SUMMARY ACTION MINUTES

REGULAR MEETING
FIRST 5 ORANGE COUNTY, CHILDREN & FAMILIES COMMISSION

Wednesday, February 4, 2026, 9:00 A.M.

Orange County Transportation Authority Conference Center
550 South Main Street
Orange, California

SOLEDAD L. RIVERA
Chair

VICENTE SARMIENTO
Vice Chair

MADELYNN HIRNEISE
Commissioner

YVETTE LAVERY, MPA, MBE
Commissioner

IRENE SALAZAR
Commissioner

RAMIN BASCHSHI, MD
Commissioner

VERONICA KELLEY, DSW, LCSW
Commissioner

KATY MCINNES
Commissioner

AN TRAN
Commissioner

ATTENDANCE: Commissioners Baschshi, Hirneise, Kelley, Lavery, Rivera, Salizar, Sarmiento and Tran

EXCUSED: Commissioner McInnes

PRESENT:	PRESIDENT/CEO	Kimberly Goll
	COMMISSION COUNSEL	Cassie Trapesonian
	CLERK OF THE COMMISSION	Jamie Ross, Deputy

PLEDGE OF ALLEGIANCE

Pledge of Allegiance led by Commission Counsel Cassie Trapesonian

PRESENTATIONS: (Item 1)

1. Receive Presentation on First 5 Orange County's Community Outreach
   PRESENTED

SUMMARY ACTION MINUTES

REGULAR ITEMS: (Items 2 - 8)

2. Approve Roster for Qualified Consultant Applicants
481235679 **APPROVED AS RECOMMENDED**
x

3. Receive Report on First 5 Orange County Strategic Plan Process
RECEIVED

4. Receive and Confirm Update to the Annual Long-Term Financial Plan
RECEIVED

5. Authorize Receipt of Funds and Adopt Resolutions Authorizing Amendment to Extend Agreement with the Orange County Social Services Agency and New Agreements with Designated Subcontractors for Participation in the CalWORKs Home Visiting Program
471235689 **APPROVED AS RECOMMENDED**
x *RESOS: 26-001 – 002 C&FC*

6. Adopt Resolution Authorizing an Amendment to Agreement with Community for Innovation, Entrepreneurship, Leadership and Opportunity (CIELO) to Increase Funds for Stipends to Family Child Care Business Incubator Participants
481235679 **APPROVED AS RECOMMENDED**
x *RESO: 26-003 C&FC*

7. Adopt Resolution Authorizing Agreement with Full Circle Health Network for Community Health Worker, Enhanced Care Management, and Community Supports Services
491235678 **APPROVED AS RECOMMENDED**
x *RESO: 26-004 C&FC*

8. Authorize Memorandum of Understanding (MOU) with CalOptima Health
471235689 **APPROVED AS RECOMMENDED**
xA *(Commissioner Rivera abstained from discussion and vote on this matter and declared her affiliation with CalOptima)*

PRESIDENT/CEO REPORT: (Item 9)

9. Receive the President/Chief Executive Officers Report
   a. New Conditions of Children Report Released
   b. Policy Update
   c. First 5 OC 2026 Board Recruitment
   d. Financial Update
   e. Action Plan Update
   RECEIVED

PUBLIC & COMMISSION COMMENTS:

PUBLIC COMMENTS: None

SUMMARY ACTION MINUTES

COMMISSION COMMENTS:

Commissioner Lavery – Oral Re.: Announced she is leaving the Commission. Requested parents of medically compromised/developmentally disabled children be recruited.

Commissioner Kelley – Oral Re.: Two confirmed measles cases in Orange County. Stressed importance of vaccinations and suggestions for those who are immuno-compromised.

Commissioner Lavery – Oral Re.: Suggested adding information on measles in next Commission weekly newsletter.

ADJOURNED: 9:51 A.M.

*** KEY ***

Left Margin Notes

1 Ramin Baschshi, MD	A = Abstained
2 Madelynn Hirneise	X = Excused
3 Veronica Kelley, DSW, LCSW	N = No
4 Yvette Lavery, MPA, MBE	C.O. = Commission Order
5 Katy McInnes	
6 Soledad L. Rivera	
7 Irene Salazar	Reso = Resolution
8 Vicente Sarmiento	Ord = Ordinance
9 An Tran	

(1st number = Moved by; 2nd number = Seconded by)

/s/

SOLEDAD L. RIVERA
Chair

/s/

Jamie Ross, Deputy
Clerk of the Commission

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Santa Ana, CA 92705
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Agenda Item 1
February 4, 2026

DATE: January 5, 2026

TO: First 5 Orange County

FROM: Kimberly Goll, President/CEO

ACTION: Receive Presentation on First 5 Orange County's Community Outreach

SUMMARY:
First 5 Orange County's community outreach work builds relationships, meets families where they are, and break down barriers that prevent children from accessing the support they need to thrive. Consistent engagement with community partners, local agencies, and families helps us ensure our programs reflect the needs of Orange County's diverse communities.

The Partnerships and Government Affairs team, led by Tiffany Alva, Director of Partnerships and Government Affairs, and Vy Na, Community Outreach and Partnerships Manager, plays a key role in this work by strengthening local relationships and coordinating outreach efforts. Tiffany and Vy will provide a recap of community outreach and engagement efforts for 2024-25, highlighting partnerships, outreach activities, and collaborations that supported children and families throughout the county. They will also share priorities for the coming year, focusing on new strategies to expand community connections, strengthen partnerships, and improve outcomes for young children and their families.

ATTACHMENT:
1. Community Outreach Recap of 2024-25 and Overview for 2026-27.

CONTACT: Tiffany Alva

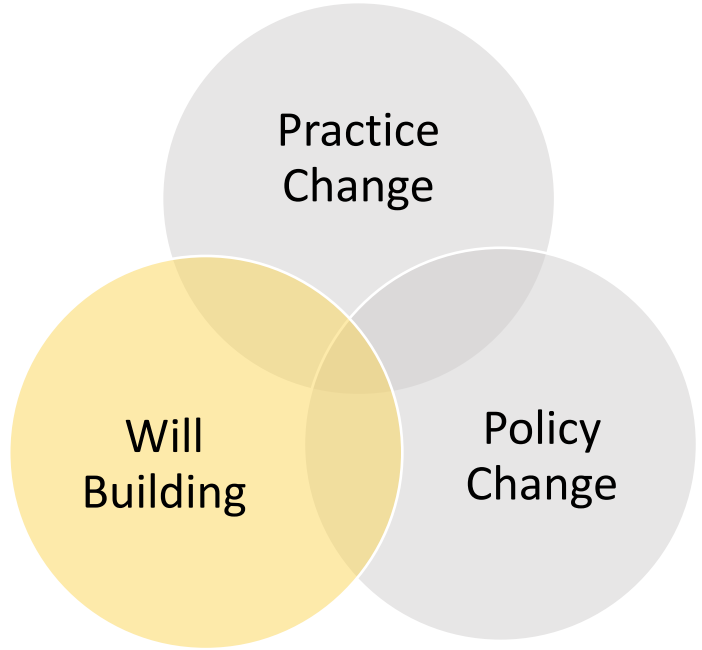
Attachment 1

First 5 Orange County's Community Outreach

February 4, 2026

First 5 Orange County Community Outreach

- General awareness
- Build trust with families
- Create an entry point into First 5 OC system of supports
- Develop relationships with key stakeholders
- Share early childhood data and resources



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Kid Builders Relaunch: Driving Community Outreach

- Relaunch of Kid Builders in 2023
- Proved to be a powerful outreach tool
- Consistent and growing demand for Kid Builders since its launch

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2024-2025 Kid Builders Outreach Plan

- Showcase Kid Builders at 50 events
- Modify activities to fit different needs for different communities
- Engage funded partners and other stakeholders to promote Kid Builders
- Expand use with early educators and pediatric clinics
- Work with families from Engaged Neighborhoods and Family Ambassadors to create videos

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2024-2025 Accomplishments

146 community events (July 2024 to Dec. 2025)

- 9 Kid Builder events hosted by First 5 OC
- 65 Kid Builder events held by Engaged Neighborhoods
- 72 events showcasing Kid Builders (e.g., tabling, participating host)
- 50 community partners engaged
- Over 15,500 families reached

2024-2025 Accomplishments (cont.)

- 2,000+ Kid Builders resources and program flyers distributed
- 18 Kid Builders videos created by families
- 9 “Grown Up Tips” videos developed with staff and Board members
- 19 new speech activities and 20 speech videos created
- Parents enrolled in our newsletter and connected to First 5 OC funded programs

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Success Beyond the Numbers

- Cohosted a Home Visiting Regional Connection event with home visiting partners
- Increased engagement with the Vietnamese community
- Onboarded Vietnamese consultant
- Facilitated speech and language parent/caregiver focus groups
- Created strategic partnerships with libraries (Westminster and Anaheim)

“Partnering with First 5 Orange County to host Kid Builder events at Westminster Library has been a rewarding experience. Over the last three months, the community has shown great enthusiasm for these gatherings, appreciating the emphasis on preparing young children for kindergarten."

- Lisa Larson, Librarian, Westminster Library

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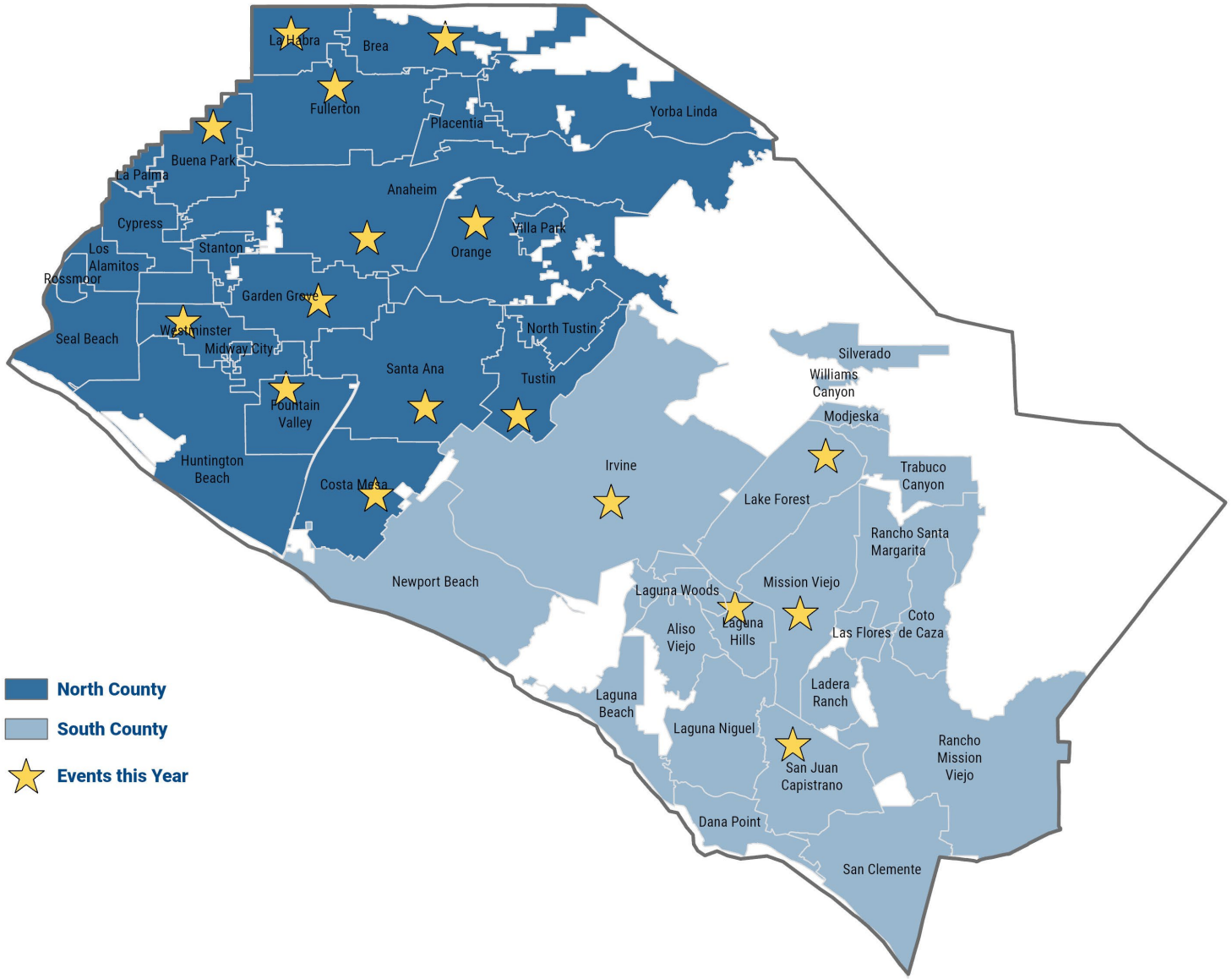
2024-2025 Event Map



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Volunteer Impact

- This Year at a Glance
  - 12 volunteers engaged at 3 Kid Builders events
  - Over 2,000 families reached
- What Volunteers Did
  - Supported Kid Builders activities at community events
  - Assisted with outreach and resource distribution
  - Engaged parents and caregivers in early learning and child development conversations
  - Extended First 5 OC’s presence at community events
- Who We Engaged
  - College students from UC Irvine School of Public Health
  - Community members and Family Ambassadors

“It has been a great pleasure to engage with First 5 OC. Our IMED members who have participated in First 5 OC–hosted events experienced meaningful and impactful moments that further strengthened their drive and aspirations to serve their community.”

- Maiza Galicia
  UCI Public Health student, IMED

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What We Learned

- Families attend events when hosted by trusted partners
- Meeting basic needs increases participation
- Smaller and more intentional events drive stronger engagement
- Lower South County attendance signals need for deeper partnerships
- Different strategies are needed to engage early education providers and pediatricians

2025-2026 Community Outreach

FIRST 5 ORANGE COUNTY

Events and Outreach

- Kid Builders events and library story times
- Outreach at clinics and community events
- Expand partnerships with trusted organizations

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Workforce Development and Responsiveness

- Training and development for outreach volunteers and Family Ambassadors
- Engagement strategies responsive to diverse populations (culture, language, neurodivergence, unhoused)

Visual and Branding Strategy

- Continue to build photo library of real families – kids and caregivers
- Update community outreach materials to align with messaging and branding for a cohesive look

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Questions?

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Agenda Item 2
February 4, 2026

DATE: January 26, 2026

TO: First 5 Orange County

FROM: Kimberly Goll, President/CEO

ACTION: Approve Roster for Qualified Consultant Applicants

SUMMARY:
First 5 Orange County's business model relies on consultants to provide subject matter expertise and help develop and implement strategies that advance our strategic plan. This item requests approval of the new roster of qualified applicants.

DISCUSSION:
Periodically, First 5 Orange County releases a Request for Qualifications (RFQ) to invite applicants interested in providing consultant services to ensure that we have the most comprehensive pool of qualified consulting applicants. Placing qualifying applicants on this roster does not obligate us to utilize their services, and no commitment is made to issue contracts to them or engage their services in any way. If we require expertise not currently addressed by the consultant roster, the most qualified individual or firm will be identified and added to the on-call list.

The most recent RFQ was completed this January, and we received 65 responses from individuals or organizations. Attachment 1, Roster of Qualified Applicants, lists all submittals with the required documents. Staff recommends approval of the new roster.

Responses to the RFQ received within the application window were placed on the attached roster. Due to extensive server and email outages, the application window was held open for an additional business day to ensure all submittals could be retrieved and added to the pool. First 5 OC reserves the right to accept and evaluate additional qualifications after the initial submission period in order to add consultants to the qualified pool as specific needs arise.

STRATEGIC PLAN & FISCAL SUMMARY:
The proposed action has been specifically reviewed in relation to the Strategic Plan and is consistent with its goals. No funding is requested for this item.

PRIOR COMMISSION ACTIONS:
- June 2025 – Approve Updated Rosters for Qualified Applicants and Adopt Resolution Approving Various Consultant Agreements
- June 2022 – Approve Roster of Qualified Applicants and Adopt Resolutions Authorizing Agreements and Amendments to Agreements with Designated Individuals and Organizations to Provide Consulting and Data Collection and Management Services

RECOMMENDED ACTION:
Approve roster for qualified consultant applicants.

ATTACHMENT:
1. Roster of Qualified Applicants by Subject Matter Expertise

CONTACT: Michael Garcell

ROSTER OF QUALIFIED APPLICANTS
BY SUBJECT MATTER EXPERTISE

Attachment 1

Early and Ongoing Health and Development	Andrews Bush & Associates LLC	MK Consulting Syndicate, Inc.
	CEEQ, Center for Empathy and Emotional Intelligence, LLC	Noorture, LLC
	Debra Mathias	Principle Strategic Advisors
	Ehrenpreis Consulting, Inc.	Reflective AF LLC
	Health Management Associates, Inc.	San Diego Strategy Group, LLC. (dba NP Strategies)
	Health Plus Studio, Inc.	Sharyn Konick
	Katie Tran	Social Impact Advising Group, LLC
	Luisa Mari Soto	Start Well
	Margarita McCullough	
Safe, Stable and Nurturing Homes	Anila A. Neumeister	MK Consulting Syndicate, Inc.
	CEEQ, Center for Empathy and Emotional Intelligence, LLC	MY Team Effort Inc.
	CM Consulting & Wellness, LLC	Nicolas Mazzeo
	Deborah McBee	Noorture, LLC
	Health Management Associates, Inc.	Principle Strategic Advisors
	Health Plus Studio, Inc.	Raygoza Consulting, LLC
	Kidz Koncierge LLC	Reflective AF LLC
	Luisa Mari Soto	Sharyn Konick
	Margarita McCullough	Start Well
	Maria Guadalupe Gomez	Susan Diaz
Neighborhoods that Support Young Children and Families	Andrews Bush & Associates LLC	Low Income Invesment Fund
	CEEQ, Center for Empathy and Emotional Intelligence, LLC	Maria Guadalupe Gomez
	Charitable Ventures	MK Consulting Syndicate, Inc.
	Deborah McBee	Muckenthaler & Associates, Inc.
	Ersoylu Consulting	Napa County Office of Education, Research and Professional Development Center
	Garrett Maxwell Agency LLC	Ponce Consulting LLC
	Ginger Lee Global Consulting Group, LLC	Reflective AF LLC
	Health Plus Studio, Inc.	San Diego Strategy Group, LLC. (dba NP Strategies)
	Jacqueline Tran Nakasone dba Jacqueline Tran	Social Impact Advising Group, LLC
	Jennifer L. Shepard	Sudario and Associates, Inc.
	Joan Lundbohm	Susan Diaz
	Katie Tran	Venture Strategic
	Looking Ahead LLC	Wallace Walrod

ROSTER OF QUALIFIED APPLICANTS
BY SUBJECT MATTER EXPERTISE

Equitable Distribution of Resources	Andrews Bush & Associates LLC	Maria Guadalupe Gomez
	Charitable Ventures	MK Consulting Syndicate, Inc.
	Ersoylu Consulting	Muckenthaler & Associates, Inc.
	Garrett Maxwell Agency LLC	Noorture, LLC
	Ginger Lee Global Consulting Group, LLC	Parsons Consulting, Inc.
	Health Management Associates, Inc.	Reflective AF LLC
	Health Plus Studio, Inc.	Social Impact Advising Group, LLC
	Jacqueline Tran Nakasone dba Jacqueline Tran	Social Policy Research Associates
	Katie Tran	Susan Diaz
	Low Income Invesment Fund	
Data Analysis, Evaluation, and Focus groups	Andrews Bush & Associates LLC	Keene Insights
	Charitable Ventures	Limor Consulting, Inc. (dba Datalink Partners)
	Children and Family Futures, Inc.	Low Income Invesment Fund
	Cities & People Partners	Measurement Resources Company
	Ehrenpreis Consulting, Inc.	MK Consulting Syndicate, Inc.
	Ersoylu Consulting	Muckenthaler & Associates, Inc.
	EVALCORP	Napa County Office of Education, Research and Professional Development Center
	Garrett Maxwell Agency LLC	Orange County Department of Education
	Ginger Lee Global Consulting Group, LLC	Parsons Consulting, Inc.
	Harder+Company Community Research	Raygoza Consulting, LLC
	Health Management Associates, Inc.	San Diego Strategy Group, LLC. (dba NP Strategies)
	Health Plus Studio, Inc.	Social Impact Advising Group, LLC
	Jacqueline Tran Nakasone dba Jacqueline Tran	Social Policy Research Associates
	Katie Tran	Wallace Walrod

ROSTER OF QUALIFIED APPLICANTS
BY SUBJECT MATTER EXPERTISE

Attachment 1

Project Management	Andrews Bush & Associates LLC	Luis Alvarado Design, Inc.
	Anila A. Neumeister	Luisa Mari Soto
	Charitable Ventures	Margarita McCullough
	Cities & People Partners	Maria Guadalupe Gomez
	CM Consulting & Wellness, LLC	Mixte Communications
	Deborah McBee	MK Consulting Syndicate, Inc.
	Ehrenpreis Consulting, Inc.	Muckenthaler & Associates, Inc.
	Ersoylu Consulting	Napa County Office of Education, Research and Professional Development Center
	Friendly Fundraisers LLC	Parsons Consulting, Inc.
	Garrett Maxwell Agency LLC	Pitzer LLC
	Ginger Lee Global Consulting Group, LLC	Principle Strategic Advisors
	Health Management Associates, Inc.	Raygoza Consulting, LLC
	Health Plus Studio, Inc.	San Diego Strategy Group, LLC. (dba NP Strategies)
	Jacqueline Tran Nakasone dba Jacqueline Tran	Sharyn Konick
	Joan Lundbohm	Social Impact Advising Group, LLC
	Katie Tran	Susan Diaz
	Looking Ahead LLC	Venture Strategic

ROSTER OF QUALIFIED APPLICANTS
BY SUBJECT MATTER EXPERTISE

Strategic Communications	Mark Mendoza/ AdGyld	
Contract Compliance and Audit	Anila A. Neumeister ASM LLP Charitable Ventures Ginger Lee Global Consulting Group, LLC Health Plus Studio, Inc. KNL Support Services Luisa Mari Soto	MK Consulting Syndicate, Inc. Muckenthaler & Associates, Inc. Raygoza Consulting, LLC Sharyn Konick Sherry L Gilbey Talent Advisers
Organizational & Professional Development	Anila A. Neumeister Bureaucom LLC CEEQ, Center for Empathy and Emotional Intelligence, LLC Charitable Ventures Cities & People Partners CM Consulting & Wellness, LLC Curt Pringle & Associates Deborah McBee Friendly Fundraisers LLC Garrett Maxwell Agency LLC Ginger Lee Global Consulting Group, LLC Golden Hour Life Coaching LLC Health Management Associates, Inc. Health Plus Studio, Inc. Luisa Mari Soto	Maria Guadalupe Gomez MK Consulting Syndicate, Inc. Muckenthaler & Associates, Inc. Parsons Consulting, Inc. Pitzer LLC Principle Strategic Advisors Raygoza Consulting, LLC Reflective AF LLC San Diego Strategy Group, LLC. (dba NP Strategies) Sharyn Konick Social Impact Advising Group, LLC Talent Advisers The Relevant You, Inc. Venture Strategic
Language Translation	Alicia Ramirez Bureaucom LLC	Venture Strategic

FIRST 5 ORANGE COUNTY

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Agenda Item 3
February 4, 2026

DATE: January 5, 2026

TO: First 5 Orange County

FROM: Kimberly Goll, President/CEO

ACTION: Receive Report on First 5 Orange County Strategic Plan Process

SUMMARY:
California statute requires county Children and Families Commissions to review their strategic plans at least annually and make updates as appropriate. June of 2026 will conclude the most recent 5-year Strategic Plan for First 5 Orange County. This agenda item provides an update on the development of a new 5-year Strategic Plan and process for Board input and approval.

DISCUSSION:
First 5 Orange County staff have been working over the past several months on elements needed to create a new 5-year Strategic Plan. Rebecca Alvarez, a consultant with NP Strategies, is supporting this process which includes three phases: Discovery, Direction Setting, and Plan Development.

Between July and November 2025, we conducted the Discovery portion of plan development. We held 16 discovery sessions examining each of our current areas of focus and related Action Plans and reflecting on successes and challenges, asking:

- What was the intended value or purpose of the work?
- What has worked well?
- What hasn't worked as well as we'd like?
- What opportunities exist? How might we reimagine this work?

We also received input from First 5 OC consultants, who serve as subject matter experts, to gain insight into changing or emerging patterns that could shape our work over the next few years, sustainable funding opportunities and roles First 5 OC is well suited for.

In addition, Rebecca conducted one-on-one interviews with 20 external stakeholders who are systems thought leaders, community leaders, and government partners. We selected stakeholders to represent the range of sectors we work with and key areas of focus. Additionally, their familiarity with First 5 OC and our work allowed them to provide informed feedback about our strengths, where the community needs our support, and unique and strategic roles for First 5 OC to fill.

The interviews were informed by the reputational audit completed last year which elevated the need to develop clear and complete messages about our work and identified areas where we have an established reputation. While the individuals interviewed as part of the reputational audit were different than those interviewed as part of Strategic Plan Discovery, there was close alignment of themes about First 5 OC's expertise and important roles. One of the open-ended

questions explored in these interviews was, “What is First 5 Orange County best at?” Themes from this input indicate that we are known for:

- Early childhood expertise, and championing and providing guidance to focus on children 0-5 and their families.
- Being a convener and connector, in a unique position to bring different groups and agencies together, again, with a clear focus on supporting children ages 0-5.
- Ensuring that action occurs from convening efforts and allocating resources (often staff or consultant time) on work products or efforts that stem from collaborative discussions.
- A well-respected commitment to data (particularly the Early Development Index), with opportunities to strengthen our data strategies in the future.

Rebecca is now working with staff leadership to synthesize the Discovery findings, including constructive feedback. We will share more of what we learned with you as we move forward in the planning process.

The Direction Setting phase began in December 2025 and will continue through March 2026. Staff is meeting to begin setting priorities which must include consideration of the current landscape in which we operate, along with the unique roles that we fill in the county. These include declining First 5 OC revenue and an expectation of challenging policy and budget environments for the next several years. Other factors that will influence our Strategic Plan priorities include the need to leverage our data and funding to bring other resources into Orange County and identify long-term sustainable opportunities for continued impact. Finally, we must consider the importance of systems work, convening partners, and driving follow-up and countywide collective action.

During the Direction Setting phase we will work with the Board to develop priorities for our work. We will meet with Board members in groups of two or three in February and March to allow for more extensive discussion and interaction. Based on input and findings received through the first two phases, we will develop a draft plan for review and input at your April meeting. After this, and as part of the final Plan Development phase, we will hold two community forums to share the strategic vision and priorities identified, and to help with clarification and communication of the plan.

We anticipate presentation and adoption of a final Strategic Plan for 2026-27 through 2030-31 at the June Board meeting, followed by an in-person rollout to the community at our offices in late June.

STRATEGIC PLAN & FISCAL SUMMARY:
The recommended actions presented in this staff report have been reviewed and are consistent with the Strategic Plan. No funding action is requested.

PRIOR COMMISSION ACTIONS:

- June 2025 – Review First 5 Orange County’s Strategic Plan
- April 2025 – Receive Report on Plan for Updating First 5 Orange County’s Strategic Plan
- April 2025 – Confirm the Annual Long-Term Financial Plan Update
- June 2024 – Confirm Strategic Plan and Approve the Fiscal Year 2024-2025 Annual Operating Budget
- April 2021 – Approve Updated First 5 Orange County Strategic Plan

RECOMMENDED ACTION:
Receive report on First 5 Orange County Strategic Plan process.

ATTACHMENT:
None.

CONTACT: Lisa Burke

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Agenda Item 4
February 4, 2026

DATE: January 14, 2026

TO: First 5 Orange County

FROM: Kimberly Goll, President/CEO

ACTION: Receive and Confirm Update to the Annual Long-Term Financial Plan

SUMMARY:
First 5 Orange County developed the Long-Term Financial Plan as a tool to monitor the decline of Proposition 10 tobacco tax funding in relation to program sustainability. This item provides a progress update to the Board-approved Plan from the April 2024 meeting when substantive revisions were made.

DISCUSSION:
The purpose of the Long-Term Financial Plan is to provide a 10-year outlook of anticipated revenue and forecasted funding capacity. The Plan assists in considering options, and identifying potential problems or opportunities related to high-level financial planning. It serves as a framework for evaluating annual budget decisions and renewal planning, and does not designate funding for specific programs or projects.

The Plan is updated annually using guiding policies and practices which include:

- Fund balance is a minimum 25% of current-year operating budget;
- Administration is limited to 10% of operating budget;
- Fund balance is used to supplement declining revenue; and
- One-time allocations are not programmed back into the Financial Plan once the allocation is depleted.

Updated Financial Plan
Staff has updated the Plan by rolling forward the future year projections with the Fiscal Year 2024-2025 financial results and the Fiscal Year 2025-2026 Budget approved in June 2025. The Plan has been rolled forward with no structural or core assumption changes recommended at this time. The structure of the Plan focuses on planned reductions in overall spending to align with the anticipated decline in tobacco tax revenue. The table below includes the high-level planning scenario to estimate revenue, expenses, and fund balance over 10 years.

The most significant update is the incorporation of recent tobacco tax revenue projections released by First 5 California and based on the Department of Finance revenue projections and birth projections. The 5-year projections are lower than previous estimates. The plan has been adjusted with the new forecasted revenue, while years six through 10 assume a consistent 3% decline.

Beginning fund balance increased due to $3.7 million in interest revenue and $1.4 million in Intergovernmental Transfer (IGT) revenue. As a result of updating the beginning fund balance, the total expense targets have been adjusted following the increased reserve levels available.

The beginning fund balance for this fiscal year as reported on the financial statements was $73.5 million. The beginning balance used for the Financial Plan is $62.6 million, representing funds reserved for operating deficits in upcoming years. The remaining balance of $10.9 million not included on the working version of the Financial Plan is for one-time systems building programs. Of the one-time funds, $5.1 million has been allocated and contracted for Healthy Child Development and Dyadic Care.

Long-Term Financial Plan – Updated for February 2026 (in millions)										
Estimated	FY 25/26	FY 26/27	FY 27/28	FY 28/29	FY 29/30	FY 30/31	FY 31/32	FY 32/33	FY 33/34	FY 34/35
Beginning Fund Balance	**62.56**	**59.86**	**56.03**	**51.65**	**46.64**	**41.05**	**36.29**	**31.21**	**25.85**	**20.28**
Total Revenues	24.50	20.01	19.47	15.60	13.77	13.35	12.90	12.50	12.12	11.76
Total Expenses	27.20	23.84	23.85	20.61	19.36	18.12	17.97	17.87	17.69	17.54
Expenses over Revenue	-2.70	-3.83	-4.38	-5.00	-5.59	-4.77	-5.07	-5.37	-5.57	-5.79
Ending Fund Balance	**59.86**	**56.03**	**51.65**	**46.64**	**41.05**	**36.29**	**31.21**	**25.85**	**20.28**	**14.49**

Looking Ahead

The current budget (2025-2026) includes total expenses of $27.2 million which includes baseline funding of $20.6 million and additional program funding from other sources totaling $6.7 million. Baseline funding includes all tobacco tax-funded activities including program funding, evaluation, and administration. Additional program funding in this context includes grants and other program agreements that are funded by sources other than First 5 OC's tobacco tax allocations.

As budget planning has begun for Fiscal Year 2026-2027, the current baseline for all expenses is held level. The $20.6 million does not include programs funded by sources other than Prop 10 tobacco tax. Programs funded by other sources currently include CalWORKs Home Visiting (pending amendment will continue program through June 30, 2028), Black Infant Health, Black PEARL, and First 5 CA IMPACT. All program funding is approved by specific First 5 OC Board action. Budgeted amounts are based on prior Board action or reflect the relevant targets related to the Financial Plan.

The Financial Plan includes an estimate of how much expenses will exceed revenues in future years. Another way to state this is how much will be pulled from fund balance each year. The amounts provided are conservative as the estimates do not include all other outside revenue sources such as Intergovernmental Transfers.

STRATEGIC PLAN & FISCAL SUMMARY:

The fiscal reports and recommended actions presented in this staff report have been reviewed in relation to the Strategic Plan and are consistent with applicable goals and outcomes. No funding action is requested.

PRIOR COMMISSION ACTIONS:

- April 2025 – Receive and Confirm Update to the Annual Long-Term Financial Plan
- April 2024 – Receive and Confirm Update to the Annual Long-Term Financial Plan
- April 2023 – Confirm the Annual Long-Term Financial Plan Update and Approve the Release of $4 Million From the One-Time Systems Building Fund

RECOMMENDED ACTION:

Receive and confirm update to the annual Long-Term Financial Plan.

ATTACHMENT:

None.

CONTACT: Michael Garcell

FIRST 5 ORANGE COUNTY

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714-834-5310 first5oc.org

Agenda Item 5
February 4, 2026

DATE: January 26, 2026

TO: First 5 Orange County

FROM: Kimberly Goll, President/CEO

ACTION: Authorize Receipt of Funds and Adopt Resolutions Authorizing Amendment to Extend Agreement with the Orange County Social Services Agency and New Agreements with Designated Subcontractors for Participation in the CalWORKs Home Visiting Program

SUMMARY:
First 5 Orange County received notice of an amendment to extend the CalWORKs Home Visiting Services contract for an additional two-year term. The following agenda item seeks contracting authority for the continued implementation of CalWORKs Home Visiting Program services.

DISCUSSION:
Home visiting provides a critical resource to build protective factors, strengthen family resilience, and create nurturing environments for young children. First 5 OC is the county's largest funder of home visiting, bringing deep expertise across three evidence-based models (Nurse Family Partnership, Parents as Teachers, and Healthy Families America) and fostering strong partnerships with agencies that deliver tailored services to meet the diverse needs of families.

In August 2023, the Orange County Social Services Agency (SSA) issued a Request for Proposals (RFP) to identify subcontractors to implement the CalWORKs Home Visiting Program services. We responded to the RFP and were selected as the awardee for $8,000,000 for a term of two years starting July 1, 2024. The contract stipulated that at the end of the contract term, it may be renewed thereafter for a two-year term upon mutual agreement of both parties.

In September 2025, we received notice from SSA of an amendment to extend the CalWORKs Home Visiting Services contract for an additional two-year term. The annual funding amounts under this amendment are $3,250,000 for July 1, 2026, through June 30, 2027, and $3,250,000 for July 1, 2027, through June 30, 2028. This includes a reduction of approximately $1.5 million over two years, based on the funding allocation from the California Department of Social Services (CDSS), which will impact the program.

This amendment will leverage our existing subcontracted service providers and allow First 5 OC to receive referrals from SSA for CalWORKs eligible families. Our current subcontracted partners include Abrazar, All for Kids, Asian American Senior Citizens Service Center, OMID Multicultural Institute for Development, Orange County Children's Therapeutic Arts Center, and Priority Center. Funding provided through this amendment will allow us to continue to provide services to families who meet the following eligibility criteria: a CalWORKs recipient that is pregnant, or a parent or caretaker relative of a child less than 24 months of age; or a CalWORKs applicant determined apparently eligible by SSA.

The Home Visiting Program's duration is 24 months or until the child reaches 24 months of age – whichever is later – and will focus on prenatal, infant and toddler care, child nutrition, developmental screening and assessments, parent education, parent and child interaction, child development, parent's job readiness, and child care. First 5 OC and partnering subcontractors will continue to implement the Parents as Teachers and Healthy Families America evidence-based home visiting models to provide comprehensive home visiting services that support families through personal home visits, group connections, resource networks, and child developmental screenings with appropriate referrals and follow up.

Staff recommends entering into an amendment with SSA for a total of $6,500,000. Staff also recommends contracting with home visiting service providers to implement the program. Attachment 1 includes a brief description of the scope of work, maximum obligation, and term for each of the proposed subcontractors. Execution of the SSA agreement is contingent on Orange County Board of Supervisors approval, which is tentatively scheduled for their meeting on March 24, 2026.

STRATEGIC PLAN & FISCAL SUMMARY:
The recommended actions have been reviewed in relation to the Strategic Plan and are consistent with all goal areas and in alignment with our strategies. The funding to support the expansion of home visiting services will be added to the Fiscal Year 2025-2026 and 2026-2027 Budgets contingent on the funding award from the State Department of Social Services and approval of the Orange County Board of Supervisors.

PRIOR COMMISSION ACTIONS:
- April 2024 – Authorize Receipt of Funds and Adopt Resolutions Authorizing Agreements with the Orange County Social Services Agency and designated subcontractors for participation in the CalWORKs Home Visiting Program Services
- February 2021 – Adopt Resolution Authorizing Agreements with Selected Vendors to Provide CalWORKs Home Visiting Program Support
- December 2020 – Authorize staff to augment subcontractor agreements and contract with selected vendors to provide CalWORKs Home Visiting Program Support
- October 2020 – Authorize receipt of additional funding from and amend the agreement with the Orange County Social Services Agency
- June 2020 – Adopt resolution authorizing agreements for home visitation services for the CalWORKs Home Visitation Program

RECOMMEND ACTIONS:
1. Authorize First 5 Orange County to receive $6,500,000 over two years of CalWORKs Home Visiting Program funding from the Orange County Social Services Agency (SSA), and adopt resolution (Attachment 1) authorizing the President/CEO and Commission Counsel to negotiate and execute an amendment with SSA to implement the CalWORKs Home Visiting Program Services.
2. Adopt resolution (Attachment 3) authorizing the President/CEO, or designee, and Commission Counsel to prepare and negotiate agreements at the President/CEO's sole discretion, with designated organizations to provide services for the terms, in the amounts, and on the conditions as specified in Attachment 1.

ATTACHMENTS:
1. Orange County Social Services Agency Resolution
2. Subcontractor Term Sheet
3. Subcontractor Resolution

CONTACT: Sara Brown

CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY

RESOLUTION NO. ___-26-C&FC

February 4, 2026

A RESOLUTION OF THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY AUTHORIZING THE PRESIDENT/CEO TO EXECUTE AN AMENDMENT WITH THE ORANGE COUNTY SOCIAL SERVICES AGENCY TO IMPLEMENT CALWORKS HOME VISITING SERVICES; AND AUTHORIZING APPROVAL AND EXECUTION OF SUCH AGREEMENT ON BEHALF OF THE COMMISSION

WHEREAS, in order to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development, the legislature adopted legislation set forth in the California Children and Families Act of 1998, Health and Safety Code Section 130100, *et seq.* (as amended, the "Act") implementing the Children and Families First Initiative passed by the California electorate in November, 1998 and establishing the California Children and Families Commission and County Children and Families Commissions, including this Children and Families Commission of Orange County ("Commission"); and

WHEREAS, Commission adopted its Strategic Plan to define how funds authorized under the Act and allocated to the Commission should best be used to meet the critical needs of Orange County's children prenatal to five years of age as codified in the Act; and

WHEREAS, Commission previously entered into an agreement with the County of Orange Social Services Agency (hereinafter referred to as "Contractor") to provide CalWORKS Home Visiting Program Services (hereinafter referred to as the "Agreement");

WHEREAS, Commission desires to receive additional funding and to amend the agreement with Contractor to continue CalWORKS Home Visiting Program Services (hereinafter referred to as the "Amendment") for the terms and in the amounts as specified in the February 4, 2026 staff report, including attachments, for this Agenda Item (hereinafter referred to as the "Agenda Item"); and

WHEREAS, Commission desires to enter into the Amendment with Contractor in furtherance of the purposes of the Act and the Strategic Plan on the terms and conditions set forth in the Agreement; and

WHEREAS, Commission has reviewed the Agenda Item relating to the grant and hereby finds and determines that the proposed Amendment is in furtherance of and consistent with the Commission's Strategic Plan; and

WHEREAS, Commission desires to authorize the President/CEO, Commission Chair, and/or Commission Clerk, as may be required by the Contractor, to execute the Amendment with the Contractor in the amount and for the terms as specified in the Agenda Item;

NOW, THEREFORE, BE IT RESOLVED BY THE COMMISSIONERS OF THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY AS FOLLOWS:

Section 1 Commission finds and determines the foregoing Recitals are true and correct and are a substantive part of this Resolution.

Section 2 Commission authorizes the President/CEO, or designee, execute the Amendment with the Contractor to in the amounts and for the terms consistent with the Agenda Item.

Section 3 The Amendment will be on the form provided by the Contractor and shall be reviewed and approved by the President/CEO, or designee, and Commission Counsel. The approval by the President/CEO, or designee, of the Amendment shall be conclusively evidenced by the execution of such Amendment by the President/CEO or by the Commission Chair and delivery thereof to the Commission Clerk, as required by the Amendment.

Section 4 Commission hereby approves the Agreement with the Contractor in the amounts and for the terms as specified in the Agenda Item.

Section 5 The President/CEO and/or Commission Chair and the Clerk of the Commission are hereby authorized to execute and attest, respectively, the Amendment on behalf of the Commission.

Section 6 A copy of the Amendment when executed by the President/CEO and/or Commission Chair and attested by the Clerk of the Commission shall be appended hereto as a part of Exhibit A to this Resolution. Exhibit A is hereby fully incorporated as a part of this Resolution by this reference and made a part hereof. The final executed Amendment shall be placed on file in the office of the Clerk of the Commission.

Section 7 In addition to the authorization of Section 2 above, the President/CEO, or designee, is hereby authorized, on behalf of the Commission, (i) to sign all documents necessary and appropriate to carry out and implement the Agreement, including any Amendment(s); (ii) to cause the issuance of warrants; (iii) to administer the Commission's obligations, responsibilities, and duties to be performed under such Agreement and any Amendment(s); and (iv) during the term thereof to provide waivers, administrative interpretations, and minor modifications of the provisions of such Amendment(s) in the furtherance thereof.

Section 8 The Clerk of the Commission shall certify to the adoption of this Resolution.

The foregoing resolution was passed and adopted by the following vote of the Children and Families Commission of Orange County on February 4, 2026 to wit:

AYES Commissioners: _____

NOES Commissioner(s): _____

EXCUSED Commissioner(s): _____

ABSTAINED Commissioner(s):

_____
CHAIR

STATE OF CALIFORNIA)
)
COUNTY OF ORANGE)

I, ROBIN STIELER, Clerk of the Commission of Orange County, California, hereby certify that a copy of this document has been delivered to the Chair of the Commission and that the above and foregoing Resolution was duly and regularly adopted by the Children and Families Commission of Orange County.

IN WITNESS WHEREOF, I have hereto set my hand and seal.

_____
ROBIN STIELER
Clerk of the Commission, Children and Families Commission of Orange County, County of Orange, State of California

Resolution No: __-26-C&FC

Agenda Date: February 4, 2026

Item No.__

I certify that the foregoing is a true and correct copy of the Resolution adopted by the

ROBIN STIELER, Clerk of the Commission

By:_____
Deputy

EXHIBIT A TO RESOLUTION OF COMMISSION

(Attach copy(ies) of final executed Amendment)

Home Visiting Services				
Organization	**Contract Number**	**Term**	**Total Maximum Obligation**	**Scope of Work**
All For Kids Organization	FCI-HVP-11	7/1/26-6/30/28	$1,500,000	Provide a comprehensive range of evidence-based home visiting services, including outreach to target populations, family support and case management, coordination with other providers and referrals, and required reporting for CalWORKs participants.
The Priority Center, Ending the Generational Cycle of Trauma Inc.	FCI-HVP-12	7/1/26-6/30/28	$1,417,214	Provide a comprehensive range of evidence-based home visiting services, including outreach to target populations, family support and case management, coordination with other providers and referrals, and required reporting for CalWORKs participants.
Abrazar, Inc	FCI-HVP-13	7/1/26-6/30/28	$1,188,000	Provide a comprehensive range of evidence-based home visiting services, including outreach to target populations, family support and case management, coordination with other providers and referrals, and required reporting for CalWORKs participants.
Asian American Senior Citizens Service Center Inc	FCI-HVP-14	7/1/26-6/30/28	$820,001	Provide a comprehensive range of evidence-based home visiting services, including outreach to target populations, family support and case management, coordination with other providers and referrals, and required reporting for CalWORKs participants.
OMID (Omid Multicultural Institute for Development)	FCI-HVP-15	7/1/26-6/30/28	$419,999	Provide a comprehensive range of evidence-based home visiting services, including outreach to target populations, family support and case management, coordination with other providers and referrals, and required reporting for CalWORKs participants.
Orange County Children's Therapeutic Arts Center	FCI-HVP-16	7/1/26-6/30/28	$640,001	Provide a comprehensive range of evidence-based home visiting services, including outreach to target populations, family support and case management, coordination with other providers and referrals, and required reporting for CalWORKs participants.
TOTAL			$5,985,215	

*Note: First 5 Orange County will receive $514,785 for administration oversight

CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY

RESOLUTION NO. ___-26-C&FC

February 4, 2026

A RESOLUTION OF THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY AUTHORIZING THE PRESIDENT/CEO AND COMMISSION COUNSEL TO PREPARE AND NEGOTIATE AGREEMENTS, AT THE PRESIDENT/CEO'S SOLE DISCRETION, WITH DESIGNATED ORGANIZATIONS FOR CALWORKS HOME VISITING SUPPORT SERVICES; AND, AUTHORIZING APPROVAL AND EXECUTION OF SUCH AGREEMENTS ON BEHALF OF THE COMMISSION

WHEREAS, in order to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development, the legislature adopted legislation set forth in the California Children and Families Act of 1998, Health and Safety Code Section 130100, *et seq.* (as amended, the "Act") implementing the Children and Families First Initiative passed by the California electorate in November, 1998 and establishing the California Children and Families Commission and County Children and Families Commissions, including this Children and Families Commission of Orange County ("Commission"); and

WHEREAS, Commission adopted its Strategic Plan to define how funds authorized under the Act and allocated to the Commission should best be used to meet the critical needs of Orange County's children prenatal to five years of age as codified in the Act; and

WHEREAS, the Commission has authorized the President/CEO to enter into Agreements for CalWORKS Home Visiting support services (hereinafter collectively referred to as the "Agreements"), at the President/CEO's sole discretion, with various organizations (hereinafter referred to as the "Contractors") for the terms, in the amounts, and on the conditions as described in in the staff report, and any attachments, for this February 4, 2026 Agenda Item (hereinafter referred to as the "Agenda Item");

WHEREAS, each Contractor desires to enter into its respective Agreement, if authorized by the President/CEO, in furtherance of the purposes of the Act and the Strategic Plan on the terms and conditions set forth in the Agreement; and

WHEREAS, Commission has reviewed the Agenda Item relating to the scopes of services to be provided and hereby finds and determines that the proposed Agreements are in furtherance of and consistent with the Commission's Strategic Plan; and

WHEREAS, Commission desires to authorize the Commission Chair and Commission Clerk to execute the Agreements with each of the Contractors for the terms, in the amounts, and on the conditions as specified in the Agenda Item.

NOW, THEREFORE, BE IT RESOLVED BY THE COMMISSIONERS OF THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY AS FOLLOWS:

Section 1 Commission finds and determines the foregoing Recitals are true and correct and are a substantive part of this Resolution.

Section 2 Commission authorizes the President/CEO, or designee, and Commission Counsel to prepare and negotiate the Agreements with each of the Contractors for the terms, in the amounts, and on the conditions consistent with the Agenda Item; and

Section 3 The form of any Agreements shall be substantially similar to the standard form agreements, subject to minor, non-substantive revisions, or as otherwise required to comply with external funding sources, and will be reviewed and approved by the President/CEO, or designee, and Commission Counsel. The approval by the President/CEO, or designee, of the Agreements shall be conclusively evidenced by the execution of such Agreements by the Commission Chair and delivery thereof to the Commission Clerk.

Section 4 Commission hereby approves the Agreements, which will be authorized at the President/CEO's sole discretion, with each of the Contractors for the terms, in the amounts, and on the conditions as specified in the Agenda Item.

Section 5 The Commission Chair and the Clerk of the Commission are hereby authorized to execute and attest, respectively, the Agreements on behalf of the Commission.

Section 6 A copy of each final Agreement, when executed by the Commission Chair and attested by the Clerk of the Commission, shall be appended hereto as a part of Exhibit A to this Resolution. Exhibit A is hereby fully incorporated as a part of this Resolution by this reference and made a part hereof. Each final executed Agreement shall be placed on file in the office of the Clerk of the Commission.

Section 7 In addition to the authorization of Section 2 above, the President/CEO, or designee, is hereby authorized, on behalf of the Commission, (i) to sign all documents necessary and appropriate to carry out and implement the Agreement(s), including any Amendment(s); (ii) to cause the issuance of warrants; (iii) to administer the Commission's obligations, responsibilities, and duties to be performed under such agreement(s); and (iv) during the term thereof to provide waivers, administrative interpretations, and minor modifications of the provisions of such agreement(s) in the furtherance thereof.

Section 8 The Clerk of the Commission shall certify to the adoption of this Resolution.

The foregoing resolution was passed and adopted by the following vote of the Children and Families Commission of Orange County on February 4, 2026 to wit:

AYES Commissioners: _____

NOES: Commissioner(s): _____

EXCUSED: Commissioner(s): _____

ABSTAINED: Commissioner(s) _____

_____
CHAIR

STATE OF CALIFORNIA)
)
COUNTY OF ORANGE)

I, ROBIN STIELER, Clerk of the Commission of Orange County, California, hereby certify that a copy of this document has been delivered to the Chair of the Commission and that the above and foregoing Resolution was duly and regularly adopted by the Children and Families Commission of Orange County.

IN WITNESS WHEREOF, I have hereto set my hand and seal.

_____
ROBIN STIELER
Clerk of the Commission, Children and Families Commission of Orange County, County of Orange, State of California

Resolution No: __-26-C&FC

Agenda Date: February 4, 2026

Item No.__

I certify that the foregoing is a true and correct copy of the Resolution adopted by the

Robin Stieler, Clerk of the Commission

By:_____
Deputy

EXHIBIT A TO RESOLUTION OF COMMISSION

(Attach copy(ies) of final executed Agreements)

1505 E. 17th Street, Suite 230
Santa Ana, CA 92705
714-834-5310 first5oc.org

Agenda Item 6
February 4, 2026

DATE: January 14, 2026

TO: First 5 Orange County

FROM: Kimberly Goll, President/CEO

ACTION: Adopt Resolution Authorizing an Amendment to Agreement with Community for Innovation, Entrepreneurship, Leadership and Opportunity (CIELO) to Increase Funds for Stipends to Family Child Care Business Incubator Participants

SUMMARY:
First 5 Orange County is increasing quality infant and toddler child care by building the capacity of child care providers through a business incubator program. This item requests additional funding for stipends for participants who complete the program.

DISCUSSION:
First 5 Orange County implements the child care business incubator program in partnership with CIELO, Orange County Association for the Education of Young Children (OCAEYC), and the Small Business Development Center's (SBDC) Women's Business Center. The program, which includes eight weeks of business and child care training sessions, is currently in the third year of implementation. Participants in the program have access to the following support:

- A business coach from SBDC
- A peer guide from the OCAEYC
- Licensing support from Community Care Licensing, First 5 OC staff, and consultants
- Program navigation from CIELO staff
- Support for professional growth and quality improvement, through enrollment in Quality Start OC
- Resources for families in their care including from Orange County Department of Education, Children's Home Society, Regional Center of Orange County, Think Together, Start Well, Help Me Grow, Family Child Care Leadership Group, and local school districts

First 5 OC provides stipends to program participants who complete the training, and apply for and receive their child care license. These stipends are administered by CIELO. Since launching in 2023, the program has seen the successful opening of 87 new Family Child Care businesses resulting in at least 522 new child care slots, with 261 specifically for infants and toddlers (as of January 1, 2026).

In June 2025, the Board allocated funding to continue the business incubator program including stipends in the amount of $250,000 for two years (2025-26 and 2026-27). At the same time, the Board approved changes to the stipend structure to prioritize funds for more motivated future providers by requiring submission of an application for a child care license before receiving stipend 1 and receipt of license for stipend 2.

In addition to these changes, the program has experienced significant growth, driven by the Orange County Business Council's Job First initiative and First 5 OC's updated Child Care Landscape Analysis. These efforts have brought greater attention to the child care industry. Building on this increased awareness, partnerships with the Iranian American Chamber of Commerce and Give Us Hope, a Vietnamese-serving community organization, have provided a pipeline of more committed participants into the child care business program.

As a result of these changes, more applicants are applying for and obtaining their child care licenses than originally projected and we will expend our stipend allocation at a greater rate than anticipated. Previous cohorts had approximately 35% success rate in receiving their child care license, whereas now we are anticipating a 60% completion rate. This results in the need to increase funds for the additional cohorts planned for 2025-26 and 2026-27.

To cover remaining stipends for previous Cohorts 1 through 6 and fully fund stipends for planned cohorts for 2025-26 and 2026-27, staff recommends adding $110,000 to Agreement No. PS-346 with CIELO to administer stipends to participants in the business incubator program.

STRATEGIC PLAN & FISCAL SUMMARY:
The proposed action has been reviewed in relation to First 5 Orange County's Strategic Plan and is consistent with its goals. Funding for the proposed action will be included in the Fiscal Year 2025-2026 and 2026-2027 Budgets.

PRIOR COMMISSION ACTIONS:
- June 2025 – Agreement No. PS-346 with CIELO to Administer Stipends to Family Child Care Business Incubator Participants
- June 2024 – Authorized Agreement No. FCI-CC-02 with CIELO to administer stipend program to participants who complete the described coursework as well as receive a family child care license.
- April 2023 – Authorized Agreement No. FCI-CC-01 with CIELO to administer stipend program to participants who complete the described coursework as well as receive a family child care license.

RECOMMEND ACTION:
Adopt resolution (Attachment 1) authorizing an amendment to Agreement No. PS-346 with Community for Innovation, Entrepreneurship, Leadership and Opportunity (CIELO) to administer stipends to Family Child Care Business Incubator participants for the term of July 1, 2025 through June 30, 2027 adding $110,000 for a total maximum obligation of $360,000.

ATTACHMENT:
1. Resolution

CONTACT: Cristina Blevins

CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY

RESOLUTION NO. ___-26-C&FC

February 4, 2026

A RESOLUTION OF THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY AUTHORIZING THE PRESIDENT/CEO AND COMMISSION COUNSEL TO PREPARE AND NEGOTIATE AN AMENDMENT TO AGREEMENT NO. PS-346, AT THE PRESIDENT/CEO'S SOLE DISCRETION, WITH COMMUNITY FOR INNOVATION, ENTREPRENEURSHIP, LEADERSHIP, AND OPPORTUNITIES (CIELO) TO ADMINISTER STIPENDS FOR FAMILY CHILD CARE BUSINESS INCUBATOR PARTICIPANTS; AND, AUTHORIZING APPROVAL AND EXECUTION OF SUCH AMENDMENT ON BEHALF OF THE COMMISSION

WHEREAS, in order to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development, the legislature adopted legislation set forth in the California Children and Families Act of 1998, Health and Safety Code Section 130100, *et seq.* (as amended, the "Act") implementing the Children and Families First Initiative passed by the California electorate in November, 1998 and establishing the California Children and Families Commission and County Children and Families Commissions, including this Children and Families Commission of Orange County ("Commission"); and

WHEREAS, Commission adopted its Strategic Plan to define how funds authorized under the Act and allocated to the Commission should best be used to meet the critical needs of Orange County's children prenatal to five years of age as codified in the Act; and

WHEREAS, the Commission previously entered into Agreement No. PS-346 (hereinafter referred to as the "Agreement") with Community for Innovation, Entrepreneurship, Leadership and Opportunities (CIELO) (hereinafter referred to as the "Contractor"), to administer stipends for Family Child Care Business Incubator participants; and

WHEREAS, the Commission has authorized the President/CEO to amend the Agreement, at the President/CEO's sole discretion, for the terms, in the amounts, and on the conditions as described in in the staff report, and applicable attachments, for this February 4, 2026 Agenda Item (hereinafter referred to as the "Agenda Item"); and

WHEREAS, the Contractor desires to amend the Agreement, if authorized by the President/CEO, in furtherance of the purposes of the Act and the Strategic Plan on the terms and conditions set forth in the amendment (hereinafter referred to as the "Amendment"); and

WHEREAS, Commission has reviewed the Agenda Item relating to the scopes of services to be provided and hereby finds and determines that the proposed Amendment is in furtherance of and consistent with the Commission's Strategic Plan; and

WHEREAS, Commission desires to authorize the Commission Chair and Commission Clerk to execute the Amendment with the Contractor for the terms, in the amounts, and on the conditions as specified in the Agenda Item.

NOW, THEREFORE, BE IT RESOLVED BY THE COMMISSIONERS OF THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY AS FOLLOWS:

Section 1 Commission finds and determines the foregoing Recitals are true and correct and are a substantive part of this Resolution.

Section 2 Commission authorizes the President/CEO, or designee, and Commission Counsel to prepare and negotiate the Amendment with the Contractor for the terms, in the amounts, and on the conditions consistent with the Agenda Item; and

Section 3 The form of the Amendment shall be substantially similar to the standard form agreements, subject to minor, non-substantive revisions, or as otherwise required to comply with external funding sources, and will be reviewed and approved by the President/CEO, or designee, and Commission Counsel. The approval by the President/CEO, or designee, of the Amendment shall be conclusively evidenced by the execution of such Amendment by the Commission Chair and delivery thereof to the Commission Clerk.

Section 4 Commission hereby approves the Amendment, which will be authorized at the President/CEO's sole discretion, with the Contractor for the terms, in the amounts, and on the conditions as specified in the Agenda Item.

Section 5 The Commission Chair and the Clerk of the Commission are hereby authorized to execute and attest, respectively, the Amendment on behalf of the Commission.

Section 6 A copy of the final Amendment, when executed by the Commission Chair and attested by the Clerk of the Commission, shall be appended hereto as a part of Exhibit A to this Resolution. Exhibit A is hereby fully incorporated as a part of this Resolution by this reference and made a part hereof. The final executed Amendment shall be placed on file in the office of the Clerk of the Commission.

Section 7 In addition to the authorization of Section 2 above, the President/CEO, or designee, is hereby authorized, on behalf of the Commission, (i) to sign all documents necessary and appropriate to carry out and implement the Agreement(s), including any Amendment(s); (ii) to cause the issuance of warrants; (iii) to administer the Commission's obligations, responsibilities, and duties to be performed under such agreement(s); and (iv) during the term thereof to provide waivers, administrative interpretations, and minor modifications of the provisions of such agreement(s) in the furtherance thereof.

Section 8 The Clerk of the Commission shall certify to the adoption of this Resolution.

The foregoing resolution was passed and adopted by the following vote of the Children and Families Commission of Orange County on February 4, 2026 to wit:

AYES Commissioners: _____

NOES: Commissioner(s): _____

EXCUSED: Commissioner(s): _____

ABSTAINED: Commissioner(s) _____

_____
CHAIR

STATE OF CALIFORNIA)
)
COUNTY OF ORANGE)

I, ROBIN STIELER, Clerk of the Commission of Orange County, California, hereby certify that a copy of this document has been delivered to the Chair of the Commission and that the above and foregoing Resolution was duly and regularly adopted by the Children and Families Commission of Orange County.

IN WITNESS WHEREOF, I have hereto set my hand and seal.

_____
ROBIN STIELER
Clerk of the Commission, Children and Families Commission of Orange County, County of Orange, State of California

Resolution No: __-26-C&FC

Agenda Date: February 4, 2026

Item No.__

I certify that the foregoing is a true and correct copy of the Resolution adopted by the

Robin Stieler, Clerk of the Commission

By:_____
Deputy

EXHIBIT A TO RESOLUTION OF COMMISSION

(Attach copy(ies) of final executed Agreements)

#6

Households With 2 Kids Need to Earn Average of $402,708 to Comfortably Afford Child Care

Written by Alaya Linton

+ 1 More

Published Jan 20, 2026

Child care has long been one of the most significant expenses for families — and LendingTree research shows just how out of reach it has become.

Under federal guidelines, child care is considered affordable when it accounts for no more than 7% of household income. With average annual costs for care of an infant and a 4-year-old reaching $28,190, a family would need to earn $402,708 a year to stay within that benchmark. However, typical two-child households earn just $145,656, falling far short of what affordability standards suggest.

Key findings

- **Families don't make enough on average to afford child care for two children, according to government benchmarks.** The average annual cost of child care for an infant and a 4-year-

old across the U.S. is $28,190. For a household to spend only 7% of its income on child care (based on an affordability threshold set by the U.S. Department of Health and Human Services), it would need to earn an average of $402,708 a year. That's 176.5% higher than the average income among households with two kids of $145,656.

- **By race, American Indian and Black families are furthest from earning the incomes needed for affordable child care.** American Indian households with two kids earn an average of $94,094, while Black families earn $98,019, meaning they'd need to earn at least 328.0% and 310.8% more, respectively, to meet the affordability benchmark.

- **In 20 states, the incomes needed for affordable child care are at least triple the average income among households with two kids.** In Hawaii, child care costs an average of $38,107 for an infant and a 4-year-old. Families would need to earn $544,386 to spend 7% of their income on child care — 269.7% more than the average income of $147,249 among households with two kids in that state. Nebraska (263.0%) and Montana (257.8%) follow close behind.

- **South Dakota families come closest to comfortably affording child care, but the average income there is still well below recommendations.** In South Dakota, average annual child care costs are $16,702. To meet government thresholds, families would need to earn $238,600— 95.4% more than the average income of $122,100. Mississippi and Alabama follow, both at 109.5%.

Households with 2 kids need to earn average of $402,708 to afford child care

Child care is a major financial pressure for today's families — and for most households with young children, it's nowhere near affordable by federal standards. Across the U.S., the average annual cost of care for an infant and a 4-year-old is $28,190, according to Child Care Aware of America.

The U.S. Department of Health and Human Services (HHS) considers child care affordable when it accounts for no more than 7% of a household's income. But to keep costs at that level, a family with two kids would need to earn a staggering $402,708 a year.

That income target is far beyond the earnings of a typical household. Families with two children earn

an average of $145,656, meaning they fall short of what's needed to meet the affordability benchmark, which is 176.5% higher. Even many middle- and upper-middle-income households end up spending far more than the recommended share of their income on child care.

National average cost of child care for 2 children vs. average household income

Average annual cost of child care for an infant and a 4-year-old	$28,190
Average annual income needed to meet the 7% affordability threshold	$402,708
Average income of households with two kids	$145,656

Source: LendingTree analysis of U.S. Census Bureau and Child Care Aware of America data.

"Most parents could tell you that child care costs are astronomical these days and can cause a major financial burden, even for high-income families," says Matt Schulz, LendingTree chief consumer finance analyst and author of "Ask Questions, Save Money, Make More: How to Take Control of Your Financial Life."

Devoting such an outsized portion of household income means there's less available for saving, paying off debt, investing and meeting other financial needs. "The unfortunate reality is that these costs are so high that they're forcing families to make major sacrifices to handle them. That's not how it should be," Schulz says.

American Indian, Black families earn least for affordable child care

The financial strain of child care isn't felt equally. By race, American Indian and Black households face the largest gaps between what they earn and what's required to meet federal affordability guidelines.

American Indian households with two children earn an average of $94,094 per year, while Black families earn about $98,019. To comfortably afford care for an infant and a 4-year-old at the 7% threshold, these families would need to earn 328.0% and 310.8% more, respectively.

Biggest discrepancies between average incomes, amount needed to afford child care (by race)

Race	Avg. income, households with 2 kids	% difference between avg. income and the $402,708 needed to afford child care
American Indian alone	$94,094	328.0%
Black or African American alone	$98,019	310.8%
Some other race alone	$98,891	307.2%
American Indian and Alaska Native tribes specified; or American Indian or Alaska Native, not specified and no other races	$105,704	281.0%
Alaska Native alone	$106,442	278.3%
Native Hawaiian and other Pacific Islander alone	$106,797	277.1%
2 or more races	$135,515	197.2%
White alone	$162,885	147.2%
Asian alone	$206,883	94.7%

Source: LendingTree analysis of U.S. Census Bureau and Child Care Aware of America data.

"The fact that no group is even remotely near meeting these affordability thresholds tells you an awful lot about the cost of child care -- and a lot about these government benchmarks, which clearly need to adjust to the realities of today's child care costs," Schulz says.

> The fact that no group is even remotely near meeting these affordability thresholds tells you an awful lot about the cost of child care — and a lot about these government benchmarks, which clearly need to adjust to the realities of today's child care costs."

Matt Schulz

LendingTree chief consumer finance analyst

The data also underscores the monumental financial burden faced by lower-income households and families of color, Schulz adds. Historical and systemic factors have kept average earnings lower for some racial groups, forcing many parents to devote a far larger share of their income to child care.

Racial wealth gaps persist despite overall wealth increases

Even as overall wealth has increased across all racial groups in recent years, income and wealth gaps remain significant — and in some cases have grown. For example, between 2019 and 2022, Black wealth increased by 60%, yet the wealth gap between median white and median Black households widened by $49,950 — for a total difference of $240,120, according to the Federal Reserve's most recent Survey of Consumer Finances. Much of the wealth growth among white households was driven by salary and investment gains, while Black households experienced growth in home and business equity rather than in liquid assets.

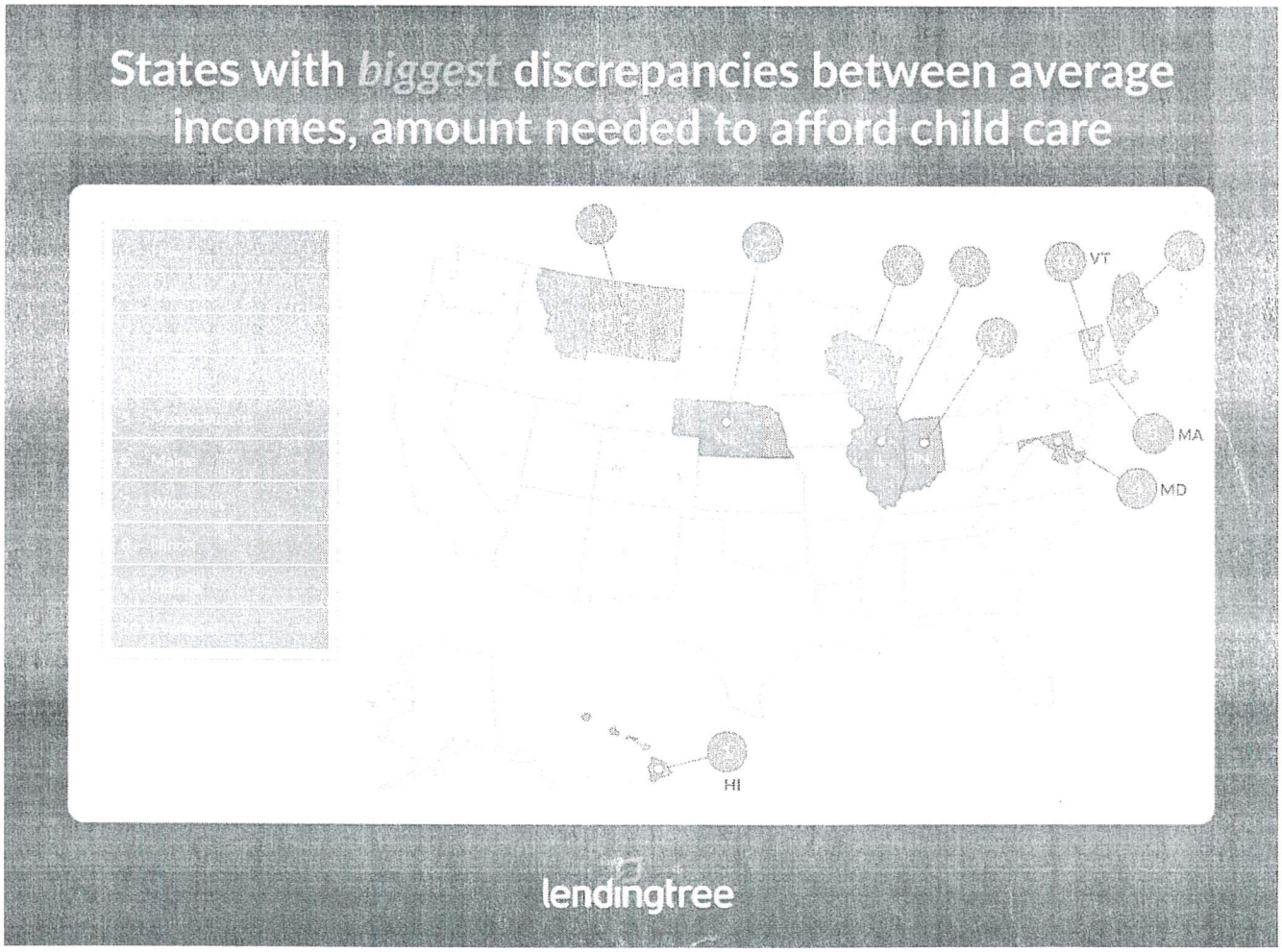
While all racial groups fall short of the income needed to meet the 7% affordability threshold, Asian households come the closest to meeting it. With an average income of $206,883 for families with two children, they would need to earn 94.7% more to reach the $402,708 benchmark. White families follow, with an average two-child household income of $162,885; they need 147.2% more income to

comfortably afford care.

Incomes needed are at least triple average incomes in 20 states

The income gap widens even further at the state level. In 20 states, the income required to meet the federal 7% threshold is at least three times the national average for households with two children.

Hawaii has the widest gap: Families pay an average of $38,107 annually for an infant and a 4-year-old, so to keep child care expenses within 7% of income, a household would need to earn $544,386. That's 269.7% more than Hawaii's average two-child household income of $147,249. Nebraska (263.0%) and Montana (257.8%) have similar gaps, illustrating how families across many regions face financial pressure to cover child care costs.



In Hawaii, high child care costs — and the wide gap in what families can afford — reflect the state's

notoriously high cost of living. The state's cost-of-living index is 179.7 (with 100 indicating average affordability), according to the most recent data from the Missouri Economic Research and Information Center. Montana isn't as extreme, but its cost of living is still above average — 109.8.

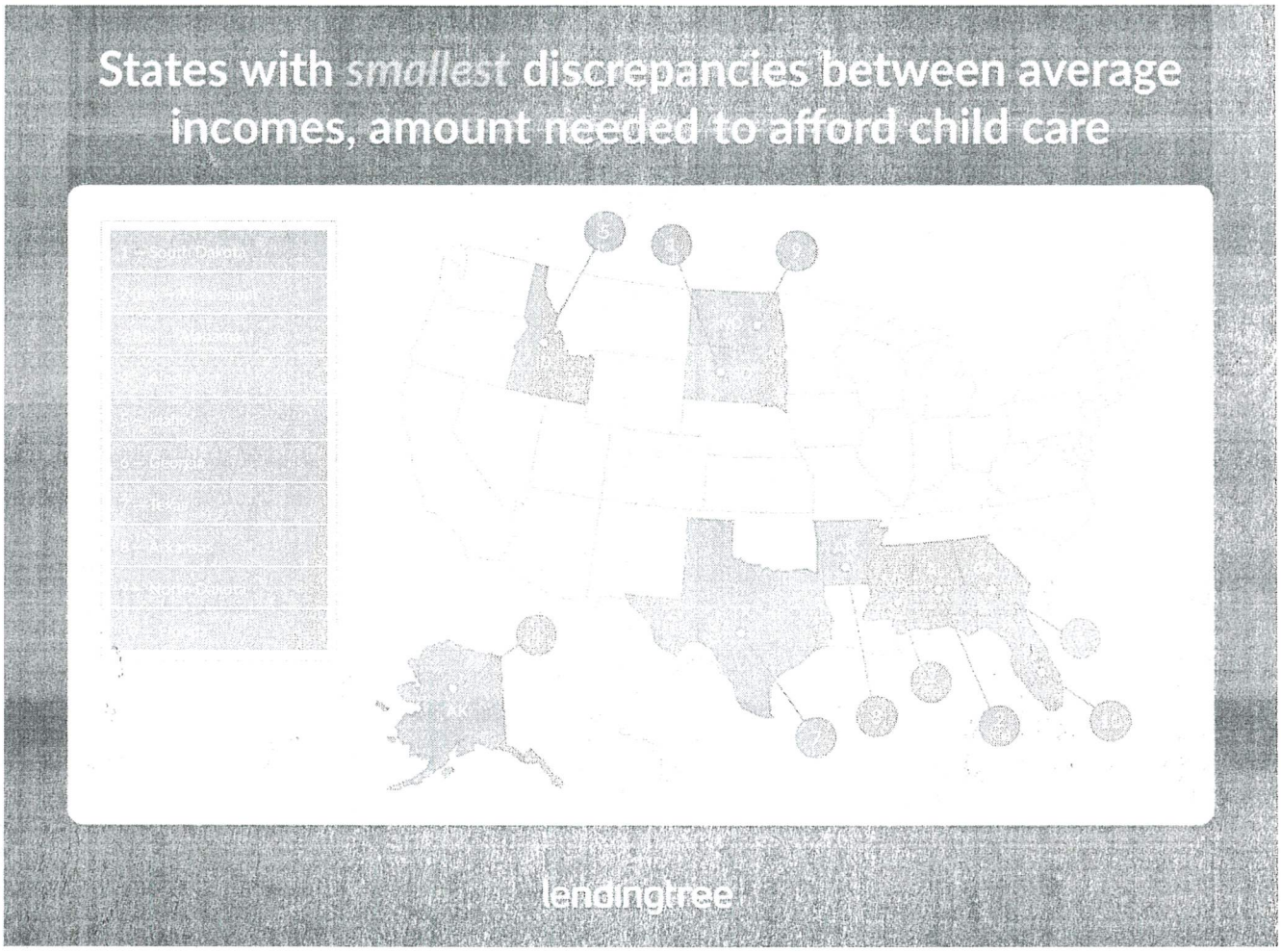
Nebraska is more of an outlier. Despite having the 13th-lowest cost-of-living index (91.6), infant child care costs exceed the average rent there, and only 14% of families meet HHS affordability guidelines, according to the Economic Policy Institute.

"With numbers like these, it's easy to see why birth rates are falling. Many Americans are saying that having kids doesn't make financial sense," Schulz says. "It's going to require concerted effort on the part of our political and business leaders to change the state of child care costs here in our country, but that change isn't coming anytime soon."

South Dakota families come closest to affording child care

While most families struggle to afford child care, households in some states are closer to meeting federal affordability guidelines. South Dakota leads the way, with average annual child care costs of $16,702 for an infant and a 4-year-old. To keep spending within 7% of income, families would need to earn $238,600, which is 95.4% more than the state's average two-child household income of $122,100.

Other states with comparatively smaller gaps include Mississippi and Alabama, where families would need to earn 109.5% more than the average income to meet the 7% benchmark.



South Dakota's smaller gap can be attributed to its overall affordability, with a recent cost-of-living index of 91.8, the 14th-lowest nationally. Similarly, Mississippi and Alabama also rank among the most affordable states. Mississippi has the second-lowest cost of living (85.5), and Alabama follows with the third-lowest (87.9). Even in these lower-cost states, child care remains a major financial commitment, highlighting that affordability is a nationwide challenge.

"There are places where the gap doesn't look quite as impossible to overcome as it does in other states, but the numbers are daunting everywhere," Schulz says.

Full rankings: States with biggest/smallest discrepancies between average incomes, amount needed to afford child care

Search:

Rank	State	Avg. child care costs, infant, 4-year-old	Income needed to comfortably afford child care	Avg. income, households with 2 kids	% difference
11	Rhode Island	$34,698	$495,686	$147,064	237.1%
12	Oregon	$32,760	$468,000	$140,124	234.0%
13	California	$39,293	$561,329	$171,424	227.5%
14	Minnesota	$36,154	$516,486	$158,240	226.4%
15	New York	$37,782	$539,743	$169,968	217.6%
16	Delaware	$29,835	$426,214	$135,610	214.3%
17	Colorado	$35,778	$511,114	$166,470	207.0%
18	Wyoming	$24,013	$343,043	$112,156	205.9%
19	Washington	$38,256	$546,514	$179,628	204.2%
20	Kentucky	$23,452	$335,029	$111,675	200.0%

‹ 1 2 3 4 5 ›

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Search:

Rank	State	Avg. child care costs, infant, 4-year-old	Income needed to comfortably afford child care	Avg. income, households with 2 kids	% difference
1	Hawaii	$38,107	$544,386	$147,249	269.7%
2	Nebraska	$33,885	$484,071	$133,357	263.0%
3	Montana	$29,380	$419,714	$117,314	257.8%
4	Maryland	$40,922	$584,600	$168,047	247.9%
5	Massachusetts	$47,012	$671,600	$193,671	246.8%
6	Maine	$29,874	$426,771	$124,131	243.8%
7	Wisconsin	$33,002	$471,457	$138,512	240.4%
8	Illinois	$37,045	$529,214	$155,500	240.3%
9	Indiana	$29,009	$414,414	$122,372	238.7%
10	Vermont	$34,587	$494,100	$145,914	238.6%

‹ 1 2 3 4 5 ›

Source: LendingTree analysis of U.S. Census Bureau and Child Care Aware of America data. Note: New Mexico was excluded due to a lack of available child care cost data.

Affording child care: Top expert tips

Child care costs can feel overwhelming, but families may have more tools and strategies available to them to ease that burden than they might realize. While no single solution eliminates the expense entirely, combining multiple approaches can help reduce the financial toll significantly.

- **Leverage employer benefits you may be overlooking.** "Ask your employer about child-care-related benefits they might offer," Schulz advises. "For example, a dependent care flexible spending account can help by allowing you to set aside pretax dollars to pay for eligible child care services."

- **Explore federal, state and local assistance programs.** You may be eligible for initiatives such as free universal pre-K or subsidized child care programs, as well as the Child and Dependent Care Tax Credit. Additionally, many states offer sliding-scale subsidies, hardship grants or early-education vouchers. Because eligibility rules vary by location and income, it's worth checking at all three levels — federal, state and local.

- **Compare alternative care arrangements.** Nanny shares, co-ops, part-time preschool slots or mixing informal care (like trusted relatives) with licensed child care can significantly lower out-of-pocket costs. While these options require more coordination, they can offer similar stability and educational benefits as traditional centers. "If you're fortunate enough to have trusted family and friends who can help, let them," Schulz says. "If not, consider leaning on organizations in your area that provide services to help struggling parents. Googling 'child care assistance in my area' can be a great place to start."

- **Adjust schedules to reduce total hours in care.** When possible, parents or caregivers with flexible or remote work options can stagger work hours, compress schedules or swap coverage to cut the number of paid care hours needed each week. Even reducing care by a day or two each week can save thousands per year.

- **Ask about payment flexibility, sibling discounts or sliding-scale fees.** Some providers are open to negotiating payment terms or offering discounts if you have more than one child. Others may use income-based "sliding-scale" fees, financial aid, scholarships or flexible payment schedules to ease cash flow.

Schulz also suggests shopping around for child care options. "In most areas, there can be significant differences in cost from one child care provider to another," he says.

Methodology

To identify the states where families would need the greatest increase in earnings to comfortably afford child care, LendingTree researchers compared the average cost of child care in each state with the average income of households with two children. Our analysis estimates the income required to afford full-time, center-based care for an infant and a 4-year-old, based on the 7% affordability threshold from the U.S. Department of Health and Human Services (HHS).

Family income data comes from the U.S. Census Bureau 2023 American Community Survey microdata with one-year estimates. The 2024 child care cost data comes from Child Care Aware of America.

New Mexico was excluded due to a lack of available child care cost data.

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March 13, 2025 →

FIRST 5 ORANGE COUNTY

1505 E. 17th Street, Suite 230
Santa Ana, CA 92705
714-834-5310 first5oc.org

Agenda Item 7
February 4, 2026

DATE: January 15, 2026

TO: First 5 Orange County

FROM: Kimberly Goll, President/CEO

ACTION: Adopt Resolution Authorizing Agreement with Full Circle Health Network for Community Health Worker, Enhanced Care Management, and Community Supports Services

SUMMARY:
In January 2025, we began discussions with Kaiser Permanente about First 5 Orange County serving as a hub provider of Community Health Worker, Enhanced Care Management, and Community Supports services for the prenatal to age 5 population of Kaiser's Medi-Cal members. This agenda item seeks authority to enter into a contract with Kaiser Permanente's subcontractor, Full Circle Health Network, for First 5 OC delivery of CalAIM services.

DISCUSSION:
The Department of Health Care Services added Community Health Worker (CHW), Enhanced Care Management (ECM), and Community Supports (CS) services as Medi-Cal benefits beginning July 1, 2022 as part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative. First 5 OC is committed to supporting these CalAIM services which are integral to the Prenatal to Three system of care. Our goal is to improve health outcomes for families by efficiently linking them to Medi-Cal benefits that increase access to care, reduce health disparities, positively impact social determinants of health, and effectively navigate social service systems.

We currently function as a CHW provider hub for CalOptima Health, serving prenatal and postnatal families. In this role, we receive referrals, conduct outreach and engagement, and provide support to close gaps in care and reduce fragmentation of service. The services are provided through our prenatal cohort classes and postnatal developmental playgroups. Additionally, our Perinatal CHW conducts follow-up outreach to families that were referred to home visiting programs but did not initially uptake services. We provide administrative oversight and bill CalOptima Health for eligible services provided to their health network, to release this burden from subcontractors.

In Fall 2025, Kaiser Permanente connected us with Full Circle Health Network (FCHN) which is their subcontractor connecting community agencies with Kaiser's Medi-Cal enrollees to provide the suite of CalAIM services including CHW, ECM, and CS. ECM and CS benefits provide intensive, whole-person care coordination for high-need members, addressing clinical and social needs with a focus on improving health outcomes to reduce costly hospital visits, and coordination of related needs like housing support and medically tailored meals (DHCS, 2022).

This agenda item requests approval for First 5 OC to enter into an agreement with FCHN to be a hub provider for CalAIM services to Kaiser Permanente. Contracting with FCHN will allow us to bill for CHW, ECM, and CS services provided to Kaiser Permanente's members. This is a natural extension of the infrastructure and service delivery model developed through our partnership with CalOptima Health. It allows us to build on established workflows and billing mechanisms, and creates an opportunity to expand capacity, strengthen coordination, and sustain services over time. It complements the work of our Peer Support Specialists and our Prenatal and early Postnatal Strategy, prioritizing early engagement with families through a multifaceted approach led by CHWs. It also supports First 5 OC's long-term sustainability strategies.

STRATEGIC PLAN & FISCAL SUMMARY:
The recommended actions have been reviewed in relation to the Strategic Plan and are consistent with all goal areas and in alignment with our strategies. Reimbursement for services rendered will be added to the appropriate fiscal year budgets.

PRIOR COMMISSION ACTION:
None.

RECOMMENDED ACTION:
Adopt resolution (Attachment 1) authorizing the President /CEO, or designee to execute the Agreement with Full Circle Health Network for Community Health Worker, Enhanced Care Management, and Community Supports services.

ATTACHMENT:
1. Full Circle Health Network Resolution

CONTACT: Sara Brown

CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY

RESOLUTION NO. ___-26-C&FC

February 4, 2026

A RESOLUTION OF THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY AUTHORIZING THE PRESIDENT/CEO TO EXECUTE AN AGREEMENT WITH FULL CIRCLE HEALTH NETWORK FOR COMMUNITY HEALTH WORKER, ENHANCED CARE MANAGEMENT, AND COMMUNITY SUPPORTS SERVICES; AND AUTHORIZING APPROVAL AND EXECUTION OF SUCH AGREEMENT ON BEHALF OF THE COMMISSION

WHEREAS, in order to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development, the legislature adopted legislation set forth in the California Children and Families Act of 1998, Health and Safety Code Section 130100, *et seq.* (as amended, the "Act") implementing the Children and Families First Initiative passed by the California electorate in November, 1998 and establishing the California Children and Families Commission and County Children and Families Commissions, including this Children and Families Commission of Orange County ("Commission"); and

WHEREAS, Commission adopted its Strategic Plan to define how funds authorized under the Act and allocated to the Commission should best be used to meet the critical needs of Orange County's children prenatal to five years of age as codified in the Act; and

WHEREAS, Commission desires to receive funding and enter into an agreement (hereinafter referred to as the "Agreement") with Full Circle Health Network (hereinafter referred to as "Contractor") for Community Health Worker, Enhanced Care Management, and Community Supports Services;

WHEREAS, the Commission desires to enter into the Agreement with Contractor for the terms and in the amounts as specified in the February 4, 2026 staff report, including attachments, for this Agenda Item (hereinafter referred to as the "Agenda Item"); and

WHEREAS, Commission desires to enter into the Agreement with Contractor in furtherance of the purposes of the Act and the Strategic Plan on the terms and conditions set forth in the Agreement; and

WHEREAS, Commission has reviewed the Agenda Item relating to the grant and hereby finds and determines that the proposed Agreement is in furtherance of and consistent with the Commission's Strategic Plan; and

WHEREAS, Commission desires to authorize the President/CEO, Commission Chair, and/or Commission Clerk, as may be required by the Contractor, to execute the Agreement with the Contractor in the amount and for the terms as specified in the Agenda Item;

NOW, THEREFORE, BE IT RESOLVED BY THE COMMISSIONERS OF THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY AS FOLLOWS:

Section 1 Commission finds and determines the foregoing Recitals are true and correct and are a substantive part of this Resolution.

Section 2 Commission authorizes the President/CEO, or designee, execute the Agreement with the Contractor to in the amounts and for the terms consistent with the Agenda Item.

Section 3 The Agreement will be on the form provided by the Contractor and shall be reviewed and approved by the President/CEO, or designee, and Commission Counsel. The approval by the President/CEO, or designee, of the Agreement shall be conclusively evidenced by the execution of such Agreement by the President/CEO or by the Commission Chair and delivery thereof to the Commission Clerk, as required by the Agreement.

Section 4 Commission hereby approves the Agreement with the Contractor in the amounts and for the terms as specified in the Agenda Item.

Section 5 The President/CEO and/or Commission Chair and the Clerk of the Commission are hereby authorized to execute and attest, respectively, the Agreement on behalf of the Commission.

Section 6 A copy of the Agreement when executed by the President/CEO and/or Commission Chair and attested by the Clerk of the Commission shall be appended hereto as a part of Exhibit A to this Resolution. Exhibit A is hereby fully incorporated as a part of this Resolution by this reference and made a part hereof. The final executed Agreement shall be placed on file in the office of the Clerk of the Commission.

Section 7 In addition to the authorization of Section 2 above, the President/CEO, or designee, is hereby authorized, on behalf of the Commission, (i) to sign all documents necessary and appropriate to carry out and implement the Agreement, including any Amendment(s); (ii) to cause the issuance of warrants; (iii) to administer the Commission's obligations, responsibilities, and duties to be performed under such Agreement and any Amendment(s); and (iv) during the term thereof to provide waivers, administrative interpretations, and minor modifications of the provisions of such Amendment(s) in the furtherance thereof.

Section 8 The Clerk of the Commission shall certify to the adoption of this Resolution.

The foregoing resolution was passed and adopted by the following vote of the Children and Families Commission of Orange County on February 4, 2026 to wit:

AYES Commissioners: _____

NOES Commissioner(s): _____

EXCUSED Commissioner(s): _____

ABSTAINED Commissioner(s): _____

_____
CHAIR

STATE OF CALIFORNIA)
)
COUNTY OF ORANGE)

I, ROBIN STIELER, Clerk of the Commission of Orange County, California, hereby certify that a copy of this document has been delivered to the Chair of the Commission and that the above and foregoing Resolution was duly and regularly adopted by the Children and Families Commission of Orange County.

IN WITNESS WHEREOF, I have hereto set my hand and seal.

_____
ROBIN STIELER
Clerk of the Commission, Children and Families Commission of Orange County, County of Orange, State of California

Resolution No: __-26-C&FC

Agenda Date: February 4, 2026

Item No.__

I certify that the foregoing is a true and correct copy of the Resolution adopted by the

ROBIN STIELER, Clerk of the Commission

By:_____
Deputy

EXHIBIT A TO RESOLUTION OF COMMISSION

(Attach copy(ies) of final executed Agreement)

1505 E. 17th Street, Suite 230
Santa Ana, CA 92705
714-834-5310 first5oc.org

Agenda Item 8
February 4, 2026

DATE: January 7, 2026

TO: First 5 Orange County

FROM: Kimberly Goll, President/CEO

ACTION: Authorize Memorandum of Understanding (MOU) with CalOptima Health

SUMMARY:
First 5 Orange County makes a significant investment in promoting early and ongoing health and development for children. The California Department of Health Care Services (DHCS) requires Managed Care Plans (MCPs) to establish Memoranda of Understanding (MOUs) with First 5 agencies to align efforts and shared goals. This item seeks Board approval to enter into an MOU with CalOptima Health.

DISCUSSION:
DHCS issued an All Plan Letter (APL) clarifying that all MCPs must build partnerships with third-party entities including local health departments; county behavioral health departments for specialty mental health and Substance Use Disorder (SUD) services; social services; child welfare departments; First 5 County Commissions; Regional Centers; and Women, Infants, and Children Supplemental Nutrition Programs (WIC). To support this requirement, DHCS provided a standardized MOU template designed to clarify roles and responsibilities, strengthen local partnerships, and enhance care. The template has provisions for closed loop referrals, data sharing, care coordination, and quality improvement initiatives, all aimed at improving health outcomes for Medi-Cal children ages 0–5 and their families.

To ensure there is coordination and learning among First 5s, the Southern California Region engaged with Health Management Associates to hold regular meetings and learning sessions. This effort has helped educate each First 5 about DHCS priorities and issues that might be of particular importance locally.

The MOU requires co-developed operating guidelines that include leadership meetings to set strategic priorities for mutual quality improvement efforts as well as ongoing data-sharing and efforts to improve coordination and ensure alignment and accountability. The guidelines we have developed with CalOptima Health also include participation in system change initiatives led by First 5 OC, like the Home Visiting Collaborative and Detect & Connect OC, as well as cross training, education and resource distribution (e.g., Kid Builders and Speech and Language toolkits). We have targeted areas of need for prenatal and pediatric populations, as identified through standard MCAS/HEDIS

performance measures for the MCPs (Managed Care Accountability Set/Healthcare Effectiveness Data and Information Set).

This agenda item requests execution of an MOU with CalOptima Health (Attachment 1). Staff will return to the Board to seek approval to execute an MOU with Kaiser Permanente once we have completed our co-developed operating guidelines with them. Our collaboration with Orange County's MCPs represents a significant step toward building an integrated and responsive system of care for young children and their families in Orange County

STRATEGIC PLAN & FISCAL SUMMARY:
The recommended action has been reviewed in relation to the Strategic Plan and is consistent with our strategy of early and ongoing health and development. There is no fiscal impact.

PRIOR COMMISSION ACTION:
None

RECOMMEND ACTION:
Authorize the President/CEO, or designee, to execute the Memorandum of Understanding with CalOptima Health (Attachment 1).

ATTACHMENT:
1. Memorandum of Understanding (MOU) with CalOptima Health.

CONTACT: Kim Goll

ATTACHMENT J:

FIRST 5 MEMORANDUM OF UNDERSTANDING

COVER PAGE

Memorandum of Understanding

between Orange County Health Authority, d.b.a. CalOptima Health and Children and Families Commission of Orange County

This Memorandum of Understanding ("MOU") is entered into by Orange County Health Authority, a Public Agency, d.b.a. CalOptima Health ("MCP") and Children and Families Commission of Orange County ("First 5"), effective as of the first day following execution of this Contract by both parties ("Effective Date"). First 5, MCP, and MCP's relevant Subcontractors and/or Downstream Subcontractors are referred to herein as a "Party" and collectively as "Parties."

WHEREAS, MCP is required under the Medi-Cal Managed Care Contract, Exhibit A, Attachment III, to enter into this MOU, a binding and enforceable contractual agreement, to enable Medi-Cal beneficiaries enrolled, or eligible to enroll, in MCP ("Members") are able to access services and connect to a broader array of supports in a coordinated manner from MCP and First 5;

WHEREAS, First 5s were designed to "emphasize local decision making, to provide for greater local flexibility in designing delivery systems"[1] to support children prenatal to age five (5) and their families, and First 5s have broad authority to determine allocation of resources in response to local conditions and as prioritized in their respective strategic plan; and

WHEREAS, the Parties desire to ensure that Members receive services available and benefit from the prenatal to five (5) expertise and family-serving system knowledge and experience of First 5 through coordinating with MCP and to provide a process to continuously evaluate and improve the quality of care coordination provided.

[1] Cal. Health & Safety Code sections 130100, et seq.

In consideration of the mutual agreements and promises hereinafter, the Parties agree as follows:

1. **Definitions.** Capitalized terms have the meaning ascribed by MCP's Medi-Cal Managed Care Contract with the California Department of Health Care Services ("DHCS"), unless otherwise defined herein. The Medi-Cal Managed Care Contract is available on the DHCS webpage at www.dhcs.ca.gov.

a. "MCP Responsible Person" means the person designated by MCP to oversee MCP coordination and communication with First 5 and ensure MCP's compliance with this MOU as described in Section 4 of this MOU. It is recommended that this person be in a leadership position with decision-making authority and authority to effectuate improvements in MCP practices.

b. "MCP-First 5 Liaison" means MCP's designated point of contact responsible for acting as the liaison between MCP and First 5 as described in Section 4 of this MOU. The MCP-First 5 Liaison must ensure the appropriate communication and care coordination are ongoing between the Parties, facilitate quarterly meetings in accordance with Section 9 of this MOU, and provide updates to the MCP Responsible Person and/or MCP compliance officer as appropriate.

c. "First 5 Responsible Person" means the person designated by First 5 to oversee coordination and communication with MCP and ensure First 5's compliance with this MOU as described in Section 5 of this MOU. It is recommended that this person be in a leadership position with decision-making authority and authority to effectuate improvements in First 5 practices.

d. "First 5 Liaison" means First 5's designated point of contact responsible for acting as the liaison between MCP and First 5 as described in Section 5 of this MOU. The First 5 Liaison should ensure the appropriate communication and care coordination are ongoing between the Parties, facilitate quarterly meetings in accordance with Section 9 of this MOU, and provide updates to the First 5 Responsible Person as appropriate.

e. "First 5 Services" means the services, supports, and efforts made by First 5 to facilitate the creation and implementation of an integrated, comprehensive, and coordinated system to enhance optimal early childhood development. First 5 Services may include, as determined solely by First 5, care navigation, developmental screenings, and pregnancy and postpartum supports, as well as system investments and partnerships to improve access to quality services, reduce barriers to care, and evaluate and analyze related data to inform strategies to improve quality care and, therefore, the conditions of children prenatal to five (5) years old within their jurisdiction.

f. "First 5 Providers" means organizations and individuals contracted with or receiving funding from First 5 to provide First 5 Services.

2. Term. This MOU is in effect as of the Effective Date and continues for a term of three (3) years or as amended in accordance with Section 14.f of this MOU.

3. Services Covered by This MOU. This MOU governs the coordination between First 5 and MCP for the delivery of services for Members who reside in First 5's jurisdiction and who may be eligible for First 5 Services and supports, as First 5 resources allow.

4. MCP Obligations.

a. **Provision of Covered Services.** MCP is responsible for authorizing Medically Necessary Covered Services and coordinating care for Members provided by MCP's Network Providers and other providers of carve-out programs, services, and benefits. MCP must support Members and/or their caregivers or legal guardian(s) in accessing medically necessary physical, behavioral, developmental, and dental health services for families and children, including those available under the Early and Periodic Screening, Diagnostic and Treatment benefit, such as periodic developmental and behavioral screening.

b. **Oversight Responsibility.** The Executive Director, Behavioral Health Integration, the designated MCP Responsible Person listed in Exhibit A of this MOU, is responsible for overseeing MCP's compliance with this MOU. The MCP Responsible Person must:

i. Meet at least quarterly with First 5, as required by Section 9 of this MOU;

ii. Report on MCP's compliance with the MOU to MCP's compliance officer no less frequently than quarterly. MCP's compliance officer is responsible for MOU compliance oversight reports as part of MCP's compliance program and must address any compliance deficiencies in accordance with MCP's compliance program policies;

iii. Ensure there is sufficient staff at MCP to support compliance with and management of this MOU;

iv. Ensure the appropriate levels of MCP leadership (i.e., persons with decision-making authority) are involved in implementation and oversight of the MOU engagements and ensure the appropriate levels of leadership from First 5 are invited to participate in the MOU engagements, as appropriate;

v. Ensure training and education regarding MOU provisions are conducted annually, and as otherwise described in Section 6 of this MOU, for MCP's

employees responsible for carrying out activities under this MOU and, as applicable, for Subcontractors, Downstream Subcontractors, and Network Providers; and

vi. Serve, or may designate a person at MCP to serve, as the MCP-First 5 Liaison, the point of contact and liaison with First 5. The MCP-First 5 Liaison is listed in Exhibit A of this MOU. MCP must notify First 5 of any changes to the MCP-First 5 Liaison in writing as soon as reasonably practical but no later than the date of change and must notify DHCS within five (5) Working Days of the change.

c. **Compliance by Subcontractors, Downstream Subcontractors, and Network Providers.** MCP must require and ensure that its Subcontractors, Downstream Subcontractors, and Network Providers, as applicable, comply with all applicable provisions of this MOU.

5. First 5 Obligations.

a. **Provision of Services.** First 5 is responsible for First 5 Services and supports as appropriate and as resources allow.

b. **Oversight Responsibility.** The President/Chief Executive Officer, the designated First 5 Responsible Person, listed in Exhibit B of this MOU, is responsible for overseeing First 5's compliance with this MOU. The First 5 Responsible Person serves, or may designate a person to serve, as the designated First 5 Liaison, the point of contact and liaison with MCP. The First 5 Liaison is listed in Exhibit B of this MOU. The First 5 Liaison may be the same person as the Responsible Person. First 5 may designate a liaison by program or service line. First 5 must notify MCP of changes to the First 5 Liaison as soon as reasonably practical but no later than the date of change, except when such prior notification is not possible, in which case, notice should be provided within five (5) Working Days of the change.

6. Training and Education.

a. To ensure compliance with this MOU, MCP must provide training and orientation for its employees who carry out responsibilities under this MOU and, as applicable, for MCP's Network Providers, Subcontractors, and Downstream Subcontractors who assist MCP with carrying out MCP's responsibilities under this MOU. The training must include information on MOU requirements, what services are provided or arranged for by each Party, and the policies and procedures outlined in this MOU. For persons or entities performing these responsibilities as of the Effective Date, MCP must provide this training within 60 working days of the Effective Date. Thereafter, MCP must provide this training prior to any such person or entity performing responsibilities under this MOU and to all such persons or entities at least annually thereafter. MCP must require its Subcontractors and Downstream Subcontractors to

provide training on relevant MOU requirements and First 5 programs and services to its Network Providers.

b. In accordance with health education standards required by the Medi-Cal Managed Care Contract, MCP must provide its Members and Network Providers with educational materials related to accessing Covered Services, including for services provided by First 5. In addition, MCP must provide its Network Providers with training on Medi-Cal for Kids and Teens services, utilizing the newly developed DHCS Medi-Cal for Kids and Teens Outreach and Education Toolkit as required by APL 23-005 or any subsequent version of the APL.

c. MCP must provide First 5, Members, and Network Providers with training and/or educational materials on how MCP's Covered Services and any carved-out services may be accessed, including during nonbusiness hours. For example, MCP and Network Providers should inform Members about First 5 programs and events. In turn, First 5 should share information about MCP open enrollment and services, such as through Medi-Cal for Kids and Teens.

7. Referrals.

a. **Referral Process.** The Parties must work collaboratively to develop policies and procedures that ensure Members who may be eligible for First 5 Services are referred to First 5 and First 5 Providers, as applicable.

b. First 5 should facilitate referrals from MCP to First 5 Providers if First 5 services are appropriate and assist MCP with identifying the appropriate First 5 Providers for such referrals as needed.

c. The Parties should establish policies and procedures for how First 5 will notify MCP if First 5 and/or First 5 Providers are at capacity and are unable to accept Member referrals for First 5 Services. The policies and procedures should include notification to referred Members that First 5 Services are not currently available.

d. MCP must refer Members using a patient-centered, shared decision-making process.

e. First 5 should recommend best practices for successful engagement of eligible Members to MCP for MCP's Covered Services and Community Supports services or care management programs for which Members may qualify, including Enhanced Care Management ("ECM") or Complex Care Management ("CCM"). However, if First 5 is also an ECM Provider, provides Community Supports, or provides other services pursuant to a separate agreement between MCP and First 5, this MOU does not govern First 5's provision of ECM, Community Supports, or other services.

f. MCP must require that its CCM care managers, its Transitional Care

Services care managers, and contracted ECM Providers refer Members to First 5 as appropriate.

g. The Parties must work to identify and address barriers to eligible Members' use of Medi-Cal benefits for the prenatal to five (5) individuals and their families based on information provided and best practices recommended by First 5s.

Closed Loop Referrals. Effective July 1, 2025, MCP must develop a process to implement comply with DHCS guidance regarding closed loop referrals applicable Community Supports, ECM benefits, and/or community-based resources, as referenced in the CalAim Population Health Management Managements Policy Guide , DHCS All Plan Letter ("APL) 22-024, or any subsequent version of the APL, and set forth by DHCS through an APL or other, similar guidance. The Parties must work collaboratively to develop and implement a process to ensure that MCP complies with the appliable provisions of closed loop referrals guidance within 90 Working Days of issuance of this guidance. The Parties must establish a system that tracks cross-system referrals and meets all requirements as set forth by DHCS through and APL or other similar guidance.

8. Care Coordination and Collaboration.

a. The Parties must adopt policies and procedures for coordinating Members' access to care and services that incorporate all the requirements set forth in this MOU.

b. The Parties must discuss and address systematic and, to the extent possible, individual care coordination issues or barriers to care coordination efforts at least quarterly.

c. MCP must have policies and procedures in place to maintain collaboration with First 5 and to identify strategies to monitor and assess the effectiveness of this MOU.

d. When a Member enrolled in ECM also receives First 5 Services, the ECM Provider shall coordinate services with First 5 (as appropriate) or First 5 Providers to ensure the Member's needs are addressed. To support the ECM Provider, MCP must ensure that the Member's ECM Providers are aware of First 5 agencies and contacts and consult with, keep informed (as appropriate), and share data with (as appropriate) First 5 or the First 5 Provider that provides First 5 Services to the Member.

9. Quarterly Meetings.

a. The Parties must meet as frequently as necessary to ensure proper oversight of this MOU, but not less frequently than quarterly, to discuss community needs and how to partner to meet them and address care coordination, Quality Improvement ("QI") activities, QI outcomes, systemic and case-specific concerns, and communication with others within their organizations about such activities. These

meetings may be conducted virtually.

b. Within 30 Working Days after each quarterly meeting, MCP must post on its website the date and time the quarterly meeting occurred and, as applicable, distribute to meeting participants a summary of any follow-up action items or changes to processes that are necessary to fulfill MCP's obligations under the Medi-Cal Managed Care Contract and this MOU.

c. MCP must invite the First 5 Responsible Person and appropriate First 5 program executives to participate in MCP quarterly meetings to ensure appropriate committee representation, including a local presence, and to discuss and address care coordination and MOU-related issues. Subcontractors and Downstream Subcontractors should be permitted to participate in these meetings, as appropriate.

d. MCP must report to DHCS updates from quarterly meetings in a manner and at a frequency specified by DHCS.

e. **Local Representation.** MCP must participate, as appropriate, in meetings or engagements to which MCP is invited by First 5, such as local county meetings, local community forums, and First 5 engagements, to collaborate with First 5 in equity strategy and wellness and prevention activities. First 5 and First 5 Providers, as appropriate, are encouraged to participate in meetings, engagements, or committees to which they are invited by MCP.

f. MCP must engage First 5, as appropriate, in partnering with local community-based organizations and Network Providers serving families with young children.

10. Quality Improvement.

The Parties must develop QI activities specifically for the oversight of the requirements of this MOU, including, without limitation, any applicable performance measures and QI initiatives, including those to prevent duplication of services and reports that track referrals, Member engagement, and service utilization. MCPs will share performance data on relevant maternal and child Managed Care Accountability Set ("MCAS") indicators as a tool for discussion and collaboration to improve engagement in care. MCP and First 5 will collaboratively develop and review progress on initiatives. MCP must document these QI activities in its policies and procedures. Where appropriate, MCP should include First 5 as a resource and partner in QI initiatives.

11. Data Sharing and Confidentiality. As applicable, appropriate, and feasible, the Parties must implement policies and procedures to ensure that the minimum necessary Member information and data for accomplishing the goals of this MOU are exchanged timely and maintained securely and confidentially, and in compliance with the requirements set forth below. The Parties must share information in compliance with

applicable law, which may include the Health Insurance Portability and Accountability Act and its implementing regulations, as amended ("HIPAA"), 42 Code of Federal Regulations Part 2, and other State and federal privacy laws.

a. **Data Exchange.** MCP must, and First 5 is encouraged to, share the minimum necessary data and information to facilitate referrals and coordinate care under this MOU. The Parties must have policies and procedures for supporting the timely and frequent exchange of Member information and data, which may include behavioral health and physical health data, including receipt of services from and engagement with First 5 Providers; for ensuring the confidentiality of exchanged information and data; and, if necessary, for obtaining Member consent. The minimum necessary information and data elements to be shared as agreed upon by the Parties are set forth in Exhibit C of this MOU. The Parties must annually review and, if appropriate, update Exhibit C of this MOU to facilitate sharing of information and data.

b. **Use of Data by MCP.** MCP must carefully consider data and information, including community and Member feedback, made available by First 5 to address Member needs, provide a broader understanding of the health needs and preferences of Members, and support more meaningful Member engagement.[2]

c. **Interoperability.** MCP must make available to Members their electronic health information held by MCP pursuant to 42 Code of Federal Regulations section 438.10 and in accordance with APL 22-026 or any subsequent version of the APL. MCP must make available an application programming interface that makes complete and accurate Network Provider directory information available through a public-facing digital endpoint on MCP's website pursuant to 42 Code of Federal Regulations sections 438.242(b) and 438.10(h).

12. Dispute Resolution.

a. The Parties must agree to dispute resolution procedures such that, in the event of any dispute or difference of opinion regarding the Party responsible for service coverage arising out of or relating to this MOU, the Parties must attempt, in good faith, to promptly resolve the dispute mutually between themselves. MCP must, and First 5 should, document the agreed-upon dispute resolution procedures in policies and procedures. Pending resolution of any such dispute, the Parties must continue without delay to carry out all their responsibilities under this MOU, including providing Members with access to services under this MOU, unless this MOU is terminated. If the dispute cannot be resolved within15 working days of initiating such dispute or such other period as may be mutually agreed to by the Parties in writing,

[2] Per the CalAIM Population Health Management Policy Guide, "Risk Stratification and Segmentation (RSS) means the process of differentiating all Members into separate risk groups and/or meaningful subsets. RSS results in the categorization of all Members according to their care and risk needs at all levels and intensities.

either Party may pursue its available legal and equitable remedies under California law.

b. Disputes between MCP and First 5 that cannot be resolved in a good faith attempt between the Parties must be forwarded by MCP and may be forwarded by First 5 to DHCS. Until the dispute is resolved, the Parties may agree to an arrangement satisfactory to both Parties regarding how the services under dispute will be provided.

c. Nothing in this MOU or provision constitutes a waiver of any of the government claim filing requirements set forth in Title I, Division 3.6, of the California Government Code or as otherwise set forth in local, State, or federal law.

13. Equal Treatment.

a. Nothing in this MOU is intended to benefit or prioritize Members over persons served by First 5 who are not Members. Pursuant to Title VI, 42 United States Code section 2000d, et seq., First 5 cannot provide any service, financial aid, or other benefit to an individual that is different, or is provided in a different manner, from that provided to others by First 5.

b. First 5 is prohibited from directing or recommending that an individual choose or refrain from choosing a specific MCP, and MCP is prohibited from directing or recommending that an individual choose or refrain from choosing a specific First 5.

c. First 5 is prohibited from making decisions intended to benefit or disadvantage a specific MCP, and MCP is prohibited from making decisions intended to benefit or disadvantage a specific First 5.

14. General.

a. **MOU Posting.** MCP must post this executed MOU on its website.

b. **Documentation Requirements.** MCP must retain all documents demonstrating compliance with this MOU for at least ten (10) years as required by the Medi-Cal Managed Care Contract. If DHCS requests a review of any existing MOU, MCP must submit the requested MOU to DHCS within ten (10) Working Days of receipt of the request.

c. **Notice.** Any notice required or desired to be given pursuant to or in connection with this MOU must be given in writing, addressed to the noticed Party at the Notice Address set forth below the signature lines of this MOU. Notices must be (i) delivered in person to the Notice Address; (ii) delivered by messenger or overnight delivery service to the Notice Address; (iii) sent by regular United States mail, certified, return receipt requested, postage prepaid, to the Notice Address; or (iv) sent by email, with a copy sent by regular United States mail to the Notice Address. Notices given by in-person delivery, messenger, or overnight delivery service are deemed given upon actual delivery at the Notice Address. Notices given by email are deemed given the day following the day the email was sent. Notices given by regular United States mail,

certified, return receipt requested, postage prepaid, are deemed given on the date of delivery indicated on the return receipt. The Parties may change their addresses for purposes of receiving notice hereunder by giving notice of such change to each other in the manner provided for herein.

d. **Delegation.** MCP may delegate its obligations under this MOU to a Fully Delegated Subcontractor or Partially Delegated Subcontractor as permitted under the Medi-Cal Managed Care Contract, provided that such Fully Delegated Subcontractor or Partially Delegated Subcontractor is made a Party to this MOU. Further, MCP may enter into Subcontractor Agreements or Downstream Subcontractor Agreements that relate directly or indirectly to the performance of MCP's obligations under this MOU. Other than in these circumstances, MCP cannot delegate the obligations and duties contained in this MOU.

e. **Annual Review.** MCP must conduct an annual review of this MOU to determine whether any modifications, amendments, updates, or renewals of responsibilities and obligations outlined within are required. MCP must provide DHCS evidence of the annual review of this MOU and copies of any MOU modified or renewed as a result.

f. **Amendment.** This MOU may only be amended or modified by the Parties through a writing executed by the Parties. However, this MOU is deemed automatically amended or modified to incorporate any provisions amended or modified in the Medi-Cal Managed Care Contract, or as required by applicable law or any applicable guidance issued by a State or federal oversight entity.

g. **Governance.** This MOU is governed by and construed in accordance with the laws of the State of California.

h. **Independent Contractors.** No provision of this MOU is intended to create, nor is any provision deemed or construed to create, any relationship between First 5 and MCP other than that of independent entities contracting with each other hereunder solely for the purpose of effecting the provisions of this MOU. Neither First 5 nor MCP, nor any of their respective contractors, employees, agents, or representatives, is construed to be the contractor, employee, agent, or representative of the other.

i. **Counterpart Execution.** This MOU may be executed in counterparts, signed electronically and sent via PDF, each of which is deemed an original, but all of which, when taken together, constitute one and the same instrument.

j. **Superseding MOU.** This MOU constitutes the final and entire agreement between the Parties and supersedes any and all prior oral or written agreements, negotiations, or understandings between the Parties that conflict with the provisions set forth in this MOU. It is expressly understood and agreed that any prior written or oral agreement between the Parties pertaining to the subject matter herein is

hereby terminated by mutual agreement of the Parties.

(Remainder of this page intentionally left blank)

The Parties represent that they have authority to enter into this MOU on behalf of their respective entities and have executed this MOU as of the Effective Date.

MCP CEO or Responsible Person

Signature:

Name:

Title:

Date:

First 5 Director or Responsible Person

Signature:

Name: Kimberly Goll

Title: President/ CEO

Notice Address: 1050 E. 17th Street Suite 230 Santa Ana CA. 92705

Date:

Exhibits A -MCP Responsible Person (s)

This Exhibit A lists the MCP individuals responsible for ensuring oversight and compliance of this MOU and applicable Program Exhibits. Capitalized terms in this Exhibit A will have the meaning ascribed to them by the MOU or the respective Program Exhibit.

1. **General MCP responsible individuals:**

   a. **MCP Responsible Person:** Carmen Nicole Katsarov, LPCC, CCM, Executive Director, Behavioral Health Integration carmen.katsarov@caloptima.org

   b. **MCP- First 5 Liaison:** Kimberly Goll, President/CEO First 5 Orange County kim.goll@cfcoc.ocgov.com

Exhibit B – First 5 Responsible Person(s)

This Exhibit B lists the First 5 individuals responsible for ensuring oversight and compliance of this MOU and applicable Program Exhibits. Capitalized terms in this Exhibit B will have the meaning ascribed to them by the MOU or the respective Program Exhibit.

1. **General First 5 responsible individuals:**

   a. **First 5 Responsible Person:** Kimbery Goll President/ CEO Kim.goll@cfcoc.ocgov.com

   b. **First 5 Liaison:** Tiffany Alva, Director of Partnerships and Government Affairs Tiffany.Alva@cfcoc.ocgov.com

Exhibit C

Data Elements

MCP and Agency will update referral processes and policies with additional data elements to address barriers and concerns related to referrals and ensure First 5 eligible Members receive appropriate First 5 Services and MCP's Covered Services.

EXHIBIT D
Business Associate Agreement

This Business Associate Agreement by and between CalOptima and Contractor, which for the purposes of this Agreement shall be referred to as "**Business Associate**", is effective as of the Effective Date of the Agreement or Memorandum of Understanding attached hereto.

RECITALS

WHEREAS, the Parties have executed an agreement(s) whereby Business Associate provides services to CalOptima, and Business Associate creates, receives, maintains, uses, transmits protected health information ("**PHI**") in order to provide those services ("**Services Agreement(s)**");

WHEREAS, as a covered entity, CalOptima is subject to the Administrative Simplification requirements of the Health Insurance Portability and Accountability Act ("**HIPAA**") of 1996, Public Law 104-191, and regulations promulgated thereunder, including the Standards for Privacy of Individually Identifiable Health Information at 45 Code of Federal Regulations ("**C.F.R.**") Parts 160 and Subparts A and E of 45 C.F.R. Part 164 ("**Privacy Regulations**") and the Security Standards for Electronic Protected Health Information ("**Security Regulations**") at 45 C.F.R. Parts 160 and Subparts A and C of 45 C.F.R. Part 164, as amended by the Health Information Technology for Economic and Clinical Health Act ("**HITECH Act**") of 2009, Public Law 111-5, and regulations promulgated thereunder including the Breach Notification Regulations at Subpart D of 45 C.F.R. Part 164, and is subject to certain state privacy laws;

WHEREAS, as a business associate, Business Associate is subject to certain provisions of HIPAA, and regulations promulgated thereunder, as required by the HITECH Act and regulations promulgated thereunder;

WHEREAS, CalOptima and Business Associate are required to enter into a contract in order to mandate certain protections for the privacy and security of PHI;

WHEREAS, CalOptima's regulator(s) have adopted certain administrative, technical and physical safeguards deemed necessary and appropriate by it/them to safeguard regulators' PHI and have required that CalOptima incorporate such requirements in its business associate agreements with subcontractors that require access to the regulators' PHI;

NOW, THEREFORE, in consideration of the foregoing, and for other good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, the Parties agree as follows:

1. **Definitions**. The terms in this section and otherwise defined in this Business Associate Agreement shall have the definitions set forth below for purposes of this Business Associate Agreement. Terms used, but not otherwise defined, in this Business Associate Agreement shall have the same meaning as those terms in HIPAA, the HITECH Act, the IPA (as defined below), and/or regulations promulgated thereunder.

    1.1. **Agreement** as used in this document means both this Business Associate Agreement and the Services Agreement to which this Business Associate Agreement applies, as specified in such Services Agreement.

1.2. **Breach** means, unless expressly excluded under 45 C.F.R. § 164.402, the acquisition, access, Use, or disclosure of PHI in a manner not permitted under Subpart E of 45 C.F.R. Part 164 which compromises the security or privacy of the PHI and as more particularly defined under 45 C.F.R. § 164.402.

1.3. **Business associate** has the meaning given such term in 45 C.F.R. § 160.103.

1.4. **Confidential Information** refers to information not otherwise defined as PHI in Section 1.15 below, but to which state and/or federal privacy and/or security protections apply.

1.5. **Data Aggregation** has the meaning given such term in 45 C.F.R. § 164.501.

1.6. **Designated Record Set** has the meaning given such term in 45 C.F.R. § 164.501.

1.7. **Disclose** and **Disclosure** mean the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.

1.8. **Electronic Health Record** has the meaning given such term in 42 U.S.C. § 17921.

1.9. **Electronic Media** means:

1.9.1. Electronic storage material on which data is or may be recorded electronically including, for example, devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card; or

1.9.2. Transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the internet, extranet or intranet, leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media. Certain transmissions, including of paper, via facsimile, and of voice, via telephone, are not considered to be transmissions via Electronic Media, because the information being exchanged did not exist in electronic form before the transmission.

1.10. **Electronic protected health information** ("**ePHI**") means Individually Identifiable Health Information, including PHI, that is transmitted by or maintained in Electronic Media.

1.11. **Health Care Operations** has the meaning given such term in 45 C.F.R. § 164.501.

1.12. **Individual** means the person who is the subject of PHI and shall include a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502(g).

1.13. **Individually Identifiable Health Information** means health information, including demographic information collected from an Individual, that is created or received by a health care provider, health plan, employer or health care clearinghouse, and relates to the past, present or future physical or mental health or condition of an Individual, the provision of health care to an Individual, or the past, present, or future payment for the provision of health care to an Individual, that identifies the Individual or where there is a reasonable basis to believe the information can be used to identify the Individual, as set forth under 45 C.F.R. § 160.103.

1.14. **Information System** means an interconnected set of information resources under the same direct management control that shares common functionality. A system normally includes hardware, software, information, data, applications, communications, and people.

1.15. **Protected health information** ("**PHI**"), as used in this Agreement and unless otherwise stated, refers to and includes both PHI as defined at 45 C.F.R. § 160.103 and personal information ("**PI**") as defined in the Information Practices Act at California Civil Code § 1798.3(a) ("**IPA**"). PHI includes information in any form, including paper, oral, and electronic.

1.16. **Reproductive Health Care** means health care, as defined at 45 C.F.R. § 160.103, that affects the health of an Individual in all matters relating to the reproductive system and to its functions and processes.

1.17. **Required by Law** means a mandate contained in law that compels an entity to make a Use or Disclosure of PHI and that is enforceable in a court of law. Required by Law includes, but is not limited to, court orders and court-ordered warrants; subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the production of information; a civil or an authorized investigative demand; Medicare conditions of participation with respect to health care providers participating in the program; and statutes or regulations that require the production of information, including statutes or regulations that require such information if payment is sought under a government program providing benefits.

1.18. **Secretary** means the Secretary of the U.S. Department of Health and Human Services or the Secretary's designee.

1.19. **Security Incident** means the attempted or successful unauthorized access, Use, Disclosure, modification, or destruction of information or interference with system operations in an Information System.

1.20. **Services** has the same meaning as in the Services Agreement(s).

1.21. **Unsecured Protected Health Information** ("**Unsecured PHI**") means PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of technology or methodology specified by the Secretary in the guidance issued under 42 U.S.C. § 17932(h)(2).

1.22. **Use** and **Uses** mean, with respect to Individually Identifiable Health Information, the sharing, employment, application, utilization, examination or analysis of such information within the entity that maintains such information.

2. CalOptima intends that Business Associate may create, receive, maintain, transmit or aggregate certain information pursuant to the terms of this Agreement, some of which information may constitute PHI and/or Confidential Information protected by federal and/or state laws.

3. Business Associate is the business associate of CalOptima acting on CalOptima's behalf and provides services or arranges, performs or assists in the performance of functions or activities on behalf of CalOptima, and may create, receive, maintain, transmit, aggregate, Use or Disclose PHI in order to fulfill Business Associate's obligations under this Agreement.

4. **Permitted Uses and Disclosures of PHI by Business Associate**. Except as otherwise indicated in this Agreement, Business Associate may Use or Disclose PHI, inclusive of de-identified data derived from such PHI, only to perform functions, activities or services specified in this Agreement on behalf of CalOptima, provided that such Use or Disclosure would not violate HIPAA, including the Privacy Regulations, or other applicable laws if done by CalOptima.

4.1. **Specific Use and Disclosure Provisions**. Except as otherwise indicated in this Agreement, Business Associate may Use and Disclose PHI if necessary for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate. Business Associate may Disclose PHI for this purpose if the Disclosure is Required by Law, or the Business Associate obtains reasonable assurances, in writing, from the person to whom the information is disclosed that it will be held confidentially and used or further disclosed only as Required by Law or for the purposes for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware that the confidentiality of the information has been breached, unless such person is a treatment provider not acting as a business associate of Business Associate.

4.2. **Data Aggregation**. If authorized as part of the Services provided to CalOptima under the Services Agreement, Business Associate may Use PHI to provide Data Aggregation services relating to the Health Care Operations of CalOptima.

5. **Prohibited Uses and Disclosures of PHI**

5.1. **Restrictions on Certain Disclosures to Health Plans**. Business Associate shall not Disclose PHI about an Individual to a health plan for payment or Health Care Operations purposes if the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full and the Individual requests such restriction in accordance with HIPAA and the HITECH Act, including 45 C.F.R. § 164.522(a). The term PHI, as used in this Section, only refers to PHI as defined in 45 C.F.R. § 160.103.

5.2. **Prohibition on Sale of PHI; No Remuneration**. Business Associate shall not directly or indirectly receive remuneration in exchange for PHI, except with the prior written authorization of CalOptima and CalOptima's regulator(s), as applicable, and then, only as permitted by HIPAA and the HITECH Act. The term PHI, as used in this Section, only refers to PHI as defined in 45 C.F.R. § 160.103.

5.3. **Prohibition of Disclosure of PHI Related to Reproductive Health Care**. Business Associate shall comply with 45 C.F.R. Part 164, Subpart E regarding uses and disclosures of Reproductive Health Care-related information, including the following:

5.3.1. Business Associate shall comply with requirements of 45 C.F.R. § 164.502(a)(5)(iii) and shall not Use or Disclose PHI related to lawful Reproductive Health Care for the purpose of (i) conducting a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating Reproductive Health Care; (ii) imposing criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating Reproductive Health Care; or (iii) to identify any person for any purpose previously described (each a "**Prohibited Purpose**").

5.3.2. To the extent applicable, if Business Associate receives a request for Reproductive Health Care-related information for a non-Prohibited Purpose that is otherwise

permissible under HIPAA, HITECH, the Privacy Regulations, and the Security Regulations, Business Associate shall obtain a valid attestation under 45 C.F.R. § 164.509 if the requested release of Reproductive Health Care-related information is for: (i) health oversight activities under 45 C.F.R. § 164.512(d); (ii) judicial or administrative proceedings under 45 C.F.R. § 164.512(e); (iii) disclosures for law enforcement purposes under 45 C.F.R. § 164.512(f); or (iv) disclosures about decedents to coroners and medical examiners under 45 C.F.R. § 164.512(g)(1).

6. **Compliance with Other Applicable Laws**

6.1. To the extent that other state and/or federal laws provide additional, stricter and/or more protective (collectively, "**more protective**") privacy and/or security protections to PHI or other Confidential Information covered under this Agreement beyond those provided through HIPAA, Business Associate agrees:

6.1.1. To comply with the more protective of the privacy and security standards set forth in applicable state or federal laws to the extent such standards provide a greater degree of protection and security than HIPAA or are otherwise more favorable to the Individuals whose information is concerned; and

6.1.2. To treat any violation of such additional and/or more protective standards as a Breach or Security Incident, as appropriate, pursuant to Section 17 of this Agreement.

6.2. Examples of laws that provide additional and/or stricter privacy protections to certain types of PHI and/or Confidential Information, as defined in Section 1.4 of this Agreement, include, but are not limited to the IPA, California Civil Code §§ 1798-1798.78, California Confidentiality of Medical Information Act ("**CMIA**"), Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, Welfare and Institutions Code § 5328, and California Health and Safety Code § 11845.5. Business Associate shall ensure that any Medical Information related to Sensitive Services (as those terms are defined under Civil Code § 56.05) received or accessed under the Agreement is kept confidential, segregated, and only disclosed, accessed, transferred, transmitted, or processed in accordance with CMIA requirements, including Civil Code §§ 56.10, 56.11, 56.107, 56.108, and 56.110, as applicable.

6.3. If Business Associate is a Qualified Service Organization ("QSO") as defined in 42 C.F.R. § 2.11, Business Associate agrees to be bound by and comply with subdivisions (2)(i) and (2)(ii) under the definition of QSO in 42 C.F.R. § 2.11.

7. **Additional Responsibilities of Business Associate**

7.1. **Nondisclosure**. Business Associate shall not Use or Disclose PHI or other Confidential Information other than as permitted or required by this Agreement or as Required by Law.

7.2. **Safeguards and Security**

7.2.1. Business Associate shall use safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of PHI and other confidential data and comply, where applicable, with Subpart C of 45 C.F.R. Part 164 with respect to ePHI, to prevent Use or Disclosure of the information other than as provided for by this Agreement. Such safeguards shall be, at a minimum, at Federal Information Processing Standards (FIPS) Publication 199 protection levels. Business Associate shall implement reasonable and appropriate policies and

procedures to comply with the standards, implementation specifications and other requirements of Subpart C of 45 C.F.R. Part 164, in compliance with 45 C.F.R. § 164.316. Business Associate shall maintain a comprehensive written information privacy and security program that includes administrative, technical, and physical safeguards appropriate to the size and complexity of the Business Associate's operations and the nature and scope of its activities.

7.2.2. Business Associate shall, at a minimum, utilize a National Institute of Standards and Technology Special Publication (NIST SP) 800-53 compliant security framework when selecting and implementing its security controls, and shall maintain continuous compliance with NIST SP 800-53 as it may be updated from time to time.

7.2.3. Business Associate shall employ FIPS 140-3 compliant encryption of PHI at rest and in motion unless Business Associate determines it is not reasonable and appropriate to do so based upon a risk assessment, and equivalent alternative measures are in place and documented as such. Business Associate shall maintain, at a minimum, the most current industry standards for transmission and storage of PHI and other Confidential Information, including, but not limited to, encryption of all workstations, laptops, and removable media devices containing PHI and data transmissions of PHI.

7.2.4. Business Associate shall apply security patches and upgrades, and keep virus software up-to-date, on all systems on which PHI and other Confidential Information may be used.

7.2.5. Business Associate shall ensure that all members of its workforce with access to PHI and/or other Confidential Information sign a confidentiality statement prior to access to such data. The statement must be renewed annually.

7.2.6. Business Associate shall identify the security official who is responsible for the development and implementation of the policies and procedures required by 45 C.F.R. Part 164, Subpart C.

7.3. **Minimum Necessary**. With respect to any permitted Use, Disclosure, or request of PHI under this Agreement, Business Associate shall make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of such Use, Disclosure, or request respectively, as specified in 45 C.F.R. § 164.502(b).

7.4. **Business Associate's Agent**. Business Associate shall ensure that any agents, subcontractors, sub awardees, vendors or others (collectively, "**Agents**") that Use or Disclose PHI and/or Confidential Information on behalf of Business Associate agree through a written agreement to the same restrictions, conditions, and requirements that apply to Business Associate with respect to such PHI and/or Confidential Information.

8. **Mitigation of Harmful Effects**. Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a Use or disclosure of PHI and other Confidential Information in violation of the requirements of this Agreement.

9. **Access to PHI**. Except as otherwise provided in Section 9.1 below, Business Associate shall, to the extent CalOptima determines that any PHI constitutes a Designated Record Set, make the PHI

specified by CalOptima available to the Individual(s) identified by CalOptima as being entitled to access and copy that PHI. Business Associate shall provide such access for inspection of that PHI within fifteen (15) calendar days after receipt of request from CalOptima. Business Associate shall also provide copies of that PHI ten (10) calendar days after receipt of request from CalOptima. If Business Associate maintains an Electronic Health Record with PHI and an Individual requests a copy of such information in electronic format, Business Associate shall make such information available in that format as required under the HITECH Act and 45 C.F.R. § 164.524.

9.1. **Business Associate of CalOptima PACE**. This Section applies when Business Associate is a business associate of CalOptima in CalOptima's capacity as a health care provider through CalOptima Program of All-Inclusive Care for the Elderly ("**CalOptima PACE**"). Business Associate shall, to the extent CalOptima determines that any PHI constitutes a Designated Record Set or patient records (as defined in California Health and Safety Code § 123105), make the PHI specified by CalOptima available to the Individual(s) identified by CalOptima as being entitled to access and copy that PHI. To enable compliance with California Health & Safety Code § 123110 and 45 C.F.R. § 164.524, Business Associate shall provide such access for inspection of that PHI within three (3) working days after receipt of request from CalOptima. Business Associate shall also provide copies of that PHI ten (10) calendar days after receipt of request from CalOptima.

10. **Amendment of PHI**. Business Associate shall, to the extent CalOptima determines that any PHI constitutes a Designated Record Set, make PHI available for amendment and incorporate any amendments to PHI in accordance with 45 C.F.R. § 164.526, as requested by CalOptima in the time and manner designated by CalOptima.

11. **Accounting of Disclosures**. Business Associate shall document and make available to CalOptima or (at the direction of CalOptima) to an Individual such disclosures of PHI and information related to such disclosures as necessary to respond to a proper request by the subject Individual for an accounting of disclosures of PHI in accordance with HIPAA, the HITECH Act and implementing regulations, including 45 C.F.R. § 164.528. Unless directed by CalOptima to make available to an Individual, Business Associate shall provide to CalOptima, within thirty (30) calendar days after receipt of request from CalOptima, information collected in accordance with this Section 11 to permit CalOptima to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528. Any accounting provided by Business Associate under this Section shall include:

11.1. The date of the disclosure;

11.2. The name, and address if known, of the entity or person who received the PHI;

11.3. A brief description of the PHI disclosed; and

11.4. A brief statement of the purpose of the disclosure.

For each Disclosure that could require an accounting under this Section, Business Associate shall document the information enumerated above, and shall securely maintain the information for six (6) years from the date of the Disclosure.

12. **Compliance with HITECH Act**. Business Associate shall comply with the requirements of Title XIII, Subtitle D, of the HITECH Act, which are applicable to business associates, and shall comply with the regulations promulgated thereunder.

13. **Compliance with Obligations of CalOptima or DHCS**. To the extent Business Associate is to carry out an obligation of CalOptima or the California Department of Healthcare Services ("**DHCS**") under

45 C.F.R. Part 164, Subpart E, Business Associate shall comply with the requirements of such Subpart E that apply to CalOptima or DHCS, as applicable, in the performance of such obligation.

14. **Access to Practices, Books and Records**. Business Associate shall make its internal practices, books, and records relating to the Use and disclosure of PHI on behalf of CalOptima available to CalOptima upon reasonable request, and to the DHCS and the Secretary for purposes of determining CalOptima's compliance with 45 C.F.R. Part 164, Subpart E. Business Associate also agrees to make its internal practices, books and records relating to the Use and Disclosure of PHI on behalf of CalOptima available to DHCS, CalOptima, and the Secretary for purposes of determining Business Associate's compliance with applicable requirements of HIPAA, the HITECH Act, CMIA, and implementing regulations. Business Associate shall immediately notify CalOptima of any requests made by DHCS or the Secretary and provide CalOptima with copies of any documents produced in response to such request.

15. **Return or Destroy PHI on Termination; Survival**. At termination of this Agreement, if feasible, Business Associate shall return to CalOptima or, if agreed to by CalOptima, destroy all PHI and other Confidential Information received from, or created or received by Business Associate on behalf of, CalOptima that Business Associate or its Agents still maintains in any form, and shall retain no copies of such information. If CalOptima elects destruction of PHI and/or other Confidential Information, Business Associate shall ensure such information is destroyed in accordance with the destruction methods specified in Sections 15.1 and 15.2 below and shall certify in writing to CalOptima that such information has been destroyed accordingly. If return or destruction is not feasible, Business Associate shall notify CalOptima of the conditions that make the return or destruction infeasible. Subject to the approval of CalOptima's regulator(s) if necessary, if such return or destruction is not feasible, CalOptima shall determine the terms and conditions under which Business Associate may retain the PHI. Business Associate shall also extend the protections of this Agreement to the information and limit further Uses and Disclosures to those purposes that make the return or destruction of the information infeasible.

15.1 **Data Destruction**. Data destruction methods for CalOptima PHI or Confidential Information must conform to the NIST Special Publication 800-88. Other methods require prior written permission of CalOptima and, if necessary, CalOptima's regulator(s).

15.2 **Destruction of Hard Copy Confidential Data**. CalOptima PHI or Confidential Information in hard copy form must be disposed of through confidential means, such as cross cut shredding and pulverizing.

16. **Special Provision for SSA Data**. If Business Associate receives data from or on behalf of CalOptima that was verified by or provided by the Social Security Administration ("**SSA Data**") and is subject to an agreement between DHCS and SSA, Business Associate shall provide, upon request by CalOptima, a list of all employees and Agents and employees who have access to such SSA Data, including employees and Agents of its Agents, to CalOptima.

17. **Breaches and Security Incidents**. Business Associate shall implement reasonable systems for the discovery and prompt reporting of any Breach or Security Incident, and take the following steps:

17.1. **Notice to CalOptima**

17.1.1. **Immediate Notice**. Business Associate shall notify CalOptima immediately upon the discovery of a suspected Breach or Security Incident that involves SSA Data. This notification will be provided by email upon discovery of the Breach. If Business Associate is unable to provide notification by email, then Business Associate shall provide notice by telephone to CalOptima.

17.1.2. **24-Hour Notice**. Business Associate shall notify CalOptima within 24 hours by email (or by telephone if Business Associate is unable to email CalOptima) of the discovery of the following, unless attributable to a treatment provider that is not acting as a business associate of Business Associate:

17.1.2.1. Unsecured PHI if the PHI is reasonably believed to have been accessed or acquired by an unauthorized person;

17.1.2.2. Any suspected Security Incident which risks unauthorized access to PHI and/or other Confidential Information;

17.1.2.3. Any intrusion or unauthorized access, Use or Disclosure of PHI in violation of this Agreement; or

17.1.2.4. Potential loss of confidential data affecting this Agreement.

17.1.3. Notice shall be provided to the CalOptima Privacy Officer ("**CalOptima Contact**") using the CalOptima Contact Information at Section 17.7 below. Such notification by Business Associate shall comply with CalOptima's form and content requirements for reporting privacy incident and shall include all information known at the time the incident is reported.

17.2. **Required Actions**. Upon discovery of a Breach or suspected Security Incident, intrusion or unauthorized access, use or disclosure of PHI, Business Associate shall take:

17.2.1. Prompt action to mitigate any risks or damages involved with the Security Incident or Breach;

17.2.2. Any action pertaining to such unauthorized disclosure required by applicable federal and state law; and

17.2.3. Any corrective actions required by CalOptima or CalOptima's regulator(s).

17.3. **Investigation**. Business Associate shall immediately investigate such Security Incident or confidential Breach. Business Associate shall comply with CalOptima's additional form and content requirements for reporting such privacy incident.

17.3.1. Incident details including the date of the incident and when it was discovered;

17.3.2. The identification of each Individual whose Unsecured PHI has been, or is reasonably believed by Business Associate to have been accessed, acquired, used or disclosed during the Breach;

17.3.3. The nature of the data elements involved and the extent of the data involved in the Breach;

17.3.4. A description of the unauthorized persons known or reasonably believed to have improperly used or disclosed PHI or confidential data;

17.3.5. A description of where the PHI or confidential data is believed to have been improperly transmitted, sent, or utilized;

17.3.6. A description of the probable causes of the improper Use or Disclosure;

17.3.7. Any other available information that the Business Associate is required to include in notification to the Individual under 45 C.F.R. § 164.404(c);

17.3.8. Whether the PHI or confidential data that is the subject of the Security Incident, Breach, or unauthorized Use or Disclosure of PHI or confidential data included Unsecured PHI;

17.3.9. Whether a law enforcement official has requested a delay in notification of Individuals of the Security Incident, Breach, or unauthorized Use or Disclosure of PHI or Confidential Information because such notification would impede a criminal investigation or damage national security and whether such notice is in writing; and

17.3.10. Whether Section 13402 of the HITECH Act (codified at 42 U.S.C. § 17932), California Civil Code §§ 1798.29 or 1798.82, or any other federal or state laws requiring individual notifications of breaches are triggered.

17.4. **Complete Report**. Business Associate shall provide a complete written report of the investigation ("Final Report") to the CalOptima Contact within seven (7) working days of the discovery of the Security Incident or Breach. Business Associate shall comply with CalOptima's additional form and content requirements for reporting of such privacy incident.

17.4.1. The Final Report shall provide a comprehensive discussion of the matters identified in Section 17.3 above and the following:

17.4.1.1. An assessment of all known factors relevant to a determination of whether a Breach occurred under HIPAA and other applicable federal and state laws;

17.4.1.2. A full, detailed corrective action plan describing how Business Associate will prevent reoccurrence of the incident in the future, including its implementation date and information on mitigation measures taken to halt and/or contain the improper Use or Disclosure and to reduce the harmful effects of the Breach. All corrective actions are subject to the approval of CalOptima and CalOptima's regulator(s), as applicable; and

17.4.1.3. The potential impacts of the incident, such as potential misuse of data and identity theft.

17.4.2. If CalOptima or CalOptima's regulator(s) requests additional information, Business Associate shall make reasonable efforts to provide CalOptima with such information. A supplemental written report may be used to submit revised or additional information after the Final Report is submitted.

17.4.3. CalOptima and CalOptima's regulator(s), as applicable, will review and approve or disapprove Business Associate's determination of whether a Breach occurred, whether the Security Incident or Breach is reportable to the appropriate entities, if individual notifications are required, and Business Associate's corrective

action plan.

17.4.4. **New Submission Timeframe**. If Business Associate does not complete a Final Report within the seven (7) working day timeframe specified in Section 17.4 above, Business Associate shall request approval from CalOptima within the seven (7) working day timeframe of a new submission timeframe for the Final Report. Business Associate acknowledges that a new submission timeframe requires the approval of CalOptima and, if necessary, CalOptima's regulator(s).

17.5. **Notification of Individuals**. If the cause of a Breach is attributable to Business Associate or its Agents, other than when attributable to a treatment provider that is not acting as a business associate of Business Associate, Business Associate shall notify Individuals accordingly and pay all costs of such notifications, as well as costs associated with the Breach. The notifications shall comply with applicable federal and state law. All such notifications shall be coordinated with CalOptima. CalOptima and CalOptima regulator(s), as applicable, shall approve the time, manner and content of any such notifications. Business Associate acknowledges that such review and approval by CalOptima and CalOptima regulator(s), as applicable, must be obtained before the notifications are made.

17.6. **Responsibility for Reporting of Breaches to Entities Other than CalOptima**. If the cause of a Breach of PHI is attributable to Business Associate or its Agents, other than when attributable to a treatment provider that is not acting as a business associate of Business Associate, Business Associate agrees that CalOptima shall make all required reporting of the Breach as required by applicable federal and state law, including any required notifications to media outlets, the Secretary, and other government agency/regulator.

17.7. **CalOptima Contact Information**. To direct communications to CalOptima Privacy Officer, the Business Associate shall initiate contact as indicated here. CalOptima reserves the right to make changes to the contact information below by giving written notice to Business Associate. These changes shall not require an amendment to this Agreement.

CalOptima Privacy Office

Privacy Officer
c/o: Office of Compliance
CalOptima
505 City Parkway West
Orange, CA 92868

Email: privacy@caloptima.org

Telephone: (714) 246-8400 (ask the operator to connect to Privacy Officer)

18. **Responsibilities of CalOptima**

18.1 CalOptima agrees to not request the Business Associate to Use or Disclose PHI in any manner that would not be permissible under HIPAA and/or other applicable federal and/or state law.

18.2 **Notification of SSA Data**. CalOptima shall notify Business Associate if Business Associate receives data that is SSA Data from or on behalf of CalOptima.

19. **Indemnification**. Business Associate will immediately indemnify and pay CalOptima for and hold it harmless from (i) any and all fees and expenses CalOptima incurs in investigating, responding to,

and/or mitigating a Breach of PHI or Confidential Information caused by Business Associate or its Agents; (ii) any damages, attorneys' fees, costs, liabilities or other sums actually incurred by CalOptima due to a claim, lawsuit, or demand by a third party arising out of a Breach of PHI or Confidential Information caused by Business Associate or its Agents; and/or (iii) for fines, assessments and/or civil penalties assessed or imposed against CalOptima by any government agency/regulator based on a Breach of PHI or Confidential Information caused by Business Associate or its Agents. Such fees and expenses may include, without limitation, attorneys' fees and costs and costs for computer security consultants, credit reporting agency services, postal or other delivery charges, notifications of Breach to Individuals and regulators, and required reporting of Breach. Acceptance by CalOptima of any insurance certificates and endorsements required under the Service Agreement(s) does not relieve Business Associate from liability under this indemnification provision. This provision shall apply to any damages or claims for damages whether or not such insurance policies shall have been determined to apply.

20. **Audits, Inspection and Enforcement**

20.1. From time to time, CalOptima and/or CalOptima's regulator(s) may inspect the facilities, systems, books and records of Business Associate to monitor compliance with this Agreement. Business Associate shall promptly remedy any violation of this Agreement and shall certify the same to the CalOptima Privacy Officer in writing. Whether or how CalOptima or CalOptima's regulator(s) exercises this provision shall not in any respect relieve Business Associate of its responsibility to comply with this Agreement.

20.2. If Business Associate is the subject of an audit, compliance review, investigation or any proceeding that is related to the performance of its obligations pursuant to this Agreement, or is the subject of any judicial or administrative proceeding alleging a violation of HIPAA, Business Associate shall promptly notify CalOptima unless it is legally prohibited from doing so.

21. **Term and Termination**

21.1 **Term**. This exhibit is effective as of the Effective Date and shall terminate when (i) the Services Agreement terminates, (ii) in accordance with this Section 21, or (iii) when all of the PHI provided by CalOptima to Business Associate, or created or received by Business Associate on behalf of CalOptima, is destroyed or returned to CalOptima, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in Section 15.

21.2. **Termination for Cause**. Upon CalOptima's knowledge of a violation of this Agreement by Business Associate, CalOptima may in its discretion:

21.2.1. Provide an opportunity for Business Associate to cure the violation and terminate this Agreement if Business Associate does not do so within the time specified by CalOptima; or

21.2.2. Terminate this Agreement if Business Associate has violated a material term of this Agreement.

21.3. **Judicial or Administrative Proceedings**. CalOptima may terminate this Agreement if Business Associate is found to have violated HIPAA, or stipulates or consents to any such conclusion, in any judicial or administrative proceeding.

22. **Miscellaneous Provisions**

22.1. **Disclaimer**. CalOptima makes no warranty or representation that compliance by Business Associate with this Agreement will satisfy Business Associate's business needs or compliance obligations. Business Associate is solely responsible for all decisions made by Business Associate regarding the safeguarding of PHI and other Confidential Information.

22.2. **Amendment**

22.2.1. Any provision of this Agreement which is in conflict with current or future applicable federal or state laws is hereby amended to conform to the provisions of those laws. Such amendment of this Agreement shall be effective on the effective date of the laws necessitating it, and shall be binding on the parties even though such amendment may not have been reduced to writing and formally agreed upon and executed by the parties.

22.2.2. In addition to automatic amendments under Section 22.2.1, CalOptima reserves the right to amend the Agreement at any time when such modifications are necessary to comply with changes in (i) applicable laws, (ii) CalOptima's contracts with government regulators, or (iii) in any requirements and conditions with which CalOptima must comply pursuant to its federally-approved Section 1915(b) waiver ("**Regulatory Change**"). CalOptima shall promptly notify Business Associate in writing of such Regulatory Changes in accordance with applicable federal and/or State requirements, and Business Associate shall comply with the new Regulatory Change requirements within thirty (30) days of the effective date of the Regulatory Change, unless otherwise instructed by a CalOptima government regulator.

22.2.3 Failure by Business Associate to take necessary actions required by amendments to this Agreement under Section 22.2.1 or 22.2.2 shall constitute a material violation of this Agreement.

22.3. **Assistance in Litigation or Administrative Proceedings**. Business Associate shall make itself and its employees and Agents available to CalOptima or CalOptima's regulator(s) at no cost to CalOptima or CalOptima's regulator(s), as applicable, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CalOptima or CalOptima's regulator(s), their respective directors, officers and/or employees based upon claimed violation of HIPAA, which involve inactions or actions by the Business Associate.

22.4. **No Third-Party Beneficiaries**. Nothing in this Agreement is intended to or shall confer, upon any third person any rights or remedies whatsoever.

22.5. **Interpretation**. The terms and conditions in this Agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA and other applicable laws.

22.6. **No Waiver of Obligations**. No change, waiver or discharge of any liability or obligation hereunder on any one or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion.

22.7. **Statutory or Regulatory Reference**. Any reference to statutory or regulatory language in

this Agreement shall be to such language as in effect or as amended.

22.8. **Injunctive Relief**. Notwithstanding any rights or remedies provided in this Agreement, CalOptima retains all rights to seek injunctive relief to prevent or stop the unauthorized Use or Disclosure of PHI or Confidential Information by Business Associate or any agent, subcontractor, employee or third party that received PHI or Confidential Information, and Business Associate agrees that CalOptima may seek injunctive relief under this section without any requirement to prove actual monetary damage or post a bond or other security.

22.9 **Monitoring.** As applicable, Business Associate shall comply with monitoring requirements of CalOptima's contracts with regulator(s) or any other monitoring requests by CalOptima's regulator(s).

1505 E. 17th Street, Suite 230
Santa Ana, CA 92705
714-834-5310 first5oc.org

Agenda Item 9
February 4, 2026

DATE: January 27, 2026

TO: First 5 Orange County

FROM: Kimberly Goll, President/CEO

ACTION: Receive the President/Chief Executive Officer's Report

New Conditions of Children Report Released

The 31st Annual Report on the conditions of Children in Orange County was approved by the Orange County Board of Supervisors in December. Orange County Social Services Agency contracts with First 5 Orange County to prepare the report and facilitate community forums to distribute the report and engage stakeholders about its findings. A printed copy of the report will be provided for Board members and the public at the First 5 OC Board meeting. The report, including primary indicators as well as hundreds of supplemental indicators, is also available on our website.

Key findings from the report show that children are faring better in several areas. More pregnant people are getting early prenatal care and most young children in child care are getting appropriate vaccinations, helping protect them from serious illnesses. Additionally, children's kindergarten readiness improved countywide, and fewer students are missing school since the height of the COVID-19 pandemic. And more children in foster care are finding permanent homes, often through reunification with their families. The report also highlights areas where more work is needed, including negative trends in babies being born early or with low birth weight, and a decline in emotional maturity among children entering kindergarten. Several economic indicators show that many families in Orange County continue to struggle financially. Housing insecurity increased, more children qualified for the school Free and Reduced Price Lunch program, and more children are receiving food and financial assistance through CalFresh and CalWORKs – which is both good and bad in that families are accessing benefits, but it also shows the growing need for assistance.

Over the next few months, First 5 OC staff will work with Social Services Agency and meet with staff from the Board of Supervisors to plan community forums with interested Districts. As those events are scheduled, we will share dates and topics through Weekly Updates and the Five Minutes with First 5 OC enews. If you would like to receive additional copies of the printed Conditions of Children Report or have recommended venues for us to present data findings and/or distribute copies of the report, please reach out to Lisa Burke at lisa.burke@cfcoc.ocgov.com or Cristina Munoz at cristina.munoz@cfcoc.ocgov.com.

Policy Update
Governor Newsom's proposed 2026–27 state budget maintains current spending levels with no significant new investments but includes key restorations and commitments relevant to children and families prenatal to age five. The CalWORKs Home Visiting Program funding of $26 million has been restored, supporting family engagement and early development. Child care funding remains substantial at $7.5 billion statewide, with $89.1 million for cost-of-living adjustments and $11.5 million for infrastructure improvements in fire-affected communities. Changes to Medi-Cal and CalFresh eligibility may reduce enrollment and access for some families, creating potential gaps in health coverage and food assistance. Additional details on behavioral health and workforce investments are expected in the May Revision.

However, recent federal actions add complexity. In early January, the administration froze access to the Child Care and Development Fund as well as TANF and Social Services Block Grant dollars for California and other states citing fraud concerns, temporarily putting approximately $10 billion at risk. Although a temporary court injunction paused the freeze, this uncertainty threatens child care providers, may delay subsidy payments, and risk early learning access for low-income families. We are closely monitoring this issue and will update the Board as more information becomes available.

First 5 OC 2026 Board Recruitment
Recruitment for the at-large First 5 OC board positions is now open. As required in our ordinance, each year we recruit for three of the at-large positions, which include two positions in the health category, and one in the education category this year. The recruitment package is available on our website and includes a cover letter from the chair of the Board of Supervisors, the application, and the position descriptions. The application has been distributed through each of the Board of Supervisors offices, as well as through email blasts from us and several partners. Applications are due March 13, 2026, by 5:00 p.m. The applications will then be sent to the Board of Supervisors' offices, and three Supervisors will recommend candidates. In April, the full Board will make the final appointments. Tiffany Alva is the contact for recruitment-related questions.

Financial Update
The Financial Highlights for the month of December are provided as Attachment 1. The Highlights summarize information regarding year-to-date revenue, expenses, and encumbrances.

Action Plan Update
A summary matrix with a high-level overview of progress on our Action Plans, as well as staff leads, is provided as Attachment 2.

A more detailed summary of accomplishments and challenges for each Action Plan is provided as Attachment 3. Below are a few highlights from our work over the past two months.

- We participated in nine community events, sharing Kid Builders and other resources.
- First 5 OC was awarded a 2-year continuation of the CalWORKs home visiting agreement.
- We are getting great traction with our Perinatal Community Health Worker, who has reached out to over 160 postpartum families, and connected them with basic needs, health education and support with resource navigation.

- We enrolled 10 additional community members in the upcoming Community Health Worker training.
- We successfully rolled out the Peer Support Specialists to work with perinatal women experiencing Substance Use Disorder. Peer Support Specialists help with support for recovery, initiating Family Wellness Plans, and problem-solving emergent needs. Since November, 13 women have been connected to Peer Support Specialists.
- In partnership with Orange County Workforce Development, we held the first workforce development hiring event focused on child care. Eight employer partners participated.
- The child care Data Systems Workgroup convened in December and again in January to work on creating a central data system to improve family access to child care.
- An in-person resource fair was held for HealthySteps partners to connect them to local community resources and reduce barriers for families being referred for services.
- Four charter schools have agreed to participate in collection Early Development Index data, and two of the four have already received teacher training and begun data collection.

Attachments:

1. December Financial Highlights
2. Action Plan Status Matrix
3. Action Plan Summary of Progress

FIRST 5 ORANGE COUNTY

Financial Highlights as of Dec 31, 2025

Comparison of Budget vs. Actual
Fiscal Year 2025-2026
Unaudited
Period Ending 12/31/25

	FY 2025-26 Budget	FY 2025-26 Actuals	
Financing Sources			
Tobacco Tax Revenue	$16,568,820	$4,329,506	26.1%
Interest Earnings	100,000	1,290,467	1290%
Other Revenue	7,831,000	885,528	11.3%
Revenue Total	**$24,499,820**	**$6,505,501**	
Expenses*			
Prenatal-to-Three*	$15,259,592	$3,373,775	22.1%
Early Learning & Community Engagement	6,448,644	1,181,879	18.3%
Homeless Prevention	50,000	80,963	161.9%
Systems Building	2,946,492	826,814	28.1%
Performance Evaluation	972,500	265,362	27.3%
Program Services	**$25,677,228**	**$5,728,792**	
Admin. Functions**	1,923,726	743,459	38.6%
Total Operating Exp.	**$27,600,954**	**$6,472,251**	

*Including One-Time System Expenses (previously called Catalytic)

**Administrative costs and functions are defined by State Commission guidelines (Fiscal Memo No. 05-01, dated April 14,2006) pursuant to Chapter 284, Statutes of 2005 (AB 109). Actual Administrative expenses of $743,459 and encumbrances of $1,180,036 were 7% of the Fiscal Year 2025-2026 Budget of $27.6 million. Final administrative expenses are projected to be 7% at year-end.

Total Encumbrances as of Dec 31, 2025, including multi-year contracts through Fiscal Year 2027-2028

Prenatal-to-Three	$23,484,913
Early Learning & Community Engagement	$8,092,746
Homeless Prevention	$115,372
System Building	$1,254,018
Performance Evaluation	$562,295
Admin. Functions	$1,180,036

Revenue and Cash Balance Update

Tobacco Tax Revenue has been reported through Nov 2025. Current year revenue (July 2025 through Nov 2025) as reported by First 5 California is $4.7 million. This amount includes Q1 of CECET, but does not include the annual backfill and Q2 and Q3 of CECET.

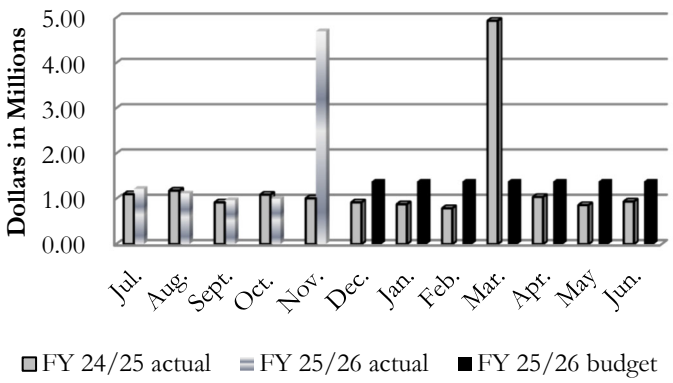
Interest earnings for Dec 2025 are $1,290,467.

Systems Funding Update

$50,952,389 One-Time System Funding was expensed from Fiscal Year 2012-2013 through Fiscal Year 2024-2025.

As of December 31, 2025, $4.6 million was encumbered for one-time System Building programs.

Fiscal Year 2024-25 & 2025-26 Tobacco Monthly Revenues



Fiscal Year 2024-2025 Ending Fund Balance

From Commission Long Term Financial Plan

Beginning Fund Balance, July 1, 2024	$69,903,366
Total Revenue	26,504,531
Total Program Expenses	(23,016,688)
Fund Balance for System Building Projects	(10,947,611)
June 30, 2025 Fund Balance	**$62,555,570***

*Based on Commission action through April 2025 and financial results through June 30, 2025. Final fund balance does not include One-time System Building Projects. For financial planning purposes, One-time System Building Projects have been designated by Commission action and removed from available fund balance.

Summary of First 5 Orange County Action Plans for 2025-2026

Action Plan	Staff Lead	Status
Expand Use of Kid Builders in OC	Vy	On Track
Invest in Orange County's Home Visiting System	Jessica	On Track; System Coordination is Delayed but Making Progress
Assess Feasibility of Community Health Workers as Mechanism to Sustain Prenatal-to-Three Services	Yvette	On Track; Billing is Slow but Making Progress
Expand First 5 OC-funded Prenatal and Postnatal Services	Yvette	On Track
Increase Organizational and Community Engagement in Family Wellness Plan Implementation	Yvette	On Track
Increase Stakeholder Commitment to Advance Policy for Early Childhood	Tiffany	On Track
Increase Number of Child Care Providers and Quality of Current Programs	Cristina	On Track
Develop Countywide Action Plan for Continuum of Care for Early Relational Health	Sara	On Track
Increase Well-Child Visits, Developmental Screens and Linkage to Service	Lisa, Sara	On Track
Support Implementation of Black PEARL Program	Yvette	On Track
Deepen and Expand Engaged Neighborhood Work	Erwin	On Track
Formalize Family Voice in First 5 OC Programs at Different Levels of Engagement	Erwin	On Track
Increase Relevance and Use of Early Development Index (EDI)	Cristina	On Track
Elevate Importance of Father Engagement Across First 5 OC and Partners	Andrew	On Track
Strengthen School District Data-Informed Engagement and Relationship Building	Cristina	On Track
Provide Technical Assistance and Capacity Building for Orange County Black Infant Health (BIH)	Jessica	On Track
Develop Clear Messaging for First 5 OC to Cultivate and Leverage Partnerships and Improve Outcomes for Young Children and Families	Tiffany	On Track

Attachment 3

Summary of Progress on Strategic Plan Action Plans

February 2026

❖ Expand Use of Kid Builders in OC

Accomplishments:
In the past two months, First 5 OC participated in nine community events. Six of these were Kid Builder Story Time programs that we hosted at the Westminster and Anaheim Sunkist Libraries where we focused on different developmental milestones. We have received positive feedback and strong engagement from parents and caregivers at these events. Attendance has steadily increased, growing from approximately 10 parents per session to nearly 30 parents at recent events. Due to this success, OC Public Libraries has expressed interest in expanding the program to additional library locations throughout the county.

We also hosted a Kid Builders event at the Brea Library on December 19 and participated in the Lou Correa Caregivers Resource Fair in Fullerton, where we shared Kid Builder resources. Historically, First 5 OC has had limited event presence in these two cities, making these outreach efforts especially meaningful. While targeted events have been slower to gain momentum due to scheduling and planning challenges during the holiday season, these engagements helped maintain community visibility and laid the groundwork for future programming.

During this time, we also refined our volunteer recruitment strategies. We are developing a volunteer landing page on our website that is easy to access for individuals interested in volunteering with First 5 OC. The landing page provides an overview of our organization, mission, and the types of volunteer opportunities available. This new resource will help streamline the volunteer recruitment process and is intended to expand our reach and engage more community members. Next steps are to finalize and publish the volunteer tab on the website, expand recruitment to include students from additional colleges and universities, and increase engagement with current volunteers.

We are also ramping up Vietnamese outreach and engagement efforts. We will host a Kid Builder event with Land School Learning Link in Westminster in March.

All School Districts have received the Kid Builder Toolkit for Early Childhood Educators. We held a focus group and received great feedback from a group of educators at Beyond Blindness to understand if and how they are using the toolkit. We plan to hold other focus groups with other provider types to gather additional input.

Challenges:
November and December tend to be slower months for community events due to end of year holidays and festivities. In addition, it was challenging to engage college student volunteers because of final exams, class schedules, and the holiday break. We are finding that while we are finding that smaller events allow for greater engagement with parents, most student volunteers prefer to support larger Kid Builder events.

Two of our desired outcomes for Kid Builders this year are to engage with pediatric health care providers and child care providers to increase awareness and use of Kid Builder activities. We created a Kid Builders poster for pediatric offices and a toolkit for child care providers. For each of these target audiences, we are not having the desired result with very few parents accessing the Kid Builder webpage from the pediatric office QR code and minimal response from child care

providers about if and how they are using the toolkit. We are assessing and regrouping to identify different outreach strategies for these groups.

❖ Invest in Orange County's Home Visiting System

Accomplishments:
Since the last report to the Board, First 5 OC was awarded a 2-year continuation of the CalWORKs home visiting agreement. We are continuing to work closely with SSA and partners to recruit and retain families that are eligible for CalWORKs home visiting.

All six Parents as Teachers and Healthy Families America home visiting partners completed interviews in August and September 2025. Audit findings were reviewed, and each agency was provided with goals based on their audit results. A second audit was conducted in December, and we are currently reviewing those audit results. We are also modifying our workplan metrics to better align with the Health Care Agency's program requirements.

When a family that is referred to Infant/Toddler Home Visiting declines service, their referrals are sent back to First 5 OC. Our perinatal Community Health Worker then reaches out to provide families linkages to other resources and programs, ensuring a closed loop referral system. This approach has been in place for only a few months, but we are already seeing traction with this strategy in providing support to many families with young children that would have otherwise been lost to service.

We are collaborating with Orange County Department of Education to provide training on Culturally Relevant Family Engagement Strategies for Home Visiting Collaborative members before the end of the fiscal year, and currently solidifying a training date and time.

First 5 OC staff and the communications team are working on collecting stories and creating videos featuring home visiting staff to highlight the impact of the program on families and First 5 OC's role in supporting the work. We anticipate videos will be developed by early Spring.

❖ Assess Feasibility of Community Health Workers as Mechanism to Sustain Prenatal-to-Three Services

Accomplishments:
We have successfully secured enrollment in the upcoming CHW training by three of our four Engaged Neighborhoods (Santa Ana Early Learning Initiative – SAELI, Growing up Garden Grove, and La Habra Little Learners). We will have a total of seven participants from these Engaged Neighborhoods who will be part of the training and certification cohort through Orange Coast College. Additionally, our prenatal provider, Padres Unidos, recruited three more team members to enroll in the CHW training. Wendy Gomez, SAELI's Director and a previous certification participant, enrolled in and completed the CHW supervisor training – a level up.

Over the next months, we will support the 10 participants enrolled in the CHW cohort and lean into learnings from the CHW supervisor training. We will also review learnings from the past six months of our experience offering CHW services, and will develop recommendations. We will use all these learnings to develop a Request for Information seeking organizations equipped with CHWs to offer perinatal services.

Our Perinatal CHW has engaged 161 clients to date, and has been successful in supporting families in the postpartum period by connecting them with basic needs, health education and support with resource navigation. We have continued to meet locally and in collaboration with the Coast College District to better define the perinatal CHW role and subsequent training. We will be presenting on this at the OC CHW Summit in March and we are testing a perinatal CHW as an internal staff member to better understand what this role entails. We plan to meet with DHCS to discuss this more thoroughly.

Challenges:
Obtaining timely documentation from service providers and streamlining procedures continue to be challenges. This is necessary to ensure continued CHW eligibility throughout the multi-week developmental play groups and prenatal cohorts. Also, early identification and targeted recruitment of CalOptima Community Network members to participate in CHW-led perinatal group offerings has been challenging.

❖ Expand First 5 OC-funded Prenatal and Postnatal Services

Accomplishments:
Since July 2025, a total of eight development play groups (DPGs) and four Prenatal Groups were completed (several ended in December 2025). We will now begin to analyze survey data and develop a preliminary write up on the effectiveness of these programs. We plan to continue offering postnatal developmental through end of June

In the past two months, we have forged new partnerships with Orange County Head Start to cohost DPGs for fathers. We also held a series of exploration meetings for Engaged Neighborhoods to partner with trained CHWs to provide DPGs for dads. We are also looking at opportunities with newly added HealthySteps Clinics and Bridges Hospitals to co-host prenatal and postnatal offerings facilitated by CHWs.

Challenges:
Holiday season impacted in-person participation or resulted in interruption of continuous cadence of group offerings.

❖ Increase Organizational and Community Engagement in Family Wellness Plan Implementation

Accomplishments:
Roll out of Peer Support Services has been successful. A total of 13 referrals for peer services have been received through various referral platforms. Twelve of these women are actively

engaged with our Peer Support Specialists who are providing critical support with recovery, initiating Family Wellness Plans (FWP), attending court with clients to help mitigate infant removal, connecting to CalWORKs home visiting, Public Health Nursing, and actively problem-solving emergent housing needs to prevent homelessness.

We plan to continue presentations to prenatal providers like substance use residences, homeless shelters, WIC, HealthyStep Clinics and OBs affiliated with Bridges Birthing Hospitals. This is a critical component of the outreach strategy for the Peers. As part of the work to increase knowledge and reduce stigma around perinatal substance use and FWPs, a presentation for the School Districts' Early Learning Specialists is scheduled for mid-February.

Challenges:
The number of FWPs initiated during the prenatal period continue to be low. This a direct result of little to no knowledge or engagement from OBs and prenatal providers in the FWP initiative work.

❖ Increase Stakeholder Commitment to Advance Policy for Early Childhood

Accomplishments:
Staff are currently monitoring the Governor's proposed budget and federal and state legislation that may impact families with young children. We are beginning to plan for First 5 Advocacy Day in Sacramento which is scheduled for April 14. We will be scheduling meetings with legislative office and working with the First 5 Association on messaging and our asks for this legislative cycle. After Advocacy Day, we will report back to the Board on our meetings with legislative offices, specific policy and budget asks, measurable outcomes and any follow up activities.

❖ Increase Number of Child Care Providers and Quality of Current Programs

Accomplishments:
Cohort 7 of the business incubator program ended in November, 2025. This was the first cohort falling under the updated stipend process which requires participants to apply for their license. Once they receive the letter with their license number, they are eligible to receive stipend #1 and move on to the next steps for stipend #2. This includes participating in a partner interview panel. Interviews are scheduled for January 22 and 27. To date, we have received notification of one license being granted providing three new infant and toddler child care spots. We anticipate a total of 16 licenses for Cohort 7 which will add 64 infant and toddler spots.

In January, we hosted a Recruitment and Enrollment workshop, and it was great to see participants from past cohorts come to get practical recommendations on how to ensure their programs are filled. We heard from one participant who has applied for a large family child care home.

We continue to provide technical assistance for IMPACT Partners (Orange County Association for the Education of Young Children, CIELO, and the Orange County Department of Education).

We collaborate closely with these organizations to support their initiatives, facilitate communication, and ensure the effective implementation of programs. There are currently 96 mentees from the business incubator program and OCAEYC, which provides peer guides for the mentees, is working to build capacity through several tools such as virtual training, a newsletter, and master calendar. CIELO is planning a Family, Friend, and Neighbor conference for Spring 2026. OCDE will soon start up 2026 professional development opportunities for Quality Start participants.

Since our last report to the board, we've made progress in cultivating a collaborative relationship with the Orange County Workforce Development team. We agreed to co-host two hiring events to recruit Early Education teachers. Our first event was held on January 15, 2026. We had eight employer partners: Goddard School, YMCA of Orange County, Early Childhood Learning Center Irvine Unified School District, Saddleback Valley Unified School District, Kumon, Catalyst Family, Irvine Valley College, and Think Together. There were 17 attendees who were able to have great conversation with their potential employers.

Our apprenticeship program in collaboration with OC Pathways is also progressing. Savanna School District has seven apprentices, two of which have converted to full-time employment. Our next Hiring Event will be on February 25, 2026 in Brea. We currently have four employer partners scheduled and expect more to sign on before the event.

Buena Park School District has three apprentice candidates in the interview process. If they are hired, this will be the first District in Orange County that has new apprentices hired with the approval of their teachers union. This could be a model that can be replicated at other districts across the county. Boys and Girls Club of Garden Grove is still seeking their first apprentice.

Another stream of work is promoting and helping cities to streamline the permitting process to develop child care in their jurisdictions; we are nearing completion of a one-page guide for this work. We have met with Anaheim, Brea, and San Juan Capistrano and have additional city meetings calendared for January and February. As we follow up with cities, we will share the guide and ask for feedback.

The Data Systems Workgroup convened on December 15, 2025, and again on January 27, 2026, with First 5 OC facilitating the group which is focused on improving family access to child care. Participants include a range of system stakeholders like Children's Home Society and Orange County Department of Education as well as child care providers and parent representation. At the kick off meeting, participants shared their vision of what success would look like – in other words, if this working group is successful, what will markers of that success be. Themes that emerged include: family centered, equitable, easy to navigate, provider support, education and awareness, coordination, unified strategy, and use of data. The January meeting focused on what barriers or challenges must be addressed to achieve the vision.

Challenges:
The lack of applicants for early childhood education teaching roles is an ongoing challenge for the workforce apprenticeship program.

❖ Develop Countywide Action Plan for Continuum of Care for Early Relational Health

Accomplishments:
The final Family, Infant, Early Childhood Mental Health (FIECMH) roadmap was completed and presented to the First 5 OC Board in December. There was discussion about the desire to continue this work, including about how to reach families directly, policy and legislation, the connection to basic needs, and the complexity of connecting to services. The final roadmap includes an overview of the shifting landscape, the vision, the roadmap for strengthening and sustaining the continuum of care, and how to move from recommendations to reality (action).

The following day, the roadmap was presented to the community at large. It was well received and there was a lot of engagement throughout the meeting which was held at Key Elementary School in Anaheim. There were 58 participants, including representatives from all key interest holders (22 were first-time attendees, 29 organizations were represented, and four community members received stipends). The meeting included a celebration of accomplishments, an overview of the vision for FIECMH in Orange County, a review of the strategies for action, and process reflection. Participants worked in groups to provide information about what they are doing within each of the strategy areas. They also brainstormed on ideas for what could be done with current resources, or with new funds. All this information was collected and will help to inform the next steps towards the vision, beginning in 2026.

Determining who will hold this work ongoing (such as creating a steering committee or collaborative, or who is the lead agency) is still a work in progress although there are some recommendations and considerations. The community had a lot of questions at the final convening about what this will look like going forward, and expressed the desire to meet more often, even though they are challenged with having enough time.

❖ Increase Well-Child Visits, Developmental Screens and Linkage to Service

Accomplishments:

<u>Detect & Connect OC</u>
The Steering Group has been discussing how Detect & Connect OC can support Medi-Cal redetermination efforts. This is an ongoing topic with the Steering Group and will be a topic at the January 26 meeting. The shared messaging awareness campaign for parents, focused on resources in the community for behavioral health supports for families with young children, has launched and we are monitoring and following up with Detect & Connect OC partners for feedback.

The System of Care Work Group continues to work on the issue of long wait lists for autism diagnoses. At the December Diagnosis Day, 10 children were evaluated and all 10 received confirmed autism diagnoses. 100 percent of these children were recommended for ABA; several required increased ABA hours. One family declined provider linkage. Strategies and approaches that worked well include: CalOptima pre-vetting of eligible children streamlined the Diagnosis Day logistics. Additionally, onsite CalOptima staff reduced physician burden and supported families onsite. Careful invitation management enabled faster diagnosis and clearer next steps, and there

was strong collaboration across Thompson Autism and Neurodevelopmental Center (TANC), CalOptima, and clinical partners. For the future, the plan is to continue with a series of clinic days in 2026 with up to 14 patients per day while exploring providing direct support for pediatricians to complete autism diagnoses in primary care settings. CalOptima's funding for Diagnosis Days will expire in June.

HealthySteps

Four clinics remain in Cohort 1 of the Academy: CHOC, VM Medical, CHOICE and Families Together of OC, Garden Grove. HealthySteps Specialists from all four clinics in Cohort 1 continue to meet monthly with First 5 OC's clinical consultant for mutual sharing of support, best practices, to learn about local resources, and receive continuing education on perinatal/early childhood related topics.

Three additional clinics (Camino Health, Serve the People, and St. Jude's Neighborhood Health) were selected to form a 2nd Academy Cohort and signed contracts with First 5 OC in December 2025. AltaMed's three clinics are on a corrective action plan and were moved to join the 2nd Cohort since they did not meet the minimum implementation standard of hiring a HealthySteps Specialist until December 2025.

In November, First 5 OC hosted an in-person resource fair for HealthySteps partners, because we believe that investing in opportunities for building partnership through personal connection will reduce barriers for families being referred for services. The event was attended by HealthySteps Specialists and referral specialists from grantee clinics in both Cohorts 1 and 2. Participating community resources included local school districts, Help Me Grow, FaCT, United Way/211, Beyond Blindness, Community Health Initiative of Orange County (CHIOC), and the Regional Center of Orange County.

Clinics meet every month with a consultant to review their progress implementing the HealthySteps program. In addition, leads from each clinic meet quarterly with a consultant to review their Performance Metrics. The seven clinics that started in Cohort 1 have been reporting their performance metrics on a quarterly basis. Three (CHOC, Families Together of Orange County, and CHOICE) are billing for the four dyadic services. All the clinics are conducting developmental screenings and are also screening for autism, maternal depression, and family screening (ACES/PEARLS).

One example of the type of success resulting from having HealthySteps at pediatric clinics was reported by one clinic that identified a mother with score of 15 on her maternal depression screening during her infant's 1-month well child visit. After connecting with the HealthySteps Specialist and receiving short-term intervention, the mother's score dropped to 5 (using the Edinburgh Postnatal Depression Scale).

We have learned several lessons from the implementation of HealthySteps thus far. Lessons learned from Federally Qualified Health Centers (FQHCs): The FQHCs can implement the HealthySteps program and align it with their existing behavioral health services. That said, hiring, in some cases, was delayed due to lack of clinical providers that are experienced with pediatric patients and are interested in working in the FQHC setting. Bringing the existing Directors of Behavioral Health and primary care pediatrics up to date on the processes they need to implement and fully integrate before going live with the HS program has taken more time than expected.

Lessons learned from private practices: implementing the HealthySteps program in a private practice with no behavioral health contract with the payer requires time and high touch support.

Implementing HealthySteps also requires concurrent activities, such as modifying the Electronic Medical Record, contracting with Zero To Three and CalOptima Health, setting up internal systems for reporting performance metrics, etc. which requires additional technical assistance. With the 2nd cohort, consultants held 1:1 orientation meetings via zoom with the new grantees, providing them an individualized overview of each step needed to be taken for the concurrent activities to be completed in a timely manner.

OC Screening Registry

No new districts were added to the registry since our last report to the Board, but Brea, Garden Grove and Irvine continue to engage in conversations about it. We continue to partner with CHOC to educate districts and have started to reach out to other Early Learning programs, like Head Start.

❖ Support Implementation of Black PEARL Program

Accomplishments:

A total of $529,916 out of $726,000 in Black PEARL funds were expended by the end of the project year (September 29, 2025), with the following work completed:

- Health+ Studio: conducted in-depth interviews and focus groups in partnership with local organizations, engaging 72 Black PEARL stakeholders and community members.
- Pacific Islander Health Partnership: increased their knowledge of maternal and infant birth outcomes in the Native Hawaiian/Pacific Islander communities and building relationships with other community partners.
- Black Girls Mental Health Foundation: built stronger community partnerships and conducted staff training, strengthening internal systems and community engagement.
- The Suckle Center: strengthened internal infrastructure and community connections.
- MOMS Orange County: conducted staff development to increase engagement and delivery of services to additional populations beyond those traditionally served.
- BreastfeedLA): Conducted recruitment and community engagement activities and provided one-on-one and group lactation counseling and support to 12 families.
- Birthworkers of Color Collective (BWOCC): provided input on UCI materials and approaches, developed virtual training for UCI students and clinicians, conducted recruitment and community outreach activities, and conducted doula training with 16 participants.

Challenges:

BWOCC observed that participants are having trouble in meeting the live birth attendance requirements for doulas while balancing family and work responsibilities. This makes completion of initial steps to Medi-Cal certification challenging.

❖ Deepen and Expand Engaged Neighborhood Work

Accomplishments:

The results of the Engaged Neighborhood evaluation were presented to the First 5 OC Board in October 2025 and the report was shared with all stakeholders. Currently, Engaged

Neighborhoods are utilizing the evaluation report and recommendations to develop proposals for the next funding cycle.

As of this date, one collaborative (SAELI) has submitted a draft of a proposed scope, and we anticipate receiving drafts from the other Engaged Neighborhoods by February. We are asking them to identify a system issue reflective of the need in their specific community, and build a proposal that includes strategies to push on that system and drive improvement, with direct family experiences informing the system barriers and solutions.

❖ Formalize Family Voice in First 5 OC Programs at Different Levels of Engagement

Accomplishments:
One of the goals of this work is to formalize family voice in First 5 OC programs at different levels of engagement. First 5 OC staff joined the Home Visiting monthly check-in in November and presented to the agencies on how we work with parents (Family Ambassadors). After the presentation, we shared the family engagement self-assessment tool and agencies committed to complete the assessment on their own and have staff return to their February meeting to review their assessments and see if they need support to continue incorporating parents/caregivers to their parent advisory committee.

Staff is also scheduled to meet with school districts by region in March to present on how to incorporate more parent voice in their work. After the presentation, we will identify which school districts need more one-on-one support to work with families.

The Family Ambassador team working with Kid Builders continues to meet monthly and in December, they submitted a proposal to create meet ups with families of all abilities to provide Kid Builder activities and work on social and emotional maturity for children as well as to provide community building for parents/caregivers. One Family Ambassador is also working on promoting Kid builders with different parent groups and other venues such as Learning Links and parenting classes.

The activities that the Family Ambassadors are proposing are directly linked with First 5 OC's community outreach efforts and before moving forward with planning these activities, the team will meet with Vy Le, who manages all events, to create protocols for events to standardize how events are programmed and planned.

❖ Increase the Relevance and Use of Early Development Index (EDI)

Accomplishments:
Over the past two months, we have continued rolling out the EDI data, making five EDI presentations, including to Community Schools Initiative partners, Fullerton Collaborative, family advisory groups, and the early care and education collaborative. We have been analyzing the teacher feedback received from this last round of EDI data collection and are preparing lessons

learned that we can share with school districts as well as our internal teams. Additionally, we updated our EDI Spotlights and these are now live on our website.

In terms of our work to include charter school data in the EDI, we have four charters who have committed to collecting EDI data. One of these has two sites, so we will have a total of five sites collecting data this year. Two charters have already been trained and are beginning to collect data. The other two charters will be trained in February.

❖ Elevate Importance of Father Engagement Across First 5 OC and Partners

Accomplishments:
In January, staff presented to HealthySteps Specialists about the importance of fatherhood engagement and provided tips to help engage. We are currently supporting the planning for two father-related conferences in April. First is the OC Fatherhood Coalition (OCFC) Conference on April 7th which will be focused on growing provider knowledge on engaging dads. Second, is the Father Fest, which had a successful inaugural event last year. Orange County Department of Education (OCDE) has agreed to host again this year, and planning for this event will begin soon. First 5 OC will present a recognition to OCDE at the April board meeting to thank them for their work on last year's Father Fest.

We are also currently finishing the text for the Papa-teria game curriculum, and exploring applying for the National Fatherhood Initiatives Pro Fathering 15 Request for Applications to become a test site of that online curriculum.

Challenge
It has been a challenge finding professionals to present at the conference in OC who specialize in Dads.

❖ Strengthen School District Data-Informed Engagement and Relationship Building

Accomplishments:
School districts continue their planned activities to further and more strongly integrate early childhood education into their overarching school district system. Quarterly check-in meetings were held with school districts in November, and there was an in-person meeting held in December with all districts together.

The districts are regularly using EDI data to plan learning and special activities within classroom and on-site programs such as Learning Links, and at special events where data is showcased and activities are shared to support families with their children's development in specific domain and sub-domain areas. They are also continuing work to increase family and community engagement. A particular success to note is the integration in many school districts of Community School efforts (staff, resource centers, activities and outreach) that is also supporting making these connections and bridging services and supports for families.

❖ Provide Technical Assistance and Capacity Building for Orange County Black Infant Health (BIH)

Accomplishments:
There are currently 38 clients enrolled in BIH: 30 in group sessions and receiving 1:1 support and eight receiving only 1:1 support. To increase enrollment, BreastfeedLA has continued to deepen relationships with the following organizations: Cactus in Bloom, Cinnamon's, WIC, Olive Crest, Birthworkers of Color Collective, CAP OC, Irvine Milk Bank, HEAAL, CalOptima, MOMS Orange County, Help Me Grow, Sunrise Church, Alpha Kappa Alpha Sorority, Inc. Orange County Chapter, Little Honey Doula Services, SET Ministries, El Camino College, The Suckle Center, and Covenant City Fellowship.

We continue to be a liaison between BreastfeedLA and the Orange County Health Care Agency (HCA) to help navigate contract and budget questions. Additionally, we have begun planning for evaluation of the program, with data currently being gathered and organized (including reports and units of service). BreastfeedLA will request approval from HCA to collect qualitative data to better understand participant experiences and outcomes. The evaluation schedule is as follows: design to be finalized at the end of January, with preliminary analysis completed mid-February to support F5OC's strategic planning process.

Challenges:
Outreach and recruitment continue to be barriers to increased enrollment. Black families live across many areas of the county, which makes outreach and recruitment challenging because there is no central location to connect with them. The BIH team has been tabling at events but to date, these events have not led to greater connection with the Black community.

For program evaluation, while capturing qualitative data is important for understanding the experiences and stories behind the quantitative data, our ability to collect a substantial volume of qualitative data may be limited. In addition, the evaluation will be conducted while the program is still in its early stages of development. As a result, we can speak to the program's impact on individual families, but we will not yet be able to assess its broader, population-level impact.

Finally, as of this report date, Orange County Health Care Agency has not released an RFP to select an agency to implement BIH beyond June 2026, which makes long-term planning challenging. Considerations extend beyond program operations to include impacts on outreach and recruitment, trust and relationship-building within the community, ongoing lease obligations, and staff's ability to plan in the face of an uncertain future. Many staff members reflect the population served by BIH and are experiencing anxiety about what comes next if the program ends.

Note: We met with BreastfeedLA at the end of January to identify outreach and recruitment strategies to increase enrollment as well as to begin contingency planning in the event the organization is no longer able to implement BIH beyond June 2026.

❖ Develop Clear Messaging for First 5 OC to Cultivate and Leverage Partnerships and Improve Outcomes for Young Children and Families

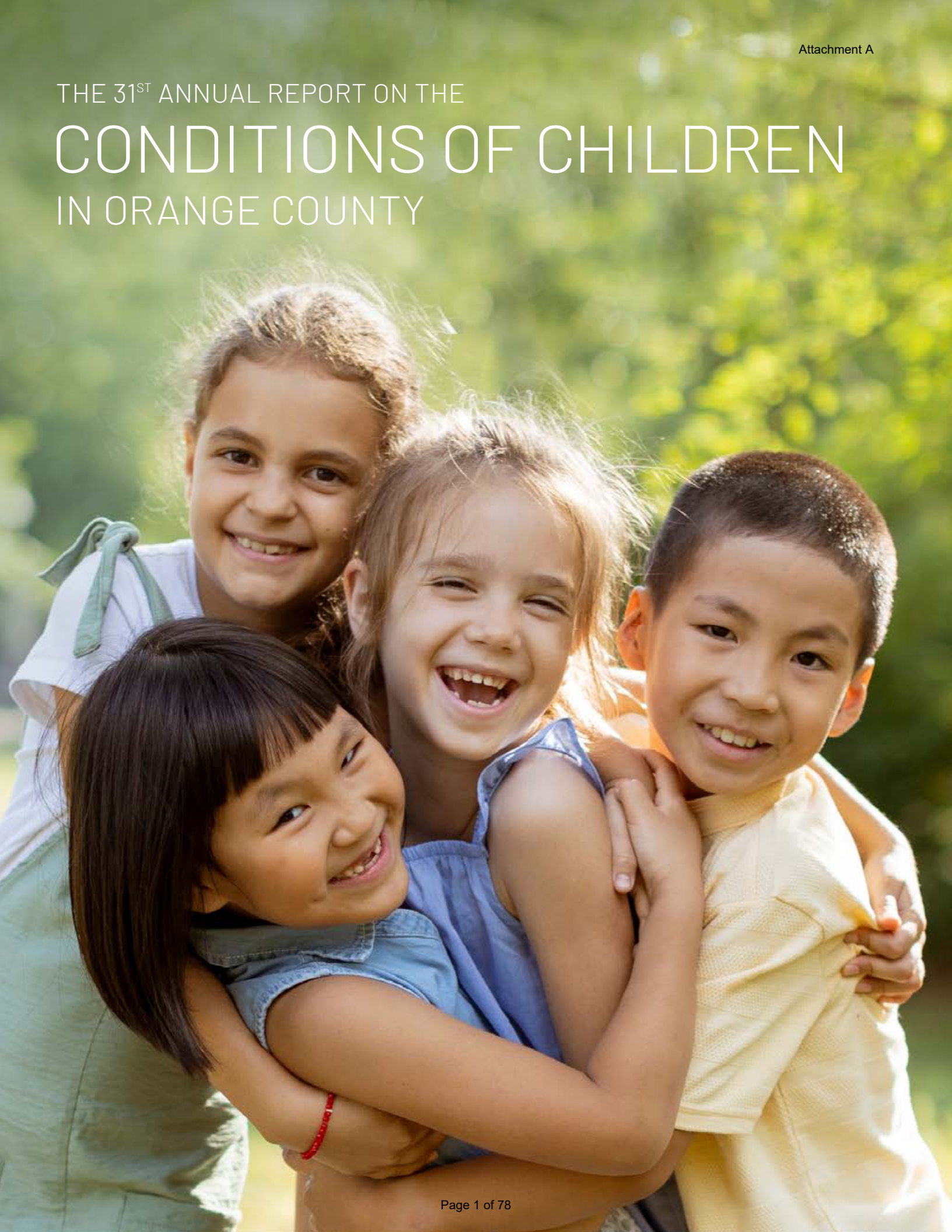
Accomplishments:
The communications team has been working on updating program descriptions and the website to align with our key messaging. We developed a set of introductory slides that all staff can use in presentations so that we have consistent language and messages to describe our work. We also updated the First 5 OC one-pager to reflect current priorities and messaging.

We are currently working on developing a targeted campaign using key messages focused on home visiting. In addition, we developed and implemented a social media campaign centered on Early Developmental Indicators (EDI). Both efforts are designed to reinforce consistent messaging, increase awareness, and make complex information more accessible to families, partners, and the broader community.

In the future, we want to expand campaign efforts to include father engagement and child care messaging; develop impact stories for 5 Minutes with First 5 to better connect data to lived experience; and continue refining social media strategies so that our key messages are consistently reflected across all platforms and materials. This will require additional internal capacity, and we are in the process of recruiting a Sr. Marketing Communications Manager which will allow us to build on the messaging work to date.

THE 31ST ANNUAL REPORT ON THE

CONDITIONS OF CHILDREN IN ORANGE COUNTY



CONTRIBUTORS TO THE REPORT

SPONSORED BY:

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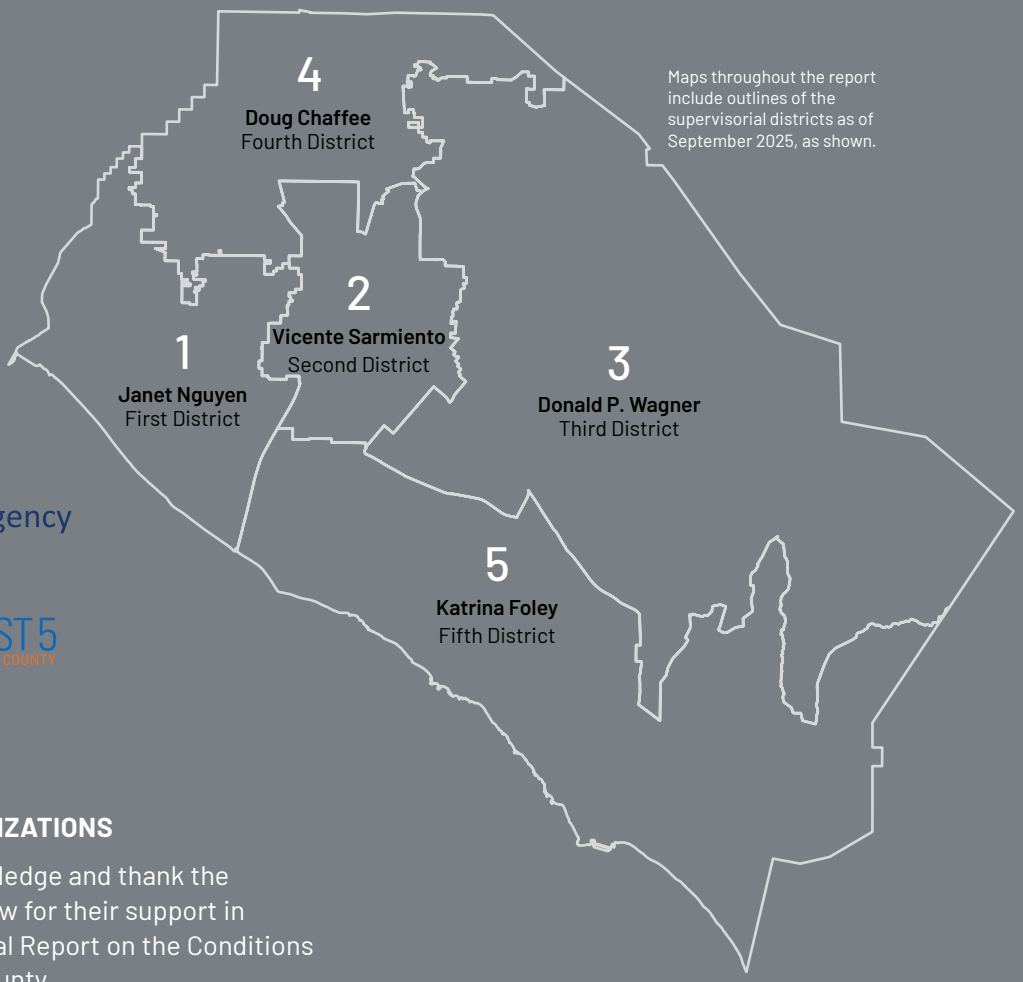
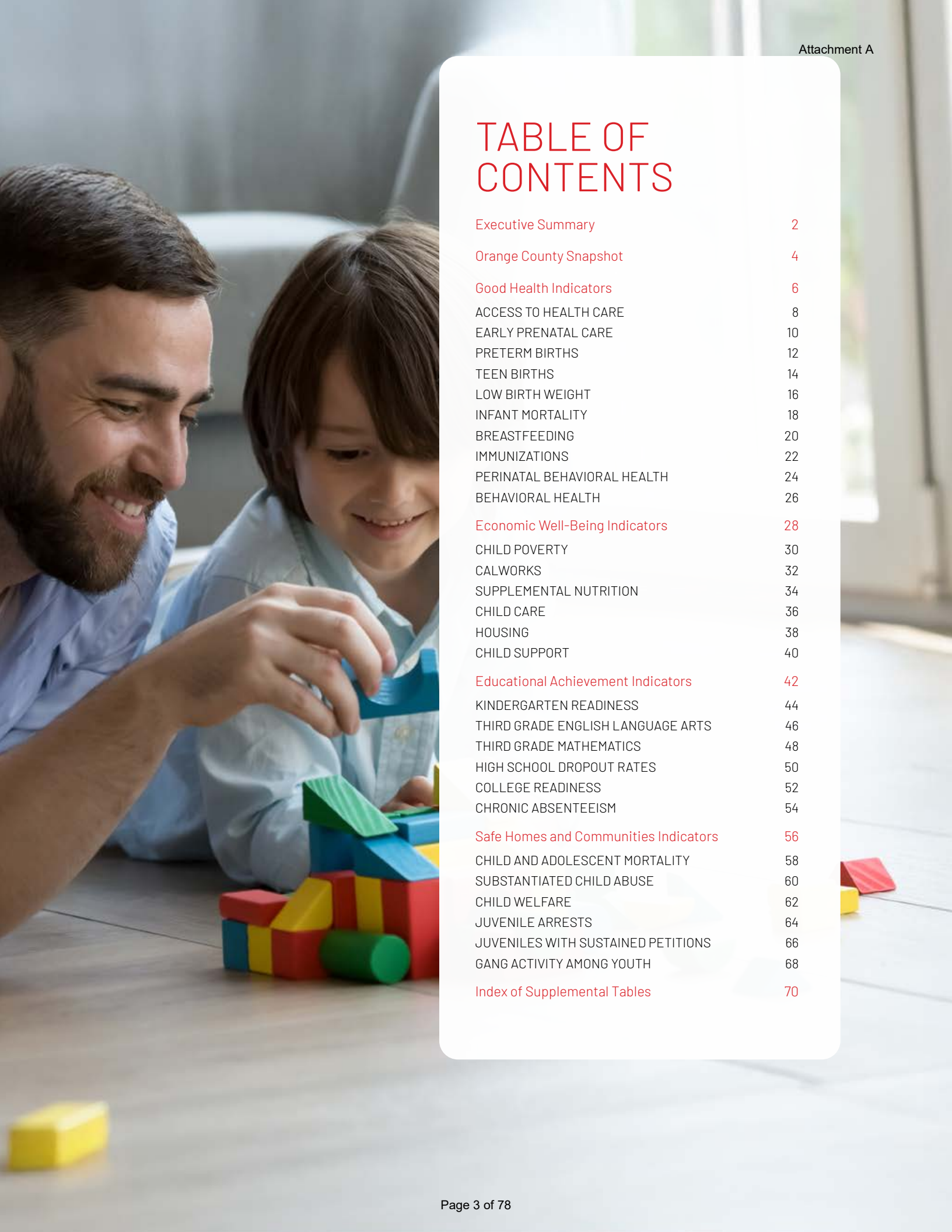


Maps throughout the report include outlines of the supervisorial districts as of September 2025, as shown.

CONTRIBUTING ORGANIZATIONS

We would like to acknowledge and thank the organizations listed below for their support in developing the 31ST Annual Report on the Conditions of Children in Orange County.

California State University Fullerton
Children and Families Coalition of Orange County
Children's Home Society of California
County of Orange Social Services Agency
First 5 Orange County
Orange County Child Support Services
Orange County Department of Education
Orange County District Attorney
OC Health Care Agency
Orange County Probation Department
Orange County Special Education Local Plan Area Directors
Regional Center of Orange County
The Raise Foundation



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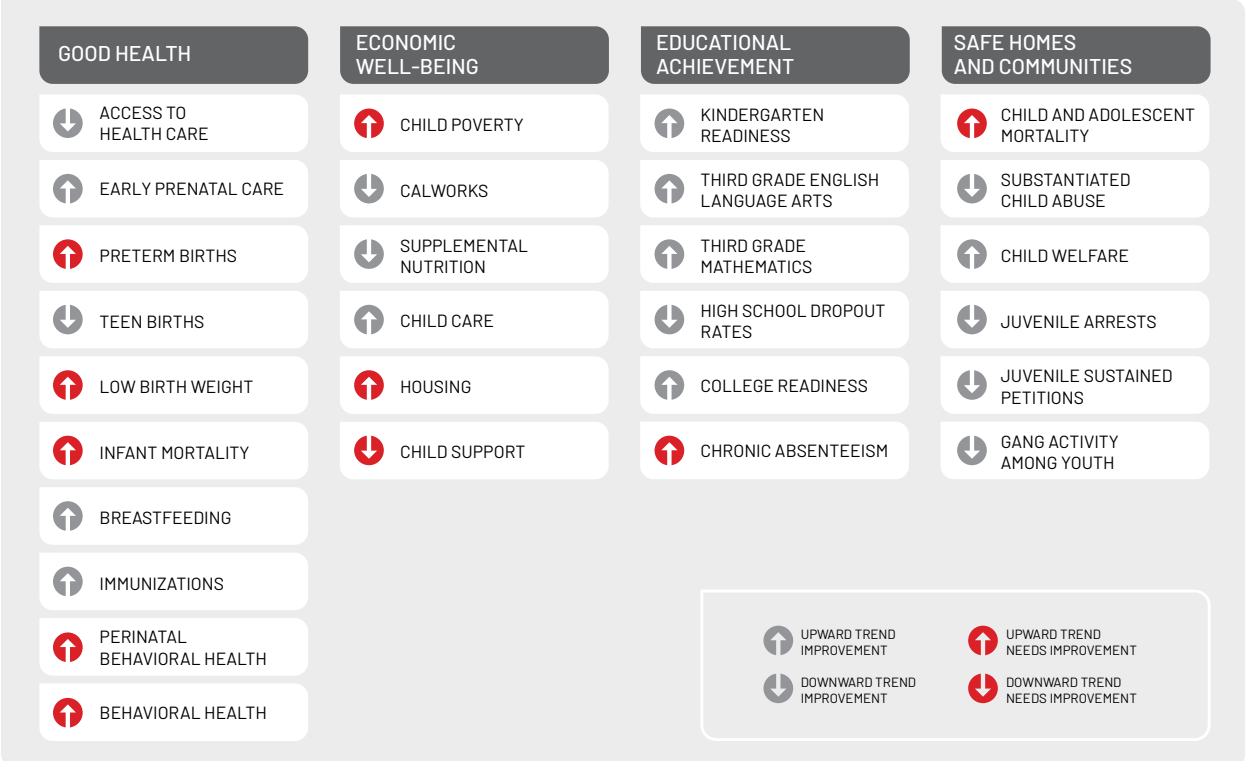
EXECUTIVE SUMMARY

The 31ST 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.

This report is intended to be used by community members, Orange County leaders and supporters of children to:

- **Identify trends:** By examining data over the past 10 years, readers can identify improving or worsening trends in health, economic well-being, education and safety. This information can help inform decisions about resource allocation and program development.
- **Understand disparities:** The report provides data on disparities across various demographics such as race/ethnicity, age and school district/communities of residence. This information can help identify specific populations that may require additional support or resources to address their needs.
- **Develop data-informed solutions:** By understanding trends and disparities, report readers can develop data-informed solutions to address the needs of children and families in their community. This may involve advocating for new programs or policy changes while supporting existing initiatives.

The Conditions of Children report is a valuable tool for the Orange County community to gain a deeper understanding of the challenges facing children and families in the county and to develop effective solutions to address these challenges.



GOOD HEALTH

Getting Better

Orange County is making progress in children's health. More pregnant people are getting early prenatal care and most young children in child care are getting vaccinated, helping protect them from serious illnesses. More young people are receiving psychological and emotional counseling, indicating better access and less stigma around mental health care.

Needs Work

Even with improvements, some health challenges remain. Many children still face delays or obstacles when trying to get medical care. Increasingly, babies are born early or with low birth weight. Teen birth rates are still low overall, but they've gone up slightly since 2021.

EDUCATIONAL ACHIEVEMENT

Getting Better

More students from socioeconomically disadvantaged families are meeting reading standards in third grade and their math scores continue to improve. Orange County students are doing better than the state average on reading and math achievement. More high school graduates are ready for college and fewer students are missing school since the height of the COVID-19 pandemic.

Needs Work

While most areas of kindergarten readiness improved, emotional maturity recently declined. Also, the high school dropout rate is rising again, nearly reaching pre-pandemic levels.

ECONOMIC WELL-BEING

Getting Better

Access to child care is improving, with more licensed spaces available for young children. Local support for families is strong and investments in child care are helping. However, the cost of care — especially for infants — is still very high and rising faster than inflation.

Needs Work

More students are qualifying for the National School Free and Reduced Price Lunch program, showing that financial need is growing. After years of decline, more children are now receiving food and financial assistance through CalFresh and CalWORKs, respectively. Housing insecurity is also increasing, with more students living in unstable or crowded housing situations.

SAFE HOMES AND COMMUNITIES

Getting Better

More foster youth are finding permanent homes, often through reunification with their families. Juvenile arrest rates are still lower than the state average and fewer cases are leading to serious legal outcomes. More long-term foster youth in Orange County are finding permanent homes.

Needs Work

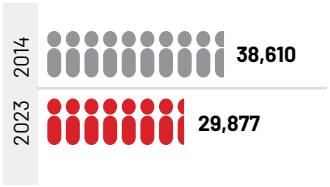
Most child and teen deaths are happening among older teens. While injury deaths have gone down overall, accidental deaths like car crashes and poisonings — which includes drug overdoses — have increased. Child abuse remains a serious concern, with Orange County's rate of confirmed cases still higher than the state average.

ORANGE COUNTY SNAPSHOT

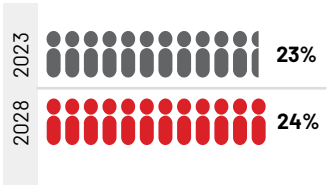
Population

Over 3.135 million people were living in Orange County in 2023, down 0.3% since 2014[1]

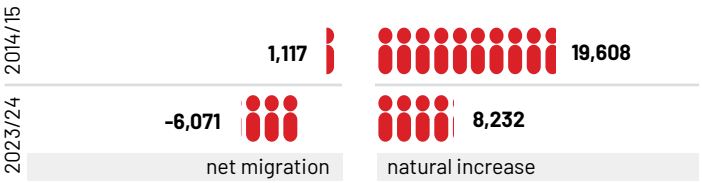
NUMBER OF BIRTHS IN ORANGE COUNTY[2]



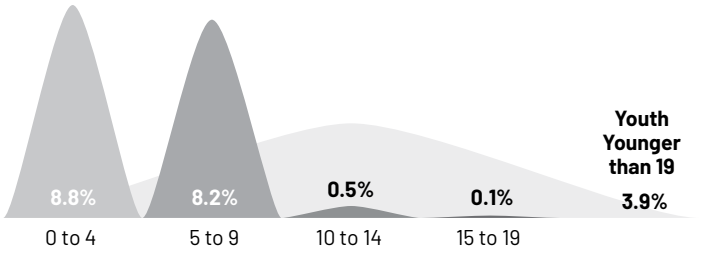
PROJECTED PERCENT CHILDREN IN ORANGE COUNTY[3]



POPULATION INCREASE DUE TO NET MIGRATION VS. NET NATURAL INCREASE[4]

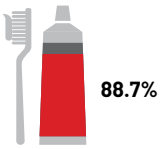


PROJECTED ANNUAL GROWTH RATE, BY AGE, 2023 TO 2028



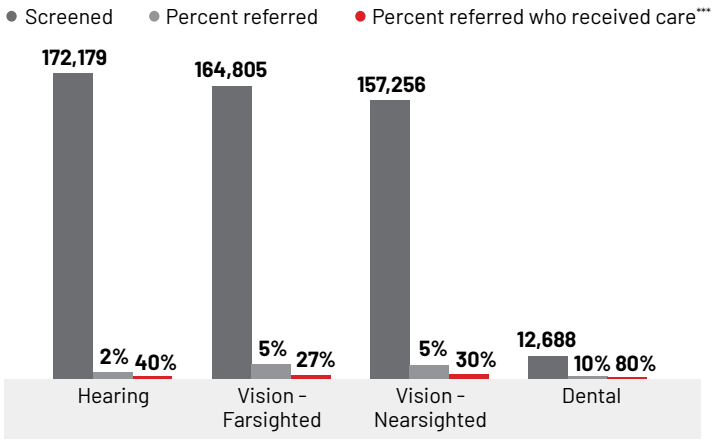
Good Health

LAST VISIT TO THE DENTIST WAS 6 MONTHS AGO OR LESS AMONG CHILDREN (3 TO 11 YEARS), 2023[11]



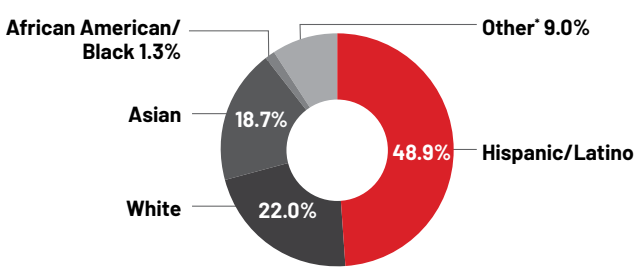
HEALTH STATUS OF CHILDREN (0 TO 17 YEARS) WAS EXCELLENT OR VERY GOOD, 2023[12]

STUDENT HEALTH SCREENING AND REFERRALS, 2024/25[13]

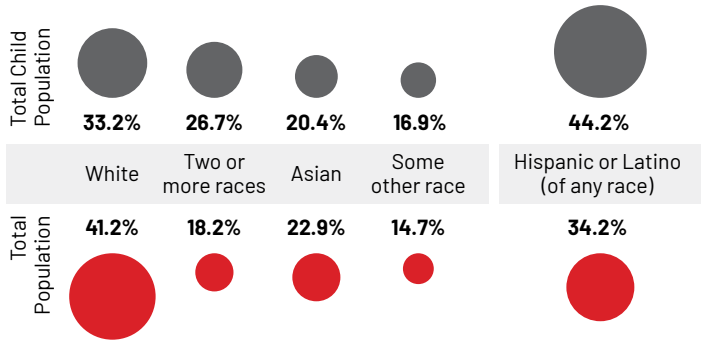


Demographics

GRADE K-12 STUDENT POPULATION (437,276) BY RACE/ETHNICITY GROUP, SCHOOL YEAR 2023/24[8]



DEMOGRAPHICS** OF CHILDREN[9] AND TOTAL POPULATION,[10] 2023

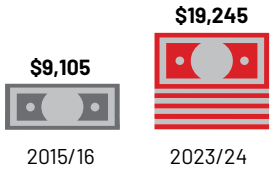


*All Other includes Two or More Races, Filipino, Pacific Islander, American Indian or Alaska Native, and Not Reported. **Black or African Americans represent 1.4% of children and 1.6% of the total population. American Indians and Alaska Natives represent 1.0% of children and 0.9% of the total population. Native Hawaiians and Other Pacific Islanders represent 0.3% of children and of the total population. ***Percentage received care is based upon exam reports submitted back to the school by parents.

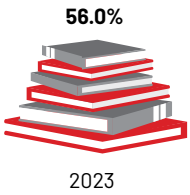
[1] U.S. Census, American Community Survey, One-year Estimates. [2] OC Health Care Agency. [3] ESRI, 2024. Youth ages 0-19 years. [4] California Department of Finance, E-2. California County Population Estimates and Components of Change by Year. [5] California Health Interview Survey, 2022. [6] California Health Interview Survey, 2022. [7] Orange County Department of Education (OCDE), School Health Program. [8] CDE DataQuest. [9] American Community Survey 2023 One-year Estimates, Table S0901. [10] American Community Survey 2023 One-year Estimates, Table DP05.

Educational Achievement

ANNUAL EXPENDITURE PER PUPIL[5]

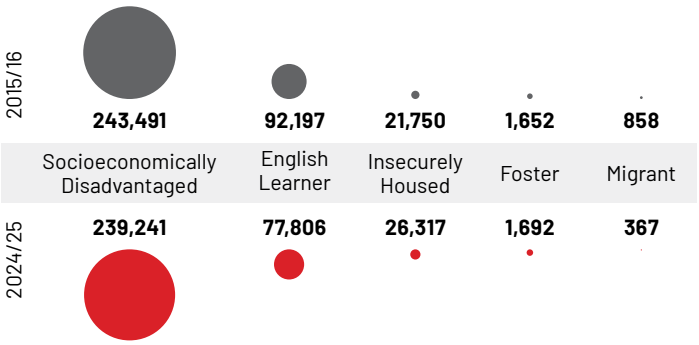


CHILDREN ARE READ TO DAILY (0 TO 5 YEARS)[6]

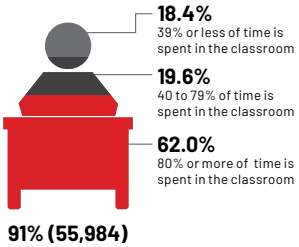


STUDENT ENROLLMENT

STUDENT ENROLLMENT BY PROGRAM



SPECIAL EDUCATION STUDENT ENROLLMENT BY PROGRAM SETTING, 2024/25



General Education Classroom

Preschool

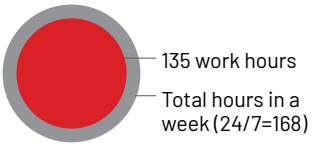
7% (4,106)

Separate School or Other

2% (1,314)

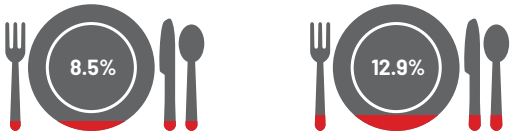
Economic Well-Being

A MINIMUM WAGE EARNER MUST WORK 80% OF THE TOTAL HOURS IN A WEEK TO AFFORD A TWO-BEDROOM APARTMENT[14]

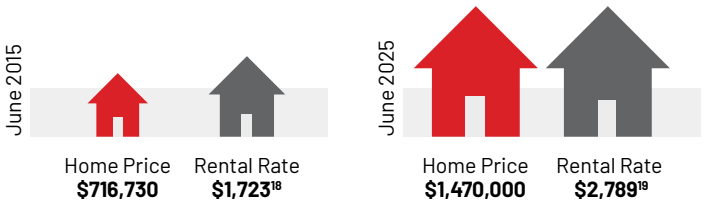


UNEMPLOYMENT[15]

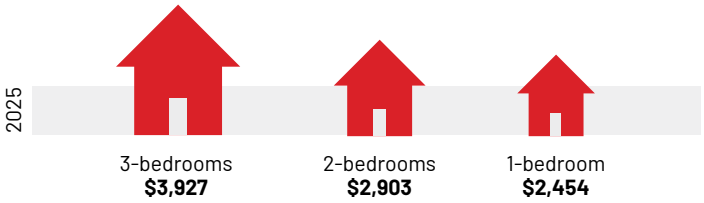
CHILD (0 TO 17 YEARS) FOOD INSECURITY[16]



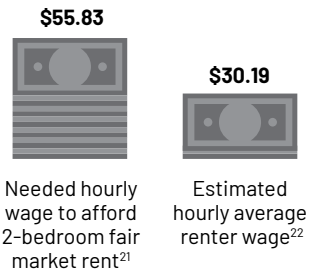
MEDIAN HOME PRICE[17] AND MEDIAN AVERAGE RENTAL RATE



FAIR MEDIAN MARKET RENT[20]



HOURLY WAGE, 2025



MINIMUM INCOME NEEDED TO PURCHASE A MEDIAN-INCOME HOME[23]

[11] California Department of Education, Current Expense of Education. [12] California Health Interview Survey. [13] Orange County Department of Education (OCDE), School Health Program. [14] National Low Income Housing Coalition, Out of Reach: California, https://nlihc.org/oor/state/ca. [15] BLS Local Area Unemployment Statistics Map by Counties. [16] Feeding America, Map the Meal Gap. [17] California Association of Realtors, Historical Housing Data, Median Prices of Existing Detached Home. [18] U.S. Residential Rent Statistics. Department of Numbers https://www.deptofnumbers.com/rent/california/orange-county/. [19] RentCafe, https://www.rentcafe.com/average-rent-market-trends/us/ca/orange/. [20] RentCafe, https://www.rentcafe.com/average-rent-market-trends/us/ca/orange/. [21] National Low Income Housing Coalition, Out of Reach: California, https://nlihc.org/oor/state/ca. [22] National Low Income Housing Coalition, Out of Reach: California, https://nlihc.org/oor/state/ca. [23] California Association of Realtors, Traditional Housing Affordability Index (HAI) measure

GOOD HEALTH INDICATORS

ACCESS TO HEALTH CARE

PERCENT OF UNINSURED CHILDREN

2014	2023
5.0%	3.4%

LOW BIRTH WEIGHT

PERCENT OF INFANTS WITH LOW BIRTH WEIGHT

2014	2023
6.3%	7.4%

PERINATAL BEHAVIORAL HEALTH

PERCENT OF BIRTHING PERSONS WHO EXPERIENCED SYMPTOMS OF DEPRESSION AFTER PREGNANCY

2016-18	2020-2022
11.1%	13.8%

EARLY PRENATAL CARE

PERCENT OF INFANTS BORN TO PEOPLE WHO RECEIVED EARLY PRENATAL CARE IN THE FIRST TRIMESTER EXCLUDING SELF-PAY DELIVERIES

2014	2023
87.8%	91.0%

INFANT MORTALITY

RATE OF INFANT MORTALITY PER 1,000 LIVE BIRTHS

2014	2023
3.0	3.2

BEHAVIORAL HEALTH

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

2014	2023
24.5	37.2

PRETERM BIRTHS

PERCENT OF PRETERM BIRTHS

2014	2023
7.4%	8.8%

BREASTFEEDING

PERCENT EXCLUSIVE BREASTFEEDING IN-HOSPITAL

2014	2023
64.6%	66.1%

TEEN BIRTHS

BIRTH RATE PER 1,000 FEMALES 15 TO 19 YEARS

2014	2023
13.8	6.2

IMMUNIZATIONS

PERCENT OF CHILDREN ADEQUATELY IMMUNIZED BY KINDERGARTEN

2015	2024
92.5%	96.0%

- 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.

ACCESS TO HEALTH CARE

NEARLY ONE IN 10 CHILDREN IN ORANGE COUNTY FACE DELAYS OR BARRIERS TO MEDICAL CARE.

DESCRIPTION OF INDICATOR

This indicator reports the number and percentage of children 18 years and younger[1] 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?

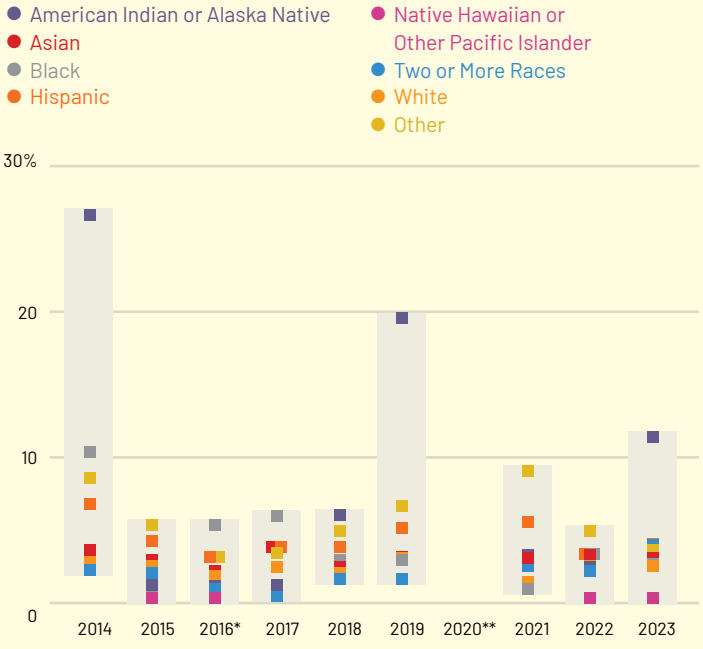
The National Academies of Sciences, Engineering, and Medicine (formerly known as the Institute of Medicine) define access to health care as the "timely use of personal health services to achieve the best possible health outcomes."[2] Access to healthcare is a critical component of health equity, as unequal access often leads to disparities in health outcomes — where those facing barriers to care experience worse overall health. 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 2023, 3.4% of children in Orange County were uninsured, an increase from 3.2% in 2022. Rates had decreased from 5.0% in 2014 to a low of 2.5% in 2016, rising to 4.0% in 2019. The uninsured rate improved from 4.0% in 2019 to 3.0% in 2022, before increasing again in 2023 to 3.4%.
- Orange County had a slightly higher rate of uninsured children (3.4%) compared to California (3.2%) and a lower rate than the United States (5.4%).
- Asian children and children of Other races experienced improvements in uninsured rates, dropping from 3.3% to 3.1% and 5.0% to 3.7%, respectively, between 2022 and 2023.
- Hispanic children's uninsured rate rose to 4.1%, and for children of Two or More Races, it increased to 4.0%. American Indian or Alaska Native children had the highest rate at 11.4%. There was insufficient data for Native Hawaiian or Other Pacific Islander[3] children.
- The percentage of very young uninsured children (0 to 5 years) decreased from 3.2% in 2014 to 2.8% in 2023, representing a 24.0% decrease in the number of children without insurance (from 7,173 to 5,451). For children ages 6 to 18, the uninsured rate fell from 5.9% to 3.6%, a 38.9% reduction in the number of uninsured children (from 28,921 to 17,649).
- The California Health Interview Survey (one-year estimate 2023) reveals:
  - An estimated 10.8% of Orange County children 18 years and younger did not have a usual source of care to go to when they were sick or needed health advice.
  - Approximately 7.0% of Orange County children experienced a delay or lack of medical care.
  - Most Orange County children who had access to a usual source of care went to a doctor's office (74.6%), while 24.1% usually went to a clinic or community hospital. The proportion of children who regularly visited an emergency department, urgent care center or some other location was 1.3%.[4]

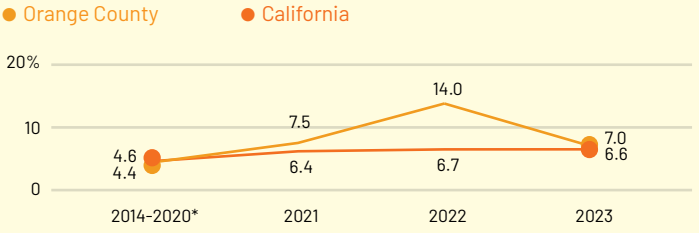
[1] The age categories changed from 6 to 17 years in 2016 and prior, to 6 to 18 years in 2017. The U.S. Census released the following statement regarding the changes: "[In 2017] Multiple health insurance tables were updated to have categories that better align with the current health insurance landscape [.] [2] Institute of Medicine (U.S.) Committee on Monitoring Access to Personal Health Care Services. (1993). Access to health care in America (M. Millman, Ed.). National Academies Press. [3] Due to the smaller population size of Black, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander individuals in Orange County, rate estimates are unstable with wider margins of error compared to the Hispanic, Asian, White, and Other or population of two or more races. [4]Statistically unstable estimates.

Percent of Children Uninsured, by Race/Ethnicity
2014 to 2023



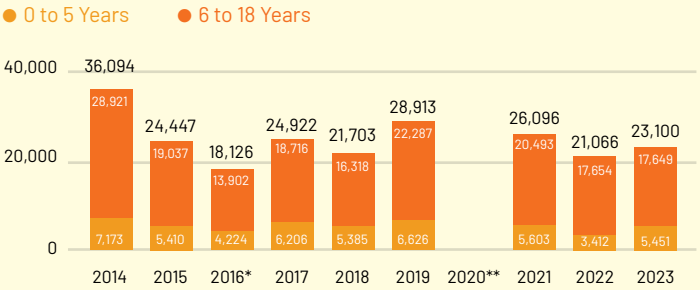
*In 2017, the age category was updated from 6 to 17 years (used in 2016 and earlier) to 6 to 18 years. See footnote 1 on the previous page for additional information.
**Due to disruptions in data collection caused by COVID-19, one-year population estimates for this topic are not available from the American Community Survey for 2020. For more on the limitations of one-year 2020 estimates, see https://www.census. gov/newsroom/press-releases/2021/changes-2020-acs-1-year.htmls.
Note: Estimates among Black, American Indian or Alaska Native and Native Hawaiians or Other Pacific Islander populations have wide margins of error and large variability year to year due to their small population size in Orange County. For that reason, the estimates of uninsured in these populations should be interpreted with caution.
Source: U.S. Census Bureau, American Community Survey, One-year Estimates, Tables B27001 A-I and C27001 A-E

Percent of Children Who Experienced a Delay or Lack of Medical Care, 2014 to 2023



*2014-2020 rates have been pooled so that data is statistically stable.
Source: California Health Interview Survey, 2023

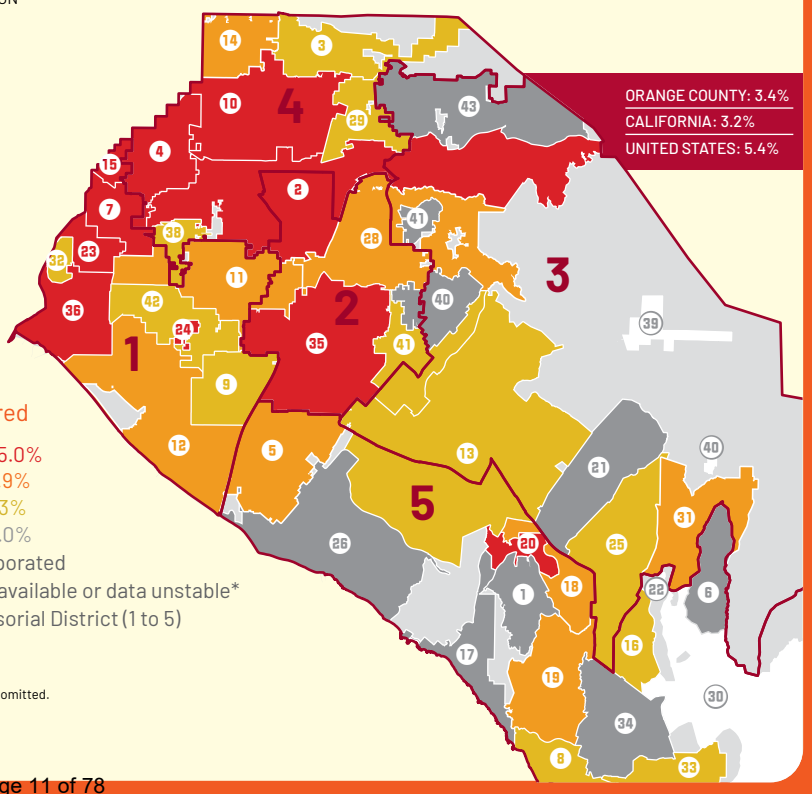
Number of Children Who Were Uninsured, by Age Group, 2014 to 2023



*In 2017, the age category was updated from 6 to 17 years (used in 2016 and earlier) to 6 to 18 years. See footnote 1 on the previous page for additional information.
**Due to disruptions in data collection caused by COVID-19, one-year population estimates for this topic are not available from the American Community Survey in 2020. For more on the limitations of one-year 2020 estimates, see https://www. census.gov/newsroom/press-releases/2021/changes-2020-acs-1-year.html.
Source: American Community Survey, One-year Estimates, Table 2701 and Table B27001

Percent of Children Younger than 19 Who Were Uninsured, by Community of Residence, 2019-2023

1. ALISO VIEJO 1.4%
2. ANAHEIM 4.0%
3. BREA 2.2%
4. BUENA PARK 6.1%
5. COSTA MESA 3.5%
6. COTO DE CAZA 2.0%
7. CYPRESS 5.3%
8. DANA POINT 2.3%
9. FOUNTAIN VALLEY 2.2%
10. FULLERTON 6.2%
11. GARDEN GROVE 3.9%
12. HUNTINGTON BEACH 3.7%
13. IRVINE 2.4%
14. LA HABRA 3.7%
15. LA PALMA 4.1%
16. LADERA RANCH 2.9%
17. LAGUNA BEACH 1.4%
18. LAGUNA HILLS 3.6%
19. LAGUNA NIGUEL 3.7%
20. LAGUNA WOODS 25.0%
21. LAKE FOREST 1.3%
22. LAS FLORES NO DATA
23. LOS ALAMITOS 10.5%
24. MIDWAY CITY 4.6%
25. MISSION VIEJO 3.0%
26. NEWPORT BEACH 0.7%
27. NORTH TUSTIN 0.8%
28. ORANGE 3.4%
29. PLACENTIA 3.0%
30. RANCHO MISSION VIEJO NO DATA
31. RANCHO SANTA MARGARITA 3.6%
32. ROSSMOOR 2.2%
33. SAN CLEMENTE 2.3%
34. SAN JUAN CAPISTRANO 0.6%
35. SANTA ANA 5.4%
36. SEAL BEACH 4.4%
37. SILVERADO NO DATA
38. STANTON 2.5%
39. TRABUCO CANYON NO DATA
40. TUSTIN 2.6%
41. VILLA PARK 0.0%
42. WESTMINSTER 3.2%
43. YORBA LINDA 1.8%



*Rates based on less than five occurrences and/or the denominator minus numerator is <10 are unstable and have been omitted.
Note: No data indicates that the dataset does not include information on the particular community.
Source: U.S. Census Bureau, American Community Survey, Five-year Estimates

EARLY PRENATAL CARE

EARLY PRENATAL CARE RATE EXCEEDS THE NATIONAL TARGET.

DESCRIPTION OF INDICATOR

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

Why is this indicator important?

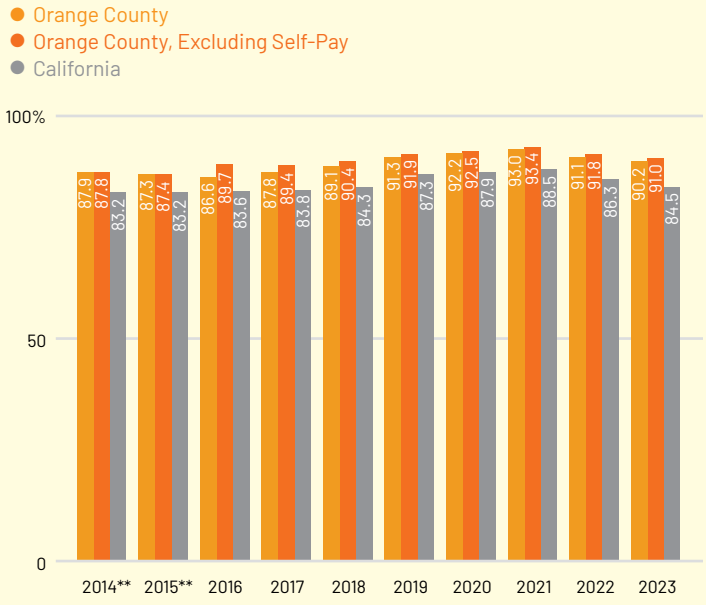
Getting regular prenatal care as soon as someone knows they are pregnant improves the potential for a healthy pregnancy resulting in a full-term baby. Ideally, this care should begin with a preconception care visit to a health care provider. Prenatal care provides screening and management of a pregnant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

Findings

- In 2023, Orange County's rate of pregnant people receiving early prenatal care was 90.2%, higher than both California (84.5%) and the United States (76.1%).[3]
- The percentage of pregnant people receiving early prenatal care steadied after rebounding from a low of 86.6% in 2016.[4] The rates have seen less fluctuation recently due to a decrease in self-pay deliveries.[5] Nationally, the Healthy People 2030 goal is 80.5% or higher.[6]
  - Self-pay deliveries are those paid through cash payment rather than health insurance and are often associated with foreign visitors who travel to the U.S. to give birth. These births are less likely to have recorded prenatal care than those paid through health insurance. In 2023, there were 1,611 self-pay deliveries in Orange County, which was an increase from 2021's 10-year low of 818 deliveries and 2022's 1,028, but still substantially lower than the yearly average between 2014 to 2019 (3,530).
  - When self-pay deliveries are excluded, the percent of pregnant people who received early prenatal care in Orange County in 2023 increased from 90.2% to 91.0%.
- With self-pay deliveries excluded, 94.2% of White pregnant people received early prenatal care followed by Asian (93.4%), Hispanic (87.8%), Black (86.7%) and Native Hawaiian or Other Pacific Islander (78.3%) pregnant people.

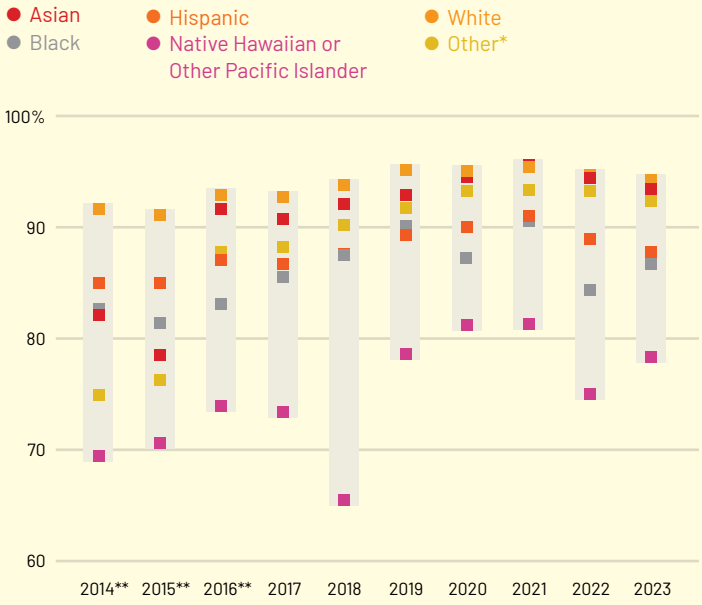
[1] Hagan, J. F., Shaw, J. S., and Duncan, P. M., Eds. (2008). [2] Smith, A. and Bassett-Novoa, E., Late Presentation to Prenatal Care, American Family Physician, Volume 92, Number 5, September 1, 2015. [3] National Center for Health Statistics, final natality data. Retrieved from www.marchofdimes.org/peristats. [4] Further analyses of the California Birth Statistical Master Files indicate that early prenatal care in Orange County remains relatively stable when birth circumstances related to self-pay deliveries are considered. However, disparities between ethnicities and races persist. [5] Self-pay deliveries in Orange County increased substantially between 2014 and 2019. Analysis of trends indicates a correlation between individuals with self-pay deliveries and lower rates of documentation of early prenatal care. Asian people represent the highest proportion of self-pay births (422), followed by Whites (327). 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. [6] Office of Disease Prevention and Health Promotion, Healthy People 2023.

Percent of Pregnant People who Received Early Prenatal Care in the First Trimester, Orange County* and California, 2014 to 2023



*Starting with the 31st Annual Report on the Conditions of Children, the OC Health Care Agency has updated its methodology to align with the California Department of Public Health. The data now excludes records with unknown prenatal care initiation. Data for previous years have also been updated in this graph, and thus will not align with previous years' reports.
**Data for 2014 and 2015 have not been updated to exclude records with unknown prenatal care initiation.
California Source: California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Prenatal Care Dashboard.
Orange County Source: OC Health Care Agency

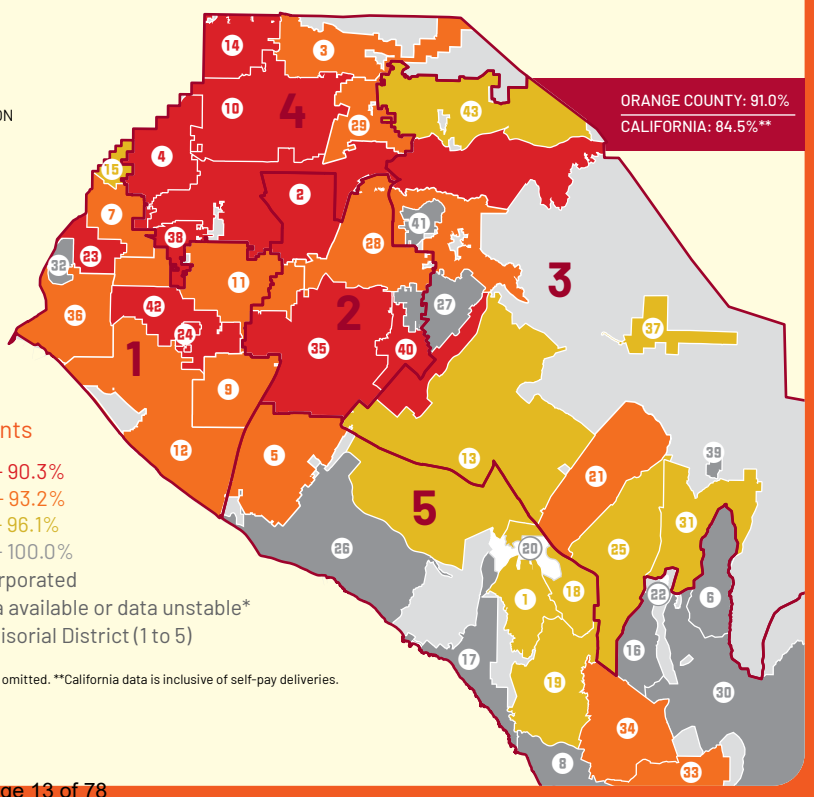
Percent of Pregnant People who Received Early Prenatal Care in the First Trimester, Excluding Self-Pay Deliveries, by Race/Ethnicity, 2014 to 2023



*Other includes American Indian/Native Alaskan, More than One Race, and Other. Race/ ethnicity definitions vary during certain time periods due to CDPH updating race/ethnicity algorithms and variables.
**Data for 2014 to 2016 have not been updated to exclude records with unknown prenatal care initiation.
Note: Starting with the 31st Annual Report on the Conditions of Children, the OC Health Care Agency has updated its methodology to align with the California Department of Public Health. The data now excludes records with unknown prenatal care initiation. Data for 2017 to 2023 have also been updated in this graph, and thus will not align with previous years' reports.
Note: Previous editions of this report combined Asian and Native Hawaiian or Other Pacific Islander into a single data point. They have now been disaggregated and appear separately.
Source: OC Health Care Agency

Percent of Pregnant People who Received Early Prenatal Care, Excluding Self-Pay Deliveries in Orange County, by Community of Residence, 2023

1. ALISO VIEJO 95.3%
2. ANAHEIM 88.0%
3. BREA 90.8%
4. BUENA PARK 87.6%
5. COSTA MESA 93.2%
6. COTO DE CAZA 97.7%
7. CYPRESS 91.3%
8. DANA POINT 96.8%
9. FOUNTAIN VALLEY 90.4%
10. FULLERTON 88.5%
11. GARDEN GROVE 90.6%
12. HUNTINGTON BEACH 92.6%
13. IRVINE 93.9%
14. LA HABRA 87.9%
15. LA PALMA 95.7%
16. LADERA RANCH 98.6%
17. LAGUNA BEACH 96.7%
18. LAGUNA HILLS 93.4%
19. LAGUNA NIGUEL 95.3%
20. LAGUNA WOODS N/A*
21. LAKE FOREST 93.2%
22. LAS FLORES N/A*
23. LOS ALAMITOS 89.9%
24. MIDWAY CITY 86.2%
25. MISSION VIEJO 94.3%
26. NEWPORT BEACH 96.5%
27. NORTH TUSTIN 100.0%
28. ORANGE 91.4%
29. PLACENTIA 91.6%
30. RANCHO MISSION VIEJO 97.2%
31. RANCHO SANTA MARGARITA 94.7%
32. ROSSMOOR 100.0%
33. SAN CLEMENTE 92.3%
34. SAN JUAN CAPISTRANO 92.9%
35. SANTA ANA 87.7%
36. SEAL BEACH 92.7%
37. SILVERADO 93.3%
38. STANTON 85.4%
39. TRABUCO CANYON 96.4%
40. TUSTIN 90.1%
41. VILLA PARK 96.6%
42. WESTMINSTER 90.2%
43. YORBA LINDA 93.8%



*Rates based on less than five occurrences and/or the denominator minus numerator is <10 are unstable and have been omitted. **California data is inclusive of self-pay deliveries.
Note: No data indicates that the dataset does not include information on the particular community.
Note: Records with unknown prenatal care initiation were excluded.
Source: OC Health Care Agency

PRETERM BIRTHS

NEARLY ONE IN 10 BIRTHS ARE PRETERM.

DESCRIPTION OF INDICATOR

This indicator reports the percentage of total annual births that 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 and 36 weeks of gestation), moderate preterm births (occurring between 32 and 33 weeks of gestation) and very preterm births (occurring at less than 32 weeks of gestation) are subsets of preterm births.[1]

Why is this indicator important?

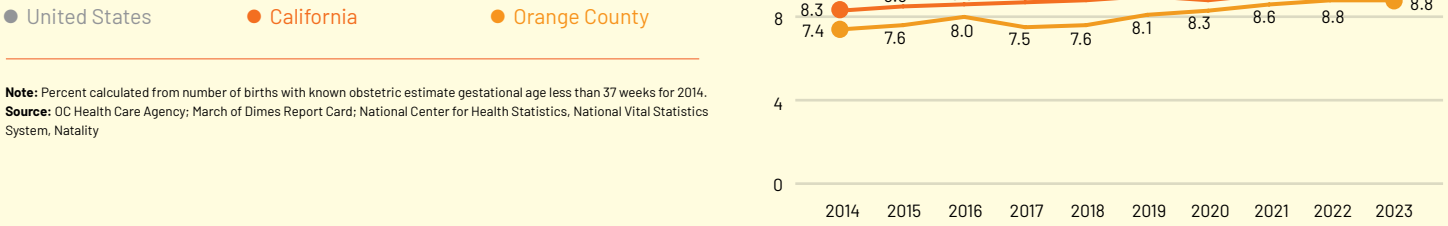
Preterm birth is an important public health issue requiring sustained focus on its causes, consequences and prevention strategies.[2] Several factors — economic, personal, medical and behavioral — may increase the likelihood that a woman has preterm labor and delivers early.[3] Compared to infants born at term, preterm infants are more likely to suffer lifelong neurologic, cognitive and behavioral problems.[4,5] Preterm births and low birth weight are often, but not always, associated. The United States preterm birth rate continued to be elevated at 10.4% in 2022 and 2023, while the low birth weight rate also remained elevated at 8.6% in 2022 and 2023.[6] Preterm births cost the United States health care system more than $25.2 billion each year.[7]

Findings

- Preterm births accounted for 8.8% of births to Orange County residents in 2023. By comparison, the rate for the United States was higher at 10.4% as was the rate for California (9.2%).[8] Nationally, the Healthy People 2030 goal is to reduce preterm births to 9.4% or less.[9]
- The percentage of preterm births in Orange County was highest among Native Hawaiian or Other Pacific Islander infants (15.4%), followed by Black infants (11.3%), Hispanic (10.1%), Asian (7.8%) and White (7.8%) infants. The percentages increased for infants across all races compared to 2022 except Black infants and Asian infants, which both decreased.
- Birthing persons older than 40 had the highest rate of preterm births at 13.2%. Birthing persons ages 25 to 29 had the lowest rate at 7.4%.
- Using the March of Dimes grading criteria for preterm birth rate, California had a B- and Orange County would have had a B in 2023. Orange County cities with large numbers of births were included in the most recent report, including Irvine (7.0% preterm births; A-); Anaheim (9.8%; C); Santa Ana (10.5%; D+).[10]

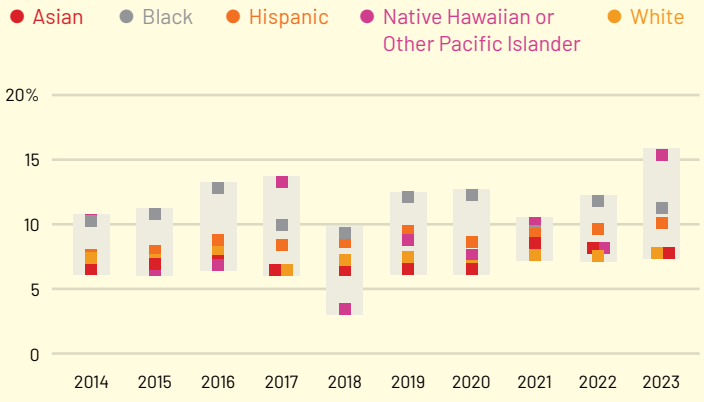
[1] Since 2014, preterm births have been calculated by establishing the gestational age based on the obstetric estimate. For years 2013 and earlier, the gestational age was calculated in the month prenatal care began by recording the date of the last normal menses. This change may lead to a slight discontinuity in prenatal care results between years 2013 and 2014. [2] Surgeon General's Conference on the Prevention of Preterm Birth, 2008. [3] Centers for Disease Control, Preterm Birth Infographic. [4] Martin, J.A., et al, 2012. [5] Mathews, T.J., MacDorman, M.F., 2012. [6] National Vital Statistics Reports, Vol. 74, No. 1, March 18, 2025. [7] 2019 March of Dimes Report Card. [8] OC Health Care Agency. [9] U.S. Office of Disease Prevention and Health Promotion, Healthy People 2030. [10] 2024 March of Dimes Report Card.

Percent of Preterm Births, Orange County, California and United States, 2014 to 2023



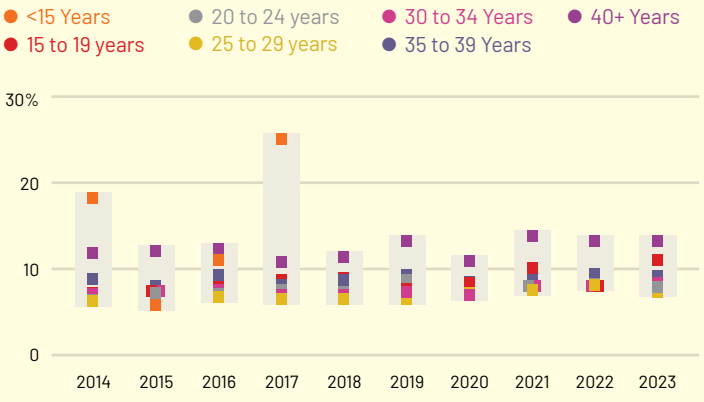
Note: Percent calculated from number of births with known obstetric estimate gestational age less than 37 weeks for 2014.
Source: OC Health Care Agency; March of Dimes Report Card; National Center for Health Statistics, National Vital Statistics System, Natality

Percent of Preterm Births, by Race/Ethnicity, 2014 to 2023



Note: Percent calculated from number of births with known obstetric estimate gestational age less than 37 weeks for 2014.
Note: Previous editions of this report combined Asian and Native Hawaiian or Other Pacific Islanders into a single data point. They have now been disaggregated and appear separately.
Source: OC Health Care Agency

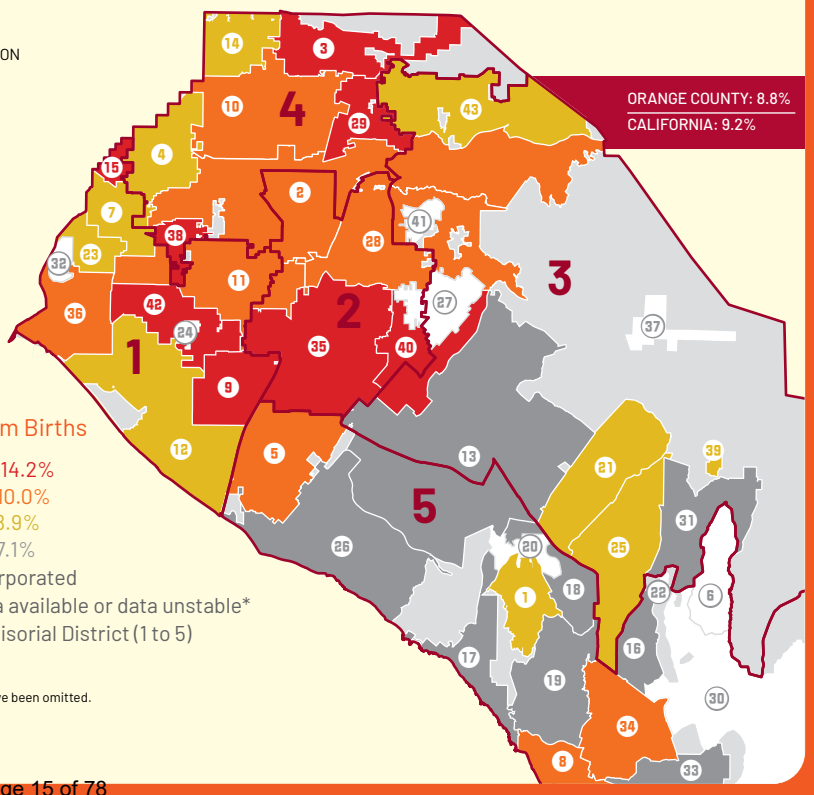
Percent of Preterm Births by Birthing Person's Age, 2014 to 2023



Note: Percent calculated from number of births with known obstetric estimate gestational age less than 37 weeks for 2014.
Source: OC Health Care Agency

Percent of Preterm Births, by Community of Residence, 2023

1. ALISO VIEJO 8.4%
2. ANAHEIM 9.8%
3. BREA 10.2%
4. BUENA PARK 8.3%
5. COSTA MESA 9.4%
6. COTO DE CAZA N/A**
7. CYPRESS 7.4%
8. DANA POINT 9.7%
9. FOUNTAIN VALLEY 12.7%
10. FULLERTON 9.3%
11. GARDEN GROVE 9.3%
12. HUNTINGTON BEACH 7.7%
13. IRVINE 7.0%
14. LA HABRA 8.3%
15. LA PALMA 11.1%
16. LADERA RANCH 6.3%
17. LAGUNA BEACH 4.7%
18. LAGUNA HILLS 5.2%
19. LAGUNA NIGUEL 6.3%
20. LAGUNA WOODS N/A*
21. LAKE FOREST 7.5%
22. LAS FLORES N/A*
23. LOS ALAMITOS 7.2%
24. MIDWAY CITY N/A*
25. MISSION VIEJO 8.9%
26. NEWPORT BEACH 6.2%
27. NORTH TUSTIN N/A*
28. ORANGE 9.0%
29. PLACENTIA 10.3%
30. RANCHO MISSION VIEJO NO DATA
31. RANCHO SANTA MARGARITA 5.8%
32. ROSSMOOR N/A*
33. SAN CLEMENTE 6.6%
34. SAN JUAN CAPISTRANO 9.7%
35. SANTA ANA 10.5%
36. SEAL BEACH 9.0%
37. SILVERADO N/A*
38. STANTON 14.2%
39. TRABUCO CANYON 8.3%
40. TUSTIN 10.3%
41. VILLA PARK N/A*
42. WESTMINSTER 10.1%
43. YORBA LINDA 8.9%



*Percentages based on less than five occurrences and/or the denominator minus numerator is <10 are unstable and have been omitted.
Note: No data indicates that the dataset does not include information on the particular community.
Source: OC Health Care Agency

TEEN BIRTHS

TEEN BIRTH RATES REMAINED LOW, BUT INCREASED FOR SECOND CONSECUTIVE YEAR.

DESCRIPTION OF INDICATOR

This indicator reports the percent of total annual births occurring among teens 19 and younger and the teen birth rate, a calculation of annual births per 1,000 teens ages 15 to 19 per year.

Why is this indicator important?

Giving birth as a teen can have profoundly negative consequences for both the teen and the infant. Teens who give birth are less likely to complete high school or college.[1] They are more likely to require public assistance and live in poverty than their non-parenting peers.[2] Infants born to teens 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.[3] Each year, teen pregnancies and births cost the United States an estimated $9.4 billion, according to the Centers for Disease Control and Prevention.[4] For California, the estimated taxpayer costs were $965 million a year.[5]

Findings

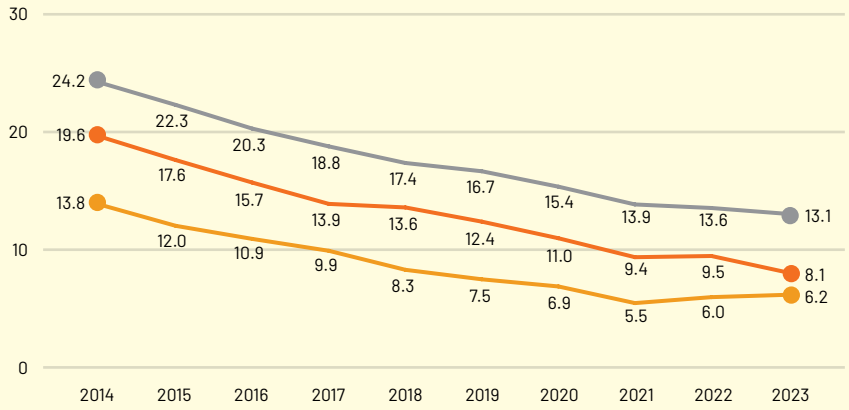
- In 2023, 2.0% (599) of all Orange County births were to teens ages 19 and younger, a 61.8% decrease from the number of births (1,570) in 2014. Overall, total births decreased 22.6% from 38,610 in 2014 to 29,877 births in 2023.
- The teen birth rate in Orange County in 2023 was 6.2 births per 1,000 teens ages 15 to 19, a decrease of 55.1% from 13.8 births per 1,000 in 2014 but increasing in the last two years from the all-time low of 5.5 in 2021.
- At 6.2 births per 1,000 teens, Orange County has a lower teen birth rate than California (8.1)[6] and the United States (13.1).[7] Nationally, the Healthy People 2030 goal is 31.4 births per 1,000 teens or fewer.[8]
- When assessed by race/ethnicity, Hispanic teens had the highest birth rate (11.7 births per 1,000 teens), followed by Black (7.8), White (1.9), Asian (0.4) and Native Hawaiian or Other Pacific Islander (0.0) teens in Orange County.
- In 2023, teen birth rates in Orange County increased for all races and ethnicities compared to 2022, except Native Hawaiian or Other Pacific Islander and Asian infants.

[1] Perper K, Peterson K, Manlove J. Diploma Attainment Among Teen Mothers. Child Trends, Fact Sheet Publication #2010-01: Washington, DC: Child Trends; 2010. [2] Hoffman SD. Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy. Washington, DC: The Urban Institute Press; 2008. [3] CDC, Vital Signs: Teen Pregnancy, 1991-2009. [4] About Teen Pregnancy | Teen Pregnancy | Reproductive Health | CDC". www.cdc.gov. Retrieved April 20, 2016. [5] Lederer, T. (n.d.). Teen Pregnancy Costs California Hundreds of Millions. The Imprint. Retrieved August 21, 2025. [6] State of California, Department of Public Health. Maternal, Child and Adolescent Health Division. [7] Congressional Research Service. Teen Births in the United States: Overview and Recent Trends. Report No. R45184. Alexandria K. Mickler and Jessica Tollestrup. Washington, D.C.: Library of Congress, April 17, 2025. [8] Office of Disease Prevention and Health Promotion, Healthy People 2023.

Birth Rate per 1,000 Teens 15 to 19 Years, Orange County, California and United States, 2014 to 2023

- United States
- California
- Orange County

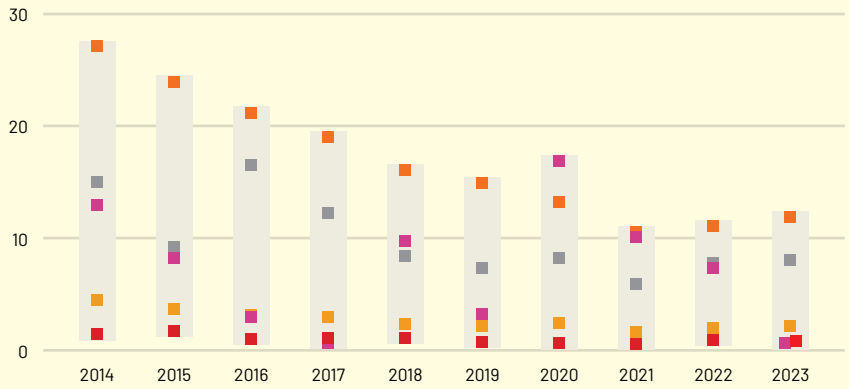
Note: Rates calculated using data from State of California, Department of Finance
Source Orange County: OC Health Care Agency
Source California: State of California, Department of Public Health. Maternal, Child and Adolescent Health Division.
Source United States: Centers for Disease Control, National Center for Health Statistics, National Vital Statistics Reports



Birth Rate per 1,000 Teens 15 to 19 Years, by Race/Ethnicity, 2014 to 2023

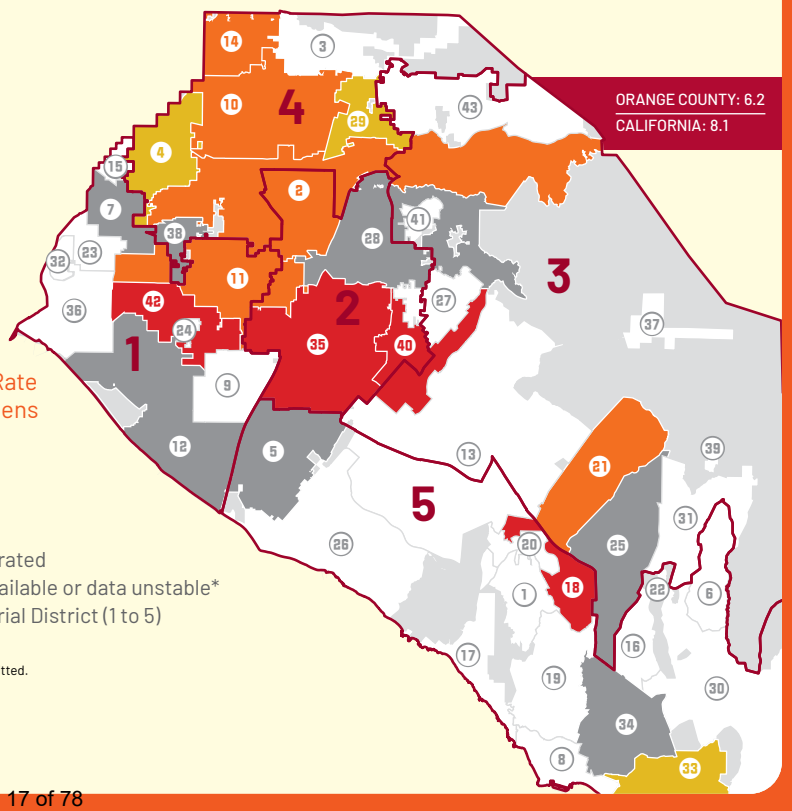
- Asian
- Black
- Hispanic
- Native Hawaiian or Other Pacific Islander
- White

Note: Previous editions of this report combined Asian and Native Hawaiian or Other Pacific Islanders into a single data point. They have now been disaggregated and appear separately.
Source: OC Health Care Agency



Birth Rates per 1,000 Teens 15 to 19 Years, by Community of Residence, 2023

1. ALISO VIEJO N/A*
2. ANAHEIM 8.3
3. BREA N/A*
4. BUENA PARK 6.1
5. COSTA MESA 5.9
6. COTO DE CAZA N/A*
7. CYPRESS 5.7
8. DANA POINT N/A*
9. FOUNTAIN VALLEY N/A*
10. FULLERTON 8.6
11. GARDEN GROVE 9.0
12. HUNTINGTON BEACH 2.2
13. IRVINE N/A*
14. LA HABRA 9.6
15. LA PALMA N/A*
16. LADERA RANCH N/A*
17. LAGUNA BEACH N/A*
18. LAGUNA HILLS 17.3
19. LAGUNA NIGUEL N/A*
20. LAGUNA WOODS NO DATA
21. LAKE FOREST 10.4
22. LAS FLORES NO DATA
23. LOS ALAMITOS N/A*
24. MIDWAY CITY N/A*
25. MISSION VIEJO 4.2
26. NEWPORT BEACH N/A*
27. NORTH TUSTIN N/A*
28. ORANGE 5.9
29. PLACENTIA 8.2
30. RANCHO MISSION VIEJO NO DATA
31. RANCHO SANTA MARGARITA N/A*
32. ROSSMOOR NO DATA
33. SAN CLEMENTE 6.6
34. SAN JUAN CAPISTRANO 5.9
35. SANTA ANA 15.1
36. SEAL BEACH N/A*
37. SILVERADO N/A*
38. STANTON 4.9
39. TRABUCO CANYON N/A*
40. TUSTIN 10.7
41. VILLA PARK N/A*
42. WESTMINSTER 12.5
43. YORBA LINDA N/A*



*Rates based on less than five occurrences and/or the denominator minus numerator is <10 are unstable and have been omitted. Occurrences <5 have been omitted to protect confidentiality.
Note: No data indicates that the dataset does not include information on the particular community.
Source: OC Health Care Agency
Population source: U.S. Census Bureau, American Community Survey, Five-year Estimates

LOW BIRTH WEIGHT

LOW BIRTH WEIGHT AFFECTS ONE IN 13 NEWBORNS IN ORANGE COUNTY, HIGHEST IN 10 YEARS.

DESCRIPTION OF INDICATOR

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

Why is this indicator important?

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

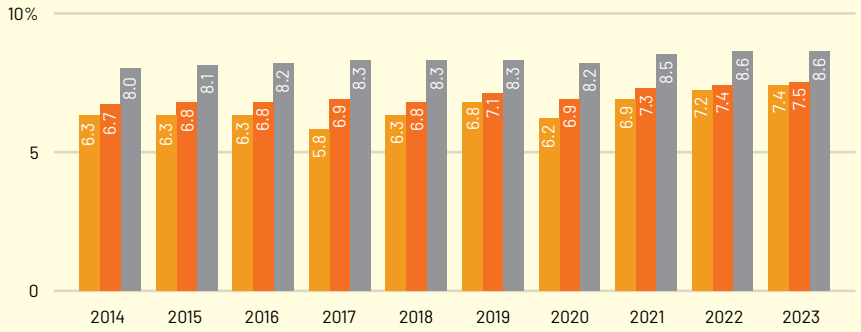
Findings

- In 2023, there were 29,866 births to residents in Orange County, of which 7.4% (2,212) were low birth weight infants, the highest percentage in the last 10 years.
- Overall, the Orange County low birth weight rate remained lower than the 2023 rates for California (7.5%) and the United States (8.6%). Preterm births were at a 10-year high in both California and the United States.[3]
- Very low birth weight infants comprised 1.1% (314) of the total births in Orange County.
- When assessed by race/ethnicity, the percent of low birth weight infants within each group were: Black (13.6%), Native Hawaiian or Other Pacific Islander (10.8%), Asian (8.5%), Hispanic (7.7%) and White (6.0%) infants. Percent of low birth weight infants increased for for all race/ethnicities between 2022 and 2023.

[1] MacDorman, M. F., Mathews, T. J., & Declercq, E. R. (2012). [2] Mathews, T. J., MacDorman, M. F. (2013). [3] Centers for Disease Control, National Center for Health Statistics.

Percent of Infants with Low Birth Weight Orange County and California, 2014 to 2023

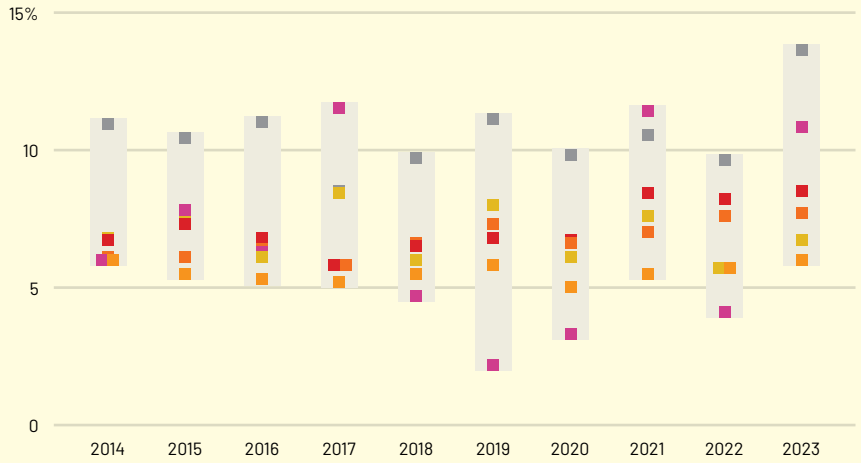
- Orange County
- California
- United States



Source: OC Health Care Agency; Centers for Disease Control, National Center for Health Statistics

Percent of Infants with Low Birth Weight, by Race/Ethnicity, 2014 to 2023

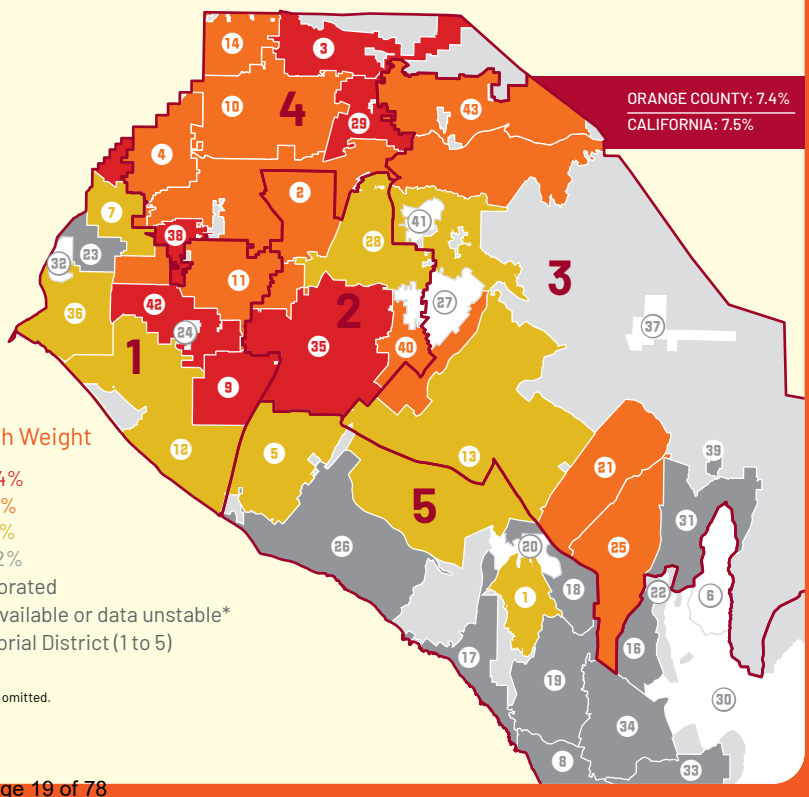
- Asian
- Black
- Hispanic
- Native Hawaiian or Other Pacific Islander
- White
- Other*



*Other includes American Indian or Alaska Native, More than One Race and Other.
Note: Due to relatively low numbers of Native Hawaiian or Other Pacific Islander and Black infants, statistics for these groups are unreliable and should be interpreted with caution.
Note: Previous editions of this report combined Asian and Native Hawaiian or Other Pacific Islander into a single data point. They have now been disaggregated and appear separately.
Source: OC Health Care Agency

Percent of Infants with Low Birth Weight, by Community of Residence, 2023

1. ALISO VIEJO 7.1%
2. ANAHEIM 7.6%
3. BREA 8.0%
4. BUENA PARK 7.2%
5. COSTA MESA 7.0%
6. COTO DE CAZA N/A*
7. CYPRESS 6.4%
8. DANA POINT 6.2%
9. FOUNTAIN VALLEY 9.2%
10. FULLERTON 7.7%
11. GARDEN GROVE 7.4%
12. HUNTINGTON BEACH 6.6%
13. IRVINE 6.7%
14. LA HABRA 7.4%
15. LA PALMA 8.1%
16. LADERA RANCH 2.7%
17. LAGUNA BEACH 5.5%
18. LAGUNA HILLS 5.2%
19. LAGUNA NIGUEL 5.5%
20. LAGUNA WOODS N/A*
21. LAKE FOREST 7.7%
22. LAS FLORES N/A*
23. LOS ALAMITOS 5.2%
24. MIDWAY CITY N/A*
25. MISSION VIEJO 7.2%
26. NEWPORT BEACH 6.2%
27. NORTH TUSTIN N/A*
28. ORANGE 6.8%
29. PLACENTIA 11.4%
30. RANCHO MISSION VIEJO NO DATA
31. RANCHO SANTA MARGARITA 3.8%
32. ROSSMOOR N/A*
33. SAN CLEMENTE 6.2%
34. SAN JUAN CAPISTRANO 5.9%
35. SANTA ANA 9.5%
36. SEAL BEACH 7.0%
37. SILVERADO N/A*
38. STANTON 9.8%
39. TRABUCO CANYON 3.5%
40. TUSTIN 7.5%
41. VILLA PARK N/A*
42. WESTMINSTER 9.1%
43. YORBA LINDA 7.2%



*Rates based on less than five occurrences and/or the denominator minus numerator is <10 are unstable and have been omitted.
Note: No data indicates that the dataset does not include information on the particular community.
Source: OC Heath Care Agency

INFANT MORTALITY

INFANT MORTALITY RATE DECREASED FOR THE FIRST TIME IN THREE YEARS.

DESCRIPTION OF INDICATOR

The infant mortality indicator refers to deaths of infants younger than one. The rate of infant mortality is calculated per 1,000 live births per year.

Why is this indicator important?

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

Given the temporal relationship of the recent increases following the peak of the COVID-19 pandemic, some effects may be due to illness, economic stressors, isolation, access to care, shortages of resources and other related factors. Close monitoring is needed to identify other risk factors which may be affecting the health of our birthing persons and infants.

Findings

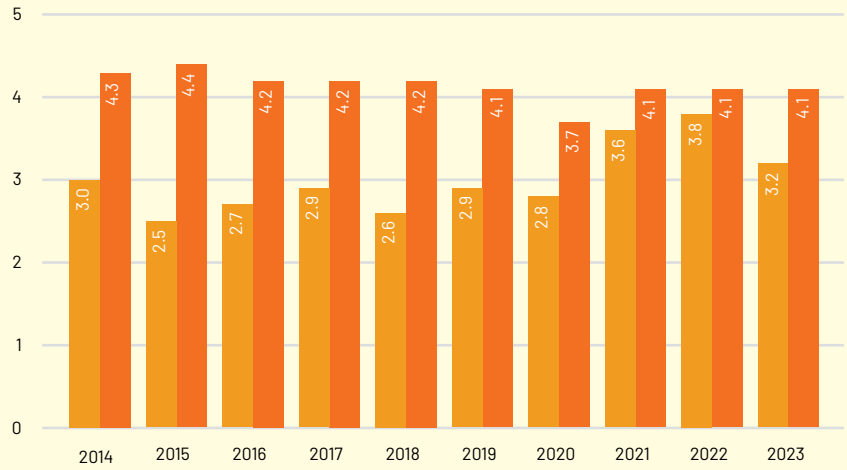
- In 2023, 102 infant deaths occurred in Orange County.
- The infant mortality rate was 3.2 deaths per 1,000 births in 2023, a decrease from recent years, but an overall increase from 3.0 in 2014. This rate was lower than California's 2023 rate of 4.1[2] and the United States' rate of 5.6.[3] Nationally, the Healthy People 2030 goal is fewer than 5.0 infant deaths per 1,000 live births.[4]
- Leading causes of infant mortality were birth defects (25.5%), maternal complications (12.7%) and sudden unexpected infant death (11.8%).
- Average infant mortality rates in 2021-2023 decreased from 2018-2020 in Native Hawaiian or Other Pacific Islander (4.6%) and Black (4.5%) infants but increased in Hispanic (4.1%), Non-Hispanic White (3.1%) and Asian (2.2%) infants.
- In 2023, 122 fetal deaths at 20 or more weeks of gestation occured in Orange County. Leading causes of fetal mortality were complications of placenta, cord and membranes (34.4%), unspecified causes (20.5%) and maternal complications (11.5%).
- The fetal mortality rate was 4.1 fetal deaths at 20 or more weeks of gestation per 1,000 live births and fetal deaths in 2023, an increase since 2014 from 3.6. This rate was lower than California's 2022 rate of 5.1 and the United States' rate of 5.5. Nationally, the Healthy People 2030 goal is fewer than 5.7 fetal deaths at 20 or more weeks of gestation per 1,000 live births and fetal deaths.[4]

[1] MacDorman, M F, Mathew, MS, 2013. [2] Centers for Disease Control, CDC Wonder, 2023. [3] CDC's Vital Statistics Rapid Release Report No. 37, November 2024. [4] U.S. Office of Disease Prevention and Health Promotion, Health People 2030. [5] Due to relatively low numbers of Black and Native Hawaiian or Other Pacific Islander infants and deaths, statistics for this group are unreliable and should be interpreted with caution.

Infant Mortality Rate per 1,000 Live Births, Orange County and California, 2014 to 2023

- Orange County
- California

Source: OC Health Care Agency

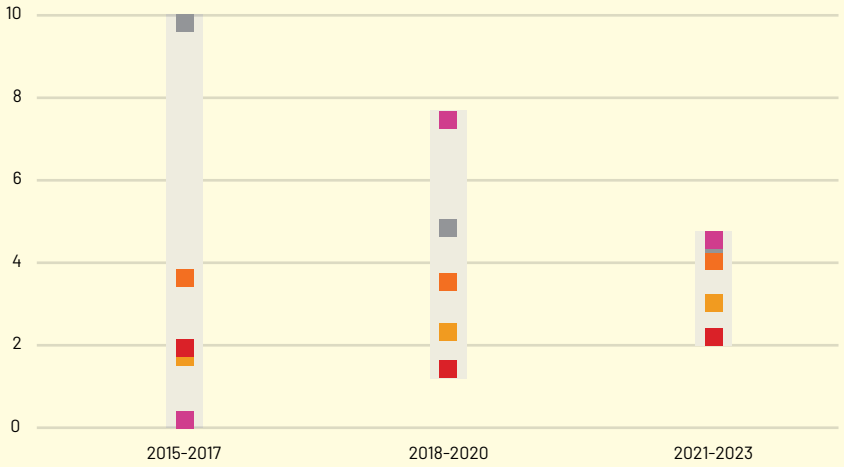


Infant Mortality Rate per 1,000 Live Births, by Race and Ethnicity

2015-2017 to 2021-2023

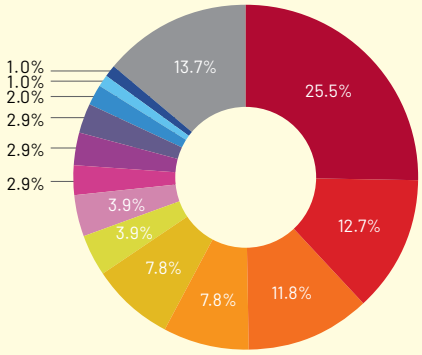
- Asian
- Black*
- Hispanic
- Native Hawaiian or Other Pacific Islander*
- White

*Due to relatively low numbers of Black and Native Hawaiian or Other Pacific Islander infants and deaths, statistics for this group are unreliable and should be interpreted with caution.
Note: Previous editions of this report combined Asian and Native Hawaiian or Other Pacific Islander into a single data point. They have now been disaggregated and appear separately.
Note: Table does not include race/ethnicity "Other/Unknown"
Source: OC Health Care Agency



Top Causes of Infant Deaths, by Percent, 2023

- Birth Defects
- Maternal Complications*
- Sudden Unexpected Infant Death**
- Complications of Placenta, Cord and Membranes
- Preterm-Low Birth Weight
- Diseases of the Circulatory System
- Bacterial Sepsis
- Cardiovascular Disorders
- Disseminated Intravascular Coagulation
- Neonatal Hemorrhage
- Respiratory Distress Syndrome (RDS)
- Accidents (Unintentional Injuries)
- Fetal Hypoxia and Birth Asphyxia
- All Other Causes



*Maternal Complications includes causes such as hypertension, premature rupture of membranes, malpresentation, placenta previa, alcohol/drug abuse or other complications of labor and delivery.
**SUID=R95 sudden infant death syndrome [SIDS], R99 undetermined, W75 accidental suffocation and strangulation in bed [ASSB]
Note: Causes of infant death categories were selected based on the National Vital Statistics Report Volume 73, No. 4 April 8, 2024 Deaths: Leading Causes for 2021 - Table E. Deaths and Percentage of Total Deaths for the 10 Leading Causes of Infant Death: United States, 2021 and 2020, National Center for Health Statistics, National Vital Statistics System, Mortality. One additional leading cause of death specific to Orange County was added (Cardiovascular Disorders).
Note: Due to rounding percentages may not add up to 100.
Source: OC Health Care Agency

BREASTFEEDING

EXCLUSIVE BREASTFEEDING AT ONE WEEK, ONE MONTH AND THREE MONTHS INCREASED IN 2022-2023.

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 in the hospital, generally in the first 24 to 48 hours after birth. The Maternal Infant Health Assessment (MIHA) is an annual statewide-representative survey of people with a recent live birth in California. In-Hospital Newborn Screening data are presented as the percent of birthing people breastfeeding in the hospital after birth, while MIHA data are presented as the percent of birthing people who reported breastfeeding at one week, one month and three months after delivery.

Why is this indicator important?

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

Breastfeeding can provide protective health benefits for the birthing person. These benefits can include a decrease in postpartum bleeding (which conserves iron in the body), less risk for post-menopausal osteoporosis and hip fracture and decreased risks of breast and ovarian cancers.

Breastfeeding improves household food security because families use less of their income on formula, food and bottles. There are costs associated with breastfeeding, however, including the dedicated time required for pumping or feeding.[3] Health care related expenses can decrease because breastfeeding protects the infant and birthing person.

Although breastfeeding initiation rates are high in the United States and Orange County, most people with a recent live birth do not continue to breastfeed through the first year. Strategies such as education, family, peer and community support and lactation spaces in the workplace may help more people breastfeed longer.[4]

Findings

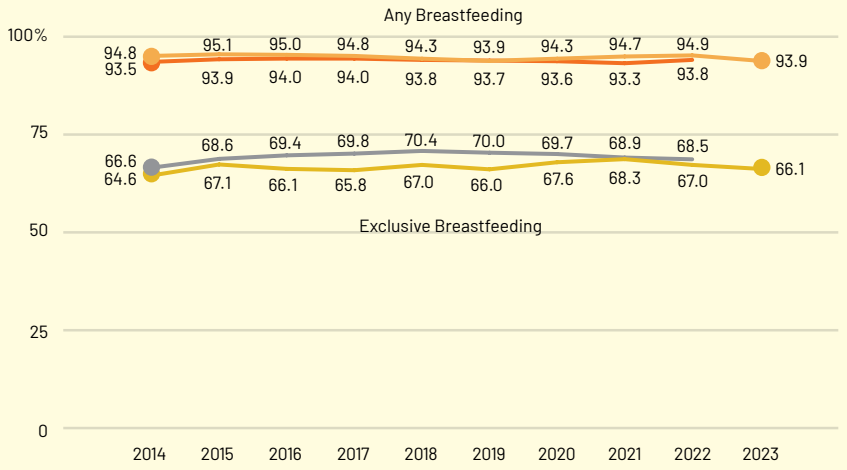
- In 2023, 93.9% of Orange County newborns had received any breastfeeding in the hospital, higher than the state's average rate at 93.8% in 2022. While in the hospital after birth, 66.1% of newborns in Orange County were exclusively breastfed, lower than the statewide rate of 68.5% in 2022.
- In 2022, any breastfeeding in the hospital after birth was highest among White infants (96.1%), followed by Black (95.7%), Multiracial (95.3%), Hispanic (94.6%), Pacific Islander (94.6%), Asian (93.3%) and American Indian (91.7%) infants.
- In 2022-2023, 93.3% of people in Orange County reported any breastfeeding one week after delivery, lower than what has been reported in previous years, but higher than California at 92.2%.
- Three months after delivery, 77.4% of people in Orange County reported any breastfeeding, which was lower than the 10-year high in 2014-2015 (78.0%), but higher than California at 74.1%.
- In 2022-2023, 45.5% of people one week postpartum in Orange County were exclusively breastfeeding, which dropped to 36.1% at one month postpartum and 32.1% at three months postpartum.

[1] Bartick M, Reinhold A., 2010. [2] Gartner LM, et al., 2005. [3] Mahoney, S., Taylor, S., Forman, 2023. [4] Centers for Disease Control and Prevention. *The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies.*

In-Hospital Breastfeeding Percentages in Orange County and California, 2014 to 2023

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

Source: California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Breastfeeding Initiation Dashboard, October 2025

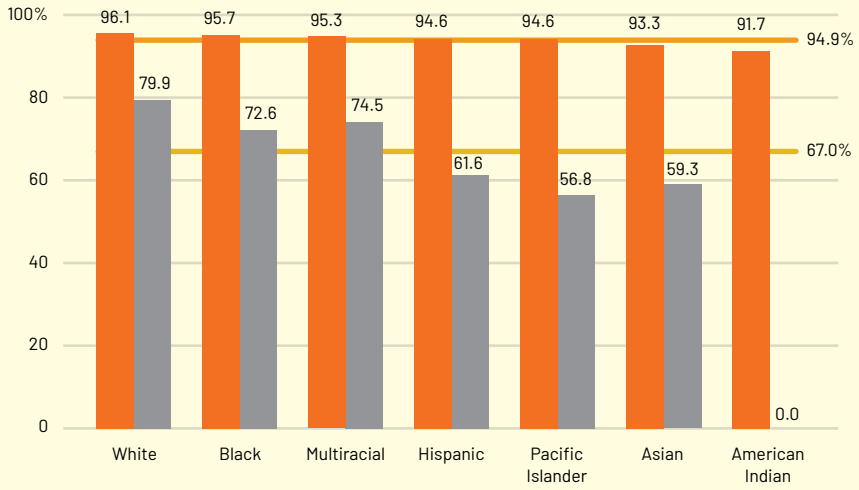


In-Hospital Breastfeeding Percentages in Orange County, by Race/Ethnicity, 2022

- Any Breastfeeding
- Exclusive Breastfeeding

- Orange County Any Breastfeeding
- Orange County Exclusive Breastfeeding

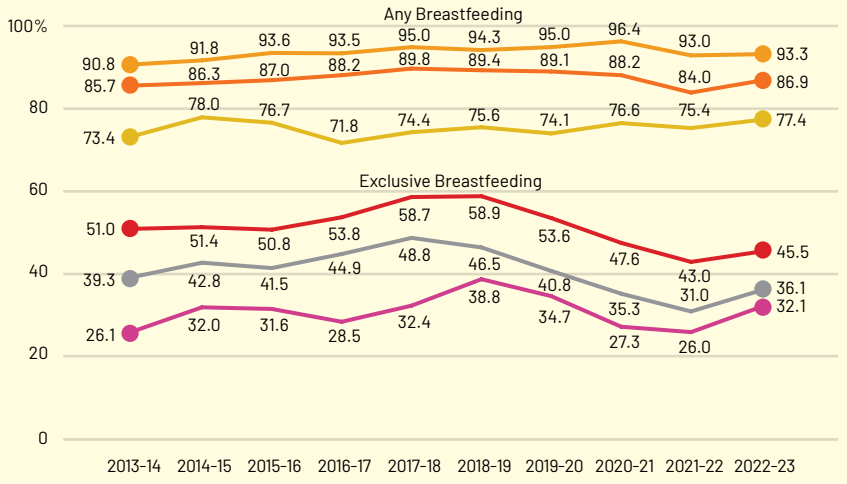
Source: California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Breastfeeding Initiation Dashboard, August 2024



Breastfeeding Percentages at One Week, One Month and Three Months After Delivery in Orange County 2013-2014 to 2022-2023

- 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 people whose infant was at least 3 months old at the time of survey completion.
Notes: MIHA is an annual population-based survey of California residents with a live birth. Data from MIHA 2022-2023 were combined, resulting in a statewide sample size of 11,326. The sample size of Orange County was 436. 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 individuals with a live birth. Population estimate (N) is a two-year average. Indicators for breastfeeding at 3 months postpartum are limited to birthing individuals whose infant was at least 3 months 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.
Source: California Department of Public Health; Center for Family Health; Maternal, Child and Adolescent Health Division; Epidemiology, Surveillance and Federal Reporting Branch



IMMUNIZATIONS

IMMUNIZATION RATES AMONG YOUNG CHILDREN IN CHILD CARE REACHED A 10-YEAR HIGH.

DESCRIPTION OF INDICATOR

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

Why is this indicator important?

The widespread use of safe, effective childhood vaccinations has been one of the most successful and cost-effective public health interventions in the U.S. and globally. Many serious and once-common childhood infections have been dramatically reduced through routine immunizations. The success of immunization programs depends upon appropriate timing and on a high rate of vaccine acceptance, particularly among parents of young children.[2]

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.[3] 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.[4] During the COVID-19 pandemic, well child visits and immunizations decreased nationally and efforts have been underway to get children back on schedule.

Findings

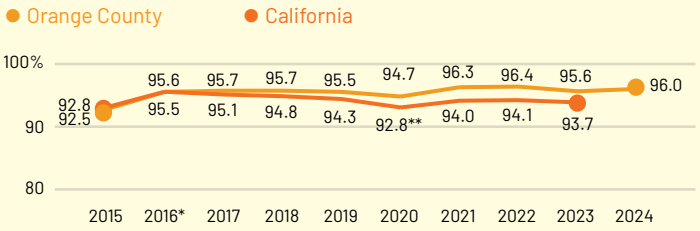
- In 2024, 97.7% of Orange County children ages 2 to 5 years in child care centers were up-to-date with required immunizations at enrollment the highest rate in the last 10 years.
- In 2024, 96.0% of Orange County kindergartners had up-to-date immunizations, a 3.5 percentage point increase from the 10-year low of 92.5% in 2015. This was higher than California at 93.7%.
- Capistrano Unified School District had the lowest percentage of kindergartners with up-to-date immunization levels at 93.1% in 2023, followed by Savanna School District at 93.8%. Laguna Beach School District had the highest percentage at 98.9%.

Effective July 1, 2016, California law removed the personal belief exemption from statute and now requires almost all children to be fully vaccinated against 10 diseases in order to attend public or private elementary, middle or high school or child care. Children with a written personal belief exemption on file prior to January 1, 2016, could continue in school or child care until the next grade span, i.e., kindergarten (including transitional kindergarten) to grade 6 or grades 7 to 12. The medical exemption will remain in statute.

The 10 diseases that children must be immunized against for school and child care entrance are: diphtheria, haemophilus influenzae type B, hepatitis B, measles, mumps, pertussis (whooping cough), polio, rubella, tetanus 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 (IEP) cannot be prevented from accessing any special education and related services required by their IEP.

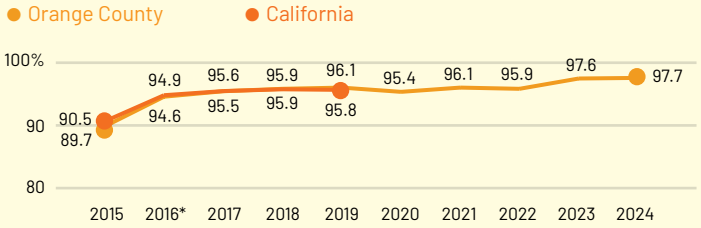
[1] California Immunization Requirements for Pre-Kindergarten, available at https://cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/childcare-immunizations.aspx. [2] Centers for Disease Control and Prevention. (2024, August 8). Health and economic benefits of routine childhood immunizations in the era of the Vaccines for Children Program — United States, 1994-2023. Morbidity and Mortality Weekly Report, 73(31), 682-685. [3] Wei, F., Mullooly, J.P., Goodman, M. et al., 2009. [4] Hussain, H. et al., 2011.

Percent of Up-to-Date Vaccination Status for Children Enrolling in School in Orange County and California, 2015 to 2024



*Up-to-date (UTD) for Kindergarten and Child Care: Certain immunizations are required by law for child care or kindergarten in California. Children who are partially immunized are not considered UTD but may attend as long as they are not overdue for doses needed to complete the vaccine series. Children with a California Immunization Registry Medical Exemption to one or more required immunizations are also not UTD but may attend. Effective July 1, 2016, personal belief exemptions (PBEs) were removed from statute and are no longer an option for children entering child care or kindergarten. Prior to the 2016-2017 school year, children with PBEs were not UTD but could attend school. Children with written PBEs on file prior to January 1, 2016, could continue in child care until kindergarten or transitional kindergarten entry.
**Interim rate for kindergarten students in 2020-2021, when immunization or reporting may have been affected by delayed immunization and widespread school closures as a result of the COVID-19 pandemic.
Source: Kindergarten Assessment Results, California Department of Public Health, Immunization Branch

Percent of Up-to-Date Vaccination Status for Children Ages 2 to 5 Years Enrolling in Licensed Child Care Centers in Orange County and California, 2015 to 2024



*See footnote under the chart titled Percent of Up-to-Date Vaccination Status for Children' Enrolling in School in Orange County and California.
Source: Child Care Immunization Assessment Results, California Department of Public Health, Immunization Branch

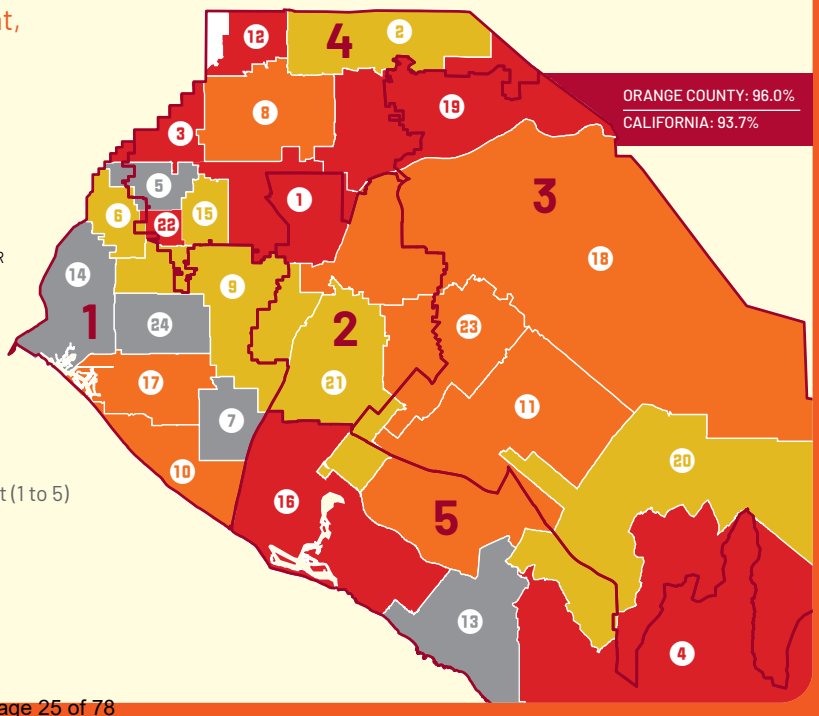
Percent of Children Ages 2 to 5 Years Enrolling in Licensed Child Care Centers who were Up-to-Date on Immunizations, by Vaccine Type, 2015 to 2024

Year	Total Children	DTaP[1] (4+)	Polio[2] (3+)	MMR[3] (1+)	Hepatitis B[4] (3+)	Varicella[5] (1+)
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%
2019	47,656	97.5%	97.8%	98.1%	97.7%	98.1%
2020	29,585	97.0%	97.6%	97.8%	97.3%	97.8%
2021	40,552	97.6%	98.1%	98.7%	98.2%	98.7%
2022	41,707	97.6%	98.2%	98.5%	98.5%	98.5%
2023	39,752	98.5%	99.0%	99.3%	98.9%	99.3%
2024	24,582	98.6%	99.1%	99.3%	99.0%	99.3%

[1] Four or more doses of diphtheria, tetanus, and acellular pertussis (DTaP) vaccine. [2] Three or more doses of inactivated polio vaccine (IPV); oral polio vaccine does not count. [3] One or more doses of measles, mumps, and rubella (MMR vaccine), on or after 1st birthday. [4]Three or more doses of hepatitis B vaccine. [5] One or more doses of varicella vaccine.
Source: Child Care Immunization Assessment Results, California Department of Public Health, Immunization Branch

Up-to-Date Immunizations at Kindergarten Enrollment, Public Schools within Each School District, 2024

1. ANAHEIM 95.7%
2. BREA-OLINDA 97.4%
3. BUENA PARK 96.2%
4. CAPISTRANO 93.1%
5. CENTRALIA 98.3%
6. CYPRESS 97.6%
7. FOUNTAIN VALLEY 97.8%
8. FULLERTON 97.2%
9. GARDEN GROVE 97.4%
10. HUNTINGTON BEACH 96.4%
11. IRVINE 97.1%
12. LA HABRA 94.1%
13. LAGUNA BEACH 98.9%
14. LOS ALAMITOS 98.1%
15. MAGNOLIA 97.4%
16. NEWPORT-MESA 95.3%
17. OCEAN VIEW 96.4%
18. ORANGE 96.3%
19. PLACENTIA-YORBA LINDA 96.1%
20. SADDLEBACK VALLEY 97.5%
21. SANTA ANA 97.3%
22. SAVANNA 93.8%
23. TUSTIN 96.9%
24. WESTMINSTER 97.9%



*See footnote under the chart titled Percent of Up-to-Date Vaccination Status for Children' Enrolling in School in Orange County and California.
Source: Kindergarten Assessment Results, California Department of Public Health, Immunization Branch

PERINATAL BEHAVIORAL HEALTH

SUBSTANCE-EXPOSED INFANT REFERRALS INCREASED IN ORANGE COUNTY SINCE 2015.

DESCRIPTION OF INDICATOR

This indicator reports the percentage of persons giving birth who experienced symptoms of depression during or after pregnancy. It reports on alcohol use, cigarette smoking and cannabis use during pregnancy and includes rates of substance exposed infants (SEI).

Why is this indicator important?

Understanding perinatal behavioral health is crucial due to the significant impact on both the pregnant/birthing person and the developing fetus. Mental health issues such as depression, anxiety and postpartum psychosis can severely affect a pregnant person's well-being, their ability to care for themself and their capacity to bond with their newborn.[1] Substance use during pregnancy can negatively affect fetal and infant health development, potentially resulting in premature birth, low birth weight and a higher risk of congenital anomalies. Children exposed to substance use in utero may also face long-term developmental and behavioral challenges.[2] The lack of universal verbal screening for perinatal substance use may contribute to underdiagnosis, as evidenced by the discrepancy between the number of birthing persons identified and the number of infants diagnosed with substance exposure.

Findings

Mental Health

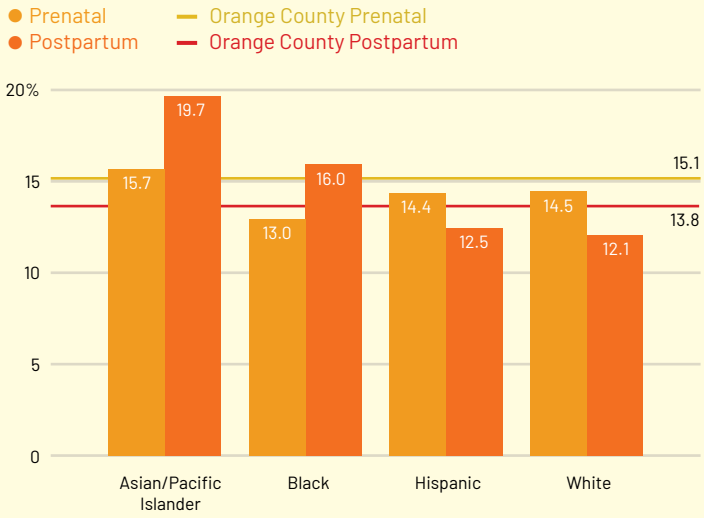
- From 2020-2022, the percentage of Orange County pregnant persons who experienced symptoms of depression during or after pregnancy was 14.6% and 13.8%, respectively.
- From 2020-2022, the percentage of pregnant persons who experienced symptoms of depression during pregnancy was highest among Asian pregnant persons (15.7%) followed by White (14.5%), Hispanic (14.4%) and Black (13.0%)[3] pregnant persons.
- From 2020-2022, postpartum depression symptoms were highest among Asian pregnant persons (19.7%), followed by Black (16.0%),[3] Hispanic (12.5%) and White (12.1%) pregnant persons.

Substance Use

- From 2020-2022, the percentage of pregnant persons drinking any alcohol in an average week during the last three months of their most recent pregnancy was 7.8%, higher than in California at 7.3%, and an increase from a low of 7.3% from 2013-2015.
- Any cannabis use during pregnancy also increased from 2.6% from 2016-2018 to 3.8% from 2020-2022. This rate remained lower than California, which was 4.7% from 2016-2018 and 5.2% from 2020-2022.
- In 2023, there were 281 infant hospital admissions affected by maternal alcohol and drug use. Among newborns with a substance exposed diagnosis, 46.6% were Hispanic, 37.0% White, 5.0% Other and 7.5% unknown.* A total of 29,866 children were born in Orange County in 2023.
- In 2023, among the infants affected by maternal substance use, the most common substance was documented as other drugs of addiction (113 infants or 40.2%), followed by amphetamines (62 infants or 22.1%), opiates (53 infants or 18.9%), cannabis (41 infants or 14.6%), unspecified drugs of addiction (26 infants or 9.3%), antidepressants (16 infants or 5.7%) and alcohol (11 infants or 3.9%).**
- In 2024, the County of Orange Social Services Agency received 217 SEI referrals for infants aged 0 to 7 days, which is a 17.9% increase from 2015 (184 referrals). Over the 2015-2024 period, 58.8% of infants referred were Hispanic, followed by White (30.3%), Black (3.5%), Asian (2.5%), Other (1.1%) and Unknown ethnicity (3.8%) infants.

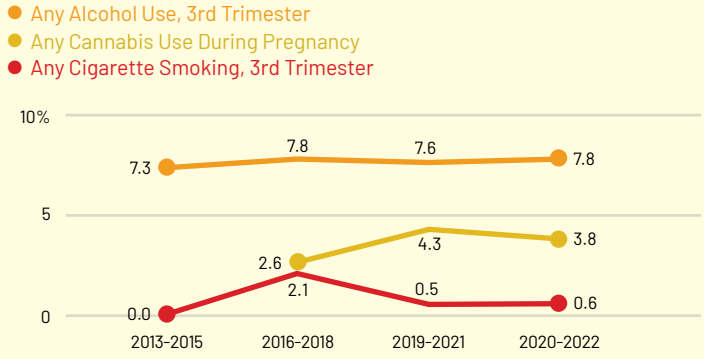
* Data on Asian and Black newborns have been omitted to protect confidentiality due to there being <11 occurrences in 2023. **More than one substance can be diagnosed in a case.
[1] National Institute of Child Health and Human Development. Moms' Mental Health Matters. [2] Centers for Disease Control and Prevention (CDC). (2022). Substance Use During Pregnancy.
[3] Estimate should be interpreted with caution due to low reliability.

Percent of Pregnant or Birthing Persons Who Experienced Symptoms of Depression During or After Pregnancy, by Race/Ethnicity, 2020-2022



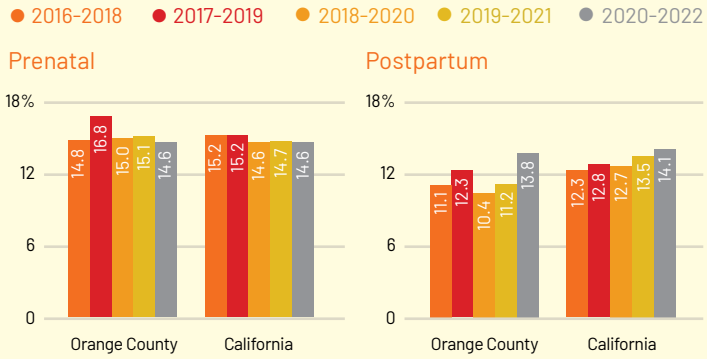
Source: Maternal and Infant Health Assessment (MIHA). California Department of Public Health, Center for Family Health, Maternal, and Adolescent Health Division, Maternal Mental Health Dashboard

Percent of Substance Use Among Pregnant Persons During Most Recent Pregnancy, Orange County, 2013-15 to 2020-22



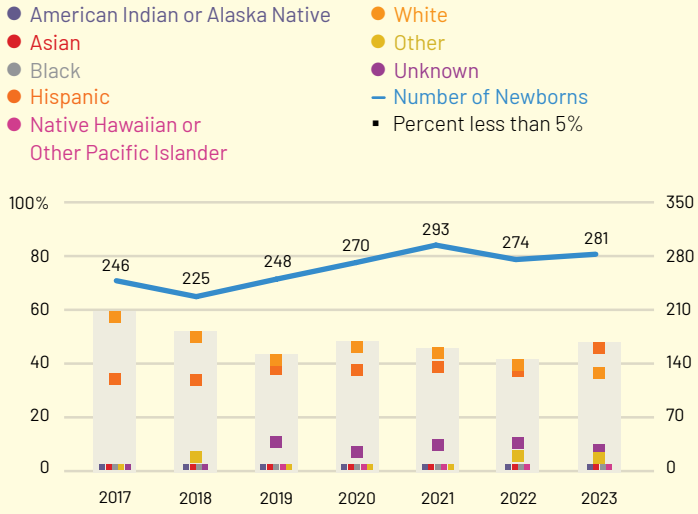
Source: Maternal and Infant Health Assessment (MIHA), 2013-2021. California Department of Public Health, Center for Family Health, Maternal and Adolescent Health Division, Maternal Mental Health Dashboard

Percent of Pregnant or Birthing Persons Who Experienced Symptoms of Depression During or After Pregnancy, 2016-2018 to 2020-2022



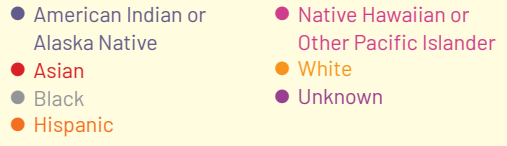
Note: The graph reflects three-year aggregate data, with several overlapping years. This aligns with how the data is presented in the Maternal Mental Health Dashboard (see source below for additional information).
Source: Maternal and Infant Health Assessment (MIHA). California Department of Public Health, Center for Family Health, Maternal, and Adolescent Health Division, Maternal Mental Health Dashboard

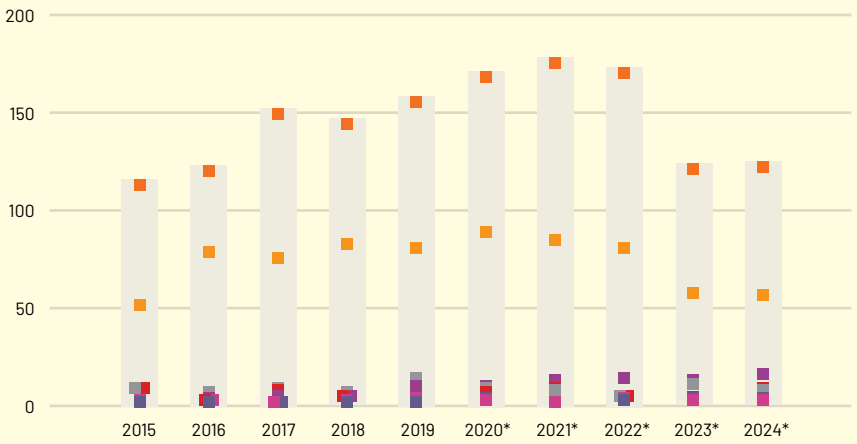
Substance-Affected Diagnosis for Infants, by Race and Ethnicity, 2017 to 2023



*Hospitalization data for 2018 and prior years does not separate Asian/Pacific Islander.
Source: HCAI Patient Discharge Data, 2016 to 2022. Orange County residents; less than or equal to 7 days

Number of Substance-Exposed Infants 0 to 7 Days Referred to the County of Orange Social Services Agency, by Race/Ethnicity, 2015 to 2024





*Data collected in referral, and case where applicable.
Source: Child Welfare Services (CWS)/Case Management System (CMS) 2024 Quarter 4 Extract, County of Orange Social Services Agency

BEHAVIORAL HEALTH

EMOTIONAL COUNSELING AMONG TEENS IN ORANGE COUNTY INCREASED IN THE PAST 10 YEARS.

DESCRIPTION OF INDICATOR

This indicator presents the behavioral health of Orange County children using data from the Early Development Index (EDI), California Healthy Kids Survey, California Health Interview Survey and inpatient hospitalizations. It highlights five areas representing the continuum of behavioral health needs from early childhood to adolescence. It tracks the percentage of kindergartners developmentally vulnerable in social competence and emotional maturity, the percentage of students experiencing depression-related feelings such as chronic sadness or hopeless feelings or who seriously considered attempting suicide. It also tracks the percentage of youth receiving psychological and emotional counseling, and the number and rate of inpatient hospitalizations in Orange County related to behavioral health conditions.

Why is this indicator important?

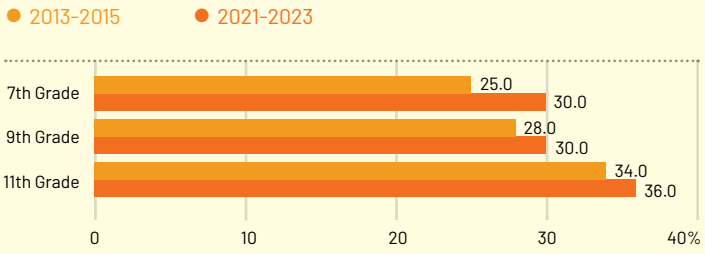
Behavioral health, including mental health and substance use, is as important as physical health.[1] Mental health and substance use disorders are chronic health conditions that last a long time. Without early diagnosis and treatment, children with poor behavioral health can have problems at home, school and in forming friendships. It can also interfere with a child's healthy development, causing problems that can continue into adulthood.[2]

Findings

- In 2025, 10.4% of kindergarteners were vulnerable on the EDI's social-emotional composite. Among race and ethnic groups, Black or African American (15.3%), Hispanic or Latino (12.7%) and American Indian or Alaskan Native (12.0%) populations had the highest percentages of socially and emotionally vulnerable children.[3]
- From 2021-2023 survey data, 36.0% of 11th graders reported experiencing depression-related feelings, compared to 30.0% of 9th graders and 30.0% of 7th graders. Orange County rates were lower than the state's average rates for 11th (42.0%), 9th (37.0%) and 7th grade (32.0%) students.[4]
  - Surveyed students were more likely to experience chronic sadness or hopeless feelings compared to 2013-2015, increasing from 34.0% for 11th graders, 28.0% for 9th graders and 25.0% for 7th graders.
  - Surveyed students who identified as lesbian, gay or bisexual (LGB) were significantly more likely to report depression-related feelings from 2021-2023 than their non-LGB classmates across all age groups at 62.0% for 11th graders, 59.0% for 9th graders and 59.0% for seventh graders.
- In 2024, 22.8% of youth ages 12 to 17 years in Orange County reported receiving psychological/emotional counseling in the past year, up from 15.1% in 2014.[5] During this same time period, California increased from 11.6% to 18.6%.
- From 2021-2023, an estimated 14.0% of 11th graders, 13.0% of 9th graders and 14.0% of 7th graders seriously considered attempting suicide in the previous year, lower than California's estimated 16.0%, 15.0% and 14.0%, respectively, by grade level from 2021-2023.
- In 2021-2023, students who identified as LGB were more likely to have seriously considered attempting suicide (62.0%) than their non-LGB classmates (29.0%).
- The combined hospitalization rate for serious mental illness and substance use conditions for children increased by 66.8%, from a ten-year low of 22.3 in 2015 to 37.2 per 10,000 children in 2023.

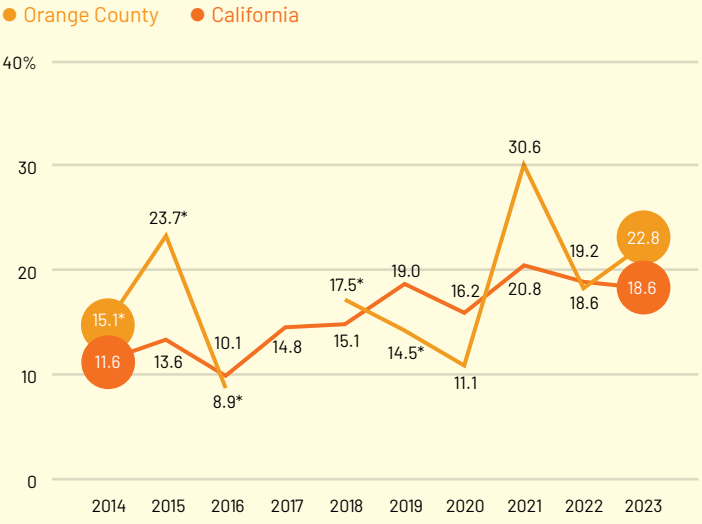
[1] https://www.cdc.gov/mentalhealth/learn/index.htm. [2] Murphey, D., et al. (2014). Are the children well? A model and recommendations for promoting the mental wellness of the nation's young people. Child Trends & Robert Wood Johnson Foundation. [3] For more information on EDI and kindergarten readiness, see page 44. [4] California Healthy Kids Survey (CHKS) is an anonymous, confidential survey of school climate and safety, student wellness, and youth resiliency. It is administered to students at grades 5, 7, 9 and 11. The survey is administered bi-annual and takes two years to collect all the data since districts administer the survey at different times over a two-year period. [5] California Health Interview Survey, Five-year Estimates.

Percent of Students who Reported Experiencing Depression-Related Feelings, by Grade Level, Orange County, 2013-2015 and 2021-2023



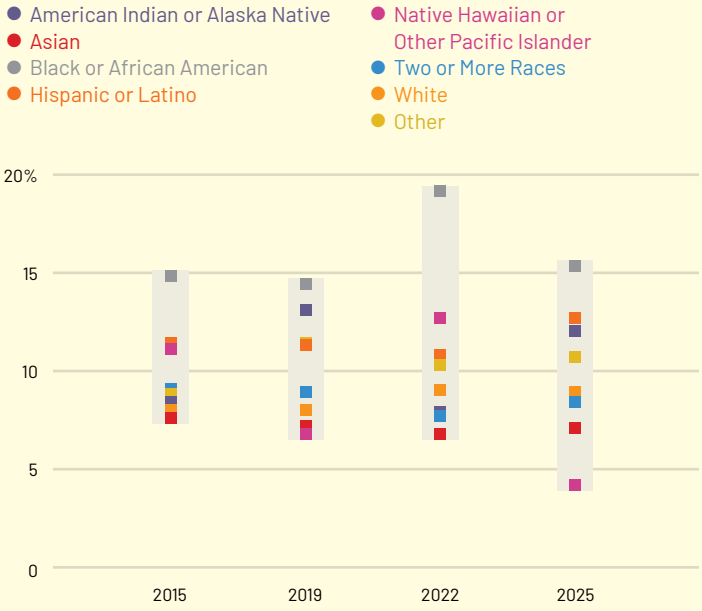
Note: Years presented comprise two school years (e.g., 2021/22 and 2022/23 school years are shown as 2021 to 2023). Data are weighted estimates.
Source: California Department of Education, California School Climate, Health and Learning Survey

Percent of Youth Ages 12 to 17 Years Reported Receiving Psychological/Emotional Counseling in the Past Year, 2014 to 2023



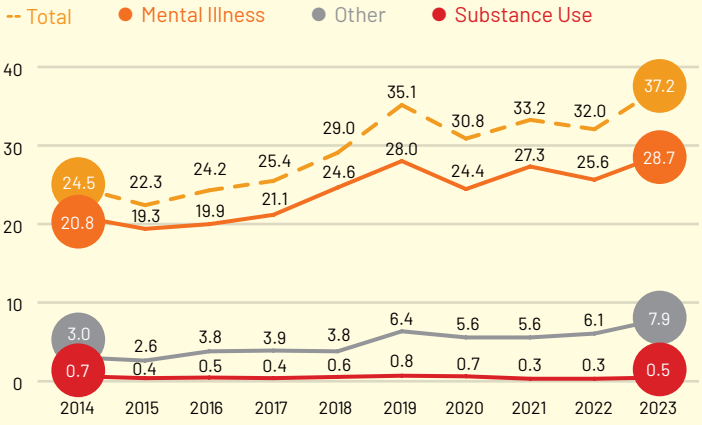
*Statistically unstable.
Source: California Health Interview Survey, 2023

Percent of Kindergartners Vulnerable on EDI's Social-Emotional Composite, by Race/Ethnicity 2015 to 2025



Note: 2015 includes data collected in 2013, 2014, and 2015; 2019 includes data collected in 2018 and 2019; and 2022 includes data collected in 2022. The 2015, 2019 and 2022 data waves reflect 100% school participation.
Source: Early Development Index, 2015 to 2025

Mental Health and Substance Use-Related Hospitalizations, Rate per 10,000 Children, 2014 to 2023



Note: 'Other' includes behavioral health conditions such as other unspecified mood disorders, conduct disorders, and disorders related to sleep, eating, elimination and pain.
Source: OC Health Care Agency, Research - Government Affairs and Communications

ECONOMIC WELL-BEING INDICATORS

CHILD POVERTY

PERCENT OF STUDENTS ELIGIBLE FOR FREE AND REDUCED PRICE LUNCH

48.3% 2015/16 — 55.2% 2024/25

CHILD CARE

NUMBER OF LICENSED CHILD CARE SPACES PER 1,000 CHILDREN YOUNGER THAN 12

180 2015/16 — 197 2024/25

CALWORKS

PERCENT OF CHILDREN RECEIVING CALWORKS

6.0% 2014/15 — 3.6% 2023/24

HOUSING

PERCENT OF CHILDREN INSECURELY HOUSED

5.2% 2014/15 — 6.7% 2023/24

SUPPLEMENTAL NUTRITION

PERCENT OF CHILDREN RECEIVING CALFRESH

19.9% 2014/15 — 14.9% 2023/24

CHILD SUPPORT

PERCENT OF CURRENT SUPPORT COLLECTED

68.0% 2015/16 — 65.0% 2024/25

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

CHILD POVERTY

OVER HALF OF ORANGE COUNTY STUDENTS WERE ELIGIBLE FOR FREE OR REDUCED-PRICE LUNCH IN SCHOOL YEAR 2024/25.

DESCRIPTION OF INDICATOR

This indicator reports the number and percent of students eligible for the National School Free and Reduced Price Lunch (FRPL) 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 U.S. 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, insecure housing, inadequate nutrition, food insecurity, inadequate child care, lack of access to health care, unsafe neighborhoods and under-resourced schools.[1] These conditions mean school districts face many challenges serving low-income families, particularly those school districts with more than 75% of students enrolled in the FRPL program.[2] The implications for children living in poverty include greater risk for poor academic achievement, school dropout, abuse and neglect, behavioral and social/emotional problems, physical health problems and developmental delays.

Findings

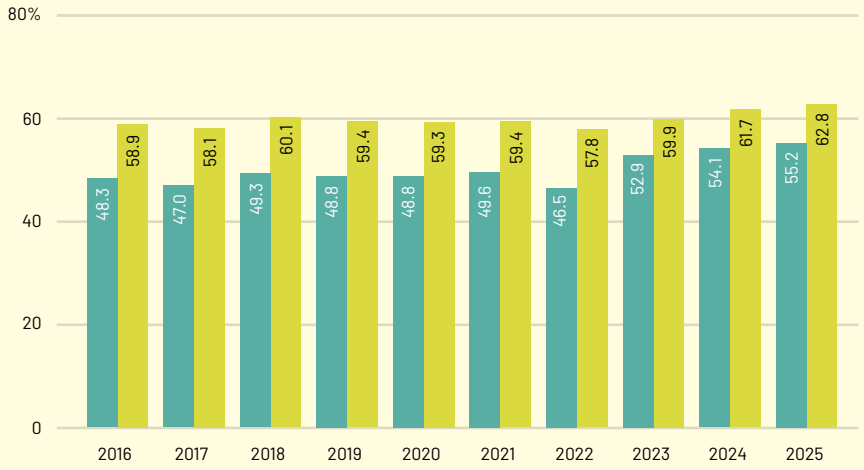
- In School Year (SY) 2024/25, 55.2% of students were eligible for the FRPL program in Orange County (237,096 students total), lower than California at 62.8% (3,647,037 students total) and up from the SY 2023/24 county rate of 54.1% (236,434 students total).
- From SY 2015/16 to 2024/25, there was a 6.9% increase in the percentage of students eligible for the FRPL program (48.3% to 55.2%).
- According to the U.S. Census Bureau, 10.9% or 72,445, of Orange County's children were living in poverty in 2023; a 43.0% decrease from the 10-year high of 127,172 children or 17.9% in 2014. The rate also remained lower than California (15.1%) and the United States (16.3%).
- When accounting for cost of living, family resources, and social safety net benefits, the child poverty rate in Orange County increased to 14.5%, exceeding California's rate of 13.8%. In 2023, a family of four (two adults and two children) that rents needed an annual income of $44,074 to maintain a basic standard of living.[3]

[1] American Psychological Association, 2014. [2] 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. [3] California poverty by county, 2023, calculated according to the California Poverty Measure (CPM). The 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.

Percent of Students Eligible to Receive Free and Reduced Price Lunch, Orange County and California, 2016 to 2025

- Orange County
- California

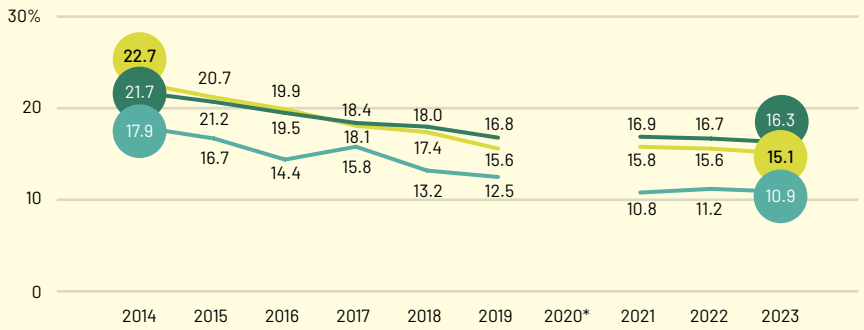
Source: California Department of Education



Percent of Children Younger than 18, Living in Poverty, Orange County, California and United States, 2014 to 2023

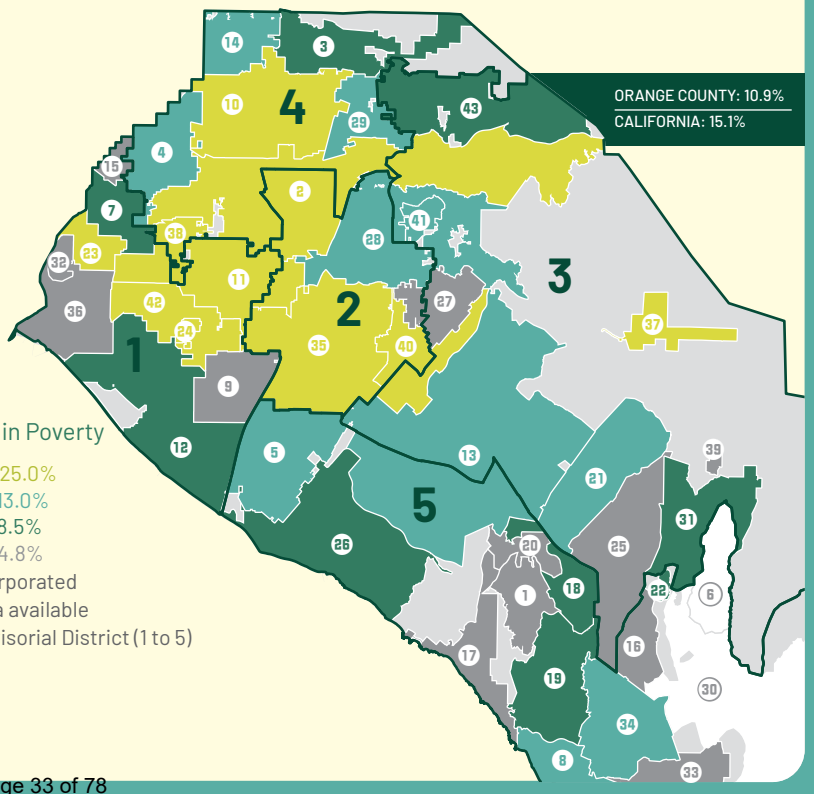
- United States
- California
- Orange County

*American Community Survey One-year Estimates are not available for 2020 due to disruptions in data collection caused by COVID-19. For more, see https://www.census.gov/newsroom/press-releases/2021/changes-2020-acs-1-year.htm
Source: U.S. Census Bureau, American Community Survey, One-year Estimates



Percent of Children Younger than 18 Living in Poverty, by Community of Residence, 2023

1. ALISO VIEJO 4.8%
2. ANAHEIM 16.0%
3. BREA 5.7%
4. BUENA PARK 9.6%
5. COSTA MESA 10.9%
6. COTO DE CAZA NO DATA
7. CYPRESS 5.7%
8. DANA POINT 9.1%
9. FOUNTAIN VALLEY 4.7%
10. FULLERTON 15.5%
11. GARDEN GROVE 14.6%
12. HUNTINGTON BEACH 8.1%
13. IRVINE 9.0%
14. LA HABRA 12.6%
15. LA PALMA 3.7%
16. LADERA RANCH 2.7%
17. LAGUNA BEACH 1.9%
18. LAGUNA HILLS 6.4%
19. LAGUNA NIGUEL 7.1%
20. LAGUNA WOODS 0.0%
21. LAKE FOREST 9.9%
22. LAS FLORES 5.7%
23. LOS ALAMITOS 13.3%
24. MIDWAY CITY 23.3%
25. MISSION VIEJO 4.1%
26. NEWPORT BEACH 7.2%
27. NORTH TUSTIN 3.7%
28. ORANGE 10.5%
29. PLACENTIA 9.0%
30. RANCHO MISSION VIEJO NO DATA
31. RANCHO SANTA MARGARITA 7.4%
32. ROSSMOOR 3.6%
33. SAN CLEMENTE 3.3%
34. SAN JUAN CAPISTRANO 8.9%
35. SANTA ANA 15.1%
36. SEAL BEACH 2.4%
37. SILVERADO 25.0%
38. STANTON 13.7%
39. TRABUCO CANYON 0.0%
40. TUSTIN 14.6%
41. VILLA PARK 9.0%
42. WESTMINSTER 21.5%
43. YORBA LINDA 7.2%



Note: No data indicates that the dataset does not include information on the particular community.
Source: U.S. Census Bureau, American Community Survey, One-year Estimates

CALWORKS

THE NUMBER OF CHILDREN RECEIVING CALWORKS INCREASED FOR SECOND CONSECUTIVE YEAR, FOLLOWING YEARS OF DECLINE.

DESCRIPTION OF INDICATOR

This indicator reports the average number and percent of children per month younger than 18 years receiving financial assistance through California Work Opportunity and Responsibility to Kids (CalWORKs).

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

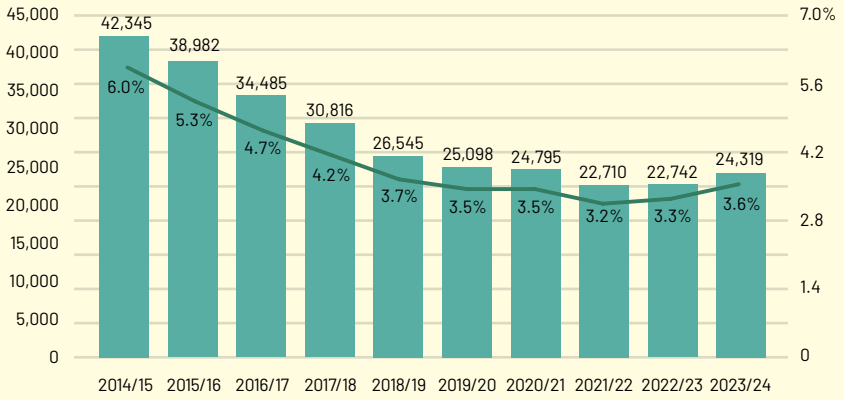
- In 2023/2024, 3.6% of Orange County's children received CalWORKs assistance (24,099 children total), a 43.1% decrease from 6.0% (42,345) of children in 2014/15. This was compared to a 5.0% decrease in the number of Orange County children younger than 18 from 710,562 to 674,833 children.
- For the second year in a row, the proportion of children receiving CalWORKs increased slightly.
- Children younger than 6 years accounted for 27.4% of the youth population receiving CalWORKs assistance, while children ages 6 to 11 years accounted for 34.6% and 12 to 17 accounted for 38.1%.
- The cities with the highest percentages of children receiving CalWORKs were Santa Ana at 7.5% (5,488), Anaheim at 6.7% (5,174), Garden Grove at 5.1% (1,847), Stanton at 5.0% (419) and Buena Park at 4.4% (841).
- The cities with the lowest percentage of children receiving CalWORKs included Laguna Beach at 0.2% (9), Villa Park at 0.4% (5), San Clemente at 0.7% (103), Seal Beach at 0.7% (22) and Yorba Linda 0.9% (138).

Number and Percent of Children Younger than 18 Receiving CalWORKs

2014/15 to 2023/24

- Number of Children
- Percent of Children

Source: County of Orange Social Services Agency

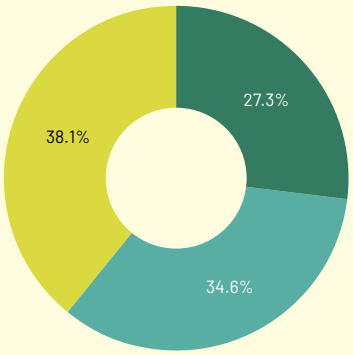


Percent of Children Younger than 18 Receiving CalWORKs, by Age Group

January 2025

- Younger than 6 Years
- 6 to 11 Years
- 12 to 17 Years

Source: County of Orange Social Services Agency



Percent Receiving CalWORKs, by Community of Residence

January 2025

1. ALISO VIEJO 1.3%
2. ANAHEIM 6.7%
3. BREA 1.5%
4. BUENA PARK 4.4%
5. COSTA MESA 2.8%
6. COTO DE CAZA NO DATA
7. CYPRESS 2.1%
8. DANA POINT 1.1%
9. FOUNTAIN VALLEY 2.0%
10. FULLERTON 3.2%
11. GARDEN GROVE 5.1%
12. HUNTINGTON BEACH 2.4%
13. IRVINE 1.8%
14. LA HABRA 3.7%
15. LA PALMA 1.9%
16. LADERA RANCH NO DATA
17. LAGUNA BEACH 0.2%
18. LAGUNA HILLS 4.1%
19. LAGUNA NIGUEL 1.7%
20. LAGUNA WOODS N/A*
21. LAKE FOREST 1.8%
22. LAS FLORES NO DATA
23. LOS ALAMITOS 1.4%
24. MIDWAY CITY NO DATA
25. MISSION VIEJO 1.0%
26. NEWPORT BEACH 1.0%
27. NORTH TUSTIN NO DATA
28. ORANGE 3.3%
29. PLACENTIA 2.9%
30. RANCHO MISSION VIEJO NO DATA
31. RANCHO SANTA MARGARITA 1.0%
32. ROSSMOOR NO DATA
33. SAN CLEMENTE 0.7%
34. SAN JUAN CAPISTRANO 1.8%
35. SANTA ANA 7.5%
36. SEAL BEACH 0.7%
37. SILVERADO NO DATA
38. STANTON 5.0%
39. TRABUCO CANYON NO DATA
40. TUSTIN 3.6%
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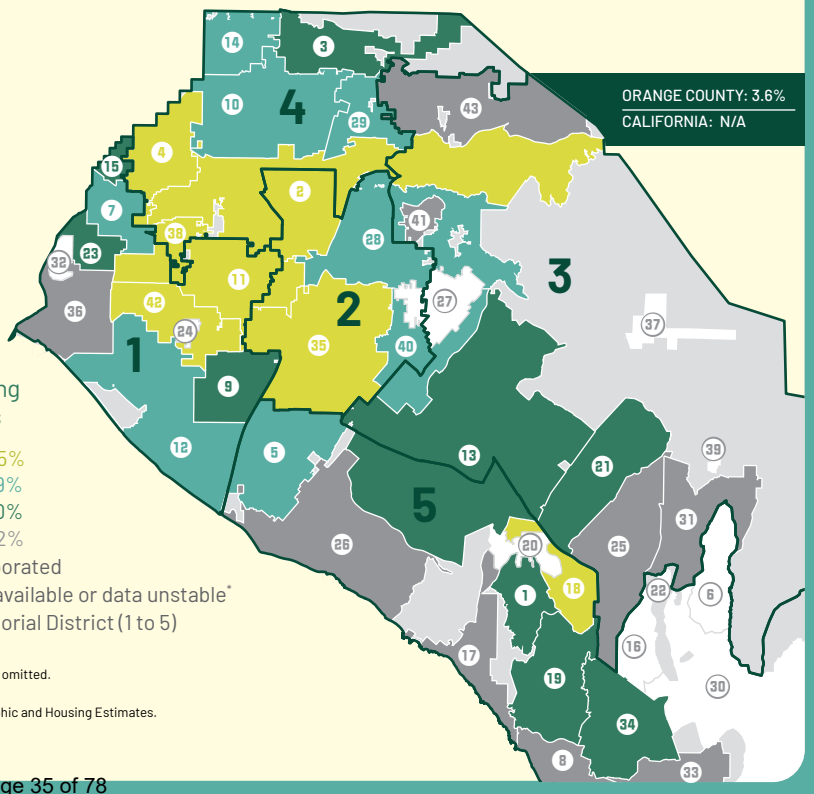
43. YORBA LINDA 0.9%



*Rates based on less than five occurrences and/or the denominator minus numerator is <10 are unstable and have been omitted.
Note: No data indicates that the dataset does not include information on the particular community.
Source: City Populations younger than 18 from 2019-2023 American Community Survey Five-year Estimates, Demographic and Housing Estimates.
County of Orange Social Services Agency, January 2025

SUPPLEMENTAL NUTRITION

WIC PARTICIPATION IN ORANGE COUNTY INCREASED IN 2024 WITH INFANTS COMPRISING OVER A THIRD OF PARTICIPANTS.

DESCRIPTION OF INDICATOR

This indicator reports the number and percent of recipients of the CalFresh Program, federally known as the Supplemental Nutrition Assistance Program (SNAP), and the number and percent of recipients in the Supplemental Nutrition Program for Women, Infants and Children (WIC).[1] As an indicator of poverty, an increase in the number of children receiving these benefits can be viewed as a negative trend. However, an increase may also be interpreted as a positive trend because more eligible children are receiving these benefits. The interpretation of this indicator continues to be reviewed.

Why is this indicator important?

The data show 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 increase low-income households' ability to buy more nutritious food, such as fruits and vegetables. Income eligible children can receive both forms of nutrition assistance.

Findings

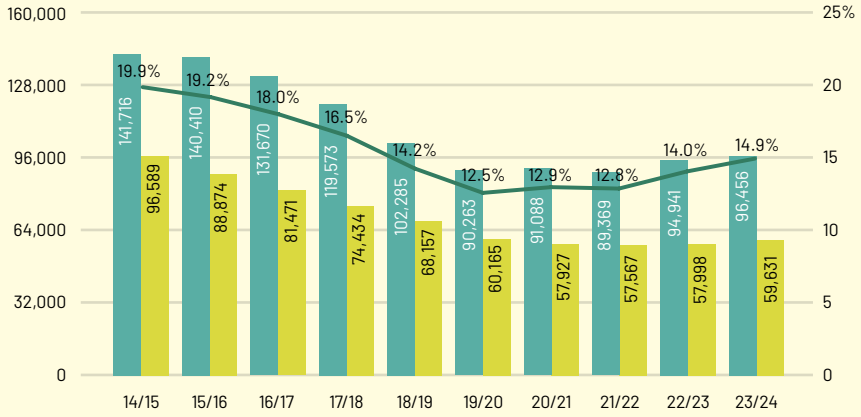
- In 2023/24, 14.9% of children younger than 18 years received CalFresh (96,456 children total), a 31.9% decrease in the number of children from the 10-year high of 19.9% (141,716) in 2014/15. Orange County had a lower rate than California at 22.4% (1,913,371) of children receiving CalFresh.[2]
- In January 2025, the greatest proportion of CalFresh beneficiaries younger than 18 in Orange County were children aged 6 to 12 years (39.9%), followed by 13 to 17 years (30.2%) and younger than 6 years (29.8%).
- In 2021, it was estimated that 63.3% of people in Orange County eligible for CalFresh were receiving that benefit, less than California at 77.0%.[3]
- WIC participation in Orange County increased from the ten-year low of 57,567 participants in 2022 to 59,631 in 2024. It remained lower than the high of 96,589 in 2015. Of these participants in 2024, 34.2% (20,382) were infants.
- In 2022, an average of 53.5% of adults and children eligible for WIC were receiving that benefit nationally per month, lower than California at 69.7%. Both average monthly rates dropped from a high in 2011, when the national rate was 63.5% and the California rate was 82.5%.[4]

[1] WIC provides nutrition services to pregnant and postpartum women, infants and children (ages 0 to 5 years). Participants must meet eligibility and income guidelines (at or below 185% of the federal poverty level). WIC participants are reported as the number of prenatal, breastfeeding and postpartum women, infants and children up to 5 years 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 younger than 18 years are reported annually through CalWIN. December figures are used to define the service population for a given federal fiscal year (October 1 - September 30). [2] California Department of Social Services, CalFresh County Data Dashboard, 2025. [3] California Department of Social Services, CalFresh County Data Dashboard, Updated September 17, 2025. [4] USDA National and State-Level Estimates of WIC Eligibility and WIC Program Reach.

Number and Percent of Children Younger than 18 Receiving CalFresh and Number of Participants Receiving WIC

2014/15 to 2023/24

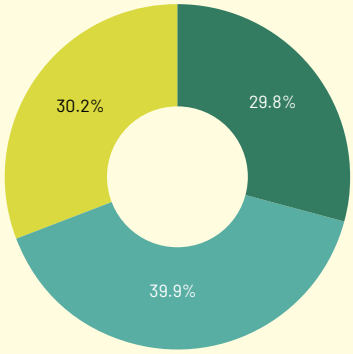
- CalFresh
- WIC
- Percent Served by CalFresh



Note: CalFresh data represents fiscal Year (July-June) monthly averages.
Note: Starting with the 31st Annual Report on the Conditions of Children, fiscal year (July-June) counts of WIC participants is reported. Previously, the WIC participant counts reported reflected the number of participants served in September of each year. Data for previous years have also been updated in this graph, and thus will not align with previous years' reports.
Source for CalFresh: County of Orange Social Services Agency
Source for WIC: California Department of Public Health, WIC Division Monthly Participant Characteristics File, July 2014 through December 2019; WRAD Participant Monthly Snapshot, November 2019 through June 2024.

Percent of Children Receiving CalFresh, by Age Group, January 2025

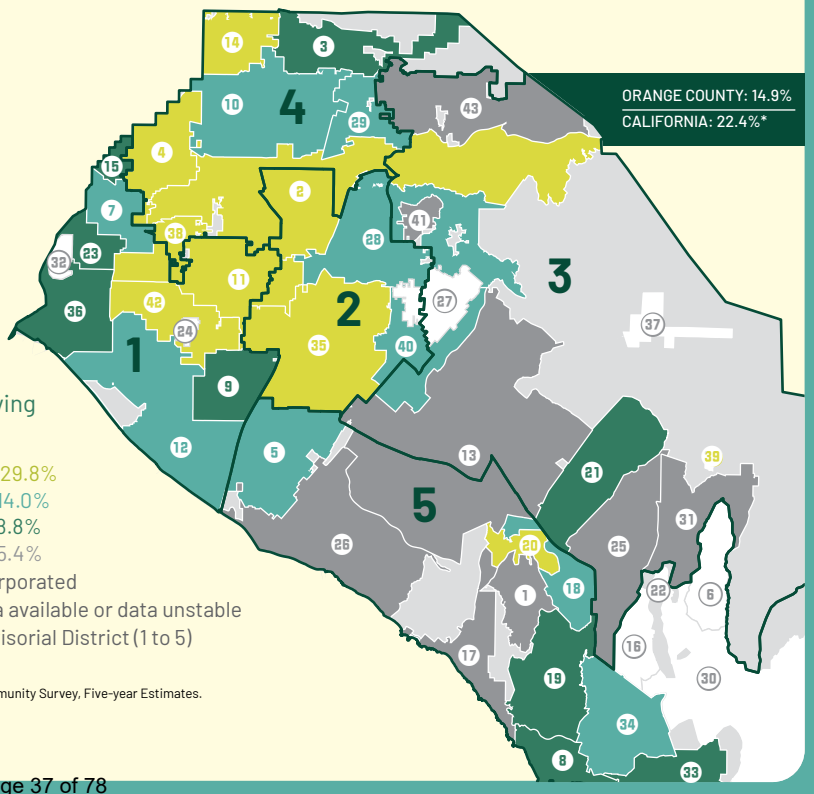
- Younger than 6 Years
- 6 to 12 Years
- 13 to 17 Years



Source: County of Orange Social Services Agency

Percent of Children Younger than 18 Receiving CalFresh, by Community of Residence, 2023/24

1. ALISO VIEJO 5.1%
2. ANAHEIM 24.2%
3. BREA 6.6%
4. BUENA PARK 15.0%
5. COSTA MESA 13.5%
6. COTO DE CAZA N/A
7. CYPRESS 9.1%
8. DANA POINT 7.4%
9. FOUNTAIN VALLEY 8.4%
10. FULLERTON 12.9%
11. GARDEN GROVE 21.6%
12. HUNTINGTON BEACH 9.5%
13. IRVINE 5.4%
14. LA HABRA 17.4%
15. LA PALMA 7.2%
16. LADERA RANCH N/A
17. LAGUNA BEACH 3.3%
18. LAGUNA HILLS 11.5%
19. LAGUNA NIGUEL 7.2%
20. LAGUNA WOODS 16.7%
21. LAKE FOREST 7.8%
22. LAS FLORES NO DATA
23. LOS ALAMITOS 6.9%
24. MIDWAY CITY N/A
25. MISSION VIEJO 5.1%
26. NEWPORT BEACH 3.4%
27. NORTH TUSTIN N/A
28. ORANGE 14.0%
29. PLACENTIA 11.5%
30. RANCHO MISSION VIEJO NO DATA
31. RANCHO SANTA MARGARITA 5.0%
32. ROSSMOOR N/A
33. SAN CLEMENTE 5.9%
34. SAN JUAN CAPISTRANO 11.7%
35. SANTA ANA 29.9%
36. SEAL BEACH 2.7%
37. SILVERADO N/A
38. STANTON 19.1%
39. TRABUCO CANYON N/A
40. TUSTIN 13.6%
41. VILLA PARK 2.5%
42. WESTMINSTER 20.6%
43. YORBA LINDA 3.4%



*California Department of Social Services, CalFresh County Data Dashboard, 2023; U.S. Census Bureau, American Community Survey, Five-year Estimates.
Note: No data indicates that the dataset does not include information on the particular community.
Source: County of Orange Social Services Agency

CHILD CARE

THE COST OF CARE FOR AN INFANT IN A CHILD CARE CENTER REMAINS SIGNIFICANTLY HIGHER THAN OTHER TYPES OF CARE.

DESCRIPTION OF INDICATOR

This indicator focuses on preschool and child care programs that serve young children (typically up to 12 years). This indicator reports on the number of licensed child care spaces available in Orange County offered in Family Child Care Homes (FCCH) and Child Care Centers, and the cost of care by setting and the age of the child. These data do not include license-exempt family, friend and neighbor care[1]. Funding for subsidized early education programs that serve low income families, such as CalWORKs, Alternative Payment Program[2], California State Preschool Program, Transitional Kindergarten[3] and Head Start[4] is also reported.

Why is this indicator important?

Enrollment in high-quality child care can help children learn the foundational skills for reading, math, self-control, and positive relationships.[5] Early care programs can benefit all children, and have shown a greater impact on children from families with low incomes and dual language learners.[6] Studies also show how a positive correlation between participation in high-quality child care programs and increased college graduation rates and adult wages.[7]

The lack of child care may have negative consequences on families. A 2021 analysis commissioned by First 5 Orange County showed that 40% of Orange County parents and guardians reported that the cost and/or lack of childcare prevented them from working at some point, with women and women of color most likely to be negatively impacted.[8] The analysis estimated that approximately 67,000 jobs were lost annually due to disruptions or gaps in child care, equating to $4.3 billion in lost productivity and wages.

Findings

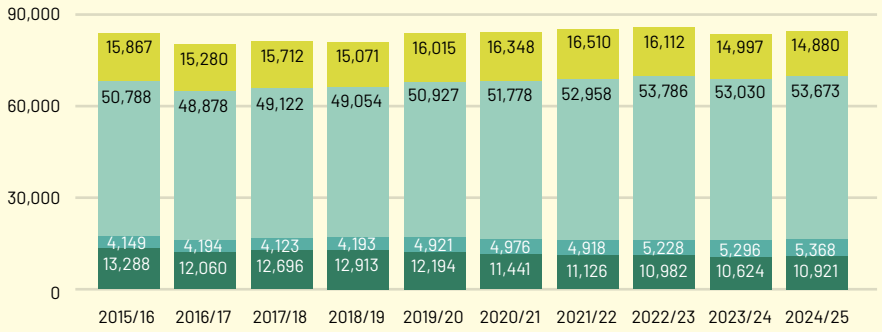
- In 2024/25, there were a total of 84,842 licensed early child care spaces in Orange County, up slightly from 2015/16 (84,092). This represents a ratio of 197 child care spaces per 1,000 children under 12 years.
- Licensed spaces were primarily located in preschool centers (63%), followed by school age centers (18%), family child care homes (13%) and infant centers (6%).
- The cost of child care increased from 2015/16 to 2024/25 across settings and age served. These costs outpaced inflation over this same period.[9]
  - Weekly infant center costs increased from $278 to $467 (68.0% increase) and family-based infant care increased from $207 to $325 (57.0%).
  - Weekly preschool center costs increased from $191 to $296 (55.0%) and family-based preschool care increased from $195 to $328 (68.2%).
  - Weekly school-age center costs increased from $170 to $253 (48.8%) and family-based school-age care increased from $183 to $287 (56.8%).
- In 2024/25, 44% of families requesting child care referrals from the Children's Home Society of California[10] requested Daytime Hour Care, 40% Full Time Care, 12% Part Time Care and 5% Alternative Care Hours.[10]
- In 2022/23, Orange County received $321 million in subsidized child care reimbursement, up from $204 million in 2019/20. The increase was largely attributable to a nearly $89 million increase in funding for voucher-based child care programs like CalWORKs and the Alternative Payment Program.

[1] Family, Friend or Neighbor Care, California Department of Social Services. [2] Department of Social Services, Child Care and Development Programs Subsidized Programs (ca.gov). [3] TKCalifornia. [4] U.S. Department of Health and Human Services, Administration for Children & Families, available at https://eclkc.ohs.acf.hhs.gov/programs/article/head-start-programs. [5] Davis Schoch, A., Simons Gerson, C., Halle, T., & Bredeson, M. (2023). [6] Ansari, A., Pianta, R. C., Whittaker, J. E., Vitiello, V., & Ruzek, E. (2021). [7] Bustamante, A. S., Dearing, E., Zachrisson, H. D., & Vandell, D. L. (2022). [8] Child Care and its Impact on Orange County's Economy, First 5 Orange County (2021), available at https://first5oc.org/childcare/. [9] U.S. Bureau of Labor Statistics, Consumer Price Index Inflation Calculator. [10] The Children's Home Society of California is Orange County's designated Resource and Referral (R&R) program. R&Rs provide information to parents and the community about the availability of child care and assist providers with licensing, training, and referrals. [10] Full-Time Care is care that equals 25+ weekly hours. Part-Time Care is care that equals fewer than 25 weekly hours; Daytime Hour Care includes care provided between the hours of 6:00am and 6:00pm; Alternative Care Hours includes evening, weekend, drop-in or overnight care.

Number of Licensed Child Care Spaces, by Type, 2015/16 to 2024/25

- School Age Center
- Preschool Center
- Infant Center
- Family Child Care Home

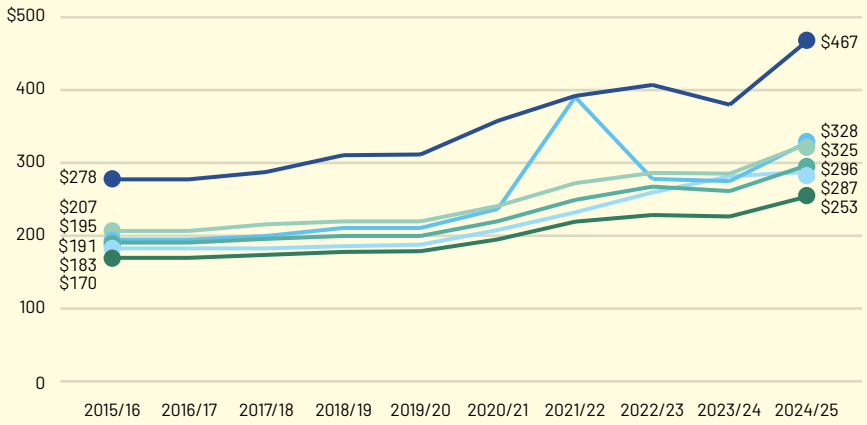
Source: Children's Home Society of California's Child Care Resource and Referral Program



Average Weekly Child Care Cost, by Type, 2015/16 to 2024/25

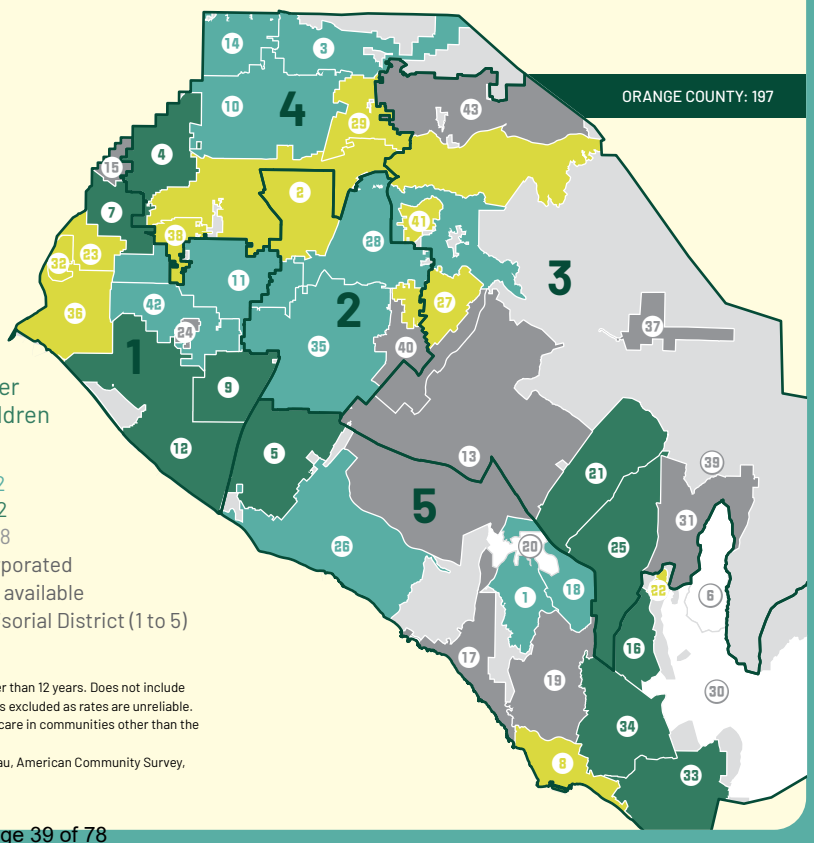
- Child Care Center - Infant
- Child Care Center - Preschool
- Child Care Center - School Age
- Family Child Care Home - Infant
- Family Child Care Home - Preschool
- Family Child Care Home - School Age

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



Number of Licensed Child Care Spaces* per 1,000 Children Younger than 12, by Community of Residence, 2025

1. ALISO VIEJO 183
2. ANAHEIM 123
3. BREA 139
4. BUENA PARK 205
5. COSTA MESA 224
6. COTO DE CAZA NO DATA
7. CYPRESS 256
8. DANA POINT 102
9. FOUNTAIN VALLEY 251
10. FULLERTON 177
11. GARDEN GROVE 174
12. HUNTINGTON BEACH 242
13. IRVINE 302
14. LA HABRA 190
15. LA PALMA 295
16. LADERA RANCH 234
17. LAGUNA BEACH 288
18. LAGUNA HILLS 164
19. LAGUNA NIGUEL 378
20. LAGUNA WOODS N/A**
21. LAKE FOREST 206
22. LAS FLORES 0
23. LOS ALAMITOS 72
24. MIDWAY CITY 285
25. MISSION VIEJO 272
26. NEWPORT BEACH 192
27. NORTH TUSTIN 0
28. ORANGE 161
29. PLACENTIA 101
30. RANCHO MISSION VIEJO NO DATA
31. RANCHO SANTA MARGARITA 308
32. ROSSMOOR 15
33. SAN CLEMENTE 233
34. SAN JUAN CAPISTRANO 233
35. SANTA ANA 144
36. SEAL BEACH 73
37. SILVERADO 898
38. STANTON 30
39. TRABUCO CANYON N/A
40. TUSTIN 284
41. VILLA PARK 36
42. WESTMINSTER 135
43. YORBA LINDA 281



*Includes center-based sites and family child care homes serving infants, preschoolers and school-age children younger than 12 years. Does not include license-exempt family, friend and neighbor care. **Communities with fewer than 55 youth children younger than 12 years excluded as rates are unreliable.
Note: No data indicates that the dataset does not include information on the particular community; Families may seek care in communities other than the one in which they live.
Source: California Department of Social Services, Community Care Licensing Division, May 22, 2025; U.S. Census Bureau, American Community Survey, Five-year Estimates, Table B09001

HOUSING

THE NUMBER OF ORANGE COUNTY STUDENTS EXPERIENCING HOUSING INSECURITY SURPASSES 30,000 FOR FIRST TIME IN THE LAST DECADE.

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.[1]

Why is this indicator important?

The high mobility, trauma and poverty associated with homelessness and insecure housing create educational barriers, low school attendance, and developmental, physical and emotional problems for students. Lacking a fixed, regular nighttime stay increases the chances that a student will require additional support services. 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.

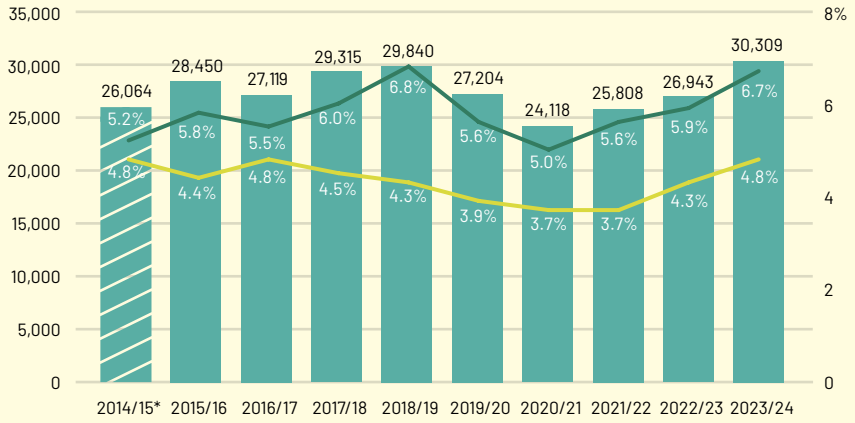
Findings

- In 2023/24, 6.7% of students in Orange County experienced insecure housing (30,309 students total), higher than in 2014/15 at 5.2% (26,064).
- Hispanic/Latino students had the highest rate of insecure housing (11.6%), followed by American Indian or Alaska Native (9.8%), Pacific Islander (7.3%) and Black or African American (7.3%) students. Filipino (2.7%), Two or More Races (1.8%), White (1.6%) and Asian (1.3%) students had the lowest rates of insecure housing.
- Of those students with insecure housing in 2023/24, elementary age students (Transitional Kindergarten to grade 6) represent the highest percentage at 7.3%, followed by middle school students (grades 7 to 8) at 6.3% and high school age students (grades 9 to 12) at 6.0%.
- With regard to primary nighttime residence, in 2023/24:
  - 89.6% (27,151) of insecurely housed students were doubled-up in housing.
  - 4.5% (1,365) of insecurely housed students were in hotels or motels.
  - 4.3% (1,312) of insecurely housed students were housed in shelters.
  - 1.6% (481) of insecurely housed students were unsheltered.
- School districts with the highest percentage of insecurely housed students were Magnolia School District (27.2%), Santa Ana Unified (18.7%) and Placentia-Yorba Linda Unified (14.7%). School districts with the lowest percentage were Fountain Valley School District (0.2%), Los Alamitos Unified (0.4%) and Laguna Beach Unified (0.4%).

[1] 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.

Number and Percent of Students with Insecure Housing, Orange County and California, 2014/15 to 2023/24

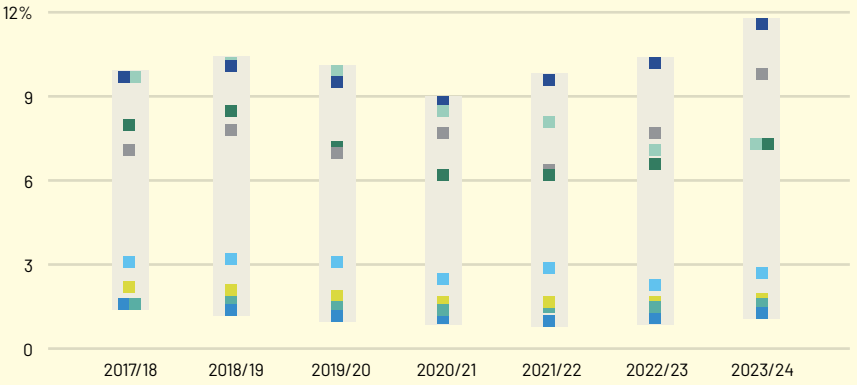
- Number of Orange County Students with Insecure Housing
- % of Total Student Enrollment in Orange County
- % of Total Student Enrollment in California
- Unstable Data



*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

Percent of Enrolled Students with Insecure Housing, By Race and Ethnicity, 2017/18 to 2023/24

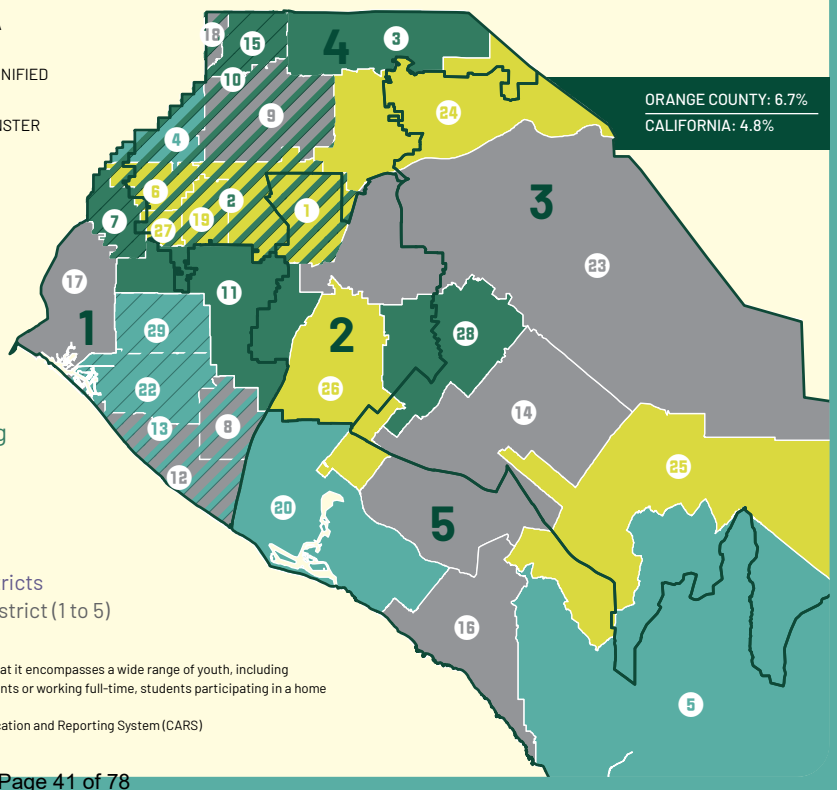
- American Indian or Alaska Native
- Asian
- Black or African American
- Filipino
- Hispanic or Latino
- Pacific Islander
- Two or More Races
- White



Source: California Department of Education

Percent of Enrolled Students with Insecure Housing, by School District, 2023/24

1. ANAHEIM 11.0%
2. ANAHEIM UNION HIGH 3.9%
3. BREA-OLINDA UNIFIED 2.2%
4. BUENA PARK 7.9%
5. CAPISTRANO UNIFIED 6.9%
6. CENTRALIA 11.1%
7. CYPRESS 5.0%
8. FOUNTAIN VALLEY 0.2%
9. FULLERTON 1.5%
10. FULLERTON JOINT UNION HIGH 2.6%
11. GARDEN GROVE UNIFIED 2.6%
12. HUNTINGTON BEACH CITY 1.2%
13. HUNTINGTON BEACH UNION HIGH 5.9%
14. IRVINE UNIFIED 0.5%
15. LA HABRA CITY 2.3%
16. LAGUNA BEACH UNIFIED 0.4%
17. LOS ALAMITOS UNIFIED 0.4%
18. LOWELL JOINT 0.9%
19. MAGNOLIA 27.2%
20. NEWPORT-MESA UNIFIED 6.4%
21. OCEAN VIEW 9.1%
22. OCDE - ACCESS* 6.7%
23. ORANGE UNIFIED 1.6%
24. PLACENTIA-YORBA LINDA UNIFIED 14.7%
25. SADDLEBACK VALLEY UNIFIED 11.2%
26. SANTA ANA UNIFIED 18.7%
27. SAVANNA 12.2%
28. TUSTIN UNIFIED 2.4%
29. WESTMINSTER 8.8%



*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

IN 2024/25, ORANGE COUNTY'S PERCENTAGE OF CHILD SUPPORT COLLECTIONS EXCEEDED CALIFORNIA'S.

DESCRIPTION OF INDICATOR

This indicator reports the number of child support cases, net and per case collections of child support and the percentage and amount of child support collected.

Why is this indicator important?

The child support program is one of the largest income support programs serving children, impacting over 12.2 million children nationally in 2024.[1] Child support is important for meeting the basic needs of children and families. From securing food and shelter to covering child care and medical expenses, these payments provide the opportunity for children and families to have their fundamental needs met.

Research shows that some families are lifted out of poverty by receiving child support payments, however, child support is limited in its ability to reduce poverty due, in part, to noncustodial parents who have low and irregular incomes.[2] Beyond poverty reduction, child support has also been shown to improve cognitive development, high school graduation rates and college attendance. It has also been shown to increase the involvement of noncustodial parents and reduce the risk of child maltreatment.[3]

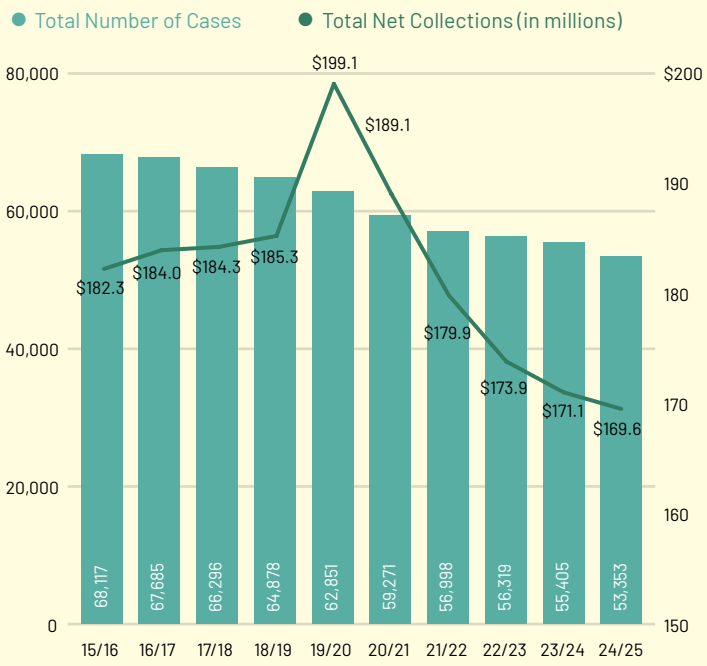
Findings

- Total Orange County child support cases decreased by 21.7% from 68,117 in 2015/16 to 53,353 in 2024/25.
- Over the same period, net collections decreased by 7.0% from $182.3 million in 2015/16 to $169.6 million in 2024/25, with an average of $182.8 million annually. Collections decreased 14.8% from 2019/20 ($199.1 million to $169.6 million), reflecting a return to pre-pandemic levels. The 2019/20 rate was higher than normal due to unemployment payment intercepts or the increased withholdings due to COVID-19 unemployment stimulus.
- Most (91.1%) Orange County cases have a court order established, in comparison to California's rate of 87.4%. Since 2017, the Orange County rate has decreased 1.3% (from 92.4%).[4]
- The percent of current support collected among Orange County cases during 2024/25 was 65.0%, which was higher than the California rate of 62.3%, and represents slightly lower rate than 2015/16 when the rate was 68.0%.[5]

[1] U.S. Department of Health and Human Services, Administration for Children and Families FY 2024 Preliminary Data Report and Tables. [2] Maretta McDonald, Sofi Martinez, Rebekah Selekman, and Eliza Abendroth, 2024. [3] Elaine Sorensen, The Child Support Program is a Good Investment, U.S. Department of Health and Human Services, Administration for Children and Families, 2016. [4] California Department of Child Support Services: Comparative Data for Managing Program Performance, FFY 2024. Published July 2023. Percentage data source, Table 1 Cases with Support Orders Established using Point-in-Time Data. [5] Department of Child Support Services, 2024. Collection Rate Percentage and Dollars Owed collected from California pulled from State of California - Health and Human Services Agency Child Support Program Statistics FFY 2024, Table 1.3.

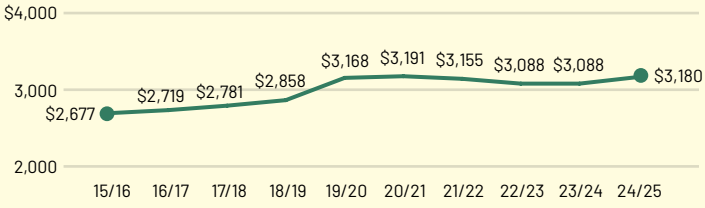
ECONOMIC WELL-BEING

Total Child Support Cases and Total Net Collections, 2015/16 to 2024/25



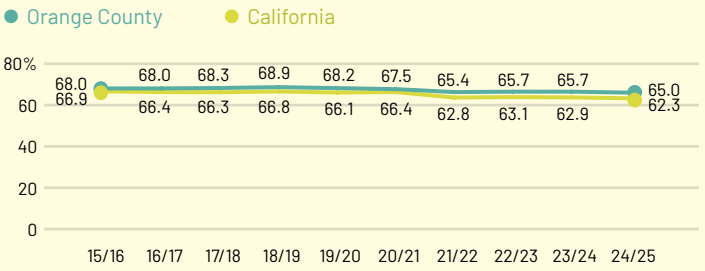
Note: Total cases each year is a 12-month average from July to June.
Source: Orange County Department of Child Support Services

Total Child Support Per Case Collections, 2015/16 to 2024/25



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

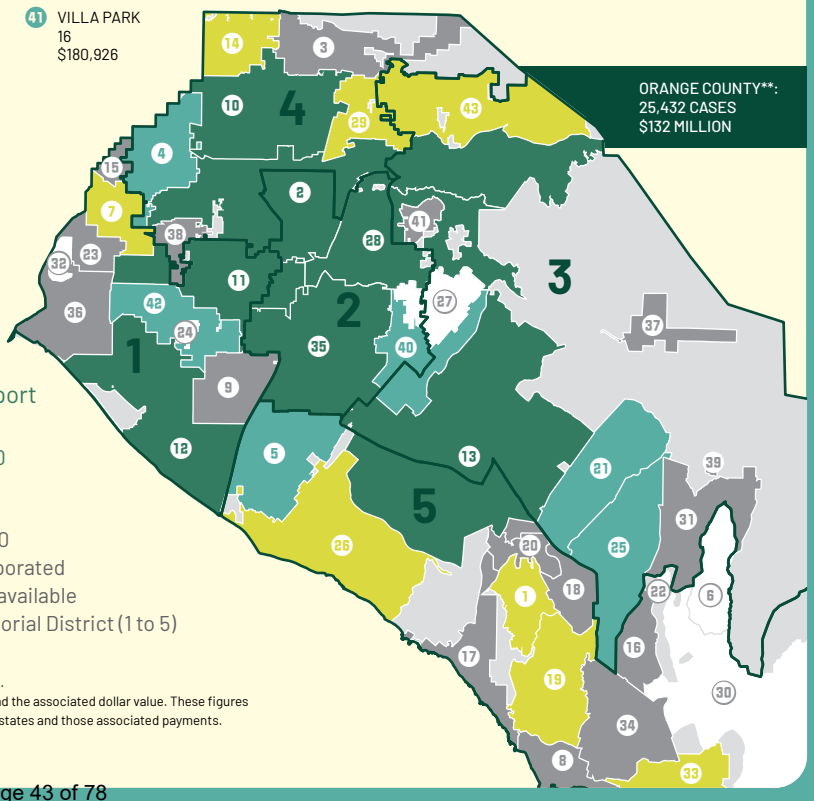
Percent of Child Support Collected, Orange County and California, 2015/16 to 2024/25



Source: Orange County Department of Child Support Services

Number of Cases and Total Support Collected, by Community of Residence, 2024/25

1. ALISO VIEJO
326
$2,036,266
2. ANAHEIM
4,570
$20,163,597
3. BREA
368
$1,951,375
4. BUENA PARK
906
$3,964,849
5. COSTA MESA
780
$4,144,546
6. COTO DE CAZA
NO DATA*
7. CYPRESS
78
$2,273,338
8. DANA POINT
166
$1,462,193
9. FOUNTAIN VALLEY
338
$1,897,694
10. FULLERTON
1,288
$6,417,407
11. GARDEN GROVE
1,707
$8,034,356
12. HUNTINGTON BEACH
1,359
$7,620,122
13. IRVINE
1,075
$7,834,520
14. LA HABRA
628
$2,896,012.30
15. LA PALMA
91
$386,898
16. LADERA RANCH
214
$1,843,366
17. LAGUNA BEACH
66
$628,591
18. LAGUNA HILLS
184
$1,076,981
19. LAGUNA NIGUEL
308
$2,399,980
20. LAGUNA WOODS
12
$47,378
21. LAKE FOREST
549
$3,043,534
22. LAS FLORES
NO DATA*
23. LOS ALAMITOS
144
$1,021,390
24. MIDWAY CITY
NO DATA*
25. MISSION VIEJO
492
$3,107,732
26. NEWPORT BEACH
261
$2,129,217
27. NORTH TUSTIN
NO DATA*
28. ORANGE
1,226
$6,150,027
29. PLACENTIA
494
$2,641,131
30. RANCHO MISSION VIEJO
NO DATA*
31. RANCHO SANTA MARGARITA
296
$1,865,042
32. ROSSMOOR
NO DATA*
33. SAN CLEMENTE
321
$2,287,835
34. SAN JUAN CAPISTRANO
256
$1,510,616
35. SANTA ANA
4,068
$17,954,145
36. SEAL BEACH
65
$329,795
37. SILVERADO
9
$44,506
38. STANTON
381
$1,652,386
39. TRABUCO CANYON
104
$677,906
40. TUSTIN
803
$4,119,526
41. VILLA PARK
16
$180,926
42. WESTMINSTER
894
$4,546,398
43. YORBA LINDA
353
$2,208,787



*Child Support case numbers and collection amounts for unincorporated communities are combined with nearby cities.
**The Orange County figures reflect the number of cases with addresses within Orange County that made a payment and the associated dollar value. These figures do not include clients served by the Orange County Department of Child Support Services who live in other counties or states and those associated payments.
Source: Orange County Department of Child Support Services

EDUCATIONAL ACHIEVEMENT INDICATORS

KINDERGARTEN READINESS

PERCENT OF CHILDREN READY FOR KINDERGARTEN

48.2% 2015 **53.0%** 2025

HIGH SCHOOL DROPOUT RATES

PERCENT OF HIGH SCHOOL DROPOUTS FOR GRADES 9 TO 12 COHORT

5.7% 2014/15 **4.9%** 2023/24

THIRD GRADE ENGLISH LANGUAGE ARTS

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

46.0% 2014/15 **52.7%** 2023/24

COLLEGE READINESS

PERCENT OF GRADUATES WITH UC/CSU ELIGIBLE REQUIREMENTS

50.4% 2014/15 **57.3%** 2023/24

THIRD GRADE MATHEMATICS

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

51.0% 2014/15 **57.1%** 2023/24

CHRONIC ABSENTEEISM

PERCENT OF STUDENTS CHRONICALLY ABSENT FROM SCHOOL

7.7% 2016/17 **15.2%** 2023/24

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

KINDERGARTEN READINESS

EMOTIONAL MATURITY DECLINED FOR THE FIRST TIME IN 10 YEARS.

DESCRIPTION OF INDICATOR

Orange County uses the Early Development Index (EDI) to measure children's readiness for school. The EDI — conducted during the second half of the kindergarten year — assesses children's development by using an online 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 were 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 readiness over time.

Why is this indicator important?

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

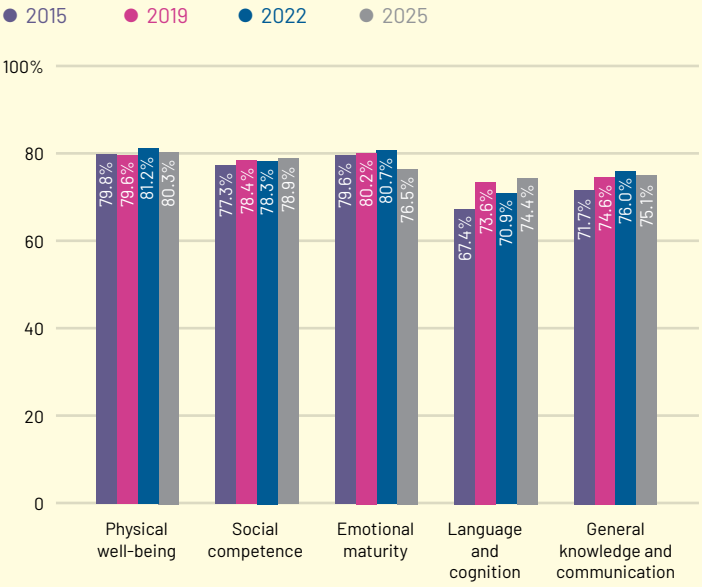
Findings

- In 2025, 53.0% of children in Orange County were developmentally ready for kindergarten, a 4.8 percentage point increase from 2015 (48.2% ready) and a 0.4 percentage point increase from 2022 (52.6% ready). Children are considered developmentally ready for school if they are on track in each of the areas assessed.
- From 2015 to 2025, four out of five EDI developmental areas showed improvement, with language and cognition increasing the most by 7.0 percentage points (from 67.4% in 2015 to 74.4% in 2025). However, emotional maturity declined by 3.2 percentage points (from 79.6% in 2015 to 76.5% in 2025), making it the only area to experience a decrease over the decade.
- In 2025, Asian children were the most likely to be ready for kindergarten (64.9%), followed by White (61.9%), Multiracial (60.1%), Other (56.2%), Native Hawaiian or other Pacific Islander (53.2%), American Indian/Alaska Native (46.1%), African American (45.7%) and Hispanic or Latino (42.8%) kindergarteners.
- Among kindergartners, the areas of greatest vulnerabilities were language and cognitive development (25.6% vulnerable or at-risk) and communication skills and general knowledge (24.9% vulnerable or at-risk). Smaller percentages of children were vulnerable or at risk in emotional maturity (23.5%), social competence (21.1%) and physical health and well-being (19.7%).
- Communities with the highest percentage of students developmentally ready for school include North Tustin at 80.0% (35 children assessed), followed by Laguna Beach at 74.0% (96 children assessed) and Villa Park at 68.6% (35 children assessed).[2]
- The lowest percentage of students ready for school are in the communities of Laguna Hills at 37.0% (162 children assessed) followed by Santa Ana at 40.7% (2,455 children assessed) and Midway City at 41.9% (74 children assessed).

[1] Duncan, G. J., Dowsett, C. J., and Claessens, A. (2007). School readiness and later achievement. Developmental Psychology, 43(6), 1428-1446. [2] EDI records indicate how many assessments were completed in each community and is provided to show sample size. Additionally, EDI data are currently collected in public schools only and do not reflect children enrolled in private or charter schools.

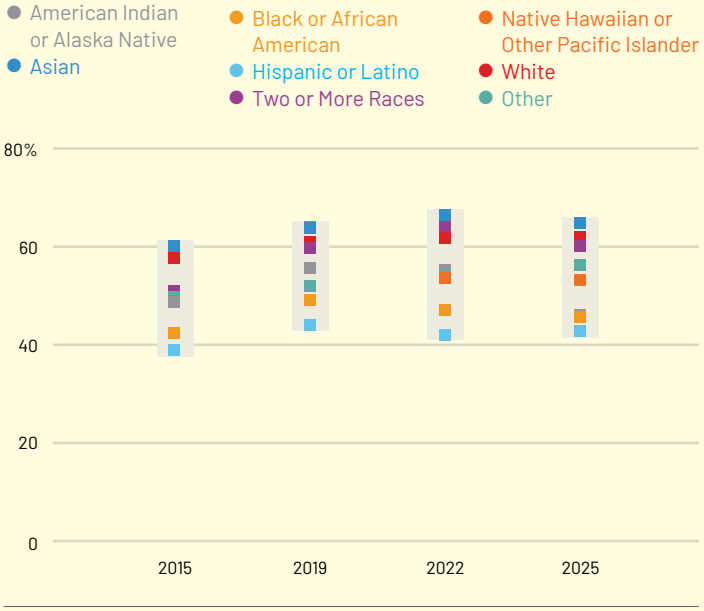
EDUCATION

Percentage of Children Ready for Kindergarten, by Area, 2015 to 2025



Source: Early Development Index, 2015 to 2025

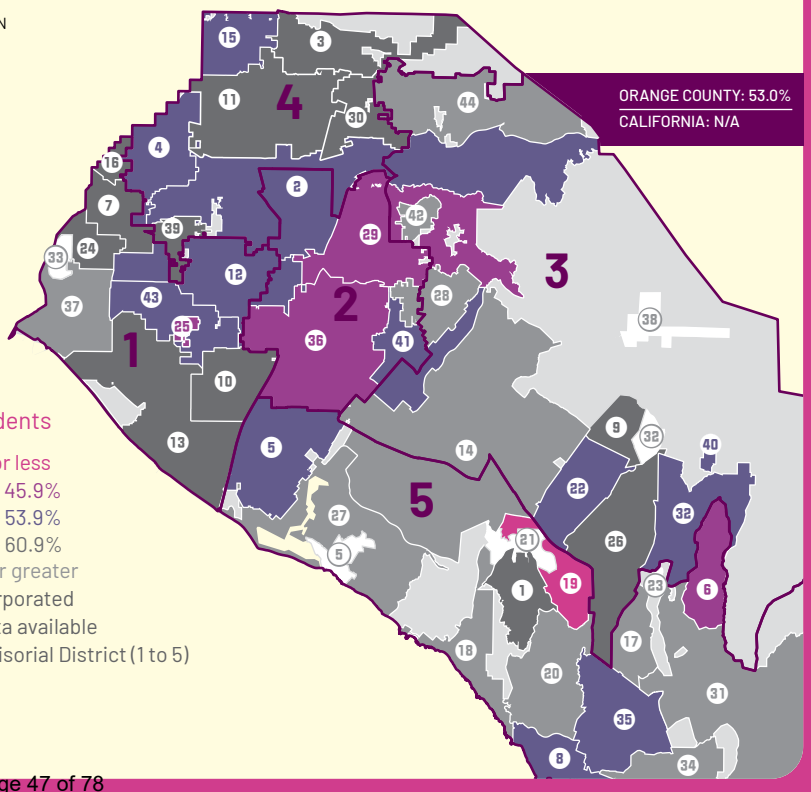
Percentage of Children Ready for Kindergarten, by Race/Ethnicity, 2015 to 2025



Note: 2015 includes data collected in 2013, 2014 and 2015; 2019 includes data collected in 2018 and 2019. The 2022 and 2025 data collection included participation of all the districts and schools in the same year. The four waves each reflect 100% school participation.
Source: Early Development Index, 2015 to 2025

Percent of Children Ready for Kindergarten, by Community of Residence, 2025

1. ALISO VIEJO 59.6%
2. ANAHEIM 46.4%
3. BREA 59.5%
4. BUENA PARK 51.2%
5. COSTA MESA 52.5%
6. COTO DE CAZA 42.1%
7. CYPRESS 60.5%
8. DANA POINT 48.7%
9. FOOTHILL RANCH 58.1%
10. FOUNTAIN VALLEY 60.0%
11. FULLERTON 57.0%
12. GARDEN GROVE 48.7%
13. HUNTINGTON BEACH 59.9%
14. IRVINE 63.2%
15. LA HABRA 47.7%
16. LA PALMA 55.8%
17. LADERA RANCH 65.4%
18. LAGUNA BEACH 74.0%
19. LAGUNA HILLS 37.0%
20. LAGUNA NIGUEL 68.2%
21. LAGUNA WOODS NO DATA
22. LAKE FOREST 52.9%
23. LAS FLORES NO DATA
24. LOS ALAMITOS 57.1%
25. MIDWAY CITY 41.9%
26. MISSION VIEJO 57.0%
27. NEWPORT BEACH 61.6%
28. NORTH TUSTIN 80.0%
29. ORANGE 44.3%
30. PLACENTIA 55.5%
31. RANCHO MISSION VIEJO 66.5%
32. RANCHO SANTA MARGARITA 49.1%
33. ROSSMOOR NO DATA
34. SAN CLEMENTE 61.1%
35. SAN JUAN CAPISTRANO 52.5%
36. SANTA ANA 40.7%
37. SEAL BEACH 65.9%
38. SILVERADO NO DATA
39. STANTON 55.2%
40. TRABUCO CANYON 53.4%
41. TUSTIN 48.1%
42. VILLA PARK 68.6%
43. WESTMINSTER 47.1%
44. YORBA LINDA 67.5%



Note: NO DATA indicates that that there are not enough EDI records for the particular community to report.
Source: Early Development Index, 2025

THIRD GRADE ENGLISH LANGUAGE ARTS

SOCIOECONOMICALLY DISADVANTAGED STUDENTS HAVE INCREASINGLY MET/EXCEEDED STANDARDS.

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). Starting in School Year (SY) 2014/15, 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. This report reflects the second data update since SY 2018/19. No data were available for SY 2019/20 and 2020/21 due to disruptions in data collection due to the COVID-19 pandemic.

Why is this indicator important?

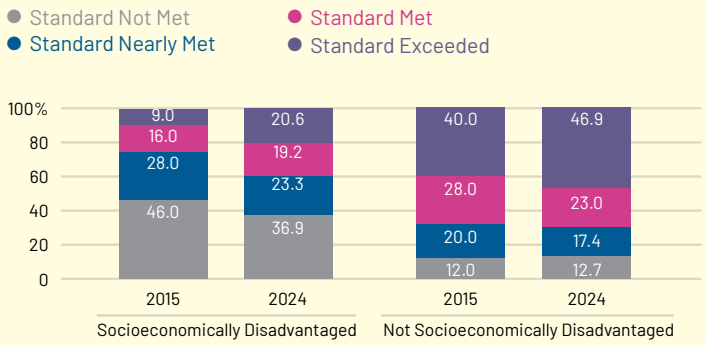
CAASPP is designed to demonstrate progress toward learning problem-solving and critical thinking skills needed for college and career readiness. It gives schools and communities data on the performance of students and significant student groups within a school. This information helps schools analyze academic progress and resource allocation 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 grade students who lack proficiency in reading are four times more likely to become high school dropouts.[1]

Findings:

- In SY 2023/24, over half (52.7%) of Orange County third grade students met or exceeded the statewide achievement standard for ELA, an increase from 2014/15 (46.0%) and higher than California at 42.8%.
- Among third grade students who were not socioeconomically disadvantaged, 69.9% met or exceeded the achievement standards in ELA, substantially higher than those students who were socioeconomically disadvantaged at 39.8%.
- Between SY 2014/15 and 2023/24, the percentage of socioeconomically disadvantaged students who met or exceeded standards increased from 25.0% to 39.8%, compared to an increase from 68.0% to 69.9% among students who were not socioeconomically disadvantaged.
- The ELA assessments are subdivided by four academic focus areas; 24.1% of third graders were above standards in the area of Writing, followed by Reading (22.3%), Research/Inquiry (21.7%) and Listening (14.2%).
- Across three of the four focus areas, fewer third grade students were above standards in 2023/24 than 2014/15. The greatest decrease was in Listening (3.8% decrease), followed by Research/Inquiry (1.3% decrease) and Reading (0.7% decrease). Writing increased by 1.1% from 2014/15 to 2023/24.
- Asian students exceeded or met standards for ELA at 74.8%, followed by Filipino (73.4%), Two or More Races (66.8%), White (66.4%), American Indian or Alaska Native (46.2%), Native Hawaiian or Pacific Islander (43.9%), Black or African American (42.0%) and Hispanic or Latino (35.3%) students.
- Since 2014/15, Hispanic or Latino students have shown the greatest improvement with a 10.3 percentage point increase in students who exceeded or met standards (increasing from 25.0% to 35.3%).
- The school districts with the highest percentage of third grade students exceeding or meeting standards for overall achievement in English Language Arts were Fountain Valley Elementary (78.3%), Los Alamitos Unified (77.5%), Laguna Beach Unified (71.7%) and Huntington Beach City Elementary at 69.0%. The school districts with the lowest percentages were Santa Ana Unified (25.4%), Anaheim City (27.3%) and La Habra City Elementary (40.2%).

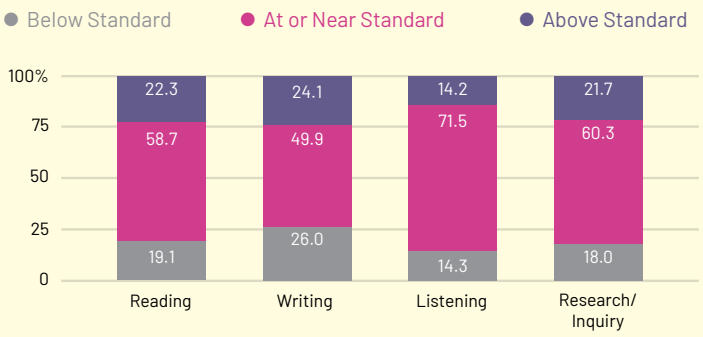
[1] Hernandez, D.J. (2012). Double Jeopardy: How Third-Grade Reading Skills and Poverty Influence High School Graduation. The Annie E. Casey Foundation.

Overall Achievement in ELA Among Third Grade Students, by Socioeconomic Status, 2014/15 and 2023/24



Note: A student is considered socioeconomically disadvantaged if they meet at least one of the following criteria: lack of a parent with a high school diploma, eligibility for free or reduced-price meals, participation in migrant or foster programs, homelessness, direct certification, enrollment in a juvenile court school, or identification as Tribal Foster Youth.
Source: CAASPP, 2023/24

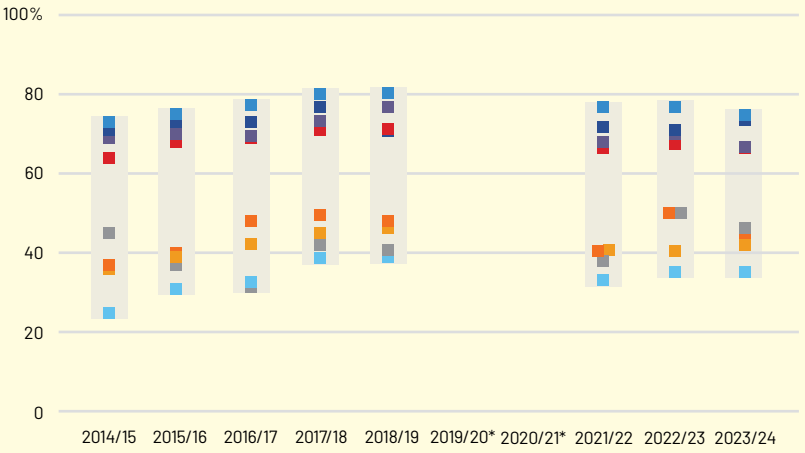
Achievement in ELA Focus Areas Among Third Grade Students, 2023/24



Note: ELA results include information about the student's 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, 2023/24

Overall Achievement in ELA Among Third Grade Students, Standard Exceeded/Standard Met, by Race/Ethnicity, 2014/15 to 2023/24

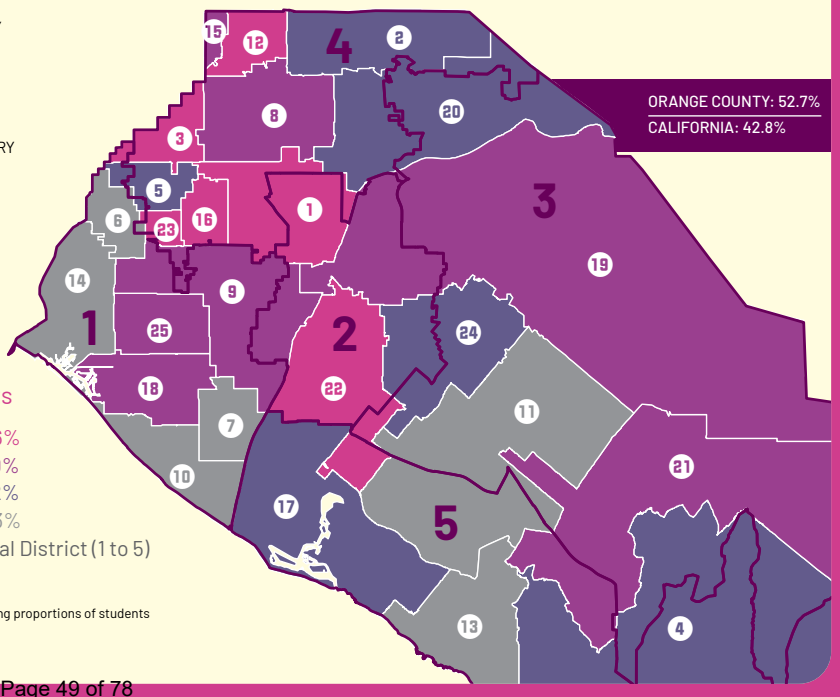
- American Indian or Alaska Native
- Asian
- Black or African American
- Filipino
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Two or More Races
- White



*No data is available for school years 2019/20 and 2020/21 due to disruptions in data collection caused by COVID-19.
Note: Third grade student enrollment by race/ethnicity is 48.7% Hispanic or Latino, 21.4% White, 18.8% Asian, 5.8% Two or More Races, 2.1% Filipino, 1.2% Black or African American, 0.2% Native Hawaiian or Other Pacific Islander, 0.1% American Indian or Alaska Native and 1.7% Not Reported.
Source: CAASPP, 2023/24

Percent of Third Grade Students Who Exceeded or Met Standards for ELA Overall Achievement, by School District, 2023/24

1. ANAHEIM CITY 27.3%
2. BREA-OLINDA UNIFIED 60.7%
3. BUENA PARK ELEMENTARY 42.8%
4. CAPISTRANO UNIFIED 63.9%
5. CENTRALIA ELEMENTARY 54.2%
6. CYPRESS ELEMENTARY 64.5%
7. FOUNTAIN VALLEY ELEMENTARY 78.3%
8. FULLERTON ELEMENTARY 51.5%
9. GARDEN GROVE UNIFIED 51.1%
10. HUNTINGTON BEACH CITY ELEMENTARY 69.0%
11. IRVINE UNIFIED 66.4%
12. LA HABRA CITY ELEMENTARY 40.2%
13. LAGUNA BEACH UNIFIED 71.7%
14. LOS ALAMITOS UNIFIED 77.5%
15. LOWELL JOINT 54.0%
16. MAGNOLIA ELEMENTARY 42.2%
17. NEWPORT-MESA UNIFIED 62.4%
18. OCEAN VIEW 52.4%
19. ORANGE UNIFIED 53.3%
20. PLACENTIA-YORBA LINDA UNIFIED 63.4%
21. SADDLEBACK VALLEY UNIFIED 50.0%
22. SANTA ANA UNIFIED 25.4%
23. SAVANNA ELEMENTARY 45.1%
24. TUSTIN UNIFIED 54.3%
25. WESTMINSTER 50.5%



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, 2023/24

THIRD GRADE MATHEMATICS

MORE THIRD GRADE STUDENTS WERE ABOVE STANDARDS IN ORANGE COUNTY THAN OVERALL IN THE STATE.

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 School Year (SY) 2014/15, CAASPP reflects the Common Core State Standards and online testing system to measure the academic performance of students. This report reflects the second data update since SY 2018/19. No data were available for SY 2019/20 and 2020/21 due to disruptions in data collection due to the COVID-19 pandemic.

Why is this indicator important?

CAASPP is designed to demonstrate progress toward 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 whether resource reallocation is needed to ensure all students succeed. The mathematics component assesses a student's performance in applying mathematical concepts and procedures, using appropriate tools and strategies to solve problems and demonstrating ability to support mathematical conclusions. It is known that math difficulties are cumulative and worsen with time.[1] Understanding third grade performance is important because it is the year that students start using the decimal system to do multi-digit number calculations, an important foundation for future success in mathematics.

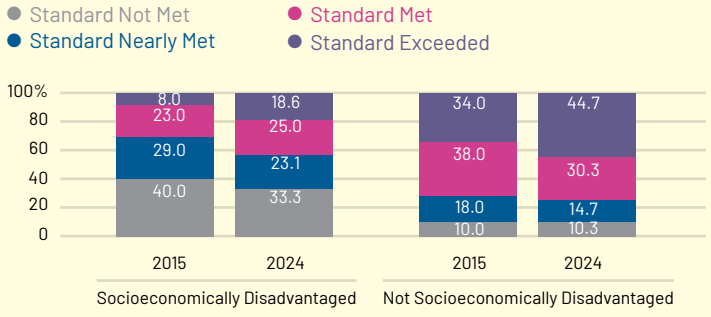
Findings

- In SY 2023/24, over half (57.1%) of Orange County third grade students met or exceeded the statewide achievement standard in math, an increase from SY 2014/15 (51.0%) and higher than California at 45.6%.
- In SY 2023/24, among third grade students who were not socioeconomically disadvantaged, 75.0% met or exceeded the achievement standards in math, substantially higher than those students who were socioeconomically disadvantaged at 43.6%.
- Between SY 2014/15 and 2023/24, the percentage of socioeconomically disadvantaged students who met or exceeded standards increased from 31.0% to 43.6% compared to a smaller increase from 72.0% to 75.0% among students who were not socioeconomically disadvantaged.
- The mathematics assessments are subdivided into three academic focus areas. Over one third (36.5%) of third grade students were above the standard in Concepts and Procedures compared to Problem Solving and Modeling/Data Analysis (29.3%) and Communicating Reasoning (28.7%).
- Across all three focus areas, more third grade students were above standards in SY 2023/24 than 2014/15. Problem Solving and Modeling/Data Analysis increased by 2.5%, Concepts and Procedures increased by 2.3%, while Communicating Reasoning increased by 0.7%.
- Asian students exceeded or met standards in math at 82.2%, followed by Filipino (78.8%), White (72.3%), Two or More Races (71.6%), Black or African American (41.0%), American Indian or Alaska Native (39.5%), Hispanic or Latino (38.0%) and Native Hawaiian or Pacific Islander (37.9%) students.
- Since 2015, Hispanic or Latino students showed the greatest improvement with a 7.0 percentage point increase in students who exceeded or met standards (increasing from 31.0% to 38.0%).
- The school districts with the highest percentage of third grade students exceeding or meeting standards for overall achievement in math were Fountain Valley Elementary (86.1%), Los Alamitos Unified (80.8%) and Laguna Beach Unified (79.5%). The school districts with the lowest percentage were Santa Ana Unified (29.3%), Anaheim City (33.1%) and Magnolia Elementary (45.8%).

[1] National Mathematics Advisory Panel. Foundations for success: The final report of the National Mathematics Advisory Panel, Washington, DC: U.S. Department of Education, 2008.

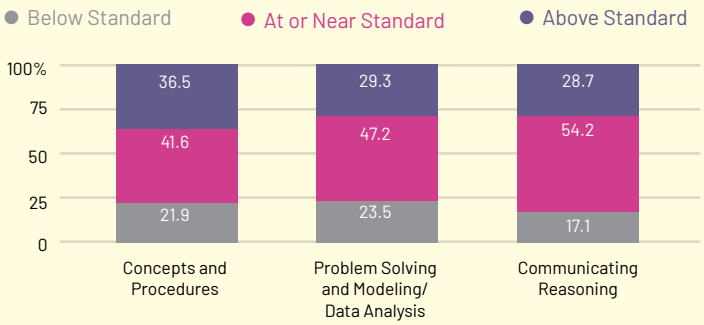
EDUCATION

Overall Achievement in Mathematics Among Third Grade Students, by Socioeconomic Status, 2014/15 and 2023/24



Note: A student is considered socioeconomically disadvantaged if they meet at least one of the following criteria: lack of a parent with a high school diploma, eligibility for free or reduced-price meals, participation in migrant ' or foster programs, homelessness, direct certification, enrollment in a juvenile court school, or identification as Tribal Foster Youth.
Source: CAASPP, 2023/24

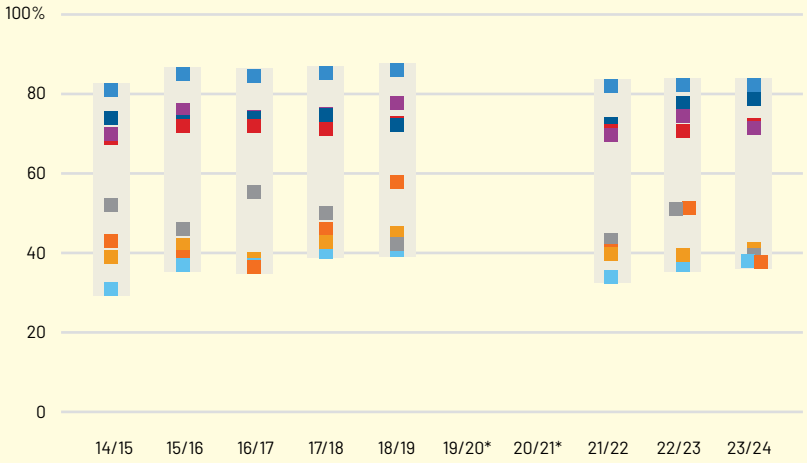
Achievement in Mathematics Focus Areas Among Third Grade Students, 2023/24



Note: Math results include information about the student's performance in the areas of concepts and procedures, problem solving and 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, 2023/24

Overall Achievement in Mathematics Among Third Grade Students, Standard Exceeded/ Standard Met, by Race/Ethnicity, 2014/15 to 2023/24

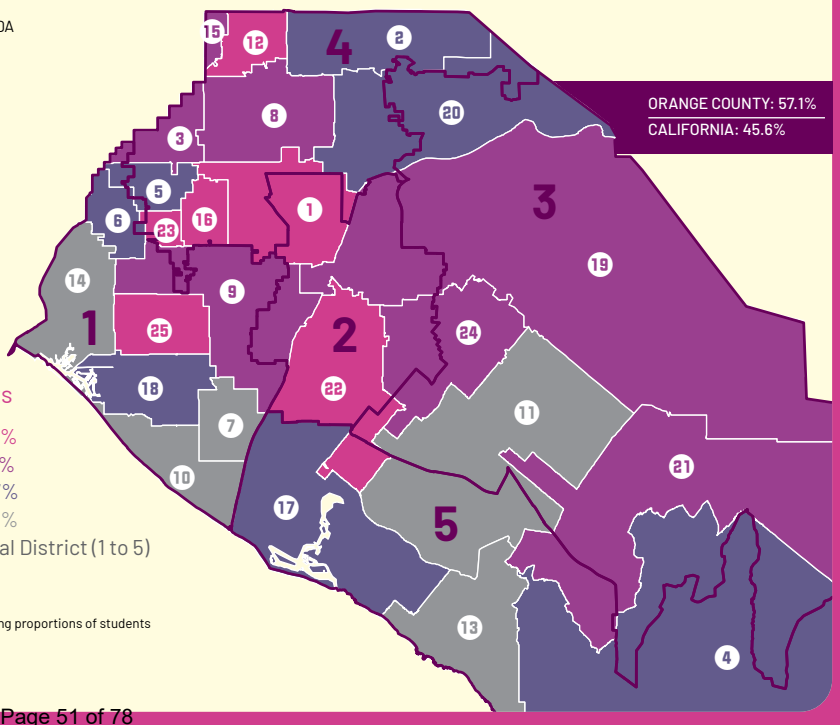
- American Indian or Alaska Native
- Asian
- Black or African American
- Filipino
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Two or More Races
- White



*No data is available for school years 2019/20 and 2020/21 due to disruptions in data collection caused by COVID-19.
Note: Third grade student enrollment by race/ethnicity is 48.7% Hispanic or Latino, 21.4% White, 18.8% Asian, 5.8% Two or More Races, 2.1% Filipino, 1.2% African American, 0.2% Pacific Islander, 0.1% American Indian or Alaska Native and 1.7% Not Reported.
Source: CAASPP, 2023/24

Percent of Third Grade Students Who Exceeded or Met Standards for Mathematics Overall Achievement, by School District, 2023/24

1. ANAHEIM CITY 33.1%
2. BREA-OLINDA UNIFIED 70.7%
3. BUENA PARK ELEMENTARY 52.3%
4. CAPISTRANO UNIFIED 66.8%
5. CENTRALIA ELEMENTARY 61.3%
6. CYPRESS ELEMENTARY 70.7%
7. FOUNTAIN VALLEY ELEMENTARY 86.1%
8. FULLERTON ELEMENTARY 55.8%
9. GARDEN GROVE UNIFIED 56.2%
10. HUNTINGTON BEACH CITY ELEMENTARY 73.4%
11. IRVINE UNIFIED 73.1%
12. LA HABRA CITY ELEMENTARY 46.4%
13. LAGUNA BEACH UNIFIED 79.5%
14. LOS ALAMITOS UNIFIED 80.8%
15. LOWELL JOINT 54.5%
16. MAGNOLIA ELEMENTARY 45.8%
17. NEWPORT-MESA UNIFIED 61.7%
18. OCEAN VIEW 58.3%
19. ORANGE UNIFIED 55.4%
20. PLACENTIA-YORBA LINDA UNIFIED 65.3%
21. SADDLEBACK VALLEY UNIFIED 57.4%
22. SANTA ANA UNIFIED 29.3%
23. SAVANNA ELEMENTARY 50.0%
24. TUSTIN UNIFIED 57.8%
25. WESTMINSTER 50.7%



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, 2023/24

HIGH SCHOOL DROPOUT RATES

ORANGE COUNTY HIGH SCHOOL DROPOUT RATE RETURNS TO NEAR PRE-PANDEMIC LEVELS.

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 School Year (SY) 2007/08, a student is considered a dropout if they were enrolled in grades 9 to 12 during the previous year and left before completing the current school year or did not attend the expected school or any other school by October of the following year. Students are not counted as dropouts if they received a diploma, General Education Diploma (GED) or California High School Proficiency Exam (CHSPE) certificate; are Special Education completers; transferred to a degree-granting college; passed away; had a school-recognized absence; or were known to have left the state.[1]

Why is this indicator important?

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

Findings

- The Orange County cohort dropout rate for SY 2023/24 was 4.9%, which was lower than the California dropout rate of 8.9% and the United States 2021/22 dropout rate for public schools of 5.3%.[3]
- After a drop from 5.0% in SY 2019/20 to 4.0% in 2020/21, the high school dropout rate in Orange County has gradually increased over the past three years, reaching 4.9% in SY 2023/24 — nearly returning to pre-pandemic levels.
- In SY 2023/24, of the 39,606 cohort students, 36,355 graduated and 1,932 students dropped out. Another 1,319 students did not graduate because they were either considered still enrolled at the time of the cohort's graduation (515 students), Special Education completers (408), CHSPE completers (174) or completed the GED (27) or adult education diploma (9). The remaining 186 students were "other transfers."
- Dropout rates reflect persistent disparities with the highest rate for the SY 2023/24 among American Indian or Alaska Native (13.0%*), followed by Black or African American (8.6%, 51), Hispanic or Latino (6.3%, 1,245), Pacific Islander (6.1%*), Two or More Races (4.4%, 70), White (3.6%, 343), Asian (2.4%, 166) and Filipino (1.0%*) students.
- By program, dropout rates were highest among students enrolled as Foster Youth (20.2%), followed by Migrant Education (17.9%), English Learners (11.9%), Homeless Youth (11.4%), Students with Disabilities (10.4%) and Socioeconomically Disadvantaged (6.0%) students.[4]

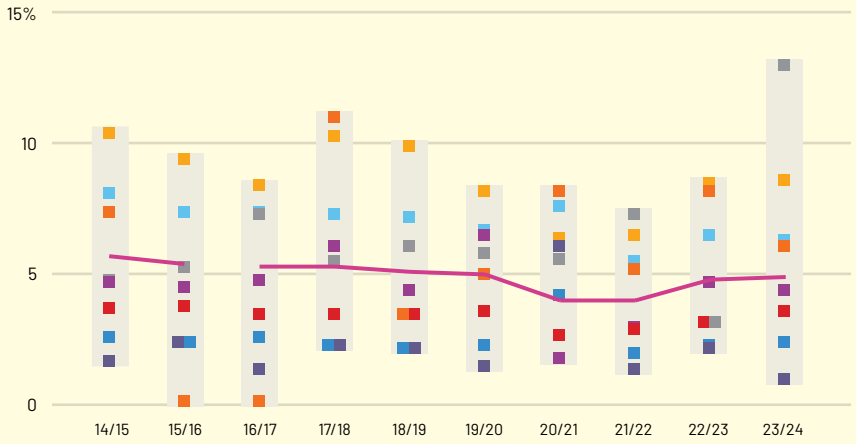
[1] California Department of Education, DataQuest, 2022/23 data. A Cohort is a defined group of students that could potentially graduate during a 4-year time period (grade 9 through grade 12). Due to the changes in the methodology for calculating the 2016/17 Adjusted Cohort Graduation Rate (ACGR) and subsequent years, the 2016/17 ACGR data is not comparable with the cohort outcome data from prior years. [2] Belfield, C. and Levin, H. (2007). The Economic Losses from High School Dropouts in California. [3] National Center of Education Statistics, Status Dropout Rates (Updated May 2024).
[4] 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.
*Data suppressed due to the small number of dropouts.

EDUCATION

Percent of Grade 9 to 12 Cohort Dropouts, by Race/Ethnicity, 2014/15 to 2023/24

- American Indian or Alaska Native
- Asian
- Black or African American
- Filipino
- Hispanic or Latino
- Two or More Races
- Pacific Islander
- White

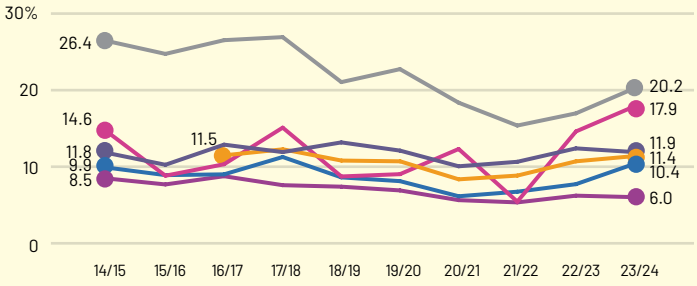
— Overall Orange County



Note: A cohort is a defined group of students that could potentially graduate during a 4-year time period (grade 9 through grade 12). Due to the changes in the methodology for calculating the 2016/17 Adjusted Cohort Graduation Rate (ACGR) and subsequent years, the 2016/17 ACGR data is not comparable with the cohort outcome data from prior years.
Note: Data may be unstable to do small cohort population sizes for Black or African American, Pacific Islander and American Indian or Alaska Native.
Source: California Department of Education, DataQuest

Percent of Grade 9 to 12 Cohort Dropouts by Program, 2014/15 to 2023/24

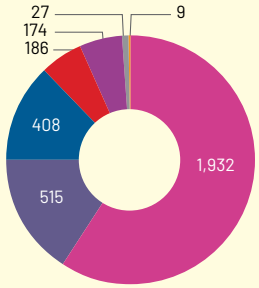
- English Learners
- Migrant Education
- Socioeconomically Disadvantaged
- Special Education/ Students with Disabilities
- Foster Youth
- Homeless Youth



Source: California Department of Education, DataQuest

Number of Students Who Did Not Graduate by Cohort, by Reason, 2023/24

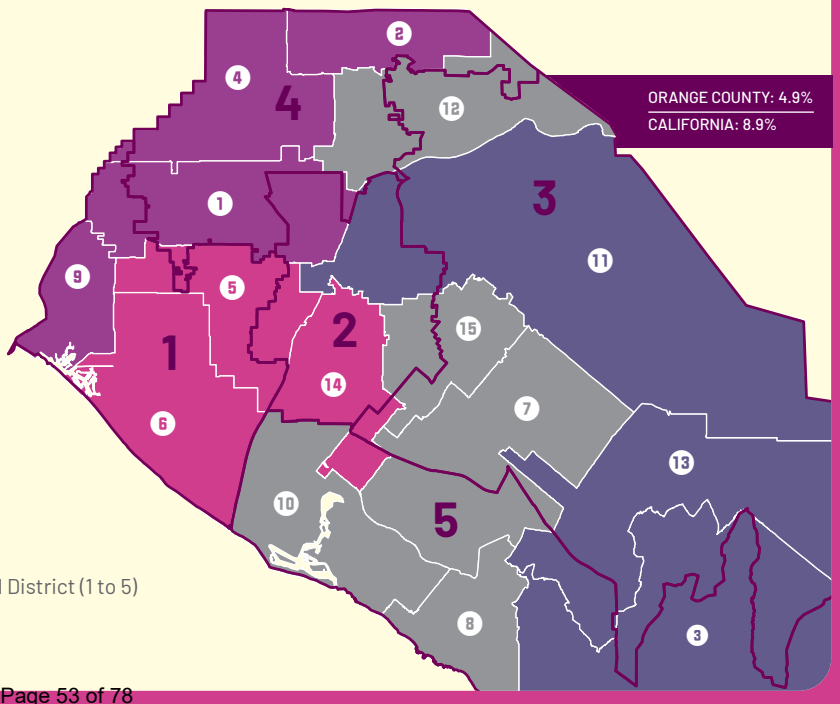
- Cohort Student Dropouts
- Still Enrolled at Time of Cohort Graduation
- Special Ed Completers
- Other Transfers
- CHSPE Completers
- Completed the GED
- Adult Education Diploma Completers



Source: California Department of Education, DataQuest

Percent of Grade 9 to 12 Cohort Dropouts, by School District, 2023/24

1. ANAHEIM UNION HIGH 4.1%
2. BREA-OLINDA UNIFIED 4.6%
3. CAPISTRANO UNIFIED 2.9%
4. FULLERTON JOINT UNION HIGH 3.5%
5. GARDEN GROVE UNIFIED 5.5%
6. HUNTINGTON BEACH UNION HIGH 6.4%
7. IRVINE UNIFIED 2.0%
8. LAGUNA BEACH UNIFIED 0.0%
9. LOS ALAMITOS UNIFIED 3.6%
10. NEWPORT-MESA UNIFIED 2.6%
11. ORANGE UNIFIED 2.7%
12. PLACENTIA-YORBA LINDA UNIFIED 1.0%
13. SADDLEBACK VALLEY UNIFIED 2.8%
14. SANTA ANA UNIFIED 7.6%
15. TUSTIN UNIFIED 1.1%



Source: California Department of Education, DataQuest

COLLEGE READINESS

OVER HALF OF ORANGE COUNTY HIGH SCHOOL GRADUATES WERE COLLEGE READY — OUTPACING THE STATE AVERAGE.

DESCRIPTION OF INDICATOR

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

Why is this indicator important?

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

Findings

- In School Year 2023/24, Orange County had 36,555 high school graduates, of which 57.3% were UC/CSU eligible, higher than California's eligibility rate of 51.9%.
- At 82.8%, Asian students had the greatest proportion of graduates who were UC/CSU eligible (6,434), followed by Filipino (72.9%, 612), Multiracial (68.0%, 1,002), White (64.7%, 5,743), American Indian or Alaska Native (54.7%, 35), Pacific Islander (42.9%, 45), Hispanic or Latino (42.9%, 7,557) and Black or African American (42.7%, 220) graduates.
- Hispanic or Latino graduates comprise the largest group of total graduates (48.5%), while 42.9% were UC/CSU eligible. This percentage was lower than White (24.4% of total graduates, of which 64.7% were UC/CSU eligible) and Asian (18.1% of total graduates, of which 82.8% were UC/CSU eligible) graduates.
- By program, the UC/CSU eligibility rates were highest among students enrolled in the Socioeconomically Disadvantaged program (47.2%), followed by students in the Homeless Youth (28.4%), Migrant Education (27.9%), English Learner (24.6%), Foster Youth (19.0%) and Students with Disabilities programs (17.8%).[2]

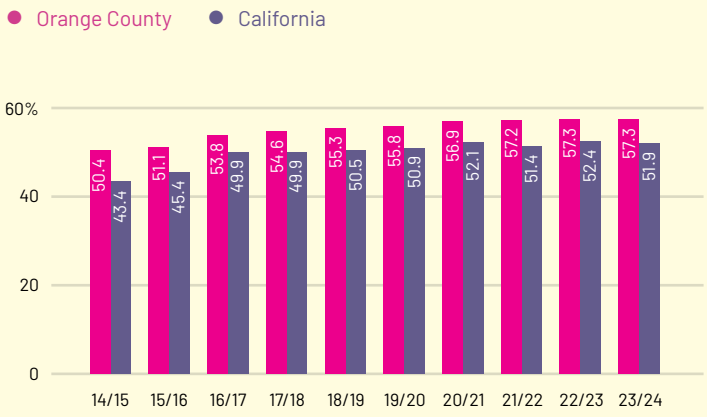
UC/CSU Requirements

- 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 or 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

[1] https://admission.universityofcalifornia.edu/admission-requirements/freshman-requirements/. [2] See footnotes on page 56 for program descriptions.

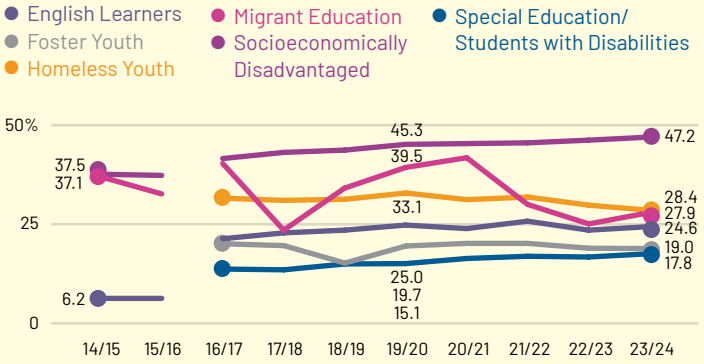
EDUCATION

Percent of Graduates in Orange County and California Meeting UC/CSU Entrance Requirements, 2014/15 to 2023/24



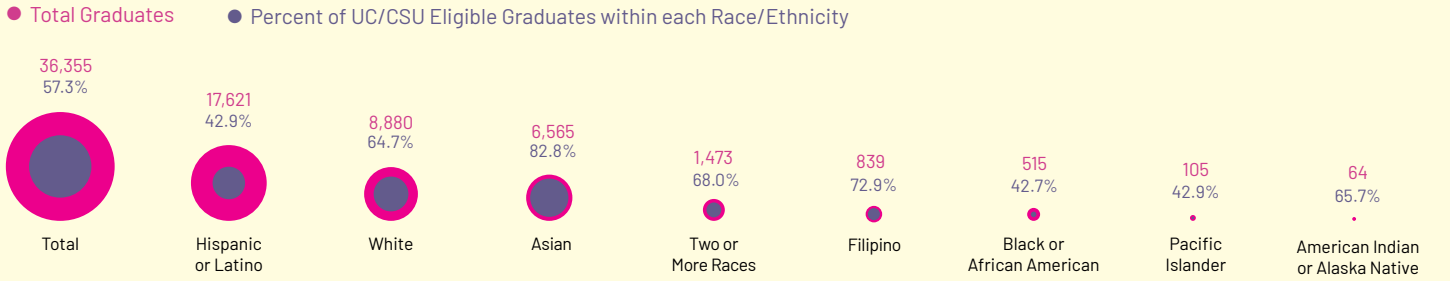
Note: A cohort is a defined group of students who could potentially graduate during a 4-year time period (grade 9 through grade 12). Due to the changes in the methodology for calculating the 2016/17 Adjusted Cohort Graduation Rate (ACGR) and subsequent years, the 2016/17 ACGR data is not comparable with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

Percent of Graduates, by Program Meeting UC/CSU Entrance Requirements, 2014/15 to 2023/24



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: In 2024, there were 26,049 students in the socioeconomically disadvantage program, followed by 6,674 English Learners, 4,893 Students with Disabilities, 3,952 Homeless Youth, 362 Foster Youth and 56 students in Migrant Education.
Source: California Department of Education, DataQuest

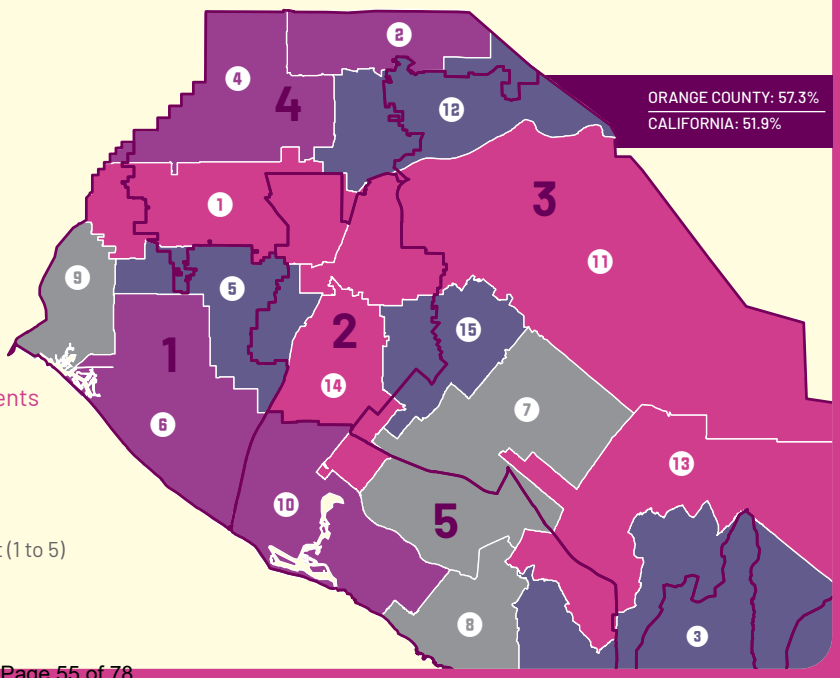
Number and Percent of Graduates Meeting UC/CSU Entrance Requirements, by Race/Ethnicity, 2023/24



Source: California Department of Education, DataQuest

Percent of Graduates Meeting UC/CSU Entrance Requirements, by School District, 2023/24

1. ANAHEIM UNION HIGH 54.4%
2. BREA-OLINDA UNIFIED 57.7%
3. CAPISTRANO UNIFIED 58.3%
4. FULLERTON JOINT UNION HIGH 54.9%
5. GARDEN GROVE UNIFIED 61.4%
6. HUNTINGTON BEACH UNION HIGH 58.2%
7. IRVINE UNIFIED 74.0%
8. LAGUNA BEACH UNIFIED 79.7%
9. LOS ALAMITOS UNIFIED 79.4%
10. NEWPORT-MESA UNIFIED 54.7%
11. ORANGE UNIFIED 51.2%
12. PLACENTIA-YORBA LINDA UNIFIED 59.3%
13. SADDLEBACK VALLEY UNIFIED 52.4%
14. SANTA ANA UNIFIED 43.5%
15. TUSTIN UNIFIED 66.1%



Source: California Department of Education, DataQuest

CHRONIC ABSENTEEISM

CHRONIC ABSENTEEISM CONTINUES TO DECREASE FROM A HIGH IN 2021/22.

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 district's days of enrollment, the expected days of attendance and the actual days attended. For most districts, this threshold is about 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 the 2016/17 School Year (SY).

Why is this indicator important?

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

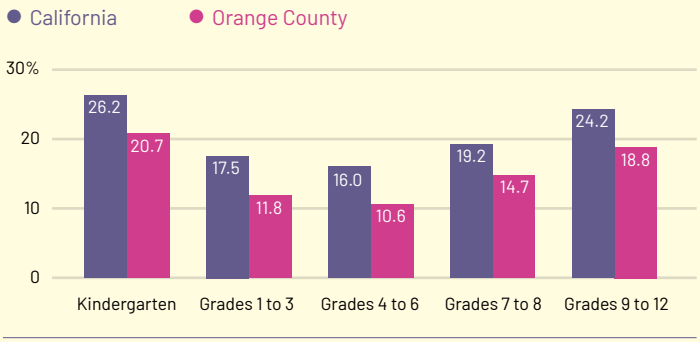
Findings

- In SY 2023/24, Orange County students including kindergarten through high school had a chronic absenteeism rate of 15.2%. While this represents a sharp increase from SY 2020/21 (9.0%), it was a decrease from SY 2022/23 (19.2%) and remained lower than California at 20.4%.
- In SY 2023/24, Pacific Islander and American Indian or Alaska Native students had the highest rates of being chronically absent (28.5% and 24.2%, respectively). At 5.6% and 7.7%, Asian and Filipino students, respectively, had the lowest rate of being chronically absent.
- By program, chronic absenteeism rates were highest among students enrolled in Foster Youth (38.4%), followed by Homeless Youth (28.4%), Students with Disabilities (24.5%), Migrant Education (23.0%), English Learner (20.1%) and Socioeconomically Disadvantaged (20.1%) programs.
- Students in the Foster Youth program had the highest chronic absenteeism rates across all grade spans, with 35.7% of kindergarteners being chronically absent, followed by students in grades 1 to 3 at 26.0%, students in grades 4 to 6 at 27.6%, students in grades 7 to 8 at 43.0% and students in grades 9 to 12 at 2.4%.
- Kindergarten students have the highest rates of chronic absenteeism (20.7%), followed by students in grades 9 to 12 (18.8%), students in grades 7 to 8 (14.7%), students in grades 1 to 3 (11.8%) and students in grades 4 to 6 (10.6%). This trend was similar to California.

[1] 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). [2] 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.

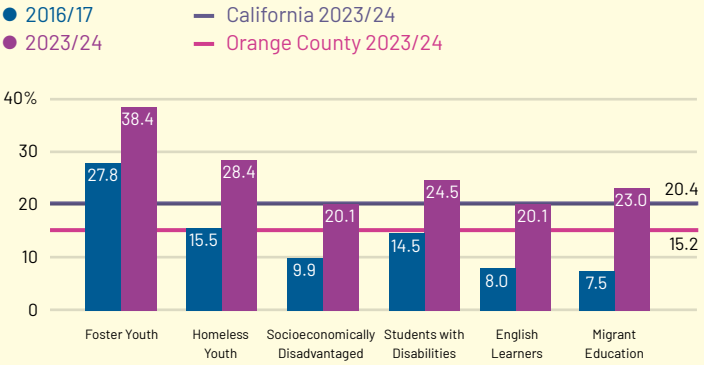
EDUCATION

Chronic Absenteeism, by Grade, 2023/24



Source: California Department of Education, DataQuest

Chronic Absenteeism Among All Students, by Program, 2016/17 and 2023/24

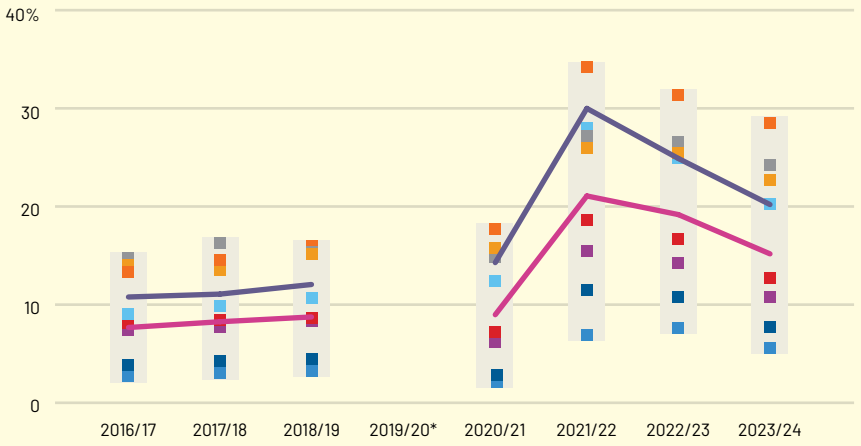


Source: California Department of Education, DataQuest

Chronic Absenteeism Among All Students, by Race/Ethnicity, 2016/17 to 2023/24

- American Indian or Alaska Native
- Asian
- Black or African American
- Filipino
- Hispanic or Latino
- Two or More Races
- Pacific Islander
- White

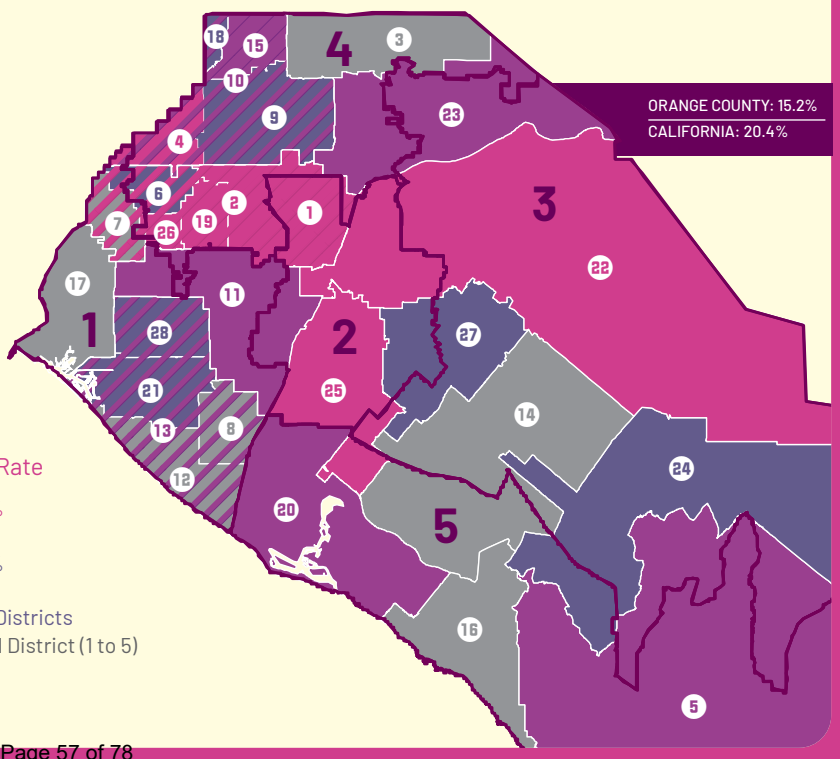
- California
- Orange County



*Data are not available for 2019/2020.
Source: California Department of Education, DataQuest

Percent of Students Chronically Absent, by School District, 2023/24

1. ANAHEIM 22.7%
2. ANAHEIM UNION 24.7%
3. BREA-OLINDA UNIFIED 9.5%
4. BUENA PARK 18.7%
5. CAPISTRANO UNIFIED 14.0%
6. CENTRALIA 12.6%
7. CYPRESS 8.0%
8. FOUNTAIN VALLEY 9.3%
9. FULLERTON 10.5%
10. FULLERTON JOINT UNION HIGH 15.1%
11. GARDEN GROVE UNIFIED 14.5%
12. HUNTINGTON BEACH CITY 9.8%
13. HUNTINGTON BEACH UNION HIGH 17.5%
14. IRVINE UNIFIED 9.7%
15. LA HABRA CITY 16.7%
16. LAGUNA BEACH UNIFIED 10.1%
17. LOS ALAMITOS UNIFIED 8.2%
18. LOWELL JOINT 12.0%
19. MAGNOLIA 18.5%
20. NEWPORT-MESA UNIFIED 14.8%
21. OCEAN VIEW 11.8%
22. ORANGE UNIFIED 17.9%
23. PLACENTIA-YORBA LINDA UNIFIED 14.2%
24. SADDLEBACK VALLEY UNIFIED 13.1%
25. SANTA ANA UNIFIED 19.6%
26. SAVANNA 18.4%
27. TUSTIN UNIFIED 10.9%
28. WESTMINSTER 11.4%



Chronic Absenteeism Rate
- 17.8% - 24.7%
- 13.7% - 17.7%
- 10.4% - 13.6%
- 8.0% - 10.3%
- High School Districts
- Supervisorial District (1 to 5)

Source: California Department of Education, DataQuest

SAFE HOMES AND COMMUNITIES INDICATORS

CHILD AND ADOLESCENT MORTALITY

UNINTENTIONAL INJURY DEATH RATE PER 100,000 YOUTH 1 TO 19 YEARS

5.5	5.9
2014	2023

JUVENILE ARRESTS

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

1,966	695
2014	2023

SUBSTANTIATED CHILD ABUSE

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

7.9	6.8
2015	2024

JUVENILES WITH SUSTAINED PETITIONS

SUSTAINED PETITIONS PER 100,000 YOUTH 10 TO 17 YEARS

670	167
2014	2023

CHILD WELFARE

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

31.0%	41.0%
2013/14	2022/23

GANG ACTIVITY AMONG YOUTH

PERCENT OF GANG-RELATED JUVENILE PROSECUTIONS

5.0%	1.0%
2015	2024

- 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 & ADOLESCENT MORTALITY

OVER HALF OF ALL CHILD AND ADOLESCENT DEATHS WERE AMONG OLDER TEENS.

DESCRIPTION OF INDICATOR

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

Why is this indicator important?

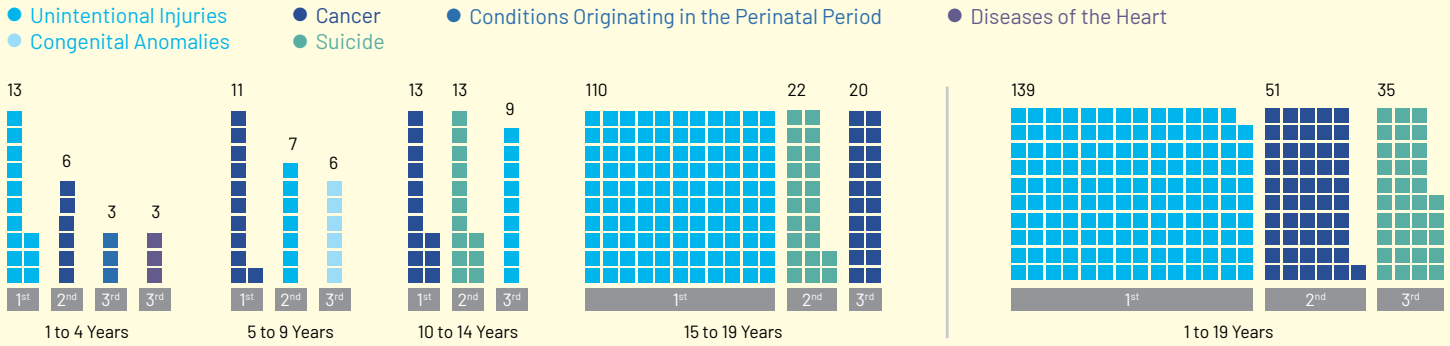
The child and adolescent death rate in a community can be an important indicator for public health advocates and policymakers. A high rate can point to underlying problems such as violent neighborhoods or inadequate child supervision.[1] Unintentional childhood mortality due to injury is strongly inversely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

Findings

- There were 113 deaths for children and adolescents ages 1 to 19 years in Orange County in 2023. The mortality rate was 15.4 deaths per 100,000 children and adolescents.
- From 2021-2023, the leading cause of death for children and adolescents ages 1 to 19 years was unintentional injury (139), followed by cancer (51) and suicide (35).
- Non-Hispanic White, Hispanic, Native Hawaiian or Other Pacific Islander* and African American/ Black* youth had higher mortality rates per 100,000 children and adolescents in 2023 when compared to 2022 (17.5 vs. 11.9, 16.9 vs. 16.0, 54.6 vs. 0 and 9.3 vs. 8.9, respectively). The mortality rate among Asians decreased from 16.7 to 12.2.
- Over half (57.5%) of all child and adolescent deaths were among the older teen age group (ages 15 to 19).
- Orange County's injury death rate decreased 13.5% from a rate of 8.9 per 100,000 children and adolescents ages 1 to 19 years in 2014 to 7.7 per 100,000 children and adolescents in 2023, which was lower than California's rate of 13.3 in 2023.
- The male mortality rate decreased 6.7% from 18.0 per 100,000 in 2020 to 16.8 per 100,000 in 2023. An increasing trend was seen among the female mortality rate jumping 35.9% between 2022 and 2023 (10.3 vs. 14.0 per 100,000).
- In 2023, the rate of overall deaths related to injury for Non-Hispanic White children and adolescents was 8.6 per 100,000 children. For Hispanic children and adolescents, the rate was 8.3 and for Asian children it was 7.2. The rate for Native Hawaiian or Other Pacific Islander and African American or Black children and adolescents was unstable due to the small number of deaths.
- The unintentional injury death rate (e.g., accidental poisoning,[3] motor vehicle accident or drowning) increased 7.3% from a rate of 5.5 per 100,000 children and adolescents in 2014 to 5.9 per 100,000 in 2023.
- Nearly half (49.6% or 59) of all child and adolescent deaths were injury-related in 2023, which was a decrease from 2022 (54.6% or 79).
- In 2023, 21 substance use related deaths for children ages 1 to 19 years were reported, up from seven deaths in 2014.

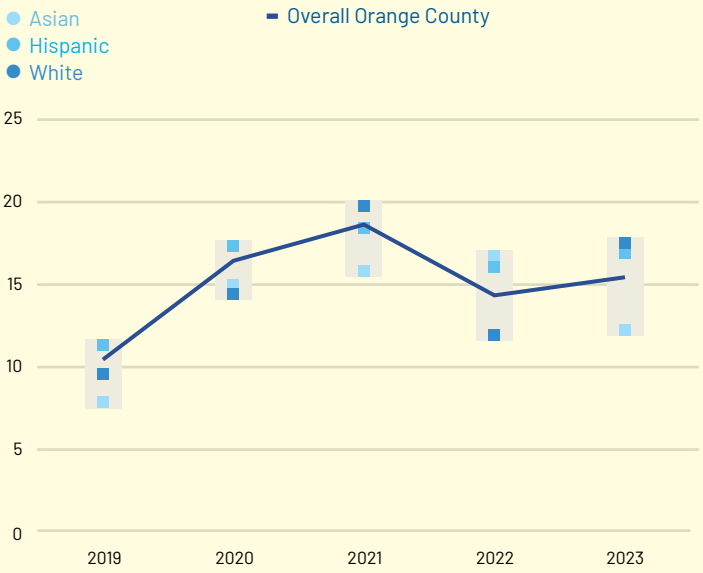
[1] Infant, Child and Teen Mortality, Indicators on Children and Youth, Child Trends Data Bank, updated June 2013 (www.childtrendsdatabank.org). [2] Consumer Federation of America. 2013. Child Poverty, Unintentional Injuries and Foodborne Illness: Are Low-Income Children at Greater Risk? [3] Poisoning includes drug overdoses. * Rate for Native Hawaiian or Pacific Islander and Black or African American is unstable (too few number of deaths).

Leading Causes of Death for Children 1 to 19 Years, by Age Group and Number of Deaths, 2021-2023



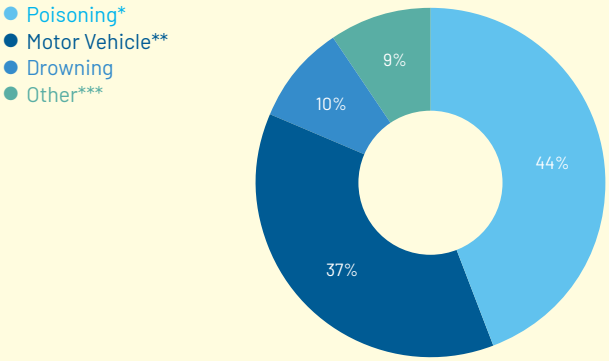
Note: Three-year total number of deaths.
Source: OC Health Care Agency

Child Mortality Rates, per 100,000 Children, by Race/Ethnicity, 2019 to 2023



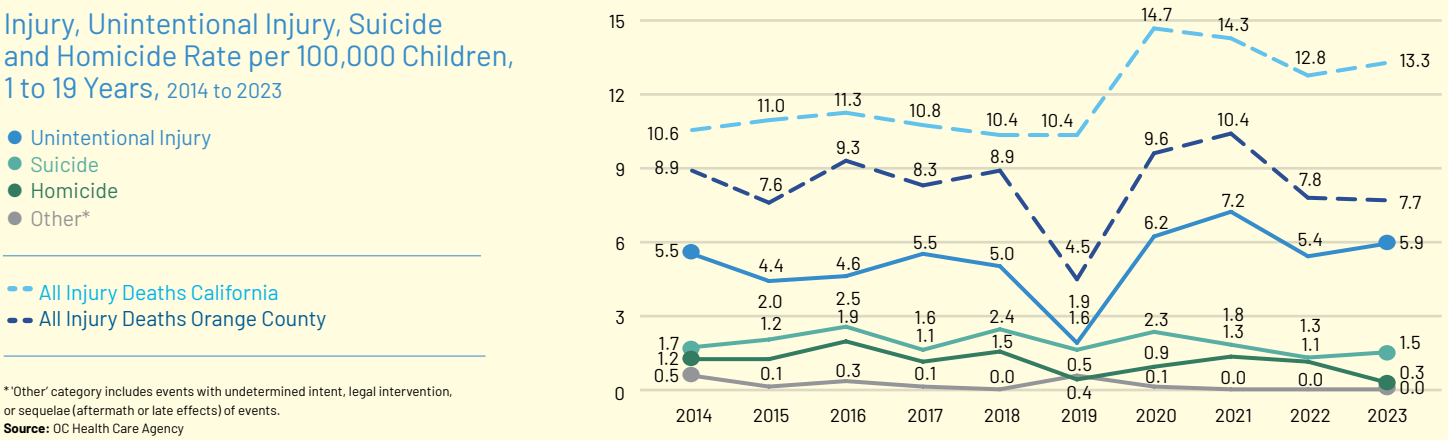
Note: The rate for Native Hawaiian or Other Pacific Islander and African American/Black youth was not included as it is unstable due to the small number of deaths.
Source: OC Health Care Agency

Unintentional Injury Deaths, by Cause, 2023



*Poisoning includes drug overdoses. **Includes motor vehicle versus bicycle and pedestrian. *** 'Other' category includes events with undetermined intent, legal intervention, or sequelae (aftermath or late effects) of events.
Source: OC Health Care Agency

Injury, Unintentional Injury, Suicide and Homicide Rate per 100,000 Children, 1 to 19 Years, 2014 to 2023



* 'Other' category includes events with undetermined intent, legal intervention, or sequelae (aftermath or late effects) of events.
Source: OC Health Care Agency

SUBSTANTIATED CHILD ABUSE

RATE OF SUBSTANTIATED CHILD ABUSE ALLEGATIONS WERE HIGHER THAN CALIFORNIA FOR FOURTH STRAIGHT YEAR.

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 experiences (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 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.

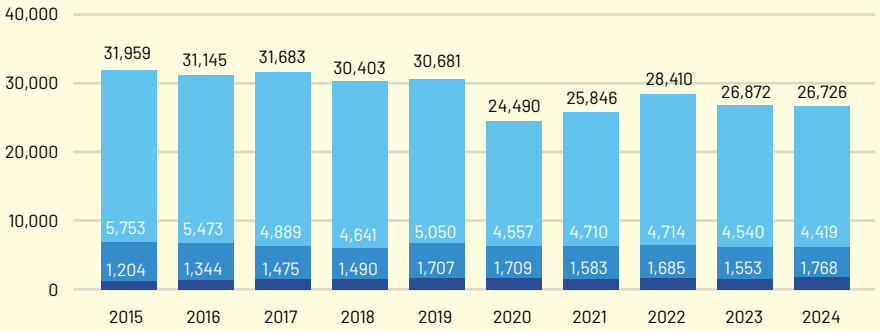
Findings

- In 2024, 26,726 children were the subject of one or more child abuse allegations in Orange County. Of these, 16.5% (4,419) of children had substantiated allegations of child abuse.
- In 2024, substantiated allegations occurred at a rate of 6.8 per 1,000 children younger than 18 in Orange County, a 13.9% decrease from 2015 (7.9), but higher than California (5.4). The California rate decreased 35.7% from 8.4 in 2015.[1] In 2023, there were approximately 546,000 maltreated children with substantiated allegations in the United States, a rate of 7.4 per thousand children, higher than Orange County and California.[2]
- Below is the proportion of substantiated child abuse allegations by the child's age in 2024:
  - Younger than 1 year made up 12.0%
  - 1 to 5 years made up 27.9%
  - 6 to 10 years made up 26.8%
  - 11 to 15 years made up 25.1%
  - 6 to 17 years made up 8.1%
- In 2024, most (70.9%) substantiated child abuse allegations were due to general neglect,[3] followed by at-risk/sibling abuse (10.1%), severe neglect (5.9%), physical abuse (5.6%), sexual abuse (3.5%), caretaker absence/incapacity (2.5%), exploitation (1.1%) and emotional abuse (0.4%).[4]

[1] University of California, Berkeley, California Child Welfare Indicators Project, Child Welfare Services (CWS)/Case Management System (CMS) 2024 Quarter 4 Extract. [2] U.S. Department of Health and Human Services, Children's Bureau. Child Maltreatment, 2023. [3] 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. [4] A child is counted only once, in category of highest severity.

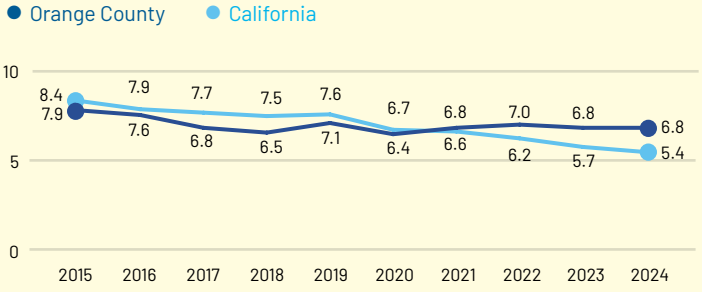
Total Number of Children with Child Abuse Allegations and Substantiated Allegations, 2015 to 2024

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



Notes: Numbers are based on unduplicated count of children.
Source: CA Department of Finance; Child Welfare Services (CWS)/Case Management System (CMS) 2024 Quarter 4 Extract, County of Orange Social Services Agency

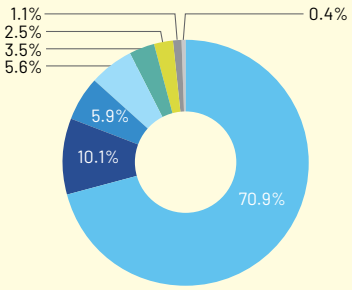
Substantiated Child Abuse Allegations, Rate per 1,000 Children Younger than 18, 2015 to 2024



Note: Rates are based on unduplicated count of children.
Source: CA Department of Finance; CWS/CMS 2024 Quarter 4 Extract, County of Orange Social Services Agency

Substantiated Child Abuse Allegations, by Reason, 2024

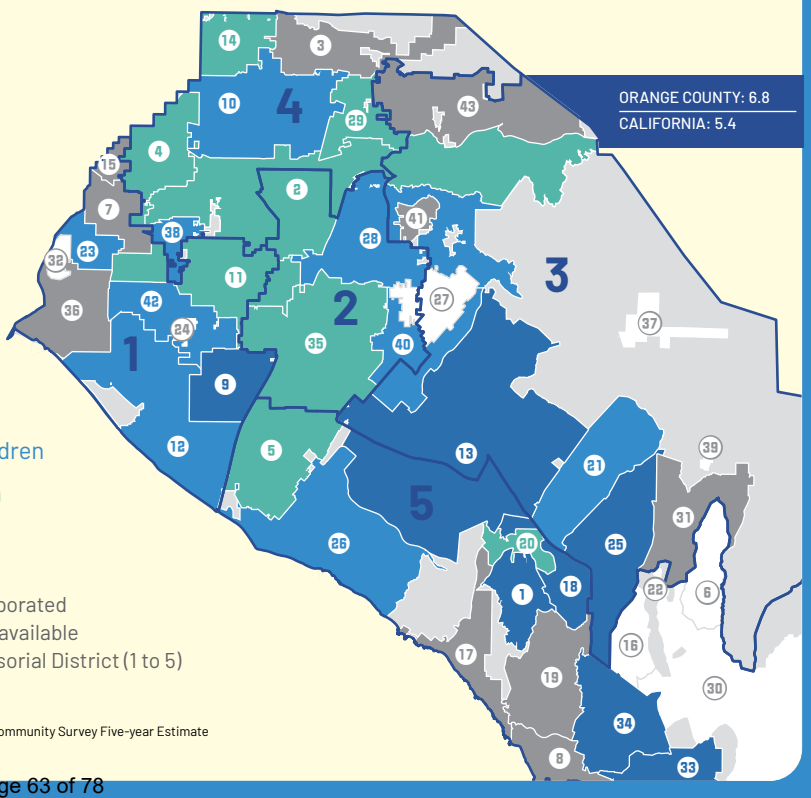
- General Neglect
- At-Risk/Sibling Abuse
- Severe Neglect
- Physical Abuse
- Sexual Abuse
- Caretaker Absence/ Incapacity
- Exploitation
- Emotional Abuse



Source: CWS/CMS 2024 Quarter 4 Extract, County of Orange Social Services Agency

Substantiated Child Abuse Allegations, Rate per 1,000 Children Younger than 18, by Community of Residence, 2024

1. ALISO VIEJO 3.9
2. ANAHEIM 11.0
3. BREA 3.2
4. BUENA PARK 8.1
5. COSTA MESA 8.0
6. COTO DE CAZA NO DATA
7. CYPRESS 3.2
8. DANA POINT 1.8
9. FOUNTAIN VALLEY 4.2
10. FULLERTON 6.5
11. GARDEN GROVE 8.0
12. HUNTINGTON BEACH 5.5
13. IRVINE 4.3
14. LA HABRA 8.0
15. LA PALMA 3.1
16. LADERA RANCH NO DATA
17. LAGUNA BEACH 1.9
18. LAGUNA HILLS 4.1
19. LAGUNA NIGUEL 2.9
20. LAGUNA WOODS 13.9
21. LAKE FOREST 5.1
22. LAS FLORES NO DATA
23. LOS ALAMITOS 6.5
24. MIDWAY CITY NO DATA
25. MISSION VIEJO 3.5
26. NEWPORT BEACH 4.6
27. NORTH TUSTIN NO DATA
28. ORANGE 5.7
29. PLACENTIA 7.7
30. RANCHO MISSION VIEJO NO DATA
31. RANCHO SANTA MARGARITA 3.1
32. ROSSMOOR NO DATA
33. SAN CLEMENTE 4.2
34. SAN JUAN CAPISTRANO 3.6
35. SANTA ANA 9.9
36. SEAL BEACH 2.8
37. SILVERADO NO DATA
38. STANTON 6.6
39. TRABUCO CANYON NO DATA
40. TUSTIN 7.3
41. VILLA PARK 0.0
42. WESTMINSTER 6.2
43. YORBA LINDA 3.1



Note: No data indicates that the dataset does not include information on the particular community.
Sources: CWS/CMS 2024 Quarter 4 Extract, County of Orange Social Services Agency; U.S. Census Bureau, American Community Survey Five-year Estimate

CHILD WELFARE

MORE LONG-TERM FOSTER YOUTH IN ORANGE COUNTY ARE FINDING PERMANENT HOMES.

DESCRIPTION OF INDICATOR

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

Why is this indicator important?

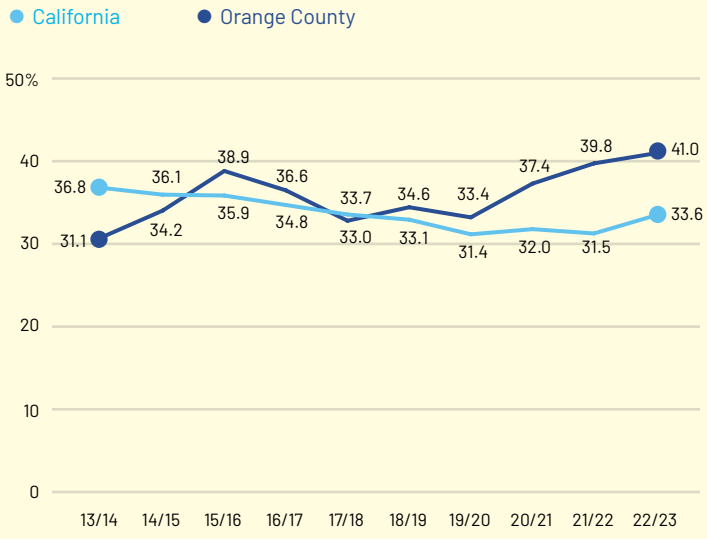
The placement of children in foster care occurs when a child cannot remain safely with his or her family.[2] Child abuse and neglect is a problem that crosses socioeconomic and racial/ethnic boundaries with a profound effect on the well-being of the children. The number of children growing to maturity 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.

Findings

- In 2022/23, 41.0% of Orange County foster children ages 0 to 18 years were placed in permanent homes within 12 months of entering foster care, which was higher than California at 33.6% and an increase of 9.9 percentage points from 2013/14 at 31.1%. The national standard is greater than or equal to 35.2%.[3]
- Of the 41.0% of children who were placed in permanent homes within 12 months of entering foster care in 2022/23, reunification was the most common type of permanency (39.6%), followed by guardianship (0.7%) and adoption (0.7%).
- In 2022/23, the rate of reentry was 7.9%, a 2.4 percentage point increase since 2013/14 at 5.5%. California was similar in 2022/23 at 7.9%, a 2.7 percentage point decrease since 2013/14 at 10.6%. The national standard is less than or equal to 5.6%.[3]
- In 2023/24, 43.1% of children who were in foster care for two years or more were placed in a permanent home, nine percentage points higher than in 2014/15 at 34.1%. California was lower at 36.7%. The national standard is greater than or equal to 37.3%.[3]

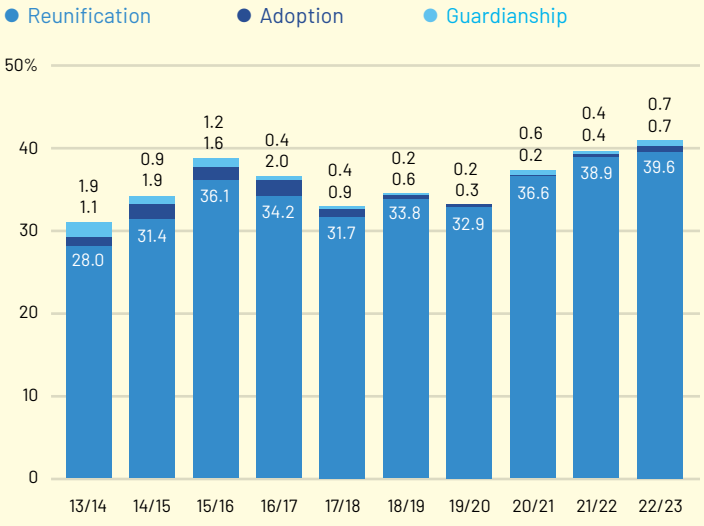
[1] Exits to permanency measures children who were in foster care for 24 months or longer on the first day of the year, who were then transitioned to a permanency within 12 months. [2] University of California, Berkley, Center for Social Services Research, 2013. [3] Child and Family Services Reviews, Round 4 Statewide Data Indicators, 2024

Percent of Children Entering Foster Care and Placed in a Permanent Home within 12 months, Orange County and California, 2013/14 to 2022/23



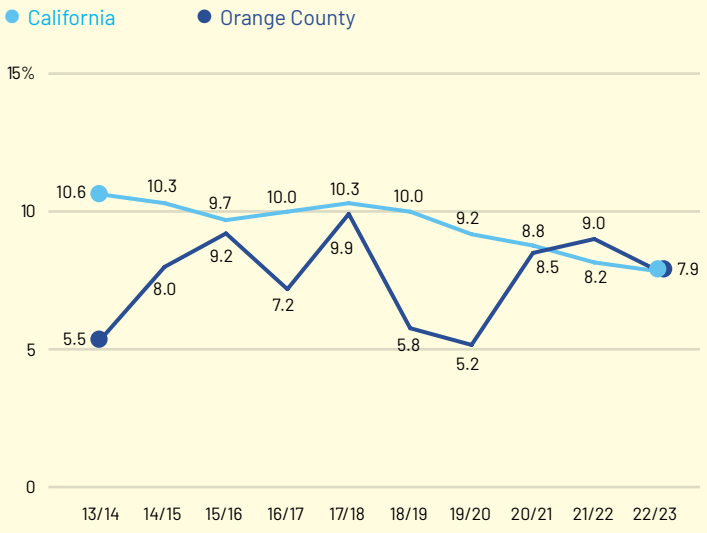
Source: University of California, Berkeley, California Child Welfare Indicators Project, CWS/CMS 2024 Quarter 4 Extract

Percent of Children Entering Foster Care and Placed in a Permanent Home within 12 months, by Type of Permanency, 2013/14 to 2022/23



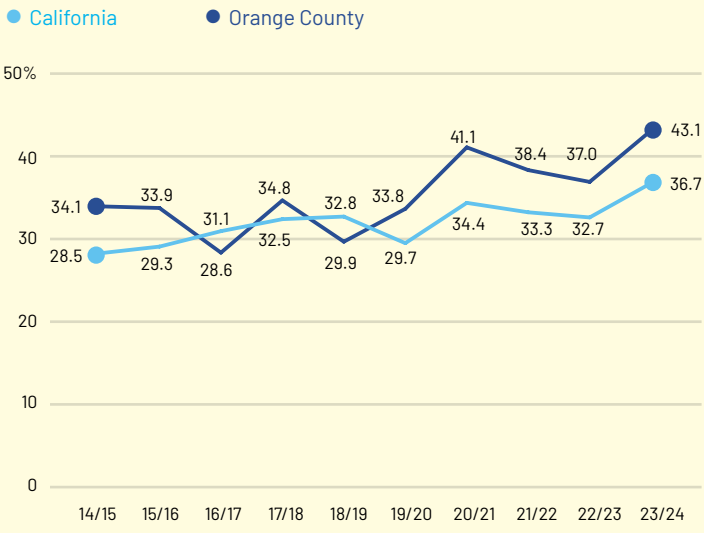
Source: University of California, Berkeley, California Child Welfare Indicators Project, CWS/CMS 2024 Quarter 4 Extract

Percent of Children Reentering Foster Care within 12 months of Reunification or Guardianship, Orange County and California, 2013/14 to 2022/23



Note: The federal measure for foster care reentry was updated in 2023. Previous year's data has been updated to comply with the new measure.
Source: University of California, Berkeley, California Child Welfare Indicators Project, CWS/CMS 2024 Quarter 4 Extract

Percent of Children in Foster Care, 24+ Months, Placed in a Permanent Home, Orange County and California, 2014/15 to 2023/24



Note: Permanency is defined as achieved when the child is reunified with the family, placed with a legal guardian, or adopted.
Source: University of California, Berkeley, California Child Welfare Indicators Project, CWS/CMS 2024 Quarter 4 Extract

JUVENILE ARRESTS

JUVENILE ARRESTS IN ORANGE COUNTY REMAIN BELOW STATE AVERAGE DESPITE RECENT INCREASE.

DESCRIPTION OF INDICATOR

This indicator tracks youth 10 to 17 years who have been taken into custody in a manner authorized by law. An arrest may be made by a peace officer or by a private person. It may be for a felony, misdemeanor, status or infraction. Felonies generally include violent crimes (such as murder, assault and rape), some property and drug-related offenses, plus other serious offenses. Misdemeanor offenses include crimes such as assault and battery, petty theft, other drug and alcohol-related offenses and many less serious offenses. Status offenses are acts that are considered offenses only when committed by a juvenile, such as truancy or curfew violations.[1]

Why is this indicator important?

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

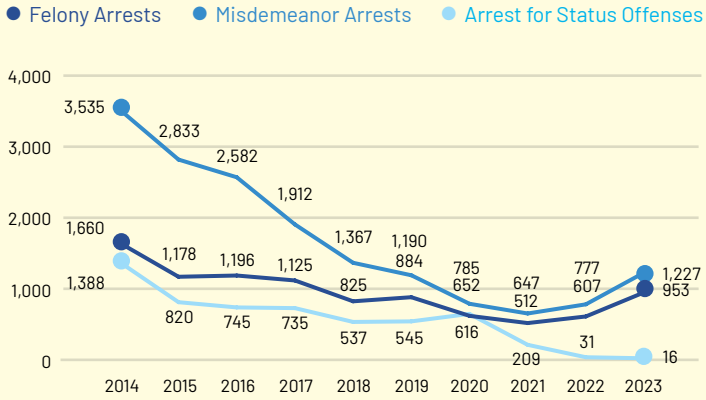
The Orange County District Attorney's Office seeks to reduce truancy with the 2021/22 launch of a three-tier Truancy Response Program.[5] This program focuses on early intervention by providing resources and services for both the student and their families to increase school participation and divert students away from the juvenile justice system.

Findings

- In 2023, there were 2,196 juvenile arrests in Orange County, down from 6,583 juvenile arrests in 2014, but a 60.5% increase from a 10 year low of 1,368 arrests in 2021.
- Orange County's juvenile arrest rate in 2023 was 695 per 100,000 youth 10 to 17 years, a decrease of 64.6% from 1,966 per 100,000 in 2014, compared to California at 776 per 100,000 youth.
- In Orange County, misdemeanors accounted for 55.9% (1,227) of juvenile arrests in 2023. As a proportion of arrests, misdemeanors increased from 2014 when misdemeanors accounted for 53.7% (3,535) of juvenile arrests.
- In contrast, felonies among youth accounted for 43.4% (953) of arrests in 2023, up from 2014 when felonies accounted for 25.2% (1,660) of juvenile arrests.
- Status offenses, other than truancy, accounted for 0.7% (16) of arrests among youth younger than 18 in 2023, accounting for a lower proportion of juvenile arrests at 21.1% (1,388) of juvenile arrests in 2014.
- Of the 1,583 students referred to the Truancy Response Program during the 2022/23 school year, 97.7% were diverted without formal court involvement.[6]

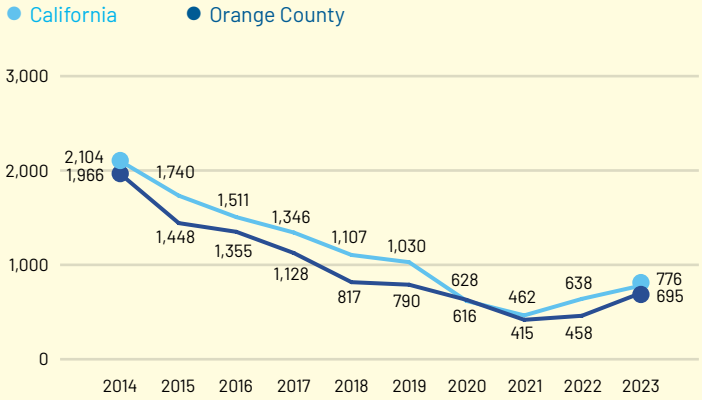
[1] This indicator does not include statistics for youths contacted, but not arrested, by law enforcement for new law violations. As a result of reductions of penalties pursuant to Prop. 47, these youths may be processed through rehabilitative endeavors such as community programming, law enforcement diversion programs, and efforts by the District Attorney's (DA) Office using collaborative programming including School Threat Assessment Team, or STAT, and the Truancy Response Program in lieu of formal handling. [2] Zagar, R.J., Busch, K.G., and Hughes, J.R., 2009. [3] Saminsky, A., 2010. [4] Welsh, B.C. and Farrington, D.P., 2009. [5] The Orange County Department of Education, County of Orange Social Services Agency, The Boys & Girls Club of Garden Grove, and the Orange County school districts are implementation partners with the DA's office. [6] Truancy statistics as of August 4, 2022, provided by the Orange County DA's Office.

Number of Juvenile Arrests by Crime Type, 2014 to 2023



Source: Criminal Justice Statistics Center, California Department of Justice

Juvenile Arrest Rate Per 100,000 Youth 10 to 17 Years, Orange County and California, 2014 to 2023

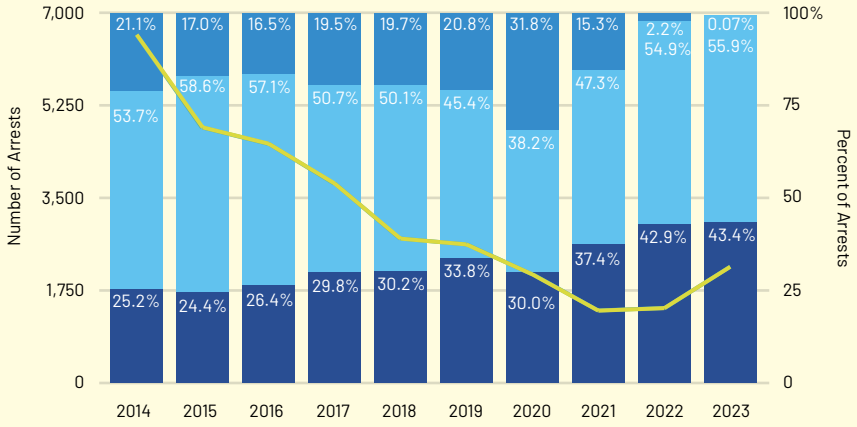


Note: Figures are based on population projections revised as of April 2024.
Sources: Criminal Justice Statistics Center, California Department of Justice; Demographic Research Unit, California State Department of Finance

Number and Percent of Total Juvenile Arrests by Crime Type, 2014 to 2023

- Status Offense Arrests
- Misdemeanor Arrests
- Felony Arrests
- Total Juvenile Arrests

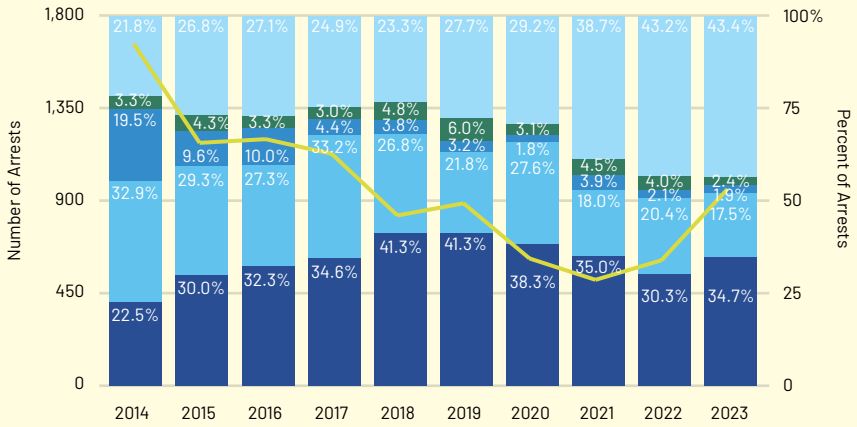
Note: Due to rounding, percentages may not add to 100.
Sources: Criminal Justice Statistics Center, California Department of Justice
Demographic Research Unit, California State Department of Finance



Number and Percent of Juvenile Felony Arrests by Crime Type, 2014 to 2023

- Other Offenses
- Sex Offenses
- Drug Offenses
- Property Offenses
- Violent Crimes
- Total Juvenile Arrests

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



Note: In consideration of regulations and laws regarding privacy and disclosure of personally identifiable information, the California Department of Justice no longer provides city-level juvenile arrest data that has been presented in previous iterations of the Conditions of Children Report.

JUVENILES WITH SUSTAINED PETITIONS

SUSTAINED PETITIONS REMAINED STABLE AS JUVENILE ARRESTS INCREASED.

DESCRIPTION OF INDICATOR

This indicator reports the number and percent of juveniles with petitions that are sustained. After a juvenile arrest, a referral is typically made by the arresting officer to community-based diversion or the Probation Department for further processing. Petitions can be adjudicated through informal or formal diversion and can also result in a declaration of wardship. In those cases, a ward is either allowed to go home under the supervision of a probation officer or ordered for detention in a juvenile institution.[1]

Why is this indicator important?

Sustained juvenile petitions are similar to an adult criminal conviction where a person is placed on formal probation. 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 for prevention, early intervention and rehabilitation efforts in Orange County.

The Orange County District Attorney's Office works in collaboration with the Orange County Juvenile Court, law enforcement agencies, the Probation Department, and community-based partners to reduce juvenile crime and the number of system-involved youth by providing effective prevention, intervention, and rehabilitative services. This includes participation in multiple collaborative court programs where juveniles receive rehabilitative services without requiring a sustained petition.

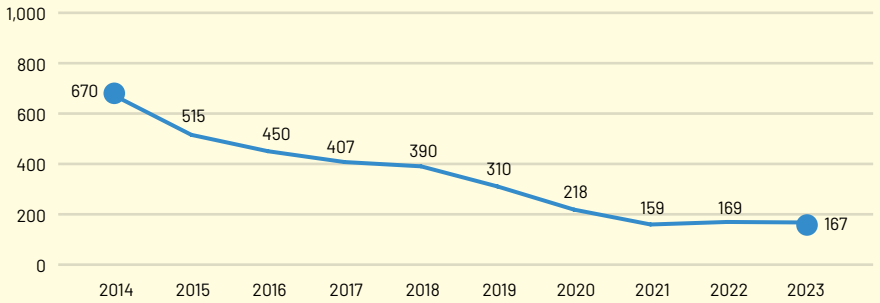
Findings

- In 2023, 743 youth had at least one petition filed for youth 10 to 17 years at referral.[2] Of these, 529 youth had at least one petition that was sustained (71.2%).
- The rate of sustained petitions was 167 per 100,000 youth ages 10 to 17 years in 2023, a 75.1% decrease from 2014 (670 per 100,000 youth).
- Of juveniles with filed petitions, 80.7% of youth 15 to 17 years at referral had a petition sustained, followed by youth 13 to 14 years at referral (18.7%). Youth with sustained petitions that were up to 12 years at referral account for 0.6% of the youth with sustained petitions.
- When assessed by race and ethnicity, 75.2% of youth with sustained petitions were Hispanic youth, followed by White (10.8%), Black (5.3%), Other/Unknown (4.9%) and Asian/Pacific Islander (3.8%) youth in 2023.
- Across genders, the vast majority of sustained petitions were on males (84.3%), with females accounting for 15.7% of sustained petitions in 2023.

[1] Findings for the 31st Annual Report on the Conditions of Children have been updated to reflect the number of youth with sustained petitions, as opposed to past reports which tracked the total number of sustained petitions. [2] California Department of Justice, Juvenile Court and Probation.

Juveniles with Sustained Petitions, Rate per 100,000 Youth 10 to 17 Years, Orange County, 2014 to 2023

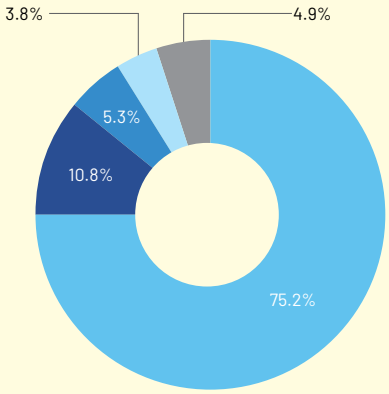
Source: California Department of Justice, Juvenile Court and Probation Statistical System



Percent of Juveniles with Sustained Petitions, Youth 10 to 17 Years at Referral, 2023

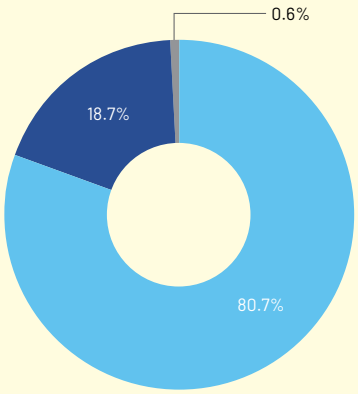
By Race/Ethnicity

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



By Years of Age

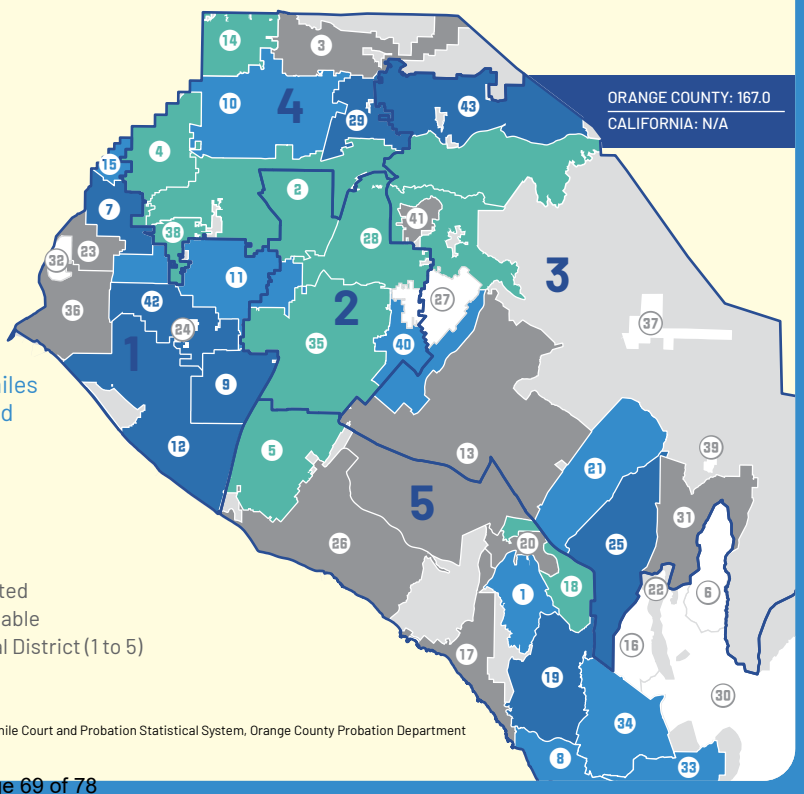
- Younger than 12
- 13 to 14
- 15 to 17



Source: California Department of Justice, Juvenile Court and Probation Statistical System

Juveniles with Sustained Petitions, Rate per 100,000 Youth 10 to 17 Years, by Community of Residence, 2023

1. ALISO VIEJO 101.8
2. ANAHEIM 247.6
3. BREA 22.7
4. BUENA PARK 197.4
5. COSTA MESA 285.3
6. COTO DE CAZA NO DATA
7. CYPRESS 69.5
8. DANA POINT 89.5
9. FOUNTAIN VALLEY 74.8
10. FULLERTON 92.5
11. GARDEN GROVE 172.7
12. HUNTINGTON BEACH 67.3
13. IRVINE 22.1
14. LA HABRA 211.2
15. LA PALMA 131.3
16. LADERA RANCH NO DATA
17. LAGUNA BEACH 0.0
18. LAGUNA HILLS 305.7
19. LAGUNA NIGUEL 67.5
20. LAGUNA WOODS 0.0
21. LAKE FOREST 86.6
22. LAS FLORES NO DATA
23. LOS ALAMITOS 0.0
24. MIDWAY CITY NO DATA
25. MISSION VIEJO 32.4
26. NEWPORT BEACH 0.0
27. NORTH TUSTIN NO DATA
28. ORANGE 373.6
29. PLACENTIA 78.2
30. RANCHO MISSION VIEJO NO DATA
31. RANCHO SANTA MARGARITA 17.6
32. ROSSMOOR NO DATA
33. SAN CLEMENTE 153.6
34. SAN JUAN CAPISTRANO 88.3
35. SANTA ANA 305.3
36. SEAL BEACH 0.0
37. SILVERADO NO DATA
38. STANTON 209.7
39. TRABUCO CANYON NO DATA
40. TUSTIN 146.5
41. VILLA PARK 0.0
42. WESTMINSTER 76.1
43. YORBA LINDA 26.9



Note: As of last known address.
Note: No data indicates that the dataset does not include information on the particular community.
Sources: U.S. Census Bureau, American Community Survey Five-year Estimates; California Department of Justice, Juvenile Court and Probation Statistical System, Orange County Probation Department

GANG ACTIVITY AMONG YOUTH

GANG-SPECIFIC PROSECUTIONS DECLINED FOLLOWING 2023 CHANGES IN CALIFORNIA LAW.

DESCRIPTION OF INDICATOR

This indicator reports the number and rate of gang-related prosecutions of juveniles younger than 18.[1] Gang-related prosecutions involve charges related to active gang membership or committing a crime at the direction of a criminal street gang, with other gang members and/or for the benefit of a gang.[2]

Why is this indicator important?

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

Findings[5]

- In 2024, 1.0% of juvenile prosecutions were gang-related, down from 5.0% in 2015.
- Between 2015 and 2024, the total number of juvenile gang-related prosecutions in Orange County decreased by 89.3%, from 215 in 2015 to 23 in 2024.
- The number of unique juveniles prosecuted for gang-related offenses in Orange County dropped 85.2% from 155 in 2015 to 23 in 2024.
- The rate of juvenile gang-related prosecutions declined 83.5% from 21.2 per 100,000 youth younger than 18 in 2015 to 3.5 per 100,000 in 2024.
- Older teens accounted for the majority of gang-related activity in 2024, with teens ages 15 to 17 comprising 95.7% of the total number of juveniles who were prosecuted for gang-related offenses.
- In 2024, Hispanic youth represented the highest percentage of juvenile gang-related prosecutions (91.3%), followed by Black (4.3%) and Asian (4.3%) youth.

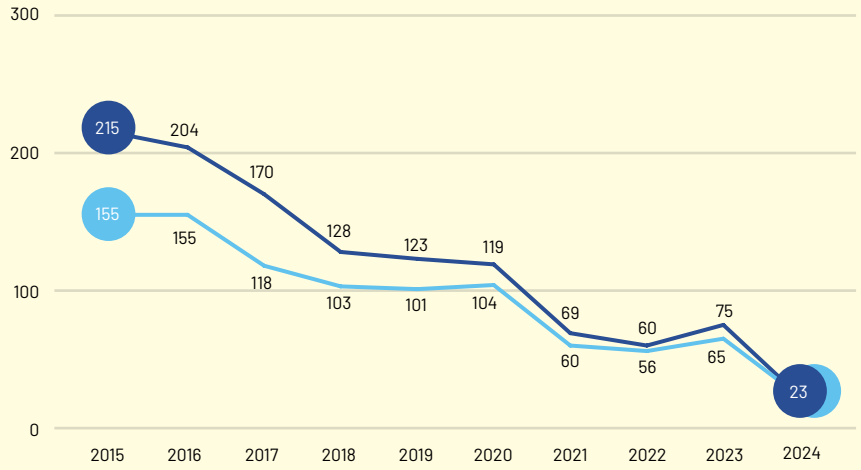
Assembly Bill 333 (AB 333), which took effect on January 1, 2022, introduced substantial reforms to California's gang enhancement laws under Penal Code §186.22. These changes were aimed at addressing concerns around fairness, racial bias, and the overuse of gang-related charges in criminal cases. As a result, it is now more difficult for prosecutors to file and prove gang enhancements. Consequently, using §186.22 charges as the sole measure of gang-related activity may no longer provide a complete picture. A decline in these charges does not necessarily reflect a reduction in gang activity or enforcement — it more accurately reflects a shift in legal standards and prosecutorial practices.[6]

[1] Prior Conditions of Children reports tracked the number of gang members countywide, using data from local law enforcement agencies. This data became unavailable in 2017. Therefore, youth gang activity is reported using data from the Orange County District Attorney's office (OCDA). [2] "Gang-related" prosecutions are defined as those prosecutions that involve charges of Penal Code § 186.22(a) which prohibits active gang membership and/or Penal Code § 186.22(b) which prohibits committing a crime at the direction of a criminal street gang. [3] National Gang Intelligence Center, "National Gang Report." 2015, page 12. [4] National Gang Intelligence Center, "National Gang Report." 2015, page 9. [5] Prosecutorial data was sourced from OCDA records. [6] California State Legislature. (2021). Assembly Bill No. 333 — An act to amend Sections 186.22 and 1109 of the Penal Code, relating to criminal gangs.

Number of Juvenile Gang-Related Prosecutions and Number of Unique Juveniles Prosecuted for Gang-Related Offenses, 10 to 17 Years, 2015 to 2024

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

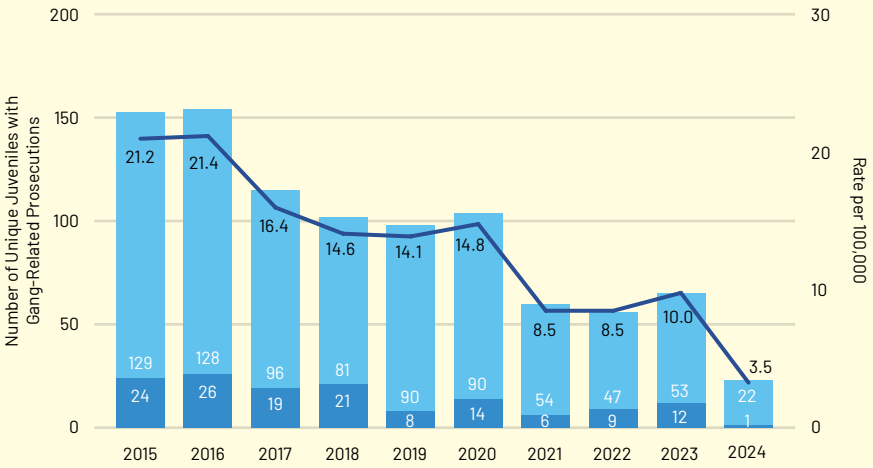
Source: Orange County District Attorney's Office



Number of Unique Juveniles with Gang-Related Prosecutions and Rate Per 100,000 Youth 10 to 17 Years with Gang-Related Prosecutions, by Age, 2015 to 2024

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

Source: Orange County District Attorney's Office

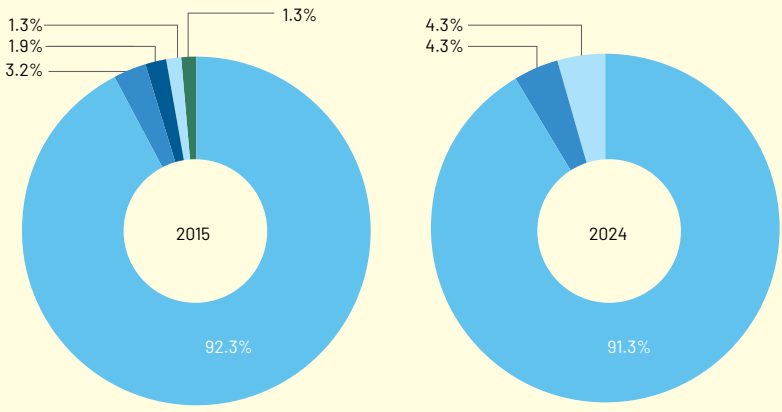


Percent of Unique Juveniles with Gang-Related Prosecutions, by Race/Ethnicity, 10 to 17 Years

2015 and 2024

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

Note: 0% of juveniles with gang-related prosecutions identified as Vietnamese or Other in 2015. 0% of juveniles with gang-related prosecutions identified as White, Vietnamese or Other in 2024.
Source: Orange County District Attorney's Office



INDEX OF SUPPLEMENTAL TABLES

Supplemental tables are available online at
https://www.ssa.ocgov.com/about-us/news-publications/occp/annual-report