

ORANGE COUNTY CARE COORDINATION COLLABORATIVE FOR KIDS

Trend Report

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Support for OC C3 for Kids provided by:



OC C3 FOR KIDS TREND REPORT

A new collaborative group has been formed to develop an improved care coordination system for children with special health care needs (CSHCN) in Orange County, California. This collaborative, called **Orange County Care Coordination Collaborative for Kids (OC C3 for Kids)**, includes representatives from key agencies that provide medical, social, and case management services for young children and families in Orange County (See Appendix A for a listing of participating agencies). The collaborative is being led by Help Me Grow Orange County.¹

OC C3 for Kids established an overarching goal for this effort:

To improve overall care for children and families with special health care needs by creating a collaborative care coordination system in Orange County.

Additionally, the following objectives were identified:

- Achieve better life-long results, with more patient and family satisfaction
- Develop greater effectiveness to reduce unnecessary procedures and provide better overall care for all Orange County children
- Learn from the process and results to:
 - Identify innovative solutions to known medical, social, and economic risk factors
 - Support CSHCN programs that already exist to achieve greater efficiencies
 - Target individuals and groups to involve in care coordination
 - Use data to implement policies that streamline the care coordination system
- Create a sustainable system of care coordination for CSHCN and their families

Through funding from The Lucile Packard Foundation for Children's Health (LPFCH), OC C3 for Kids embarked on an 18-month process to further develop the countywide collaborative. Four specific goals are defined for the 18-month grant period:

Goal 1: To identify the specific needs of the Orange County care coordination collaborative starting with children birth to 5 years of age who have special health care needs (CSHCN) and their families.

Goal 2: To determine the organizational structure of the Orange County care coordination system for children birth to five years with special health care needs (CSHCN) and their families.

Goal 3: To conduct a pilot of the proposed Orange County Care Coordination model to validate the efficacy and refine team based development of procedures, tools, costs and processes before full implementation.

Goal 4: To create and implement a sustainability plan to secure resources to implement a care coordination countywide system with scalability and potential to expand to other age groups.

¹ Help Me Grow Orange County is a CHOC/UCI Neurodevelopmental program dedicated to improving outcomes for children birth to five years of age.

Acknowledgements

The authors want to acknowledge the contributions of those who assisted with data collection and review for this report. Members of the collaborative OC C3 for Kids, including Help Me Grow Orange County, the Early Developmental Assessment Centers at CHOC Children's and University of California, Irvine, California Children's Services, Regional Center of Orange County, and County of Orange Social Services Agency, provided data on the populations of children with special health care needs they serve. Data were also accessed from kidsdata.org, the California Department of Education website, and the Orange County Community Indicators Report, 2011. The County of Orange Health Care Agency also provided data and analysis, along with the Children and Families Commission of Orange County, which provided data and text from a Health Care Access report prepared June 2013, and MOMS Orange County. One of the first activities of OC C3 for Kids was to identify key trends in Orange County that relate to children with special health care needs and their families. The following pages describe trends related to Orange County's child population, with a focus on children from birth to age five, along with potential risk factors, and children with special health care needs.

One of the first activities of OC C3 for Kids was to identify key trends in Orange County that relate to children with special health care needs and their families. The following pages describe trends related to Orange County's child population, with a focus on children from birth to age five, along with potential risk factors, and children with special health care needs. Appendix B provides the underlying data tables for these charts and graphs.

BACKGROUND INFORMATION

Child Population Characteristics

In 2010, there were 729,272 children birth to age 17 in Orange County. Of these, 31%, or 226,849, were ages five and younger (kidsdata.org). Nearly half (46%) of children under age 17 were Hispanic/Latino; 32% were White; and 16% were Asian American (as cited on www.kidsdata.org, U.S. Census Bureau, American Community Survey, accessed on June 25, 2013). See Figures 1 and 2.

CHILD POPULATION, ORANGE COUNTY: 2005-2007 - 2009-2011

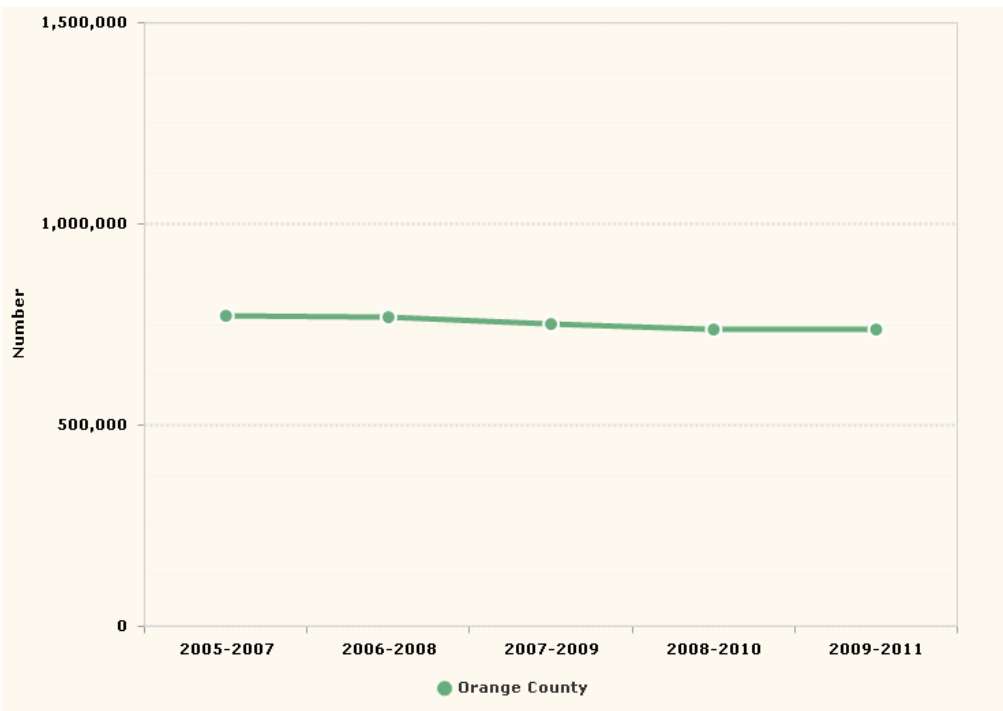


Figure 1

Definition: Estimated population ages 0-17.

Data Source: U.S. Census Bureau, American Community Survey. Accessed at <http://factfinder2.census.gov> (Dec. 2012).

CHILD POPULATION, ORANGE COUNTY, BY RACE/ETHNICITY: 2010

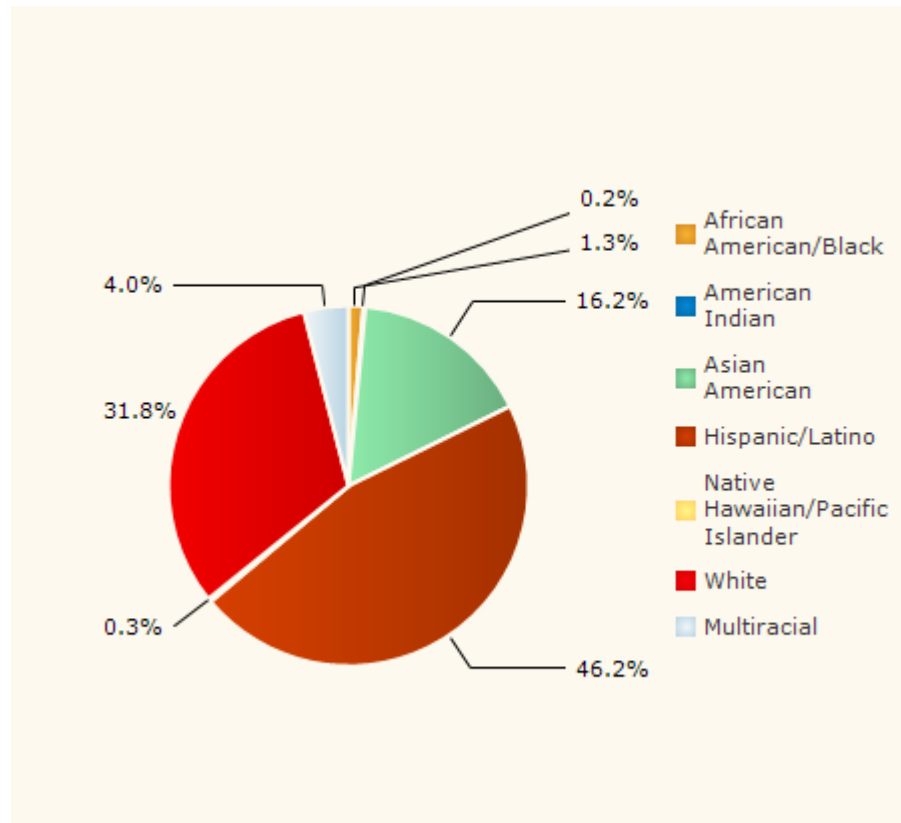


Figure 2

Definition: Percentage of the population under age 18, by race/ethnicity.

Data Source: California Department of Finance, *Estimates of Race/Ethnic Population with Age and Gender Detail, 1990-1999, 2000-2010*. Accessed online at <http://www.dof.ca.gov/research/demographic/data/> (October 2012).

31% of Orange County’s children are age five or younger.

Births

Births in Orange County have decreased 15% in the past 10 years (Figure 3). According to projections by the California Department of Finance, births are projected to increase somewhat in this decade (Figure 4).

BIRTHS BY YEAR, ORANGE COUNTY

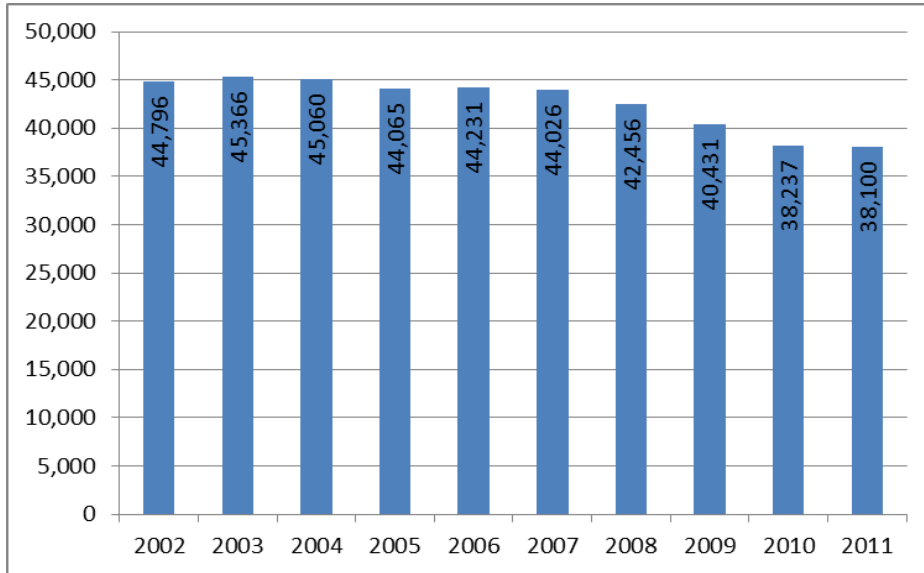


Figure 3

Source: <http://www.dof.ca.gov/research/demographic/reports/projections/births/>

PROJECTED BIRTHS BY YEAR, ORANGE COUNTY

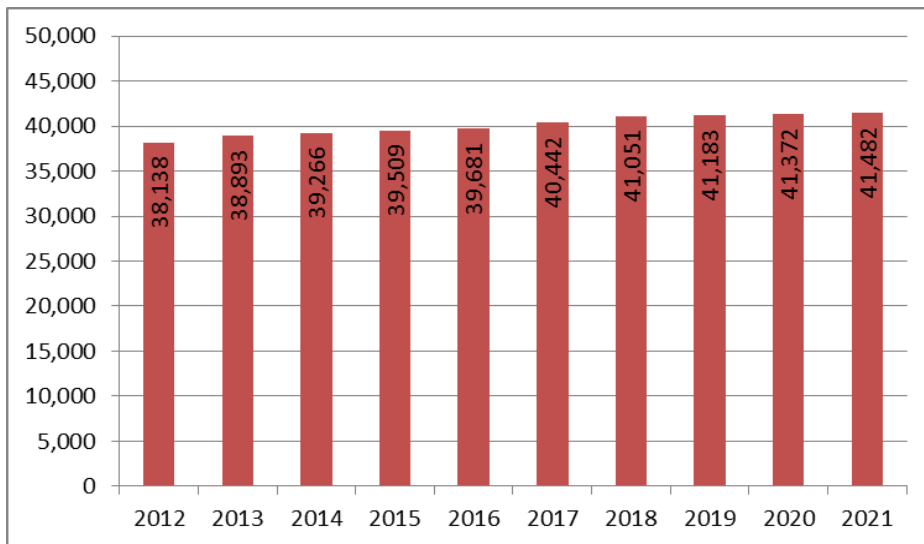


Figure 4

Source: <http://www.dof.ca.gov/research/demographic/reports/projections/births/>

Maternal Age

At more than 56%, the majority of births in Orange County in 2011 were to mothers between the ages of 25 and 34, with births to women ages 30-34 comprising the largest share (30%). The smallest share of births was to women age 45 and older (0.09%) and under age 15 (0.4%). In Orange County, approximately 6% of births are to mothers ages 19 and younger. See Figure 5.

The number of births decreased between 2009 and 2011 for women under age 30 and between 35 and 39; while the number of births increased for women between 30 and 34 and over 40 (Figure 6). The birth rate for women between ages 15 and 30 decreased between 2009 and 2011. Birth rates stayed about the same for women under age 15, ages 30-34 and ages 40-44. Birth rates increased slightly for women ages 35-39 and 45 and over (Figure 7).

PERCENTAGE OF TOTAL BIRTHS BY MATERNAL AGE, ORANGE COUNTY, 2011

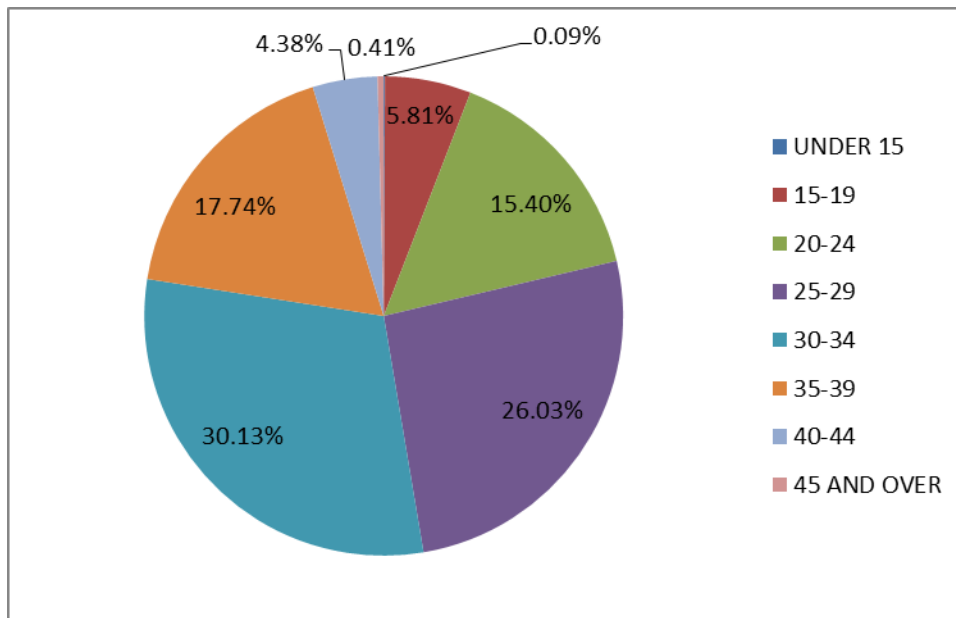


Figure 5

For All Maternal Age Data:

Source: State of California, Department of Public Health, Birth Records

Population Source 2009: State of California, Department of Finance, Race/Hispanics Population with Age and Gender Detail, 2000–2010. Sacramento, California, September 2012.

Population Source 2010-2011: State of California, Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060. Sacramento, California, January 2013.

Prepared by: County of Orange, Health Care Agency, April 2013/RM

NUMBER OF BIRTHS BY AGE OF MOTHER, ORANGE COUNTY, 2009-2011

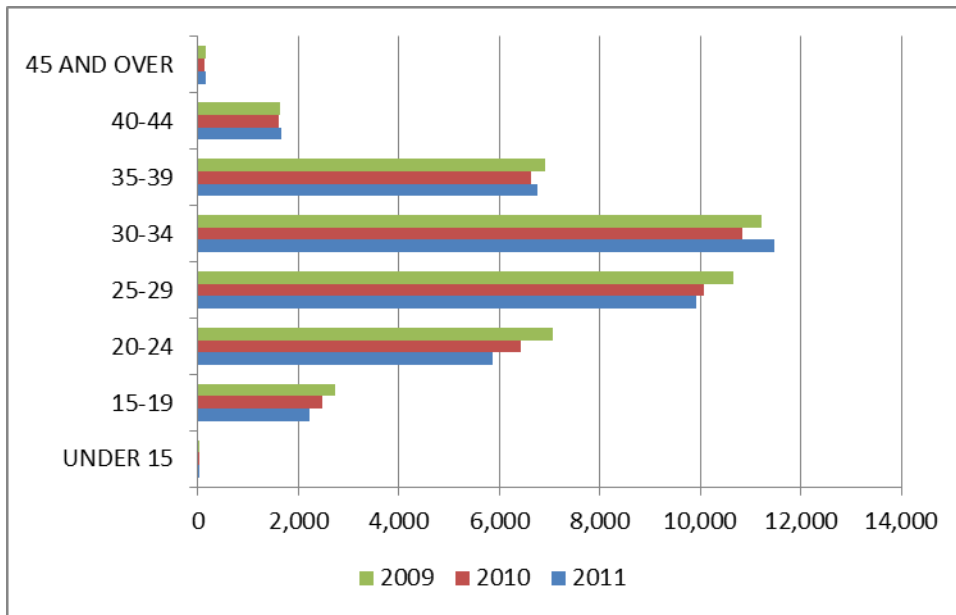


Figure 6

BIRTH RATE BY AGE OF MOTHER, ORANGE COUNTY, 2009-2011

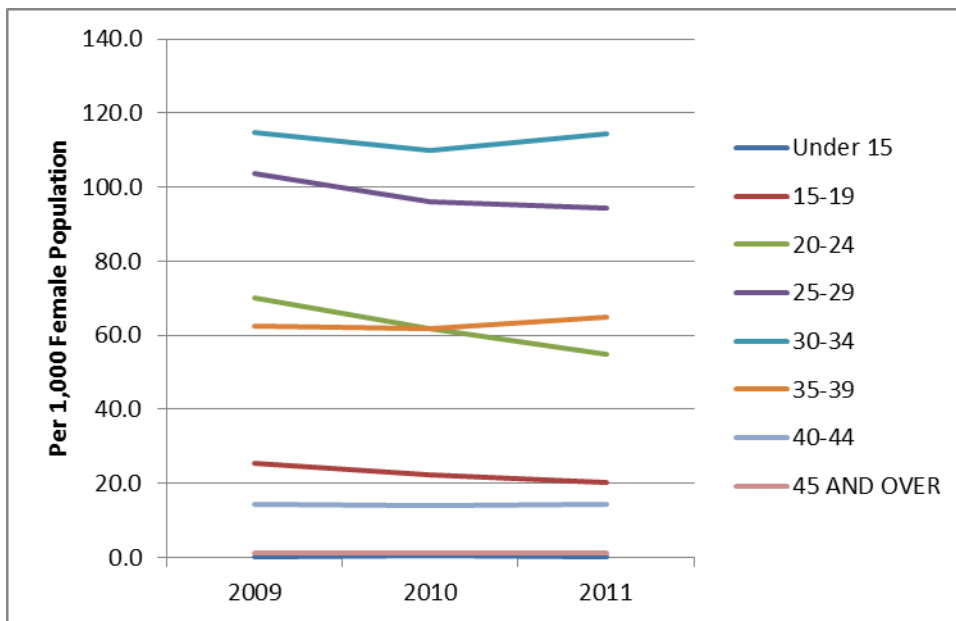


Figure 7

BIRTH AND BIRTH RATE BY AGE OF MOTHER, ORANGE COUNTY, 2009-2011

YEAR	TOTAL	BIRTHS BY AGE OF MOTHER								
		UNDER 15	15-19	20-24	25-29	30-34	35-39	40-44	45 AND OVER	UNKNOWN
2009	40,431	34	2,730	7,074	10,669	11,232	6,904	1,635	145	8
2010	38,237	36	2,479	6,431	10,082	10,839	6,631	1,609	123	7
2011	38,100	34	2,215	5,868	9,917	11,479	6,758	1,667	158	4

YEAR	BIRTHS BY AGE OF MOTHER, Rate per 1,000 Female Population								
	UNDER 15 ²	15-19	20-24	25-29	30-34	35-39	40-44	45 AND OVER ³	
2009	0.3	25.3	70.1	103.7	114.7	62.3	14.3	1.2	
2010	0.4	22.4	61.7	96.1	109.9	61.8	14.1	1.1	
2011	0.3	20.1	54.9	94.3	114.3	64.9	14.4	1.4	

Note: Birth rates are live births per 1,000 female population in specified age group. For women under 15, the birth rate is calculated using female population 10-14 years of age. For women 45 years and over, the birth rate is calculated using female population 45-49 years of age.

The majority of births in Orange County are to mothers between the ages of 25 and 34.

Insurance Coverage

Most children in Orange County are covered through private insurance (employer-provided, direct purchase, or through the military's TriCare insurance), and one-third of children are covered by public insurance (Medicare, Medi-Cal or other means-tested public insurance, or the military's Veteran's Affairs insurance). Eight (8%) of children ages 17 and younger are uninsured. See Figure 8. (*Analysis from the Children and Families Commission of Orange County, Health Care Access Report, 2013*)

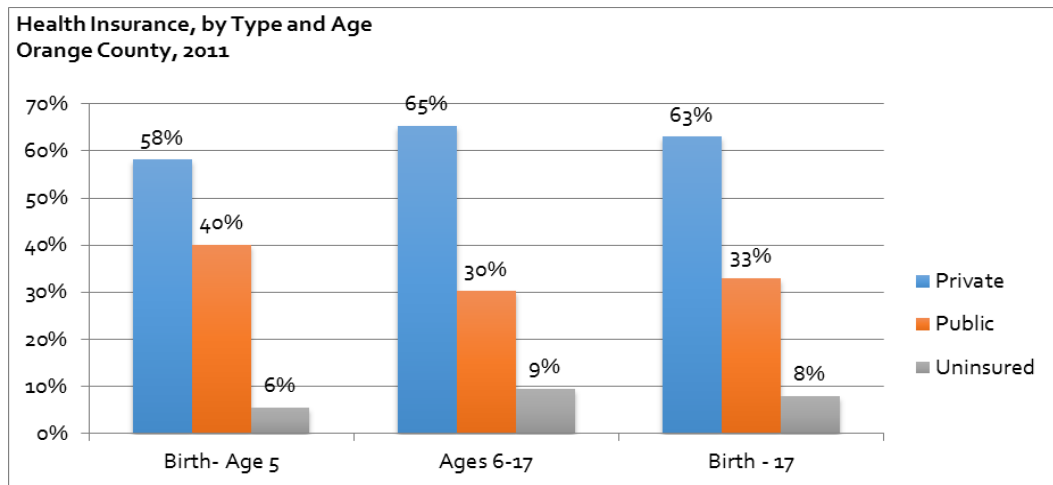


Figure 8

Note: Children can be insured in more than one type of health insurance, thus percentages add up to more than 100%.

Source: U.S. Census, 2011

Most Orange County children (63%) are covered by private health insurance. Eight percent are uninsured.

Between 2009 and 2011, the percentage of uninsured children in Orange County decreased from 10.4% to 8.2% of the total child population. Since the percentage of children with private insurance fell over this period, the decline in uninsured can be attributed to an increase in the percentage of children who are covered by public insurance, which rose from 26.8% in 2009 to 30.4% in 2011. (*Analysis from the Children and Families Commission of Orange County, Health Care Access Report, 2013*)

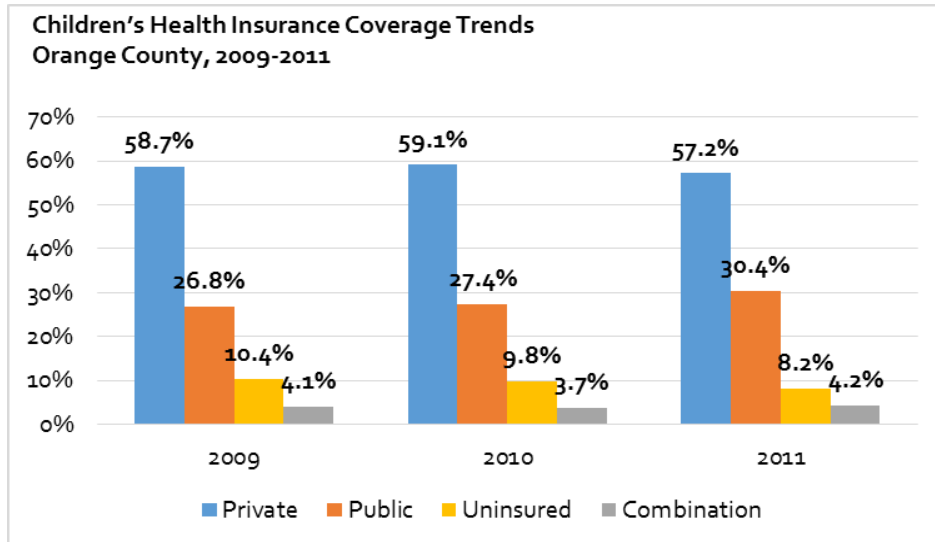


Figure 9

Source: U.S. Census, 2011

One-third of Orange County's children are covered by public health insurance (33%).

POTENTIAL RISK FACTORS

Prenatal care, maternal health behaviors and health status at birth may impact the health issues faced by children as they grow, and may be of special significance for children with special health care needs. Premature or low birth weight infants may face serious health problems as newborns and are at increased risk of long-term disability and impaired or delayed development. The following trends in potential risk factors are important to understand in the context of improving care coordination and the system of care for children with special health care needs, particularly the population aged birth to five years old.

Late or No Prenatal Care

The percentage of total births where prenatal care was not begun during the first trimester of pregnancy has hovered at 10% in the past 10 years, ranging from a low of 8.3% in 2005 to a high of 11.5% in 2009. See Figure 10.

PRENATAL CARE NOT BEGUN DURING THE FIRST TRIMESTER ORANGE COUNTY, 2002-2011

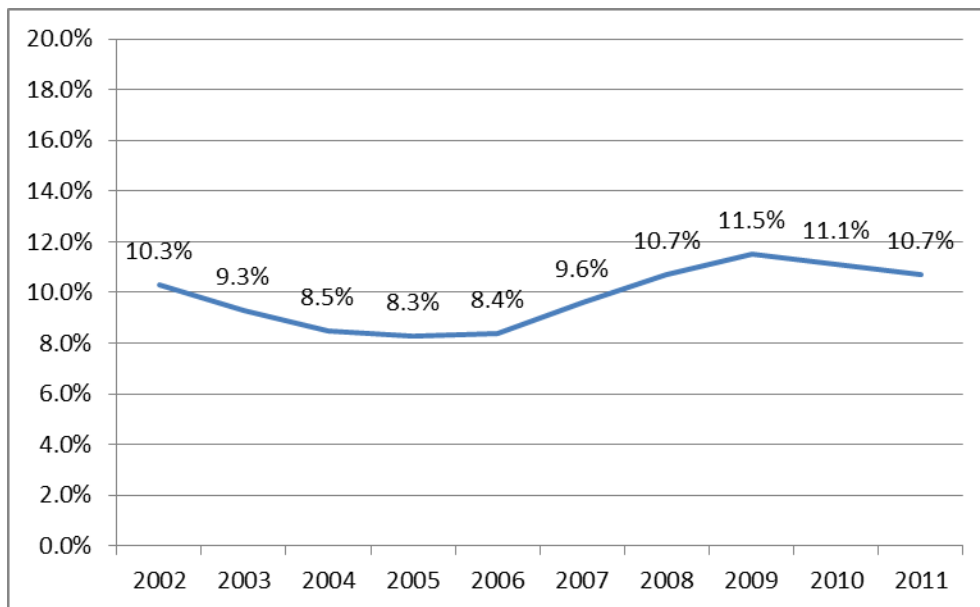


Figure 10

Source: County Health Status Profiles

<http://www.cdph.ca.gov/programs/ohir/Pages/CHSPPriorReports.aspx>

Low and Very Low Birth Weight

In terms of total numbers, low birth weights decreased 5% and very low birth weights decreased 21%, along with the countywide decline in overall births (Figure 11). In terms of low birth weights as a percentage of all births, the percentages have remained fairly constant over 10 years, with low birth weights increasing from 5.1% to 5.5% of total births and very low birth weights decreasing from 1.0% to 0.9% of total births between 2001 and 2010 (Figure 12).

NUMBER OF LOW WEIGHT BIRTHS, ORANGE COUNTY, 2001-2010

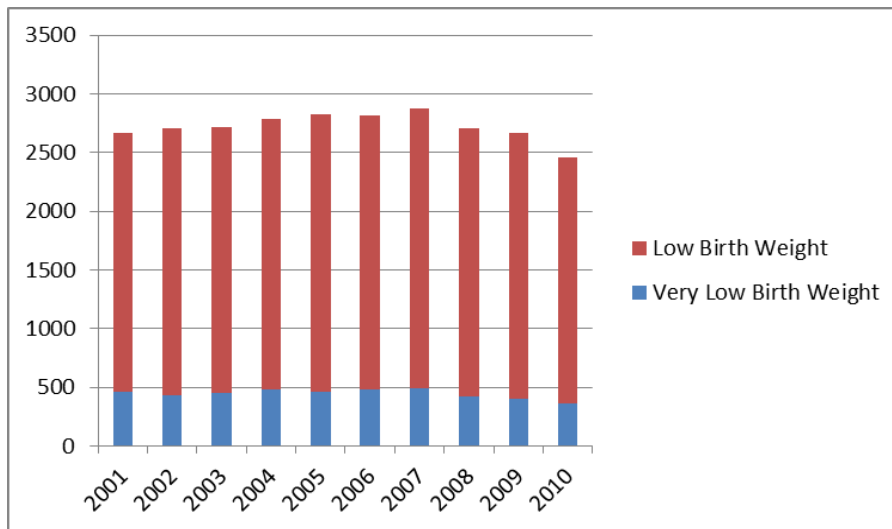


Figure 11

Source: 18th Annual Report on the Conditions of Children

LOW WEIGHT BIRTHS AS A PERCENTAGE OF TOTAL BIRTHS, ORANGE COUNTY, 2002-2010

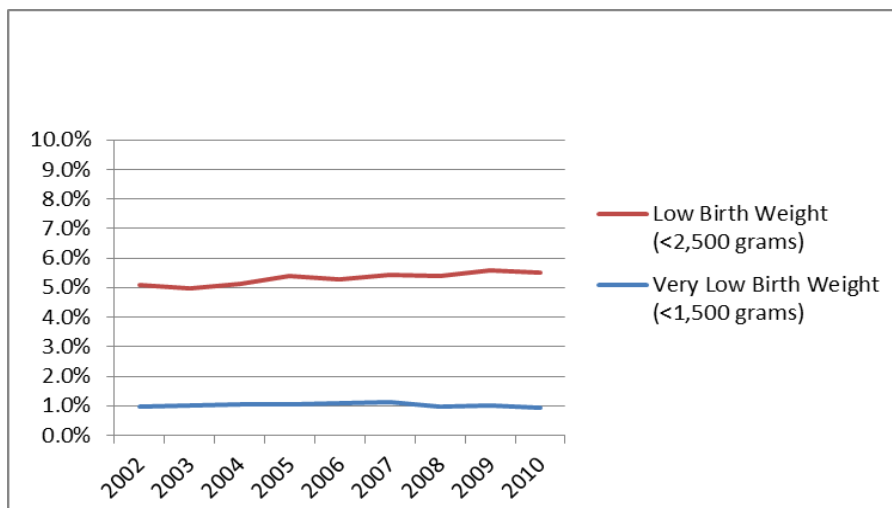


Figure 12

Source: 18th Annual Report on the Conditions of Children

Preterm Births

Total number of preterm births (between 17 and 36 weeks) have declined from 4,591 in 2001 to 3,450 in 2010. Preterm births as a percent of total births has also declined from 10.1% (2001) to 9.1% (2010). See Figure 13.

NUMBER AND PERCENT OF PRETERM BIRTHS, ORANGE COUNTY, 2001-2010

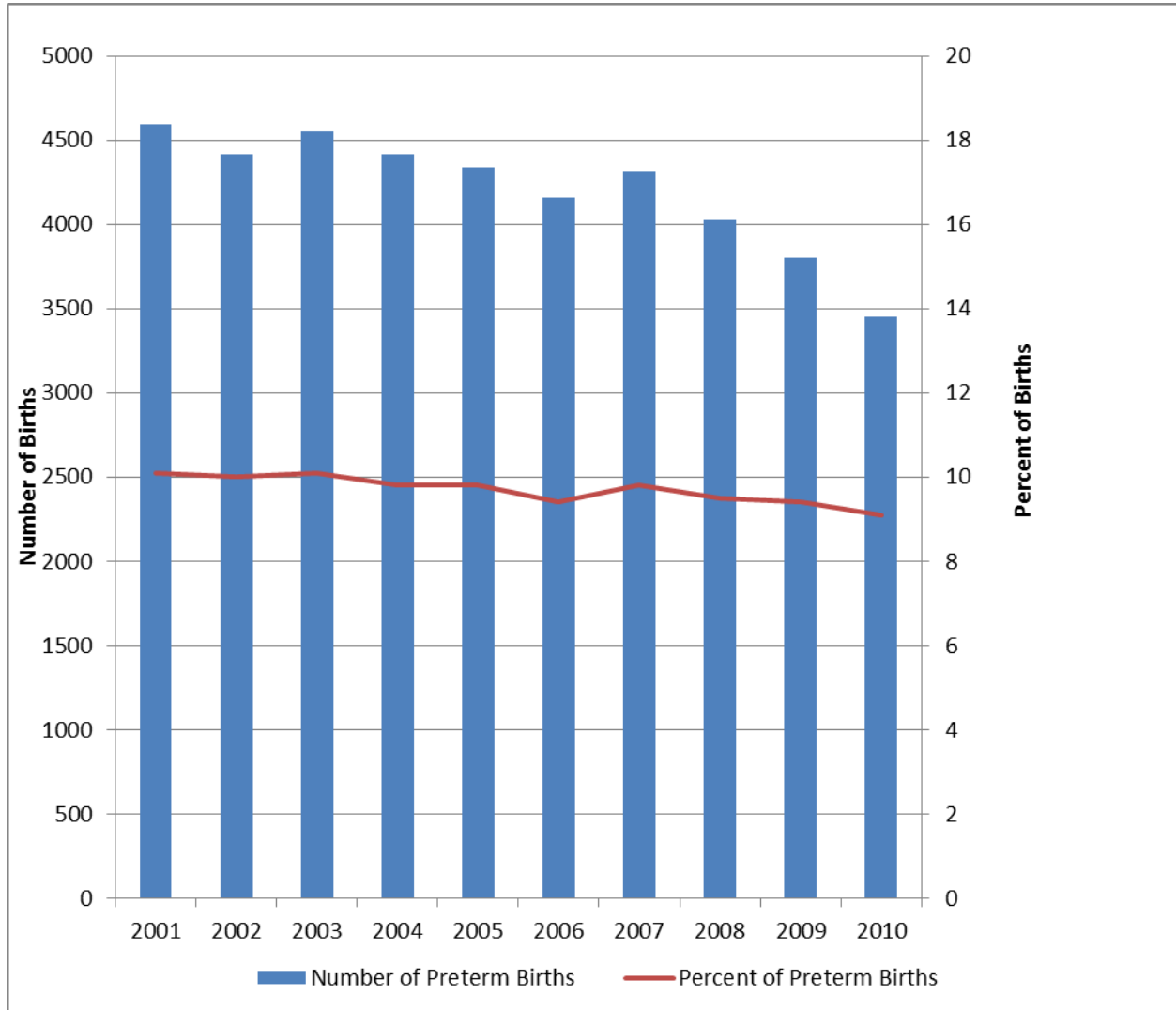


Figure 13

Source: 18th Annual Report on the Conditions of Children

Birth Outcome

The following text and charts include information about birth outcomes for children born in Orange County, including both “point in time” data for 2010 as well as trend data for 2002–2010. The overall trend in birth outcomes is provided as well as detailed information about the type of outcome and length of hospital stay based on outcome.

Overall Trend

The percentage of newborns with a diagnosis at discharge indicating some level of special care required has increased over the past 10 years (Figure 14).

BIRTH OUTCOME: SOME LEVEL OF SPECIAL CARE REQUIRED ORANGE COUNTY, 2002-2010

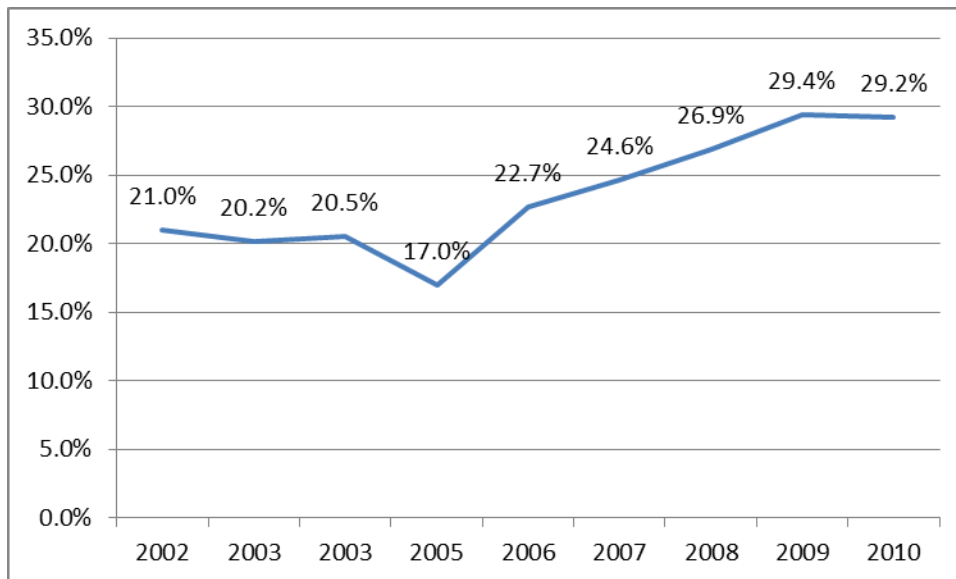


Figure 14

Source: Office of Statewide Health Planning and Development; data provided by MOMS Orange County

A greater percentage of Orange County newborns require some level of special care at hospital discharge than 10 years ago.

Birth Outcome Detail and Hospital Stay, 2010

While approximately 70% of babies born in Orange County in 2010 were classified as normal newborns, the remaining 30% had some type of problem and required additional care in the hospital. Extreme immaturity and premature births accounted for 7.4% of the births; however, 22.6% of full term babies also had some sort of problem and required a longer hospital stay. Babies who were born extremely early or had respiratory distress syndrome had an average hospital stay of 44 days. This is compared to 2.1 days for normal newborns.

Birth Outcome and Average Hospital Stay (in Days)			
Orange County, 2010			
	Number of Births	Percent of Births	Average Stay (Days)
Extreme Immaturity or Respiratory Distress Syndrome	445	1.2%	44.0
Premature with major problems	700	1.8%	20.0
Premature without major problems	1,722	4.4%	5.7
Full term neonate with major problems	1,485	3.8%	6.4
Neonate with other significant problems	7,266	18.8%	2.5
Normal newborn	27,073	70.0%	2.1

Source: *Inpatient Hospital Discharge Report, Office of Statewide Planning and Development, analysis from the Children and Families Commission of Orange County, Health Care Access Report, 2013*

Note: Premature is defined as 37 weeks or less.

Birth Outcome – Outcome Detail and Hospital Stay, 2002-2010

Between 2002 and 2010, the number of neonates born with significant problems increased 53%, while the number of newborns born “normal” decreased 23%. The number of children born with extreme immaturity or respiratory distress syndrome has remained relatively constant. See Figure 15.

Additionally, the length of the average hospital stay has remained relatively constant for normal newborns and neonates with other significant problems. However, for premature babies without major problems, the average length of stay increased 39%, from 4.1 days in 2002 to 5.7 days in 2010. This amounts to an annual average increase of 4%. Similarly, babies born extremely premature are now staying in the hospital 21% longer, from 36.5 days in 2002 to 44.0 days (a 2% average annual increase). See Figure 16.

While there has been a steady decline in the number of births in the county, there has been an overall increase in the percent of newborns utilizing Neonatal Intensive Care Units (NICU) (Figure 17).

BIRTH OUTCOME

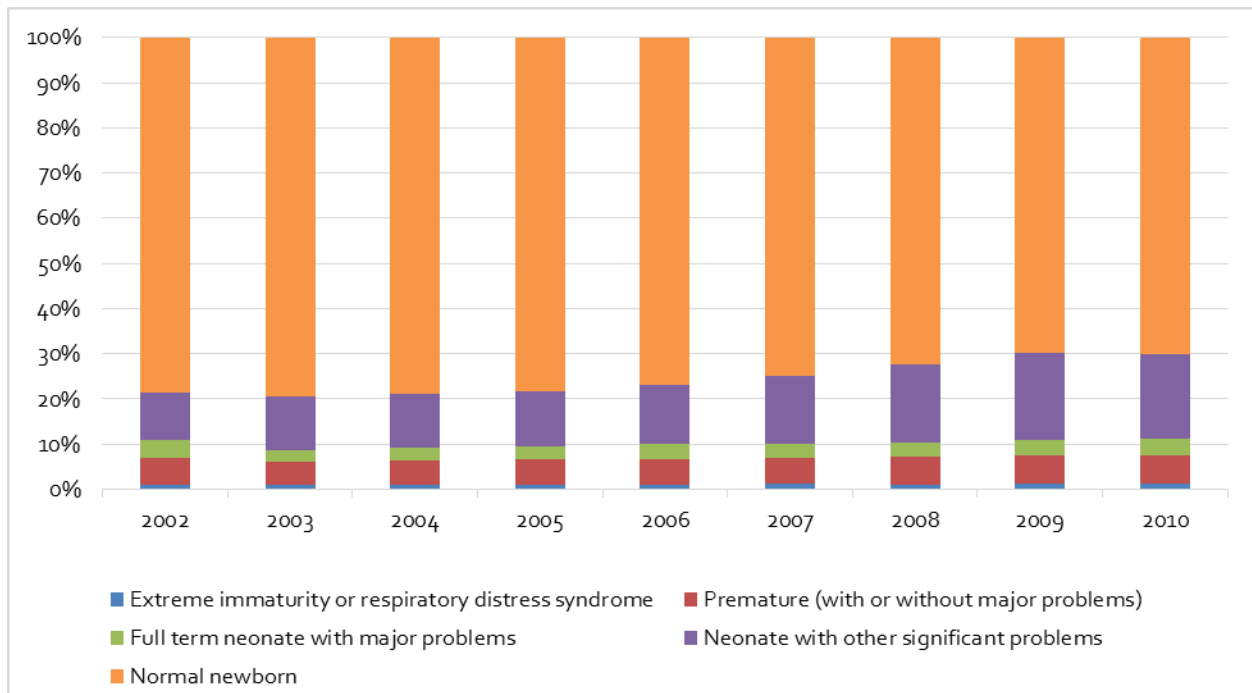


Figure 15

Source: Inpatient Hospital discharge Report, Office of Statewide Planning and Development

AVERAGE LENGTH OF NEONATAL HOSPITAL STAY (DAYS), ORANGE COUNTY, 2002-2010

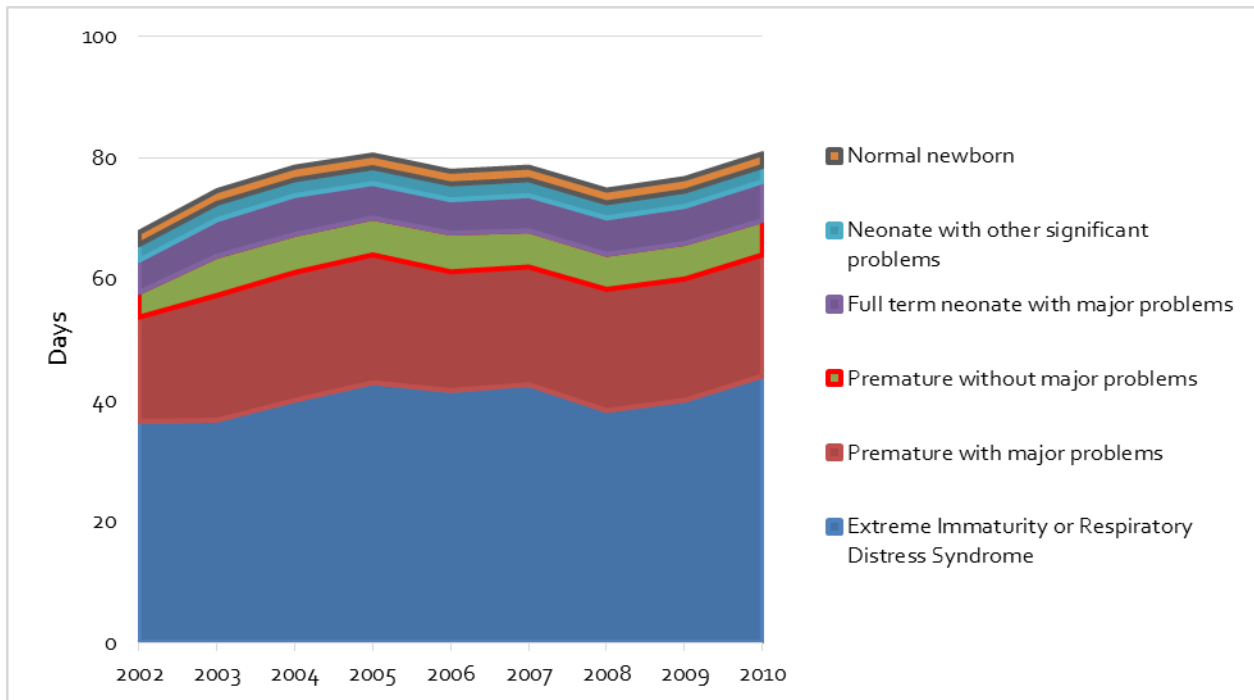


Figure 16

Source: Inpatient Hospital discharge Report, Office of Statewide Planning and Development

PERCENT OF NEWBORNS UTILIZING NICU AND NUMBER OF BIRTHS, ORANGE COUNTY, 2002-2011

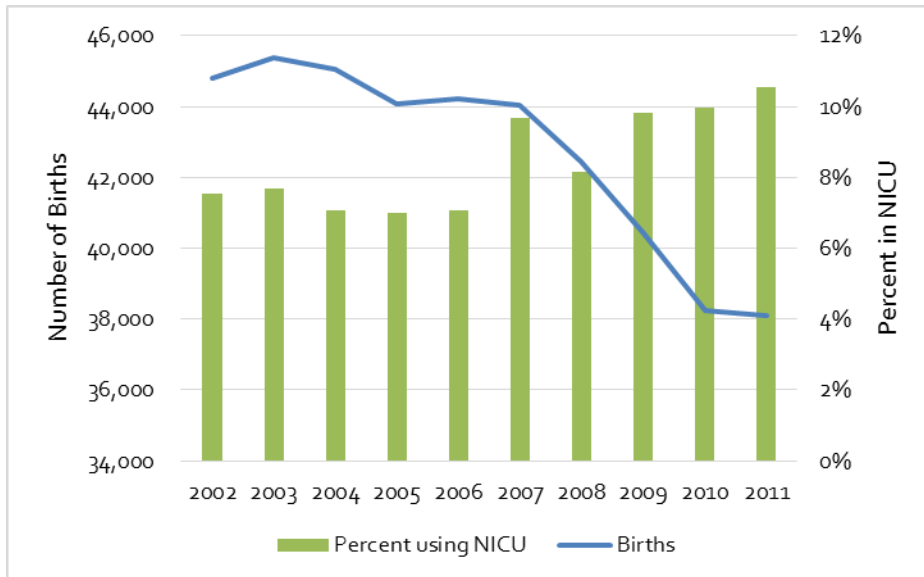


Figure 17

Sources: Hospital Annual Utilization Database, Office of Statewide Planning and Development, California Department of Public Health

Maternal Depression

2010 data from the Maternal and Infant Health Assessment (MIHA) Survey indicate that 14.9% of Orange County mothers reported prenatal depression, consistent with 15% of mothers statewide. See Figure 18. (Trend data not available.)

Substance Abuse

The same MIHA survey showed 2.0% of Orange County mothers smoked and 10.5% reported alcohol use during the first or third trimester of pregnancy in 2010 compared with statewide rates of 5.6% and 12.1%, respectively. See Figure 18. (Trend data not available.)

MATERNAL DEPRESSION AND SUBSTANCE ABUSE, ORANGE COUNTY, 2010

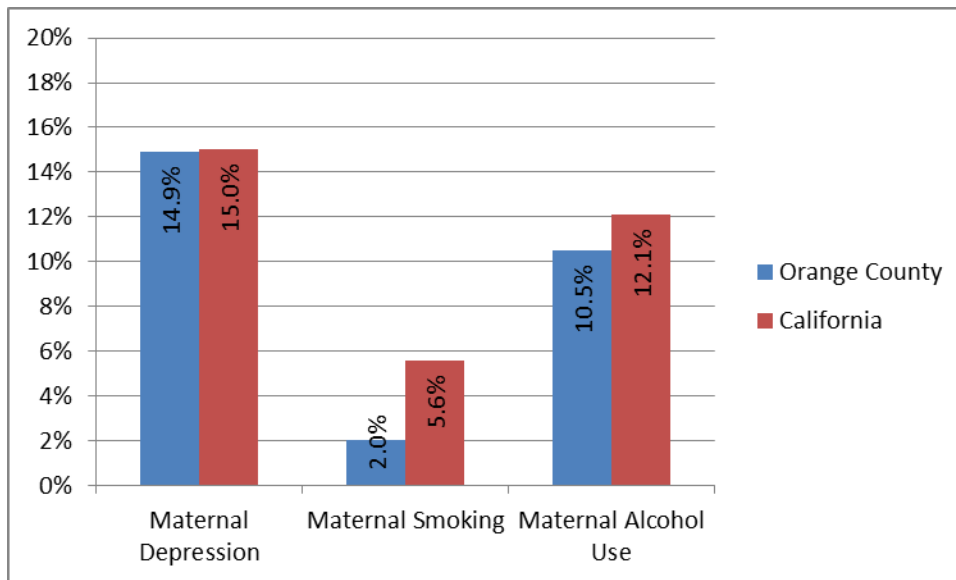


Figure 18

Sources: Maternal and Infant Health Assessment Survey, California Department of Public Health

Nearly 15% of Orange County mothers reported prenatal depression.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Help Me Grow Orange County

Help Me Grow Orange County is a comprehensive, coordinated system designed to assist child health care providers, other professionals, and families in improving developmental outcomes for children, birth through age five. One of the core components of the system is a centralized call center staffed by care coordinators who assist families and professionals in connecting children to appropriate programs and services. Utilizing a toll free number and online portal, Help Me Grow Orange County connects children and their families to developmental services to enhance the development, behavior and learning of young children living in Orange County.

CHILDREN WITH DEVELOPMENTAL DISORDERS OR HEALTH ISSUES

MEASURED BY INTAKE ENTRY IN HELP ME GROW CLIENT TRACKING SYSTEM**

Measured by Intake Entry in Client Tracking System**	2010		2011		2012	
	Measured by Intake Entry in Client Tracking System**	Measured by Intake Entry in Client Tracking System**	Measured by Intake Entry in Client Tracking System**	Measured by Intake Entry in Client Tracking System**	Measured by Intake Entry in Client Tracking System**	Measured by Intake Entry in Client Tracking System**
Age	Developmental Disorders	Health Issues	Developmental Disorders	Health Issues	Developmental Disorders	Health Issues
Birth to 1	24	64	15	36	20	42
1	70	97	59	83	50	60
2	106	86	127	81	93	83
3	103	57	110	94	114	70
4	78	58	116	95	91	49
5	67	38	69	36	54	37
Total 0-5	448	400	496	425	422	341

Note: Developmental Disorders and Health Issues are not mutually exclusive categories therefore the same child can be in both categories

** Information gathered from parent/caregiver at the time of the initial entry

TOTAL NUMBER OF CHILDREN SERVED BY HELP ME GROW AS MEASURED BY INTAKE ENTRY IN CLIENT TRACKING SYSTEM (STAR)

Age	2010	2011	2012
	Total served /Intake	Total served /Intake	Total served /Intake
Birth to 1	203	174	182
1	444	376	346
2	579	440	384
3	425	412	355
4	339	339	274
5	170	143	132
Total 0-5	2160	1884	1673

Each year is a unique count therefore a child is counted only once and would not be included in the subsequent years.

CHILDREN WITH DEVELOPMENTAL DISORDERS OR HEALTH ISSUES AS A PERCENT OF TOTAL CHILDREN SERVED

	2010		2011		2012	
Measured by Intake Entry in Client Tracking System**	Measured by Intake Entry in Client Tracking System**		Measured by Intake Entry in Client Tracking System**		Measured by Intake Entry in Client Tracking System**	
Age	Developmental Disorders	Health Issues	Developmental Disorders	Health Issues	Developmental Disorders	Health Issues
0-5	21%	19%	26%	23%	25%	20%

Top health issues cited by parents or caregivers for children ages 0-5 between 2010 and 2012 were:

- prematurity (445 children or 34%);
- asthma (228 children or 17%); and
- allergies (200 children or 15%).

Top developmental disorders cited by parents or caregivers for children ages 0-5 between 2010 and 2012 were:

- speech/language disorder (597 children or 45%);
- autism/autism spectrum disorder (301 children or 22%); and
- developmental delay (174 children or 13%).

High Risk Infant (HRIF) Program

The Children's Hospital of Orange County (CHOC) and University of California, Irvine Medical Center (UCI) operate high risk infant programs that together serve a majority of infants in Orange County requiring services at a neonatal intensive care unit. The total number of infants in the HRIF Program has declined 4.5% from 397 in 2009 to 379 in 2012. See Figure 19. The percentage of infants with a birth weight of 1500 grams or less has also decreased from 58% of HRIF infants to 50% between 2009 and 2011 (Figure 20). Of the infants in the HRIF Program, multiples comprised 20% of births in 2012, down from 22% in 2009.

The number of HRIF infants with a gestational age of 27 weeks or less was 76 in 2012, down from 99 in 2009. HRIF infants born between 28 and 31 weeks decreased from 148 in 2009 to 144 in 2012. The percent of all HRIF infants who are less than 32 weeks gestational age decreased from 62% to 58% between 2009 and 2012 (Figure 21).

NUMBER OF HIGH RISK INFANTS BY BIRTH WEIGHT CHOC AND UCI, 2009-2012

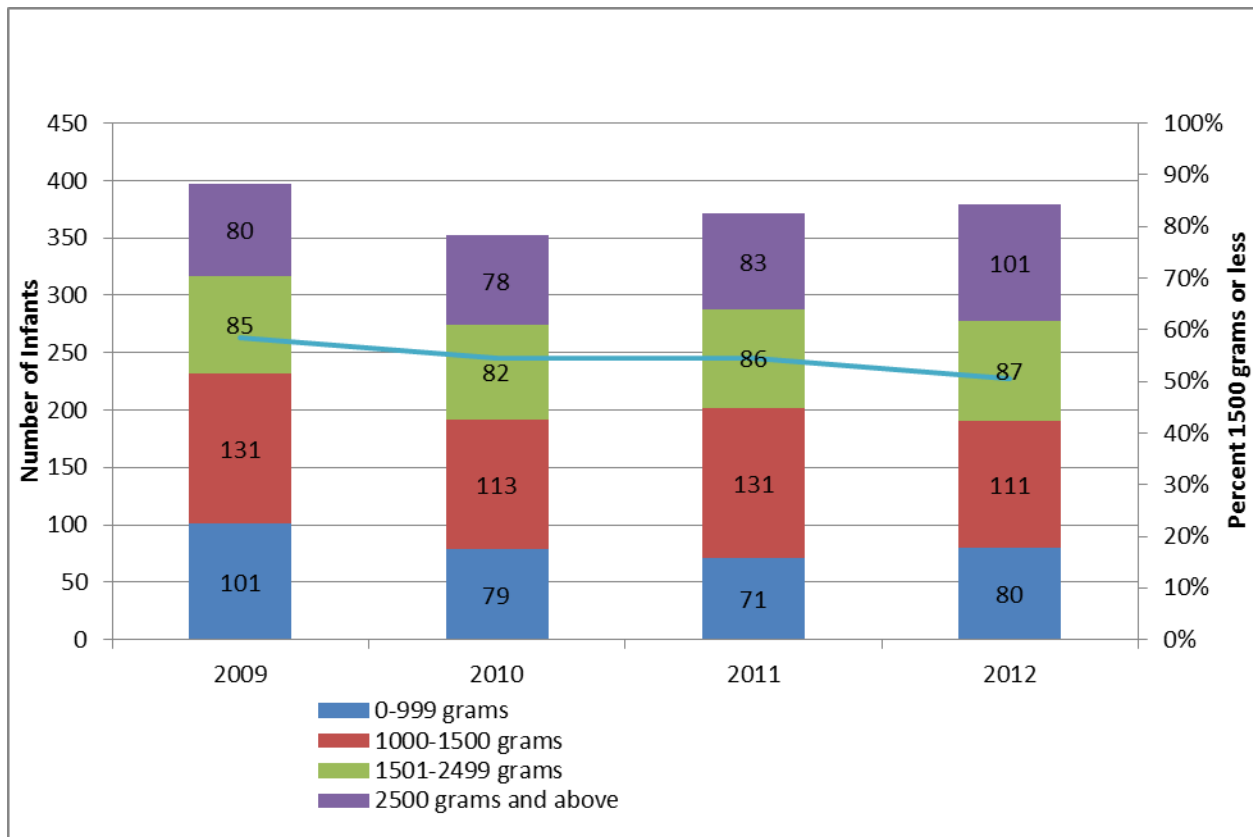


Figure 19

Source: Early Developmental Assessment Centers at CHOC and University of California, Irvine

PERCENT OF HRIF BIRTHS 1500 GRAMS OR LESS

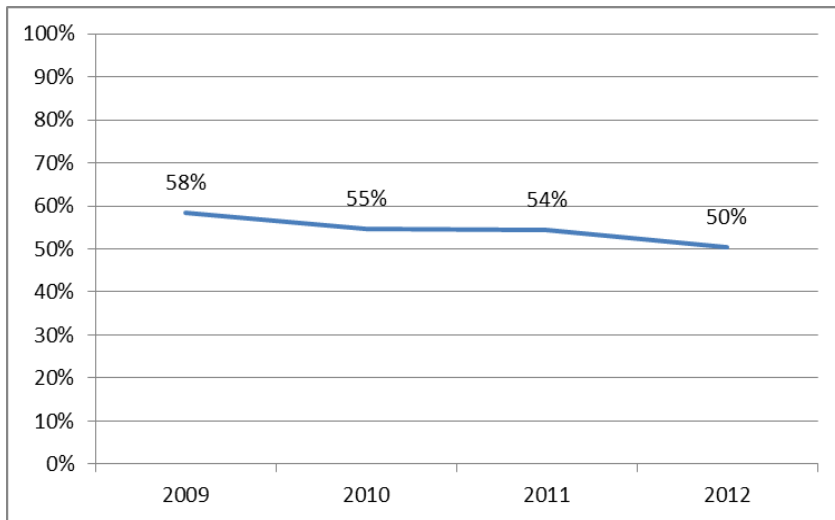


Figure 20

Source: Early Developmental Assessment Centers at CHOC and University of California, Irvine

HIGH RISK INFANTS, GESTATIONAL AGE (UNDER 32 WEEKS)
CHOC AND UCI, 2009-2012

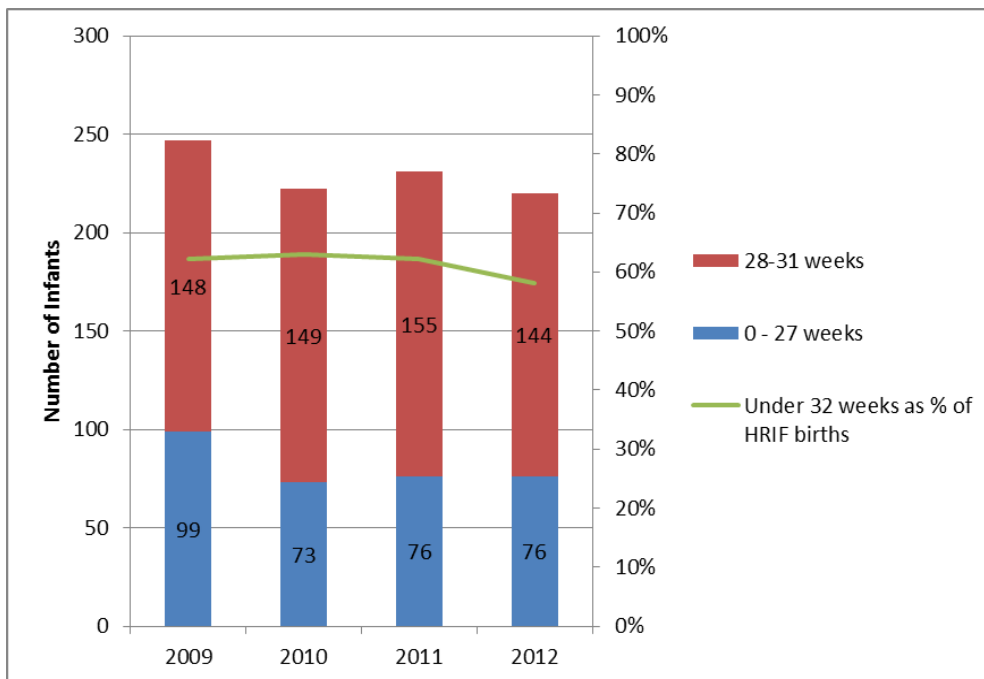


Figure 21

Source: Early Developmental Assessment Centers at CHOC and University of California, Irvine

The High Risk Infant programs track children served at three core visits. Core Visit 1 occurs at between four and eight months; Core Visit 2 is between 12 and 16 months, and Core Visit 3 is between 18 and 36 months. At each visit, the following information is reported:

- Hospitalization since discharge from the hospital or since last visit.
- Whether the child is receiving or referred for medical services, and for which services.
- Whether the child is receiving or referred for special services, and for which services.
- Multiple items are included in the assessment, among them, visual impairment, hearing loss, cerebral palsy (or suspect for cerebral palsy), and whether the child was screened and referred for autism spectrum disorder.

Core Visit 1 (4-6 months): Between a quarter and a third of HRIF infants had been hospitalized since their original hospital discharge, and a majority of these children were receiving or being referred for both medical and special services. See Figures 22 and 23.

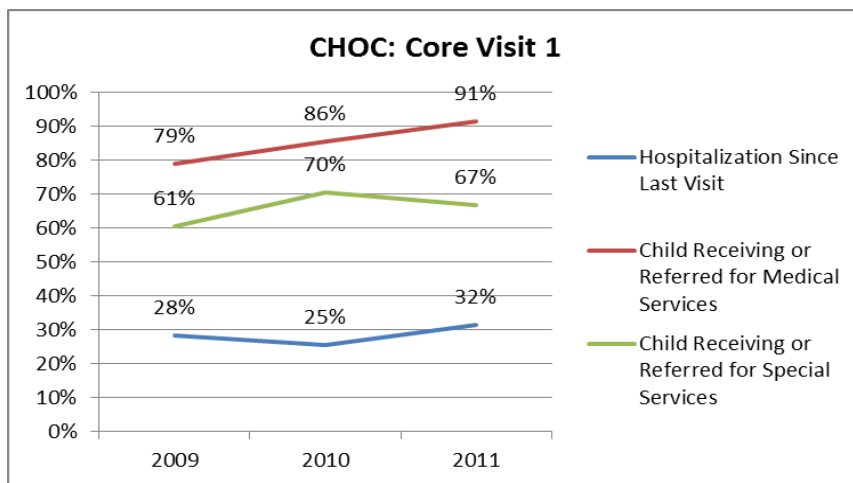


Figure 22

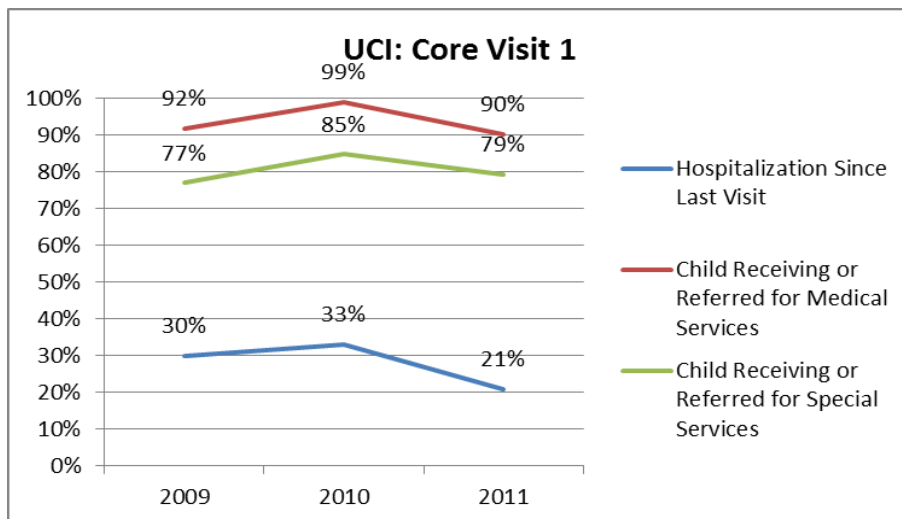


Figure 23

Core Visit 2 (12-16 months): At the second core visit, between 15% and 29% of HRIF children had been hospitalized since the last visit, with a majority of these children continuing to receive or be referred for medical and special services. See Figures 24 and 25.

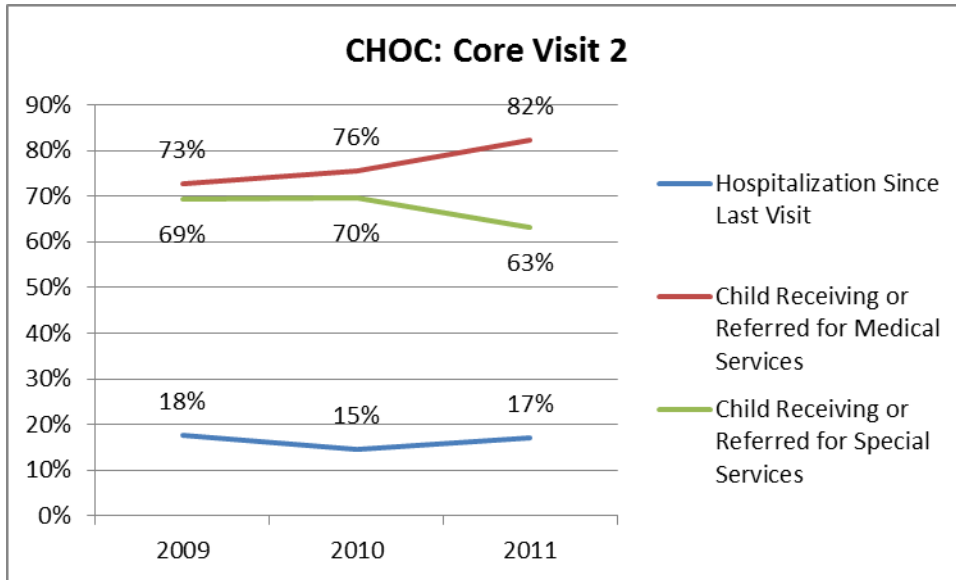


Figure 24

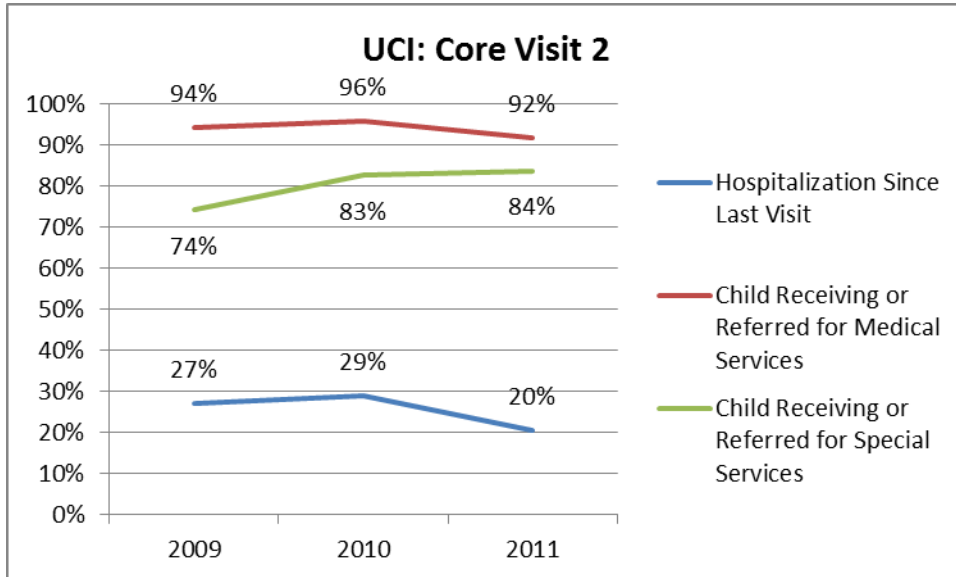


Figure 25

Core Visit 3 (18-36 months): At the third core visit, between 15% and 20% of HRIF children had been hospitalized since the last visit. Again, a majority of these children continued to receive or be referred for medical and special services. See Figures 26 and 27.

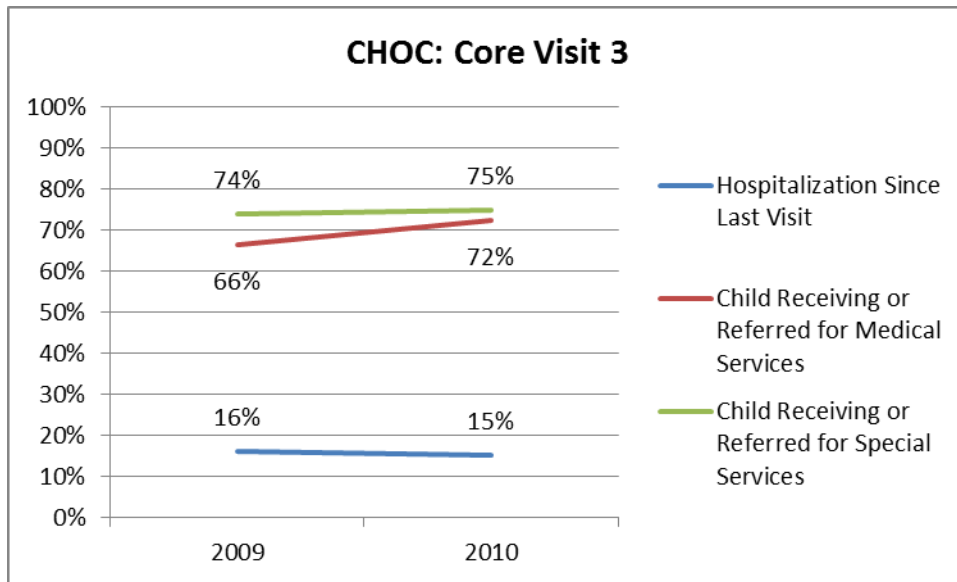


Figure 26

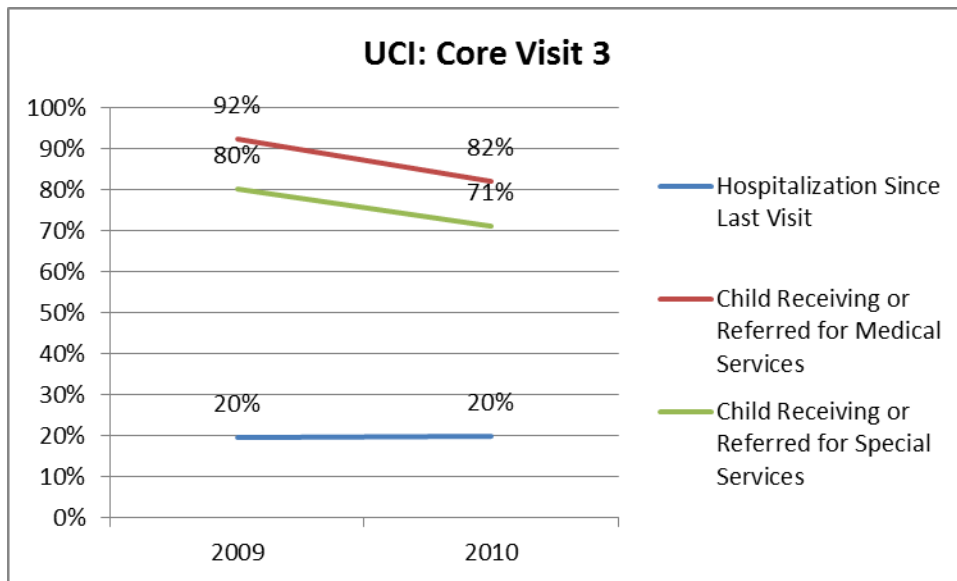


Figure 27

Source for all HRIF Core Visit Data: CHOC/UCI Early Developmental Assessment Center

Note: The years on the charts refer to the children’s birth year.

The top reasons for medical services referral at Core Visit 1 included ophthalmology, cardiology, pulmonology, gastroenterology, surgery, and neurology. At the second and third core visits, ENT joined the list of top reasons for medical service.

The top referrals for special services at the Core Visit 1 included physical therapy, visiting nurse, feeding therapy, occupational therapy and infant development. At the second and third core visits, speech and language and hearing services were added as top referrals for services needed.

No discernible pattern was evident among the core visits in terms of children who were referred for medical or special services, but who were not receiving services. The percentage of children seen where Cerebral Palsy was suspected or confirmed ranged from less than 1% to 4%. Visual impairment ranged from 2% to 9% and hearing loss ranged from 1% to 6%.

If children were screened for autism spectrum disorder, the screening most likely occurred at the second or third core visit. EDAC uses the M-CHAT (Modified Checklist for Autism in Toddlers) screening tool for toddlers approximately 16-30 months of age (with a starting point of 16 months corrected age). Parents fill out the M-CHAT tool. While Core Visit 1 is typically too young for this screening tool, some patients that are around 16 months corrected age are referred to EDAC for the 1st core visit. If there is a “yes” result on the M-CHAT screen, the process is to refer the child for additional evaluation. However, some children are *not* referred, as parents may have answered certain things on the screening tool to be “yes” for possible autism spectrum, but the therapist had observed otherwise (then referral is not necessary). Also, if the child is severely delayed or has a history of extreme prematurity or the delay is due to multiple medical conditions (e.g., tracheostomy, G-tube, multiple surgeries), then the patient will not be referred, as certain behaviors are not in autistic nature but due to multiple medical conditions/extreme prematurity.

Most children in the high risk infant program receive or are referred for medical and/or special services.

AUTISM SCREENING, CHOC HRIF PROGRAM, 2009-2011

	2009			2010			2011		
	Core Visit 1	Core Visit 2	Core Visit 3	Core Visit 1	Core Visit 2	Core Visit 3	Core Visit 1	Core Visit 2	Core Visit 3
Children Seen	180	124	92	201	152	98	232	152	7
Children Screened (M-CHAT)	2	9	50	2	23	77	0	30	7
Children Referred for Further Assessment	0	0	4	0	2	7	0	0	7
Percent of Children Seen who were Screened	1%	7%	54%	1%	15%	79%	0%	20%	100%

Source: CHOC/UCI Early Developmental Assessment Center

AUTISM SCREENING, UCI HRIF PROGRAM, 2009-2011

	2009			2010			2011		
	Core Visit 1	Core Visit 2	Core Visit 3	Core Visit 1	Core Visit 2	Core Visit 3	Core Visit 1	Core Visit 2	Core Visit 3
Children Seen	121	85	66	85	69	45	72	49	3
Children Screened (M-CHAT)	0	6	54	1	15	36	1	15	1
Children Referred for Further Assessment	0	4	12	0	6	6	0	1	0
Percent of Children Seen who were Screened	0%	7%	82%	1%	22%	80%	1%	31%	33%

Source: CHOC/UCI Early Developmental Assessment Center

California Children's Services

The California Children's Service (CCS) program helps ensure access to essential health care services for children ages 0-21 with certain serious diseases. A total of 4,064 Orange County children ages zero through 5 years old were enrolled in the California Children's Services program as of March 2013 (trend data not available). See Figure 28.

CHILDREN ENROLLED IN CALIFORNIA CHILDREN'S SERVICES, MARCH 2013

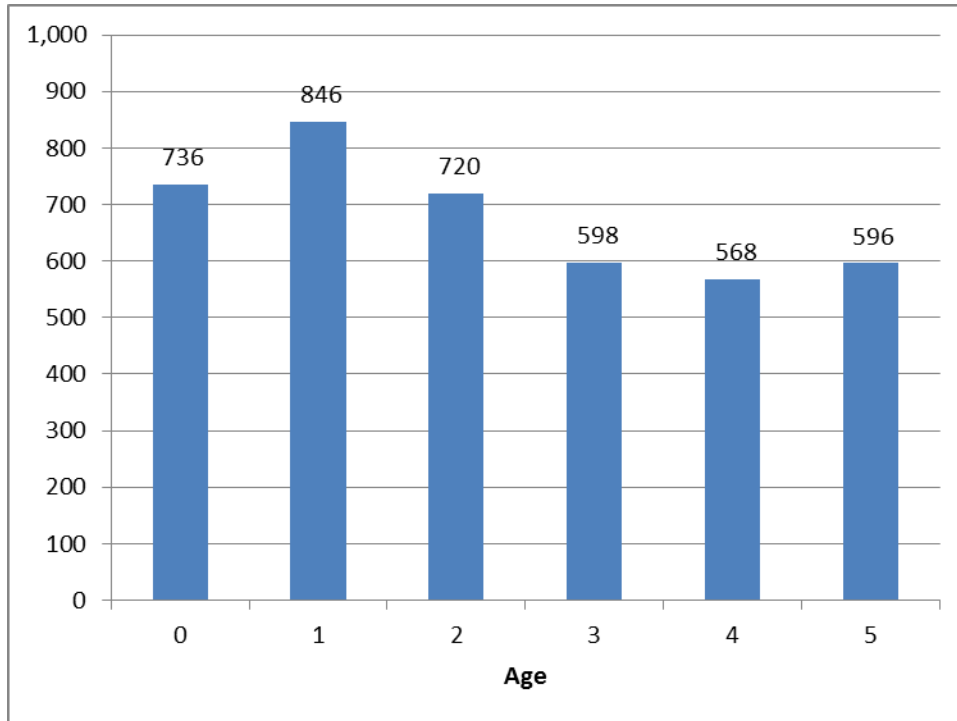


Figure 28

Source: California Children's Services

Regional Center of Orange County (RCOC)

Early Start

Infants and toddlers (up to 36 months of age) with a developmental delay or disability or who have certain risk factors are eligible for early intervention services through RCOC. Funded by the federal government, this early intervention program is called “Early Start” in California. Created by the Early Intervention Services Act, California’s Early Start program serves infants and young children under age three who are considered “high risk” for developmental disability due to, for example, significant delay in one or more developmental areas or certain medical problems and complications. In recent years, the California Legislature has narrowed eligibility for Early Start. Previously, any child under three who was suspected of being at-risk for developmental disability could receive Early Start services. (Source: CA Department of Developmental Services)

The number of Orange County children enrolled in Early Start has decreased from 3,412 in 2008 to 2,553 in 2012. Births in Orange County have decreased at the same time, with Early Start cases as a percentage of the 0-3 population hovering around 2%. See Figure 29.

NEW EARLY START CASES (2008-2012) AND CASES AS PERCENTAGE OF TOTAL POPULATION AGES 0-3 (2008-2010), ORANGE COUNTY

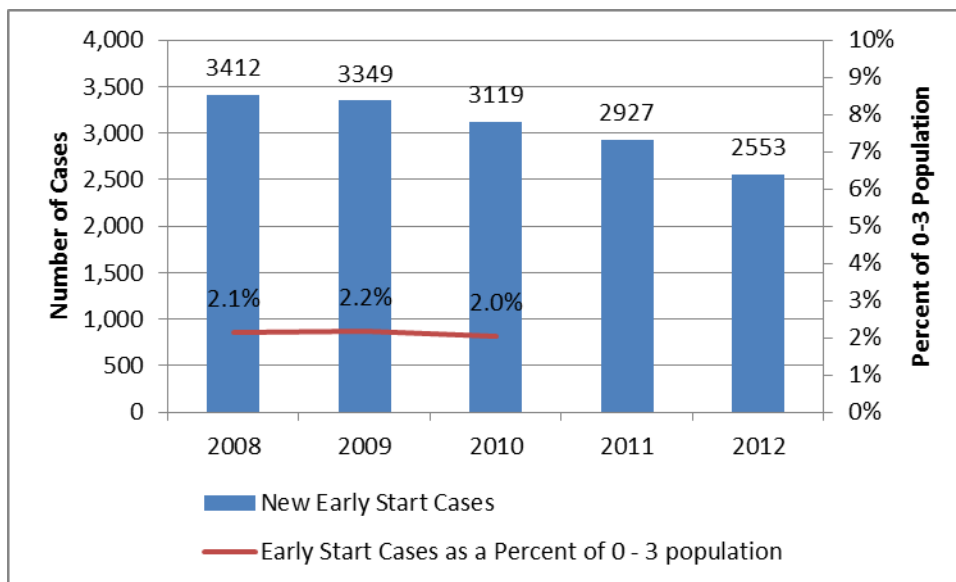


Figure 29

Source: Regional Center of Orange County

Note: 0-3 age cohort data not available for 2011 and 2012.

Lanterman Act Services

To be eligible for services and supports under California's Lanterman Developmental Disabilities Services Act, adults and children ages three and older must have a developmental disability. A developmental disability is defined as a disability that is attributable to any of the following conditions: intellectual disability (formerly referred to as mental retardation), cerebral palsy, epilepsy, autism and disabling conditions found to be closely related to intellectual/cognitive disability or to require treatment similar to that required for individuals with intellectual disabilities.

If a child younger than three years of age is eligible under Lanterman, he/she would also be included in the Early Start program. If a child is in Early Start, he/she will have eligibility determined at or before age three for services under the Lanterman Act (lifelong services for a disability). Of the almost 200 children exiting early start services each month, an average of 10% are found eligible for Lanterman services. The remaining 90% transition into either preschool services through the Local Education Agency (LEA) or community resources, such as Head Start and private pre-schools.

The proportion of new Lanterman cases for children from birth through age five in Orange County decreased 14% between 2008 and 2012 from a total of 574 cases in 2008 to 496 cases in 2012 (Figure 30).

NEW LANTERMAN CASES ORANGE COUNTY, AGES 0-5

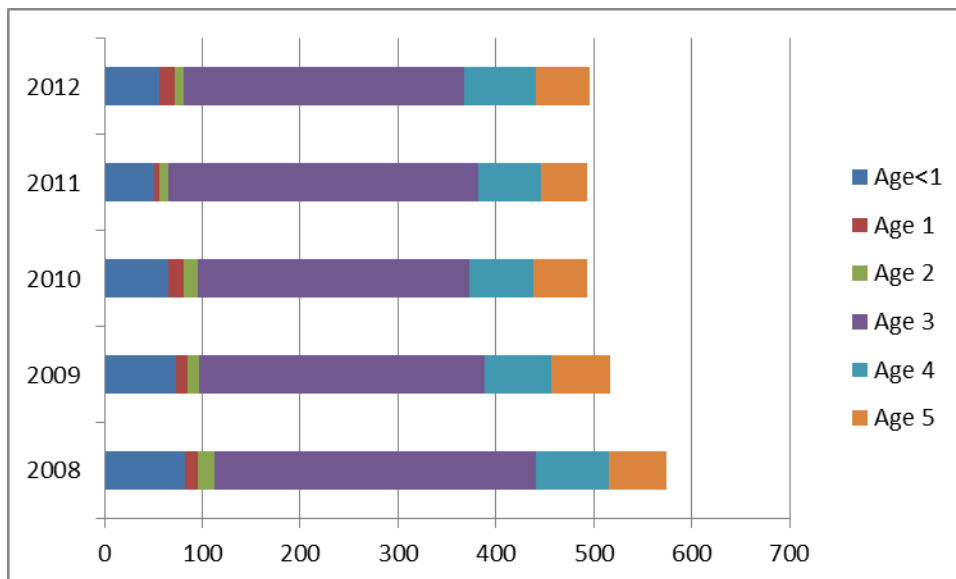


Figure 30

Source: Regional Center of Orange County

Children with Autism served by RCOC

Many of the children served by the Regional Center have an autism diagnosis.

Children with a Diagnosis of Autism Served by RCOC, July 2012			
	Number of Children	Number with Autism	Percent with Autism
3-4 years of age	731	308	42.1%
5-9 years of age	2140	1088	50.8%
10-14 years of age	1877	853	45.4%
15-18 years of age	1541	626	40.6%

Source: Health Care Access Report, June 2013, Children and Families Commission of Orange County

42% of three- and four-year olds served by Regional Center of Orange County have a diagnosis of autism.

County of Orange Social Services Agency (SSA)

The County of Orange Social Services Agency (SSA) provides Child Protective Services (CPS) to children, many of whom have special health care needs. SSA identifies special needs in the following categories: Physical, Behavioral, Emotional, and Developmental. Each child is reported only once – if a child has multiple needs, the highest-level category is selected for the year being reported.

The total number of active CPS cases for children younger than seven served by SSA remained relatively constant between 2002 and 2012, increasing 1.5% during that period. Of those active cases, the number of children with special needs decreased 31% during the same 10-year period. In 2002, 87% of all active SSA cases represented children with special needs. In 2012, that proportion decreased to 59%. See Figure 31. By far, the greatest special need category identified is Physical, followed by Developmental (Figure 32).

PERCENT OF CHILDREN SERVED (ACTIVE CASES) WITH SPECIAL NEEDS, 2002-2012

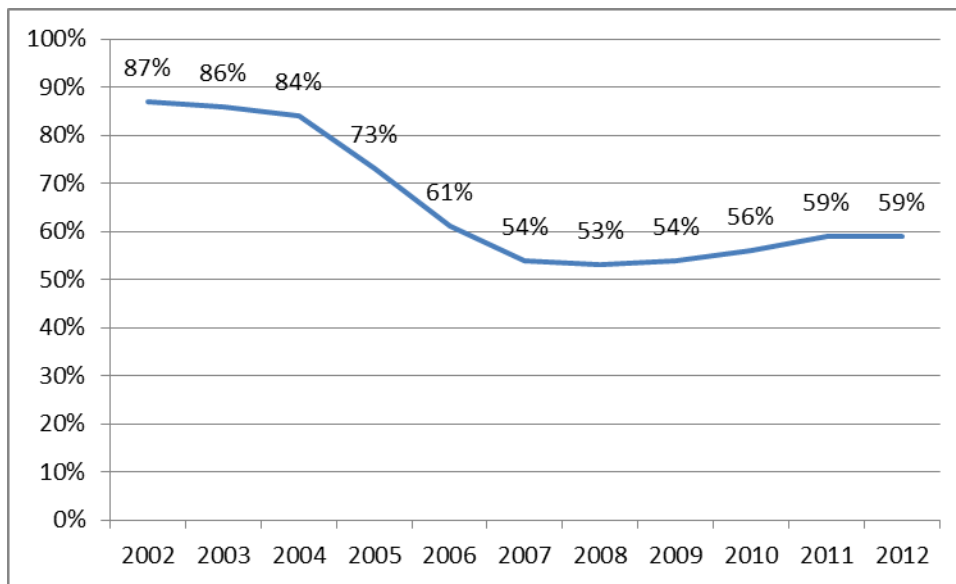


Figure 31

Source: County of Orange, Social Services Agency

SPECIAL NEED CLASSIFICATION FOR CHILDREN AGES 0-6 SOCIAL SERVICES AGENCY ACTIVE CASES, 2012

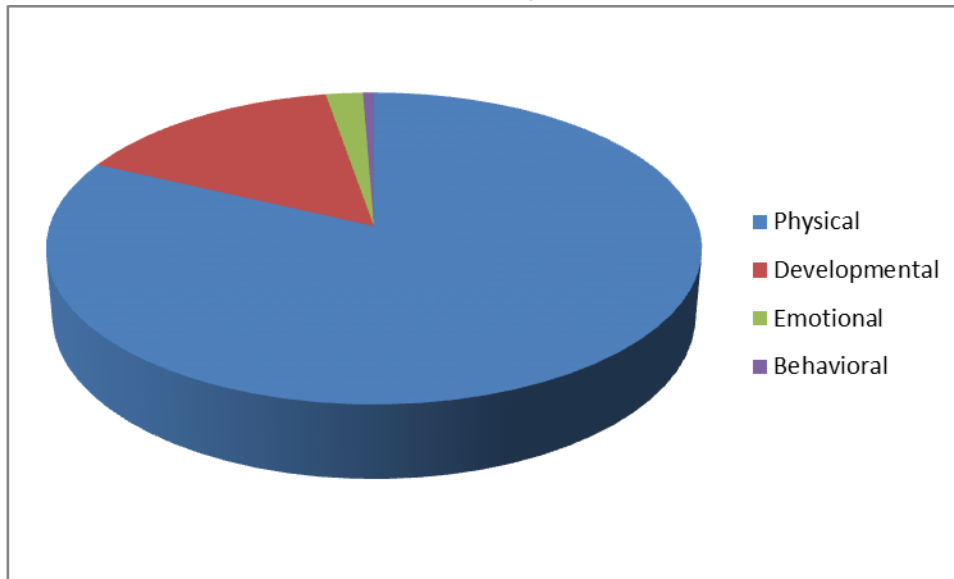


Figure 32

Source: County of Orange, Social Services Agency

Orange County School Districts

Data from Orange County School Districts and the California Department of Education are primarily focused on the K-12 population. However, Orange County school districts do report to the California Department of Education some numbers of children in special education who are younger than six. Because there are no total ‘enrollment’ numbers by age for these young ages it is not possible to calculate a percentage of children with special needs out of total enrollment. Pure numbers are provided on the following page. The categories of Speech and Language Impairment and Autism have higher numbers in this age group, therefore trends for these categories (numbers only, not percent) are provided on the next pages.

Special Education Enrollment by Age and Disability

Orange County, 2011/12

Age	Autism	Deaf	Deaf-Blindness	Emotional Disturbance	Hard of Hearing	Mental Retardation	Multiple Disability	Orthopedic Impairment	Other Health Impairment	Specific Learning Disability	Speech/Language Impairment	Traumatic Brain Injury	Visual Impairment
<1	0	0	0	0	36	0	0	4	0	0	0	0	1
1	0	2	0	0	51	2	3	10	0	0	0	0	1
2	3	7	0	0	48	4	7	11	2	0	20	0	3
3	516	14	1	0	26	84	30	33	97	1	1,174	0	8
4	637	13	0	0	28	94	29	53	85	2	1,451	2	12
5	688	14	1	1	29	95	19	56	116	13	1,618	1	12
Total													
0-5	1844	50	2	1	218	279	88	167	300	16	4263	3	37

Speech and Language Impairment

While there was variation from year-to-year, the number of three-, four- and five-year olds in special education with speech and language impairment have grown over the past five years (Figure 33). At most in any given year, five children aged one year old were enrolled with speech and language impairment, and up to 25 children ages two years old.

SPECIAL NEEDS ENROLLMENT, SPEECH AND LANGUAGE IMPAIRMENT, 2008-2012

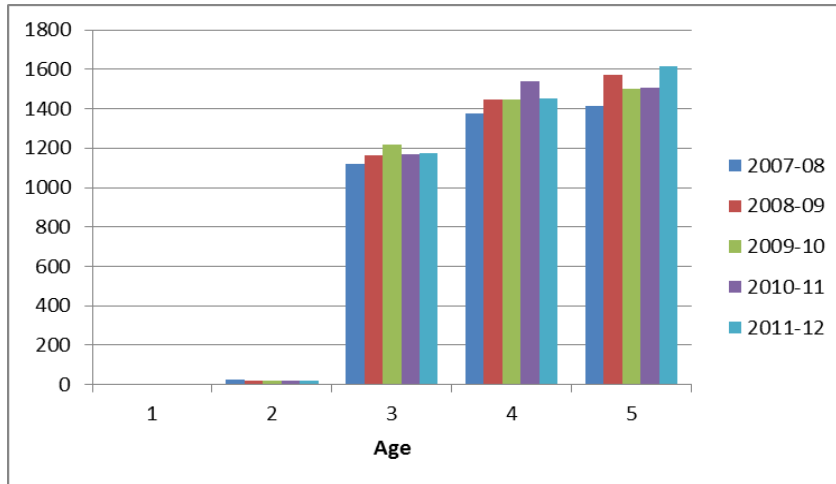


Figure 33

Source: California Department of Education

Autism

The number of children in special education with autism increased since 2007-08 for children between two and six years old. No children aged one were enrolled with autism and at most three children ages two years old were enrolled with autism in any given year (Figure 34).

SPECIAL NEEDS ENROLLMENT, AUTISM, 2008-2012

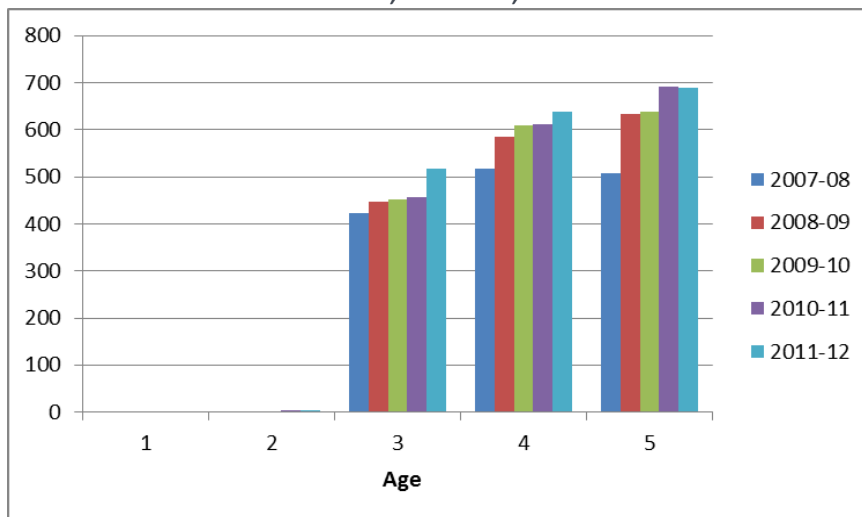


Figure 34

Source: California Department of Education

K-12 Students

The number of children receiving special education services through the school districts has remained relatively stable over the past 10 years (about 51,000 children each year). See Figure 35. However, between 2003 and 2012, there was a threefold (306%) increase in the number of children with autism receiving special education services and a 55% increase in the number of children with “other” disabilities (traumatic brain injury, orthopedic impairment, emotional disturbance, multiple disabilities and other health impairments). On the other hand, the number of children with a specific learning disability decreased 32%.

K-12 STUDENTS RECEIVING SPECIAL EDUCATION SERVICES BY TYPE OF DISABILITY, 2003-2012

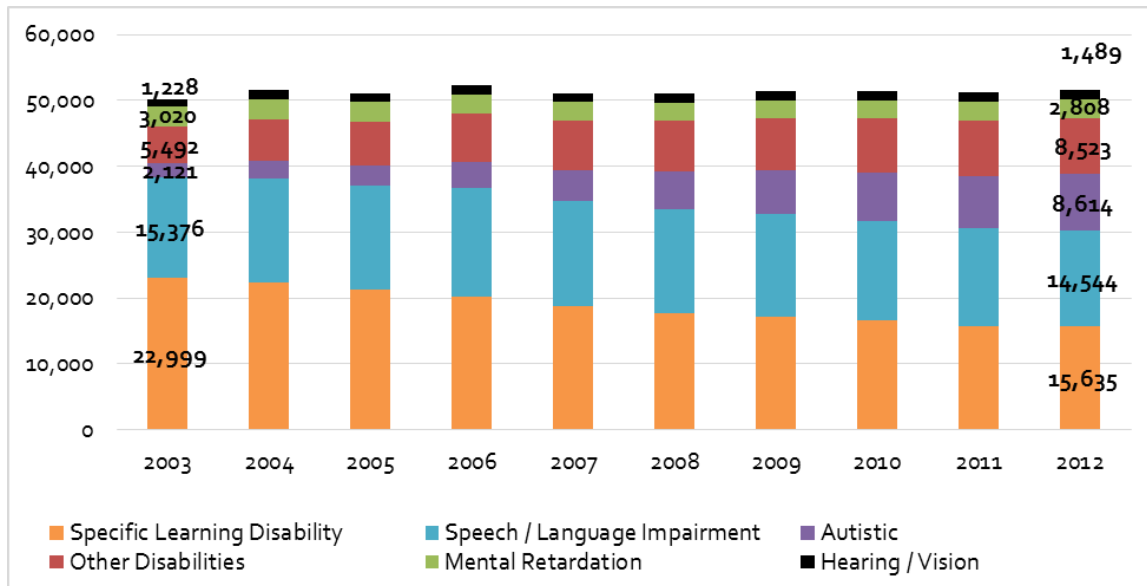


Figure 35

Source: California Department of Education

OTHER INDICATORS

The participants of OC C3 for Kids desire to include data related to chronic disease such as obesity and asthma. However, only asthma data were available and are presented below.

Asthma

Asthma prevalence among children ages one to 18 has decreased in Orange County since 2003. As of 2009, 7.4% of children in Orange County had been diagnosed with asthma at some point in their lives, lower than the California average (13.4%) and the national average (9.6%). Among children ages one to five, 4.7% had a diagnosis of asthma. By age, youth between six and 11 years had the highest prevalence of asthma diagnoses. By gender, males had a higher percentage of asthma diagnoses (8.6% males compared to 6.1% females); as did higher incomes (9.1%). See Figure 36.

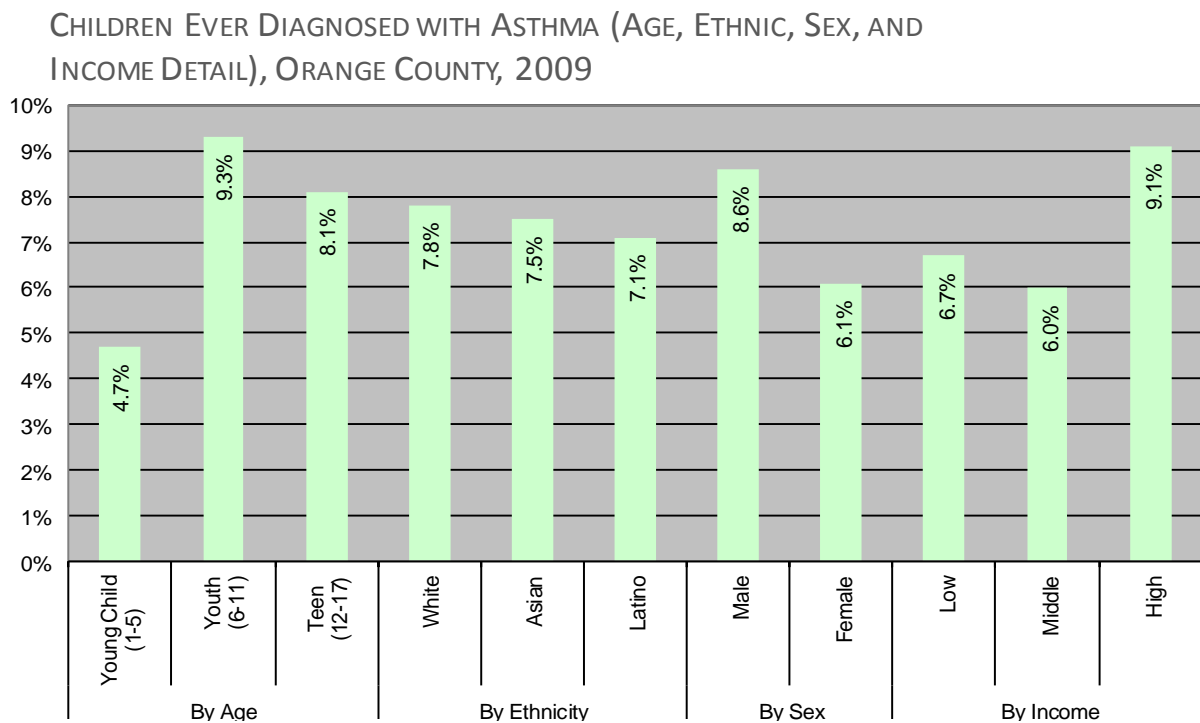


Figure 36

Source: University of California, Los Angeles, Center for Health Policy Research, California Health Interview Survey (www.chis.ucla.edu); Orange County Community Indicators Report

Note: Estimates for the subpopulations “Young Child” and “Asian” are considered unstable and should be interpreted with caution. The income brackets relate to the 2009 Federal Poverty Guidelines. For a family of four: “Low” is \$44,100 or below, “Middle” is between \$44,101 and \$88,200, and “High” is \$88,201 and above.

Indicators to Include if Data Becomes Available

1. Mental Health – possible sources include the County Mental Health/Behavioral Health, school districts/*Orange County Special Education Local Plan Areas (SELPAS)*.
2. Public Health Nursing – data about children with special needs that get a visit from Public Health Nurse (PHN) (CalWorks is one subset)
3. Obesity – data from four Women, Infants and Children (WICs) in Orange County.

Conclusion

The process of gathering data for this trend report helped clarify what we know, and also what we don't know, about Orange County's young children with special health care needs, along with potential risk factors that may lead to special health care needs. This report will be used to guide the Orange County Care Coordination Collaborative For Kids (OC C3 For Kids) as an improved care coordination system is developed. Additionally, this report will be used to raise awareness in the community - including policy makers, health care providers, parents and caregivers - about the work of OC C3 For Kids. It will also help develop processes to better advocate for changes in Orange County's systems of care, from management to funding to provision of service. As OC C3 For Kids work continues, this report will be updated and incorporated into sustainability efforts.

APPENDIX A

ORANGE COUNTY CARE COORDINATION COLLABORATIVE FOR KIDS (OC C3 FOR KIDS)

American Academy of Pediatrics, Chapter 4
Bridges Maternal Child Health Network
Burke Consulting
California Children's Services
CalOptima
Center for Autism and Neurodevelopmental Disorders of SC
Children and Families Commission of Orange County
CHOC Children's Foundation
CM Consulting OC
Comfort Connection Family Resource Center
Early Development Assessment Center
Family Support Network
Help Me Grow Orange County
Kern County Medically Vulnerable Care Coordination Project
Orange County Department of Education, Center for Healthy Kids and Schools
Orange County Health Care Agency
Orange County Social Services Agency
Regional Center of Orange County
School Readiness Nurses

APPENDIX B: DATA TABLES

Child Population, Orange County: 2005-2007 - 2009-2011

Year	Number of Children
2005-2007	772,715
2006-2008	767,427
2007-2009	752,822
2008-2010	738,042
2009-2011	737,150

Definition: Estimated population ages 0-17.

Data Source: U.S. Census Bureau, American Community Survey. Accessed at <http://factfinder2.census.gov> (Dec. 2012).

Child Population, Orange County, by Race/Ethnicity: 2010

Race/Ethnicity	Percent of Population	Number of Children
African American/Black	1.30%	9,523
American Indian	0.20%	1,202
Asian American	16.20%	118,155
Hispanic/Latino	46.20%	337,046
Native Hawaiian/Pacific Islander	0.30%	2,058
White	31.80%	232,143
Multiracial	4.00%	29,146
Total	100.00%	729,273

Definition: Percentage of the population under age 18, by race/ethnicity.

Data Source: California Department of Finance, Estimates of Race/Ethnic Population with Age and Gender Detail, 1990-1999, 2000-2010. Accessed online at <http://www.dof.ca.gov/research/demographic/data/> (October 2012).

Live Births in Orange County, 2002-2011

Year	Number of Births
2002	44,796
2003	45,366
2004	45,060
2005	44,065
2006	44,231
2007	44,026
2008	42,456
2009	40,431
2010	38,237
2011	38,100

Source: <http://www.dof.ca.gov/research/demographic/reports/projections/births/>
Health Care Agency data from OCCIR

Projected Births, Orange County, 2012-2021

Year	Number of Projected Births
2012	38,138
2013	38,893
2014	39,266
2015	39,509
2016	39,681
2017	40,442
2018	41,051
2019	41,183
2020	41,372
2021	41,482

Sources: Actual births thru 2011, CA Dept. of Public Health, Ctr. for Health Statistics.
Projected births: Demographic Research Unit.

**Number of Live Births by Age of Mother, Orange County, 2009-2011
(By Place of Residence)**

YEAR	TOTAL	BIRTHS BY AGE OF MOTHER								
		UNDER 15	15-19	20-24	25-29	30-34	35-39	40-44	45 AND OVER	UNKNOWN
2009	40,431	34	2,730	7,074	10,669	11,232	6,904	1,635	145	8
2010	38,237	36	2,479	6,431	10,082	10,839	6,631	1,609	123	7
2011	38,100	34	2,215	5,868	9,917	11,479	6,758	1,667	158	4

**General Fertility Rates, Total Fertility Rates, and Birth Rates by Age of Mother, 2009-2011
(By Place of Residence)**

YEAR	GENERAL FERTILITY RATE	TOTAL FERTILITY RATE ^{2,3}	BIRTHS BY AGE OF MOTHER							
			UNDER 15 ²	15-19	20-24	25-29	30-34	35-39	40-44	45 AND OVER ³
2009	63.4	1,952.2	0.3	25.3	70.1	103.7	114.7	62.3	14.3	1.2
2010	59.4	1,829.1	0.4	22.4	61.7	96.1	109.9	61.8	14.1	1.1
2011	59.0	1,815.2	0.3	20.1	54.9	94.3	114.3	64.9	14.4	1.4

²For women under 15, the birth rate is calculated using female population 10-14 years-of-age.

³For women 45 years and over, the birth rate is calculated using female population 45-49 years-of-age.

SOURCE: State of California, Department of Public Health, Birth Records

PREPARED BY: County of Orange, Health Care Agency, April 2013/RM

Health Insurance by Type and Age, Orange County, 2011

	Private	Public	Uninsured
Under 6 years:	135,295	93,159	12,956
6 to 17 years:	328,738	152,294	47,489
Birth through 17	464,033	245,453	60,445

Source: U.S. Census, 2011

Children's Health Insurance Coverage Trends, Orange County 2009-2011

	2009	2010	2011
Private	442,963	433,617	421,253
Public	202,178	200,915	223,739
Combination	31,077	27,184	31,226
Uninsured	78,738	71,496	60,445
Total	754,956	733,212	736,663

Source: U.S. Census, 2011

Prenatal Care Not Begun During the First Trimester, Orange County, 2002-2011

Year (3-Yr Avg)	Total Births	Number Late/No Prenatal Care	Percentage
2000-2002	45,286.3	4,679.7	10.3%
2001-2003	45,090.7	4,176.7	9.3%
2002-2004	44,936.7	3,818.3	8.5%
2003-2005	44,691.0	3,703.0	8.3%
2004-2006	44,318.3	3,723.0	8.4%
2005-2007	43,952.0	4,198.7	9.6%
2006-2008	43,374.0	4,629.3	10.7%
2007-2009	42,043.3	4,828.7	11.5%
2008-2010	40,109.3	4,464.3	11.1%
2009-2011	38,154.70	4,476.4	10.7%

Source: County Health status Profiles

<http://www.cdph.ca.gov/programs/ohir/Pages/CHSPPriorReports.aspx>

Number of Births with Low or Very Low Birth Weight, Orange County 2001-2010

Year	Total Births	Low Birth Weight (includes very low birth weight)	Very Low Birth Weight
2001		2666	461
2002	44,796	2710	431
2003	45,366	2718	454
2004	45,060	2782	478
2005	44,065	2826	457
2006	44,231	2816	479
2007	44,026	2879	494
2008	42,456	2705	417
2009	40,431	2670	406
2010	38,237	2462	362

Source: http://www.oshpd.ca.gov/HID/Products/PatDischargeData/ResearchReports/Hospipqualind/vol-util_indicatorsrpt/2011Util.pdf

Percent of Births with Low or Very Low Birth Weight, Orange County 2002-2010

Year	Very Low Birth Weight	Low Birth Weight
2002	1.0%	5.1%
2003	1.0%	5.0%
2004	1.1%	5.1%
2005	1.0%	5.4%
2006	1.1%	5.3%
2007	1.1%	5.4%
2008	1.0%	5.4%
2009	1.0%	5.6%
2010	0.9%	5.5%

Source: http://www.oshpd.ca.gov/HID/Products/PatDischargeData/ResearchReports/Hospipqualind/vol-util_indicatorsrpt/2011Util.pdf

Preterm Births, Orange County 2001-2010

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Number of Preterm Births	4591	4416	4550	4415	4335	4158	4315	4033	3800	3450
Percent of Total Births	10.1	10	10.1	9.8	9.8	9.4	9.8	9.5	9.4	9.1

Source: County Health Status Profiles

<http://www.cdph.ca.gov/programs/ohir/Pages/CHSPPriorReports.aspx>

Number of Children with Specified Birth Outcome, Orange County, 2002-2010

	2002	2003	2004	2005	2006	2007	2008	2009	2010
Extreme Immaturity or Respiratory Distress Syndrome	482	507	447	488	467	534	435	476	445
Premature (with or without major problems)	2,612	2,237	2,467	2,474	2,577	2,586	2,656	2,587	2,422
Full term neonate with major problems	1,820	1,246	1,234	1,244	1,420	1,400	1,301	1,389	1,485
Neonate with other significant problems	4,741	5,425	5,393	5,470	5,943	6,751	7,257	7,703	7,266
Normal newborn	35,250	36,200	35,899	34,960	34,413	33,427	30,630	28,150	27,073
TOTAL	44,905	45,615	45,440	44,636	44,820	44,698	42,279	40,305	38,691

Source: Inpatient Hospital Discharge Report, Office of Statewide Planning and Development, analysis from the Children and Families Commission of Orange County, Health Care Access Report, 2013

Note: Premature is defined as 37 weeks or less.

Status of Birth and Average Hospital Stay (in Days), Orange County, 2010

	# of Births	% of Births	Avg Stay (Days)
Extreme Immaturity or Respiratory Distress Syndrome	445	1.2%	44.0
Premature with major problems	700	1.8%	20.0
Premature without major problems	1,722	4.5%	5.7
Full term neonate with major problems	1,485	3.8%	6.4
Neonate with other significant problems	7,266	18.8%	2.5
Normal newborn	27,073	70.0%	2.1

Sources: Hospital Annual Utilization Database, Office of Statewide Planning and Development, California Department of Public Health

Number of Births and Percent Using NICU, Orange County 2002-2011

Year	Births	Percent using NICU	Number Using NICU
2002	44,796	7.5%	3,376
2003	45,366	7.7%	3,486
2004	45,060	7.1%	3,190
2005	44,065	7.0%	3,085
2006	44,231	7.1%	3,125
2007	44,026	9.7%	4,256
2008	42,456	8.1%	3,457
2009	40,431	9.8%	3,976
2010	38,237	10.0%	3,805
2011	38,100	10.5%	4,015

Sources: Hospital Annual Utilization Database, Office of Statewide Planning and Development, California Department of Public Health

Maternal Depression, Smoking and Alcohol Use, Orange County and California, 2010

	Orange County	California
Maternal Depression	14.9%	15.0%
Maternal Smoking	2.0%	5.6%
Maternal Alcohol Use	10.5%	12.1%

Sources: Maternal and Infant Health Assessment Survey, California Department of Public Health

Help Me Grow Orange County Data**Children with Developmental Disorders or Health Issues**

Measured by Intake Entry in Client Tracking System**	2010		2011		2012	
	Measured by Intake Entry in Client Tracking System**	Measured by Intake Entry in Client Tracking System**	Measured by Intake Entry in Client Tracking System**	Measured by Intake Entry in Client Tracking System**	Measured by Intake Entry in Client Tracking System**	Measured by Intake Entry in Client Tracking System**
Age	Developmental Disorders	Health Issues	Developmental Disorders	Health Issues	Developmental Disorders	Health Issues
Birth to 1	24	64	15	36	20	42
1	70	97	59	83	50	60
2	106	86	127	81	93	83
3	103	57	110	94	114	70
4	78	58	116	95	91	49
5	67	38	69	36	54	37
Total 0-5	448	400	496	425	422	341

Note: Developmental Disorders and Health Issues are not mutually exclusive categories therefore the same child can be in both categories

** Information gathered from parent/caregiver at the time of the initial entry

Help Me Grow Orange County Data**Total Number of Children Served**

Age	2010	2011	2012
	Total served /Intake	Total served /Intake	Total served /Intake
Birth to 1	203	174	182
1	444	376	346
2	579	440	384
3	425	412	355
4	339	339	274
5	170	143	132
Total 0-5	2160	1884	1673

Each year is a unique count therefore a child is counted only once and would not be included in the subsequent years.

Source: Help Me Grow Orange County

High Risk Infant Program, CHOC & UCI, 2009-2012

CHOC & UCI Number of Births by Birth	2009	2010	2011	2012

Weight, All Births				
0-999 grams	101	79	71	80
1000-1500 grams	131	113	131	111
1501-2499 grams	85	82	86	87
2500 grams and above	80	78	83	101

Source: Early Developmental Assessment Centers at CHOC and University of California, Irvine

Number and Percent of Births Using CHOC/UCI NICU	2009	2010	2011	2012
Total Births in Orange County	40,431	38,237	38,100	
Total Infants in CHOC & UCI NICU	232	192	202	191
CHOC & UCI NICU Percent of all Births	0.57%	0.50%	0.53%	0.50%

Source: Early Developmental Assessment Centers at CHOC and University of California, Irvine

Number of Children born at Gestational Age Less Than 32 Weeks, CHOC & UCI	2009	2010	2011	2012
0 - 27 weeks	99	73	76	76
28-31 weeks	148	149	155	144

Source: Early Developmental Assessment Centers at CHOC and University of California, Irvine

Number of Children Enrolled in California Children's Services, Orange County, March 2013

Age	Participant Count
0	736
1	846
2	720
3	598
4	568
5	596
Total	4,064

Source: California Children's Services

Regional Center of Orange County Data, 2008-2012

	2008	2009	2010	2011	2012
New Early Start Cases	3,412	3,349	3,119	2,927	2,553
Orange County Child Population, ages 0 - 3	160,530	155,029	152,682		
Early Start Cases as a Percent of 0 - 3 population	2.1%	2.2%	2.0%		

Source: Regional Center of Orange County

New Lanterman Cases by Age, Orange County, 2008-2012

Age	2008	2009	2010	2011	2012
0	82	73	65	51	56
1	13	12	16	5	16
2	17	12	15	9	9
3	329	292	277	317	287
4	74	68	65	64	73
5	59	60	55	47	55
Total	574	517	493	493	496

Source: Regional Center of Orange County

Children with a Diagnosis of Autism Served by RCOC, July 2012			
	Number of Children	Number with Autism	Percent with Autism
3-4 years of age	731	308	42.1%
5-9 years of age	2140	1088	50.8%
10-14 years of age	1877	853	45.4%
15-18 years of age	1541	626	40.6%

Source: Health Care Access Report, June 2013, Children and Families Commission of Orange County

Social Services Agency Data**Children with Special Health Care Needs, Ages 0-6 by Year and Need Category**

	Behavioral*		Developmental*		Emotional*		Physical*		Non Special Need		Total Cases	
	Active**	New^	Active**	New^	Active**	New^	Active**	New^	Active**	New^	Active**	New^
2012	5	1	123	25	17	8	662	199	566	221	1373	454
2011	6	5	136	53	19	10	752	297	632	238	1545	603
2010	3	2	122	50	28	4	753	290	721	298	1627	644
2009	2	2	103	49	54	12	751	269	782	282	1692	614
2008	82	35	0	0	91	21	807	249	876	330	1856	635
2007	0	0	70	39	179	21	853	336	929	456	2031	852
2006	1	1	44	28	344	92	771	352	755	460	1915	933
2005	2	1	34	19	533	109	653	287	456	342	1678	758
2004	1	0	33	15	737	311	612	271	258	159	1641	756
2003	2	1	29	12	765	379	572	221	221	146	1589	759
2002	3	2	26	7	610	391	538	220	176	89	1353	709

* Special Health Care Categories are hierarchy based 1. Physical 2. Behavioral 3. Emotional 4. Developmental (if multiple categories existed only the highest level in the hierarchy was selected for the calendar year)-for example if a child had both a physical and emotional conditions only the Physical since physical was a higher level physical was selected.

Source: County of Orange, Social Services Agency

Condition Description
<p>Behavioral</p> <ul style="list-style-type: none"> Sexual Behavior Is Inappropriate Drug Use Temper Tantrums, is Volatile Plays with Matches Depressed and/or Withdrawn Disobedient at Home Other Behavioral Condition Demands Attention Sexual Victim Screams More Than Usual for Age Cruel or Mean to Others Physically Assaults Peers/Adults Does not Get Along with Other Children Fearful or Anxious
<p>Developmental</p> <ul style="list-style-type: none"> Special Education Pupil, Certified Developmentally Delayed Speech Impairment Developmentally Disabled Learning Disorder Prematurity Dyslexia Oth. Developmental/Functional Limitation
<p>Emotional</p> <ul style="list-style-type: none"> Autism Psych Hospitalization (Current/Past) Mood Swings (Frequent and/or Persistent) Other Client Emotional Condition Attention Deficit Hyperactive Disorder Psychotropic Medication Required Hyperactive/Restless Manic Depressive Emotional Disorder (DSM, Curnt Rev) Attention Deficit Disorder Impulsive (Acts Without Thinking) Violent or Harmful Toward Self

Physical	
Cerebral Palsy	Deaf
Bedwetting /	
Enuresis	Medication Required
Impetigo	Medical Equipment/Procedures Required
Kidney Disease, Chronic	
Intraventricular Hemorrhage	Asthma
Prenatal Drug Exposure - Heroin	Hernia
Spina bifida	Heart Murmur
Prenatal Drug Exposure -	Cystic Fibrosis
Marijuana	
Bronchopneumonia	Prenatal Alcohol Exposure
Muscular Dystrophy	Non-Ambulatory
Fetal Alcohol Effect/Fet. Alcohol Sndrom	Hepatitis
Fetal Alcohol Effect	
Prenatal Drug Exposure - PCP	Fetal Alcohol Syndrome
Prenatal Drug Exposure - Other	Prenatal Drug Exposure - Methamphetamine
Other Chronic Disordr Req Ongoing Trtmnt	Burns
Diabetes	Battered Child Syndrome
Down's Syndrome	Medical Procedures Required
Neurological Impairment	Seizure Disorder
Blind / Visual Impairment	Congenital Anomalies
Prenatal Drug Exposure	Tuberculosis
Respiratory Failure	High Blood Pressure / Hypertension
Shaken Baby Syndrome	Medical Equipment Required
Diet, Requires Special	Hemophilia
Cleft Lip/Palate	Scoliosis
Encopresis	Sexually Transmitted Disease
Subdural	Enteritis
Hematoma	Congenital Heart Disease
Cancer	
Other Physical	Obesity
Health Condition	Conversion Client Condition
Prenatal Drug Exposure - Cocaine	
Cleft Palate	Water on the Brain / Hydrocephalus
Hearing	Sinusitis
Impairment	Arthritis
Failure to Thrive	
Herpes	Sickle Cell
Immune Deficiency Disorder	Bronchial Pulmonary Dysplasia
Blind	Multiple Disabilities
Gastroenteritis	
Anal Fissure	
Severe Deficits In	
Self-Help Skills	
Some Deficits In Self-Help Skills	
Deaf/Hearing Impairment	
Visual Impairment	
Apnea Equipment	
Meningitis	

Source: County of Orange, Social Services Agency

Special Education Enrollment by Age and Disability													
Orange County, 2011/12													
Age	Autism	Deaf	Deaf-Blindness	Emotional Disturbance	Hard of Hearing	Mental Retardation	Multiple Disability	Orthopedic Impairment	Other Health Impairment	Specific Learning Disability	Speech / Language Impairment	Tramautic Brain Injury	Visual Impairment
0	0	0	0	0	36	0	0	4	0	0	0	0	1
1	0	2	0	0	51	2	3	10	0	0	0	0	1
2	3	7	0	0	48	4	7	11	2	0	20	0	3
3	516	14	1	0	26	84	30	33	97	1	1,174	0	8
4	637	13	0	0	28	94	29	53	85	2	1,451	2	12
5	688	14	1	1	29	95	19	56	116	13	1,618	1	12
Total 0-5	1844	50	2	1	218	279	88	167	300	16	4263	3	37

Source: California Department of Education

Number of Children with Speech and Language Impairment							
Age							
Year	0	1	2	3	4	5	6
2007-08	0	2	25	1122	1375	1415	1779
2008-09	0	3	20	1165	1446	1572	1636
2009-10	0	5	21	1217	1447	1499	1705
2010-11	0	2	22	1169	1541	1507	1617
2011-12	0	0	20	1174	1451	1618	1615

Number of Children with Autism							
Age							
Year	0	1	2	3	4	5	6
2007-08	0	0	2	423	518	507	484
2008-09	0	0	2	446	586	634	557
2009-10	0	0	1	451	610	639	667
2010-11	0	0	3	456	612	692	665
2011-12	0	0	3	516	637	688	715

Source: California Department of Education