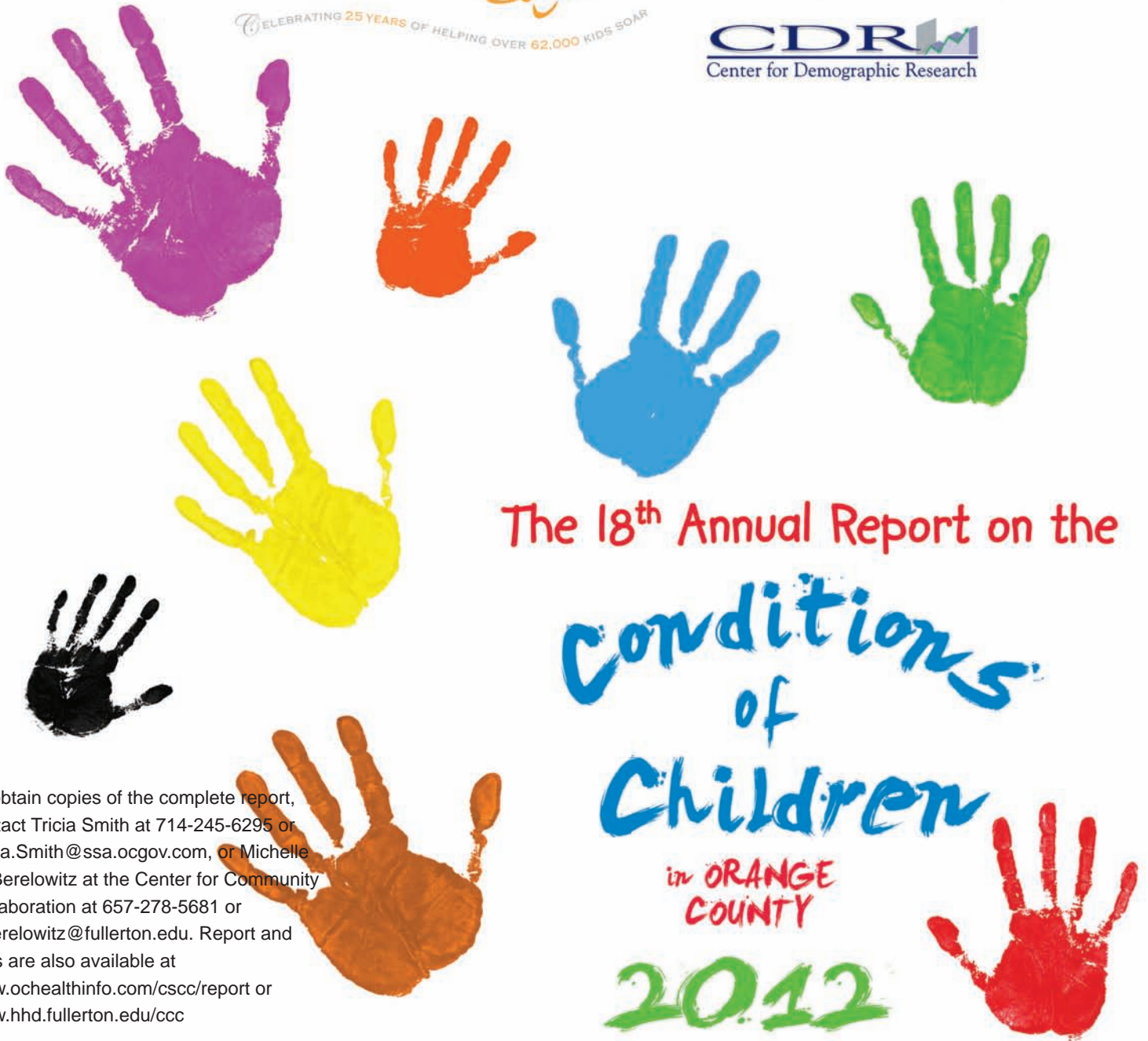


CALIFORNIA STATE UNIVERSITY  
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Center for Community Collaboration  
*College of Health & Human Development*



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The 18<sup>th</sup> Annual Report on the

# Conditions of Children

in ORANGE  
COUNTY

2012

To obtain copies of the complete report, contact Tricia Smith at 714-245-6295 or [Tricia.Smith@ssa.ocgov.com](mailto:Tricia.Smith@ssa.ocgov.com), or Michelle G. Berelowitz at the Center for Community Collaboration at 657-278-5681 or [mberelowitz@fullerton.edu](mailto:mberelowitz@fullerton.edu). Report and links are also available at [www.ochealthinfo.com/csc/r/report](http://www.ochealthinfo.com/csc/r/report) or [www.hhd.fullerton.edu/cc](http://www.hhd.fullerton.edu/cc)

# Executive Summary