



An Indicators Report on  
**The Conditions of  
Children, Youth and  
Families in Irvine** 2005



## Acknowledgments

The staff of Children and Family Futures (CFF) would like to express our appreciation to City and Irvine Unified School District staff who helped compile the data for this report. We especially want to thank Dr. Lisa Henson of FOR Families, and Nancy Colocino and Pat McKenzie of IUSD. CFF is responsible for all interpretation of the data.

We also appreciate the extensive work done in recent years by Cal State Fullerton's Center for Community Collaboration and its director, Michelle Berelowitz, in developing the format for the annual Conditions of Children report, which we have adapted for use in this indicators report.

# Table of Contents

|  |    |
|--|----|
| <b>Introduction</b> .....  | 1  |
| <b>Indicators at a Glance</b> .....                                | 2  |
| <b>Child and Family Economic Well-Being</b> .....                  | 3  |
| Indicator 1: Students receiving free and reduced-cost lunches..... | 3  |
| Indicator 2: CalWORKs enrollments.....                             | 5  |
| <b>Child and Family Health</b> .....                               | 7  |
| Indicator 3: Low birth weight infants.....                         | 7  |
| Indicator 4: Youth physical fitness and obesity.....               | 9  |
| <b>Academic Achievement</b> .....                                  | 11 |
| Indicator 5: Fourth grade reading scores.....                      | 11 |
| Indicator 6: High school graduation rate.....                      | 13 |
| <b>Youth Behavior</b> .....  | 15 |
| Indicator 7: Juvenile arrests.....                                 | 15 |
| Indicator 8: Juvenile probation referrals.....                     | 17 |
| Indicator 9: Alcohol use among youth.....                          | 19 |
| Indicator 10: Illicit drug use among youth.....                    | 21 |
| Indicator 11: Students' sense of safety.....                       | 23 |
| Indicator 12: Juvenile depression.....                             | 25 |
| <b>Family Stability</b> .....                                      | 27 |
| Indicator 13: Reports of child abuse and neglect.....              | 27 |
| Indicator 14: Reports of domestic violence.....                    | 29 |

|   |    |
|---|----|
| <b>Discussion</b> .....   | 31 |
| Purpose of the annual indicators report .....                             | 31 |
| Positive indicators vs. problem areas .....                               | 32 |
| Measuring the effectiveness of prevention programs .....                  | 33 |
| Options for additional surveys .....                                      | 34 |
| Additional indicators .....   | 35 |
| Additional methods of collecting data .....                               | 36 |
| Resources for collecting and analyzing data .....                         | 36 |
| Costs of collecting data on additional indicators .....                   | 37 |
| An annual forum .....   | 37 |
| Summary of recommendations .....  | 38 |
| <br>  |    |
| <b>Appendix 1: City Resident Satisfaction Data from 2004 Survey</b> ..... | 39 |
| <br>  |    |
| <b>Appendix 2: Major Issues Emerging from the 14 Indicators</b> .....     | 40 |
| <br>  |    |
| <b>Glossary</b> .....   | 41 |
| <br>  |    |
| <b>Notes</b> .....  | 42 |

# Introduction

The First Indicators Report on the Conditions of Children, Youth, and Families in Irvine contains two sections. The first section presents the fourteen indicators of the conditions of children and families. The second section discusses the implications, value, and utility of the indicators taken as a whole.

This report follows an earlier submission to the City by Children and Family Futures, a nonprofit firm based in Irvine, which reviewed the problems facing lower-income children and families in Irvine and provided an assessment of current and potential policies that address those problems.

An indicators report has multiple purposes. It provides a baseline summary of the conditions of the residents in a city; it helps policy makers determine which factors in the lives of local residents should be measured annually; and it focuses attention on conditions that may need to be addressed by local policy, programs, and resources. This first version of the indicators report is intended to fulfill these purposes and begin a discussion that will lead to action.

In this report, the word indicator is used to mean a measurement or statistic that helps us understand where we are, where we are going, and how far we are from the goal. There are two general types of indicators: economic and social. An economic indicator allows us to analyze economic performance and predict future performance. A social indicator lets us analyze the performance of social institutions or agencies, or the performance of an entire community in progressing toward a given goal, such as a higher high school graduation rate, fewer low birth weight infants, or a reduction in child abuse and neglect.

## Indicators at a Glance

| Indicator                             | 2001 | 2002  | 2003             | 2004  | Trendline |
|---------------------------------------|------|-------|------------------|-------|-----------|
| Free/reduced-cost lunch               | 1476 | 1549  | 1724             | 1806  | ✓         |
| CalWORKs enrollments                  | 492  | 567   | 500              | N/A   | ✓         |
| Low birth weight infants              | 106  | 121   | 114              | N/A   | ✓         |
| Healthy fitness zone <sup>1</sup>     | 1472 | 1408  | 1595             | 1659  | ✓         |
| 4th grade reading scores <sup>2</sup> | N/A  | 379.4 | 384.6            | 388.5 | ✓         |
| High school graduates                 | 1734 | 1838  | 1823             |       | ✓         |
| Juvenile arrests                      | N/A  | 623   | 560              | N/A   | ✓         |
| Juvenile parolees                     | 279  | 242   | 217              | N/A   | ✓         |
| Alcohol use among youth               | 740  |       | 783 <sup>3</sup> |       | ✓         |
| Illicit drug use among youth          | 301  |       | 282 <sup>3</sup> |       | ✓         |
| Students' sense of safety             | 576  |       | 665 <sup>3</sup> |       | ✓         |
| Juvenile depression                   | 451  |       | 709 <sup>3</sup> |       | ✓         |
| Child abuse reports                   |      | 775   | 954              | 1103  | ✓         |
| Domestic violence reports             |      | 290   |                  |       |           |

<sup>1</sup> These numbers represent the total of 9th grade students who fell within the healthy fitness zone in at least 4 of 6 fitness standards.

<sup>2</sup> 4th grade reading scores represent the mean scaled score for each academic year.

<sup>3</sup> The sample size was not the same during these two survey years (2001 and 2003).

## Indicator 1: Students Receiving Free and Low-cost Lunches

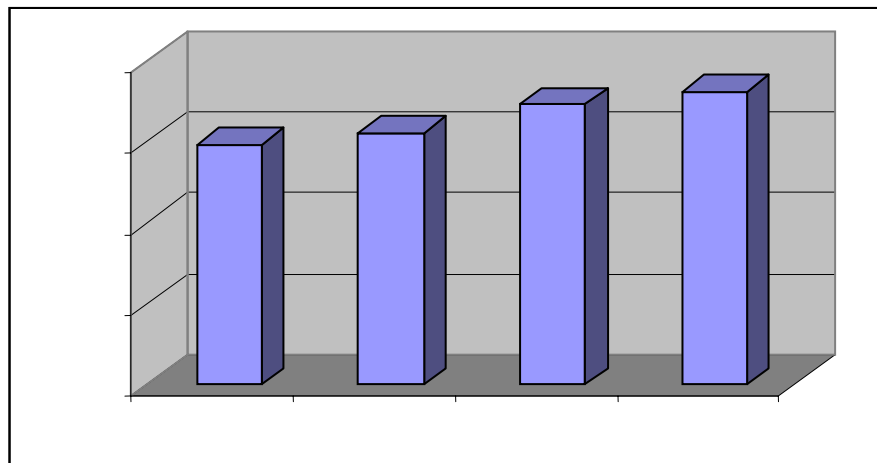
### Explanation

The National School Lunch Program (NSLP) provides nutritionally balanced meals to children attending public and nonprofit schools. The NSLP provides breakfast and lunch during the school day, and it provides snacks to children in after-school educational and enrichment programs. The program serves children from kindergarten through age 18. The 2004-05 federal eligibility guidelines state that children from families living at or below 130% of the federal poverty level receive free lunch, while children from families living at or below 185% of the federal poverty level receive lunch at a reduced cost<sup>1</sup>.

### Findings

The Irvine Unified School District (IUSD) compiles annual data of all K–12 students who are eligible for subsidized lunches based on family income. According to IUSD, 7.2% of school-aged children residing in Irvine (a total of 1,806 students) received free and low-cost lunches during the 2003-04 school year. During the same school year, 196,430 students in Orange County received free and low-cost lunches. The County figure indicates a reduction of 1,737 students from the previous school year (the 2002-03 total was 198,167 students). In contrast, the number of students receiving free and low-cost lunch in Irvine increased during the same time period from 1,724 to 1,806 students – a difference of 82 children, or a 4.8% increase.

**Number of Irvine Students  
Receiving Free and Low-Cost Lunches**



### County:

Of the total enrollment in Orange County's public schools during the 2003-04 school year, 196,430 students (37.5%) participated in the NSLP.  
Source: California Dept of Education

### State:

Of the total enrollment in California's public schools during 2003-04, 3,078,483 students (49%) participated in the NSLP.  
Source: California Dept of Education

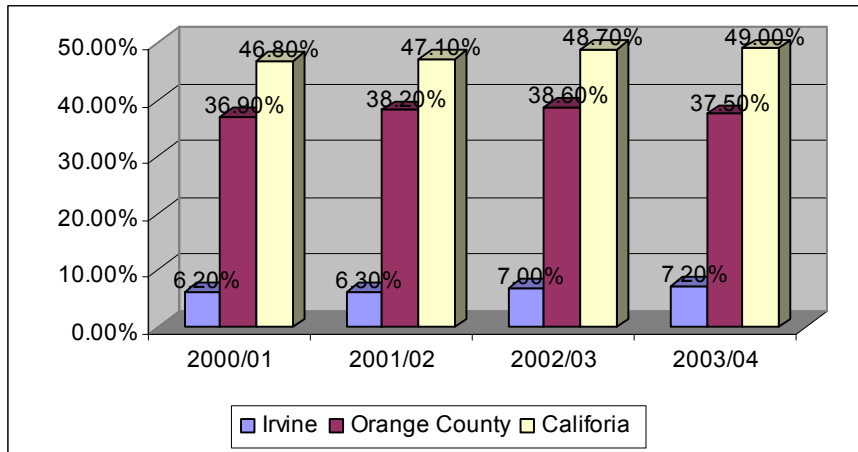
### Nation:

In fiscal year 2003 the NSLP provided nutritionally balanced, low-cost or free lunches to 28,373,377 school children at a cost of \$8.8 billion.

## Putting it into Perspective

The most significant information provided by this indicator is the contrast between Irvine's recent increase in school lunch recipients and the flatter trend lines at the County and State levels. While the number of children receiving free and low-cost lunch increased in Irvine by 4.8%, it decreased in the county by 1.1%, and increased at the state level by 3%. This suggests that the relative proportion of lower-income children in Irvine is increasing, though still a fairly small percentage of the city's total population.

**Trends: Free and Low-cost Lunch Recipients**



## Related Issues

Children also benefit from nutrition programs during the summer, when many lower-income students may not be supervised. In their recent study, "School's Out . . . Who Ate?" the California Food Policy Advocates (CFPA) reported that only a quarter of eligible children are served during the summer, although California has made progress in this area. According to State Superintendent of Public Instruction Jack O'Connell, "Nutrition programs are dramatically effective in reducing hunger, improving school performance, and reducing behavioral problems, in addition to providing essential nutrition and improving the health of our children. In this light, feeding kids is still a concern during the summer."<sup>2</sup>

In another recent study, "In the Midst of Obesity Fight, Many School Lunches Fail Fat Test," the CFPA raised the issue of whether schools are complying with federal standards for nutritional value of school lunches. The CFPA indicated that half of the school districts reviewed between 1998 and 2003 "exceeded federal standards for fat or saturated fat."<sup>3</sup> Orange County, along with three other California counties, did not conduct a review, so no county-specific data is available. (Obesity is discussed further in Indicator 4.)



## Indicator 2: CalWORKs Enrollments

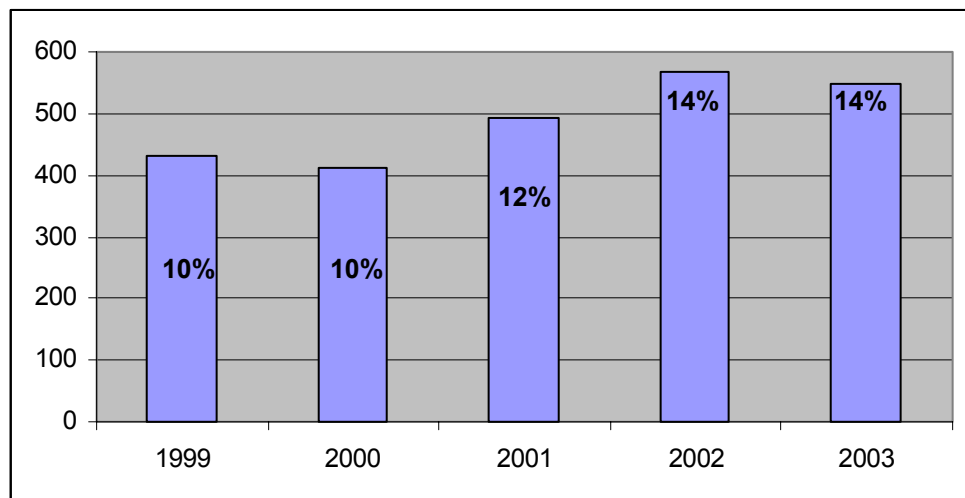
### Explanation

CalWORKs, known as Temporary Assistance for Needy Families (TANF) at the national level, functions under federal regulations but is operated at the local level by each California County. The program serves families with children who are in need of economic support. As a welfare program, CalWORKs is accessible to families who meet eligibility criteria. Benefits are provided for a limited period of time.

### Findings

In the City of Irvine, the number of school-aged children served by the CalWORKs program decreased slightly between 2002-03 and 2003-04, from 445 to 441 children. In the same time period, the number of children of all ages (0-18) receiving CalWORKs benefits decreased from 562 to 549 (counted in December of each year). Between 1999 and 2003, Irvine children represented 10–14% of the County's total CalWORKs child population.

**Irvine CalWORKs Recipients Age 0-18  
as a Percentage of the County CalWORKs Enrollment**



### County:

According to the 2004 Conditions of Children in Orange County report, approximately 38,997 Orange County children were CalWORKs recipients during 2002-03.

### State:

In the state of California, there were 585,991 K-12 students enrolled in the CalWORKs program during 2003-04 school year.

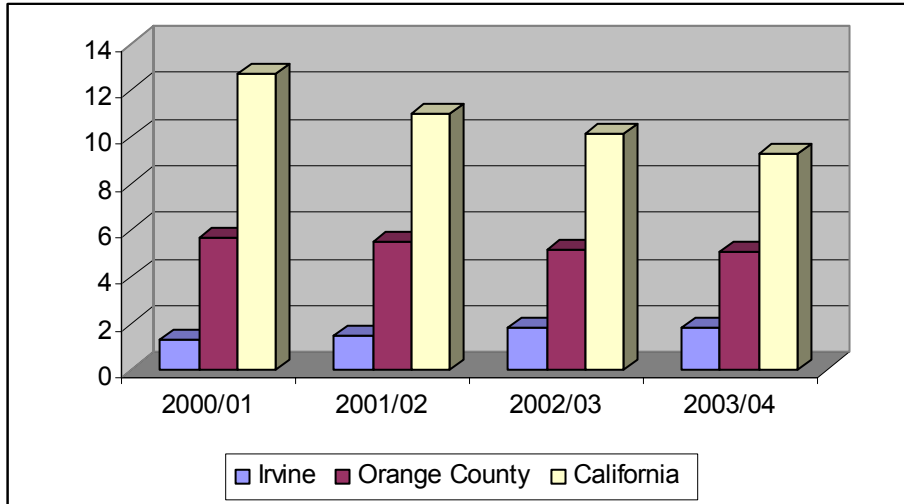
### Nation:

The annual number of TANF recipients during 2003 was 4.9 million. Source: 2004 Conditions of Children in Orange County report.

## Putting it into Perspective

While the number of Irvine CalWORKs recipients decreased slightly in the past year, the number of Irvine children who receive CalWORKs assistance has increased by at least 5% over the last four years. This four-year increase is more pronounced than the increase in the number of Irvine children receiving free and low-cost lunches (see Indicator 1), since Irvine numbers in general have increased while the County and State totals have decreased.

**Trend Comparison of CalWORKs Recipients at City, County, and State Levels**

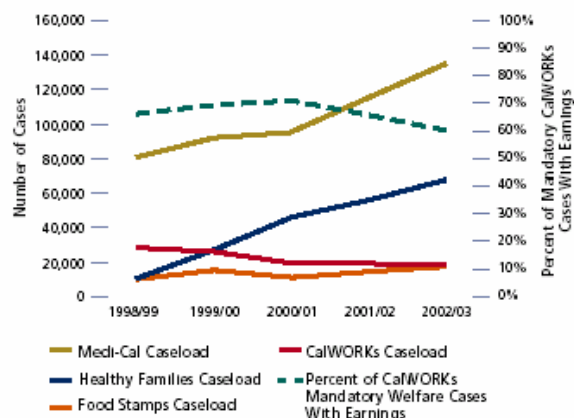


## Related Issues

CalWORKs enrollment is sometimes used to track poverty among children. However, national studies reveal a tendency for the number of children in poverty or near-poverty to remain constant or even increase as welfare rolls decline. For this reason, CalWORKs-related data may reflect a lower number of children in poverty than the actual number. The 2004 Conditions of Children in Orange County report states:

The steady and steep decrease in the CalWORKs caseload since the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 was signed into law seems to be leveling. In the past two years, the caseload has decreased by about 1% annually, compared to annual decreases of 9% to 19% in previous years. While the caseload remains relatively stable, the percentage of CalWORKs recipients with jobs dropped over the past two years from 74% in 2000/01 to 60% in 2002/03. Meanwhile, the caseloads for other public assistance programs which do not have time limits, such as Medi-Cal, Healthy Families, and Food Stamps, are rising. The trends are largely a function of layoffs in entry-level and low-wage occupations, lower overall income levels, regulation changes, and outreach efforts by program operators to inform income-eligible individuals of programs available to them. (*Conditions of Children in OC*, 2004 report)

**Major Public Assistance Program Caseloads Orange County, 1999-2003**



Sources: County of Orange Social Services Agency and State of California, Managed Risk Medical Insurance Board, Healthy Families

## Indicator 3: Low Birth Weight Infants

### Explanation

Low birth weight (LBW) infants are those born weighing less than 2,500 grams (5 pounds, 8 ounces). An infant's low birth weight is an indicator of the mother's health, nutrition, and prenatal care during the early stages of pregnancy. LBW is also a critical indicator of the infant's vulnerability to infections and other health-related problems.

### Findings

In 2002, there were 1,854 births among Irvine residents, of which 121 (or 6.5%) were low birth weight infants.<sup>4</sup> Of the women who delivered low birth weight infants, 76 (62%) did not receive prenatal care in the first trimester. Twenty of these infants were born to teen mothers. The ethnicity of the women who did not receive prenatal care is not available, but according to the Centers for Disease Control and Prevention (CDC), LBW is most prevalent among African-American infants.<sup>5</sup> In Orange County between 2000 and 2001, the percentage of LBW African-American births was higher than for any other ethnic group, totaling 10% of all African-American births.

#### County:

The 2003 report on the Conditions of Children in Orange County reported 2,668 low birth weight infants born in the county during 2001.

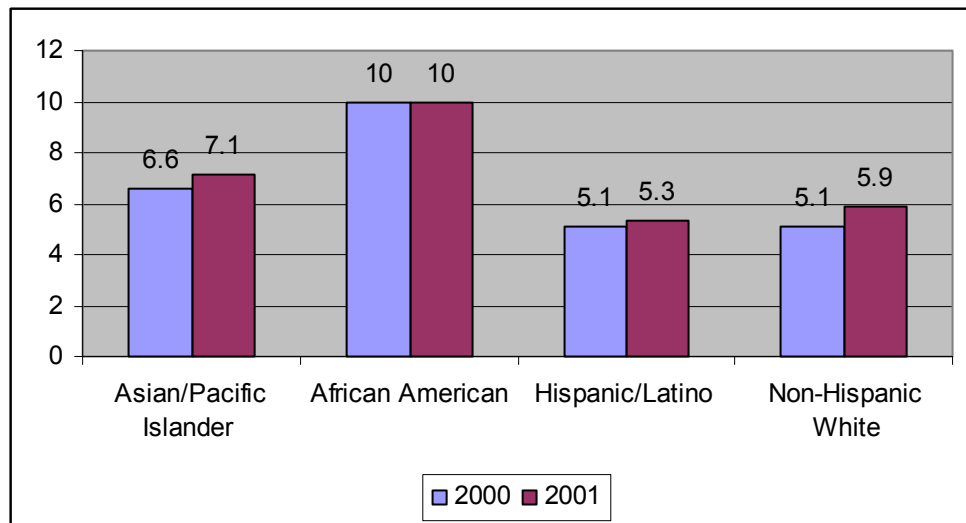
#### State:

A total of 33,824 low birth weight births were reported in California in 2002, according to the Kaiser Family Foundation.

#### Nation:

The Kaiser Family Foundation reported a total of 314,077 low birth weight infants born in the nation during 2002.

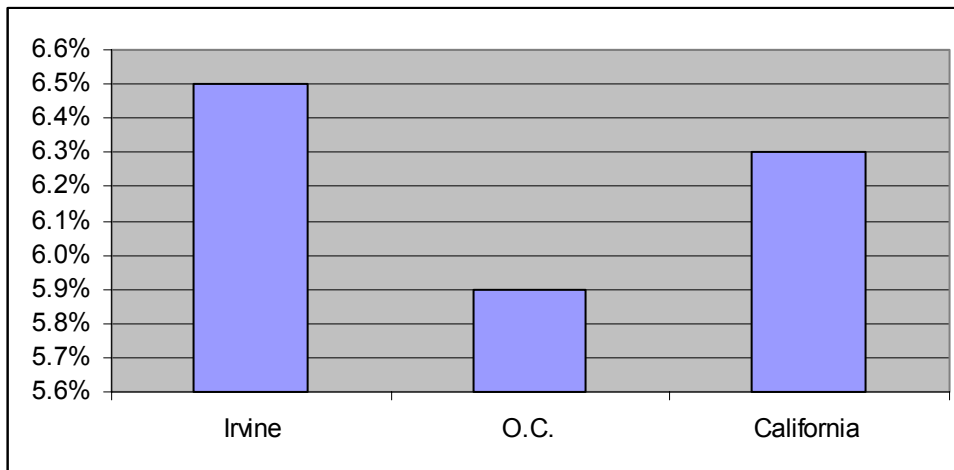
**County Percentages of LBW by Ethnicity**



## Putting it into Perspective

An infant's low birth weight can be attributed to one or more conditions experienced by the mother during pregnancy. Such conditions include lack of prenatal care, poor nutrition, and unhealthy behaviors such as the use of alcohol, tobacco, and other drugs. The social support available to pregnant women determines whether they adopt healthy lifestyles during and after pregnancy.<sup>6</sup> Efforts made by health agencies and hospitals to provide comprehensive prenatal services to pregnant women may be the most effective method of preventing low birth weight births.

**Comparisons of Low Birth Weight Incidence  
by City, State, and County**



This graph uses 2002 LBW numbers for Irvine and California, and 2001 LBW numbers for Orange County. The number will be updated data is available.

## Related Issues

Although teenage birth rates have declined consistently since 1991,<sup>7</sup> California was ranked 21st in the nation in 2003, with 10.6% of its total births to teens.<sup>8</sup> Of concern is the added fact that 29.8% of California's births were to women with less than 12 years of education, with California ranked 49th in the nation with respect to the education level of mothers.<sup>9</sup> According to Child Trends 2003, 46% of high school students are sexually experienced and at least one in five teens has had sexual intercourse before the age of 15. The California Department of Health Services reported a 33.5 birth rate per 1,000 teens in Orange County.<sup>10</sup>

Of the many factors that cause LBW, one of the most prominent is the use and abuse of substances during pregnancy.<sup>11</sup> According to the Institute on Women and Substance Abuse, the use of drugs such as nicotine accounts for at least 20% of all low birth weight babies. Nicotine is estimated to cause approximately 141,000 miscarriages, 4,800 newborn deaths, and 2,200 Sudden Infant Death Syndrome (SIDS) cases nationally.<sup>12</sup> The consumption of alcohol during pregnancy can cause fetal alcohol syndrome (FAS).

## Indicator 4: Youth Physical Fitness and Obesity

### County:

The county Department of Education reports that at least 65% of 5th graders, 70% of 7th graders, and 59% of 9th graders measured in the healthy fitness zone.

### State:

The state Department of Education reports that at least 57% of 5th graders, 59% of 7th graders, and 50% of 9th graders measured in the healthy fitness zone.

### Nation:

Healthy People 2010 recommends a reduction in the percentage of children who are overweight from 11% to 5% by 2010.

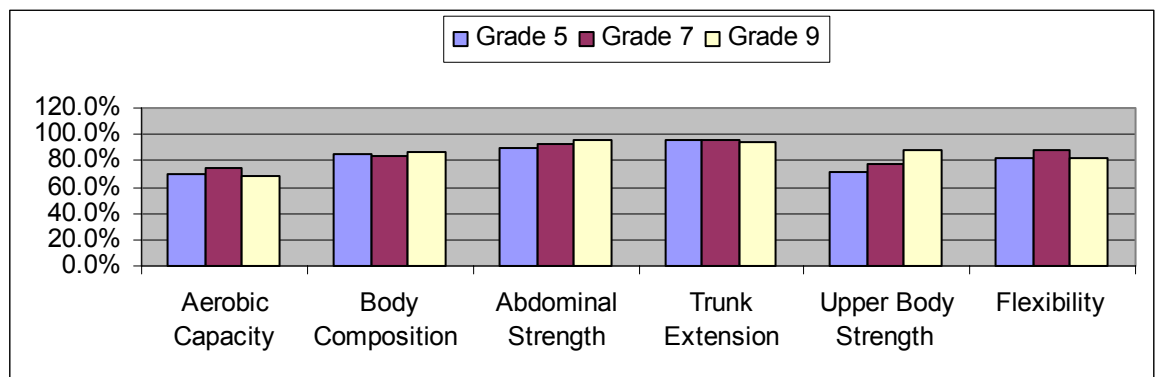
### Explanation

Physical activity among children and youth is an important factor in determining health. In March 2004, the Center for Disease Control (CDC) reported to the President's Council on Physical Fitness and Sports that as many as 17% of all deaths in the U.S. were related to poor diets and physical inactivity. The CDC also reported that as many as 10% of all 2- to 5-year-olds were obese, and that 25% of children of all ages spent at least 4 hours a day watching television.<sup>13</sup> According to the American Academy of Pediatrics (AAP), children receive the most benefits from physical activities when the activity is age-appropriate and when parents participate in the activity.<sup>14</sup>

### Findings

The Physical Fitness Test is administered to students in public school and measures their ability to meet six fitness standards. When tested for physical fitness, at least 67% of Irvine's 5th, 7th, and 9th graders during the 2003-04 school year were found to be in the healthy fitness zone.<sup>15</sup> The fact that one-third were not in this zone is also noteworthy.

**Students in the Healthy Fitness Zone by Task**



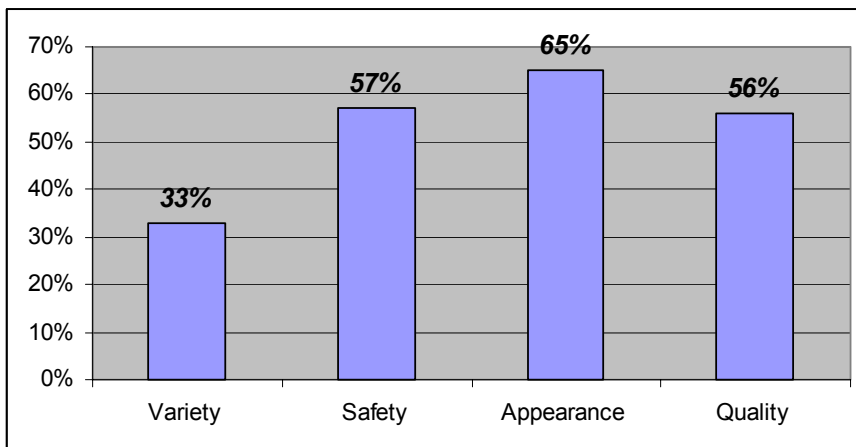
Healthy Kids 2003 found that 17% of 7th graders, 15% of 9th graders, and 17% of 11th graders were either at risk or already overweight, based on their Body Mass Index (BMI). When asked whether they had exercised for 20 minutes at least 3 times a week, 79% of 7th graders, 81% of 9th graders, and 62% of 11th graders answered yes.

## Putting it into Perspective

Irvine offers the opportunity for physical activity through the use of its parks and other recreational areas. There are 11 parks that each occupy over 10 acres in the city. Of the 11 parks, most have multi-use buildings that enable organized sports activities.<sup>16</sup> In addition to sports and recreation, there are several programs in the City that involve youth of different ages in productive activities. For example, the High School Youth Action Team (YAT), a group composed of students from Irvine's public and private high schools, is designed to involve young people in creating and organizing activities for themselves and their peers. Also, the Middle School Program engages youth in positive social and recreational activities during non-school hours.

Irvine Community Services offers many classes to children of all ages. The price of each class ranges from \$25 to \$85, and very few are offered at no cost.<sup>17</sup> The participation level for these programs includes thousands of Irvine children and young people, with more than 6,000 participating in summer camp programs in 2004.<sup>18</sup> It is not clear how these participating children compare with others who do not participate, since data on income level and other participant characteristics is not collected. In the recent Residential Satisfaction Study of 2004, True North Research reported that 31% (155 participants) of their sample indicated that they had participated in a City recreation program during the last 12 months. Of the program participants, 52% (80 families) participated in a child-focused program, and 28% participated in a teen-focused program. Of program participants between 18 and 24, the majority responded that the variety, safety, appearance, and quality of the parks and recreation facilities in Irvine were excellent.

**Participants Rating Irvine Recreational Programs for Children as Excellent**



## Related Issues

At the state level, a recent study by the California Department of Education (CDE) found that the physical fitness of students had a positive impact on their ability to achieve academically.<sup>19</sup>

## Indicator 5: Fourth Grade Reading Scores

### Explanation

California uses the Standardized Testing and Reporting (STAR) program in all public schools to assess students' academic knowledge in grades 2 through 11. Depending on their grade level, students are tested annually on English language, mathematics, history, and science.<sup>20</sup> As a measuring tool, the STAR has two purposes: to track progress among students, and to help hold schools accountable for students' learning. In a recent news release, State Superintendent of Public Instruction Jack O'Connell stated that public schools in California had been making progress in academic achievement until 2004, when the scores reflected a slowdown in progress. O'Connell added that the test results and scores should be "viewed as a wake-up call" for parents, students, schools, and districts to focus on rigorous academic investments.<sup>21</sup>

### Findings

In Irvine, the California STAR 2004 was administered to 19,797 children in grades 2 through 11. Of the 1,931 fourth graders tested, 50% were advanced readers, 27% were proficient readers, 17% were basic readers, 4% were below basic readers, and 3% were far below basic readers.<sup>22</sup> The mean reading score for fourth graders was 388.5, an increase of 87 points over the last two years. Irvine produced the highest scores of any school district in Orange County, with Laguna Beach Unified taking second place.

#### County:

During the 2003-04 school year, 393,520 students, representing 98% of the total enrolled in the County, participated in the STAR program. Only 22% of 4th graders were classified as advanced readers, the highest of 5 levels.

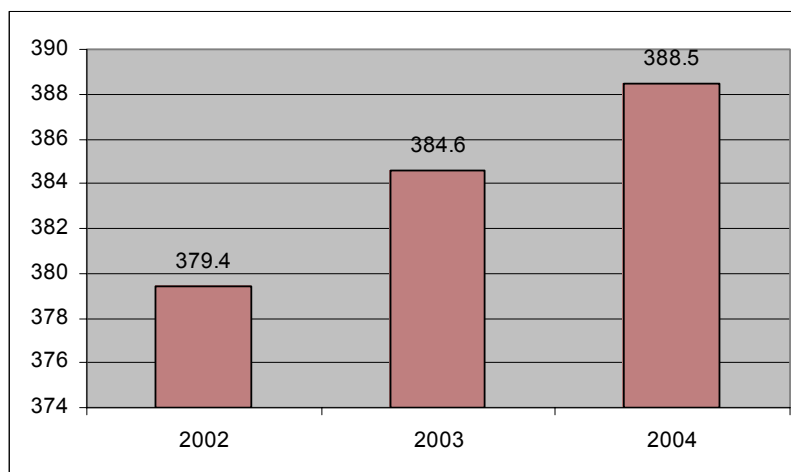
Source: STAR

#### State:

During the 2003-04 school year, 4,778,724 students, representing 98% of total enrolled in the State, participated in the STAR program. Only 9% of those tested were advanced readers.

Source: STAR

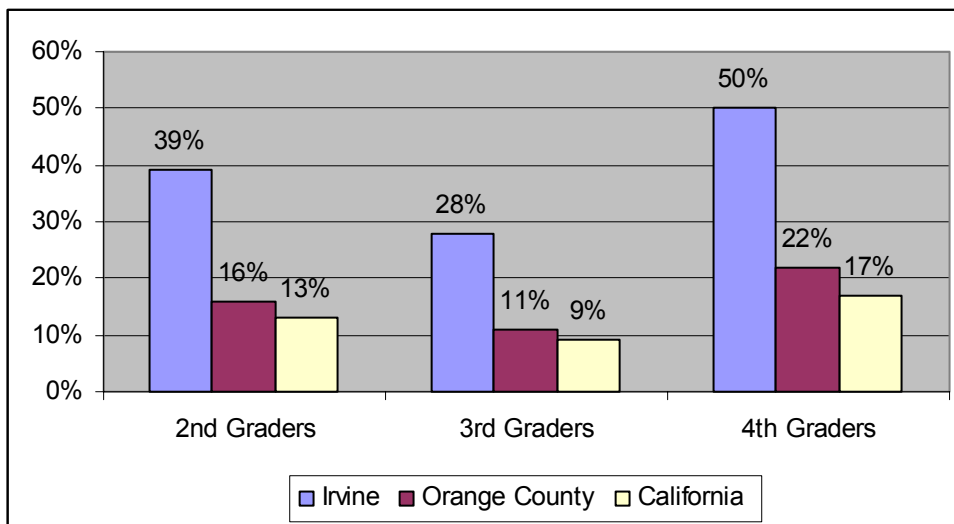
**3-Year Trend for Irvine 4th Graders'  
Mean Reading Scores**



## Putting it into Perspective

The mean scores for fourth graders were higher than those for any other grade tested. The lowest mean score was among 11th graders (359.4), while the second and third lowest scores were among 8th graders (371.2) and 3rd graders (371.9). County and State scores seem to mirror this pattern, although the reason for these results is not clear. A second pattern that emerges in the 2004 test results is that across all jurisdictions (city, county, and state), the number of students reading at an advanced level seemed to decrease for third graders.<sup>23</sup>

**Percentages of Advanced Readers in Grades 2-4**





## Indicator 6: High School Graduation Rate

### Explanation

As required by the federal No Child Left Behind act (NCLB), there is a standard method of computing the dropout rate. The method is to divide the total number of graduates in a given year by the sum of the total number of graduates plus the number of dropouts for grades 9-12 in that year.<sup>24</sup>

### Findings

There were approximately 8,160 students in grades 9-12 in Irvine during the 2003-04 school year.<sup>25</sup> A total of 2,019 seniors were enrolled in Irvine public schools, 90% (or 1,823) of whom graduated.<sup>26</sup> Using the federal NCLB method, Irvine Unified School District recorded a 98.1% graduate rate during the 2002-03 academic year; using comparable methods, the County-wide rate was 92.0%. Of the total number of Irvine students who took the California High School Exit Exam (CHSEE), 95% received a passing score in math and 93% received a passing score in English Language Arts.<sup>27</sup>

#### County:

The Orange County school dropout rate of 1.7% is one of the lowest in the State.

Source: 2004 Conditions of Children in Orange County report.

#### State:

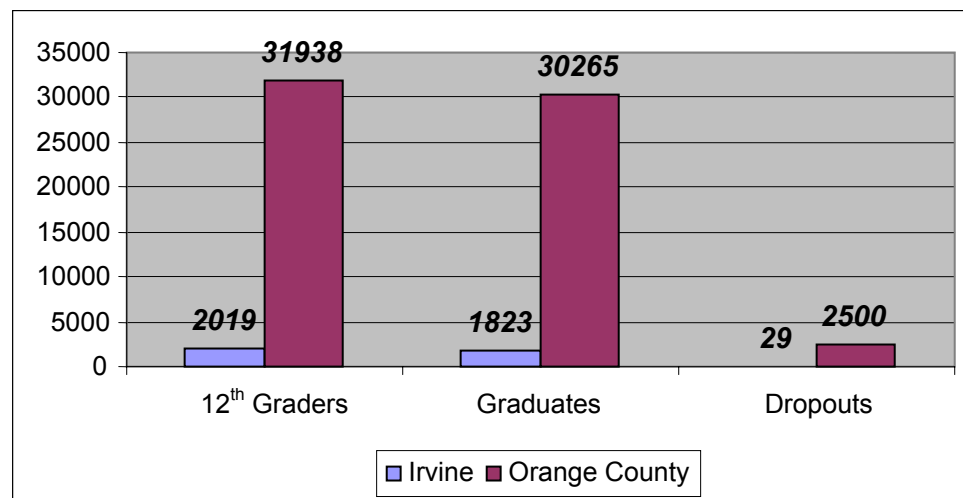
California's dropout rate has increased to 3.2% in 2002/03 from 2.7% in 2001/02.

Source: 2004 Conditions of Children in Orange County report.

#### Nation:

According to the National Center for Education Statistics, the majority of states had a dropout rate ranging from 4.0 to 7.0% in 2000-01. Over 3.8 million adults were not enrolled in a high school program and had not completed high school as of October 2000.

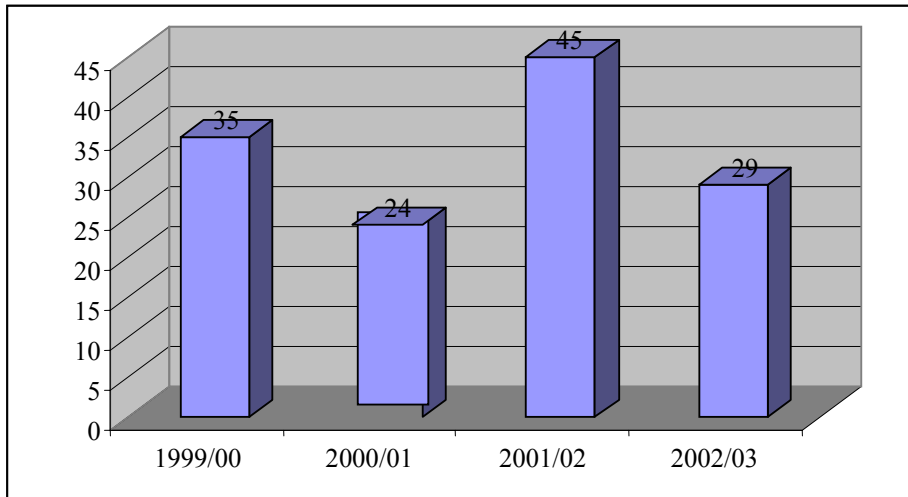
**2003-04 Graduates and Dropouts**



## Putting it into Perspective

The annual average of 9th-12th grade dropouts over the past four years in Irvine has been just over 33 students a year. Although only 24 students dropped out in 2000-01, the number almost doubled in 2001-02. The dropout rate for Irvine during the 2003-04 school year was 1%.<sup>28</sup>

**4-Year Trend in Dropout Rate among Irvine 9-12th Graders**



## Related Issues

Student suspensions are another indicator of students' ability to graduate and to prepare for higher education and careers. During 2003 there were 990 student suspensions in Irvine, of which 606 (or 61%) were high school students. A total of 20 expulsions were reported in the District, including 8 high school students.

A second issue that is indirectly related to graduation and dropout rates is the availability of programs that enhance and supplement academic skill. Programs such as the Regional Occupational Program (ROP) support both high school completers and non-completers to enter the workforce. For graduates who do not plan to continue in higher education, ROP certificates provide a career opportunity. In Orange County, approximately 30,000 high school students are enrolled annually in ROP courses either at their high school, worksite, or local training center.<sup>29</sup> In 2001-02, 61% of those completing an ROP were employed in a field related to their course of study six months later. During the 2003-04 school year, a total of 1,221 Irvine high school students were enrolled in the ROP program.<sup>30</sup>

## Indicator 7: Juvenile Arrests

### Explanation

The juvenile arrest indicator identifies minors under 18 who are taken into custody for committing a misdemeanor, felony, or other offense. The felonies include violent crime, property crime, drug offenses, sex offenses, and other types of offenses.

### Findings

In 2003, there were 857 juvenile arrests reported in the City of Irvine, of which 560 were Irvine residents and 297 were non-residents. In 2002 there were 623 Irvine youth arrests out of a total of 906 juvenile arrests. According to the California Criminal Justice Profile 2002, the most recent data available by city, the majority of youth arrests in Irvine involved property offenses (77), followed by violent offenses (35), as depicted in the graph below. The majority of arrests were classified as misdemeanors.

### County:

The California Department of Justice reported 3,319 juvenile felony arrests in Orange County during 2002.

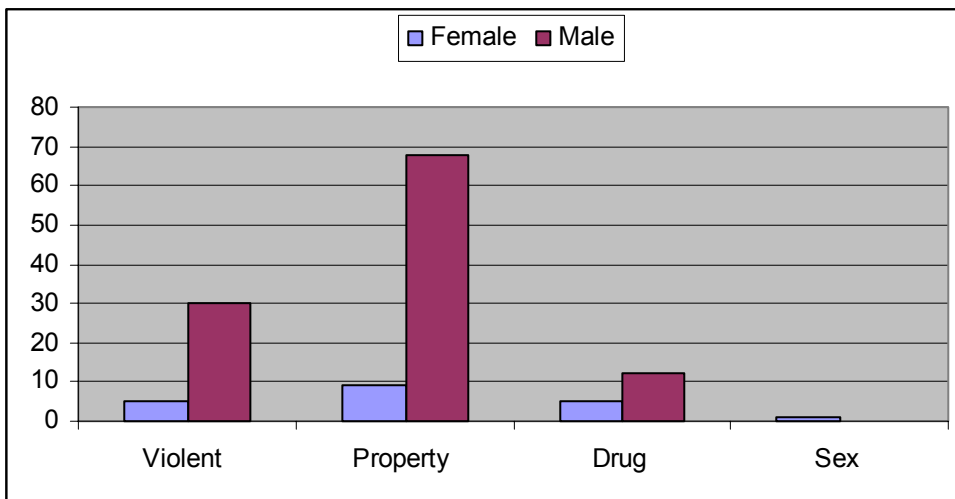
### State:

The Administrative Office of the Courts, Center for Families, Children and the Courts reported there were 229,634 juvenile arrests in California during 2002.

### Nation:

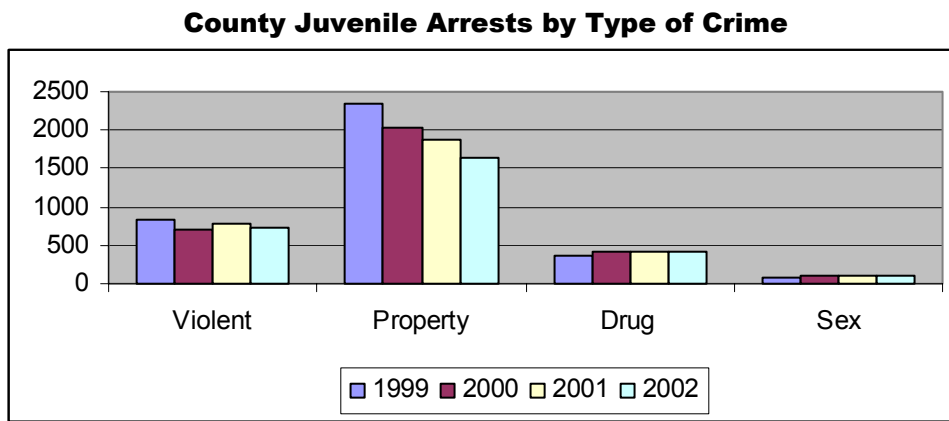
According to the Office of Juvenile Justice and Delinquency Prevention, there were 2,261,000 juvenile arrests nationwide during 2002. Source: Juvenile Arrests 2002

Irvine Juvenile Arrests by Type of Crime



## Putting it into Perspective

According to the most recent data available through the Office of the Attorney General, in 2002 there were a total of 3,319 juvenile felony arrests in Orange County. Of that number, 2,695 were committed by male juveniles and 624 were committed by females.<sup>31</sup> As noted in the graph below, the majority of offenses that lead to arrests are property offenses, followed by violent and drug offenses. Property crimes have consistently made up over 50% of juvenile arrests since 1999. It is also noteworthy that for each of the years from 1999 through 2003, only four arrests were made of juveniles drinking while under the influence of alcohol.



## Indicator 8: Juvenile Probation Referrals

### County:

The Conditions of Children in Orange County report indicated that 10,770 youth between the ages of 10 and 18 were referred to probation during 2002.

### State:

In December 2002, the Administrative Office of the Courts, Center for Families, Children and Courts, reported 101,979 active caseloads of juveniles on probation in California.

### Nation:

In 2000 probation was assigned to 58% of more than 1.1 million delinquent youth. Source: Office of Juvenile Justice and Delinquency Prevention

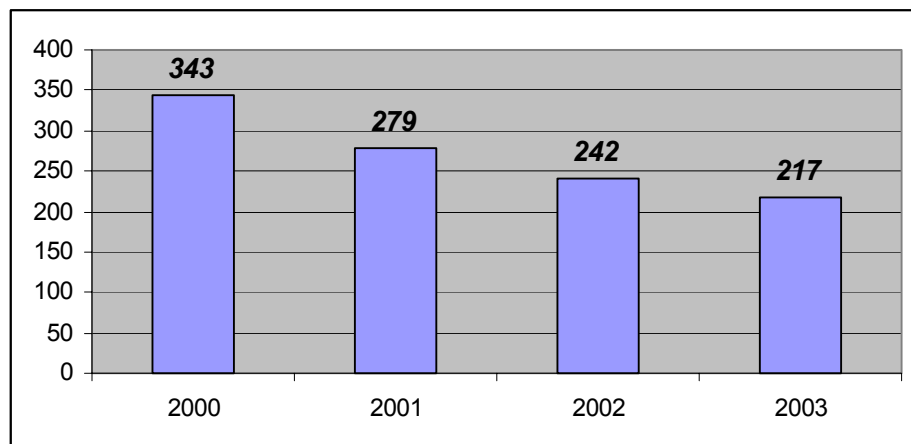
### Explanation

According to the Office of Juvenile Justice and Delinquency Prevention (OJJDP), probation is a mechanism that agencies use for a variety of reasons. For example, while some counties use probation as a sanction, others use it as a diversion for first-time offenders or to monitor high-risk youth. For this reason, the use of “probation” as a measure may encompass a broad population. For purposes of this report, the probation population will be defined as youth who are arrested primarily for a felony or misdemeanor and who can benefit from further intervention such as informal supervision, formal wardship disposition, or other types of necessary diversion.

### Findings

Orange County recorded 10,770 youth referrals to the Probation Department in 2002. Of this total, the Department reported 2,951 formal wards, which represented the most “at-risk” population of offenders.<sup>32</sup> The at-risk population category is defined using the National Institute of Corrections (NIC) model of a risk-driven system, and refers to clients who have caused intense harm to victims or communities. In October 2004, a total of 157 Irvine youths were on either formal or informal probation.<sup>33</sup> A four-year trend shows that the number of referrals for juveniles living in Irvine has steadily decreased (see graph below).

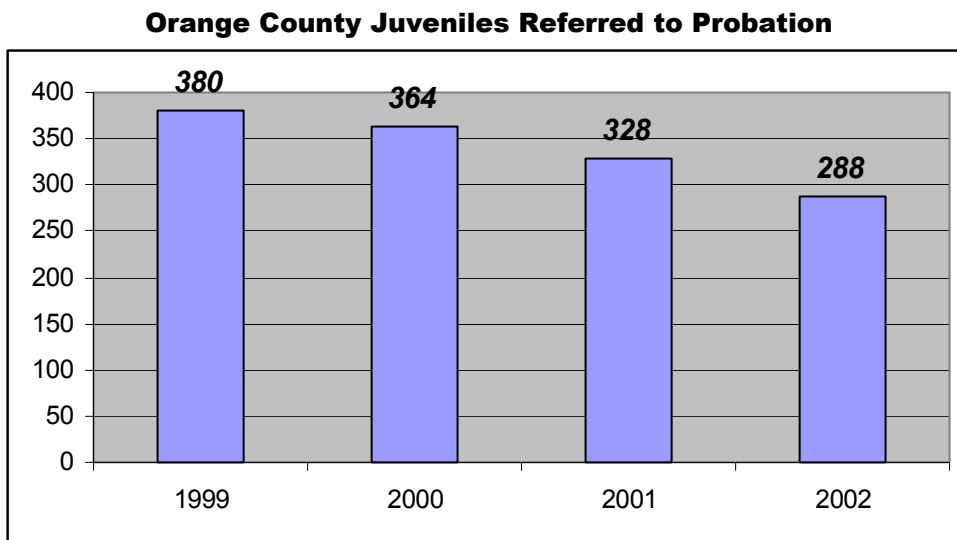
**Numbers of Probation Referrals for Irvine Juveniles**



## Putting it into Perspective

In 2001 there were 87,186 statewide probation cases, of which 81% (or 69,749) were formal probation cases (involving the court), 16% were informal (programs that keep youth out of trouble), and 3% were non-ward probation cases. Of the formal probation cases, 6,069 were in foster care.<sup>34</sup> The number of active caseloads increased to 101,979 in 2002, as reported by the California Juvenile Statistical Abstract in December 31, 2002. Of this State total, Orange County reported an active caseload of 6,341 juveniles. While the majority, 5,613 (4,650 males and 963 females) received “formal wardship” status, 526 (392 males and 134 females) were informal cases; 125 (95 males and 30 females) did not receive ward status; and 77 (62 males and 15 females) were diverted from entry.<sup>35</sup>

As shown in the following graph, the caseload of Orange County juveniles on probation has steadily decreased in the past four years. This decrease is similar to the decrease in the Irvine figures.



## Related Issues

See Indicator 7 on arrests.

## Indicator 9: Alcohol Use among Youth

### County:

The use of alcohol within 30 days preceding the survey for 7th, 9th, and 11th graders was at 17%, 39%, and 60% respectively.

### State:

The California Healthy Kids reported that 37% of 11th graders indicated that they had had an alcoholic drink in the past 30 days, and 41% indicated that at some point they had been very drunk or sick after drinking.

### Nation:

Nationally, 44.9% of students had had one or more drinks of alcohol within the 30 days preceding the survey. Prevalence of current alcohol use ranged from 21.3% to 54.2% across state surveys. Source: Youth Risk Behavior Surveillance 2003

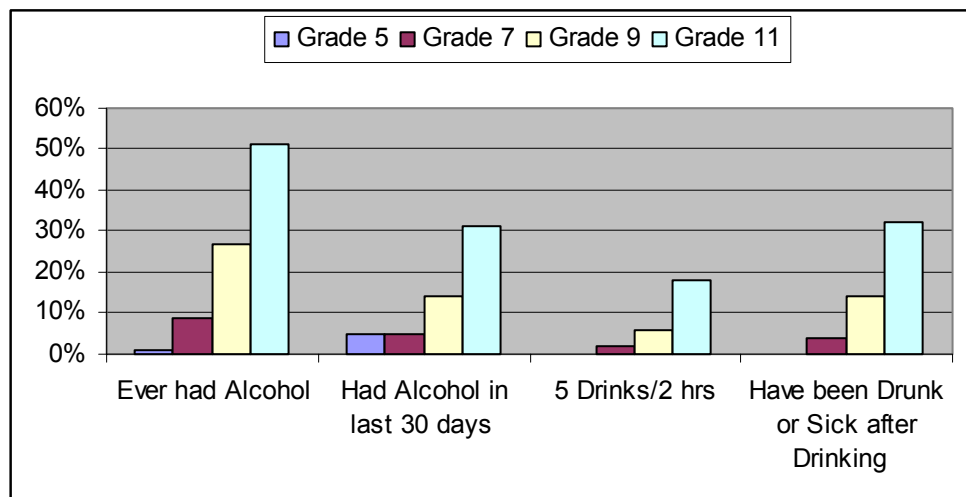
### Explanation

Alcohol use is illegal for youth under 21. In addition to its illegality, the negative consequences of alcohol use include sedation, intoxication, unconsciousness, and possible death. Prolonged use of alcohol can cause physical and psychological addiction.<sup>36</sup> Alcohol is the most widely used drug among youth,<sup>37</sup> and when youth engage in alcohol use, it threatens the lives of those around them as well as their own lives.

### Findings

The California Healthy Kids Survey is administered biennially. In 2003 3,531 Irvine students were surveyed, including 697 5th graders, 1,158 7th graders, 761 9th graders, and 915 11th graders.<sup>38</sup> When students were asked whether they had ever drunk alcohol, 783 indicated they had used alcohol in the past. Of this group, 1% were 5th graders, 9% were 7th graders, 27% were 9th graders, and 51% were 11th graders. An estimated 2,476 to 3,576 youth in Irvine over the age of 14 used alcohol within the past 30 days, based on projections from the 2003 Healthy Kids survey of Irvine students.<sup>39</sup> Of this group, 30% were 11th graders and 14% were 9th graders. Finally, students were also asked whether they had ever been drunk or very sick after drinking, and 32% of 11th graders answered yes. However, when compared with youth from Orange County and statewide, youth in Irvine reported less use of alcohol.

**Alcohol Use among Irvine Youth  
Results of the 2003 CA Healthy Kids Survey**

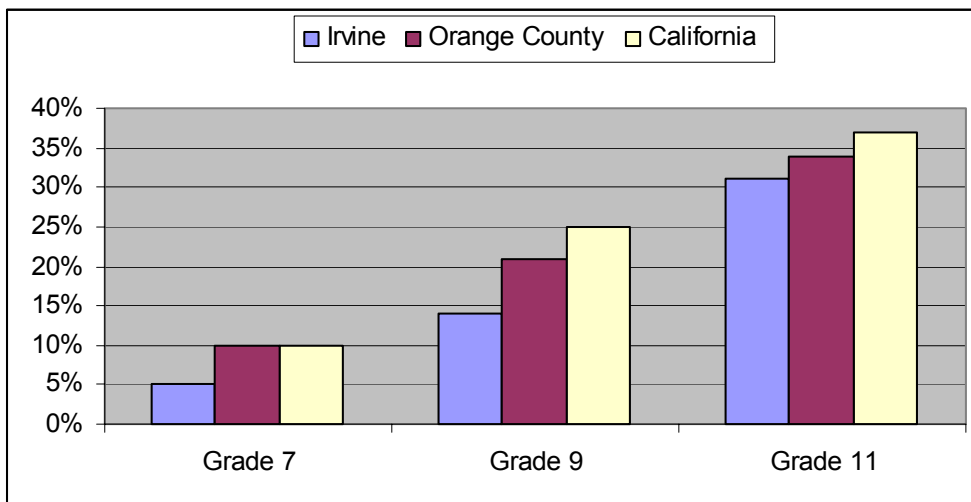


## Putting it into Perspective

A substantial portion of older adolescents seem to accept the use of alcohol as normal behavior for themselves and their peers. While only 9% of the 7th graders surveyed had drunk alcohol, 27% of 9th graders and 51% of 11th graders had done so. While only 18% of 11th graders reported drinking 5 drinks in a couple of hours within the last 30 days, 32% of the same cohort said that at some point they had been "very drunk or sick after drinking."

The use and abuse of alcohol among youth raises serious issues about negative long-term consequences. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), people who began drinking before the age of 15 are four times more likely to develop alcohol dependence than those who began drinking at 21. In the short term, adolescents who use alcohol run the risk of a) experiencing depression and other feelings associated with suicide; b) becoming sexually active at an early age and engaging in unprotected sex; c) experiencing academic challenges that result in low grades and school dropout; and d) engaging in criminal behavior.

**Current (past 30 days) Alcohol Use among Youth in Irvine, Orange County, and California**



## Related Issues

According to national statistics, alcohol is frequently responsible for fatal accidents involving youth. For example, over 25% of young drivers who are killed in crashes are intoxicated.<sup>40</sup> Likewise, alcohol is a key factor contributing to youth drowning; a national study found 40-50% of adolescent males who drowned were intoxicated.<sup>41</sup> In short, alcohol threatens the lives of youth who have reduced their capacity for self-control, and it also threatens the lives of those who associate with them.



## Indicator 10: Illicit Drug Use among Youth

### Explanation

Like the use of alcohol, the use of illicit drugs among youth threatens the health and lives of adolescents. The most commonly used drugs include marijuana, cocaine, crack, heroin, speed, tranquilizers, sleeping pills, inhalants, ecstasy, and prescription medication. Illicit drugs can affect the biological and psychological development of adolescents and thus hinder the development of their academic and social abilities.

### Findings

The California Healthy Kids Survey is administered biennially. During 2003, 3,531 Irvine students were surveyed, including 697 5th graders, 1,158 7th graders, 761 9th graders, and 915 11th graders<sup>42</sup>. Children were asked whether they had ever smoked cigarettes, chewed tobacco, used inhalants, or smoked marijuana. Cigarettes and marijuana were the most common drug choices, particularly among older students. 11th graders were more likely to have smoked cigarettes (21% of survey respondents) and marijuana (23%) than 9th graders, of whom only 7% had smoked cigarettes and 9% marijuana. Chewing tobacco, while it was the least popular, did seem to increase in use with age. On the other hand, inhalants seemed to attract students at a much younger age than any other drug, but with age, students seemed to lose interest in inhalants, although they were still more popular than chewing tobacco.

### County:

13% of 9th graders and 26% of 11th graders reported smoking cigarettes, while 15% of 9th graders and 30% of 11th graders reported using marijuana.

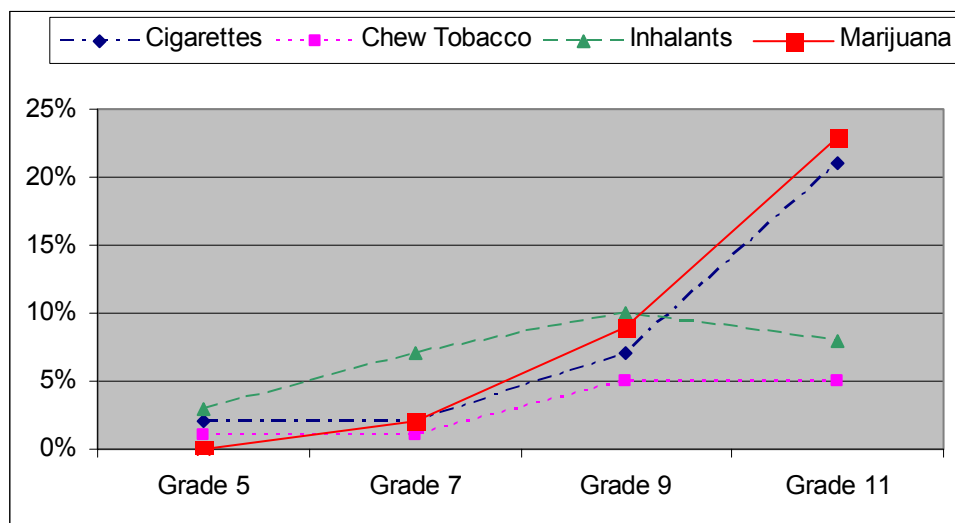
### State:

The California Healthy Kids reported that 15% of 11th graders had smoked a cigarette within the past 30 days, and 49% had been high from using drugs.

### Nation:

Nationwide, 18.3% of students had smoked a cigarette before age 13, and 40.2% of students had marijuana one or more times. The prevalence of lifetime marijuana use ranged from 21.6 to 49.6% across state surveys. Source: Youth Risk Behavior Surveillance 2003

Drug of Choice by Grade

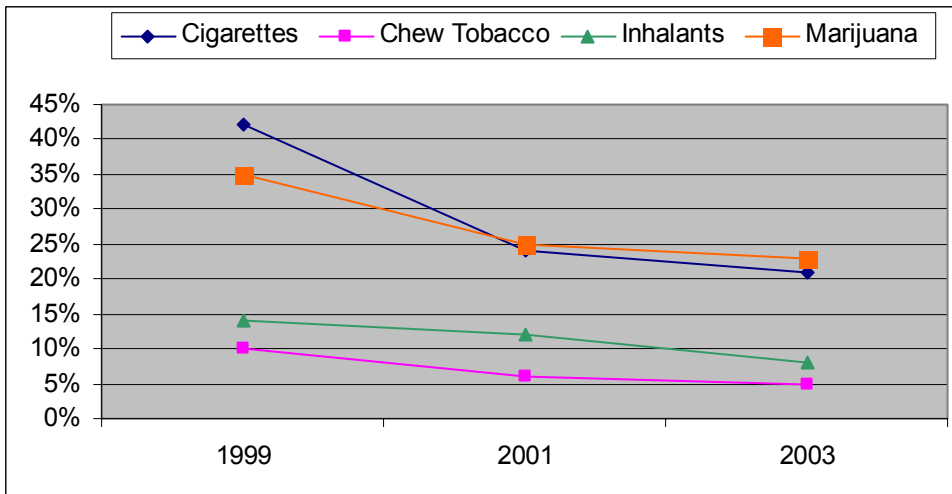


## Putting it into Perspective

The use and abuse of drugs among youth is an issue that deserves attention, since a significant minority of students seem to approve the use of cigarettes and marijuana by themselves and their peers. When asked whether “frequent use of cigarettes and marijuana was very harmful”, 89% of 11th graders thought marijuana use was “very harmful,” and 97% thought cigarette smoking was “very harmful.” Only half of the same group perceived a high level of peer disapproval for smoking cigarettes, and 53% viewed marijuana use as highly disapproved. The more positive news is that in general, the percentage of students using drugs has declined over the past four years in Irvine, as measured by self-reports. A similar decline is seen nationwide.<sup>43</sup>

Despite this decrease, a critical segment of Irvine residents views drug use as a continuing problem in the schools. The Irvine Prevention Coalition surveyed nearly 300 students in 2003 and found that 45% believed that teen use of illegal drugs in Irvine was increasing. Of these same student respondents, 49% agreed that the use of narcotic and illegal substances is prevalent among Irvine youth; 21% disagreed; and 30% were unsure.

**Trends in Self-reported Drug Use among Irvine 11th Graders**



## Indicator 11: Students' Sense of Safety

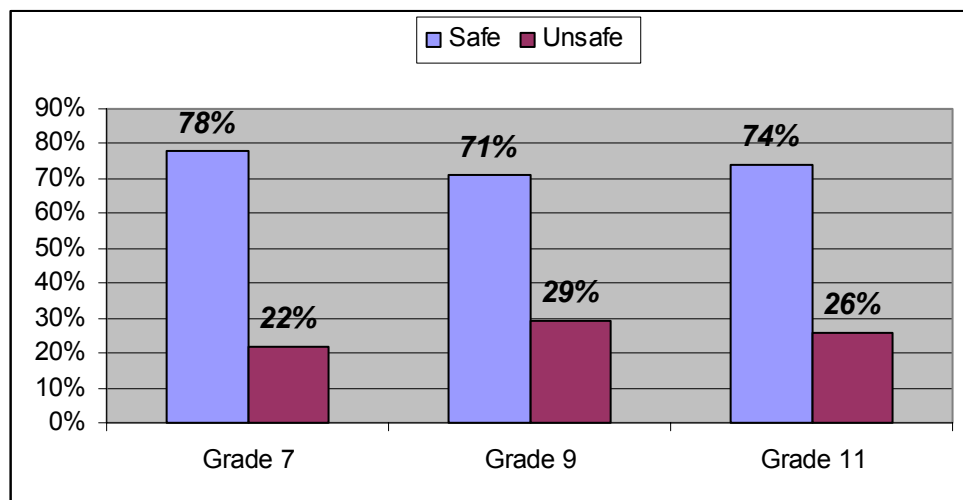
### Explanation

Students' sense of safety refers to the perceptions students have about the potential for violence in their school settings. This indicator describes the extent to which students do not feel safe and the extent to which they are concerned for their physical safety as they progress through their daily routines.

### Findings

The California Healthy Kids Survey 2003 included questions about students' perception of safety in their school environments and about the degree to which students have ever been harassed and/or hurt. In Irvine, few students (less than 30% of each group) in the 7th, 9th, and 11th grade felt they had been harassed within a twelve-month period due to "race, ethnicity, gender, sex, or disability." In more specific questions, however, an increased number of younger students—43% of 5th graders and 35% of 7th graders—reported being afraid of being "hit or pushed." When asked whether students felt safe (either "very safe" or just "safe") or unsafe (either "unsafe" or "very unsafe") the majority of 7th, 9th, and 11th graders reported they felt safe. However, a significant number of students did not feel safe, particularly 9th graders (as depicted in the graph below).

**Students' Perceived Safety in the Schools**



### County:

The Orange County 2004 Community Indicators reported that the county has moved to second safest among peer counties.

### State:

According to the California Student Survey 2003-04, at least 10% of 7th graders felt unsafe in school compared to 8% of 9th graders and 8% of 11th graders.

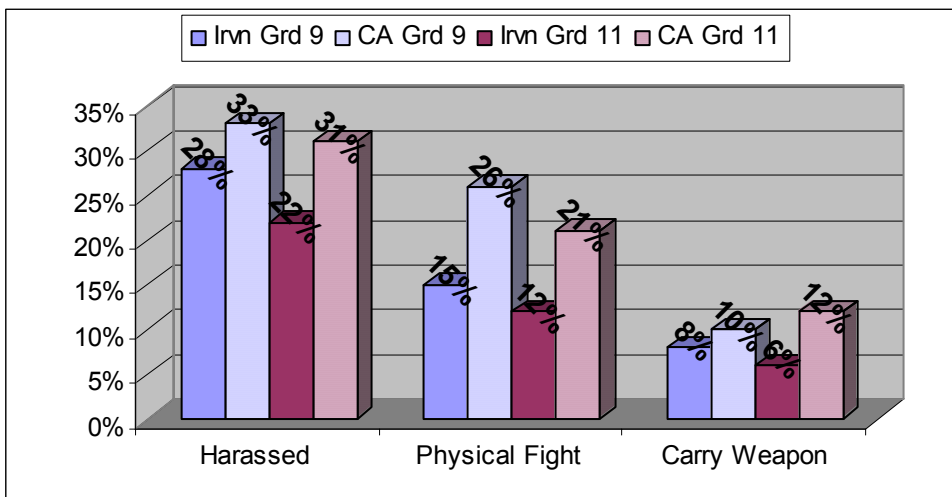
### Nation:

When students were asked about their safety, 5.4% indicated they had missed school days because of safety concerns. The prevalence of having not gone to school because of safety concerns ranged from 2.8% to 8.7% across state surveys. Source: Youth Risk Behavior Surveillance 2003

## Putting it into Perspective

Students were asked to gauge their safety in school against several factors. For example, students were asked whether they had been harassed “because of race, ethnicity, gender, sex, or disability”. Students were also asked whether they had ever been involved in a physical fight or if they had carried a weapon on school property. In general, although Irvine students felt more safe than students statewide, the difference was not significant. In particular, more students in 9<sup>th</sup> and 11<sup>th</sup> grades at the city and state level felt harassed than had been involved in physical fights or carried weapons in school. Two differences between Irvine and statewide data are noteworthy: Almost twice as many California children reported being involved in physical fights, compared with Irvine students; and twice as many students at the state level carried weapons on school campus compared with Irvine students.

**Consideration of Safety Factors by Grade  
(compared with statewide data)**



## Related Issues

Utilizing a nationally representative sample of students in grades 9-12, the Youth Risk Behavior Surveillance 2003 survey reported higher figures of students being in physical fights, carrying a weapon to school, and being physically hurt than the figures reported by the California Healthy Kids 2003 survey.<sup>44</sup> The Department of Health and Human Services (DHHS) has identified risk factors for youth violence in schools, which include the use of drugs and alcohol, exposure to family violence and conflict, any association with delinquent peers, and high levels of transiency.<sup>45</sup>

## Indicator 12: Juvenile Depression

### County:

The Conditions of Children Report of Orange County indicated that between 2002 and 2003 there were 14,047 children under 18 served by Children and Youth Services for mental health needs.

### State:

The California Student Survey 2003-04 reported 35% of 11th graders have felt "hopeless" for a period of two weeks.

### Nation:

As many as 2.5% of children and 8.3% of adolescents suffer from depression. Source: National Mental Health Association

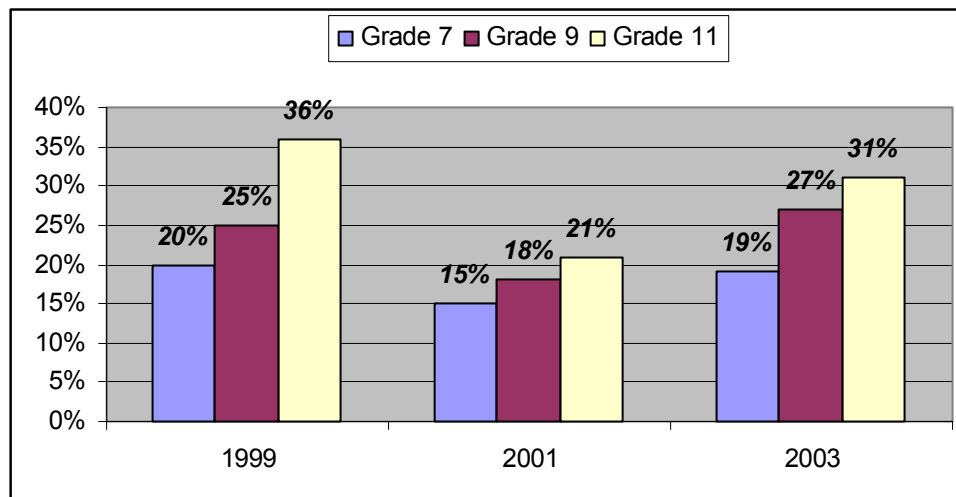
### Explanation

According to the National Mental Health Association, depression manifests itself among youth as health problems that impact feelings, thoughts, and actions.<sup>46</sup> Children and youth suffering from depression are at higher risk of school failure, use of alcohol and drugs, and suicide. The California Healthy Kids Survey, California Student Survey, and the Youth Risk Behavior Survey have all established that depression can best be detected among children and youth by asking whether they have felt "so sad and hopeless" almost every day for two weeks or more that they "have stopped doing some usual activities."

### Findings

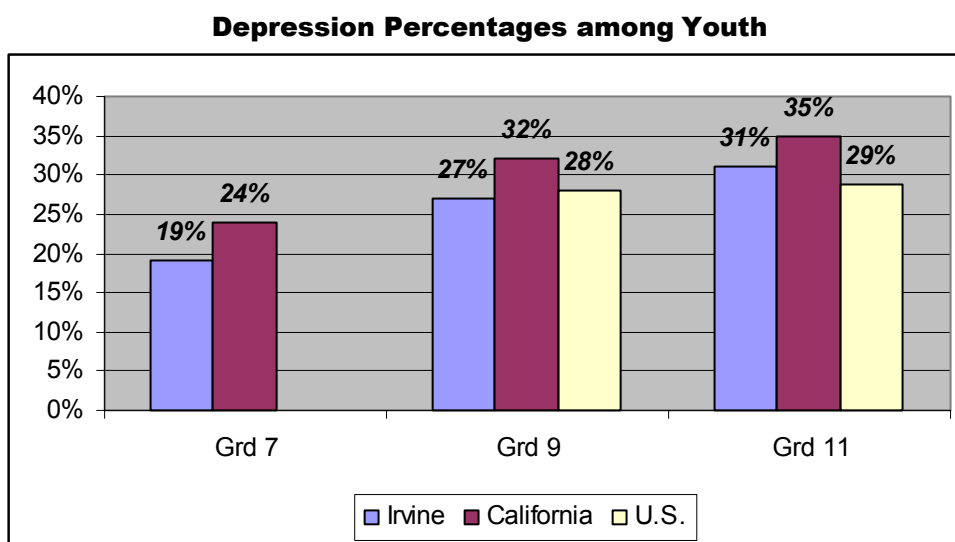
During the 2003 school year, the Healthy Kids Survey indicated that 31% of 11th graders, 27% of 9th graders, and 19% of 7th graders surveyed in Irvine reported that within a twelve-month period they had felt sad and hopeless and "had stopped doing some usual activities" as a result of their feelings. Between 1999 and 2003, feelings of hopelessness were higher for students in all three grades during 1999, with a slight decline in 2001 and an increase in 2003. The levels of sadness and hopelessness in 2003 did not surpass the levels of 1999, but it should be noted that feelings of "depression" increased 9% for 9th graders and 10% for 11th graders between 2001 and 2003.

**4-Year Trend of 7th–11th Graders Reporting Feelings of Depression**



## Putting it into Perspective

According to national findings, at least 7% of young people who experience depression are at high risk of making a serious suicide attempt, particularly when they also use or abuse alcohol or drugs.<sup>47</sup> The percentage of Irvine students in the 7th, 9th, and 11th grades reporting frequent feelings of sadness and hopelessness was similar to the state and national levels. For example, Irvine 11th graders reported feelings of hopelessness at a similar level (31%) to California 11th graders (35%), which is also within the range of national findings (28.9%).<sup>48</sup> Between January and July of 2004, Irvine reported eight suicides for all ages, making up 4% of the County's total suicide rate.<sup>49</sup>



## Related Issues

The Center for Mental Health Services (CMHS) reports that an episode of depression places a child or youth at risk of experiencing another episode within a five-year period. The American Academy of Child and Adolescent Psychiatry has identified suicide as the third leading cause of death among youth ages 15–24, and the sixth leading cause of death for young children ages 5–14.<sup>50</sup> Children and adolescents who experience abuse, neglect, or other traumatic incidents are at higher risk of depression, which in turn increases their susceptibility to experimenting with drugs and alcohol in order to alleviate their stress. According to the National Institute of Mental Health, female youth are more likely to develop depression than male youth. However, when male youth develop depression, they are more likely than female youth to use alcohol and other drugs. In-depth assessment of these children and youth is critical to detect mental health problems and to prevent further development of mental health problems in adulthood.

## Indicator 13: Reports of Child Abuse and Neglect

### County:

The 10th annual Conditions of Children in Orange County report indicated there were 27,704 child abuse registry reports during 2002/03.

### State:

During 2003, a total of 494,708 children received a child abuse referral for one or more allegations. Of the total, 110,684 were substantiated. Source: Center for Social Services Research, University of California Berkeley

### Nation:

In 2002 there were 2.6 million reports of possible child maltreatment.

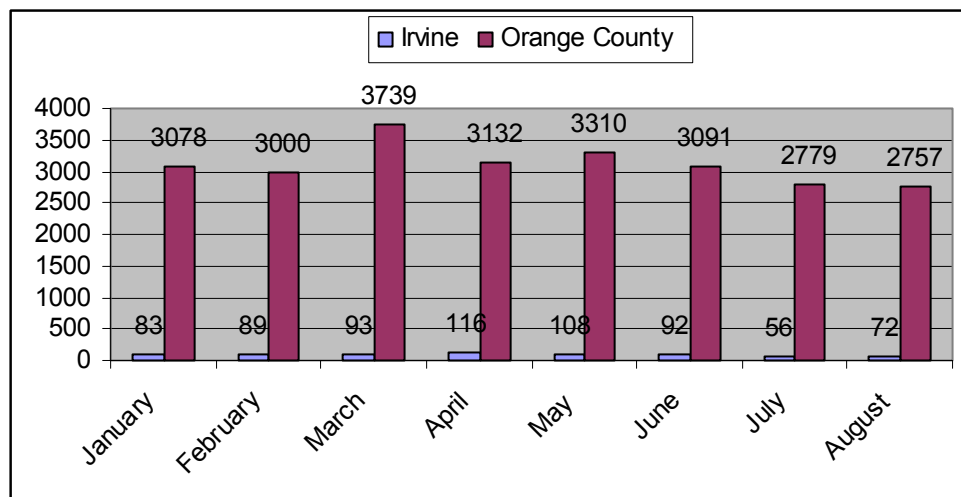
### Explanation

Under the Penal Code section 11165, child abuse is defined as any “physical injury inflicted by other than accidental means on a child by another person.” This definition includes emotional abuse, sexual abuse, and neglect of a child under parental care or in out-of-home care. In Orange County, incoming calls for child abuse and neglect fall into one of four response categories: immediate, ten-day, duplicate, or information only. In the immediate response, it is assumed that the child is in significant danger (such as physical or sexual abuse) and a caseworker responds to the situation immediately. In the ten-day response, it is assumed that the case, although serious, is not severe, and a caseworker is assigned to address the case within 10 days. The information only calls are those in which either a referral was made or child abuse or neglect was not determined.

### Findings

From January through August 2004 there were a total of 709 child abuse and/or neglect calls made from Irvine to the Orange County Social Services Agency.<sup>51</sup> On average there are approximately 3000 child abuse calls made to the county each month, of which approximately 101 involve Irvine residents. With roughly 5% of the County’s population, Irvine totals represent about 3% of the calls.

Monthly Child Abuse/Neglect Calls

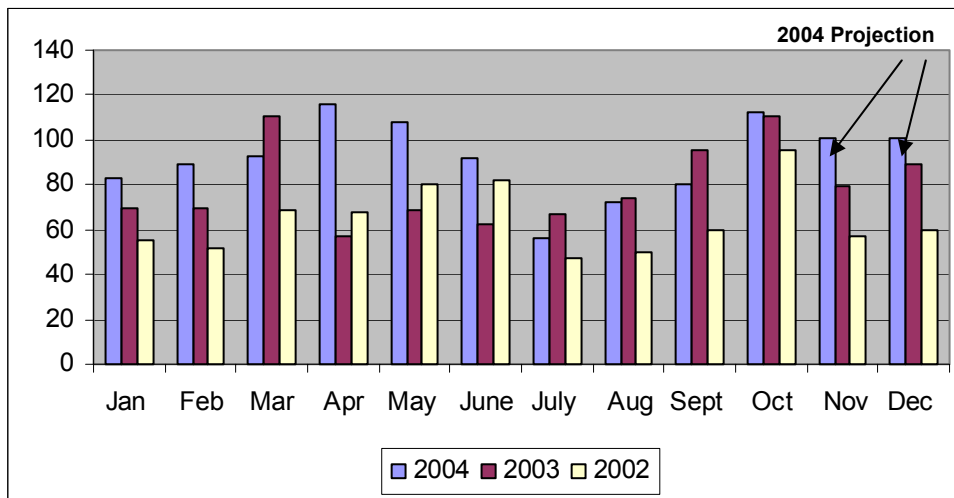


## Putting it into Perspective

Although the exact number of children affected by child abuse and neglect is not accurately recorded, there are several factors that indicate that child abuse remains a serious problem in the United States. Statistics on child fatalities due to abuse and neglect, for example, can make clear the seriousness of child abuse. The National Child Abuse and Neglect Data System (NCANDS) reported 1,400 child fatalities during 2002. The rate of child abuse and neglect fatalities increased from 1.84 per 100,000 in 2000 to 1.96 in 2001 and 1.98 in 2002.<sup>52</sup> In addition, NCANDS indicates that children ages 3 and under are the most likely to become fatalities. In 2002, children under 1 year represented 41% of fatalities, while children 1 through 3 represented 35% of child abuse fatalities. In California during 2002, 44.3% of child abuse and neglect cases were cases of neglect, while 13.2% were cases of physical abuse.<sup>53</sup>

In Irvine, although a detailed breakdown of child fatalities by age and type of maltreatment is not available, county data indicates that the number of child abuse calls has increased over the past three years. In 2003 there were 954 Irvine calls, compared to 775 Irvine calls in 2002. The projected number of calls for 2004 is 1113, based on the rate through August 2004.

**Number of Irvine-Specific Child Abuse Calls by Month**





## Indicator 14: Reports of Domestic Violence

### County:

According to the California Criminal Justice Profile 2002, 12,233 domestic violence-related calls for assistance were made in Orange County.

### State:

In 2002, California law enforcement received 196,569 domestic violence calls, of which 119,850 involved weapons. Source: CA Alliance Against Domestic Violence

### Nation:

According to the National Crime Victimization Survey 2001, there were 700,000 nonfatal violence victimizations committed by significant others nationwide.

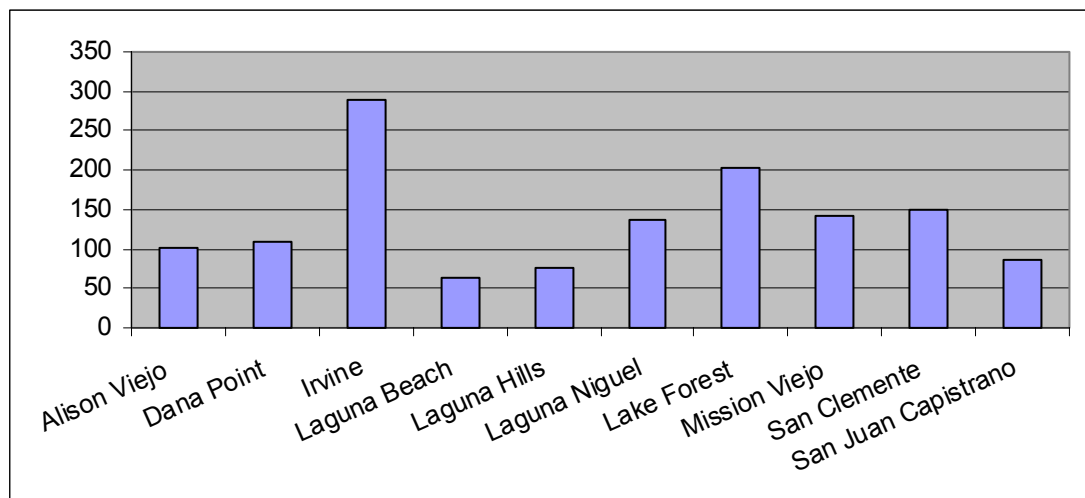
### Explanation

The U.S. Department of Health and Human Services defines domestic violence (DV) as any incident of physical or emotional abuse against an intimate partner such as a spouse or against a family member such as a parent.<sup>54</sup> Although DV situations may involve various types of weapons, the Penal Code Section 13730 does not require that the type of weapon involved in a DV-related encounter be reported.<sup>55</sup>

### Findings

As of 2002, there were 12,233 DV-related calls for assistance in Orange County, with 290 of those calls attributed to a residence in Irvine.<sup>56</sup> Among the South County cities that had domestic-violence related data, Irvine had the highest incidents of DV-related calls, followed by Lake Forest (at 203) with Laguna Beach lowest (at 63).

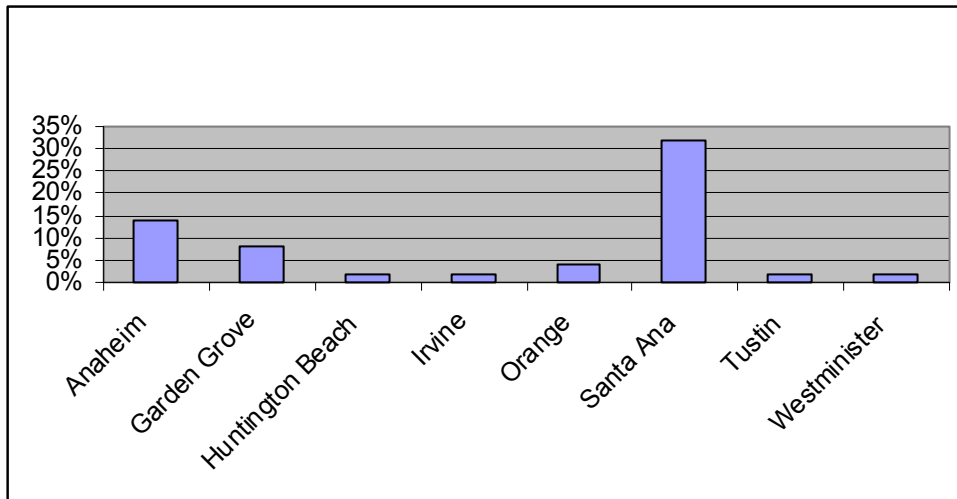
**Domestic Violence-Related Calls for South County Cities**



## Putting it into Perspective

When compared with other large cities, the number of domestic violence-related calls made by Irvine residents in 2002 was similar to the number of calls made by residents of Huntington Beach, Orange, Tustin, and Westminster.

**Domestic Violence-Related Calls Per City  
as a Percentage of Total County Calls in 2002**



## Related Issues

Although domestic violence occurs between adults in a relationship (husband and wife or boyfriend and girlfriend), it has a long-lasting impact on the children who witness it. Children who witness DV in their families have an increased risk of becoming victims of DV or perpetrating it in future relationships.<sup>57</sup> In the short term, children who witness DV are more likely to exhibit behavioral and physical health problems such as depression, anxiety, and aggression. In adolescence, children of DV are also more likely to attempt suicide, abuse drugs and alcohol, commit sexual assault crimes, and run away from home. According to the Family Violence Prevention Fund (FVPF), 3.3 to 10 million children witness DV annually. In a national survey, the FVPF reported that 50% of men who assaulted their wives also abused their children.<sup>58</sup>

## The annual indicators report

A growing number of cities and counties in the United States have developed annual reports on measures of the well-being of their children and families as a means of regularly assessing how these residents are doing. In response to a report to the City Council presented by Children and Family Futures in September 2003, Children and Family Futures received a contract to develop such a report.<sup>59</sup> This document is the first annual version of an indicators report, submitted for reaction from city staff, other local agencies, and community residents.

The indicators discussed here include three types:

1. indicators for which Irvine-specific data is currently available: the fourteen core indicators, selected in consultation with city and school district staff;
2. indicators for which some data is available and from which Irvine-specific data could be extracted; and
3. indicators for which current data is not available, but could be collected with additional resources.

The fourteen indicators presented in the first section of this report include items that measure families' economic well-being, children's health, school achievement, youth participation in community activities, youth behavior, and family stability. Some of this data is collected for the entire community about all children and families; some is collected only about those children and families participating in selected programs. The first group of indicators—community-wide indicators—serve as a better baseline for conditions in the community, while the second group—measures of program performance—are better indicators of the community's response to those conditions. Both groups are combined in the current report to give a broader overview of community conditions and community responses to those conditions.

## The purpose of an annual indicators report

An annual indicators report should not spotlight only positive results, nor should it over-emphasize negative trends. To be credible, the report should present the indicators objectively, and balance its good news with recognition of the areas where the data suggests things are not going well.

Indicators for one city in a single year provide only a snapshot; they have significance only if they are compared with similar indicators for the county and the state over time. A trend line is far more useful than a single-measurement snapshot, and the City's commitment to compiling data over time will be critical. Orange County provides an example of this kind of commitment. Because the County has compiled the Conditions of Children in Orange County report for ten consecutive years, it has accumulated a wealth of trend line data that is now used throughout the County to track changes in basic conditions and progress in children's programs.

If strategic indicators are selected, the value of the indicators report will grow over time. The report will reveal trends in the most significant and measurable areas of children and family life. But the numbers by themselves can only begin a discussion and review of important factors. They cannot identify or resolve the causes of changes in the numbers. They cannot determine whether a trend line, such as an increase in arrests of youth attempting to buy alcohol, is good news (because it shows that enforcement has increased) or bad news (because it documents a growing problem in the community). Accurate analysis and interpretation is also critical.

Community-wide indicators can serve over time as broad feedback on the effectiveness of efforts to prevent problems such as risky behavior by youth or family violence. If youth arrests for drug and alcohol use trend

upward or remain flat, it may be an indicator that prevention programs are not effective; if arrests decline, it may indicate that programs are effective. While many other factors, especially parental influence and enforcement of existing laws, can affect the number of arrests, over time these factors will average out and broad trends can be revealing.

At the community level, an annual indicators report can spark discussion about what the community's broadest goals should be and how they should be measured. An annual forum to review progress and problems illuminated by the indicators can be an opportunity for groups working on issues affecting children, youth, and families to come together to review their shared progress and the challenges that lie ahead. Serious discussion of which indicators are causes and which are symptoms can also spotlight deeper trends that may be obscured in a report on a single issue.

Some communities have defined the community indicators report to include the full range of conditions in a community, with economic, environmental, and business factors included. This current report, focused on children, youth, and families, would make up only a section of a broader community conditions report. The City's Annual Survey represents another tool for monitoring changes over time. In Orange County, at present, both formats are supported by county funding, with the Conditions of Children report and the Community Conditions reports both available through the County. A national overview of these community indicators initiatives is available at [www.sdi.gov/index.htm](http://www.sdi.gov/index.htm).

Finally, the optimum use of an indicators report is in conjunction with information on resources available to address the conditions documented in the report. To focus on *results* without an equal emphasis on *resources* leaves out a critically important part of the equation: what a community does about its measures of children, youth and families. Resources include public agency spending, private organization volunteers, and both public and private programs aimed at improving the conditions spotlighted in an indicators report. These issues were discussed in the framework for a Strategic Plan for Children, Youth, and Families presented to the Council in 2003.

## **Positive indicators vs. problem areas**

Community indicators ideally include a mix of measures of positive conditions or behavior, such as youth graduating from high school or participating in community activities, combined with "deficits" that measure problems, such as children in poverty or youth arrests. Generally, more data is available on deficits than on "assets" or positive behavior. The fourteen indicators selected for this first annual report include three that measure positive conditions (youth fitness and academic progress) and eleven that measure deficits (low birth weight, youth arrests, drug and alcohol use, etc.). This imbalance toward deficit measures can be corrected over time by gathering new data that includes positive indicators; several of the indicators which this report suggests adding in future years would provide more balance between positive and deficit measures. At the federal level, a group has been developing positive measures of family and community connections that can be adapted for local use.<sup>60</sup>

## **Measuring the effectiveness of prevention programs**

As noted in the City's strategic business plan:

It is important to continue to refine evaluation criteria for assessing standards and performance. Performance standards identify what will be measured, how it will be measured, when it will be measured and who will measure it. The evaluation criteria can be used as a basis for measures of productivity and/or cost-benefit. These criteria need to be evaluated on a regular basis to determine their appropriateness and effectiveness as a measurement tool.

The City, the Irvine Unified School District, and other agencies together allocate an estimated \$10 million annually for prevention programs in Irvine, broadly defined as those programs that provide children and youth

with alternatives to risky behavior and that seek positive youth development goals. Measuring the effectiveness of these programs takes place along a wide spectrum, from intensive data collection of true outcomes, to collection of some performance data—measuring what agencies do (for example, hours of services or attendees at workshops), rather than measuring changes in the clients as a *result* of the services. This performance data includes some programs for which the only data collected is a simple head count of participants.

The following items are currently measured by the City, the IUSD, and other agencies that operate or fund prevention programs:

- youth arrest records, and the types of crimes;
- domestic violence incidents;
- reported child abuse incidents;
- enrollment and attendance at sports and recreation programs;
- level of depression among school-aged youth;<sup>61</sup>
- students scoring high in “internal assets” (empathy, goals and aspirations) and “external assets” (participation, caring relationships, and expectations);
- pre- and post-tests of students participating in youth development activities sponsored by the City, such as the Youth Action Team and Teen Forums; and
- volunteer hours of youth participating in specific city-sponsored programs.

While these indicators are currently available, they are not compiled in any one place, and there is no guarantee that the separate agencies that collect this data will continue to do so in the absence of an interagency agenda for assessing youth programs’ effectiveness.

In addition, a selective survey of students and teachers involved with the Irvine Prevention Coalition was conducted in 2003 (as discussed in the September 2003 report which CFF submitted to the Coalition). This survey’s findings were especially significant regarding perceived drug and alcohol use in Irvine. Depending upon the feasibility of using citywide citizen surveys or youth surveys, further use of such a survey of informed stakeholders can serve as an excellent way to monitor shifts over time in the attitudes of informed observers of prevention programs, even though it is not an accurate sampling technique.

A major source of data on Irvine school-aged children and youth attitudes and practices regarding health and use of alcohol, tobacco, and other drugs (ATOD) is contained in the biennial survey conducted in the schools under the auspices of the statewide Healthy Kids initiative.<sup>62</sup> As of Fall 2004, the California Department of Education requires administration of the Healthy Kids survey every two years by all districts that accept federal Safe and Drug Free Schools and Communities funding, in compliance with No Child Left Behind, or state Tobacco Use Prevention Education funds. There are more than three dozen separate data items included in the survey, with trend lines that go back to 1998-99 for some indicators. These indicators are used by the IUSD staff in monitoring the impact of in-school prevention programs. A recent report to the Board of Education emphasized the efforts being made to shift resources toward “evidence-based programs” that meet federal standards in demonstrating a positive impact on risky youth behavior.<sup>63</sup> In addition, the District conducts a separate evaluation on its federal grant for violence prevention activities.

As a supplement to IUSD surveys of students’ attitudes toward ATOD, Police Department data includes some data on actual ATOD use in recorded juvenile arrests, diversions in lieu of arrests, and categories of offenses. In 2003, a total of 597 arrests of Irvine-residing juveniles took place, compared with 623 the year before. Of these, 39 were alcohol-related and 47 more were drug-related (a small number involved both alcohol and illegal drugs). In addition to arrests, the IPD diverts a number of youth who are detained for alcohol-related problems, referring them to community agencies for services, although it is not possible to separate out the number of such diversions that are drug- and alcohol-related.

For programs operated or funded by the City, the primary performance data collected is simply a count of the number of youth served. There is some limited use of pre- and post-tests for specific programs, but only for those youth selected to participate or who attend on their own. Although the City's strategic business plan refers to the value of measuring citizen satisfaction using surveys, no plans are under way to conduct such a survey on youth attitudes or the impact of youth programs beyond those already done by the IUSD. City staff are aware of the value of compiling outcomes data rather than services data, but the resources are not available to collect outcomes data, in their view.

Despite the range of available data on prevention programs, the city and its partners, notably IUSD, do not conduct any jointly-operated overall review of this data to determine which prevention programs need changes in design, implementation, or resources. This lack of analysis of outcomes and effectiveness data is characteristic of the great majority of cities and counties at present. Yet the references in the city's business plan and other materials to tracking indicators over time, the citizen satisfaction surveys regularly undertaken, and other data collection efforts make it clear that Irvine aspires to improvements in assessing the effectiveness of its programs. Addressing the gap between this aspiration and current resources allocated to this goal is an important challenge to city policymakers. The following sections of this report discuss resources and data collection options in more detail.

## **Options for additional surveys**

The 2004 Strategic Business Plan for Irvine states:

The satisfaction of our community's citizens is the ultimate goal of our mission. The measure of a community's satisfaction can be obtained through periodic surveys. The last survey of Irvine's citizens was performed in 2001, with positive results. City staff will continue to survey the community in the future and report the findings in this publication.

In September 2004, findings from a citywide survey of 500 Irvine residents were presented by True North, a survey research firm. While it did not include detailed questions on children and family issues, it contained several items that relate to children and youth use of city services and facilities by children and youth and parents' views of some city services. This survey is discussed in greater depth in Appendix 1.

The IUSD Healthy Kids student surveys have been an excellent resource in the past, identifying trend lines over several years. A shift will take place in 2005 to a "passive consent" system in which parents will receive a letter notifying them of the survey administration, and if parents do not want their student to take the survey, they must sign the form to withdraw them. This may improve the accuracy of the sample of children by widening responses.

A separate citywide children and youth-specific survey could add several useful items to the indicators list, including:

- attitudes about city programs serving children, youth, and families; and
- perceptions of the prevalence of risky behavior by youth (as covered in the smaller Irvine Prevention Coalition survey on drug and alcohol use in 2003, which was conducted on a one-time basis).

A further resource that may be useful in a high Internet-use location such as Irvine is the possibility of conducting online surveys. Young people could participate in such a survey, and could even learn the essentials of survey research and perform community service by designing, administering, and analyzing the survey. Other efforts could involve youth in organizing and recording the results of focus groups and community forums as a means of collecting opinions from their peers about local services, facilities, and needs.

## Additional indicators

To summarize the available data and potentially useful indicators, the three categories include:

- a. **Data currently available:** the fourteen indicators included in the draft indicators report
- b. **Data collected but requiring additional resources to analyze:** additional indicators compiled from the Healthy Kids survey and City data on youth participation in current programs, including:
  1. Data on student resilience;
  2. Data on the relationship between physical fitness and academic performance;
  3. Data on youth arrests and follow-ups concerning recidivism;
  4. Data on how graduates of school readiness programs perform in elementary school, compared with similar students who were not involved in school readiness programs; and
  5. Comparisons of youth participating in City and IUSD programs with all youth in the City.
- c. **Data not collected at present:** The highest priority items for data that is not currently collected, in our view, include:
  1. current data on the use of Earned Income Tax Credit in Irvine;
  2. additional data on lower-income families based on a survey of subsidized housing residents, especially tenure (as a measure of stability), changes in income over time, and number of children and ages;
  3. data on children and family areas of residence in Irvine (using apartment locations or school data disaggregated by individual schools);
  4. monthly or quarterly monitoring of regularly collected County data on child abuse reports and children placed in foster care;
  5. monthly monitoring of incident reports involving underage drinking;
  6. information on high school graduates' enrollment in higher education after graduation, and their success over time in receiving two- and four-year diplomas (a version of this was previously conducted by the IUSD but it has been discontinued);
  7. how students who are participating in youth recreation and youth development activities compare with the citywide student population (as a means of determining how those not participating in youth-oriented activities may differ from those who are involved);
  8. Attitudes of parents toward underage drinking and their willingness to allow their children to drink in their own homes; and
  9. Compliance of local retail establishments with efforts to reduce underage drinking (which would assume that either local officials or county staff, in conjunction with the State Department of Alcoholic Beverage Control, are monitoring these practices on a regular basis).

In gathering feedback on this report, a number of additional indicators were recommended by city staff and elected officials, including

- Data on the prevalence of adolescent smoking
- Data on injuries to children
- Data on mobility and accessibility of transportation
- Data on overcrowding in housing
- Data on children living in affordable housing units
- Data on the well-being of senior citizens

## **Additional methods of collecting data**

Seven primary options are available to enrich the data collection efforts now under way:

1. Collect additional data from participants in city programs; for example, gather information on socio-demographic characteristics of a sample of participants in city recreation programs on a regular basis;
2. Add new indicators to city agency performance data, such as repeat police calls to homes where underage drinking is detected;
3. Conduct an annual survey of city youth on their attitudes toward city programs and services and on their current behavior, as was done in the Irvine Prevention Coalition's ATOD survey in 2003;
4. Conduct an annual survey of adults similar to the 2004 resident survey but with additional specific questions about children and family services and issues;
5. Over-sample in Irvine when surveys such as the Orange County Health Needs Assessment (conducted every three years) is undertaken, so that a statistically accurate sample of Irvine residents can be derived from countywide surveys;
6. Work more closely with county agencies to expand and refine data available from county sources; and
7. Work more closely with the School District on data items of value both to the City and to the District; for example, collect data from area hospitals about attempted suicides, or review underage drinking incidents and school traffic and parking policies. The City and the School District could also review the Healthy Kids survey and discuss ways of improving it, such as increasing response rates through incentives if necessary; involving City agencies in an annual review of the questions and responses; and including youth themselves in this process (WestEd, the organization that conducts the Healthy Kids surveys, offers a workshop for youth who want to help conduct the survey).

## **Resources for collecting and analyzing data**

City and IUSD staff are understandably cautious about the possibility of being tasked to gather added data from clients, given their current workloads and responsibilities. In recognition of this concern, it may be useful to review methods used by other cities and counties to collect and analyze richer data than the locality currently compiles.

1. Academic resources are an option in a city such as Irvine with numerous 2- and 4-year colleges and universities based in the City or having satellite campuses and faculty based here. In the same way that the County has sub-contracted its annual Conditions of Children report through a request for proposals, a similar RFP process could be used by the City.
2. Local nonprofit organizations, such as Families Forward and the Community Service Programs, Inc., in some cases already collect data on Irvine socio-economic conditions, and this data could be shared with the City more frequently. These include regional and statewide organizations that assist nonprofit agencies to prepare for the increasing emphasis upon outcomes measures as a requirement of state and federal funding.<sup>64</sup>
3. The City could deepen its information resources through changing the data requirements of city and county contracts with provider agencies. For example, it could add a requirement that Commission on Children and Family grantees in Irvine collect income data on a cross-section of their clients; it could also require that agencies serving youth diverted from arrests report on the characteristics of their youth clients over time. A special issue faced by family support organizations is how well they can document the enrollment of their clients in programs and services to which they have been referred—especially those that provide income support or in-kind benefits, such as health care or nutrition assistance, as discussed in the September 2003 report to the Council.



4. The need to follow clients into the community once they have been “discharged” or no longer use the agency’s resources is an ongoing challenge faced by many nonprofits and public agencies. A recent publication by the Urban Institute discussed methods of gathering such data.<sup>65</sup>
5. There is a wealth of county data available that can be disaggregated to review Irvine specifics, as shown in the 14 core indicators, which include county data on probation, CalWORKs enrollments, and child abuse reports. Beyond these items, there are other county and state data elements relevant to children and family conditions that would be useful to review at least annually. These include:
  - a. Additional details on child abuse reports—the number of substantiated reports, follow-up with families who are voluntarily enrolled in the system, foster care placements, and adoptions.
  - b. Aggregate (not individual) data on Irvine residents referred to or using county services, such as drug and alcohol treatment, probation services, mental health services, developmental disabilities services, and other services related to children and families.

A wider effort to work with the County could also be the focus of inter-city efforts that would be more effective if more than one city were involved. In Montgomery County, Maryland, an excellent website has been developed that allows “take-out” data for specific cities in the County to be compiled at the website, which is [www.fcfc.montco.org/indicators/default.asp](http://www.fcfc.montco.org/indicators/default.asp). Through this approach, the City and other interested cities would subcontract their portion of an annual indicators report to the County, perhaps in conjunction with the Commission on Children and Families, which is a major sponsor of the annual Conditions of Children report.

### **Costs of collecting data on additional indicators**

It is difficult to estimate the cost of compiling an annual indicators report, since much of the material needed is already collected by city, county and school district, but is not compiled or analyzed in the form suggested by this report. The Orange County Conditions of Children report costs \$82,000 annually, based on a contract with the Orangewood Foundation and a subcontract with Cal State Fullerton’s Center for Community Collaboration. Base data is collected by county agencies and forwarded to the University on a specified schedule each year. An oversight group of the Children’s Services Coordinating Committee supervises the annual compilation and review of the report. Printing costs make up a sizable portion of the costs of the contract.

If the responsibility were kept internal to the city government, our estimate is that spread across an entire year, the range of staffing costs would be between .75 and 1.25 full-time workers, including costs for IUSD staff to compile data from the school district. This would cost approximately \$45-75,000, exclusive of benefits and fringes. Administrative support might add an additional \$10,000. If the work were contracted out to a local or regional firm, the costs would be comparable, plus whatever overhead would be charged by a firm.

Surveys can range from over \$100,000 for a citywide phone survey with a sample size of 500-1,000, to as little as \$10,000 for staffing and analyzing an on-line survey. Adding more modules to the ongoing surveys done by IUSD is not expensive, but would require additional time to administer the surveys in classrooms in elementary, middle, and high schools, as they are done at present.

### **An annual forum**

Finally, an annual convocation of Irvine agencies serving children and families could review the agencies’ data collection methods, the extent to which true outcomes measures are available and collected, and the broad base of information resources in Irvine. Such convocation could be under the auspices of the Irvine Prevention Coalition or some other umbrella organization, or convened by the City and the IUSD jointly, together with the Irvine Public School Foundation. Similar to the annual countywide community forum held in connection with the release of the Conditions of Children report, such a session would spotlight data issues and their policy implications in Irvine.

The Prevention Coalition has served as an excellent forum for reviewing *programs*, but it is less often a forum for discussion of *policy* issues, such as the need for stronger enforcement measures for underage drinking or the overall effectiveness of prevention programs. The issue of what measures should be used across the community to inform the city's residents about the effectiveness of prevention programs has not been a focus of Coalition action. Nor has the Coalition ever inventoried the total financial and human resources devoted to prevention programs across the City, county, IUSD, and private agencies.

## **Summary of recommendations**

To summarize, our recommendations fall into four areas:

1. the need for additional indicators, from data already collected and from new sources of data, with decisions on which items will be added during the first year of data collection;
2. the need for additional methods of collecting more and better data, including additional survey information;
3. the need for a resources and funding strategy for the annual indicators report; and
4. the possibility of an annual forum to review the indicators report in a public setting.

An interagency group, working under the direction of the City Manager, should be assembled to review these recommendations and the content of this indicators report, and prepare staff-level responses for the Council and public to review. Appendix 2 suggests several of the issues that this review might address.

There are three important tests of how seriously an indicators report is taken by its sponsoring local government:

- whether the indicators report is commissioned on a multi-year basis or simply as a one-time event;
- whether a commitment exists to refine data sources and to add new indicators over time, based on feedback from residents, youth, and the organizations serving them; and
- whether a credible forum is created that allows a useful public discussion about the significance of trends in the indicators collected.

The resources and commitment exist among child- and family-serving organizations in Irvine to meet all three of these tests, with adequate leadership and sustained interest from the City government and its partners in serving children, youth, and their families.

## **City Resident Satisfaction Data from 2004 Survey**

The survey conducted by True North which was released in September 2004 included 500 adult residents surveyed in June 2004. The questions about attitudes toward city services included 28 specific services, two of which refer to senior citizens specifically, but none of which mention youth. Those services most identified with children and youth included “provide a variety of recreation programs” and references to the goal of “maintain parks.”

In answer to a question about recent participation in recreation programs, 31% of respondents said that they had participated in the last twelve months; 52% of those attended a program focused on children, 22% attended a program for families, and 18% attended a program for teens. Satisfaction was highest for programs for children under the age of 13. A total of 37.7% of respondents had one or more children under the age of 18 living at home.

Overall satisfaction with city services is very high, with 95% of residents indicating satisfaction with overall city performance. Reviewed by income (of the 500 respondents, 10.4% reported income under \$35,000 and 10.9% reported income between \$35,000 to \$50,000), satisfaction with services overall was lower for the two lowest income groups, but still at very high levels of satisfaction (89.3% positive for under 35K and 92.4% for 35-50K, compared with 95% among all respondents).

It is interesting to compare the responses of participants aged 18 to 24 to those of the entire sample, even though they represent only 90 of the 500 total respondents. Citywide, 59% of total respondents rated the overall quality of life in Irvine as excellent; the corresponding number among 18- to 24-year-olds was 52%. Only 5% of the total number of respondents rated the quality of life as negative (“fair” or “poor”), while 10% of 18- to 24-year-olds rated it as negative.

### **Major Issues Emerging from the 14 Indicators**

If a citywide forum were held to review the fourteen indicators, these questions could be used to guide the discussion:

1. How do the City and IUSD budgets reflect the priority of these fourteen indicators as targets of city and IUSD resources? Which indicators are or could be the focus of specific budget allocations that are assessed annually based on whether the indicators move in the desired direction? More directly, what budget decisions are informed by—or could be informed by—these indicators?
2. How significant are the indicators measuring alcohol, tobacco, and other drug use among youth in Irvine? The extent of underage (and thus illegal) drinking appears to involve a significant number of students, especially compared with the relatively small number of arrests connected with that use.
3. How significant are the self-reported depression-like symptoms of nearly one-third of all responding students?
4. How should publicly funded prevention programs be assessed according to these or other indicators of the effectiveness of prevention programs?
5. Which of the proposed additional indicators should be given priority for new resources, as a means of strengthening the array of indicators in future reports?
6. Do these indicators taken as a whole reflect an adequate commitment to performance measures and outcomes-based accountability? State and federal funding streams are shifting toward greater emphasis on these forms of accountability for results, rather than measurement of inputs and outputs.
7. Does the relative absence of indicators measuring the extent of family economic stress among lower-income families in Irvine adequately reflect the importance of these problems? This issue is discussed further in the June 2004 report on poverty issues.

## Glossary

1. ATOD: Alcohol, tobacco, and other drugs
2. AAP: American Academy of Pediatrics
3. CDE: California Department of Education
4. CFPA: California Food Policy Advocates
5. CHSEE: California High School Exit Exam
6. CalWORKs: California Work Opportunity and Responsibility to Kids
7. CDC: Centers for Disease Control and Prevention
8. CMHS: Center for Mental Health Services
9. CFF: Children and Family Futures
10. DHHS: Department of Health and Human Services
11. DV: Domestic violence
12. FVPF: Family Violence Prevention Funds
13. FAS: Fetal alcohol syndrome
14. IPD: Irvine Police Department
15. IUSD: Irvine Unified School District
16. LBW: Low birth weight
17. NCANDS: National Child Abuse and Neglect Data System
18. NCLB: No Child Left Behind act
19. NIC: National Institute of Corrections
20. NSLP: National School Lunch Program
21. OJJDP: Office of Juvenile Justice and Delinquency Prevention
22. ROP: Regional Occupational Program
23. STAR: Standardized Testing and Reporting
24. SAMHSA: Substance Abuse and Mental Health Services Administration
25. SIDS: Sudden infant death syndrome
26. TANF: Temporary Assistance for Needy Families
27. YAT: Youth Action Team

# Notes

- <sup>1</sup> The U.S. Department of Agriculture, Food, Nutrition, and Consumer Services  
<http://www.fns.usda.gov/cnd/governance/notices/iegs/IEGs04-05.pdf>
- <sup>2</sup> The California Department of Education <http://www.cde.ca.gov/nr/ne/yr03/yr03rel36.asp>
- <sup>3</sup> California Food Policy Advocates <http://www.cfpa.net/press/>
- <sup>4</sup> California Department of Health Services; Center for Health Statistics; Birth Profiles by Zip Code, California 2002  
<http://www.dhs.ca.gov/hisp/chs/OHIR/Publication/ZipCodeTables/bzips02.xls>
- <sup>5</sup> The Department of Health and Human Services; Centers for Disease Control and Prevention  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5127a1.htm>
- <sup>6</sup> Social Support During Pregnancy Can Affect Fetal Growth And Birth Weight  
<http://www.hbns.org/newsrelease/social9-22-00.cfm>
- <sup>7</sup> Child Trends <http://www.childtrends.org/Files/FAAG2003.pdf>
- <sup>8</sup> The Right Start for America's Newborns <http://www.aecf.org/kidscount/rightstart2003/>
- <sup>9</sup> The Right Start for America's Newborns [http://www.aecf.org/kidscount/rightstart2003/2000\\_state\\_rankings.pdf](http://www.aecf.org/kidscount/rightstart2003/2000_state_rankings.pdf)
- <sup>10</sup> California Department of Health Services; Teen Birth Rates and Annual Percent Change by County and Year, CA 2000 to 2002  
[http://www.mch.dhs.ca.gov/documents/pdf/00\\_02%20press%20release%20teen%20birth%20rates%204-16-02.pdf](http://www.mch.dhs.ca.gov/documents/pdf/00_02%20press%20release%20teen%20birth%20rates%204-16-02.pdf)
- <sup>11</sup> Institute on Women and Substance Abuse <http://cdar.uky.edu/iowasa/index.html>
- <sup>12</sup> Institute on Women and Substance Abuse <http://cdar.uky.edu/iowasa/abuse/pregnancy.html>
- <sup>13</sup> The President's Council on Physical Fitness and Sports [http://www.fitness.gov/physical\\_activity\\_fact\\_sheet.html](http://www.fitness.gov/physical_activity_fact_sheet.html)
- <sup>14</sup> Organized sports and Preadolescents <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;107/6/1459>
- <sup>15</sup> California Physical Fitness Test [http://data1.cde.ca.gov/dataquest/PhysFitness/PFTest\\_Dst\\_2003.asp?cSelect=3073650^--^IRVINE^UNIFIED-000&cYear=2003-04&cChoice=PFTest3&RptNumber=0&Pageno=1](http://data1.cde.ca.gov/dataquest/PhysFitness/PFTest_Dst_2003.asp?cSelect=3073650^--^IRVINE^UNIFIED-000&cYear=2003-04&cChoice=PFTest3&RptNumber=0&Pageno=1)
- <sup>16</sup> City of Irvine website <http://www.ci.irvine.ca.us/depts/cs/comm Parks/cparks/default.asp#>
- <sup>17</sup> The Irvine Community Services <http://www.ci.irvine.ca.us/pdfs/cs/classreg/Fall2004/ChildrensActivities.pdf>
- <sup>18</sup> Electronic Data from staff at Irvine Community Services. October 25, 2004
- <sup>19</sup> California Department of Education News Release. December 10, 2002 <http://www.cde.ca.gov/nr/ne/yr02/yr02rel37.asp>
- <sup>20</sup> California Standardized Testing and Reporting (STAR) Program <http://star.cde.ca.gov/star2004/aboutSTAR.asp>
- <sup>21</sup> California Department of Education <http://www.cde.ca.gov/nr/ne/yr04/yr04rel72.asp>
- <sup>22</sup> California Standardized Testing and Reporting (STAR) Program; Irvine Unified School District  
<http://star.cde.ca.gov/star2004/viewreport.asp>
- <sup>23</sup> An explanation from education professionals or data analysts who have looked at this pattern is needed and will be sought for future reports.
- <sup>24</sup> As California compiles standardized numbers, the dropout and graduation rates are no longer computed the same way. Therefore, the graduation rate and the drop out rate will not add up to 100%.
- <sup>25</sup> California Department of Education <http://data1.cde.ca.gov/dataquest/DistEnr2.asp?TheName=Irvine+&cSelect=3073650--IRVINE+UNIFIED&cChoice=DistEnrGrd&cYear=2003-04&cLevel=District&cTopic=Enrollment&myTimeFrame=S&submit1=Submit>
- <sup>26</sup> California Department of Education <http://data1.cde.ca.gov/dataquest/Distgrad2.asp?cYear=2002-03&cSelect=3073650--IRVINE^UNIFIED&cChoice=DstGrad2&level=District>
- <sup>27</sup> California Department of Educations <http://cahsee.cde.ca.gov/ExitSchList.asp?cSelect=3073650^--^Irvine^Unified-000&cYear=2003-04&TestType=E&cAdmin=C&tDate=000000&Pageno=1>
- <sup>28</sup> California Department of Education  
<http://data1.cde.ca.gov/dataquest/ASPGraph3.asp?Level=District&cName=IRVINE^UNIFIED&cCode=3073650>

- 
- <sup>29</sup> 2004 Orange County Community Indicators
- <sup>30</sup> Electronic mail from regional staff as of October 20, 2004
- <sup>31</sup> California Department of Justice <http://caag.state.ca.us/cjsc/datatabs.htm>
- <sup>32</sup> Orange County Probation Department; Business Plan 2004 <http://www.ocgov.com/Probation/businessplan/businessplan2004.PDF>
- <sup>33</sup> Data obtained through electronic mail from the Manager at the Research Division of Orange County Probation Department as of October 22, 2004
- <sup>34</sup> California Juvenile Delinquency Data, December 2003. Administrative Office of the Courts, Center for Families, Children, and the Courts. [http://www.courtinfo.ca.gov/programs/cfcc/pdffiles/JSA\\_Delinq\\_FS5.pdf](http://www.courtinfo.ca.gov/programs/cfcc/pdffiles/JSA_Delinq_FS5.pdf)
- <sup>35</sup> California Juvenile Statistical Abstract; December 31, 2002 <http://www.courtinfo.ca.gov/programs/cfcc/pdffiles/1.29.pdf> and Juvenile Probation Department's Caseloads by type and sex and county <http://www.courtinfo.ca.gov/programs/cfcc/pdffiles/1.30.pdf>
- <sup>36</sup> The American Medical Association [http://www.ama-assn.org/ama1/pub/upload/mm/388/alcoholism\\_treatable.pdf](http://www.ama-assn.org/ama1/pub/upload/mm/388/alcoholism_treatable.pdf)
- <sup>37</sup> The U.S. Department of Health and Human Services and SAMHSA's National Clearinghouse for Alcohol and Drug Information <http://www.health.org/govpubs/rpo992/>
- <sup>38</sup> Multiple-Year Comparison of District and State Data – California Healthy Kids Survey
- <sup>39</sup> The Healthy Kids report in 2003 found that of the students surveyed, 5% of 7<sup>th</sup> graders, 14% of 9<sup>th</sup> graders, and 30% of 11<sup>th</sup> graders used alcohol during the past thirty days. We have added mid-point estimates for 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders to derive the total estimate of 2,476, which represents 19% of Irvine youth in these age cohorts. We have also assumed that private school students (who are 5.3% of 7<sup>th</sup>-12<sup>th</sup> graders in Irvine), use alcohol in the same proportion as public school students. The higher number of 3,576 is based on findings from the national surveys of more than 15,000 youth by the Youth Risk Behavior Scale, and applies only to Irvine 9-12 graders.
- <sup>40</sup> Consequences of Underage Alcohol Use <http://www.health.org/govpubs/rpo992/>
- <sup>41</sup> The U.S. Department of Health and Human Services and SAMHSA's National Clearinghouse for Alcohol and Drug Information <http://www.health.org/govpubs/rpo992/>
- <sup>42</sup> Multiple-Year Comparison of District and State Data – California Healthy Kids Survey
- <sup>43</sup> Adolescent Drug Use <http://www.usdoj.gov/ndic/pubs07/716/adolesc.htm>
- <sup>44</sup> Grunbaum, et al: Morbidity and Mortality Weekly Report. May 21, 2004, Vol.53, No. SS-2 <http://www.cdc.gov/mmwr/pdf/ss/ss5302.pdf>
- <sup>45</sup> The National Center for Injury Prevention and Control. Youth Violence: Fact Sheet <http://www.cdc.gov/ncipc/factsheets/yvfacts.htm>
- <sup>46</sup> National Mental Health Association [http://www.nmha.org/children/green/child\\_depression.cfm](http://www.nmha.org/children/green/child_depression.cfm)
- <sup>47</sup> Depression in Children and Adolescents. September 2000; National Institute of Mental Health <http://www.nimh.nih.gov/healthinformation/depressionmenu.cfm>
- <sup>48</sup> California Healthy Kids Survey (Health); California Student Survey [http://www.wested.org/chks/pdf/cssinchksformat03\\_04.pdf](http://www.wested.org/chks/pdf/cssinchksformat03_04.pdf); and Youth Risk Behavior Survey <http://www.cdc.gov/mmwr/PDF/SS/SS5302.pdf>
- <sup>49</sup> Orange County Chapter of Light for Life Foundation of Southern California; Yellow Ribbon Suicide Prevention Program. Electronic Mail dated August 2004. An age breakdown for Irvine's suicide rate has been requested.
- <sup>50</sup> American Academy of Children and Adolescent Psychiatry <http://www.aacap.org/publications/factsfam/suicide.htm>
- <sup>51</sup> Orange County Social Services Agency; Children and Family Services, Child Abuse Statistics <http://www.oc.ca.gov/ssa/CFSSStats/CFSSStats.htm>
- <sup>52</sup> The U.S. Department of Health and Human Services, Administration for Children and Families <http://nccanch.acf.hhs.gov/pubs/factsheets/fatality.cfm>
- <sup>53</sup> Child Maltreatment 2002 <http://www.acf.dhhs.gov/programs/cb/publications/cm02/cm02.pdf>
- <sup>54</sup> The National Child Abuse and Neglect Data System Glossary <http://www.acf.hhs.gov/programs/cb/dis/ncands98/glossary/glossary.htm>
- <sup>55</sup> California Criminal Justice Profile 2002; Orange County [http://justice.hdcdojnet.state.ca.us/cjsc\\_stats/prof02/30/14.pdf](http://justice.hdcdojnet.state.ca.us/cjsc_stats/prof02/30/14.pdf)
- <sup>56</sup> California Criminal Justice Profile 2002; Orange County [http://justice.hdcdojnet.state.ca.us/cjsc\\_stats/prof02/30/14.pdf](http://justice.hdcdojnet.state.ca.us/cjsc_stats/prof02/30/14.pdf)

---

<sup>57</sup> National Center for Injury Prevention and Control; Intimate Partner Violence: Fact Sheet

<http://www.cdc.gov/ncipc/factsheets/ipvfacts.htm>

<sup>58</sup> Family Violence Prevention Funds <http://endabuse.org/programs/display.php3?DocID=77>

<sup>59</sup> An earlier report under this current contract was submitted to the City in June 2004, covering children and poverty issues in Irvine.

<sup>60</sup> <http://aspe.hhs.gov/hsp/connections-charts04/>

<sup>61</sup> This indicator on depression is a critically important measure of youth well-being. The question that was asked was “During the past 12 months, did you ever feel so sad and hopeless almost every day for two weeks or more that you stopped doing some usual activities?” Of 7<sup>th</sup> graders, 19% said yes, of 9<sup>th</sup> graders, 27% said yes, of 11<sup>th</sup> graders, 31% said yes. As worded, that is the clinical definition of depression, so the response seems quite serious, though it is at levels close to countywide and statewide percentages. The trend line over the past four years, during which the question has been asked in three different surveys in 1999, 2001, and 2003, is mixed among 5<sup>th</sup>, 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders, but with increases at all grade levels from 2001 to 2003 in students indicating some depression. The survey also includes questions about students’ internal resiliency and external resilience, on which scores varied widely among the four grades tested and over the three surveys. The only pattern that appeared significant was a decrease in students’ ratings of supportive school environments at all four grade levels from 2001 to 2003.

<sup>62</sup> The value of this survey may be improving even beyond its current utility, since what has been a parental consent based on “opt-in,” i.e., parents had to choose for their children to be surveyed, will be changing next year to a “passive consent, opt-out” procedure in which parents will need to take affirmative steps to have their children excluded. Under current procedures, a total of 43.6% of the students in the surveyed grades were included in the survey in 2003.

<sup>63</sup> A recent article from the publication *Prevention File* reviewed the status of DARE and other prevention programs which are not assessed as evidence-based; Los Angeles City (where DARE originated), San Diego County, and several other cities in California have recently reduced or withdrawn their commitment to DARE funding due to its lack of demonstrated effectiveness in numerous studies. Current costs of the DARE program in Irvine are estimated at \$200,000 annually, in addition to the classroom academic time it requires. “Down on DARE,” *Prevention File*, Vol. 19, No. 3. Summer 2004.

<sup>64</sup> The Governor’s Performance Review report issued in July 2004 emphasized wider use of performance measures and outcomes as a means of ensuring that state funding to local projects is used effectively. This emphasis suggests that local organizations that are not collecting outcomes data on their clients may be increasingly at risk in an environment of tighter state and federal funding. <http://www.report.cpr.ca.gov/>

<sup>65</sup> R. Nayyar-Stone and H. Hatry, (2003) “Finding Out What Happens to Former Clients” [part of a series on Outcomes Management for Nonprofit Organizations] Washington, D.C.: The Urban Institute.