First 5 Orange County Strategic Plan
Background on Indicators

OUR VISION. We envision an Orange County in which "All children reach their full potential." The groundwork for this vision to be achieved is set during a child's earliest years. First 5 Orange County partners with many organizations working towards creating and maintaining an early childhood system that families experience as a seamless network of care.

This inaugural INDICATORS REPORT serves to inform First 5 Orange County and its partners about progress made towards achieving the strategies laid out in the 2021-2025 strategic plan. We have identified three outcome indicators to gauge whether we are getting closer towards our goal of having all children reach their full potential. Additionally, 14 progress indicators help us determine whether First 5 Orange County is making progress towards the three focus areas identified in our Strategic Plan. These focus areas and key activities are:

1. **Well-child visits, screenings, and linkage to services.** Partner with stakeholders to help families get the most out of well-child visits and screenings.

2. **Resilience among children and families.** Promote services that support Protective Factors for children and families.

3. **Quality infant and toddler care.** Increase availability and accessibility of quality infant and toddler child care.

Finally, two context indicators to help us understand the environment, or setting, that influences the experiences of children and families. The table below presents the outcome, progress, and context indicators included in this report. The different colored dots indicate progress made towards each goal.

OUTCOMES	
Kindergarten Readiness:	
🟢 Children are Ready	🟢 Moving in right direction
🔵 Equity Gap (Disparity Index)	🔴 Moving in wrong direction
⚫ Supportive Neighborhoods	⚫ No change
PROGRESS INDICATORS	🔵 Baseline only
Focus 1: Well-child visits, screenings, and linkage to services	
🟢 Well Child visits	
🟢 Developmental Screenings (Children Screened)	
⚫ Developmental Screenings (Age at Screening)	
🔵 Good Health	
🟢 Unidentified Special Needs	
Focus 2: Resilience among children and families	
⚫ Resilient Families (Social-Emotional Composite)	
🔴 Resilient Families (CalFresh Participation)	
🔵 ACES (Children Screened)	
🔵 ACES (Score)	
🟢 Child Welfare	
🟢 Homeless Families	
Focus 3: Quality infant and toddler child care	
🔵 Childcare (I/T Slots)	
🔵 Childcare (Subsidized Slots)	
🔵 Quality Start OC	
CONTEXT INDICATORS	
🟢 Neighborhood Index	
🟢 Strong Start Assets	

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Where available, we have shown data by race and ethnicity, using the Disparity Index. The Disparity Index is the "likelihood of one group experiencing an event, compared to the likelihood of another group experiencing that same event" and provides a comparison of the level of one group compared to all the other groups, including a consideration of the different population sizes.[1] Our intent in using the Disparity Index is to better understand differences in outcomes for children and families through a racial equity lens, and then focus our work to reduce gaps in resources and services.

Though we understand First 5 Orange County is one of many organizations influencing these measures, these indicators help us understand the current conditions of Orange County children and families and measure progress over time. In the coming year, we will work with community partners to develop targets for the progress indicators to inform our work going forward. We note that future data could change significantly due to the impacts of the COVID-pandemic.

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[1] Shaw, Terry & Putnam-Hornstein, Emily & Magruder, Joseph & Needell, Barbara. (2008). Measuring Racial Disparity in Child Welfare. Child welfare. 87. 23-36.

Background to the Early Development Index

Many of the measures presented in this report draw on the Early Development Index (EDI) as their source. The EDI is a school readiness measurement tool that provides information about children in five developmental areas that are known to affect well-being and school performance:

- Physical Health & Well-Being,
- Social Competence,
- Emotional Maturity,
- Language & Cognitive Development, and
- General Knowledge & Communication.

For each child's record, an average score on each of the five developmental areas is calculated and then compared against three preestablished cutoff categories (using percentiles)— "vulnerable," "at risk" and "on track".[2]

NOT ON TRACK		ON TRACK
VULNERABLE 0% TO <10%	AT-RISK 10% TO ≤25%	>25% TO 100%

The EDI is used to produce holistic, community-level measures of childhood development during the kindergarten year. The EDI is not designed to screen, identify or diagnose individual children. The EDI can be used to monitor populations of children over time, report on populations of children in different communities, predict how groups of children will do in elementary school, and inform policies concerning young children and their families.

Like any tool, the EDI has some potential bias in teacher reporting. However, through extensive reliability and validity testing in numerous countries and various contexts, including in Orange County, the EDI appears to work well in U.S. populations and thus far, there has not been anything in the data to suggest concern.[3]

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[2] This method is called the normative cutoff. The normative population cutoffs were determined using school year 2009-2010 EDI data to set a representative benchmark, which helps to compare how children are doing developmentally both across and within communities and over time. To establish these cutoffs, an average score for each area was first developed per child with data valid for analysis. The averages for all records valid for analysis were then sorted from lowest to highest to determine the 10th and the 25th percentile population cutoff scores for each developmental area.

[3] Janus, Magdalena & Brinkman, Sally & Duku, Eric & Hertzman, Clyde & Santos, Robert & Sayers, Mary & Schroeder, Joanne. (2007). The Early Development Instrument: A Population-based Measure for Communities.

Outcome Indicators

Our three outcome indicators relate to children's readiness for kindergarten. These measures include identifying how children are doing on the different EDI developmental domains; closing the disparity gap in kindergarten readiness; and increasing the number of neighborhoods in Orange County who have children ready for school.

Desired Trend	Progress		
▲	●	**Indicator**	Proportion of children who are ready for kindergarten
		Source	Early Development Index

Why is this measure important? Research confirms that kindergarten readiness is a strong predictor of future success. Children entering kindergarten with skills, such as basic knowledge of math and reading concepts, communication, language, social competence and emotional maturity, are more likely than their peers without these skills to experience later academic success, attain higher levels of education and secure employment.[4] It is thus critical to create opportunities for all children to be ready for kindergarten, providing a strong foundation for a lifetime of learning and success.

This indicator measures Kindergarten Readiness as the proportion of children who are on track (25th percentile or higher) on all EDI domains. This measure helps identify the contributions of First 5 Orange County to make positive changes in the County for children and families.

Baseline/Trend: While there was a slight dip between 2018 and 2019, the overall proportion of children who are ready for kindergarten is on the rise and was 52.9% in 2019.

Disparity Index: Latino children are 27% less likely to be ready for kindergarten compared to non-Latino children.
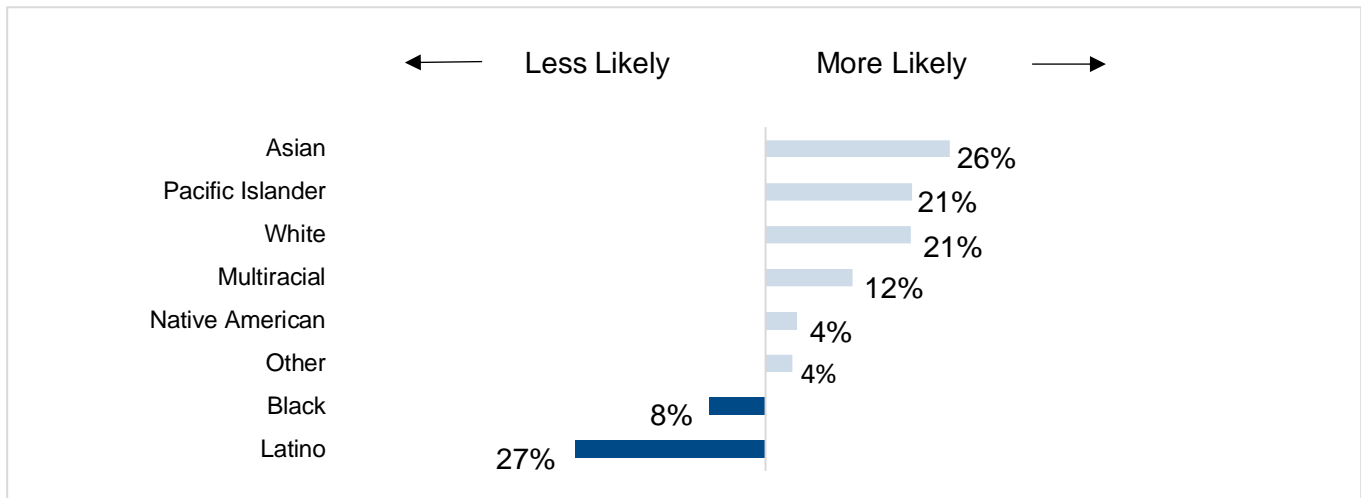
Percentage of Students Ready for Kindergarten, by Race and Ethnicity, 2015-2019
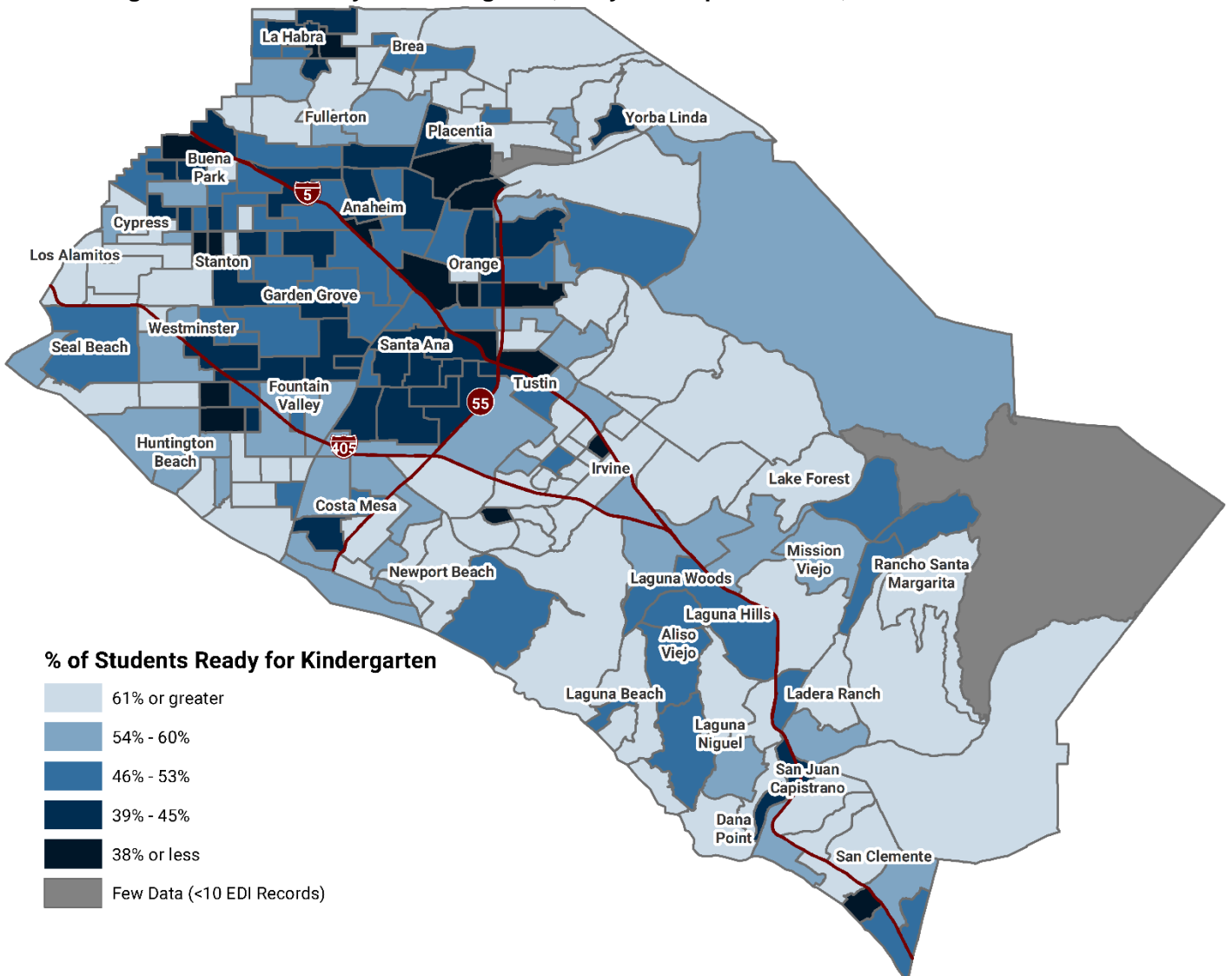

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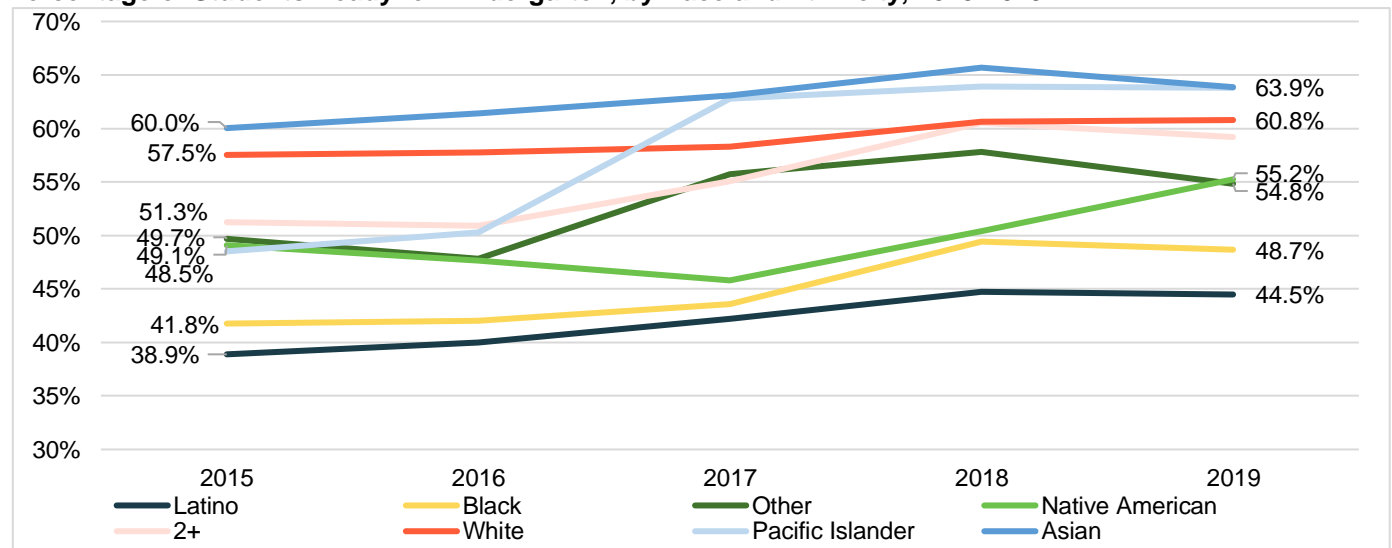
[4] Duncan, G. J., Dowsett, C. J., and Claessens, A. (2007). School readiness and later achievement. Developmental Psychology, 43(6), 1428-1446.

Children's likelihood of being ready for kindergarten, by race, 2019

← Less Likely   More Likely →

Asian	26%
Pacific Islander	21%
White	21%
Multiracial	12%
Native American	4%
Other	4%
Black	8%
Latino	27%

Percentage of Students Ready for Kindergarten, Early Development Index, 2019

% of Students Ready for Kindergarten

- 61% or greater
- 54% - 60%
- 46% - 53%
- 39% - 45%
- 38% or less
- Few Data (<10 EDI Records)

Outcome Indicators

Desired Trend	Progress	Indicator	Gap in children's likelihood for being ready for Kindergarten (Disparity Index)
▼	●	Source	Early Development Index (EDI)

Why is this measure important? Any policies created to support early learning must be adaptable enough to address the varied and often difficult environments that children come from. By creating a more equitable and inclusive experience for all children no matter their starting point, we help to create a workforce that is more productive, earns more, and creates economic growth. One of the keys to equity is removing barriers and increasing access to early childhood health, development, and educational resources that are crucial to mitigating early learning and development gaps. Knowing where each child is in their development and what resources they need to close the gaps depend on data. The EDI data First 5 Orange County uses is crucial for understanding these gaps and addressing disparities in our community. Where equality aims for equal treatment of all children with access to similar resources, equity strives to give each child the resources they need based on their unique needs.

This indicator measures Kindergarten Readiness as the proportion of children who are vulnerable (bottom 10th percentile) on each of the five EDI domains, by race and ethnicity. This measure helps identify the contributions First 5 Orange County's positive contributions in the county for equity.
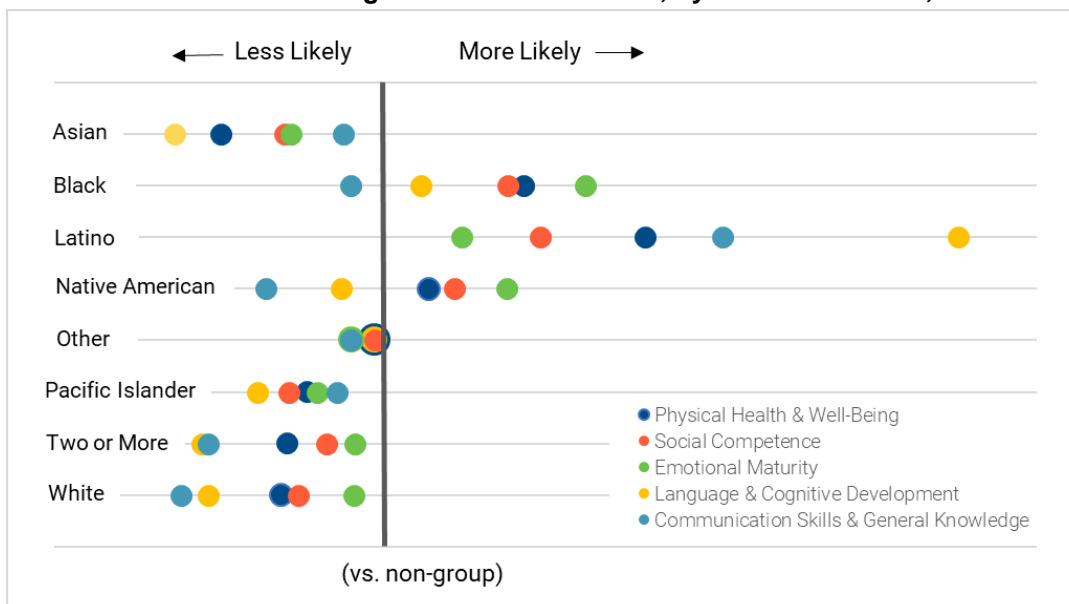
Baseline/Trend: in 2019:

- 8.0% of kindergarteners were vulnerable on physical health and well-being
- 8.6% of kindergarteners were vulnerable on social competence
- 7.7% of kindergarteners were vulnerable on emotional maturity
- 9.6% of kindergarteners were vulnerable on language & cognitive development
- 9.7% of kindergarteners were vulnerable on general knowledge and communication

Disparity Index:

The chart below presents the Disparity Index for each of the five developmental domains. Latino kindergartners are more likely to be vulnerable on each of the EDI domains than non-Latino kindergartners. Equity will be achieved when the dots all cluster towards the vertical line.

Children's likelihood of being vulnerable on the EDI, by race and domain, 2019

Desired Trend	Progress	Indicator	Proportion of neighborhoods whose children are ready for kindergarten
▲	⬤	Source	Early Development Index (EDI)

Why is this measure important? The EDI data help us to understand how neighborhoods are preparing children for kindergarten. If children in a neighborhood are more ready for kindergarten over time, the neighborhood is growing its ability to prepare children for school and life. Conversely, if a neighborhood's children are less ready for kindergarten over time, more neighborhood support is needed.
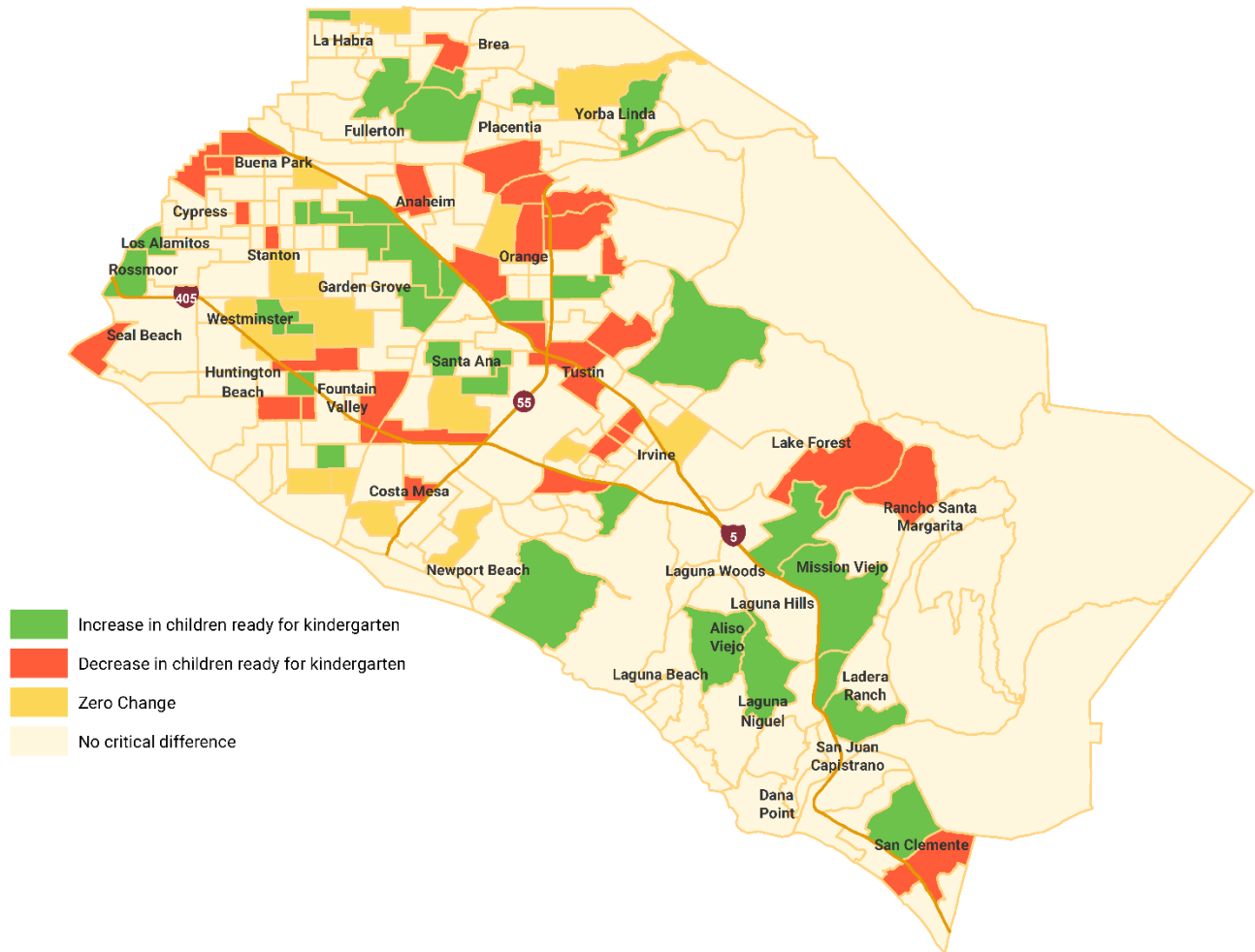
Analysis is based on the percentage of children who are vulnerable on one or more EDI domains, and the critical difference between 2015 and 2019 data. A critical difference is the amount of change over two time points in an area's EDI vulnerability rate that is large enough to be considered statistically significant. A decrease in vulnerability is translated as an increase in readiness for kindergarten.

Baseline/Trend: Between 2015 and 2019, 35 neighborhoods (15%) had an increase in their children's readiness for kindergarten, while 34 neighborhoods (14%) had a decrease. In most of the neighborhoods (171 neighborhoods or 71%), there was zero or no critical difference in children's readiness over time.

Neighborhood Changes in Children's Readiness for Kindergarten, 2015 to 2019		
	Number	**Percent**
Increase, Critical Difference	35	15%
Decrease, Critical Difference	34	14%
No Critical Difference	149	62%
Zero Change	16	7%

Change in Children's Readiness for Kindergarten, Orange County Neighborhoods, 2015 to 2019

Note: Analysis based on the percentage of children vulnerable on one or more EDI domains, and the Critical Difference between 2015 and 2019 data. A critical difference is the amount of change over two time points in an area's EDI vulnerability rate that is large enough to be considered as meaningful in the statistical sense. A decrease in vulnerability is translated as an increase in readiness for kindergarten.

The first area of progress relates to children's health and how well children and their families are connected to systems and supports to promote their healthy development. Five measurements are used to track progress: Well Child visits; Developmental Screenings (Children Screened); Developmental Screenings (Age at Screening); Good Health; and Unidentified Special Needs.

Desired Trend	Progress	Indicator	Percentage of children on Medi-Cal completing well-child visits in the first 15 months of life
▲	●	Source	CalOptima, HEDIS Measure W15[6]

Why is this measure important? Well-child visits are essential for many reasons. They provide an opportunity to track growth and development (e.g., developmental milestones, social behaviors, and learning); discuss concerns about a child's health; and receive scheduled vaccinations to prevent illnesses. Ensuring that children complete their well-child visits is crucial to supporting children on the path to good health and setting them up to be successful in life.

Baseline/Trend: Between 2017 and 2020, the percentage of children under 15 months of age receiving their well-child visit grew by almost 16 percentage points, from 51.0% to 66.7%. This metric is based on data reported by CalOptima consistent with Healthcare Effectiveness Data and Information Sets (HEDIS) requirements (W15). HEDIS rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan. Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data. Effective January 2021, California aligned with the Centers for Medicare and Medicaid (CMS) national standards and requires Medi-Cal managed care plans to report well-child visits in the first 15 months relying solely on administrative data. Using this new methodology, CalOptima's rate for children receiving well child visits prior to 15 months of age in 2020 would be 21.4% versus 67%, highlighting the critical need for improved provider reporting as well as improvement in the outcome.

Percentage of Orange County children on Medi-Cal completing well-child visits in the first 15 months of life, 2017-2020

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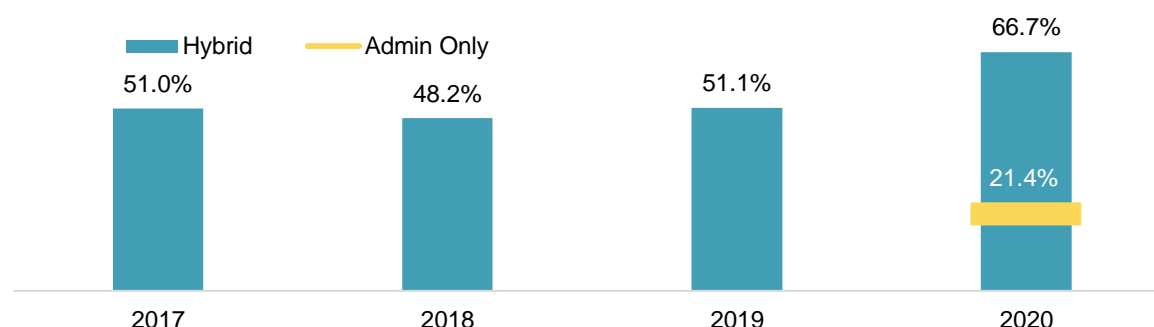
[6] The Health Care Effectiveness and Data information Set (HEDIS) is a set of standardized performance measures developed to measure, report, and compare quality across health plans.
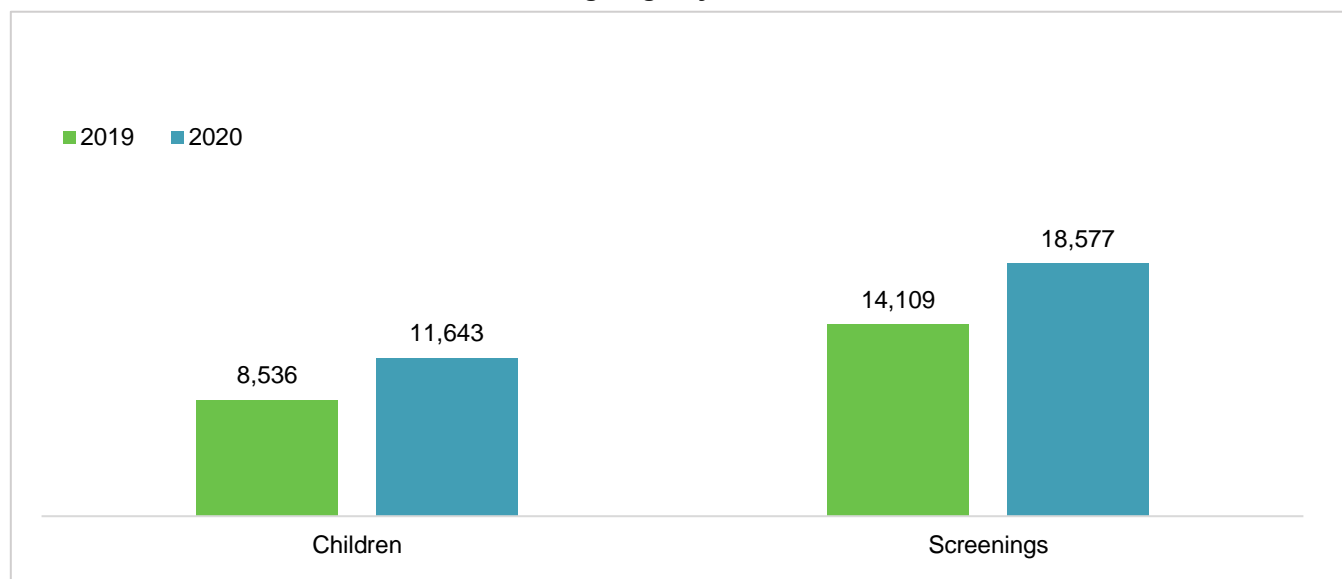
Desired Trend	Progress	Indicator	Number of children ages 0-3 screened/entered into the OC Children's Screening Registry
▲	●	Source	OC Children's Screening Registry

Why is this measure important? One in six children under the age of three have a developmental delay, with estimates that more than 80% of these children do not receive the vital early intervention services that can help them close that developmental gap."[6] Unfortunately, many children are not identified with delays until they are in school, by which time significant delays might have occurred and opportunities for treatment have been missed. Research consistently shows that the earlier a delay is recognized, and intervention is begun, the better the chance the child has of substantial improvement. Given the challenges in reporting information on children who receive developmental screenings, the OC Children's Screening Registry provides an accurate reporting of children receiving development screenings across the county who are entered into the Registry.

Baseline/Trend: The Orange County Children's Screening Registry launched in 2018, with 2019 the first year of 12 full months of data. Between 2019 and 2020, there was a 36% and 32% increase in the number of children screened and number of screenings, entered into the Registry, respectively. Children often receive more than one screening, hence data on children and screenings are presented. See Age of Screening indicator (page 11) for screening data, by age.

Children entered into OC Children's Screening Registry, 2019 and 2020

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[6] Baschshi, Ramin Dr., and Reshmi, Basu Dr. "Pediatric Check-Ups Are More Important than Ever." *Daily Pilot*, 26 Dec. 2020.

Desired Trend	Progress	Indicator	Age of children entered into the OC Children's Screening Registry
▽	●	**Source**	OC Children's Screening Registry

Why is this measure important? One in six children under the age of three have a developmental delay, with estimates that more than 80% of these children do not receive the vital early intervention services that can help them close the developmental gap.[7]

Bright Futures and the American Academy of Pediatrics (AAP) have identified the following intervals for developmental

Unfortunately, many children with delays are not identified until they are in school, by which time significant delays might have occurred and opportunities for treatment have been missed. Research consistently shows that the earlier a delay is recognized, and intervention is begun, the better chance the child has for substantial improvement. Given the challenges in reporting information on children who receive developmental screenings, the OC Children's Screening Registry provides an accurate reporting of children receiving development screenings across the county who are entered into the Registry.[8]

19.5 (2019)

19.7 (2020)

Avg Age (in months) of First Screening

Baseline/Trend: 2019 was the first year with 12 full months of data from the OC Screening Registry. Because of its relative newness, there are a limited number of children included in the Registry. This will likely change as more providers use the Registry and more children are included.

In 2020, nine out of 10 of the children with developmental screenings entered into the Registry were children younger than three years old. Of those, the greatest proportion were between 1 and 2 years old.

Age of children entered into the OC Children's Screening Registry, 2019 and 2020
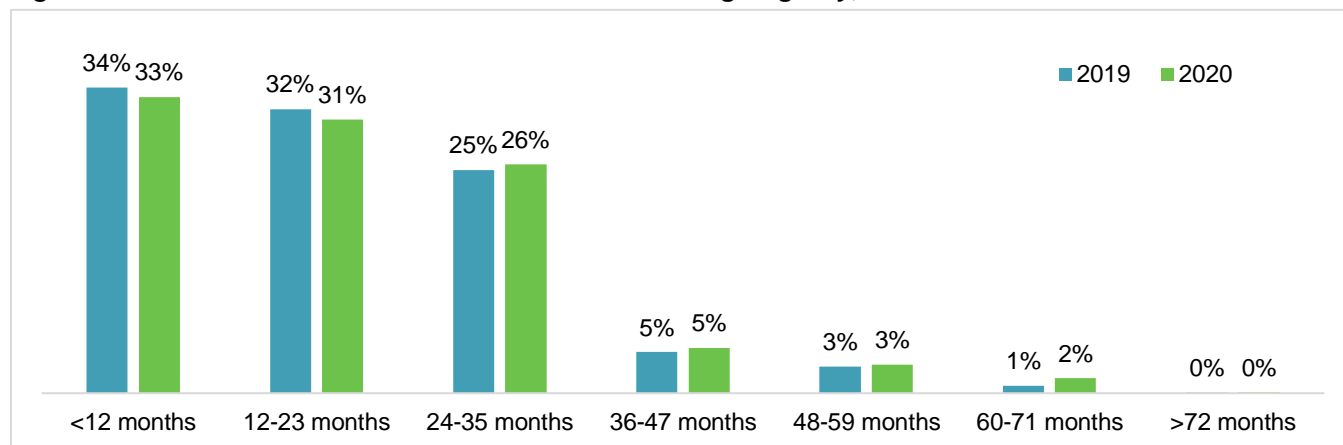
Note: Children's first (earliest) screening is used to calculate age of screening. If a child has screenings that span more than one year, only the first (earliest) screening is included.

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[7] Baschshi, Ramin Dr., and Reshmi, Basu Dr. "Pediatric Check-Ups Are More Important than Ever." *Daily Pilot*, 26 Dec. 2020.

[8] Developmental screens include ASQ-3, ASQ:SE, PEDS and M-CHAT R/F (Modified Checklist for Autism in Toddlers, Revised, with Follow-Up).

Desired Trend	Progress	Indicator	Percentage of kindergartners whose teachers rate them as being in good / very good health
▲	●	Source	Early Development Index (EDI)

Why is this measure important? Health status during childhood sets young people on a path toward good or poor health in adulthood. Each stage of life influences the next, with the early years providing a foundation for future health and development. Promoting child health not only improves the lives of individual children and their families, it also strengthens the health of the next generation, which may have significant social and economic impacts.[9] Monitoring the overall status of children's health and working to increase the percentage of kindergartners whose teachers rate them as being in good / very good health is a critical step as it allows policymakers, service providers, funders, and others to identify population trends and needs, and develop appropriate investments and strategies to support children.

Baseline/Trend: In 2019, 60.4% of kindergarteners were rated as being in good/very good health by their teachers and only 2% were rated in poor or very poor health.

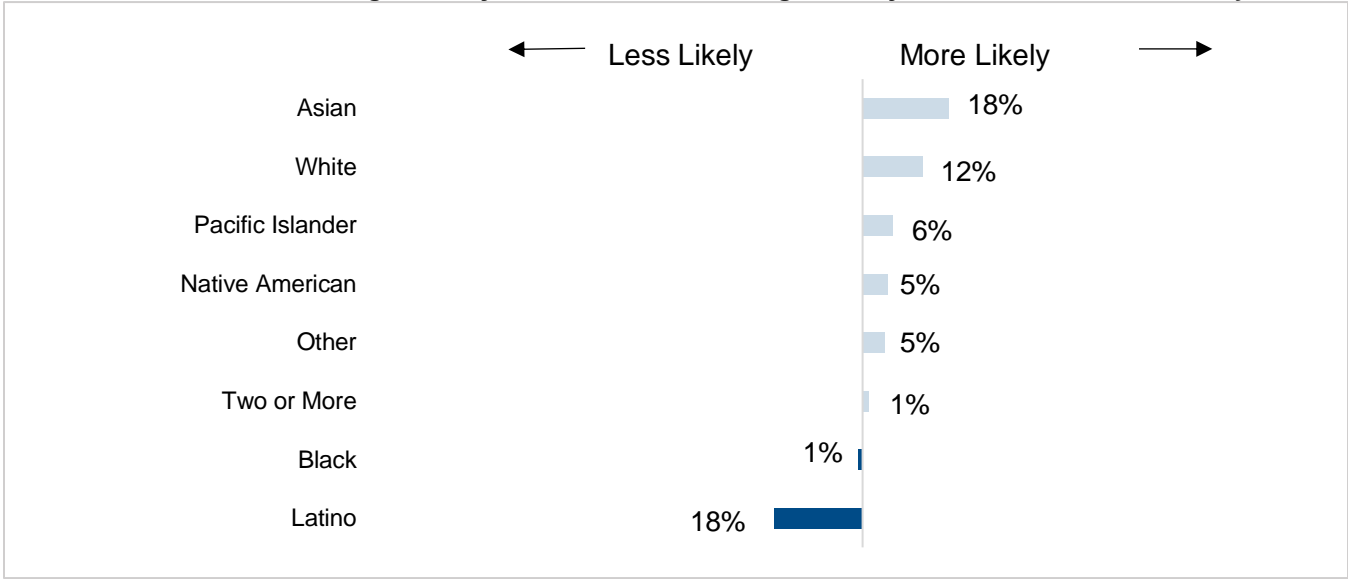**Teacher rating of children's health status, 2019[10]**

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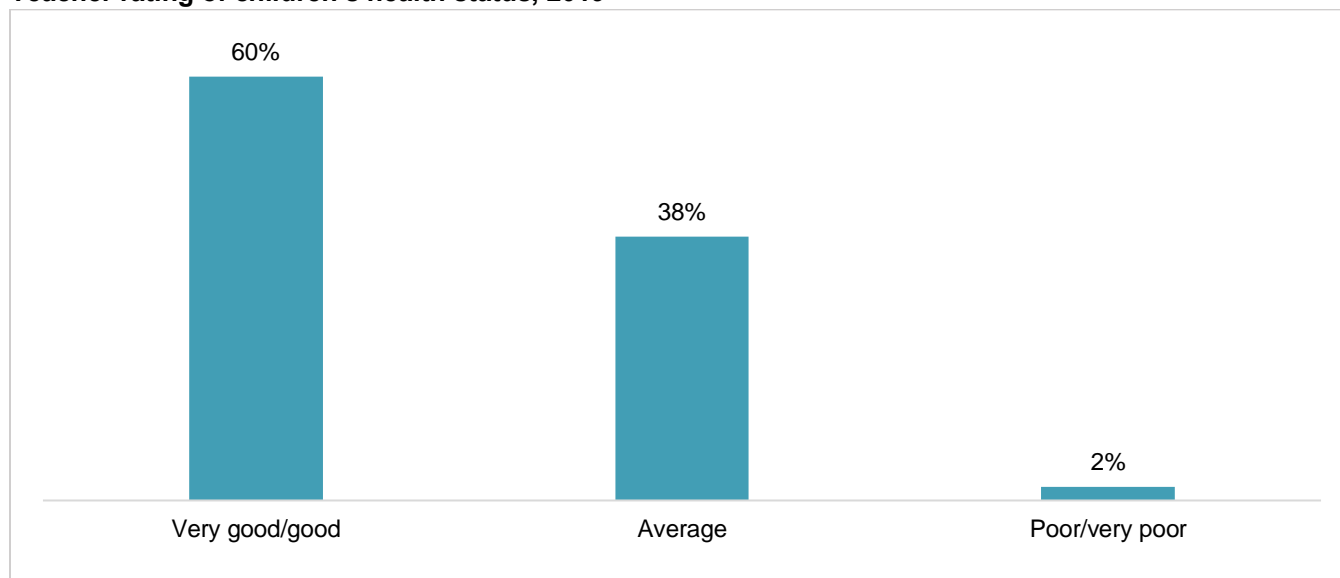
[9] "Health Status." *Kidsdata.org*, www.kidsdata.org/topic.

[10] The Health Status question was added to the EDI questionnaire in 2018. Thus, 2019 EDI data only includes Health Status records from data collected in 2018 and 2019.

Disparity Index: Latino kindergarteners are 18% less likely to be rated by their teachers as being in "Very Good" or "Good" health compared to non-Latino kindergartners.

Children's likelihood of being rated by their teachers as being in "Very Good" or "Good health, by race,



← Less Likely   More Likely →

Race	Value
Asian	18%
White	12%
Pacific Islander	6%
Native American	5%
Other	5%
Two or More	1%
Black	1%
Latino	18%

2019

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Desired Trend	Progress	Indicator	Percentage of kindergarteners whose teacher believes they have a special need but have no IEP[11]
▼	🟢	Source	Early Development Index (EDI)

Why is this measure important? The early years of a child's life are critical for building the foundations of learning, health, and wellness needed for success in school and later in life. This is because the connections in a baby's brain are most adaptable in the first three years of life. Over time, these connections become harder to change and study after study has shown that the earlier a delay is recognized, and intervention provided, the better the child's chance of substantial improvement. First 5 Orange County is committed to ensuring that children receive the appropriate intervention (including an IEP) to support their healthy development as early as possible. A lack of an IEP indicates that the child may not be receiving the early intervention services that would support their healthy development.

Baseline/Trend: The percentage of kindergarteners whose teachers believe they have a special need but have no Individualized education Plan (IEP) dropped 9 percentage points from 44.1% in 2015 to 35.6% in 2019.

Children with potential unidentified special needs, 2015-2019
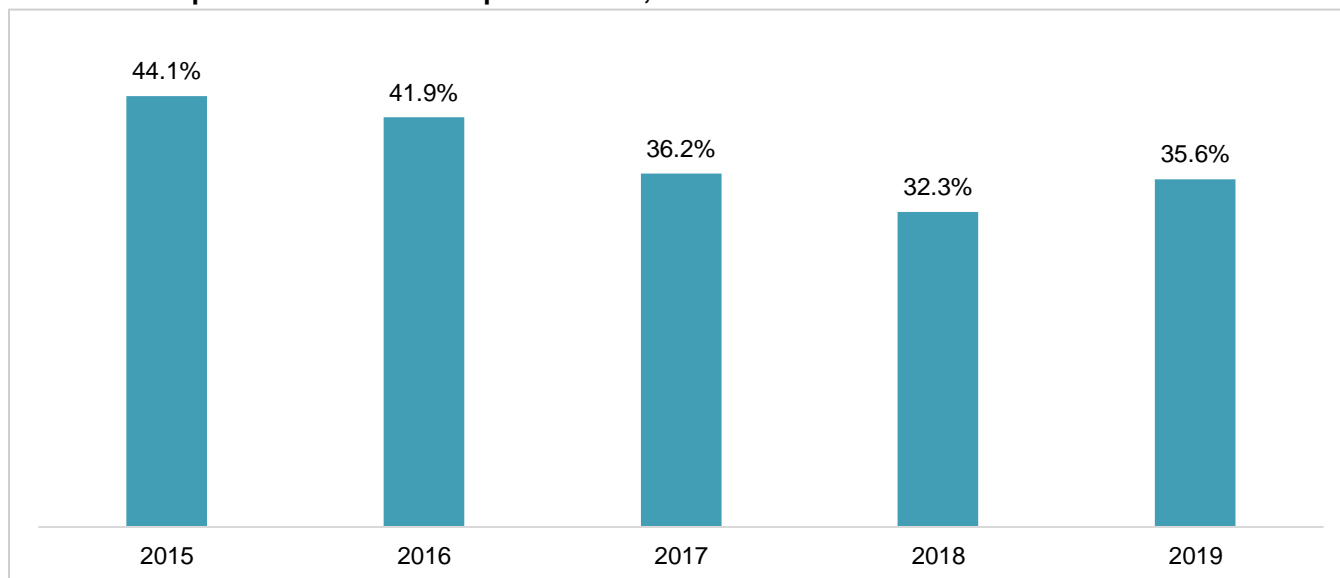
[11] An Individualized Education Program (IEP) is a legal document that defines how a school plans to meet a child's unique educational needs that result from a disability.

The second focus area relates to promoting resiliency among children and families. First 5 Orange County's work to promote resilient families is grounded in The Strengthening Families Framework™, which lays out five protective factors, including: Parental Resilience; Social Connections; Concrete Support in Times of Need; Knowledge of Parenting and Child Development; and Social Emotional Competence of Children.[5] Two indicators are used to measure progress in this area: Children's social-emotional competence as measured by the EDI; and Access to CalFresh as a measurement of concrete supports in times of need.

Desired Trend	Progress		
▼	●	**Indicator**	Children's social and emotional vulnerability (Resilient Families measure)
		Source	Early Development Index (EDI)

Why is this measure important?

Children's social and emotional health affects their overall development and learning. Social-emotional development is influenced by the quality of nurturing attachment and stimulation that a child experiences in the earliest years of their lives. Numerous research studies show that a relationship with a consistent, caring, and attuned adult is essential for healthy social-emotional outcomes in young children. Early and appropriate interventions that focus on social-emotional development can help to mitigate the effects of negative experiences in ways that lead to improved cognitive and social-emotional outcomes.[12] Thus, children's social and emotional health is just as important as their physical health and affects their capacity to lead a fulfilling life.
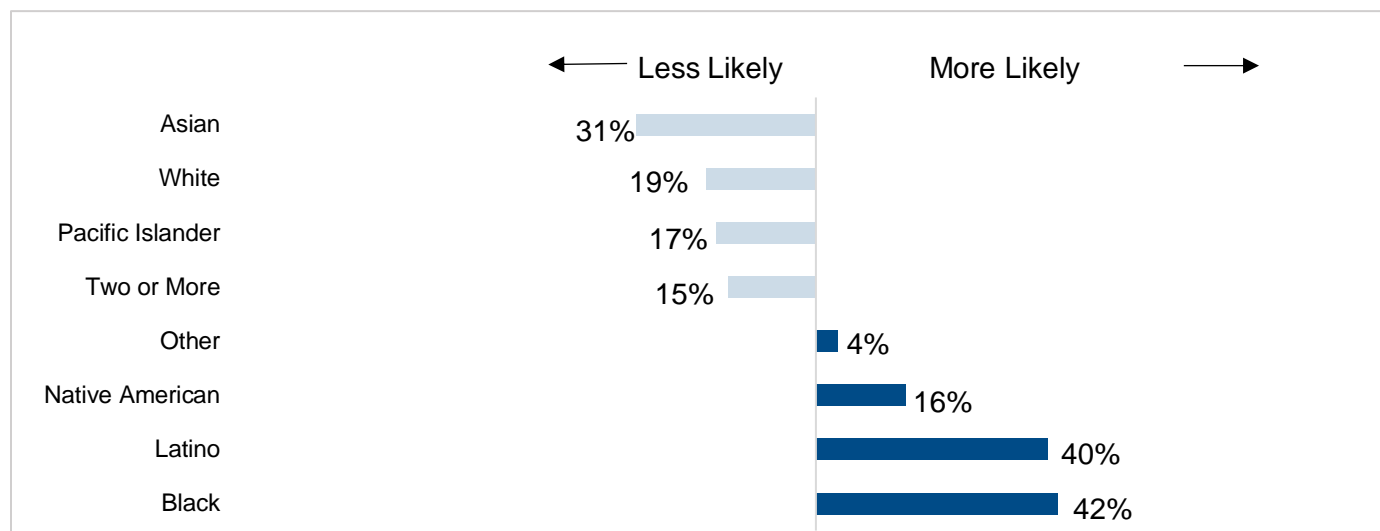
Baseline/Trend: The proportion of Orange County kindergarteners who are vulnerable on their social-emotional competence has remained relatively steady and was at 9.7% in 2019.

Disparity Index: Black and Latino kindergarteners in Orange County are 42% and 40% more likely, respectively, to be vulnerable on the EDI Social-Emotional Indicators than non-Black and non-Latino kindergarteners.

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[12] "Social-Emotional Competence of Children Protective and Promotive Factors." *Center for the Study of Social Policy*, Center for the Study of Social Policy, cssp.org/.

Children's likelihood of being socially and emotionally vulnerable, by race, 2019

	Less Likely ←	→ More Likely
Asian	31%	
White	19%	
Pacific Islander	17%	
Two or More	15%	
Other		4%
Native American		16%
Latino		40%
Black		42%

Desired Trend	Progress	Indicator	Gap between the percentage of young children who are eligible and enrolled in CalFresh (Resilient Families measure)
▼	●	Source	Orange County Social Services Agency; California Department of Social Services

Why is this measure important? CalFresh is an entitlement program that provides monthly benefits to assist low-income households in purchasing food. There are many reasons that families eligible for CalFresh are not enrolled in the program, ranging from not knowing they are eligible to fear of consequences of enrolling in a government program, difficulty with enrollment processes and procedures, and the stigma associated with applying for food assistance from deeply ingrained myths about poverty and welfare. This indicator uses CalFresh enrollment as a proxy to measure the Resilient Families protective factor of: Concrete supports in times of need. By identifying barriers and working to increase the number of families enrolled in CalFresh, we are creating a community that will provide opportunities for all children and families to thrive and succeed.

Baseline/Trend: The gap between the percentage of eligible children 0-5 and actual participation in CalFresh is growing. In FY 2018/19, 29.8% of CalFresh beneficiaries under age 18 in Orange County were children from birth to five years old (25,503 children 0-5 of the 102,285 children under 18 receiving CalFresh). Also, in 2018/19, 59.0% of the overall eligible population in Orange County received CalFresh assistance, as indicated by the Program Reach Index.[13]

In 2020, approximately 235,900 Pandemic-EBT cards were sent to children who were eligible for free- and reduced-price lunch. This represents about 34.4% of the population in Orange County who are younger than age 18. The actual proportion of children ages five and younger who received the Pandemic-EBT support is likely even higher as families with younger children tend to be less economically well off.
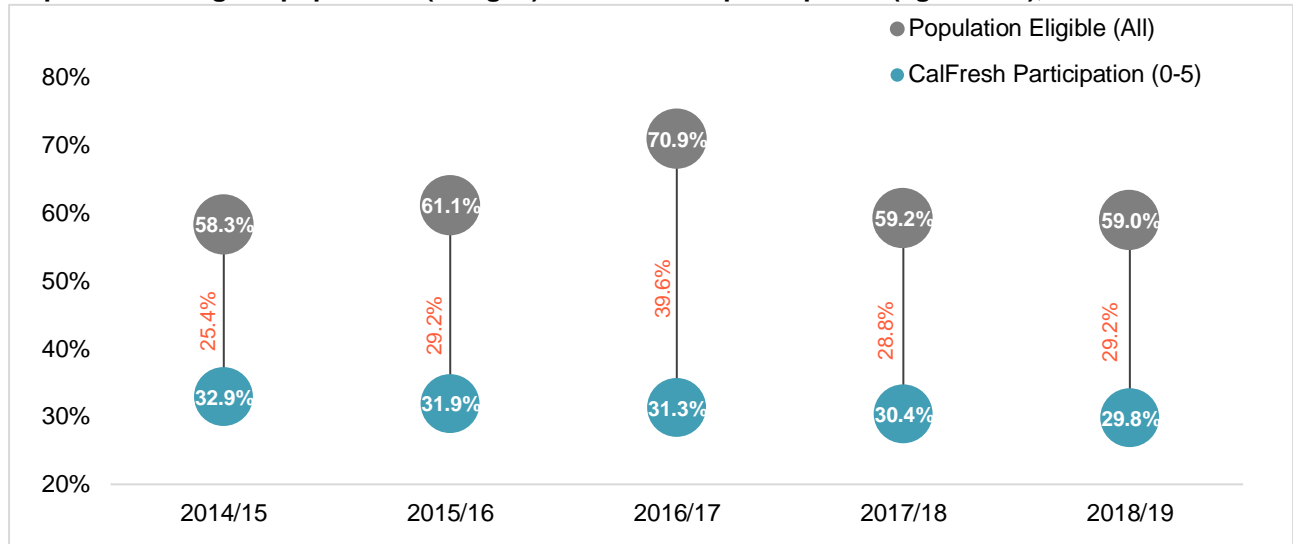
Disparity Index: Currently, we are unable to present *gap in CalFresh enrollment* data by race / ethnicity as that information is not publicly available. However, we can present CalFresh eligibility by race / ethnicity for babies born in Orange County in 2015.[14] Latino babies born in 2015 were almost three times as likely to be enrolled in CalFresh than non-Latino babies. We will continue to refine this metric with our partners.

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[13] The Program Reach Index (PRI) estimates CalFresh access among individuals who meet CalFresh eligibility requirements. It excludes SSI recipients and ineligible individuals. A higher PRI score indicates higher CalFresh utilization among eligible people.
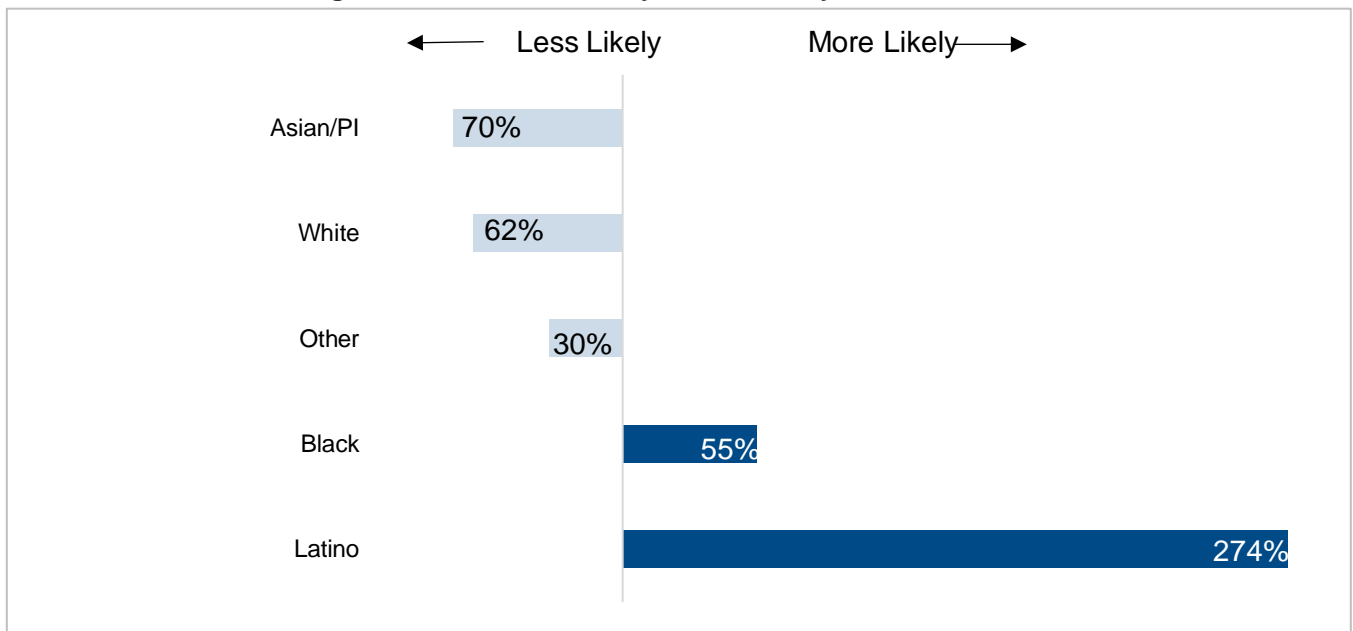
[14] Ahn, E, Foust, R, Putnam-Hornstein, E, McCroskey, J (2021). Charting the Path for Children in Orange County, Children's Data Network.

Gap between eligible population (all ages) and CalFresh participation (ages 0 – 5), 2014/15-2018/19

Legend:
- Population Eligible (All)
- CalFresh Participation (0-5)

Year	Population Eligible (All)	Gap	CalFresh Participation (0-5)
2014/15	58.3%	25.4%	32.9%
2015/16	61.1%	29.2%	31.9%
2016/17	70.9%	39.6%	31.3%
2017/18	59.2%	28.8%	30.4%
2018/19	59.0%	29.2%	29.8%

Babies' likelihood of being enrolled in CalFresh, by race/ethnicity, 2015

Less Likely ← → More Likely

Race/Ethnicity	Likelihood
Asian/PI	70%
White	62%
Other	30%
Black	55%
Latino	274%

Desired Trend	Progress	Indicator	Number of children 0-5 screened for ACES and entered into the Screening Registry
▲	●	Source	OC Children's Screening Registry

Why is this measure important? Childhood adversity—such as child abuse, exposure to violence, exposure to parental substance use/misuse, and poverty—can have negative, long-term impacts on health and well-being. Nearly half of U.S. children have experienced at least one adverse childhood experience (ACE). Early experiences affect brain structure and function, which provide the foundation for learning, emotional development, behavior, and health. The toxic stress associated with traumatic, and often cumulative, early adverse experiences can disrupt healthy development and lead to behavioral, emotional, school, and health problems during childhood and adolescence. It also can lead to serious behavioral, emotional, and health issues in adulthood, such as chronic diseases, obesity, alcohol and other substance misuse, and depression. The more traumatic and toxic an event is for a child, the more likely the impact will be substantial and long-lasting.[15]

ACEs are common and the effects can add up over time. Data shows that 1 in 6 adults experienced four or more ACEs and that preventing ACEs could reduce the number of adults with depression by as much as 44%.[16] By screening children for ACEs and responding with trauma-informed care we can improve the health and well-being of children and families, lower long-term health costs and significantly improve quality of life for individuals and the community as a whole.

Baseline/Trend: In 2020, the first full year of inclusion of ACEs data into the screening registry, there were 4,311 children with PEARLS (Pediatric ACEs and Related Life Events Screener) screenings entered into the OC Children's Screening Registry.

Children with ACEs Screenings, by Age, 2020

<1 year (0-11 mo)	1-2 years (12-23 mo)	2-3 years (24-35 mo)	3-4 years (36-47 mo)	4-5 years (48-59 mo)	5-6 years (60-71 mo)
11.6%	24.0%	20.2%	13.3%	16.1%	14.8%

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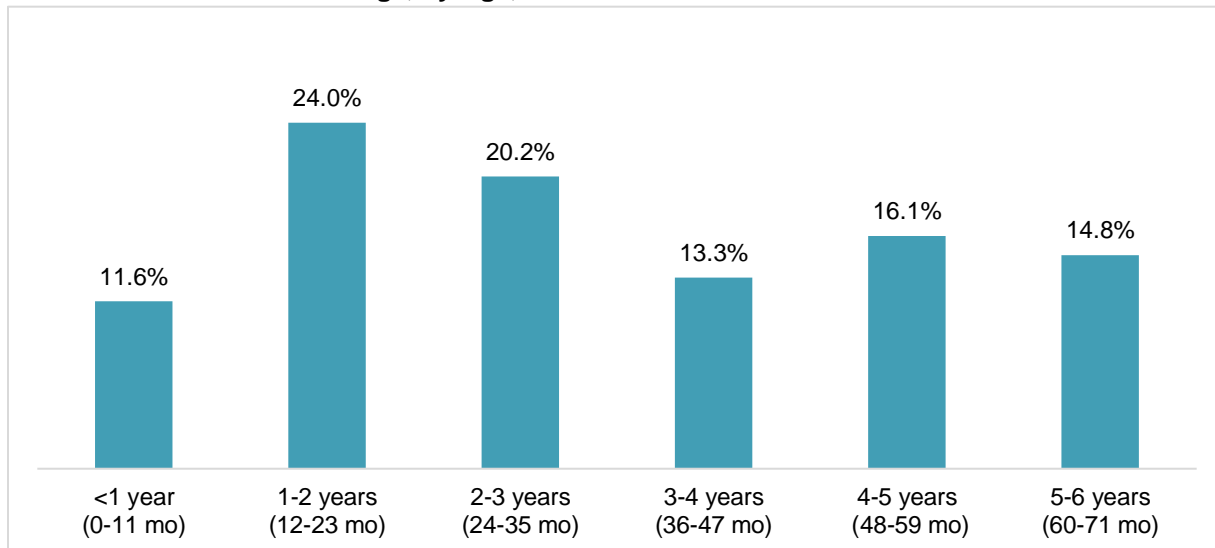
[15] "Childhood Adversity and Resilience Summary." *Kidsdata.org*, www.kidsdata.org/topic.

[16] "Adverse Childhood Experiences (ACEs) Preventing Early Trauma to Improve Adult Health." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 5 Nov. 2019, www.cdc.gov/.
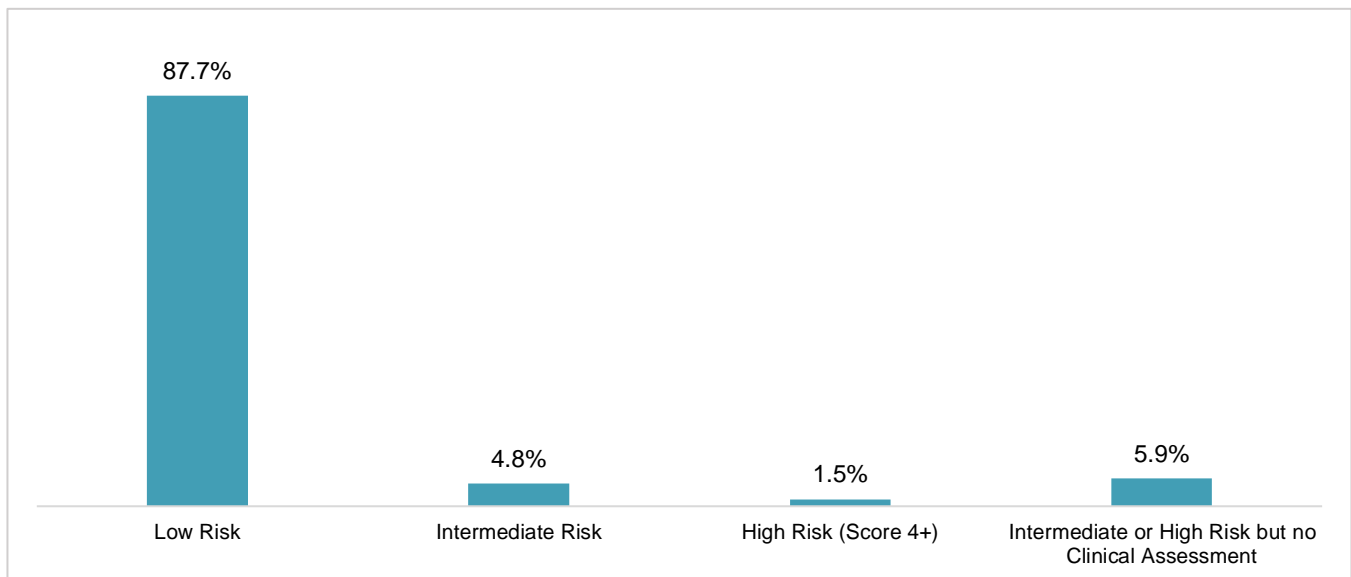
PROGRESS INDICATORS: Focus 2— Resilience among children and families

Desired Trend	Progress		
▼	●	**Indicator**	Percentage of young children with four or more ACES
		Source	OC Children's Screening Registry)

Why is this measure important? See ACEs screening indicator on page 19 above for description.

Baseline/Trend: As 2020 is the first full year of inclusion of the PEARLS data into the screening registry, only baseline (not trend) data are available. In 2020, fewer than 2% of children with PEARLS data entered into the screening registry had a score of four or more ACEs.

Children's Risk Scores on ACES, 2020

87.7% — Low Risk
4.8% — Intermediate Risk
1.5% — High Risk (Score 4+)
5.9% — Intermediate or High Risk but no Clinical Assessment

Desired Trend	Progress	Indicator	Number/ rate of maltreated / neglected children ages 0-5
▼	●	Source	CWS/CMS 2020 Quarter 2 Extract

Why is this measure important? Child maltreatment and neglect are serious public health problems and adverse childhood experiences (ACEs) that can have long-term effects on health and wellbeing. Statistics show that rates of abuse and neglect are highest among infants and young children. In 2019, 44% of substantiated child abuse reports were for children ages five or younger.[17]

Reducing children's exposure to violence can support their healthy development and mitigate the long-term negative effect that abuse and the corresponding engagement in child welfare system can have on children and their families. Economic supports; enhancing supportive parenting through home visitation, parenting classes, and peer support; providing quality childcare and education; and early intervention and prevention efforts are strategies that have been shown to effectively reduce child maltreatment and neglect.

Baseline/Trend: There has been a 10% decline in the number and rate of substantiated reports of abuse and neglect since 2014.

Number and rate of substantiated abuse and neglect reports, 2014 - 2019
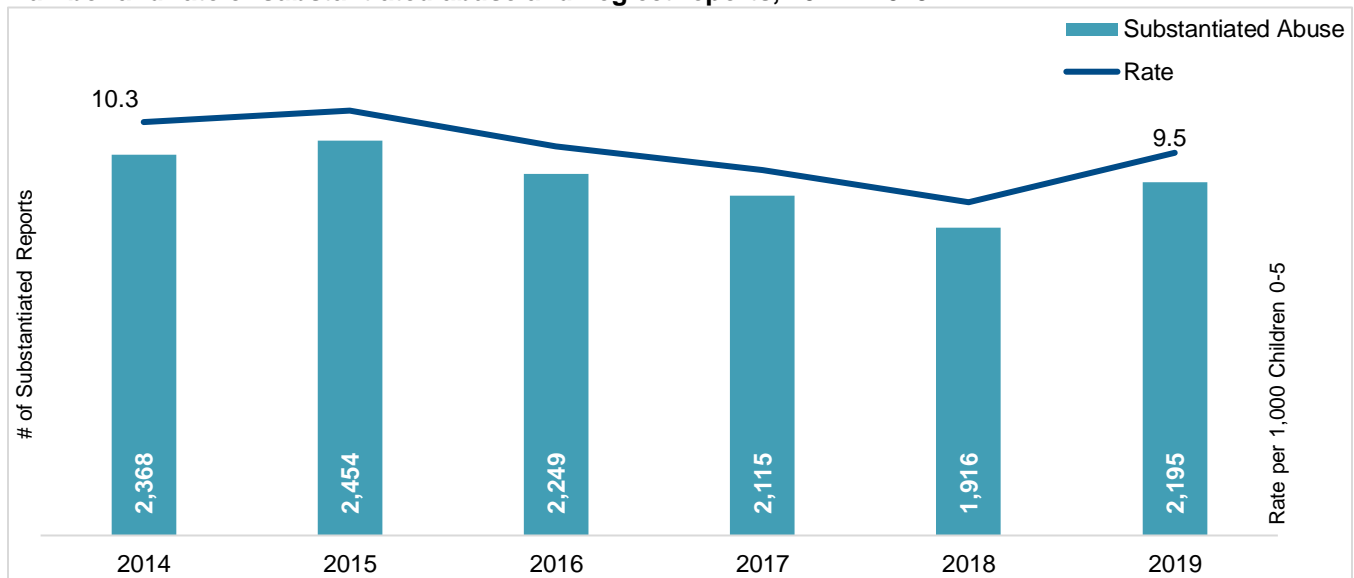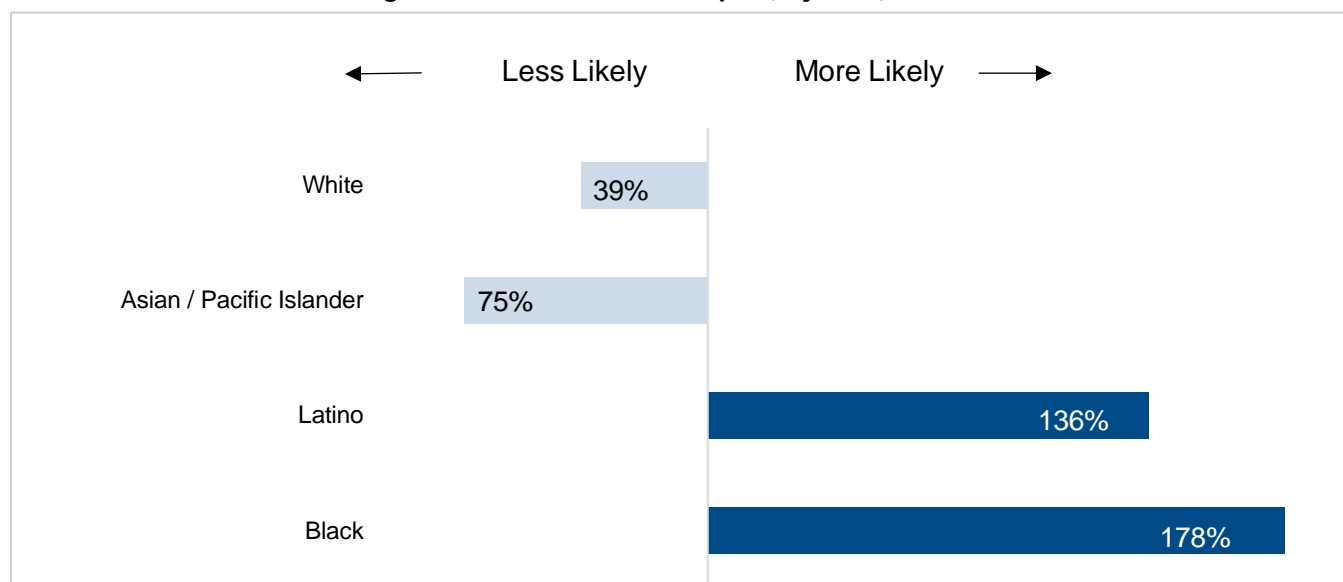

Disparity Index: Black children are almost twice as likely to have a substantiated report than non-Black children.

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[17] 26th Annual Report on the Condition of Children in Orange County

Children's likelihood of having a substantiated abuse report, by race, 2019

← Less Likely	More Likely →

White — 39%

Asian / Pacific Islander — 75%

Latino — 136%

Black — 178%

PROGRESS INDICATORS: Focus 2— Resilience among children and families

| Desired Trend	Progress	Indicator	Number of families with children ages 0-5 experiencing homelessness
▼	🟢	Source	Homeless Management Information System (HMIS)

Why is this measure important? Homelessness can have a tremendous impact on children – their health, education, sense of safety and overall social and emotional development. Children experiencing homelessness:

- Have higher levels of emotional and behavioral problems;
- Have increased risk of serious health problems;
- Are more likely to experience separations from their families; and
- Experience more school mobility and are more likely to repeat a grade, be expelled or drop out of school, and have lower academic performance.[18]

When children grow up in safe and stable homes, their chance for success in school and life dramatically increases. First 5 Orange County is bringing visibility to this critical population that could benefit from early intervention. Decreasing homelessness among Orange County children ensures that all children have the opportunity to thrive.

Baseline/Trend: There have been 5% and 9% declines in the number of homeless households and clients, respectively, served by shelters.

Homeless households and individuals served by shelters, 2015/16 – 2019/20

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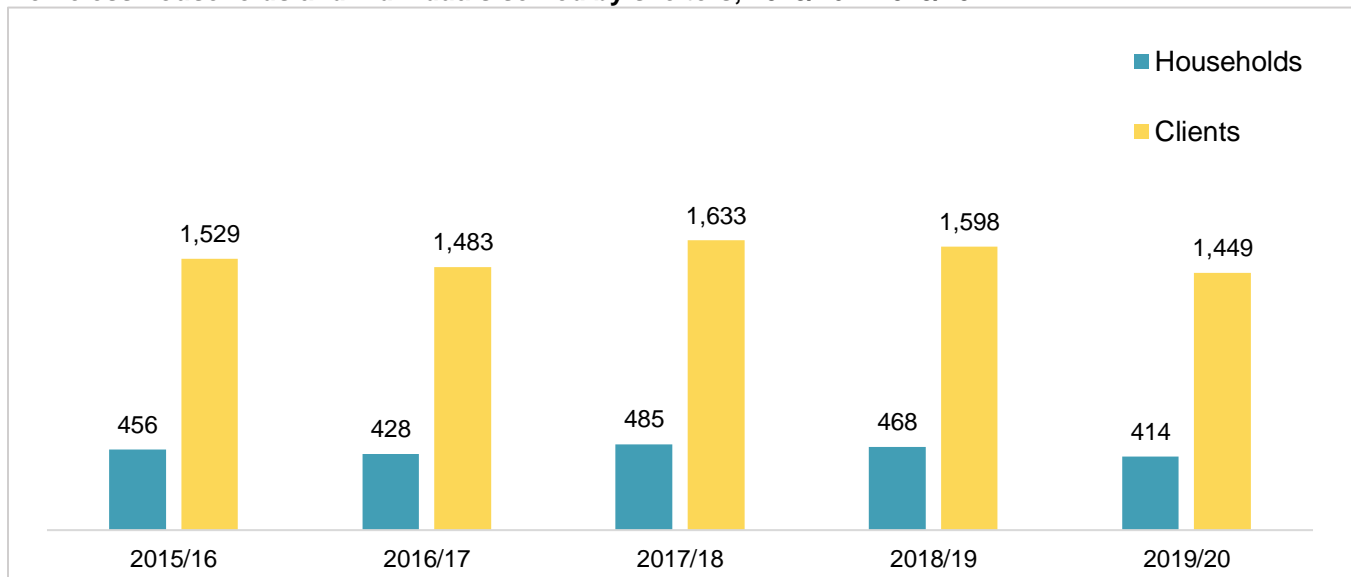
[18] "Children and Families." *National Alliance to End Homelessness*, 20 Jan. 2021, endhomelessness.org/.

The third focus area centers around quality child care. Throughout California, and in Orange County in particular, the high cost of living means that most families with young children rely on all parents/caregivers in a household to work. Two indicators are used to measure the availability of quality childcare to support children's healthy development: availability of infant and toddler child care and availability of **subsidized** infant and toddler child care.

Desired Trend	Progress	Indicator	Availability of infant and toddler child care
▲	●	Source	Orange County 2020-2025 LPC Needs Assessment

Why is this measure important? In Orange County, 60% of children ages 0-4 have all parents working. Yet, there are approximately 21 infants/toddlers for each licensed slot available. Even if only one-third of infants and toddlers in Orange County required childcare, there would still only be enough licensed capacity for 1 in 7 children. Increasing the number of quality slots available for infants and toddlers will help provide a stable, secure setting to support the health, social and emotional development for children and their families.

Baseline/Trend: In 2019/20, there was enough licensed capacity to serve only 5% of the county's children younger than three years old.

Child Care Availability: Infants/ Toddlers (0-2)	
Number of Children (ages 0-2)	107,870
Infant / Toddler Licensed Capacity (ages 0 to 2)	5,170
Licensed Centers: 4,476	
Licensed Family Child Care Homes: 694	
Number of children per licensed slot available	**21**
Percentage of eligible children for whom a subsidized slot was available	**5%**

Desired Trend	Progress	Indicator	Availability of subsidized infant and toddler child care
▲	●	Source	Orange County 2020-2025 LPC Needs Assessment

Why is this measure important? More than half of children 0-4 throughout the County are eligible for state or federal subsidies based on income. Subsidized programs provide the most vulnerable children with access to childcare.[20] By measuring the number of subsidized child care slots available for infants and toddlers, we can continue to work to increase the number of child care slots to meet the need for children and their families.

Baseline/Trend: In 2019/20, an estimated 53% of children ages 0-2 were eligible to receive subsidized care, yet only 6% were actually served, due to a lack of supply in subsidized care.

Only 6% of children eligible are served by subsidized care

Eligibility	Number of Children (ages 0-2)	107,870
	Estimated # eligible for State or Federal subsidy	56,817
	% Eligible for subsidized care	53%
Subsidized slots available	# I/T served by state and federal subsidized programs	3,514
	Title 5: Center Based Child Care	278
	Early Head Start vouchers	736
	Stage 1 CalWORKs (CA Alternative Payment Program CalWORKs)	~2,500
	Stage 2 CalWORKs	
	Stage 3 (figure is approximate)	
	Percent eligible served	**6%**

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[20] First 5 Orange County, Orange County Child Care Landscape Analysis Phase I Report of Findings October 7, 2020.

Desired Trend	Progress		
▲	●	**Indicator**	Percentage of early care and education programs participating in Quality Start OC
		Source	iPinwheel; Community Care Licensing Division

Why is this measure important? Quality Start OC is a collaborative, county-wide effort to support and advocate for quality early care and education in Orange County. Research studying long-term outcomes finds that children from low-income families who attend quality preschool are more likely than their peers who did not attend preschool or who attended low quality preschool to have, as adults, higher educational attainment and income, lower involvement with drugs or the criminal justice system, and better mental and physical health. When looking at cost-benefits, quality early childhood education (ECE) programs for low-income children ages 0-5 have been documented to produce a substantial return on investment. By increasing the number of programs participating in Quality Start OC, we are creating more opportunities for all children to have access to quality ECE programs and creating better futures for them and the entire community.

Baseline/Trend: In March 2021, there were 479 early care and education programs participating in Quality Start Orange County. Of these 479 programs, 289 were center-based programs, which represents roughly 30% of all licensed center-based care programs in Orange County. Another 63 programs were Family Child Care (FCC) Homes, which represents roughly 13% of all licensed FCC homes in the county.

30% Centers

13% FCCs

Participating in QSOC

Programs participating in Quality Start Orange County, by type, March 2021
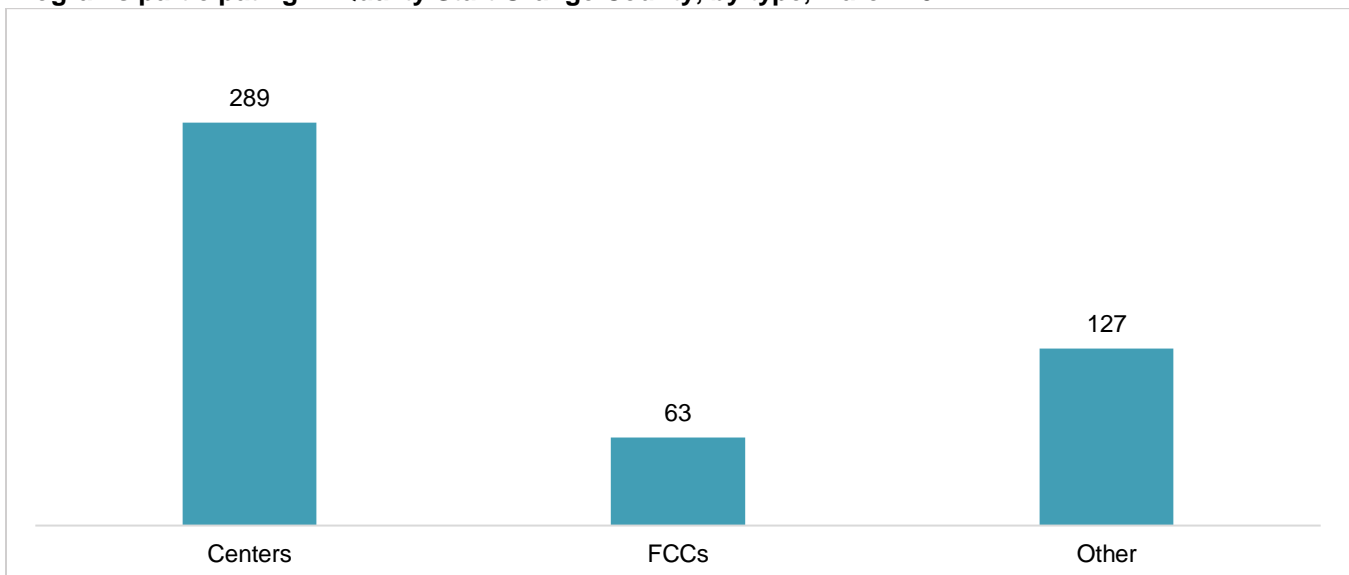
CONTEXT INDICATORS

Two context indicators help us understand the environment, or setting, that influences the experiences of children and families: percentage of neighborhoods that are high risk on the Neighborhood Risk Index and average number of assets at birth using the Strong Start Index.

Desired Trend	Progress	Indicator	Percentage of neighborhoods that are high risk per the Neighborhood Risk Index
▼	🟢	Source	Early Development Index (EDI); U.S. Census Bureau

Why is this measure important? The Neighborhood Risk Index (NRI) is a composite measure of ten census indicators of neighborhood level risk that can serve as a baseline measure of the community conditions. The indicators are known to have either a positive or a negative influence on children's development, and describe social, educational, and economic conditions.

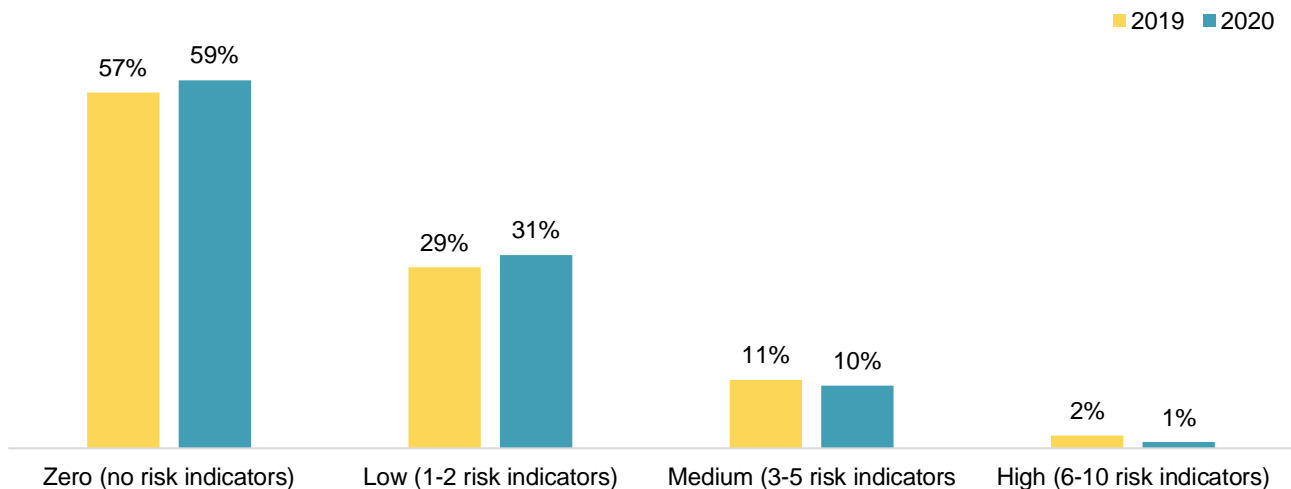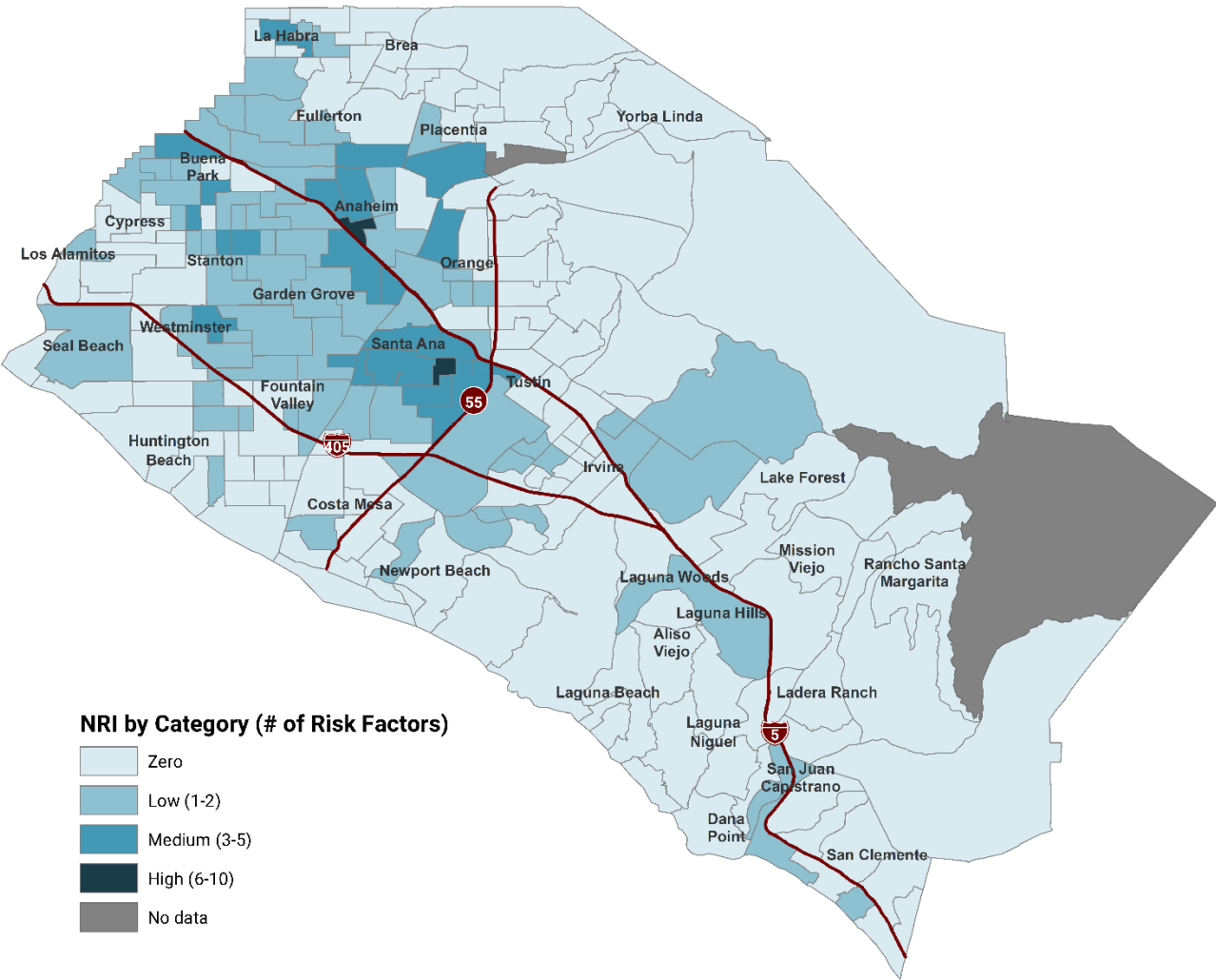| 10 Neighborhood Risk Indicators	
Positive Indicators: • % Population with a College Degree (Ages 25 and Older) • % Population with Wage Income • % Owner-occupied Housing • % Households with Interest, Rent, or Dividend Income	**Negative Indicators:** • %Single Parent Family Households • % Limited English-Speaking Households • % Disconnected Youth (Ages 16-19) Unemployed and not in School • % Population without a High School Diploma (Ages 25 and Older) • % Families with Children in Poverty • % Households with Public Assistance Income

Baseline/Trend: Between 2019 and 2020, there was an overall decrease in the number of neighborhoods in Orange County with medium or high risk on the Neighborhood Risk Index (NRI). However, while six neighborhoods (2%) had a decrease in their NRI (e.g., went from medium to low, etc.), 19 neighborhoods (8%) had an increase in their NRI (e.g., went from low to medium, etc.). Most of the neighborhoods (216, or 90%) had no change in their NRI.

Neighborhood Risk Index, 2019 and 2020

■ 2019 ■ 2020

	Zero (no risk indicators)	Low (1-2 risk indicators)	Medium (3-5 risk indicators	High (6-10 risk indicators)
2019	57%	29%	11%	2%
2020	59%	31%	10%	1%

Neighborhood Risk Index (NRI) by Neighborhood in Orange County, 2020

Desired Trend	Progress	Indicator	Average number of assets at birth
▲ (green triangle)	● (green circle)	Source	Strong Start Index

Why is this measure important? The Strong Start Index helps us understand the conditions into which babies are born, to support the development of healthy, resilient kids. It is a unique tool that uses information collected at birth from every child in the state and paints a portrait of the resources that promote resilience for children in a given neighborhood (census tract), county, or region. By measuring the resources all babies have at birth across Orange County, First 5 Orange County can allocate supports and services equitably and early in a child's life, to make a greater impact.

12 Strong Start Indicators (Assets)

Family:
- Legal parentage established at birth
- Born to non-teen parents
- Born to parents with at least a high school diploma

Health:
- Healthy birthweight
- Absence of congenital anomalies, abnormalities, or complications at birth
- Absence of transmissible (mother-to-child) infections

Service:
- Access to and receipt of timely prenatal care
- Receipt of nutritional services (WIC) if eligible
- Hospital with high percentage of births with timely prenatal care

Financial:
- Ability to afford and access healthcare
- Born to a parent with a college degree
- Born to parents with employment history

Baseline/Trend: Between 2016 and 2019, there was an increase in the average number of Strong Start assets for babies born in Orange County, from 9.97 average assets in 2016 to 10.18 in 2019 (out of 12 total assets). In addition, 69% of the census tracts in Orange County had an increase in the average number of Strong Start assets for babies between 2016 and 2019.

Change in Average Number of Strong Start Assets for Babies by Census Tract between 2016 and 2019

	Number of Census Tracts	Percent of Census Tracts
Decrease	171	30.7%
Increase	386	69.3%
Total	**557**	

Average Number of Strong Start Assets of Children at Birth by Census Tract in Orange County, 2019

Average Assets at Birth

- 11.0 - 11.6
- 10.5 - 10.9
- 10.0 - 10.4
- 9.4 - 9.9
- 8.3 - 9.3
- No Data
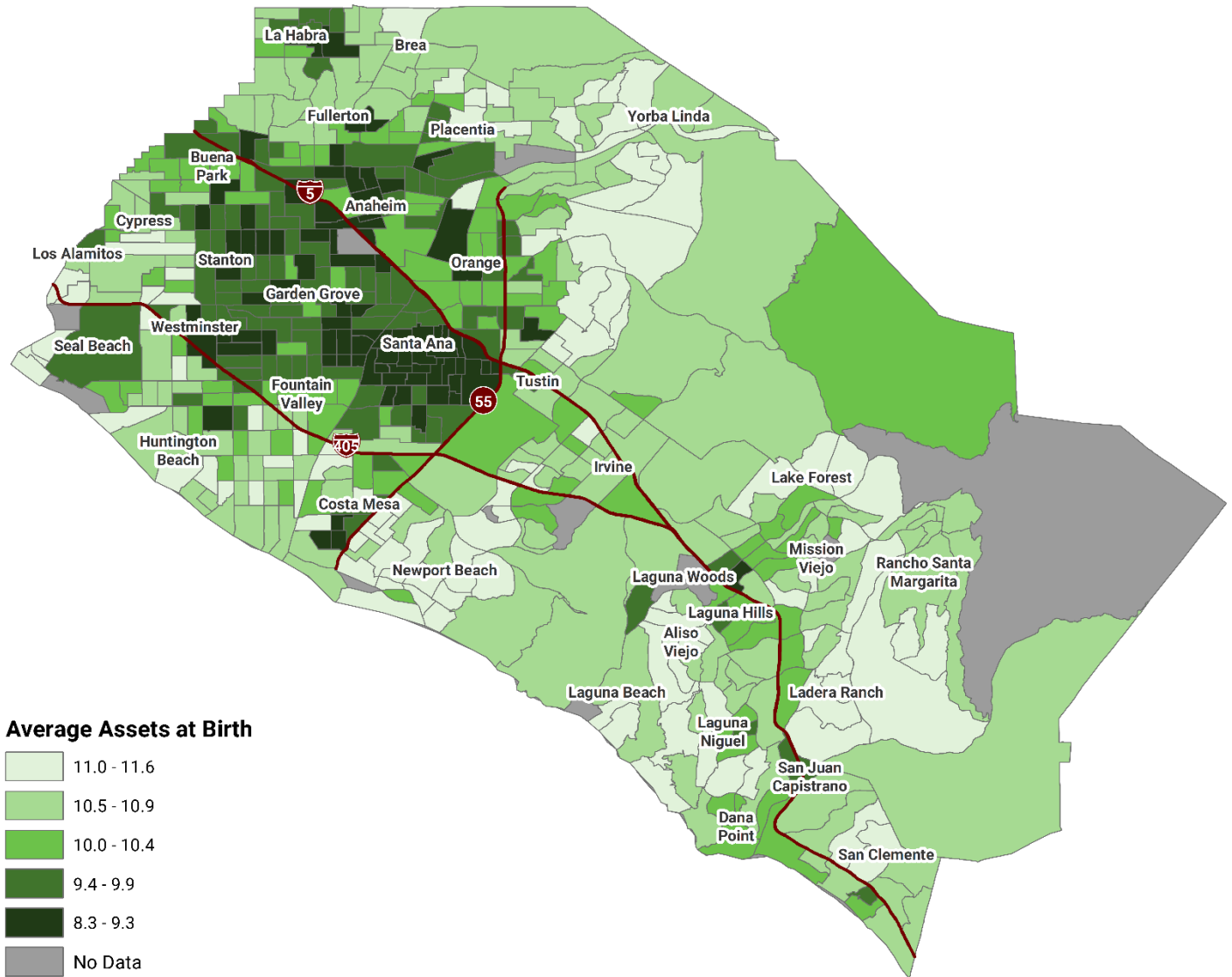
CONTEXT INDICATORS

Disparity Index: While a disparity index cannot at this point be presented for the Strong Start Index, the chart below displays the difference in the average number of Strong Start assets at birth, by race and ethnicity, between 2016 and 2019. Strong Start birth assets in Orange County improved for babies of all races/ ethnicities between 2016 and 2019. Babies of "Other" race and ethnicity (includes children coded as Native American, other race, and missing race) saw the largest increase in the average number of assets (up 0.82 assets).

Between 2016 and 2019, Strong Start birth assets improved or stayed the same for all groups