

Health

Section Highlights

Residents Without Health Insurance

Down 5%

Overweight or Obese Students

45%

Deaths Due to Heart Disease

Down 10%

Substantiated Child Abuse Reports

Up 6%

5-Year Growth in Children Receiving County Mental Health Care

169%

Admission to County Treatment Facilities for Opiate Addiction

Up 38%

A Success Story

Funded through the Mental Health Services Act's Innovation funding, the Transition Age Youth Behavioral Health Hostel (The STAY) is a short-term, 14-bed, crisis residential program for youth (ages 18 to 25) who are experiencing an acute psychiatric episode or crisis, and are in need of a higher level of care than board and care residential, but a lower level of care than psychiatric hospitalization. The STAY was developed through a significant stakeholder process that included many County and community collaborative partners. Services are culturally and linguistically appropriate. The hostel is designed to be 80% peer run, by individuals representing the county's diverse ethnic communities and cultures.

Rate of Uninsured Drops Significantly

Individuals who have health insurance and a usual source of care are more likely to seek routine health care and take advantage of preventative health screening services than those without such coverage. The result is a healthier population and more cost-effective health care. Delaying or not receiving needed medical care may result in more serious illness, increased complications, and longer hospital stays. With the implementation of the Affordable Care Act (ACA), more people are receiving access to health care; however, a regional shortage of doctors, particularly primary care physicians, may restrict timely access to care. This indicator measures the percentage of residents without health insurance coverage, the number of residents per primary care physician, and whether residents have a usual source of care or delayed care. Also shown is Medi-Cal enrollment.

How is San Bernardino County Doing?

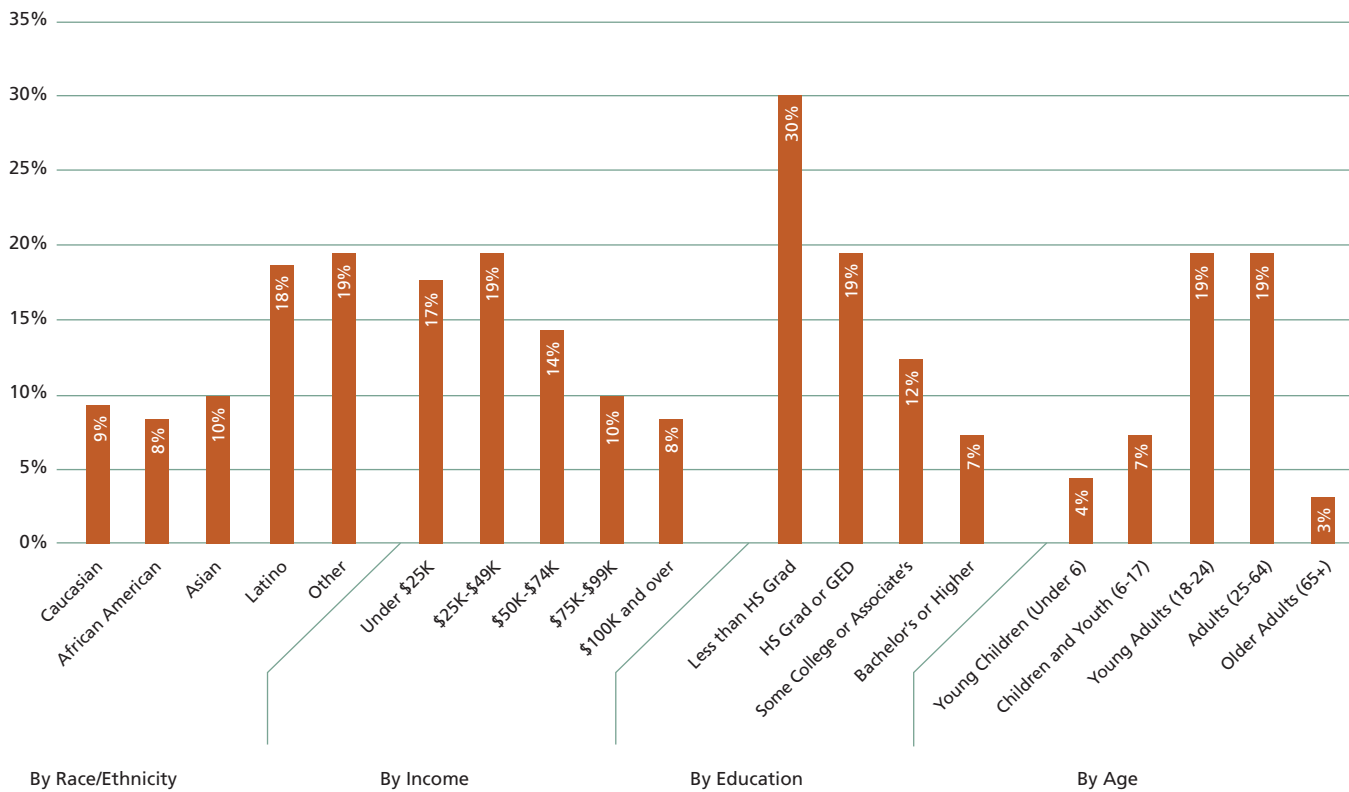
Health insurance coverage has improved significantly with the full implementation of the ACA:

- In 2014, 13.8% of San Bernardino County residents were uninsured, a drop of more than five percentage points since 2013, when 19.0% of residents were uninsured.
- However, this proportion of uninsured is still higher than the United States (11.7%) and California (12.4%). Compared to peers, San Bernardino County is in the mid-range.
- Residents in the category “other” (which includes American Indian and Alaska Native alone, some other race alone, or two or more races) were the racial or ethnic group most likely to be uninsured (19%).
- When broken out by household income, those with incomes in the lower range (\$25,000- \$49,999) were the most likely to be uninsured (19%).
- 30% of those with less than a high school diploma were uninsured, compared to only 7% of those with a college degree.
- At 19% each, young adults (ages 18-24 years old) and adults (ages 25-64) were the age groups most likely to be uninsured.
- 4% of young children, under age six, were uninsured.

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Uninsured by Race/Ethnicity, Income, Education and Age
San Bernardino County, 2014



Note: Asian includes Native Hawaiian/Pacific Islander. Caucasian is non-Latino. Latino is of any race. “Other” includes American Indian and Alaska Native alone, some other race alone, or two or more races. Educational attainment data is for the population age 25 and over.

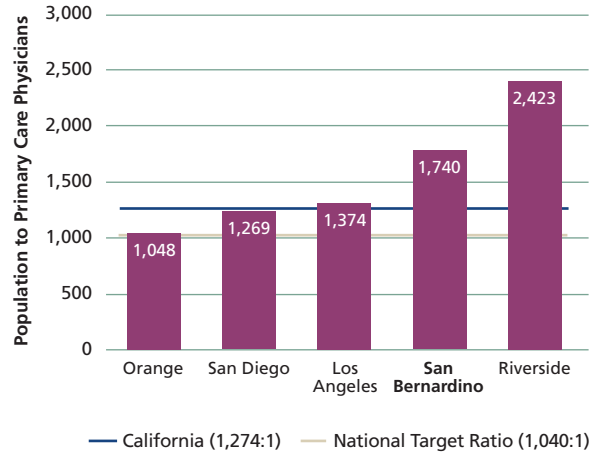
Source: U.S. Census Bureau, American Community Survey, 1-Year Estimates (<http://factfinder2.census.gov>)

Compared to neighboring counties, fewer San Bernardino County residents have a usual place to go for medical care:

- According to the 2014 California Health Interview Survey (CHIS), 83.1% of people under age 65 had a usual place to go to when they were sick or needed health advice, a higher proportion than California and all neighboring counties compared, except Orange County.
- However, 13.1% of San Bernardino County residents under age 65 delayed or did not get the medical care that they needed, higher than the state and all neighboring counties compared.
- This is an improvement since 2009, when 17.4% of San Bernardino County residents under age 65 delayed or did not get needed medical care.
- There are 1,740 people for each primary care physician in San Bernardino County, more than the state and all neighboring counties compared, except Riverside County. The national target ratio (consisting of “top performers” in the top 10%) is 1,040 residents for each primary care physician.¹

Number of Residents per Primary Care Physician
County Comparison, 2016

21c



Source: County Health Rankings and Roadmaps (www.countyhealthrankings.org)

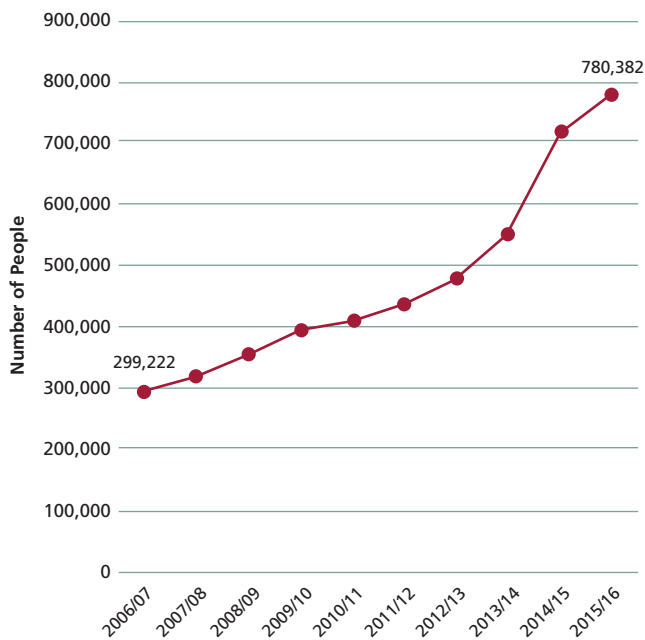
Medi-Cal Enrollment in San Bernardino County

Medi-Cal, a health care program for certain low-income populations, has seen significant increases since the roll out of the Affordable Care Act, which expands eligibility and requires health insurance coverage.

- In 2016, Medi-Cal enrollment increased 9% from the previous year.
- In the 10-year period between 2007 and 2016, overall Medi-Cal enrollment more than doubled (161% increase).

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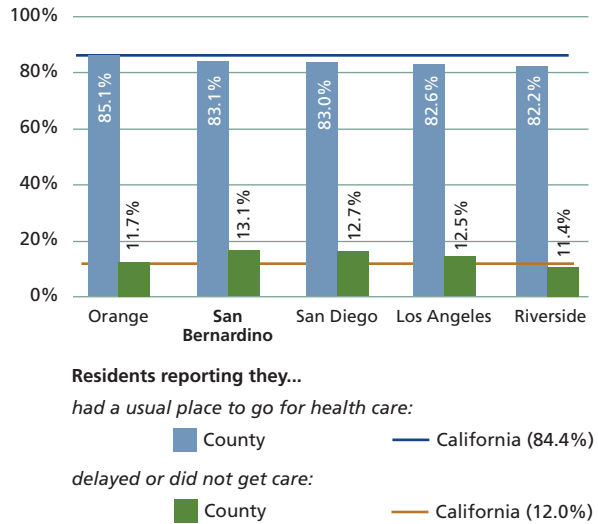
Enrollment in Medi-Cal
San Bernardino County, 2007-2016



Source: San Bernardino County Human Services

Health Care Access (Under Age 65)
County Comparison, 2014

21d



Source: California Health Interview Survey

Hospitals and Medical Facilities

There are 26 hospitals serving residents and visitors to San Bernardino County, including two trauma centers: Loma Linda University Medical Center and Arrowhead Regional Medical Center. The Arrowhead Regional Medical Center (ARMC) operates three community Family Health Centers (FHCs) for primary care, and the only burn center serving San Bernardino, Riverside, Inyo and Mono counties.

Source: State of California, Office of Statewide Planning and Development OSHPD (<http://gis.oshpd.ca.gov/atlas/places/list-of-hospitals/county/san-bernardino>)

¹Primary care physicians include practicing physicians under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics.

Early Prenatal Care Rate Drops for Asian Mothers

Increasing the number of women who receive early prenatal care (in the first trimester of pregnancy) can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth. Babies born to mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. Early prenatal care allows women and their health care providers to identify and, when possible, treat health problems and correct health-compromising behaviors that can be particularly damaging during the initial stages of fetal development.¹ This indicator tracks early prenatal care rates for San Bernardino County, including detail by race and ethnicity.

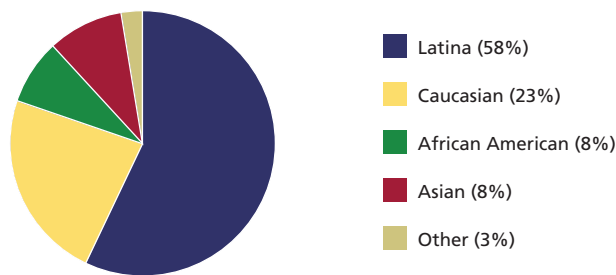
How is San Bernardino County Doing?

In 2014, early prenatal care rates increased slightly:

- San Bernardino County's early prenatal care rose 0.2 percentage points to 82.4% in 2014 – above the national Healthy People 2020 objective of 77.9%.
- Caucasian mothers have the highest early prenatal care rate (84.0%), followed by Latina mothers (83.2%).
- In 2014, levels of early prenatal care improved for Latina and African American mothers.
- The percentage of Asian mothers receiving early prenatal care dropped more than five percentage points from 83.2% in 2013 to 77.7% in 2014.
- The majority of births in San Bernardino County are to Latina mothers (58%), followed by Caucasian mothers (23%), and African American and Asian mothers (8% each).
- Over the past 10 years, the number of live births in San Bernardino County has decreased 5%, from 33,075 live births in 2005 to 31,306 in 2014.

Live Births by Mother's Race and Ethnicity
San Bernardino County, 2014

22a



Source: California Department of Public Health

What is Healthy People 2020?

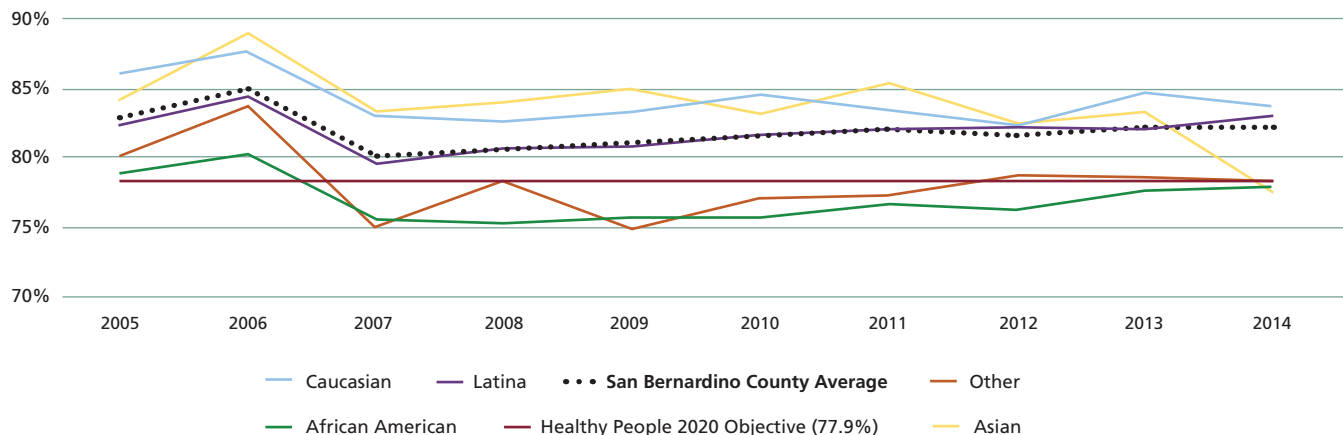
Healthy People 2020 is a national health promotion and disease prevention initiative that establishes national objectives to improve the health of all Americans, to eliminate disparities in health, and to increase the years and quality of healthy life.

San Bernardino County is Baby Friendly!

With initial funding support from First 5 San Bernardino for hospitals to become Baby Friendly certified, San Bernardino County is now home to 11 Baby Friendly hospitals. Baby Friendly hospitals promote couplet care (keeping parents and infants together at all times from birth through discharge to promote bonding) and breastfeeding over formula feeding.

22b

Percentage of Mothers Receiving Early Prenatal Care, by Race and Ethnicity
San Bernardino County, 2005-2014



Note: The ethnic category "Latina" includes any race; the racial categories "Caucasian," "Asian," and "African American" are all non-Latina. "Asian" includes Asian and Pacific Islander. "Other" includes the categories of other, two or more races, and American Indian/Native Alaskan.

Source: California Department of Public Health

¹ Child Trends (<http://www.childtrends.org/?indicators=late-or-no-prenatal-care>)

Child Deaths Increase but Long-Term Trend is Downward

Awareness of the leading causes of death for children can lead to intervention strategies to help prevent mortality. Many of these deaths are preventable through preconception health care, early and ongoing prenatal care, and outreach to parents and caregivers. This indicator measures the leading causes of death for infants less than one year old and children ages one through four in San Bernardino County. The rates of death from all causes for children from birth through four years of age in San Bernardino County are also compared to selected California counties.

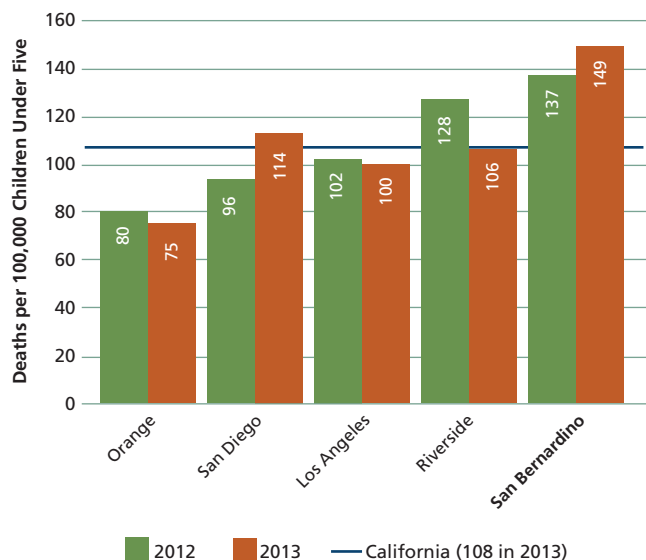
How is San Bernardino County Doing?

In 2013, the overall death rate for children under five years of age in San Bernardino County increased:

- The number of infant deaths increased 13%, from 179 in 2012 to 202 in 2013.
- Among children ages one through four, however, there was a 12% decrease in the number of deaths, from 33 in 2012 to 29 in 2013.
- The overall death rate for children under five increased 9.0% between 2012 and 2013.
- The 10-year trend for San Bernardino County, as well as the state, is gradually downward.
- San Bernardino County has a consistently higher rate of death for children under five than the California average and all counties compared.
- Maternal pregnancy complications affecting the newborn and Sudden Infant Death Syndrome topped the list of leading causes of infant deaths.
- Drowning was the leading cause of death for young children (one to four years old).

Death Rate Due to All Causes for Children Under Five County Comparison, 2012 and 2013

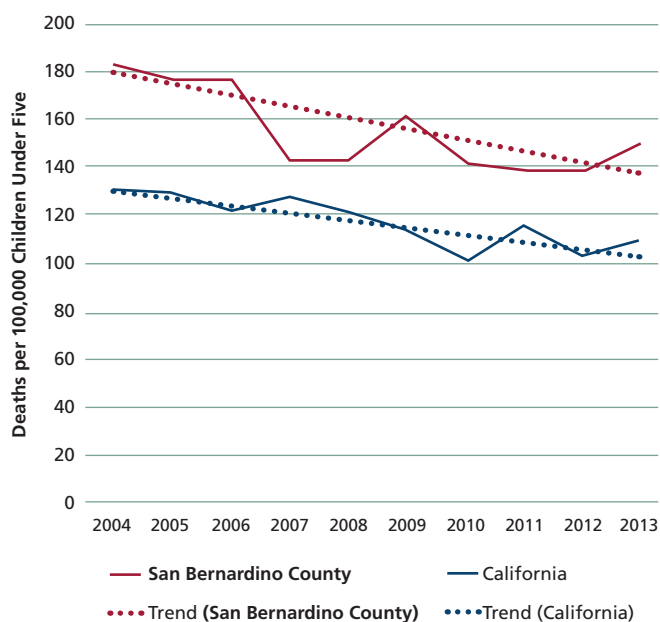
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Source: California Department of Public Health, Center for Health Services, Vital Statistics Query System (www.apps.cdph.ca.gov/vsq/default.asp)

23b

Death Rate Due to All Causes for Children Under Five in San Bernardino County and California, 2004-2013



Source: California Department of Public Health, Center for Health Services, Vital Statistics Query System (www.apps.cdph.ca.gov/vsq/default.asp)

Leading Causes of Death for Infants and Young Children in San Bernardino County, 2013

23c

Cause of Death	Number of Deaths	
	Infants (Under Age One)	Young Children (Ages 1-4)
Maternal Pregnancy Complications Affecting Newborn	34	
Sudden Infant Death Syndrome	33	
Prematurity/Low Birth Weight	25	
Respiratory	24	
Congenital Defects of Circulatory System	13	
Chromosomal Abnormalities	10	
Congenital Defects of Musculoskeletal System	8	
Congenital Defects of Nervous System	6	
Blood Infection	5	
Infections (Perinatal)	5	
Drowning	5	6
Assault (Homicide)	5	4
All Other Causes	29	3
TOTAL	202	29

Note: With the exception of accidents, causes with fewer than five deaths for infants and fewer than two deaths for young children are included in "All other causes."

Source: County of San Bernardino, Department of Public Health

Slight Increase in Overweight or Obese Students

Overweight children are more likely to become overweight or obese adults. A sedentary lifestyle and being overweight are among the primary risk factors for many health problems and premature death. Maintaining a healthy body weight may have positive impacts on physical and mental health, as well as reduce health care costs. This indicator measures the proportion of students in fifth, seventh and ninth grades with an unhealthy body composition (overweight or obese) using the California Department of Education (CDE) Physical Fitness Test.¹ It also measures the weight status of adults.

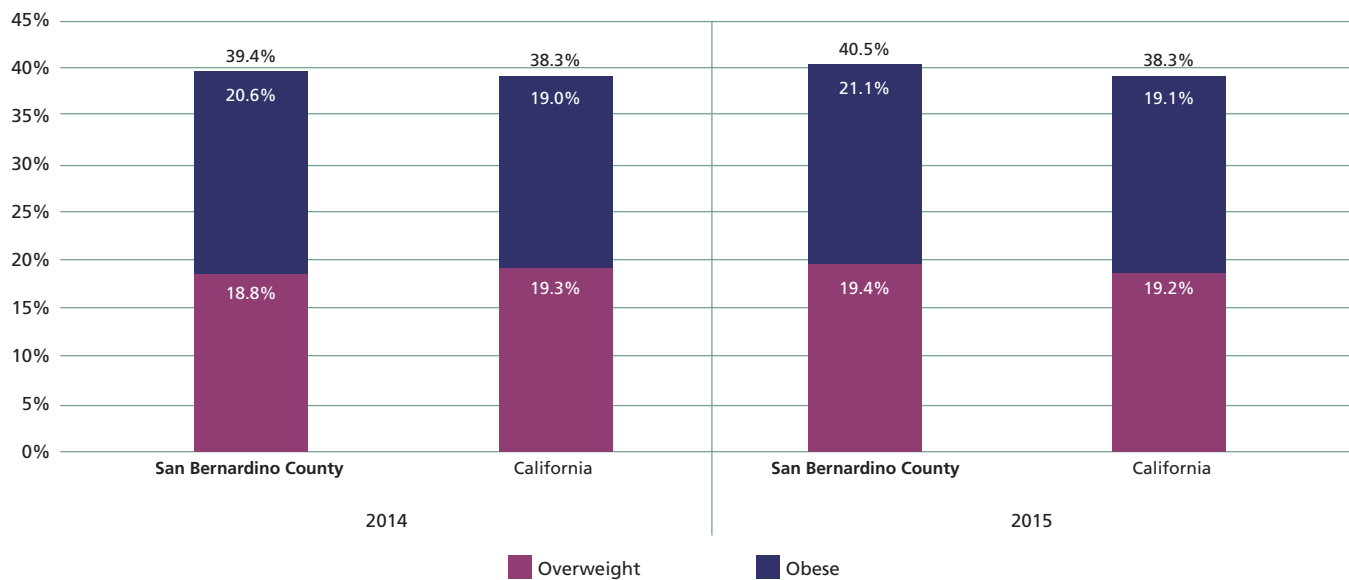
How is San Bernardino County Doing?

Four out of 10 students in San Bernardino County schools are considered overweight or obese:

- In 2015, an average of 40.5% of San Bernardino County students in the grades tested were overweight or obese (had an unhealthy body composition), compared to 38.3% statewide.
- This is an increase from 2014 when 39.4% of students in San Bernardino County were overweight or obese.
- Of the San Bernardino County students with an unhealthy body composition in 2015, 21.1% were considered to be far outside the healthy range (“Needs Improvement – Health Risk or obese), while the remaining 19.4% were designated as “Needs Improvement” (overweight).
- The district of San Bernardino City has the highest proportion of overweight students (47%).
- Silver Valley school district had the lowest proportion of overweight students (27%).

Percentage of Children Overweight and Obese
San Bernardino County and California, 2014 and 2015

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Source: California Department of Education Physical Fitness Test (<http://data1.cde.ca.gov/dataquest/>)

24b

Teen Physical Activity

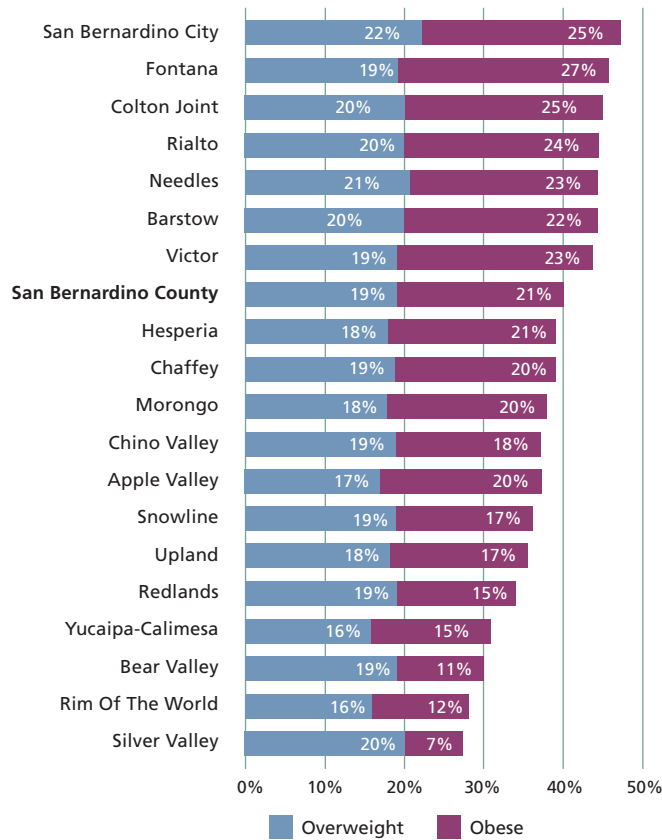
In 2013 and 2014, only 20.4% of teens in San Bernardino County met the Centers for Disease Control and Prevention (CDC) recommendation of one hour or more of physical activity daily. This is up slightly from 2009, when 19.0% of teens were getting the recommended amount of physical activity.

Source: California Health Interview Survey

¹ In 2014, the California Department of Education modified the body composition standards to be more aligned with the Center for Disease Control percentiles to identify lean, normal, overweight, and obese students. The category “Needs Improvement” approximates overweight, while the category “Needs Improvement – Health Risk” approximates obesity.

Percentage of Students with Unhealthy Body Composition by School District
San Bernardino County, 2015

24c



Due to unstable data (fewer than 50 students tested), the districts of Trona, Baker Valley and Lucerne Valley are not included in the chart above.

Note: Chaffey and Victor represent combined data of the high school districts and their feeder school districts. Chaffey includes Chaffey Joint Union High School District and the elementary districts of Alta Loma, Central, Cucamonga, Etiwanda, Mountain View, Mt. Baldy, and Ontario-Montclair. Victor includes Victor Valley Union High School District and the elementary schools Victor, Adelanto, Oro Grande and Helendale.

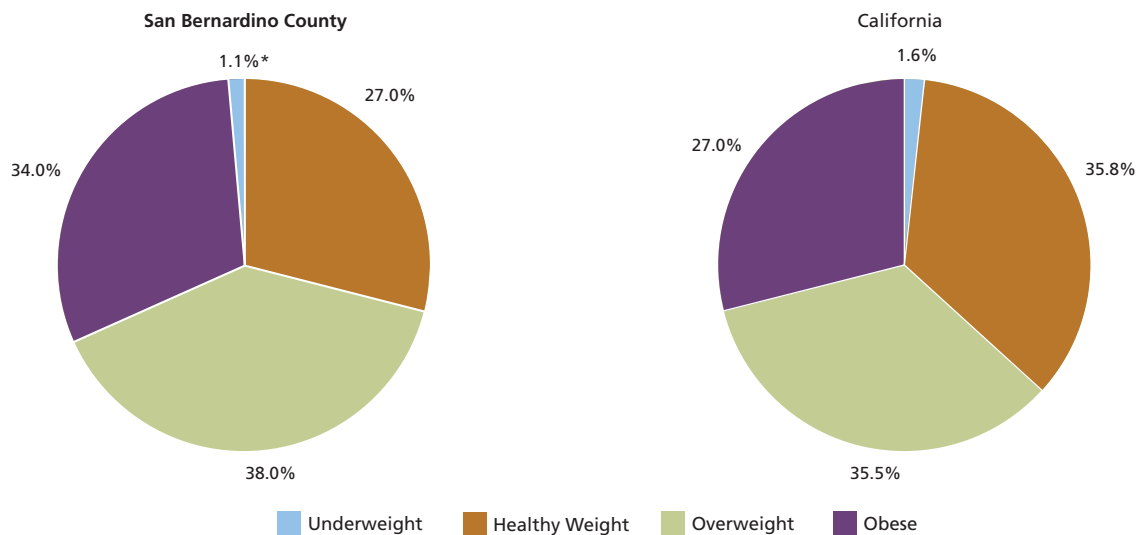
Source: California Department of Education Physical Fitness Test (<http://data1.cde.ca.gov/dataquest/>)

Almost three-quarters of San Bernardino County adults are overweight:

- In 2014, 38.0% of San Bernardino County adults were considered overweight and 34.0% were obese. A little more than one-quarter (27.0%) had a healthy body weight.
- In comparison, 35.8% of adults in California had a healthy body weight.

24d

Weight Status of Adults
San Bernardino County and California, 2014



* Data considered unstable and should be interpreted with caution.

Source: University of California, Los Angeles, Center for Health Policy Research, California Health Interview Survey (www.chis.ucla.edu)

Hospitalization Rate for Cardiovascular Disease Declines

Chronic diseases – including diabetes, high blood pressure, and cardiovascular (heart disease) – are costly yet largely preventable. Chronic illnesses contribute to approximately 70% of deaths in the United States each year and account for about 75% of the nation’s health-related costs.¹ This indicator reports prevalence and/or death data for heart disease, diabetes, and high blood pressure/stroke. Also tracked are hospitalizations due to heart disease.

How is San Bernardino County Doing?

Both heart disease prevalence and deaths are declining:

- In 2014, San Bernardino County’s death rate due to heart disease was 177.0 age-adjusted deaths per 100,000 residents. This marks a decrease of 35% since 2005 and a one-year decrease of 10%.²
- Likewise, there has been a decrease in the percentage of county residents who were diagnosed with heart disease – from 5.7% in 2005 to 4.1% in 2014.
- In 2014, San Bernardino County’s prevalence rate for heart disease was the lowest among neighboring counties and the state.

While diabetes prevalence is on the rise, deaths due to diabetes appears to be leveling out:

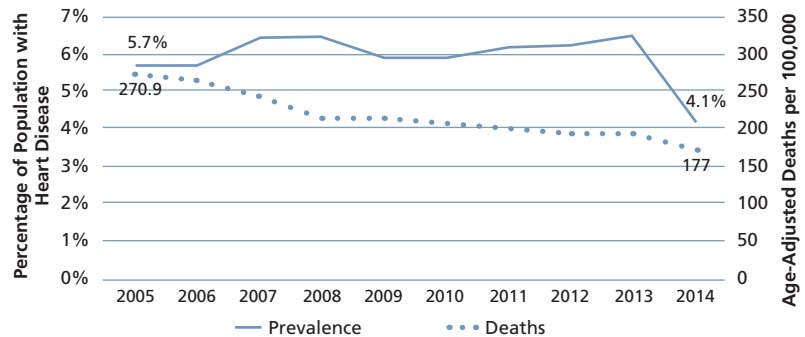
- In 2014, 12.5% of adults in San Bernardino County had been diagnosed with diabetes, the highest rate among counties compared and California.
- This marks an increase of more than five percentage points since 2005 when 7.2% of adults in the county had a diabetes diagnosis.
- At 32.4 age-adjusted deaths per 100,000 residents in 2014, San Bernardino County had the state’s second highest rate of deaths due to diabetes, behind Kern County.
- Deaths due to diabetes have decreased two years in a row, down from 34.2 in 2012, to 33.0 in 2013 and 32.4 in 2014.
- However, the longer term trend is upward, increasing 5% since 2005.

Both high blood pressure prevalence and deaths due to stroke are on the decline:

- In 2014, 24.7% of adults in San Bernardino County had high blood pressure, lower than California and all counties compared.
- This marks a decrease of almost five percentage points since 2013 (29.2%).
- Of adults diagnosed with high blood pressure, 63% are currently taking medications to control their high blood pressure.
- Deaths due to strokes have decreased 29% since 2005.³

Heart Disease: Percentage Ever Diagnosed and Death Rates
San Bernardino County, 2005-2014

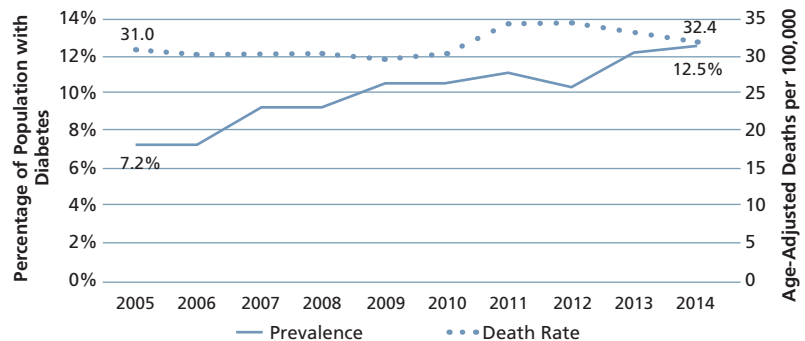
25a



Sources: California Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2014 on CDC WONDER Online Database (<http://wonder.cdc.gov/>)

Diabetes: Percentage Ever Diagnosed and Death Rates
San Bernardino County, 2005-2014

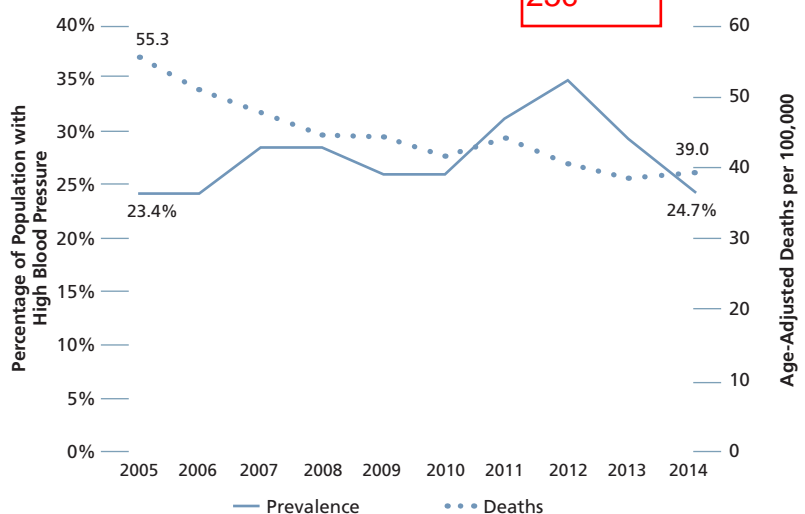
25b



Sources: California Health Interview Survey, California Department of Public Health, County Health Status Profiles (www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx)

High Blood Pressure: Percentage Ever Diagnosed and Death Rates due to Stroke
San Bernardino County, 2005-2014

25c



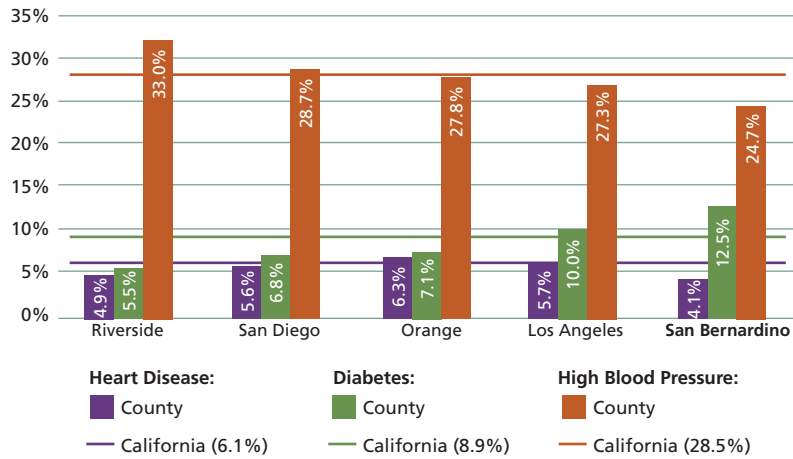
Sources: California Health Interview Survey, California Department of Public Health, County Health Status Profiles (www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx)

¹ Centers for Disease Control and Prevention (www.cdc.gov/chronicdisease/overview/index.htm)

² The 2016 Community Indicators Report uses a new data source for deaths due to coronary heart disease. Data are thus not comparable with prior year reports.

25d

Percentage Ever Diagnosed with Diabetes, High Blood Pressure, or Heart Disease County Comparison, 2014



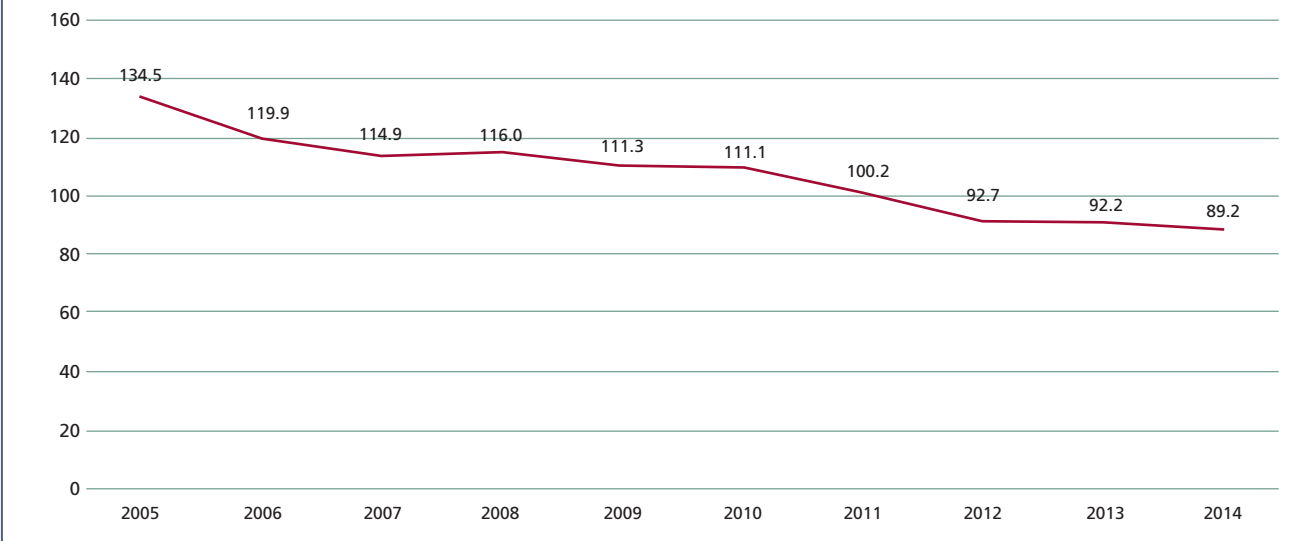
Source: California Health Interview Survey

Significant Decrease in Hospitalizations Due to Coronary Heart Disease

In 2014, the hospitalization rate for heart disease was 89.2 per 10,000 residents (age-adjusted). This marks a 34% decline in the 10-year period between 2005 and 2014 in the rate of hospitalizations.

25e

Heart Disease Hospitalizations (Age-Adjusted Rate per 10,000) San Bernardino County, 2005-2014



Note: This report presents longitudinal data for hospitalizations using 2005-2014 Census (ACS) population estimates. The San Bernardino County Community Transformation Plan also presents data related to heart disease hospitalizations. Because that plan presents a one-year snapshot for 2012, using 2010 Census population, the rates are not directly comparable.

Source: California Office of Statewide Health Planning and Development, American Community Survey 1-Year Estimates (2005-2014)

³ Fully 70% of strokes can be directly linked to existing high blood pressure, making high blood pressure the single most important controllable stroke risk factor.

Investments in Public Mental Health Care Reduce Service Gap

Mental disorders are among the most common causes of disability. According to the National Institute of Mental Health, in any given year, an estimated 13 million American adults (approximately one in 17) have a seriously debilitating mental illness. Suicide is the 10th leading cause of death in the United States, accounting for 43,000 deaths nationwide in 2014.¹ This indicator measures the number of poverty-level residents estimated to be in need of mental health services and the number of clients served by publicly-funded county mental health programs.

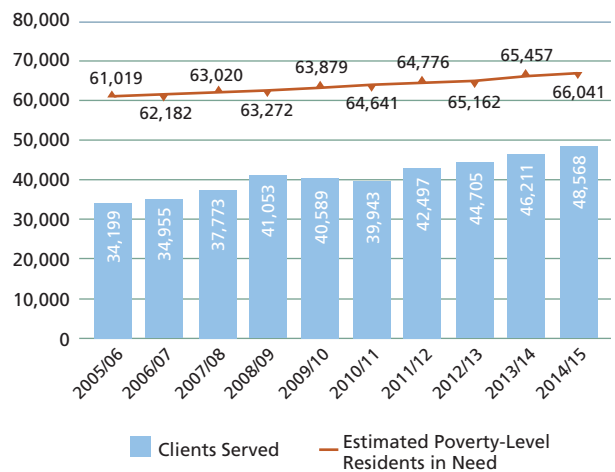
How is San Bernardino County Doing?

The gap between the need for mental health care and the ability to receive treatment narrowed over the past 10 years:

- An unduplicated count of 48,568 clients received public mental health services during 2014/15, while an estimated 66,041 low-income residents were in need of care.
- This results in the smallest gap in the past 10 years between those in need and those receiving services, shrinking from an estimated gap of 26,820 residents not receiving needed care in 2005/06 to 17,473 in 2014/15.
- Over the past five years, the number of clients receiving public mental health services has grown for all age groups. Children ages birth to five have witnessed the largest increase, growing 169% in five years, followed by children ages six to 11, growing 44%.
- Overall, more than a third (38%) of clients served in 2014/15 were children and youth ages birth through 17, including 2,865 children birth to five (6% of all clients) and 9,105 adolescents (19% of all clients).
- Approximately 11% of total clients were young adults between the ages of 18 and 24, while 39% were adults between ages 25 and 54.
- Residents aged 55 and older made up 11% of total clients, including 944 seniors aged 65 and over (2% of total).
- Of the clients served during 2014/15, 38% were Latino, 35% were Caucasian, 16% were African American, 2% were Asian/Pacific Islander, 1% was Native American, and 8% were some other race or unreported.

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Unduplicated Count of Clients Served by the Public Mental Health System and the Estimated Number of Poverty-Level Residents in Need of Mental Health Services
San Bernardino County, 2006-2015



Note: Residents in need is estimated based on 2007 California Department of Mental Health figures.

Sources: County of San Bernardino, Department of Behavioral Health, Client Services Information System; California Department of Mental Health, Persons in Need Tables

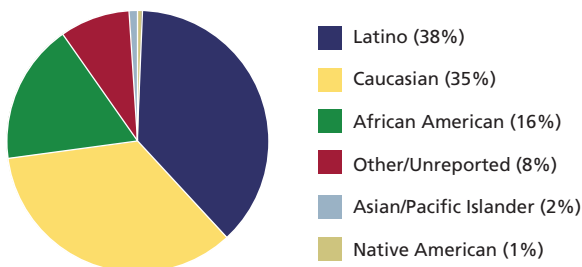
The Mental Health-Physical Health Connection

Mental health and physical health are closely connected. Mental illnesses, such as depression and anxiety, reduce one's ability to participate in health-promoting behaviors such as eating right, exercising, and minimizing use of alcohol and tobacco. In turn, problems with physical health, such as chronic diseases (see Chronic Disease), can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery. Mental health and substance abuse are also closely aligned (see Substance Abuse).

Source: Healthy People 2020 (www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28)

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Unduplicated Count of Clients Receiving Public Mental Health Services, by Race/Ethnicity
San Bernardino County, 2014/15

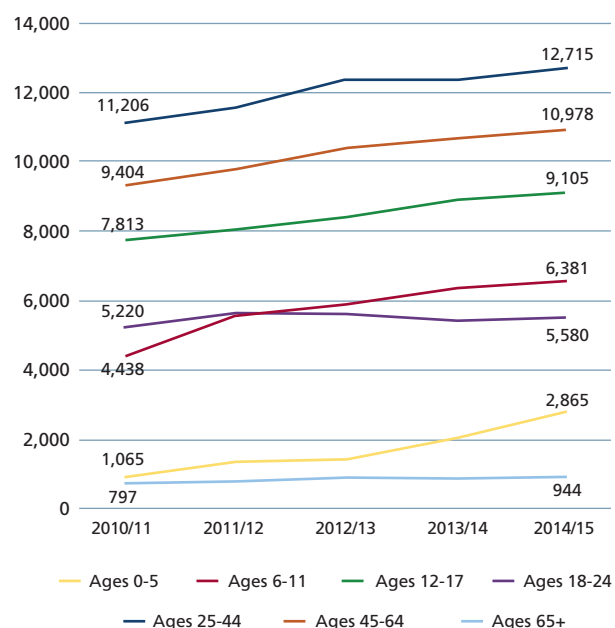


Source: San Bernardino County Health Care Agency, Behavioral Health Services, Client Services Information System

¹ Healthy People 2020 (www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28)

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Unduplicated Count of Clients Served by the Public Mental Health System, by Age
San Bernardino County, 2011-2015



Source: County of San Bernardino, Department of Behavioral Health, Client Services Information System

DUI Collisions Up 18% in Five Years

A broad spectrum of public health and safety problems are directly linked to substance abuse, including addiction, traffic accidents, domestic violence, crime, unintended pregnancy, and serious conditions such as cancer, liver disease, HIV/AIDS, and birth defects. Youth who engage in drinking and substance abuse early are more likely develop alcohol dependence later in life and are more likely to experience changes in brain development that may have life-long effects, including problems with memory and normal growth and development.¹ This indicator presents a variety of commonly-used indicators to help gauge the extent of alcohol and other drug (AOD) abuse in San Bernardino County. These include trends in AOD-related admissions to treatment facilities, serious (injury or fatal) alcohol-involved auto collisions, and AOD-related deaths.

How is San Bernardino County Doing? 27a

AOD-related treatment continues to grow:

- In one year (2013/14 to 2014/15), AOD-related admissions to county treatment facilities rose 10%, led by increases in admissions for opiate addiction (38%) and other drugs (57%).
- Over the past five years, admissions have grown 15%.
- 21% of clients receiving AOD services also received county mental health services in 2014/15, while 45% have received mental health services in their lifetimes.²

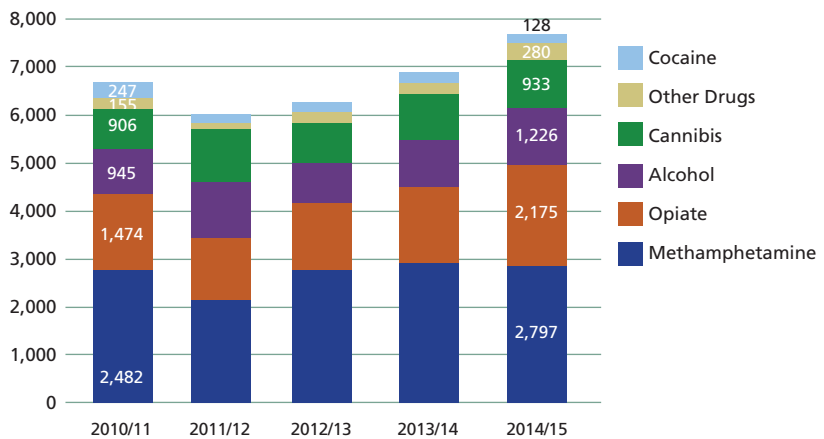
There were more alcohol-involved accidents in 2015 than the previous year:

- In 2015, 12% of serious collisions in San Bernardino County involved alcohol, compared to 10% of collisions statewide.
- Between 2014 and 2015, alcohol-involved collisions rose 4% compared to a 1% increase statewide.
- Since 2011, alcohol-involved collisions rose 18% in San Bernardino County compared to no change statewide.
- Alcohol-involved collisions took 69 lives in San Bernardino County in 2015.

Over the past 10 years, the rate of drug-induced deaths improved while the rate of alcohol-related deaths worsened:

- Despite recent increases, drug-induced deaths in San Bernardino County have decreased from 12.1 per 100,000 in 2005 to 10.3 per 100,000 in 2014. This is better than the statewide rate of 11.3 per 100,000 in 2014.
- Deaths caused by chronic liver disease and cirrhosis, which are often associated with substance abuse, have worsened from 12.9 per 100,000 in 2005 to 14.7 per 100,000 in 2014. The county has more chronic liver disease and cirrhosis deaths than the statewide average (11.7 per 100,000 in 2014).³

Alcohol- and Drug-Related Admissions to County-Funded Treatment Services
San Bernardino County, 2011-2015



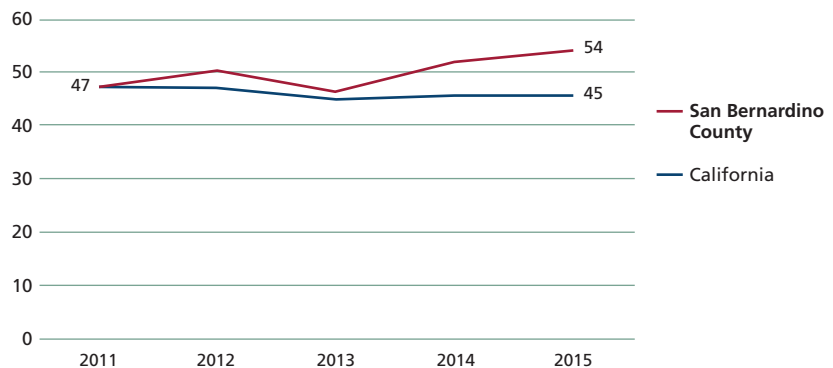
Source: County of San Bernardino, Department of Behavioral Health, CalOMS Dataset

The Mental Health/Substance Abuse Connection

The relationship between mental health and substance dependence is often interconnected. More than 8.9 million people nationally, are reported to have both mental health and substance abuse co-occurring disorders. When treated concurrently, treatments are found to be more effective. Treating the whole person improves wellbeing by leading to reductions in addiction relapse, reemergence of psychiatric symptoms, and utilization of crises intervention services.

Source: County of San Bernardino, Department of Behavioral Health

Alcohol-Involved Serious Collisions per 100,000 Residents
San Bernardino County and California, 2011-2015



Note: Data have been revised since previously reported.

Sources: California Highway Patrol (<http://iswitr.chp.ca.gov/Reports/jsp/OTSReports.jsp>); California Department of Finance, Table E-2

¹ Centers for Disease Control and Prevention (www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm)

² San Bernardino County CalOMS dataset

³ California Department of Public Health, County Health Status Profiles (www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx)

Foster Care Entries Continue to Increase

Foster care placement is often the final act to protect children from abuse and neglect after attempts have been made to stabilize their families. In order to lessen the trauma associated with being removed from their parents, the goal is to place children with people who are familiar to them, such as relatives, extended family members and/or their siblings whenever possible. These placements not only promote emotional wellbeing, they also maintain family connections and the cultural and familial rituals to which the children are accustomed. This indicator tracks confirmed child abuse and neglect reports (substantiated allegations), the number of children entering foster care, and the percentage of children maintaining their family connections while in foster care.

How is San Bernardino County Doing?

Child abuse and neglect reports for San Bernardino County continue to increase:

- In 2015, San Bernardino County had 9.1 substantiated child abuse and neglect allegations per 1,000 children, which is in the middle among the neighboring counties compared.
- For children from birth through age five, the rate of substantiated referrals is 13.4 per 1,000 children, compared with California's rate of 11.5 per 1,000 children.
- Between 2014 and 2015, there was a 6% rise in the number of substantiated child abuse and neglect reports from 4,831 to 5,136 reports, respectively.

There was also an increase in the number of children entering the foster care system from 2014:

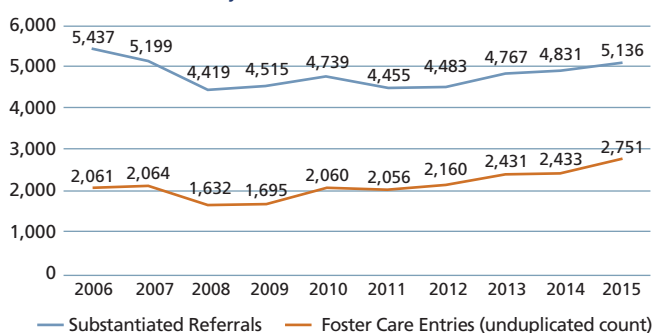
- In 2015, there were 2,751 children entering foster care, up 13% from 2014 when 2,433 children entered foster care.
- When looking at the relationship between substantiated allegations and foster care placement, 54% of substantiated allegations in San Bernardino County resulted in foster care placement, a much higher proportion than the state and all counties compared.
- When looking only at the rate of foster care placement, San Bernardino County's rate of children entering foster care (4.9 per 1,000 children) is greater than the statewide average of 3.4 per 1,000 children and all other counties compared.
- This rate is higher for children from birth through age five (8.1 per 1,000 children). California's rate for children birth through age five entering foster care is 5.3 per 1,000 children.

A larger percentage of children are being placed with relatives:

- According to a point-in-time count on January 1, 2016, 36.8% of the children in foster care were placed with relatives, compared with 35.8% in 2015.
- San Bernardino County has the lowest rate of placement with relatives among neighboring counties compared, except Riverside County (33.4%).
- Compared to the state as a whole, San Bernardino County places children with their siblings at a higher rate. In San Bernardino County, 75.8% of the children in foster care were placed with some of their siblings and 51.3% of the children were placed with all siblings (compared with the state where placement rates were 70.8% and 49.9%, respectively). San Bernardino County's placement with siblings ranks highest among neighboring counties, except for Riverside County.

Substantiated Referrals and Foster Care Entries
San Bernardino County, 2006-2015

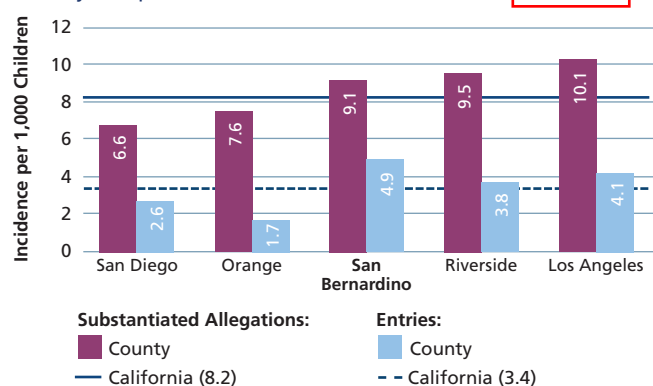
28a



Source: University of California Berkeley, Center for Social Services Research, Child Welfare Research Center, 2015 Quarter 4 Extract (http://cssr.berkeley.edu/ucb_childwelfare/default.aspx)

Substantiated Referrals and Foster Care Entries
County Comparison, 2015

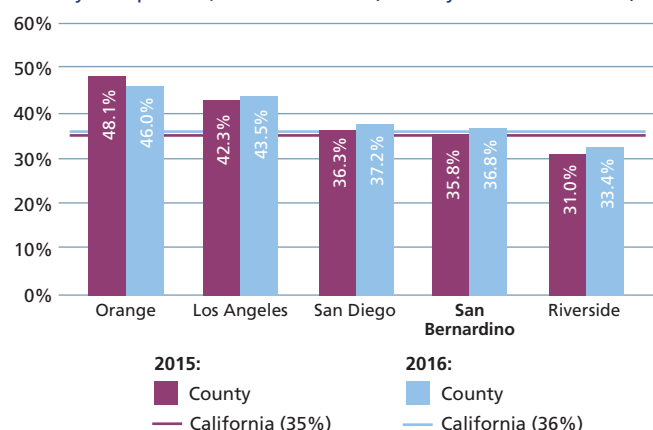
28b



Source: University of California Berkeley, Center for Social Services Research, Child Welfare Research Center, 2015 Quarter 4 Extract (http://cssr.berkeley.edu/ucb_childwelfare/default.aspx)

Percentage of Children Placed with Relatives
County Comparison, 2015 and 2016 (January 1st Point-in-Time)

28c



Source: University of California Berkeley, Center for Social Services Research, Child Welfare Research Center, 2015 Quarter 4 Extract (http://cssr.berkeley.edu/ucb_childwelfare/default.aspx)