

## EXHIBIT A

# Cal-SAFE Report to the Legislature

The California School Age Families Education (Cal-SAFE) Program Report to the Legislature, as required by California *Education Code* Section 54748(l).

## Report to the Legislature

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## Acknowledgements

The California Department of Education (CDE) wishes to thank Mark Branagh, Project Director, and the staff of the Branagh Information Group (BIG), for their work in designing, implementing, and maintaining the GradStar Management Information System for the Cal-SAFE Program. With the excellent technical assistance and training provided by BIG, the California School Age Families Education Program agencies successfully submitted statewide data as shown in this report. GradStar not only facilitated the data collection for this report, but also served the local educational agencies by furnishing timely information to help guide the services provided to California's expectant and parenting students and their children.

The CDE also gratefully acknowledges Brenda G. LeTendre, Ed.D., an evaluator with the BIG, for her work in preparing this legislative report. Since the initial implementation of the Cal-SAFE Program in 2000, Dr. LeTendre served as the primary evaluator for the program, providing valuable information to CDE concerning the program's implementation process and outcomes.

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## Executive Summary

The Cal-SAFE Program, established by Senate Bill 1064 (Chapter 1078, Statutes of 1998), began serving expectant and parenting students and their children during the 2000-01 school year. Data collected and analyzed between 2000 through 2004 showed positive outcomes, benefits, and cost effectiveness of the program. Most notably, more than three-fourths of the students who left the program successfully completed their high school education, and a significant majority of the children born to Cal-SAFE students were born healthy. The Cal-SAFE Program offers a comprehensive, integrated, community-linked, school-based program that:

- Improves the educational experiences for expectant and parenting students
- Increases the availability of support services for these students
- Provides child care and development services for their children

Since its implementation, the Cal-SAFE Program has touched the lives of approximately 30,000 expectant and parenting teens and their 20,000 young children. Over 150 agencies located in 44 of the state's 58 counties provide a wide range of academic and support services.

Data indicate substantive progress on the program goals established by the Legislature. Key outcomes include the following:

- Over 75 percent of the students left the Cal-SAFE Program having successfully completed their high school education. This graduation rate for teen mothers far exceeds the 20 percent rate cited in the authorizing legislation as a deficit needing action. Over 65 percent of the exiting students indicated that they would pursue further education or

employment. Most planned to enroll in a local community college.

- Overwhelmingly, students in the Cal-SAFE Program did not have a repeat birth or father a repeat pregnancy while enrolled in the program. Less than 3 percent of the students were expecting another child when they enrolled or exited the program. Less than 1 percent had a repeat pregnancy while enrolled in the program.
- The vast majority of children born while their parents were enrolled in the Cal-SAFE Program were healthy. Only 7.29 percent weighed less than 2,500 grams at birth (the definition of low birth weight). This percentage is lower than the national low birth weight rate of 13.8 percent for mothers under 15 and 9.9 percent for mothers aged 15 to 19.
- Over 75 percent of the children of Cal-SAFE students attended a child care center sponsored by the Cal-SAFE Program and received programming and services based on their assessed developmental needs. Furthermore, 94 percent of the children enrolled in child care sponsored by the Cal-SAFE Program were up-to-date on their immunization schedules. This percentage substantially exceeds the immunization rates for children 19 to 35 months nationally (82 percent) and in California (81 percent).

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## Background Information

### Program Description

The Cal-SAFE Program is a comprehensive, integrated, community-linked, school-based program that serves expectant and parenting students and their children. The Cal-SAFE Program is designed to improve the educational experience, increase the availability of support services for enrolled students, and provide child care and development services for their children. The program provides the first opportunity for local educational agencies throughout California to access sufficient resources to support a seamless, cost-effective service delivery system from point of entry into the program until graduation.

### Program History

Senate Bill 1064 (Chapter 1078, Statutes of 1998) established the Cal-SAFE Program (*California Education Code [EC] sections 54740 through 54749.5*). Section 54748(l) requires the CDE to submit an evaluation report to the Legislature commencing March 1, 2005, and every five years thereafter. The program became operational July 1, 2000, and incorporated many elements of programs formerly known as the Pregnant Minors Program (PMP), School Age Parenting and Infant Development (SAPID) Program, and the Pregnant and Lactating Students (PALS) Program, administered by the CDE.

### Student Eligibility

Female and male students age 18 and younger who have not graduated from high school may voluntarily enroll in the Cal-SAFE Program if they are an expectant parent, a custodial parent, or a non-custodial parent taking an active role in the care and supervision of their child. An eligible student with an Individualized Education Program (IEP) is eligible as long as there is an active IEP. If a student does not have an IEP and is continuously enrolled in the program and has not graduated before reaching age 19, the student may be enrolled for one additional semester. As long as parents are enrolled in the Cal-SAFE Program, their children are eligible for services until age five or entry into kindergarten, whichever comes first.

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## Progress Towards Meeting the Legislative Goals

EC Section 54742(b) lists 11 goals that guide the efforts of the Cal-SAFE Program. Data collected since the program's inception indicate substantive progress on these goals.

**Goal 1: A significant number of eligible female and male students in need of targeted supportive services related to school success will be served.**

Since its implementation in the 2000-01 school year, the Cal-SAFE Program has touched the lives of over 30,000 expectant and/or parenting students and the nearly 20,000 young children of those students.

**Goal 2: Students shall have the opportunity to be continuously enrolled in the Cal-SAFE program through graduation**



from high school.

Since its implementation in July 2000, California funded 154 approved Cal-SAFE Program agencies, located in 44 of the state's 58 counties, which offered services to over 30,000 pregnant and/or parenting students. Ninety percent of these agencies served students and their children for three or more years, while 69 percent provided services throughout all five of the funded years. The 8 percent of the agencies that dropped out of the Cal-SAFE Program after only one or two years of funding did so because they could not sustain the needed services by using only the monies provided by the Cal-SAFE Program.

During the five years of the Cal-SAFE Program, the approved agencies provided services at over 460 middle and high schools statewide. Many academic sites offered students in the Cal-SAFE Program the opportunity to enroll in a comprehensive high school setting. Less than 20 percent of the academic sites offered Cal-SAFE Program services in an "alternative school" setting, while only 10 percent of the Cal-SAFE Program academic sites were located at a middle or junior high school.

**Goal 3: Students served who receive program services for one or more years will earn a high school diploma or its equivalent or demonstrate progress towards completion of education goals.**

During the 2001-02, 2002-03, and 2003-04 school years, 76 percent of those students who exited\* from the Cal-SAFE Program left having successfully completed their high school education, almost all having attained a high school diploma rather than taking the General Education Degree (GED) exam or the California High School Proficiency Exam (CHSPE). This graduation rate for teen mothers far exceeds the 20 percent expected graduation rate cited in the legislation authorizing the Cal-SAFE Program<sup>A</sup> and the 30 percent cited by Berglas, Brindis, and Cohen in their 2003 report: *Adolescent Pregnancy and Childbearing in California*.<sup>B</sup>

\* Of the remaining percentage, 14 percent dropped out of school; 4 percent aged out, exceeding the age limit; and 6 percent left the program for other reasons such as miscarriage or loss of custody for their children.

**Goal 4: Students served who graduate will transition to postsecondary education, including a technical school, or into the world of work.**

Over 65 percent of the students who exited the Cal-SAFE Program indicated that they would pursue further education or employment. Most planned to enroll in a local community college.

**Goal 5: Students served and their children will not become welfare-dependent.**

No data were available concerning Cal-SAFE Program students' dependence on welfare.

**Goal 6: Students served will demonstrate effective parenting skills.**

Although no specific data were collected to determine the quality of Cal-SAFE students' parenting skills, several data items can act as indicators.

- 100 percent of the students enrolled in the Cal-SAFE Program received parenting and life skills training as part of their instructional schedules.
- 94 percent of the children of students enrolled in child care sponsored by the Cal-SAFE Program were up-to-date on their immunization schedule, while 89 percent of all children of Cal-SAFE students were up-to-date. These percentages substantially exceed the immunization rates for children 19 to 35 months nationally (82 percent) and in California (81 percent).<sup>C</sup>
- Almost 54 percent of the students reported having a high degree of involvement with their child's other parent. This could indicate that both the mother and father both provide parenting to the child.
- Finally, over 75 percent of children of Cal-SAFE students attended a child care center sponsored by Cal-SAFE. Placing their children in a quality child care setting demonstrates effective parenting decisions.

**Goal 7: Students served will not have a repeat birth or father a repeat pregnancy before graduating from high school.**

Overwhelmingly, students in the Cal-SAFE Program did not have a repeat birth or father a repeat pregnancy while enrolled in the program. Fewer than 3 percent of the students were expecting another child when they enrolled. Furthermore, only 3.45

percent were pregnant with another child when they exited the program. Finally, data from the 2001-02 school year showed that less than 1 percent of the students had a repeat pregnancy while enrolled in the program. These percentages fall considerably below the 25 percent repeat pregnancy rate cited by the EC Section 54741, authorizing the Cal-SAFE Program and by Berglas, Brindis, and Cohen in their 2003 report: *Adolescent Pregnancy and Childbearing in California*.<sup>B</sup>

**Goal 8: Pregnant students served will not have a low birth weight baby,**

The data show that only 7.29 percent of the children born while their parents were enrolled in the Cal-SAFE Program weighed less than 2,500 grams at birth (the definition of low birth weight). This is lower than the national rate of 13.8 percent for mothers under 15 and 9.9 percent for mothers aged 15 to 19.<sup>E</sup>

**Goal 9: Children of enrolled teen parents will receive child care and development services based upon the assessed developmental and health needs of each child.**

Over 75 percent of the children of Cal-SAFE students attended a child care center sponsored by Cal-SAFE. Within 60 days of initial enrollment, the center's staff assessed each child's social, emotional, physical, and learning competencies using the Desired Results Development Profiles. The staff then used this information, along with subsequent periodic assessments, to design programming and services to meet the developmental needs of the children attending the center. This child-centered programming mirrors research-proven practices that prepare children for success in school.<sup>F</sup>

**Goal 10: Children of enrolled teen parents will receive health screening and immunizations except when the custodial parent annually provides a written request for an exemption pursuant to Section 49451 and Section 120365 of the California Health and Safety Code.**

94 percent of the children of students enrolled in child care sponsored by the Cal-SAFE Program were up-to-date on their immunization schedule, while 89 percent of all children of Cal-SAFE students were up-to-date. These percentages substantially exceed the immunization rates for children 19 to 35 months nationally (82 percent) and in California (81 percent).<sup>C</sup>

**Goal 11: Children of enrolled teen parents will have enhanced school readiness, demonstrate progress towards meeting their assessed developmental goals, or both.**

Although no specific data were collected to determine the level of school readiness of children whose parents were enrolled in the Cal-SAFE Program, we do know that over 75 percent of the children attended a child care center sponsored by the Cal-SAFE Program that employed child development practices shown by research<sup>F</sup> to have positive effects on a child's readiness for school and future test scores.

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## The Typical Cal-SAFE Program Student

Since its inception in July 2000, the Cal-SAFE Program has served over 30,000 pregnant and/or parenting students across the state of California.

Overwhelmingly, the typical student served by the Cal-SAFE Program was:

- Female
- Single
- Hispanic
- Aged sixteen or seventeen
- In the tenth or eleventh grade
- Still under the guardianship of her parents
- Living in a highly populated urban area rather than a moderately populated county or rural location

Furthermore, the typical Cal-SAFE Program student did not have a job nor was she seeking a job when she enrolled.

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## The Typical Cal-SAFE Program Female Student

Almost 95 percent of the students served by the Cal-SAFE Program were female, and most entered the program either pregnant or parenting but not both. Indeed, only 3 percent of the Cal-SAFE students were pregnant and parenting when they enrolled.

If she was pregnant when she enrolled, the typical Cal-SAFE student:

- Entered the program during her second trimester
- Was sixteen or seventeen years of age
- Lived in a densely populated urban area rather than a moderately populated county or a rural location

If she was parenting at entry, the typical Cal-SAFE student parented:

- Only one child whom she had given birth
- A child for whom she held custody

If she gave birth to her child while in the Cal-SAFE Program, the typical student:

- Delivered a healthy baby 38 weeks after conception
- Began prenatal care in her first trimester
- Received prenatal care in a health care clinic
- Paid for her prenatal care through Medi-Cal
- Spent 2.69 days in the hospital at delivery

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## The Typical Cal-SAFE Program Male Student

Although males made up only 5 percent of the over 30,000 students in the Cal-SAFE Program, the typical male student mirrored the characteristics of his female counterpart.

The typical male Cal-SAFE Program student was:

- Single
- Hispanic
- Sixteen or seventeen years of age
- In the eleventh grade
- Under the guardianship of his parents
- Not working or seeking employment when he enrolled

Furthermore, the typical male Cal-SAFE Program student was either parenting or had a partner who was pregnant but not both.

The typical male student with a pregnant partner tended to enroll when his partner was in her second trimester of pregnancy.

Finally, if parenting, the typical male student had only one child.

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## The Typical Child of a Cal-SAFE Program Student

The central mission of the Cal-SAFE Program has centered on helping pregnant and parenting teens stay in school and complete their high school education.

In fulfilling this mission, the program has also touched the lives of 20,000 infants and young children whose parents were enrolled in the Cal-SAFE Program.

Over 75 percent of these children attended a child care center sponsored by the Cal-SAFE Program.

The typical child born while the parent was enrolled in the Cal-SAFE Program:

- Was a boy
- Had a mother who lived in a densely populated county
- Had a normal birth weight
- Showed no evidence at birth of a serious medical condition or a developmental delay
- Remained in the hospital for 1.04 days after his birth
- Had a mother who planned to have him stay in child care center sponsored by the Cal-SAFE Program when she returned to school

The typical child of a Cal-SAFE Program student:

- Was an infant under twelve months of age when the student parent enrolled
- Was a boy
- Was healthy with no serious medical condition
- Was developmentally normal
- Was very up-to-date on his immunizations
- Weighed within the normal range at birth
- Stayed at a child care center sponsored by Cal-SAFE while his parent(s) attended school
- Lived in a home where the household members spoke English as their primary language
- Experienced a high level of involvement with both his parents

The typical child who attended a Cal-SAFE-sponsored child care center:

- Was an infant under the age of six months
- Was a boy
- Attended the center five days a week for 6.5 hours per day
- Was very up-to-date on his immunizations

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## The Typical Cal-SAFE Program Student Who Exited the Program

Data collected during 2001-2004 showed that slightly over 8,000 students exited the Cal-SAFE Program. Evaluators defined exits as any student who left the program and was not expected to return. Reasons for exiting the program ranged from the positive such as graduation, to the negative, such as dropping out or miscarriage. Overwhelmingly, the reasons for exiting the Cal-SAFE Program fell in the positive area, with 75 percent Cal-SAFE Program students having completed their high school education.

Overall, the typical Cal-SAFE Program student who exited the program:

- Left having received a high school diploma
- Was eighteen years of age
- Planned to enroll in a local community college
- Was not working or seeking employment at the time he/she left the program
- Was not married
- Was not pregnant
- Was parenting only one child

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## Data Sources

The major source of data shared in this report came from the GradStar Management Information System (MIS), developed and maintained by the Branagh Information Group, under contract with the CDE. Staff at each of the Cal-SAFE Program agencies collected the data and entered the information into the GradSTAR MIS.

The following is a complete listing of the data sources:

1. GradStar MIS data received as of December 31, 2004
  - o Student Enrollment Form Parts I, II, III
  - o Pregnancy Outcome Form
  - o Student Exit/Temporary Withdrawal Form
  - o Child Care Enrollment Form
2. CDE Form F Site Information for each of the five funded school years
3. CDE-provided contact information for the program coordinators, site leaders, and child care coordinators for each of the five funded school years
4. Data from the Implementation Surveys conducted in spring 2001

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## Endnotes

**A** From EC Section 54741, authorizing the Cal-SAFE Program. "(f) Eighty percent of females who become mothers before the age of 18 do not finish high school, and 40 percent of females who give birth by age 15 do not complete the 8th grade."

**B** Berglas, N., Brindis, C., & Cohen, J. (2003). *Adolescent pregnancy and childbearing in California*. Retrieved March 1, 2005, from the [California State Library](#) (Outside Source).

**C** Center for Disease Control. (July 30, 2004) *Morbidity and Mortality Weekly Report*. Retrieved January 30, 2005, from [Immunofacts](#) (Outside Source). See the section on Childhood Immunization Delivery by State and Major Cities: 2003 Levels Among Children 19-35 Months, Table 2: Estimated vaccination coverage levels with 4:3:1\*, 4:3:1:3†, 4:3:1:3:3§, and 4:3:1:3:3:1¶ series among children aged 19-35 months, by state and selected urban area – National Immunization Survey, United States, 2003.

**D** From EC Section 54741, authorizing the Cal-SAFE Program. "(d) Approximately one-quarter of teen mothers in California will experience a second or subsequent birth while in their teen years." Also from Berglas, N., Brindis, C., & Cohen, J. (2003). *Adolescent pregnancy and childbearing in California*. Retrieved March 1, 2005, from the [California State Library](#) (Outside Source).

**E** Center for Disease Control. (December 17, 2003). From *National vital statistics reports*, Volume 52, Number 10. Retrieved January 30, 2005, from the [National Center for Health Statistics](#) (Outside Source). See section titled Births: Final Data for 2002. Also see Table 32: Percent low birthweight by smoking status, age, and race and Hispanic origin of mother: Total of 49 reporting states and the District of Columbia, 2002 on page 73.

**F** Ramey, C. T., Gallagher, J. J., Campbell, F. A., Wasik, B. H. & Sparling, J. (2004). Carolina Abecedarian Project and the Carolina Approach to Responsive Education (CARE), 1972-1992. Ann Arbor, MI: Inter-university Consortium for Political and Social Research, 2004. The research indicated that the children in the intervention group showed higher cognitive scores and higher achievement in both reading and math when they later entered school.

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California Department of Education  
1430 N Street  
Sacramento, CA 95814

Last Reviewed: Tuesday, July 01, 2008





## Agency Self-Assessment of Cal-SAFE Program Goals (Required)

**County:** Orange      **LEA:** Anaheim Union High School District

<b>Planners:</b>		Review date: June 18, 2008
Name: Rick Martens	Position: Principal	
Kim Bauerle	Cal Safe Director	
Sharon Iriye	Cal Safe Program Lead	Follow-up date: January 2009
Debbie Phillips	CDI-CDC Site Supervisor	

Cal-SAFE Program Goals (As defined in California Education Code Section 54748 [k])	Implementation Activities* (How you are accomplishing the goal; describe activities, services provided.)	Improvement Plan (change(s) planned, expected completion date)	Persons Responsible
<p>1. A significant number of eligible female/male pupils in need of targeted supportive services related to school success will be served.</p>	<p>Being a first year program we worked hard to make people aware of the Cal SAFE program and the services provided. This year we served 133 females and 2 males.</p> <p>Program Director met with Health Clerks, School Counselors and contacted all Asst. Principals and Principals to make them aware</p> <p>Worked with AFLP and Cal Learn to help served students</p> <p>A brochure was developed and disseminated.</p> <p>Activities:                      The GILBERT site: ( where our child care facility is located and the site with the largest number of Cal SAFE students)                      Weekly presentations done by the district nurse (PMP)                      Weekly counseling group facilitated by Planned Parenthood                      Speakers: Drugs and Alcohol, Domestic Violence, Healthy Dating Relationships, the Role of the Father,                      ROP and College Opportunities</p>	<p>We plan to post information about the program on the district web site. (10/1/08)</p> <p>New IS system (Zangle) will track those that are identified as Cal SAFE students districtwide (10/1/08 -- ongoing)</p> <p>Place social work interns at comprehensive sites with the greatest number of Cal SAFE students (10/1/08)</p> <p>Translate the brochure into Spanish (11/1/08)</p> <p>Increase the amount of students in the ROP program (6/1/09)</p> <p>Take students on field trips to the Community College and the</p>	<p>Kim Bauerle                      Pat Karlak                      Debbie Phillips                      Sharon Iriye                      Stacie Muir                      Translation Department                      Kathy Strobel                      Social Work Interns</p>

<b>Cal-SAFE Program Goals</b> (As defined in California Education Code Section 54748 [k])	<b>Implementation Activities*</b> (How you are accomplishing the goal; describe activities, services provided.)	<b>Improvement Plan</b> (change(s) planned, expected completion date)	<b>Persons                      Responsible</b>
	Individual academic counseling. WIC presentations on nutrition WAMU presentation on finances Presentations on Dressing for Success Healthy Start Nurses presentations on Nutrition and Exercise Physical Education Program for Pregnant and Parenting Teens Presentation on Work Experience  Field Trip to Body Worlds  Utilized the Child Development Staff to speak in the parenting class on topics deemed necessary by the staff  All students and their children have transportation to and from school on a dedicated district bus	University (6/1/09)  Create job shadowing opportunities for students (ongoing)  Create academic guidance forms to use in student conferences each quarter to keep them on track... Gilbert  Continue to increase speaker pool and variety of topics (6/1/09)  Expand to 4 Field Trips (6/1/09)	
Use this space to describe the outcomes of any changes made as a part of your improvement plan.			
2. Pupils shall have the opportunity to be continuously enrolled in the Cal-SAFE Program through graduation from high school.	We are in our first year, so in an effort to maintain continuous enrollment we will be mailing letters to each student and making personal calls to invite students to registration in August and to continue to be part of the Cal SAFE program	Since we do not have Grad Star, we are in need of a better tracking system. If it is not developed by the California Department of Education we will have to develop a more comprehensive format (2/1/09) Increase articulation with AFLP/Cal LEARN and other Cal SAFE programs.	Kim Bauerle Social Work Interns



Cal-SAFE Program Goals (As defined in California Education Code Section 54748 [k])	Implementation Activities* (How you are accomplishing the goal; describe activities, services provided.)	Improvement Plan (change(s) planned, expected completion date)	Persons Responsible
Use this space to describe the outcomes of any changes made as a part of your improvement plan.			
3. Pupils served who receive services for one or more years will earn a high school diploma or its equivalent or demonstrate progress towards completion of educational goals.	We currently implement an attendance award system to encourage attendance. Individualized academic counseling Childcare is offered for students during the summer to allow them to take summer school courses.	We will be starting a tutoring program at Gilbert South (11/1/08) Direct students at the comprehensive site to utilize academic tutoring (ongoing)	Kim Bauerle Sharon Iriye Stacie Muir Social Work Interns
Use this space to describe the outcomes of any changes made as a part of your improvement plan.			
4. Pupils served who graduate will transition to postsecondary education, including a technical school, or into the world of work.	Helped students fill out college applications Took a small group of students to the Community College for a tour of the campus and the child care facility. Presentation to students about ROP offerings was done by our ROP counselor.	Need to embed time in the curriculum for career exploration and post-secondary opportunities (10/1/08) Bring in our district school career counselor to work with the students. (11/01/08) Create a resource guide for post graduate child care opportunities. (6/1/09) Have career exploration and college financial aid nights for teens and their parents. (6/1/09)	Kim Bauerle Sharon Iriye Stacie Muir School Guidance Counselors

Cal-SAFE Program Goals (As defined in California Education Code Section 54748 [k])	Implementation Activities* (How you are accomplishing the goal; describe activities, services provided.)	Improvement Plan (change(s) planned, expected completion date)	Persons Responsible
		Bring in speakers from careers that are of interest to Cal SAFE students (6/1/09)	
Use this space to describe the outcomes of any changes made as a part of your improvement plan.			
5. Pupils served and their children will not become welfare dependent.	We do goal setting activities Support all efforts to achieve a high school diploma Encourage post graduate education Attendance reward system	Increase academic guidance Self Esteem Building Activities Expand Career Exploration Program (2/1/09) Increase ROP attendance and take a field trip to an educational school (6/1/09) Work with students to develop interviewing skills (6/1/09)	Kim Bauerle Sharon Iriye
Use this space to describe the outcomes of any changes made as a part of your improvement plan.			
6. Pupils served will demonstrate effective parenting skills.	Students are required to take a parent education courses and a class in the child development lab. The skills taught in the parenting class can then be evaluated in the lab. They are assigned on caregiver that remains with their child throughout their enrollment. This provides a continuum of care for the child and the ability to monitor the acquisition of parenting skills.	The Child Development staff will head up workshops for the teens on topics deemed necessary by the staff (6/1/09)  Implementing new Parent Education curriculum in the fall of 2008 (11/1/08)	Debbie Phillips CDI Staff Members Sharon Iriye Kim Bauerle Social Work Interns



Cal-SAFE Program Goals (As defined in California Education Code Section 54748 [k])	Implementation Activities* (How you are accomplishing the goal; describe activities, services provided.)	Improvement Plan (change(s) planned, expected completion date)	Persons Responsible
Use this space to describe the outcomes of any changes made as a part of your improvement plan.			
7. Pupils served will not have a repeat birth or father a repeat pregnancy before graduating from high school.	Birth control options are presented by Planned Parenthood and our district nurse.	Develop a financial planning activity for teens to see the financial impact of multiple children (2/1/09)  Bring in a teen with multiple children to discuss the challenges of having more than one child.(6/1/09)  Assign students a Baby Think It Over Doll (6/1/09)	Kathy Strobel Kim Bauerle Sharon Iriye
Use this space to describe the outcomes of any changes made as a part of your improvement plan.			
8. Pregnant pupils served will not have a low birth weight baby.	Provide nutritional information through written materials and speakers	Track students at the comprehensive sites and make sure they receive nutritional	Kim Bauerle Health Clerks Social Work Interns

Cal-SAFE Program Goals (As defined in California Education Code Section 54748 [k])	Implementation Activities* (How you are accomplishing the goal; describe activities, services provided.)	Improvement Plan (change(s) planned, expected completion date)	Persons Responsible
	Provide students with nutritional meal supplements  Ask students during their intake about receiving prenatal care and discuss nutritional needs and vitamins.  Refer to the district nurse as necessary	supplements. (10/1/08)  Bring in a speaker about the risks associated with low birth weight babies. (6/1/09)  Have students keep a food diary (6/1/09)	Sharon Iriye
Use this space to describe the outcomes of any changes made as a part of your improvement plan.			
9. Children of enrolled teen parents will receive child care and development services based upon the assessed developmental and health needs of each child.	We partner with Continuing Development Incorporated Child Development Centers to provide child care on our Gilbert campus. We currently have an infant room, toddler room, and state pre-school.  Children are assessed within the first sixty days of enrollment and every six months thereafter.  Parent conferences are held a minimum of twice annually and additional meetings as requested by parent or deemed necessary by child care staff, Cal SAFE Lead teacher or Cal SAFE program director. The DRDP is the assessment tool used by CDI-CDC	CDI-CDC will add an additional child care room to accommodate more children. (October 1, 2008)  Bi-monthly observations of each child by district nurse and/or CDI-CDC with documentation of evaluation. (6/1/09)  Implement daily health check form. (6/1/09)  Create a Parent Advisory Team (PAT) (6/1/09)	Kim Bauerle Sharon Iriye Debbie Phillips



**Goal#5:**

1. Students need to taught interview skills.
2. There needs to be increase awareness of financial responsibility

**Goal #6:**

1. We need a stronger curriculum for parent education
2. Better communication between the child care staff and the lead teacher on what needs to be taught and/or reinforced in the classroom

**Goal #7:**

1. As a new program we did not face this issue, but as evident in our plan, we recognize that we need to do more to prevent repeat births.

**Goal #8:**

1. Students need more nutritional awareness.

**Goal #9:**

1. Need to meet the child care needs of more students
2. Increase the frequency of child evaluations by a health care professional

# WHAT IS ORANGE COUNTY DOING ABOUT TEENAGE PREGNANCIES?

## SUMMARY

A major problem in Orange County is the high number of teenage pregnancies. The 2007-2008 Orange County Grand Jury learned that some teenage moms and dads are not aware of programs that are available to assist them through pregnancy and with parenting. This is critical as the findings of health administrators indicate that reproductive health education for youth and their parents, along with programs to assist pregnant and parenting teens, improves the safety of giving birth and ensures better health of their babies.

*"Every minute, a baby is born to a teen mother in the United States."*

*National Center for Health Statistics, 2002*

This study deals with identifying the many programs that are available and how they should be made more accessible to teens so that they can help themselves and their babies both now and in the future. Education is important because early awareness and program access will help diminish a substantial social and economic burden on society.

The Grand Jury identified more than 100 programs offered through the Orange County Health Care Agency, the Orange County school districts and several community-based social organizations. This study focused on four programs. Of the programs reviewed, the Grand Jury found the California School Age Families Education program (Cal-SAFE), as adopted and implemented by local districts, to be very effective in assisting pregnant and parenting teens and in preventing future unwanted teen pregnancies.

However, the Cal-SAFE Program is funded by the California State Department of Education. Cal-SAFE programs which are currently operating will continue to receive California Department of Education funding. *However, no new Cal-SAFE programs will be funded.* In fact, the current funding is being threatened.

The schools, along with the Orange County Health Care Agency must explore other options that are just as effective as the Cal-SAFE program.

## REASON FOR INVESTIGATION

*"Teen birth rates for both the US and California are higher than those for every other Western democracy in the world."<sup>1</sup>*

*"The teen birth rate in the United States rose in 2006 for the first time since 1991."<sup>2</sup>*

Births in Orange County in 2005 indicate that 3,208 (7.2%) of the 41,905 births were to teenage moms.<sup>3</sup> Births to adolescents have inherent problems such as increased rates of

<sup>1</sup> Public Health Institute, No Time for Complacency, Teen Births in California, March 2003

<sup>2</sup> Centers for Disease Control, National Center for Health Statistics, December 5, 2007

<sup>3</sup> Orange County Health Care Agency Report to the Grand Jury, October 25, 2007



infant mortality and low birth weight. Low birth weight can lead to developmental disabilities and many other negative outcomes.

Some of the programs offered in Orange County fail to effectively promote their benefits; most prospective clients learn of programs through word-of-mouth referrals. The Grand Jury studied how programs in Orange County assist pregnant and parenting teenagers. It also wanted to know how effective these programs are in preventing repeat teen pregnancies.

## **METHOD OF STUDY**

The Grand Jury investigated this subject by:

- Conducting interviews with County agencies and community organizations that facilitate services for pregnant and parenting youth
- Reviewing and evaluating reports about pregnant and parenting teens
- Reviewing County, State and Federal statistics and reports
- Reviewing summary data related to over 100 programs dealing with teen pregnancy issues

## **BACKGROUND AND FACTS**

While teenage pregnancy numbers decreased between 1996 and 2005, an increase was recorded for 2006.<sup>4</sup> This is a warning that something is wrong. Teen pregnancy, childbearing and resulting consequences add enormous social and economic costs to the community, often including a breakdown of family structure.

A study of Orange County teen births in 2005 by ethnic groups showed that Hispanic females under 19 years of age accounted for 85% of the total teen births. Births by age showed that women 18 to 19 had the highest birth rate at 48.7 per 1,000, with girls 15 to 17 at 15 per 1,000.<sup>5</sup>

Orange County cities with the highest teen births in 2005 were as follows:<sup>6</sup>

- Santa Ana                    968
- Anaheim                    622
- Garden Grove            187
- Fullerton                   154
- Orange                      139
- Costa Mesa                103
- Buena Park                101

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<sup>4</sup> Centers for Disease Control, National Center for Health Statistics, December 5, 2007

<sup>5</sup> Report on the Conditions of Children in Orange County, 2007

<sup>6</sup> Orange County Health Care Agency Report to the Grand Jury, October 25, 2007

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The negative impact of teenage births is documented statistically in many reports of the California Department of Finance. Some of the important results from its 2006 report show that babies born to teen mothers have a 50% higher rate of infant mortality than those born to mothers over 20 years of age. Furthermore, babies born to teen mothers are 30% more likely to have low birth weight, resulting in higher medical costs and disabilities. California's average annual cost to taxpayers for each child born to a mother 17 years of age or younger is \$4,224.<sup>7</sup>

Teen mothers are more likely to<sup>8</sup>:

- Have had mothers who were pregnant as adolescents
- Drop out of school
- Remain unmarried and live in poverty
- Live in single parent households
- Experience abuse and neglect
- Remain longer in the welfare system

Under the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (Education Code section 51930 – 51939), basic sexual health instruction, which includes basic human reproduction and HIV/AIDS instruction, is mandated with a parental exception option. Comprehensive sexual health instruction, which includes family planning, is **not** mandated in California. Therefore health education in schools may not be effective in preventing teen pregnancies.

Because comprehensive sexual health instruction is optional, the Community Care Health Center in Santa Ana, a non-profit community assistance group, applied for and was awarded a five-year grant which is being used to promote reproductive health education using a curriculum entitled "Street Wise to Sex Wise." Although not sponsored by the school district, this program has been enthusiastically accepted by parents and students at one high school within the Huntington Beach Union High School District. Initial reactions are promising.

### **Programs Available to Pregnant and Parenting Teens**

The Grand Jury focused on four programs that offer services primarily to pregnant teens, teen parents and also provide instruction designed to prevent repeat pregnancies.

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<sup>7</sup> The Public Costs of Teen Childbearing in California, The National Campaign to Prevent Teen Pregnancy, November, 2006

<sup>8</sup> "Somewhere to Turn: A Study of Services in Orange County for Teens and Youth," Mary's Shelter, Santa Ana, California, May 2007



## *Cal-SAFE*

The Cal-SAFE Program is the successor to three programs targeting pregnant and parenting teens and their children: the Pregnant Minors Program, the School Age Parenting and Infant Development Program, and the Pregnant and Lactating Students Program.

Cal-SAFE was established as a comprehensive and community-linked, school-based program. It is designed to increase the availability of support services for enrolled expectant or parenting pupils. The services are designed to improve academic achievement, to improve parenting skills and to provide quality child care and development programs for their children.

The last Cal-SAFE Report to the California Legislature, using 2000-2004 data, indicated the program had positive results and benefits. Over 75% of the students who completed the program finished high school and a significant majority of the children born to Cal-SAFE students were healthy. Unfortunately, some of the websites of high schools which offer Cal-SAFE do not make reference to the availability of this program and therefore students may not be aware of its existence. Nevertheless, the Cal-SAFE program achieved many of its objectives as seen in the following outcomes:

- 97% of students in the Cal-SAFE Program did not have a repeat birth or father a repeat pregnancy while enrolled in the program
- Only 7.3% of babies born to teens had a low birth weight
- More than 75% of the children of Cal-SAFE students attended a child care center, 94% of these children were up-to-date on their immunization schedules

Of the 15 Orange County school districts with high schools, only the following seven operate Cal-SAFE Programs:

- Anaheim Union High School District
- Capistrano Unified School District
- Fullerton Joint Union High School District
- Garden Grove Unified School District
- Huntington Beach Union High School District
- Placentia-Yorba Linda Unified School District
- Santa Ana Unified School District.

All high school districts offering the Cal-SAFE program will accept inter-district transfers from districts not offering the program depending upon capacity.

La Sierra High School in the Fullerton Joint Union High School District is an exemplary Cal-SAFE program which includes among other outstanding services, transportation to and from school and child care to ensure that teen mothers continue their education. Most impressive is the child care center with a nurse on-site, supporting a policy to admit

children who would otherwise be sent home for non-critical illness such as a cold. This provides the teen mother the opportunity for uninterrupted class attendance.

The Cal-SAFE Program is funded by the California State Department of Education. Currently successful Cal-SAFE programs will continue to receive California Department of Education funding. *However, no new Cal-SAFE programs will be funded.* In fact, current funding is being threatened.

### *Family Planning Health Education*

The Orange County Health Care Agency's (HCA) Family Planning Health Education (FPHE) unit assists teenagers who are considered at-risk for unintended pregnancies. The teens may be drug users/abusers, homeless, disabled, non-English speakers, or even migrant workers. The teen pregnancy unit, through HCA's Family Planning Clinic, has the goal to educate and inform teens about the importance of family planning and reproductive health.

FPHE provides access to information and offers contraceptives to all, with priority given to low-income teens. A formal presentation is conducted on birth control, sexually transmitted diseases, reproduction, cancer screenings, importance of communication between partners, body image and attitudes toward sex, etc. It also provides outreach activities to the schools, family resource centers, homeless shelters, domestic violence shelters, day labor sites and community health fairs.

In 2006, Orange County FPHE provided outreach services to 10,222 individuals, of whom approximately 25% were teens.<sup>9</sup>

### *Adolescent Family Life Program*

Adolescent Family Life Program (AFLP) is a voluntary, intensive program serving pregnant and parenting youth. AFLP is also administered by the HCA with funding from local, State and Federal agencies and serves approximately 500 clients. The program's primary goals are to:

- Improve teen pregnancy outcomes
- Reduce the number of repeat, unintended adolescent pregnancies
- Encourage continuing academic education
- Promote healthy parenting

Case managers meet monthly with clients, usually in the home, to provide guidance and to help them gain access to available resources. Females must be under the age of 19 and pregnant or parenting. Males must be under 21 and actively involved with a pregnant partner or parenting a child.<sup>10</sup> At-risk teens have priority, including those who are disabled, under 15 years of age, with medical or psychological concerns, or severely behind in their education.

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<sup>9</sup> Orange County Health Care Agency Report to the Grand Jury, October 25, 2007

<sup>10</sup> *ibid*



### *Nurse-Family Partnership*

Also under HCA, Nurse-Family Partnership (NFP) is a home visitation program for teens and young women under 24 years old. The woman must be less than 28 weeks pregnant with her first pregnancy and planning to parent the child, and be eligible for Medi-Cal, Cal Optima or other Medi-Cal related services.

Under a set schedule, the nurse will visit the client before the 28<sup>th</sup> week of pregnancy and until the child is two years of age. The nurse assists the new mother and her family by providing education and support in the areas of prenatal care, nutrition, childbirth and breastfeeding. The services are provided in English, Spanish and Vietnamese. The primary goals of the NFP are to foster healthier pregnancies, improve the health and development of babies, and encourage self-sufficiency.

Data from NFP graduates as of March 2007 shows encouraging results:

- 47% earned their diploma or GED
- An additional 30% continued to work toward their diploma or GED
- 19% pursued education beyond high school
- Only 5.6% of babies born to NFP grads were premature versus 9.6% for the County (2004) and 10.7% for the State (2004)
- 84% of NFP mothers initiated breastfeeding and 13% continued to breastfeed until their babies were 12 months old
- 93% of the babies through age two had no visits to hospital emergency rooms due to injury or foreign substance ingestion
- 100% of NFP infants at age two were fully immunized compared to California's rate of 72% (2004)

This program served 437 new mothers in 2007 and anticipates serving as many as 440 in 2008.

### **CONCLUSION**

Teenage pregnancy is a continuing major problem in Orange County. This study identified many teenage parent and parenting programs that are available through the Orange County Health Care Agency, school districts and several community-based organizations. The Grand Jury found that there are a sufficient number of programs but there is a lack of awareness by teenagers and their parents about the programs being offered.

It further found that the Cal-SAFE program offered by high school districts appears to be very effective in assisting pregnant and parenting teens and in preventing repeat unwanted teen pregnancies. However, a reduction in funding for this program is being threatened due to State budget cuts. Reducing funds for the Cal-SAFE program will have a negative impact on the program.

Coordination of all programs is needed to assist pregnant and parenting teens and to provide human reproductive education. The responsibility for this coordination lies primarily within the Health Care Agency's purview in collaboration with the Orange County Superintendent of Schools and/or the participating high school districts.

Orange County needs a more aggressive campaign to publicize the programs available to pregnant teens and teen parents. Otherwise, Orange County will continue to deal with the negative impacts of teen pregnancies.

## **FINDINGS**

In accordance with California Penal Code Sections 933 and 933.05, each finding will be responded to by the government entity to which it is addressed. The responses are to be submitted to the Presiding Judge of the Superior Court. The 2007-2008 Orange County Grand Jury has arrived at the following findings:

**F-1 The Cal-SAFE program which is offered by some local high school districts, is a very effective program that assists students who are pregnant and parenting. However, a reduction in funding for existing high school districts with Cal-SAFE programs is being threatened and there is no new funding for additional programs.**

**F-2 Programs available to pregnant and parenting youth are currently coordinated by the Health Care Agency. However, most programs are not widely known or utilized by Orange County teenagers and/or their parents.**

**Responses to Findings F-1 and F-2 are required from the Orange County Superintendent of Schools.**

**Response to Finding F-2 is requested from the Orange County Health Care Agency**

## **RECOMMENDATIONS**

In accordance with California Penal Code sections 933 and 933.05, each recommendation will be responded to by the government entity to which it is addressed. The responses are to be submitted to the Presiding Judge of the Superior Court. Based on the findings of this report, the 2007-2008 Orange County Grand Jury makes the following recommendations:

**R- 1 That the Orange County Health Care Agency in connection with the Orange County Superintendent of Schools form and support a program that incorporates some of the integral parts of the Cal-SAFE program to continue assisting pregnant and parenting teens.**



**R-2 That the Orange County Health Care Agency and the Orange County Superintendent of Schools coordinate and publicize programs about pregnancy and parenting to high school students and their parents.**

**Response to Recommendations R-1 and R-2 is required from the Orange County Superintendent of Schools.**

**Response to Recommendations R-1 and R-2 is requested from the Orange County Health Care Agency.**

**REQUIRED RESPONSES:**

The California Penal Code specifies the required permissible responses to the findings and recommendations contained in this report. The specific sections are quoted below:

§933.05

(a) For purposes of subdivision (b) of Section 933, as to each grand jury finding, the responding person or entity shall indicate one of the following:

- (1) The respondent agrees with the finding.
- (2) The respondent disagrees wholly or partially with the finding, in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefore.

(b) For purposes of subdivision (b) of Section 933, as to each grand jury recommendation, the responding person or entity shall report one of the following actions:

- (1) The recommendation has been implemented, with a summary regarding the implemented action.
- (2) The recommendation has not yet been implemented, but will be implemented in the future, with a timeframe for implementation.
- (3) The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or head of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of publication of the grand jury report.
- (4) The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation therefore.

## REFERENCES

“Somewhere to Turn: A Study of Services in Orange County, California, for Pregnant Teens and Youths”, Mary’s Shelter, Santa Ana, California, May 2007.

“Report on the Condition of Children in Orange County”, Orange County Health Care Agency, October 2007.

“No time for Complacency: Teen Births in California”, Public Health Institute, September 2007.

“Federal Funding of Abstinence – Only Sex Education Programs Debated”, Los Angeles Times, April 24, 2008.

“California School Age Families Education (Cal-SAFE) Program Fiscal Guidelines and Funding Procedures Manual”, California Department of Education, School Fiscal Services Division (Rev 04/07).

“Street Wise to Sex Wise”, Community Health Care Center

Cal-SAFE Program (California School-Aged Family Education), Anaheim Union High School District

Public Health Nursing, Orange County Health Agency

Orange County Department of Education

*Websites:*

California State University – Fullerton ([www.fullerton.edu](http://www.fullerton.edu))

Orange County Government ([www.oc.ca.gov](http://www.oc.ca.gov))  
Health Care Agency ([www.ochealthinfo.com](http://www.ochealthinfo.com))  
Department of Education ([www.ocde.k12.ca.us](http://www.ocde.k12.ca.us))  
Social Services Agency ([www.ssa.ocgov.com](http://www.ssa.ocgov.com))

State of California ([www.ca.gov](http://www.ca.gov))  
Department of Finance ([www.dof.ca.gov](http://www.dof.ca.gov))  
Department of Education ([www.cde.ca.gov](http://www.cde.ca.gov))

National Campaign to Prevent Teenage Pregnancy ([www.teenpregnancy.org](http://www.teenpregnancy.org))

National Center for Disease Control & Prevention ([www.cde.gov](http://www.cde.gov))

National Center for Health Statistics ([www.cdc.gov/nchs](http://www.cdc.gov/nchs))