



COMMUNITY ASSESSMENT

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I. Executive Summary

This Community Assessment (CA) analyzes the service area and Head Start Program needs for the Mission Neighborhood Centers. For over five decades, MNC has delivered culturally sensitive, multi-generational community based services that empower families to build strong, healthy and vibrant neighborhoods. Founded in 1959, MNC has been a backbone institution for San Francisco's vulnerable children, families and seniors by providing a continuum of programs that support an individual's life span. Through high quality early childhood and youth development programs as well as senior services, MNC reaches across generations providing culturally appropriate safety net services for its target neighborhoods. Programs are offered in ten centers across San Francisco, California. MNC's service area includes the Inner Mission/Bernal Heights, Outer Mission/Excelsior, and Mission Bay neighborhoods. MNC provides early childhood program in the form of preschool, Head Start, Early Head Start and family support services. Through these programs, MNC offers a comprehensive child development program that includes robust family involvement and support.

This community assessment shows the continued, significant need for MNC's Head Start Program. Although San Francisco is one of the most affluent areas of the United States, it is characterized by dramatic income inequality and significant poverty rates among its children, particularly those that are Latino and African American. MNC's service area is home to a large proportion of these children and their families, making their program especially critical for improving these children's well-being. In addition, they are the only provider in San Francisco providing programs that are designed to address the particular cultural needs of San Francisco's Latino families. Based on the preliminary information presented and assessment of the existing community needs across Mission Neighborhood Center's service area, it was determined that Mission Head Start / Early Head Start's current Goals and Objectives still continue to be extremely relevant.

Research Summary

Our analysis showed that significant need for culturally sensitive early childhood educational opportunities remain in the MNC service area and in San Francisco overall. Our key findings were;

- Income inequality remains high in San Francisco and within the MNC service area
- Significant racial disparities exist in terms of poverty rates among children under 5 in the MNC service area:
 - o Latino children were more than four times as likely to be in poverty as white children
 - o African American children were more than twenty times more likely to be in poverty as white children
- The MNC service area contains a larger proportion of foreign born individuals than San Francisco as a whole
 - o Linguistic isolation is high in San Francisco
 - o Makes educational programs sensitive to language barriers especially important
- The demand for subsidized child care remains much higher than the available slots
 - o The most recent data from the SF3C indicate that at least 3,176 children under age five are waiting for child care subsidies, and about 66% (2,081) of those children are infants or toddlers
- Only 48% of Latino students entering SFUSD in 2015-16 were found to be school ready, highlighting the continued need for high quality, culturally appropriate early childhood educational opportunities for these students.



II. Introduction: Mission Neighborhood Centers

For over five decades, MNC has delivered culturally sensitive, multi-generational community based services that empower families to build strong, healthy and vibrant neighborhoods. Founded in 1959, MNC has been a backbone institution for San Francisco's vulnerable children, families and seniors by providing a continuum of programs that support an individual's life span. While most of MNC's clients are Latino, MNC also serves hundreds of African-Americans, Filipinos, Asian Americans, and individuals from other ethnic groups, reflecting the diversity of the city of San Francisco. Through high quality early childhood and youth development programs as well as senior services, with its ten centers MNC reaches across generations providing culturally appropriate safety net services for over 3,000 low income youth, families, and seniors in its target neighborhoods, Inner Mission/Bernal Heights, Outer Mission/Excelsior, and Mission Bay, and from across the city of San Francisco.

In order to achieve its vision, MNC follows these guiding principles:

- Honor the lives and experiences of multi-ethnic, cross-generational populations
- Provide safe, family-like environments that promote and engage clients
- Uphold the legacy of their settlement roots
- Set measurable goals and be accountable for delivering results
- Practice good stewardship and administer the resources that result in the greatest benefit for the individuals most in need
- Embrace and facilitate positive change to address the emerging needs of the Mission District and the wider San Francisco low-income and immigrant community

Early Childhood Programs

MNC provides early childhood program in the form of preschool, Head Start, Early Head Start and family support services. Through these programs, MNC offers a comprehensive child development and family involvement program. At MNC, children adopt a positive self-image, improve their intellectual development, bilingual communication, and nutrition, and get ready to continue their education past preschool. In addition, parents receive case management, job training, parenting classes, and quality preschool and child care. This is enhanced by an integrated strategy incorporating our Family Resource Centers.

MNCs goal is to successfully meet the increasing need for high-quality birth to age 5 learning and development programs that help children achieve school readiness and their families achieve strength and resilience.





III. Methodology

Head Start programs are required to conduct a Community Assessment every three years as part of their planning process.¹ Gathering information about community needs and resources is key to ensuring that the program continues to meet the shifting needs of children and families. Head Start Performance Standard 1302.11(b) (1-3) specifies the types of information that should be collected for a comprehensive Community Assessment, in order to better serve eligible Head Start children and families.

Data were reviewed from reliable online sources and reports from public agencies. Population data was derived from estimates based on the American Community Survey (5-year estimates, 2010-2014) and data collected by San Francisco's Department of Children, Youth, and Families, the San Francisco Unified School District, the San Francisco Children's Council, and First 5 San Francisco. We have also used data from MNC's Program Information Report (PIR). Three parent focus groups and one focus group with community members were held in October 2016 to gain more information on the needs of Head Start families and MNC's status in the community. One of the parent focus groups was made up of Parent Policy Council members. Therefore, MNC Parent Policy Council and Board also had the opportunity to contribute to the community assessment process.

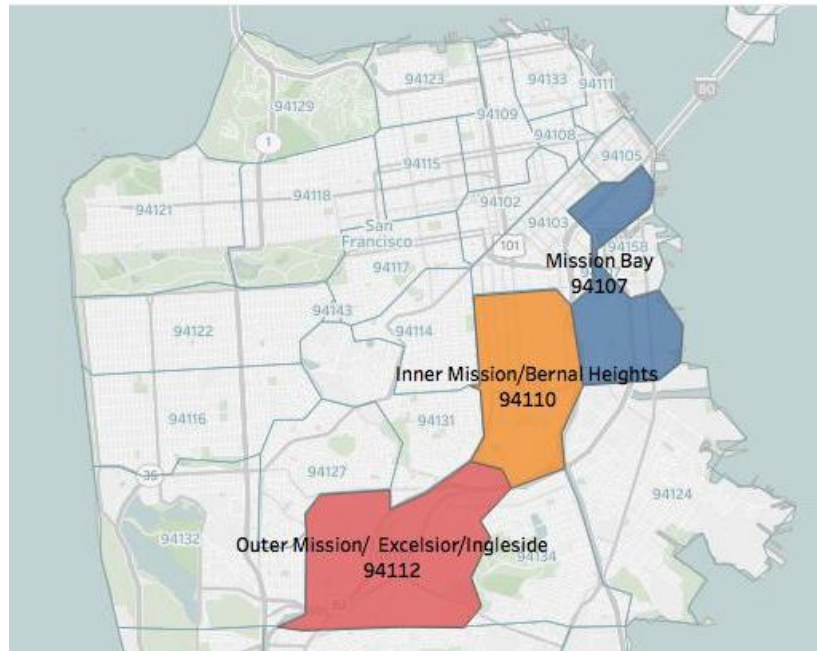
The Community Assessment focuses on information that helps assess the need for Head Start, as well as community factors that affect children and families living in MNC's target zip codes and the city of San Francisco overall. The Community Assessment provides the program with information necessary to determine relevant goals and objectives for the next three years, 2016 to 2019. A priority planning process to review a summary of this Community Assessment with staff, parents, Parent Policy Council Representatives and Board members, and community partners, and to collectively develop three-year program goals and objectives was employed. Based on the preliminary information presented and assessment of the existing community needs across Mission Neighborhood Center's service area, it was determined that Mission Head Start / Early Head Start's current Goals and Objectives still continue to be extremely relevant.

IV. The MNC Service Area

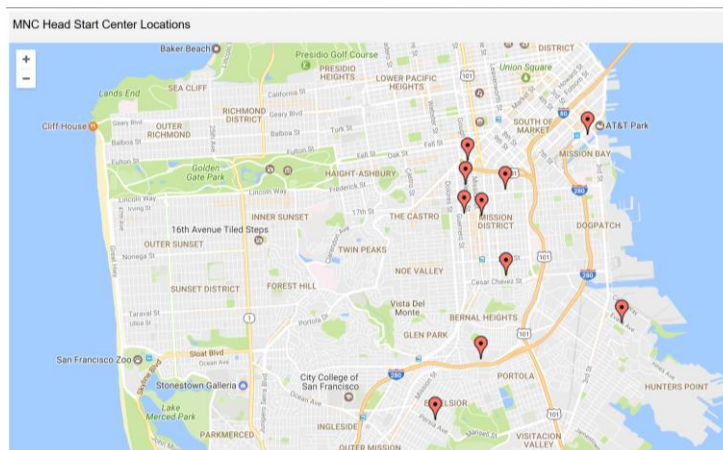
MNC is located in San Francisco, California. Although San Francisco is one of the most affluent areas of the United States, it is characterized by dramatic income inequality and significant poverty rates among its children, particularly those that are Latino and African American. MNC's service area includes some of the city's poorest neighborhoods, including the Inner Mission/Bernal Heights, Outer Mission/Excelsior, and Mission Bay. This area is home to a large number of San Francisco's Head Start eligible children and their families, making their program especially critical for improving these children's well-being.



Mission Neighborhood Centers Head Start Service Area



The Mission Neighborhood Centers serve children in ten centers located across their core service area, which provide services to children located in their target zip codes as well as children from across San Francisco whose families are attracted to the culturally sensitive pedagogy and programming that MNC provides.



Active Link: [MNC Service Centers](#)

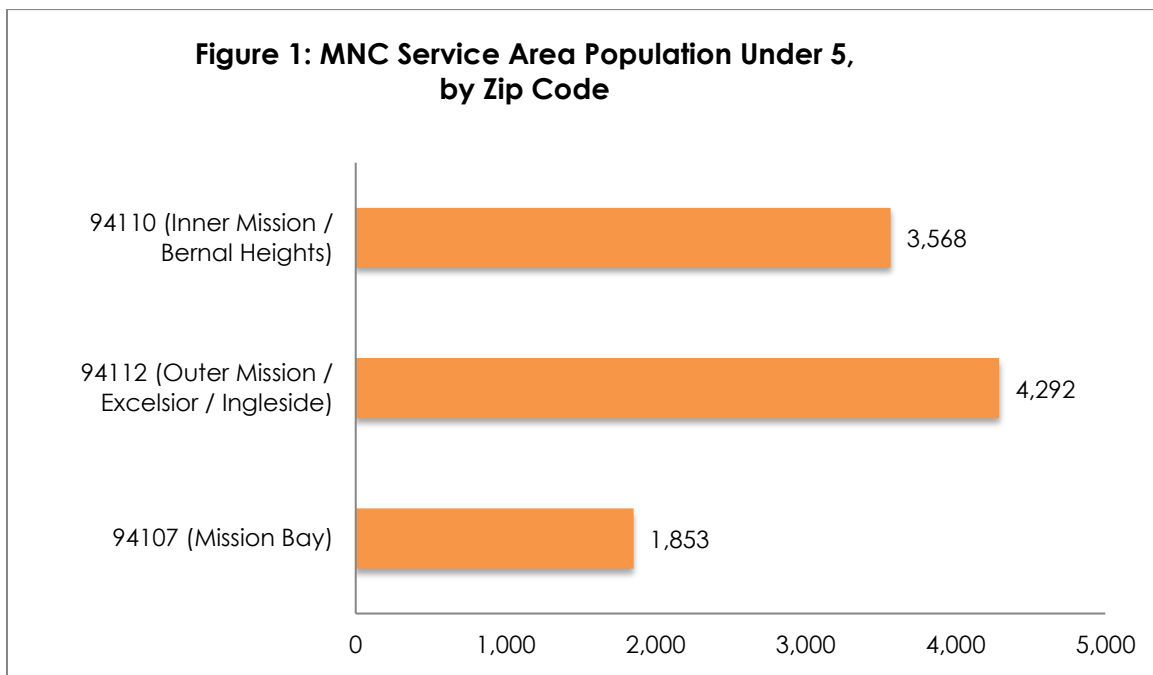
V. Children and Families in the MNC Service Area



V.a. DEMOGRAPHIC DATA

MNC's target service area is home to 182,246 individuals or approximately 22% of the San Francisco population. It contains 35,346 family households that are home to 9,571 children under five, or approximately 5% of the population. MNC's early childhood programs enroll 418 children under age five, about 4% of the child population in their service area.

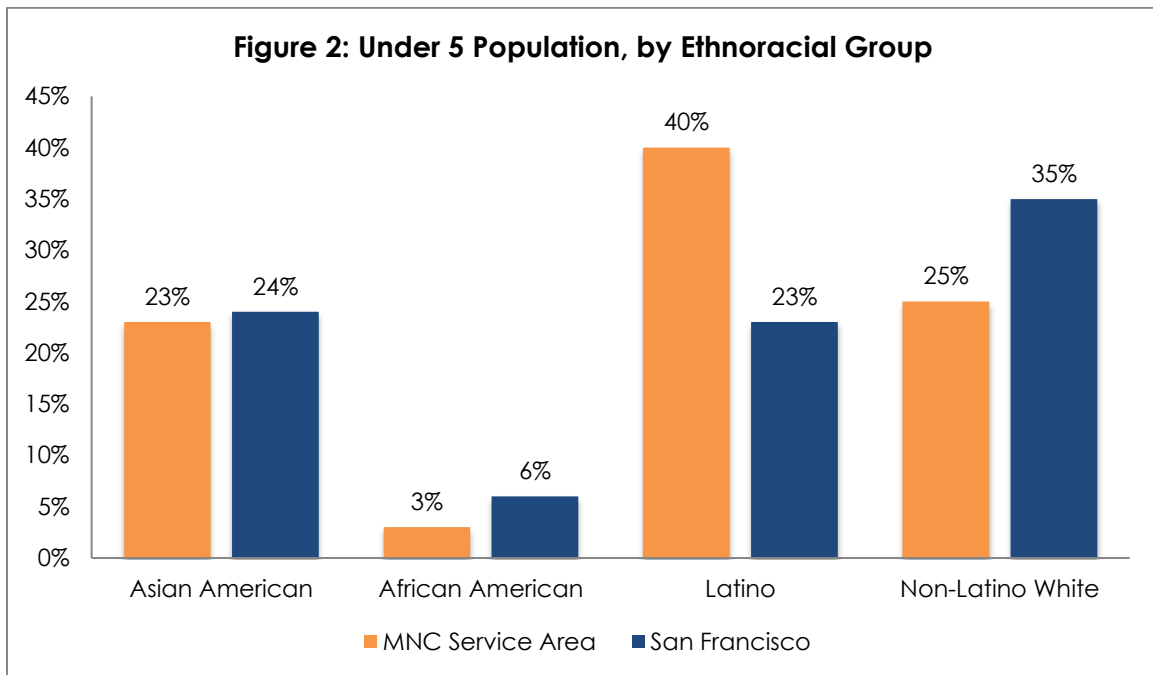
Figure 1, summarizes the under five population within MNC's core service area:



Source: U.S. Census Bureau, 2010-2014 American Community Survey

The US Census Bureau estimated that the child population in San Francisco increased slightly by about 2,300 youth between 2010 and 2014. This is reflective of a broader trend where the number of school-aged children is projected to rise by over 28% by 2020.² 2014 estimates indicated that 29% of the population of San Francisco youth under age 18 was under five years old, 24% was between the ages of 5 and 8, 21% was between the ages of 9 to 14, and 26% was between the ages 15 to 17.

San Francisco is one of the nation's most diverse cities, and that diversity is reflected among the city's children. **Figure 2**, shows the ethnoracial breakdown of the under 5 population in San Francisco and within MNC's target service area.



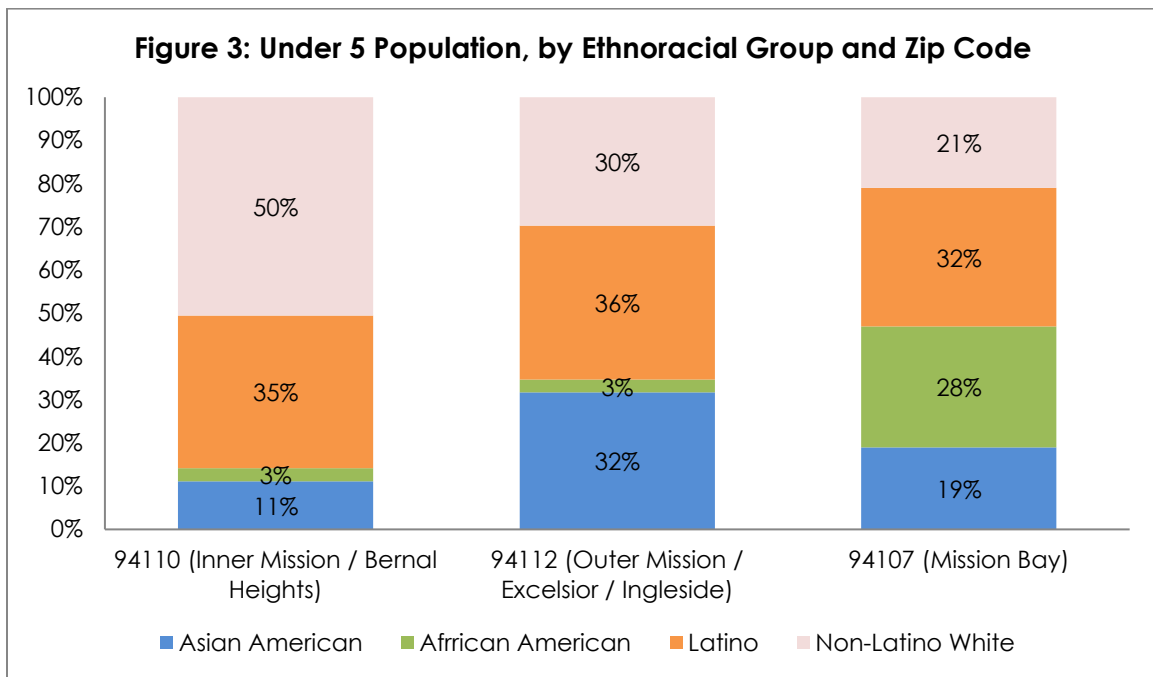
Source: U.S. Census Bureau, 2010-2014 American Community Survey

We see that Latino and Asian-origin children, and, to a smaller extent, African Americans make up a significant portion of the city's under 5 population and an even larger proportion of children within MNC's target service area. Latinos are especially overrepresented among the under 5 population within MNC's service area, where they make up 40% of children under age five. Latino children are also the largest ethnoracial group served by MNC, with 80% of MNC's currently enrolled children self identifying as Latino. The next two largest groups are African Americans and Asian Americans, who make up 7% and 5%, respectively, of the children MNC serves. The diversity of MNC's enrolled students and of the service area underscores the importance of providing culturally responsive early childhood programs designed to meet the varied needs of this population.





Looking more deeply within the three zip codes that make up MNC’s target service area, as shown in **Figure 3**, we see that there are significant differences in terms of the ethnoracial make up of each zip code that MNC serves, again highlighting the diversity of San Francisco’s population as well as its neighborhoods, and need for service providers to be sensitive to the diverse needs of these populations.



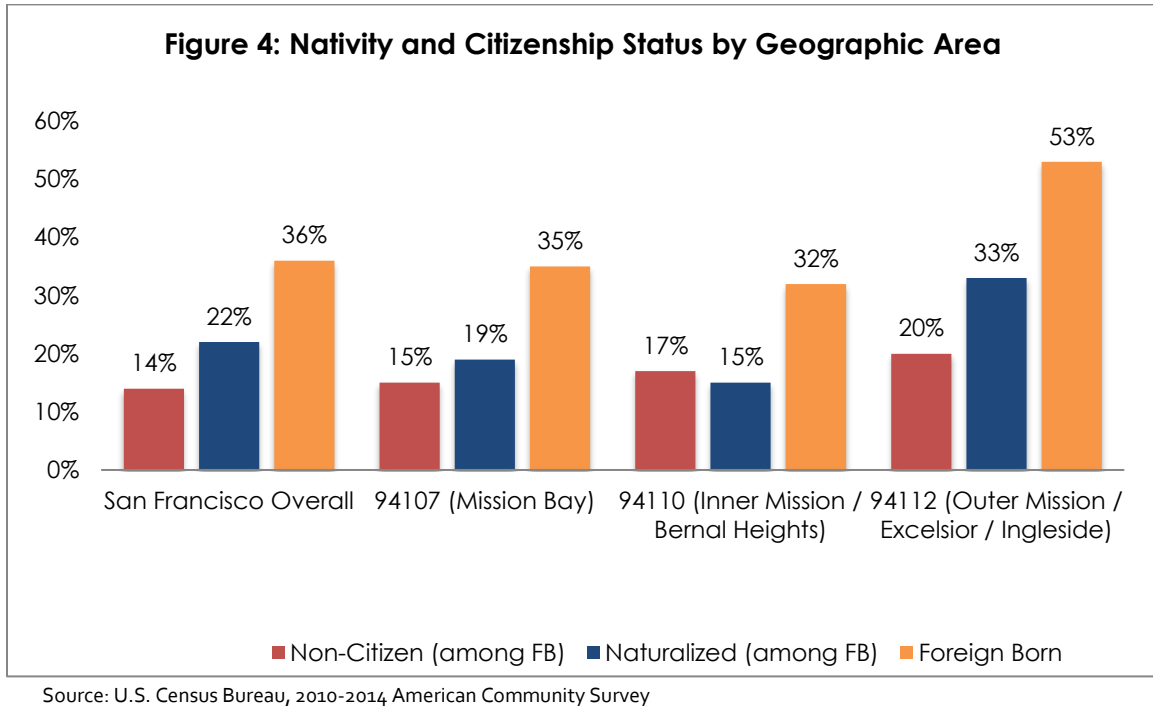
Source: U.S. Census Bureau, 20010-2014 American Community Survey





V.b. NATIVITY AND CITIZENSHIP

Within MNC's service area, approximately 76,170, or 42%, of residents are foreign born, compared to 36% in San Francisco as a whole. **Figure 4**, shows citizenship status within the foreign born population living in MNC's target zip codes compared to San Francisco as a whole.



The Outer Mission/Excelsior/Ingleside neighborhood has a larger foreign-born population than that of San Francisco as a whole. In the remaining two zip codes, like the City, approximately a third of the residents are foreign born.

Because non-naturalized immigrants tend to be more recent arrivals, have more limited English proficiency, and less familiarity with the U.S. educational system, it is important that programs serving these residents' children be sensitive to the particular needs of this population. These are the types of services that MNC provides.

V.c. LINGUISTIC DIVERSITY & ISOLATION

According to the Center for the Study of Immigrant Integration's Immigrant Integration Scorecard, 54% of San Francisco households have at least one immigrant and 34% are headed by an immigrant.³ Of those, 35% are linguistically isolated, defined as immigrant-headed households in which no person over 13 speaks English only, or very well. Of California's 10 regions, they find that linguistic isolation is the highest in San Francisco. That linguistic isolation is important because it affects parents' ability to



interact effectively with educational and other institutions. The top languages spoken in San Francisco's immigrant households are Chinese (36%), Spanish (18%), English (13%), and Tagalog (8%). Among Latino families in San Francisco, 1,174 speak a language other than English or Spanish at home; these households are likely to speak one of the many indigenous languages spoken in Mexico and Central America. Within the MNC service area, 20.6% of residents who report speaking a language other than English at home speak Spanish, 12.9% speak Mandarin, 12.3% speak Cantonese, 6.9% speak Tagalog, and 2.2% speak Vietnamese.

This linguistic diversity is reflected in the student population within the San Francisco Unified School District (SFUSD). About 28% of SFUSD students in 2014-2015 were classified as English learners.⁴ Among the district's English learners, 12.9% spoke Spanish, 10.2% spoke Cantonese, and about 1% spoke Tagalog, Vietnamese, and Mandarin, respectively. This linguistic diversity requires that service providers be proficient in children's home languages and sensitive to the cultural differences in language and communication styles across immigrant national origin groups.

In comparison to the City as a whole and the SFUSD, 28% of MNC's currently enrolled children speak English as the primary language at home, 67% spoke Spanish, and 4% spoke an Asian language.

V.d. POVERTY & INCOME

The cost of living in San Francisco remains high. The Self Sufficiency Standard (SSS) measures the minimum income necessary to cover all a non-elderly (age under 65) and non-disabled individual or family's basic expenses, including housing, food, child care, out-of-pocket medical expenses, transportation, and other necessary spending without public or private assistance.⁵ It is therefore seen as a more accurate representation of financial need than the federal poverty line, which for 2016 is an annual income of \$24,300 for a family of four.⁶ The estimated 2014 SSS for San Francisco is an annual income of \$92,914 per year (compared to \$63,979 for California overall).

In its 2016 Community Needs Assessment, the San Francisco Department for Children, Youth, and Families (DCYF) found that 26% of San Francisco households fell below the SSS in terms of their annual incomes. Among families with children, that number increased to 38%.⁷ DCYF estimates that the SSS for an adult living with two preschool aged children in San Francisco is \$86,529 annually -- significantly more than the median income for most of the families living in MNC's service area. Twenty-seven percent of San Francisco families with children live above the national poverty rate but below the SSS, a strong indication that they have significant difficulty making ends meet despite not being defined as "in poverty" by the federal government.

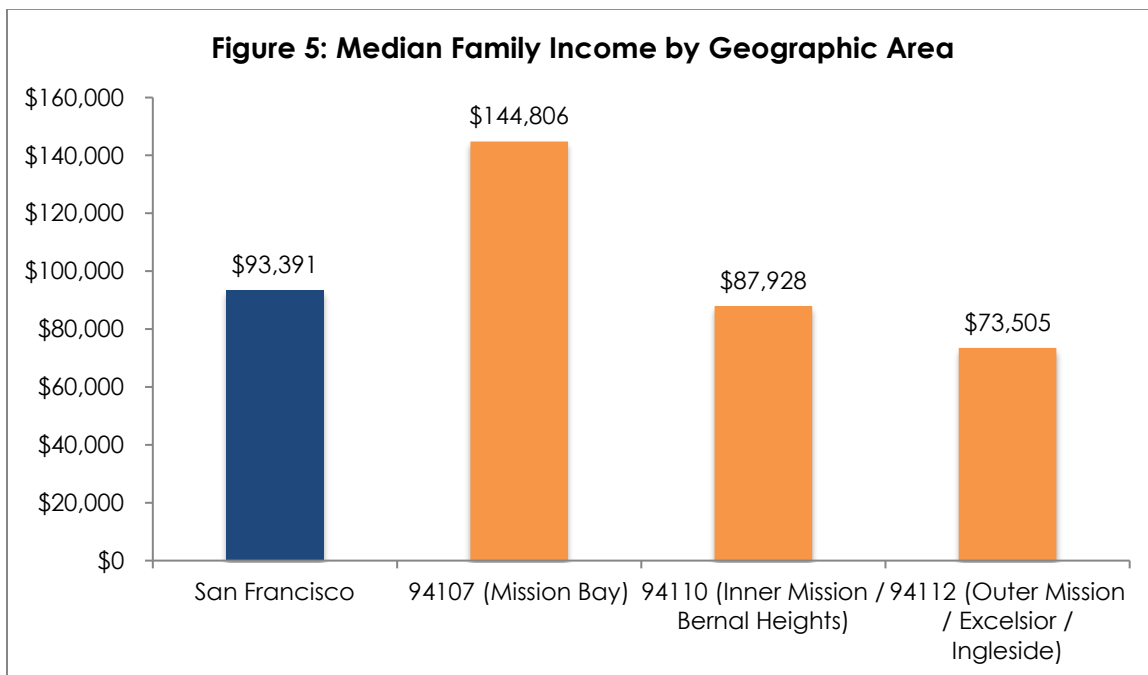
A 2014 San Francisco Human Services Agency report on poverty in the city found that 32% of San Francisco live below 200% of the federal poverty line (or \$37,060 annually for a family of 3 in that year). About 6,500 San Francisco children are living in destitution, or below 50% of the federal poverty line



(\$9,265 per year for a family of 3). Among Latinos in destitution, 21% are children; among destitute African Americans, 27% are children – the most across all ethnoracial groups. Latinos are most overrepresented among the working poor. Looking at all Latinos in San Francisco who live below 200% of the federal poverty line, 26% of them are children, the largest proportion among all ethnoracial groups in the city. In absolute numbers, Asian Pacific Islanders make up the single largest ethnoracial group in poverty in the city, but only 16% of those are children.⁸ It is important to note that there is significant income inequality in the city. Some estimate that San Francisco has the highest rate of income inequality in the country.⁹

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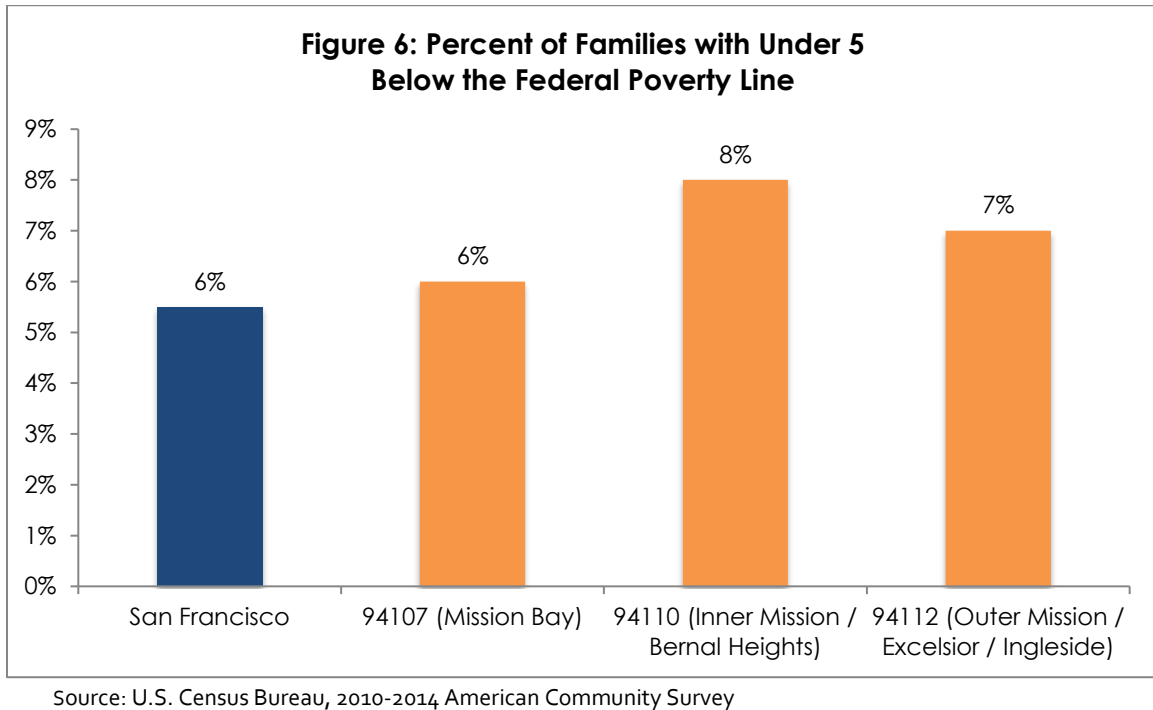
But looking at San Francisco overall does not tell the full story of income and poverty. **Figure 5.** summarizes the median family income in the city of San Francisco compared to the zip codes located within the MNC service area and the percentage of family households with children aged 5 and under with incomes below the federal poverty line. It shows that median household incomes for families are lower in most of the MNC service area than they are in San Francisco overall, and significantly below the SSS.



Source: U.S. Census Bureau, 2010-2014 American Community Survey



Figure 6, shows the percentage of families with children aged 5 and under whose income falls below the federal poverty line. Here we see a similar story, with a larger proportion of families with children 5 and under in the MNC area living below the poverty line than in San Francisco as a whole.

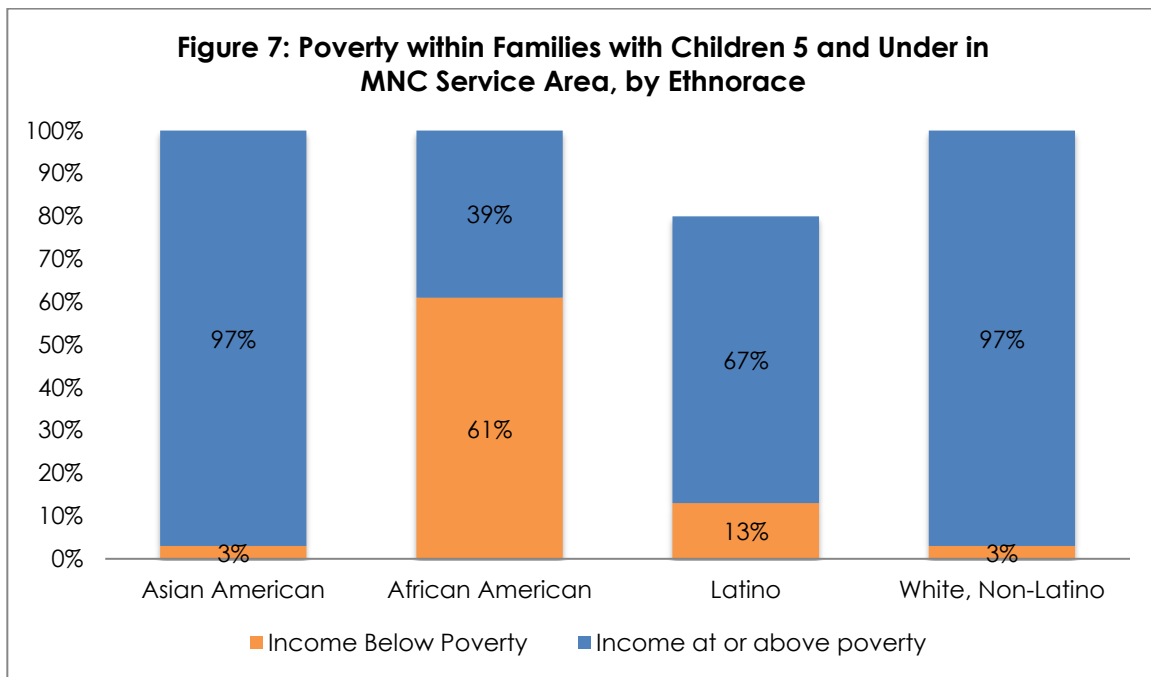


But poverty rates alone do not tell the whole story of the financial struggles faced by the families that MNC serves. There are significant ethnoracial disparities in poverty rates within the MNC service area. **Figure 7,** shows that the overwhelming majority of the children in MNC's service area that are in poverty are Latino and African American. Latino families in the MNC service area with children under five have poverty rates more than four times that of whites in those same neighborhoods; for African American families with children under five, the poverty rates are more than twenty times that of whites. These significant ethnoracial disparities in terms of poverty rates underscores the importance of having organizations like MNC providing early educational opportunities specifically designed to meet the needs of these children and their families.

Latino families in the MNC service area with children under five have poverty rates more than four times that of white children in those same neighborhoods.



These high poverty levels and financial challenges are evident in the children MNC currently serves. In 2015-16, 62% of its enrolled children had family incomes below the federal poverty rate, 9% received some sort of public assistance, and 3% were homeless.



Source: U.S. Census Bureau, 2010-2014 American Community Survey

Despite recent decreases, unemployment remains a large part of the poverty story in San Francisco and varies significantly across ethnoracial groups. Between January 2010 and April 2015 overall unemployment in the city decreased from 9% to 3%.¹⁰ In 2013, about 4,900 families with children had an unemployed head of household or spouse (8.5% compared to the overall estimated rate of 7.5%). African American residents experience the highest unemployment (17%) as did residents of the Mission/Bernal Heights (8%), which is located in the MNC service area.

Of the approximately eight hundred and thirty thousand people who live in the City of San Francisco, 22% reside in the MNC service area. Yet, in 2012-2013, 57% of the children ages 0 to 5 years in San Francisco who receive assistance from the California Work Opportunity and Responsibility to Kids (CalWORKs) lived in the MNC service area.¹¹ CalWORKs is a program operated locally by county welfare departments that provides cash aid and services to families in need. Families who qualify receive money each month to help pay for housing, food and other necessary expenses. The amount of monthly assistance provided to each family depends on the number of people who are eligible and the special needs of any of those individuals, as well as the income of the family. In March 2015, 4,035 families



received CalWORKs benefits, including 6,485 individual children and youth. In 2014, 10,011 families with children participated in CalFresh. As of June 2015, 46,958 children ages 0 to 17 were on Medi-Cal.¹²

Overall, one of the zip code neighborhoods that have the highest proportions of children ages 0 to 5 years on CalWORKs are located within the MNC service area: Inner Mission/Bernal Heights (9%). For children ages 0 to 2 years on CalWORKs, one of the top three neighborhoods are served by MNC: Inner Mission/Bernal Heights (10%). The story is similar among 3 to 5 year olds in the city that receive CalWORKs benefits, one of the three San Francisco neighborhoods with the highest proportion of children receiving aid fall within the MNC service area: Excelsior/Ingleside (8%).

In addition to being likely to be receiving CalWORKs benefits, the types of CalWORKs benefits children within the MNC service area receive also suggest their vulnerability. Among CalWORKs recipients aged 0-5 in the MNC service area in 2012, 43% are from one-parent families. This is the same proportion of single parent families found among the children MNC currently serves. Obviously, single-parent families are on average more limited in terms of financial resources than their two-parent counterparts. Children from “zero” parent families whose parents are ineligible due to unauthorized status may face additional challenges and risks.¹³

VI. Community Resources to Meet Needs of Head Start Eligible Children and Families

San Franciscans use a variety of childcare options and their preferred options vary depending upon the age of their child. In 2016, just over 40% of families with kindergarten children entering the San Francisco Unified School District (SFUSD) reported having their child in some sort of care setting when they were infants.¹⁴ The most common child care arrangement among those was a family member, friend or neighbor. Once their children became toddlers, 25% reported enrolling them in licensed center. That number increased to 75% when their children became preschool aged.

When asked about their children’s experiences with pre-K programs before entering kindergarten in SFUSD, it was clear that students’ experiences with pre-K in San Francisco vary significantly by race. Pre-K was nearly universal among white families, with 99% reporting having enrolled their children in such programs. In contrast, only 86% of Latino families reported enrolling their children in a preschool or transitional kindergarten program despite the city’s goal of “preschool for all.” Similarly, there were significant differences in pre-K school enrollment by income. Among families with incomes over \$105,000 annually, 97% of their children attended a pre-K program. Among those earning less than \$32,000 per year, only 87% attended.

VI.a. Programs

According to the San Francisco Child Care Planning and Advisory Council’s 2012-2013 Child Care Needs Assessment, there are 21,355 children aged 5 and under who are in need of formal care in the city.



Table 1 summarizes the availability of licensed childcare and preschool providers for children five and under (does not include school aged children).

Table 1: Total licensed Family child care slots by age group (2012)

	Infants	Pre-school
Slots available	1,779	3,417
Percent of total	28%	53%

Table 2 and **Table 3** show the availability of licensed childcare centers in San Francisco by zip code and active licensed family child care centers in the city. The areas with the highest availability of childcare are Inner Mission/Bernal Heights (94110), Western Addition (94115), and Sunset (94122). Embarcadero/Gateway (94111) and Financial District (94104) have the lowest. However, even those neighborhoods with the highest availability of spaces are often the same neighborhoods with the greatest demand for childcare. These neighborhoods frequently exhibit the greatest unmet need for childcare as the centers are frequently full.

Table 2: San Francisco Licensed Capacity By Zip Code

Zip Code	Neighborhood	2012 Center Infant Capacity	2012 Center Preschool Capacity	2012 Center School Age Capacity	2012 Total Center Capacity
94102	Hayes Valley / Tenderloin	119	528	58	705
94103	South Market	46	502	71	619
94104	Financial District	10	12	14	36
94105	Downtown	130	263	0	393
94107	Mission Bay	114	431	14	559
94108	Chinatown	0	408	0	408
94109	Russian Hill / Nob Hill	10	269	24	303
94110	Inner Mission / Bernal Heights	91	974	181	1,246
94111	Embarcadero / Gateway	0	58	0	58
94112	Outer Mission / Excelsior / Ingleside	0	1,007	356	1,363
94114	Castro/ Noe Valley	0	255	300	555
94115	Western Addition	18	1,121	70	1,209
94116	Parkside / Forest Hill	15	710	478	1,203
94117	Haight / Western Addition / Fillmore	28	520	107	655
94118	Inner Richmond / Presidio / Laurel H.	117	1,001	227	1,345
94121	Outer Richmond / Sea Cliff	0	599	146	745
94122	Sunset	0	767	328	1,095
94123	Marina / Cow Hollow	0	284	362	646
94124	Bayview / Hunters Point	85	791	300	1,176
94127	West Portal / St. Francis Wood	11	162	565	738
94129	Presidio	70	324	75	469
94130	Treasure Island	21	60	0	81
94131	Twin Peaks / Diamond Heights / Glen Park	39	262	630	931
94132	Stonestown / Lake Merced	76	457	281	814
94133	North Beach / Telegraph Hill	50	264	160	474
94134	Visitacion Valley	72	998	186	1,256
94143	UCSF	24	72	0	96
94158	Mission Bay	26	60	0	86
Total		1,172	13,159	4,933	19,264

Source: CPAC SAN FRANCISCO, Early Care and Education Needs Assessment, 2012-2013



Table 3: Active Licensed Family Child Care Homes – 2012-2013

Zip Code	Neighborhood	Total Number of Licensed Centers *2011	# of Infant Licenses 2011	# of Preschool Licenses 2011	# of School Age Licenses 2011
94102	Hayes Valley / Tenderloin	14	6	11	2
94103	South of Market	11	2	10	1
94104	Financial District	1	1	1	1
94105	Downtown	7	5	6	0
94107	Mission Bay	11	5	8	1
94108	Chinatown	9	0	9	0
94109	Russian Hill / Nob Hill	5	1	4	1
94110	Inner Mission / Bernal Heights	29	3	27	3
94111	Embarcadero / Gateway	1	0	1	0
94112	Outer Mission / Excelsior / Ingleside	14	0	13	4
94114	Castro / Noe Valley	11	0	9	2
94115	Western Addition	23	1	23	1
94116	Parkside / Forest Hill	17	1	12	4
94117	Haight / Western Addition / Fillmore	12	1	9	2
94118	Inner Richmond / Presidio / Laurel	21	3	19	2
94121	Outer Richmond / Sea Cliff	14	0	12	3
94122	Sunset	21	0	19	3
94123	Marina / Cow Hollow	6	0	5	2
94124	Bayview / Hunters Point	14	4	14	4
94127	West Portal / St. Francis Wood	8	1	6	3
94129	Presidio	5	2	5	1
94130	Treasure Island	1	1	1	0
94131	Twin Peaks / Diamond Heights / Glen Park	11	1	7	4
94132	Stonestown / Lake Merced	13	2	9	3
94133	North Beach / Telegraph Hill	9	2	8	2
94134	Visitacion Valley	16	4	15	3
94143	UCSF	2	1	1	0
94158	Mission Bay	1	1	1	0
Total		307	48	265	52

VI.b.Preschool Supply: Subsidized Child Care and Unmet Need

To fully understand the childcare needs of Head Start eligible families, examining subsidized child care availability and demand provides a more accurate picture of the child care landscape. In San Francisco, many families face challenges finding and enrolling their children in early care and education programs that are available, affordable, and meet their family's needs. Every five years, San Francisco's Child Care Planning and Advisory Council (CPAC) conduct a citywide Needs Assessment specific to child care.



Table 4 summarizes the number of children receiving subsidized child care from various funding sources available in San Francisco in 2012.

Table 4: Number of San Francisco Children Receiving Subsidized Care in 2012, by Organization

Organization	Ages (0 – 2)	Ages (3 – 5)
CalWORKS	909	1095
CDE Non-CalWORKS Vouchers	127	144
CDE Title 5	589	4,603
Head Start/Early Head Start	173	373
City Child Care	457	N/A
Homeless Child Care	62	17
Title 1	N/A	228
FCS	41	33
Total	2,358	6,493

Sources: CDE, SF Human Services Agency, SFSU Head Start, Children's Council of San Francisco

The demand for subsidized child care is significantly greater than the supply in San Francisco. The 2013 CPAC Needs Assessment data found that unmet need is greatest for infant and toddler care, with 51% of eligible children not receiving government subsidies, especially in the Inner Mission/Bernal Heights and Outer Mission/Excelsior/Ingleside neighborhoods and parts of Hayes Valley, Tenderloin, Chinatown, Russian Hill, Nob Hill, and North Beach.

Among eligible children aged 3 to 5, about 37% did not receive subsidies, with unmet need highest in the Inner Mission/Bernal Heights, Outer Mission/Excelsior/Ingleside, Bayview/Hunter's Point, South of Market, and Outer Richmond neighborhoods, and parts of Hayes Valley, Tenderloin, Chinatown, Russian Hill, Nob Hill, and North Beach.

The unmet need for subsidized early care and education in San Francisco is also reflected in the number of children on the waiting list for child care subsidies. Using data from the San Francisco Centralized Eligibility List (SF3C), an eligibility list used for subsidized care, the table below indicates the number of eligible families waiting for government subsidies for child care as of January 1st of each year.¹⁵ Child care administrators caution that the SF3C data underrepresents the total number of families in need of subsidized care in San Francisco because eligibility is based on statewide income levels that do not factor in the higher local cost of living. Many lower income San Francisco families may be ineligible for a state subsidy and therefore may not be on the SF3C, yet still need assistance with obtaining affordable child care. In addition to incompatible income eligibility criteria for the Bay Area, many low-income families may not apply for services through SF3C due to not knowing about the list or challenges they may face in accessing the list. The most recent data from the SF3C indicate that at least 3,176 children under age five are waiting for child care subsidies, and about 66% (2,081) of those children are infants or toddlers, as shown in **Table 5**.



**Table 5: San Francisco Children Waiting for Subsidized Child Care
on SF3C (previously SFCEL) by Age, 2006-2013**

Age	2006	2008	2009	2010	2011	2013
Less than 1	183	391	563	570	635	579
1 – 2	297	577	823	732	717	694
2 – 3	466	565	897	847	864	808
3 – 4	422	422	807	791	861	656
4 – 5	469	294	447	369	481	439
Total (all ages)	1,837	2,249	3,537	3,309	3,558	3,359

VI.c.Children with Disabilities

As defined by the federal Maternal and Child Health Bureau, a child with special health care needs is one “who has an increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also requires health and related services of a type or amount beyond that required by children generally.”¹⁶

SFUSD’s 2015 School Readiness report found that about 8% of entering kindergartners were identified by a teacher as having special needs.¹⁷ Of the children identified as having a special need, parents reported that about 58% had received professional help with their special need. About 55% of parents learned their child had a special need through a pediatrician, 28% from another professional, and 15% from their own diagnosis. Although the numbers of children that fall into this category in the SFUSD report is small and should be interpreted with caution, there do seem to be important differences by ethnorace. They find “although a greater proportion of Hispanic children have or are believed to have special needs, a substantially smaller proportion of these children receive professional help with that need, as compared to others.”¹⁸ Specifically, 70% of white parents reported that their children had received professional help compared to only 44% of Latino parents. Income also seemed to be a factor, with 100% of families earning \$53,000 per year or more reporting their children having received professional help for their special need and only 56% of families earning \$0 - \$53,000 reporting that their child was receiving the services they need.

These trends are evident among SFUSD students enrolled in special education. As of December 2015, 6,747 SFUSD students were enrolled in special education.¹⁹ Of those, 814 (2%) were age 0-5. The most common reason why SFUSD children age 0-5 were enrolled in special education was due to a speech or language impairment, with 567 children (or 70%) enrolled for that reason. Autism was the next most common reason why SFUSD students age 0-5 were enrolled in special education, with 195 (24%)



enrolled with this diagnosis. Looking at special education enrollment by ethnicity, we see that Latino children in the district are the most likely to be in special education due to speech or a language impairment: 677 (44%) of the 1,552 special education students in the district with this diagnosis were Latino.²⁰ Latino students were also a disproportionate number of students diagnosed with a specific learning disability, making up 44% of that category as well.

Similarly, 14% of MNC's currently enrolled students have a disability – a number seven times higher as that for children aged 0 to 5 in SFUSD. Given the relationship among poverty, early child development, and learning challenges later in life, these are precisely the challenges facing MNC's target service population and underscores the need for there to be high-quality, developmentally appropriate, culturally rich educational environments available for these students.

14% of MNC's currently enrolled students have a disability – a number seven times higher as that for children aged 0 to 5 in SFUSD.

VI.d. Access Challenges for Children with Special Health Care Needs

Several local public agencies fund projects that seek to make quality inclusive child care the norm in San Francisco. These projects support families of children with identified and unidentified special needs by providing onsite specialized services, triage and referrals to services, consultation, advocacy, and support, as well as delivering trainings to the wider child care community and other professionals. Staff from these projects indicated that a need exists for more subsidized part-day child care options that are inclusive of children with special needs, and for more experienced and knowledgeable staff in such programs to offer individualized assistance to these children. Staff also indicated that a large proportion of the children that are referred to them have been exhibiting challenging behaviors and social-emotional needs, but do not have identified or diagnosed special needs or Individualized Education Plans (which are plans developed by school staff, parents and others that delineate a student's special education services needs). Increased training and support for child care staff and specific therapeutic programs were identified as needed to address this issue. The Interagency Inclusion Roundtable also identified the need to develop inclusive practices in both school-based and community-based early care and education programs, as well as revising and streamlining the referral process.²¹

VI.e. Cost

Because of the high cost of living, approximately 35% of children aged 0 to 5 in San Francisco are eligible for child care subsidies.²² Most of these children live in the MNC service area, particularly the Inner Mission/Bernal Heights and Outer Mission/Excelsior/Ingleside neighborhoods.



The cost of licensed, center-based care for two to five year olds in San Francisco County has increased steadily since 2003 and is substantially more expensive than the statewide average. In 2014, the average annual cost to families for licensed child care in a center setting was \$17,534 for an infant or toddler and \$12,893 for a preschool age child, compared to \$13,327 for an infant in California and \$9,106 for a preschool age child.²³ However, providers who do not accept subsidies nor receive public funding can charge much higher rates.

Providing child care is more expensive in San Francisco because of the high cost of real estate and the higher wages enjoyed by child care workers in the city. Space is in high demand in the city, which increases the cost of owning, leasing, and/or renting property. In addition, average wages in San Francisco are higher than in other counties throughout the state. In an effort to understand the full costs of operating child care programs in San Francisco, in 2009 the Department of Children, Youth, and Families (DCYF) conducted an analysis that found the average cost of providing these services per child by program type ranged from \$11,552-\$24,161 annually. By program type the average prices were:

- Infant care (children aged 6 weeks-24 months): \$14,111-\$28,788/year
- Toddler care (children aged 24-36 months): \$11,734-\$25,456/year
- Preschool care (children aged 3-5 years): \$8,810-\$18,239/year

These estimates were based on the state's minimum quality standards, and providing higher quality programs could cost more than twice that amount. Higher quality care is financially beyond the reach of most working families, with high quality infant care costing as much as \$2,399 per month, toddler care \$2,121, and preschool care \$1,520.²⁴

VI.f. Relevant Services and Resources for Children with Disabilities

San Francisco provides a number of services and resources for children with disabilities and their families through local organizations and the San Francisco Unified School District. Resources for these children and their families include:

- | | |
|---|--|
| • Blind Babies Foundation | • Jewish Family and Children's Services |
| • California Children Services | • Kai Ming Head Start |
| • Child Care Inclusion Challenge Project | • Mission Head Start |
| • Chinatown Child Development Center | • Multi-Disciplinary Assessment Center |
| • Community Behavioral Health Services | • Prevent Blindness Northern California |
| • Easter Seals Child Development Center | • Preschool for All |
| • Family Development Center – Family Service Agency | • San Francisco Unified School District |
| • Golden Gate Regional Center | • Support for Families with Disabilities |
| • Help Me Grow Council | • UCSF – Parent Infant Program |
| | • Wu Yee Children's Services |



Services for children with disabilities and their families may include: parent education, medical visits, ongoing assessment, center-based services, assistive technology, educational audiology, physical therapy, service coordination, special instruction, speech and language services, transportation and vision services.

According to the American Community Survey, there are 22 known “risk factors” that can most affect children’s overall well being. These include language development impairment, the leading disability diagnosis for children in San Francisco and one that is very common within the child population MNC serves. Early intervention to address language development is imperative for children’s long-term educational success. A 1995 study found that by age 3 lower income students had heard 30 million fewer words than their more affluent peers.²⁵ Recent work suggests that the quality of conversation between parents and caregivers and children is as important as the quantity.²⁶ This reinforces the strong need for highly skilled and trained educational providers, such as the teaching staff employed by MNC, to ensure culturally appropriate and literacy-rich interactions with children within early childhood educational settings.

Providing programs to support children’s language development is therefore incredibly important. Another proven way to address language needs in children is by providing education services for parents to better understand how to support language development at home, including how to support high quality communication with their children, access to books, and frequently reading to children.

VI.g. Preschool and School Readiness

A First 5 San Francisco evaluation of kindergarten school readiness found that only 62% of public school kindergartners enter school ready for kindergarten, defined proficiency across all four dimensions of readiness: (1) Self-Care & Motor Skills, (2) Self-Regulation, (3) Social Expression, and (4) Kindergarten Academics.²⁷ But, readiness varied significantly across ethnoracial groups. Among Latino students, 48% were found to be ready for kindergarten, compared to 83% of white students, 40% of African American students, and 67% of API students. Differences also appear related to language and special needs. Only 57% of English learners were found to be school ready and only 29% of students who were identified to have special needs. Gender is important, with 68% of female students being school ready compared to 50% of males. Only half of kindergartners from low income families were found to be school ready. The study also found that preschool was key to improving school readiness, with 65% of students who had attended preschool being school ready compared to 35% of those who had not attended preschool.²⁸

School readiness levels also have been found to vary across neighborhoods in San Francisco. Using students’ home address, researchers found that children from MNC’s service area had significant readiness needs in all four categories of school readiness skills. Clearly, the child population MNC serves



is especially in need of these rich early learning opportunities in order to ensure their future academic success.

VI.h. Physical Health

Overall, many of San Francisco's youngest children experience good health. San Francisco's infant mortality rate has been slowly declining since 1996 and is significantly lower than the statewide average. In 2013 infant mortality in San Francisco County was at a rate of 2.9 of every 1,000 births. But this varied significantly by race, with African American infant mortality more than four times the white infant mortality rate (9.8 and 2.3, respectively). Infant mortality overall is lower in San Francisco than statewide. Latino infant mortality was about twice that of whites in the city (4.7 per 1,000 births) and API mortality was lower than that of whites at 2 per 1,000 births.²⁹

African American infant mortality is more than four times the white infant mortality rate ... Latino infant mortality was about twice that of whites.

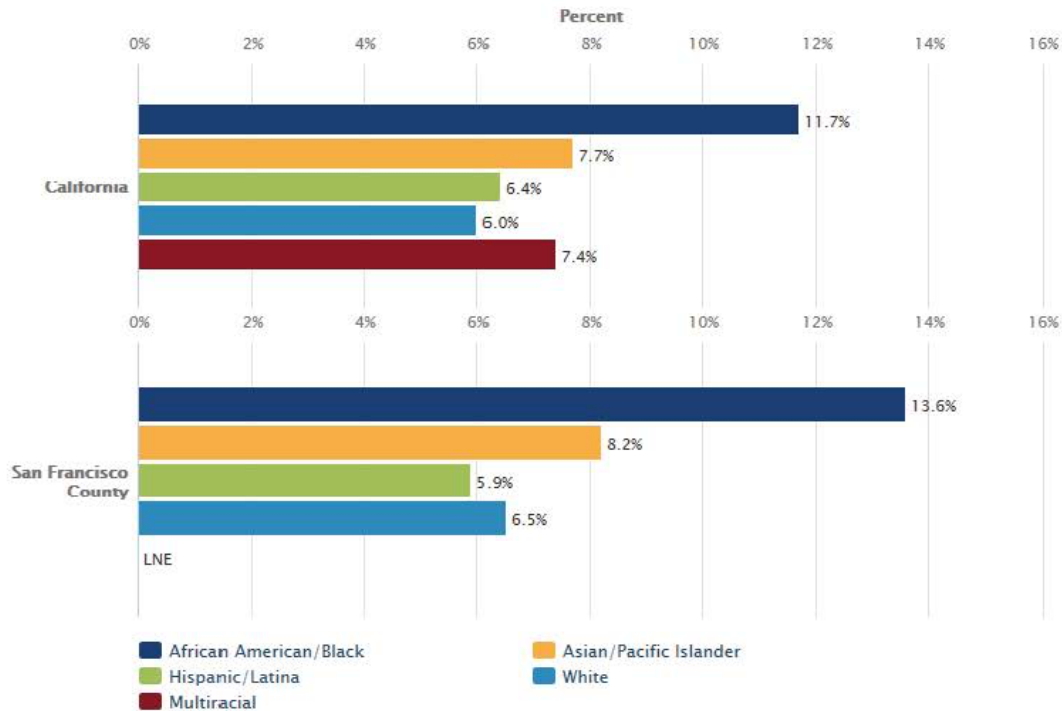
Figure 8 shows that, in 2013 the proportion of African American infants in San Francisco County that were at low birth weight, defined as less than 2,500 grams, was 2% higher than the statewide average and more than twice the percentage of white babies born low birth weight. Here we also see what has been called the "Latina Paradox" where low income immigrant Latina women have fewer lower birthweight babies than would be expected given their socioeconomic status. In San Francisco, only 5.9% of Latino babies were born low birth weight. Birth weight is important because it is associated with greater risk for physical and developmental problems.





Figure 8

Infants Born at Low Birthweight, by Race/Ethnicity of Mother: 2013



Definition: Percentage of infants born at low birthweight (less than 2,500 grams or about 5 lbs, 8 oz), by race/ethnicity of mother. For example, in 2013, 7.4% of babies born to multiracial mothers in California were at low birthweight.

Data Source: [As cited on kidsdata.org](https://www.kidsdata.org), California Dept. of Public Health, Center for Health Statistics, Birth Statistical Master Files; Centers for Disease Control & Prevention, Natality data on CDC WONDER; Martin et al. (2015), Births: Final Data for 2013. National Vital Statistics Reports, 64(1) (Mar. 2015).

One area of concern with regard to children's health after birth is maintaining a healthy weight. Data on SFUSD kindergarteners' body mass index in recent years indicates that boys are facing more health concerns related to weight than girls. The proportion of SFUSD kindergarten girls found to have a healthy weight increased from 53% to 60% between 2007 and 2009, while the percentage for boys fell from 62% to 54%. The proportion of "overweight" girls decreased from 18% to 12%, while the proportion of "overweight" boys increased from 20% to 25%.³⁰ Local health data also demonstrates a disparity along ethnoracial lines in the number of obese children. While 9% of Asian children ages zero to five were obese, higher rates of obesity were found among White (13%), African American (14%), and Latino (16%) children.³¹

Obesity is also a concern among the children MNC serves. 172 of the 365 (47%) Head Start children MNC serves were classified as obese. Addressing issues of obesity is made more difficult by a lack of access



green space for play and physical activity in the areas served by MNC. Families also indicate that the lack of safe streets and instances of violence in the neighborhood discourages sending children out to play. Also, environmental factors such as air pollution directly affect children's health, including asthma rates.³²

To address these needs, the MNC offers a variety of health and nutrition services for the families it serves. The center partners with a number of local health agencies to provide its families with a variety of services. Partnership with Native American Health Center Dental Clinic, resulted in almost 400 free dental screenings for children at multiple sites. Partnership with Prevent Blindness Northern California (PBNC) resulted in vision screenings, full eye exams by an optometrist and high quality follow up services for all of the children who needed glasses. 365 children were screened by Prevent Blindness Northern California staff members. 12 children throughout the program were identified as needing glasses and were provided glasses free of charge through this partnership.

Through partnership with the Asthma Task Force, all classrooms in Mission Head Start began using a non-chlorine based cleaner to ensure the safety and health of the children and staff in the classroom, especially those with an asthma diagnosis. Partnership with the San Francisco Health Plan allowed Mission Head Start to support families through a transition from a local insurance carrier to Medi-Cal and to ensure continuity of coverage and access to services. Partnership with a local audiology specialist allowed 8 Mission Head Start staff to be certified in hearing screenings for the children participating in the program. As a result, all MNC Head Start children were screened for hearing problems during the 2015-2016 program year.

VI.i. Physical Activity

While many families are utilizing San Francisco's parks, many parents and community members who attended DCYF's community input sessions expressed a need for more safe open spaces, recreational spaces, green environments, and affordable programs that promote physical activity among children and their families. San Francisco residents with children ages five or younger are the most likely frequent visitors to City parks, with 59% saying they did so at least once a week and 27% saying they visited at least once a month. Compared to parents statewide, San Francisco parents appear to be regular visitors of parks or outdoor open spaces, with 55% of parents of children age five and under regularly took their children to a park at least 10 days a month, 41% took their children between one and nine days a month, and 4% never took their children to a park. White parents were much more likely to regularly take their child to a park than Latino, Asian/Pacific Islander and parents of other ethnoracial backgrounds.³³

However, a recent study by the San Francisco Health Improvement Partnership found that physical activity, particularly minutes spent walking or biking each day, varied significantly across San Francisco neighborhoods.³⁴ They found that the average adult in the northeastern, more affluent, parts of the city



spent 40 minutes walking each day. Fourteen percent of adults in the city reported not walking because of concerns about violent crime, particularly in the southeastern party of the city, which encompasses part of the MNC service area.

VI.j. Mental Health

Data on the mental health need of children ages zero to five is not readily available. However, data from a city-funded effort to provide consultation and training to caregivers and service providers who work with young children provides some insight into the mental health needs of the city's young children. The Early Childhood Mental Health Consultation Initiative (ECMHCI) is a partnership among the San Francisco Human Services Agency, DCYF, First 5 San Francisco, the Department of Public Health-Community Behavioral Health Services, and a number of community programs.

Through the program, mental health professionals provide consultation, training, and support to children, parents, and staff in the settings in which young children and their families receive care and services. ECMHCI serves young children in child care programs, family resource centers, permanent supportive housing programs, and homeless/domestic violence shelters. MNC is a participant in this program, which provides funding for the mental health consultants that they have present in every classroom.

In the first half of 2009-2010, about 6,600 children between the ages zero and five, 1,400 service providers, and 4,000 parents/caregivers and family members were served through the ECMHCI initiative. About 36% of the children participating in the initiative were Asian, 26% were Latino, 15% were African American, 11% were White, 9% were multiracial, and 2% were Asian/Pacific Islander. An evaluation of the initiative found that in 2006 the three most prevalent issues among preschool age children who were assessed were aggression (11%), communication delays (10%), and attention problems (10%). Mental health consultants that were part of the evaluation estimated that 149 children (4%) showed symptoms of Post Traumatic Stress Disorder (PTSD), which research has shown can have a significant negative impact on early development.³⁵

A recent study of mental health issues among San Francisco's youth found that more than 10% of children and youth under the age of 18 in San Francisco has had three or more Adverse Childhood Experiences (ACEs). ACEs are adverse experiences that happen in childhood and are remembered as an adult. They can include a child having experienced abuse or neglect, the death of a parent, parental divorce or separation, witnessing domestic violence, living with someone who has a mental illness or substance abuse problem, or the incarceration of a household member.

Adverse childhood experiences (ACES) have been found to negatively impact individuals' healthy development and lifelong health. In 2011-2012, an estimated 11% or 11,901 children in San Francisco, had three or more ACEs.³⁶ San Francisco youth of color and those living in its poorest neighborhoods,



particularly youth from Excelsior, the Mission, and other neighborhoods, were the most likely to use city-funded mental health services. Latinos and African Americans made up the majority of youth receiving city-funded mental health services. In 2012-2013, 25,832 individuals received city-funded mental health services through the Department of Public Health's Community Behavioral Health Services network; 4,692 of these were youth. Among the youth clients, Latinos 1,450 (31%) and 1,360 African Americans (29%) made up the largest groups of youth utilizing services.³⁷ Family discord, anxiety, school achievement, and depression were the most common issues of concern for youth who received treatment from city-funded mental health services.³⁸ Among the children MNC serves, 33% had a mental health professional consult MNC staff about the child's behavior or mental health.

Among the children MNC serves, 33% had a mental health professional consult MNC staff about the child's behavior or mental health.

VI.k. Nutrition

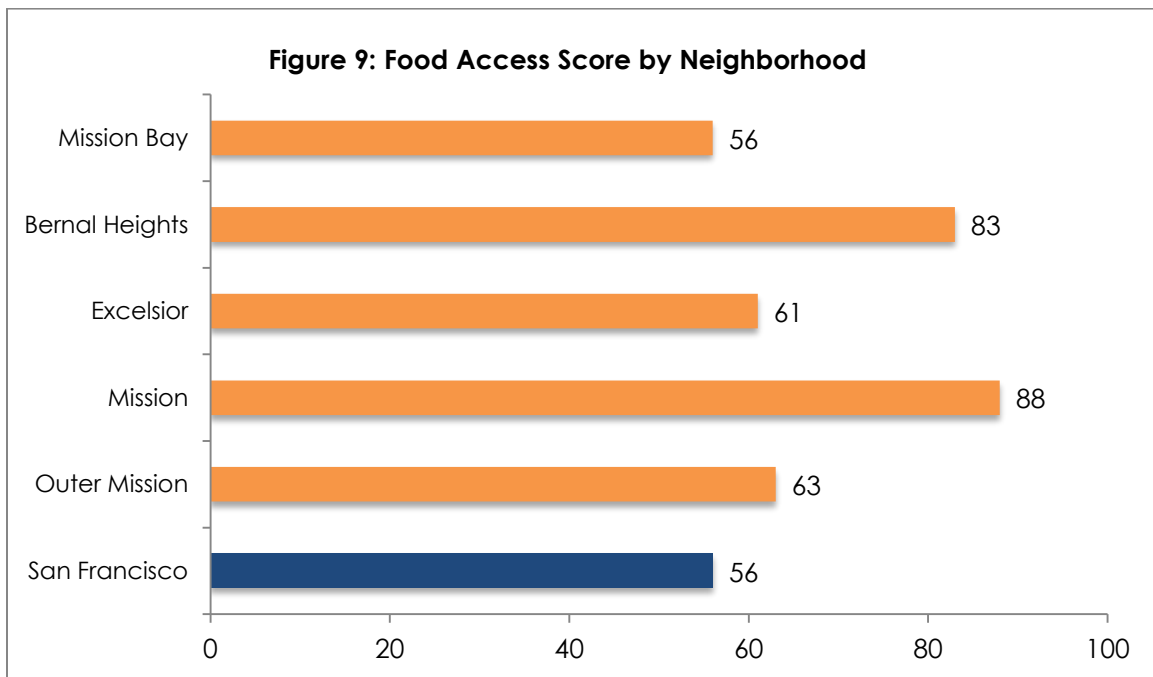
Hunger remains a very serious issue affecting families all over San Francisco. The high cost of living in the city combined with unemployment and underemployment mean that people from all walks of life are looking for ways to help supplement their food and nutritional needs.

The Stanford Center for the Study of Poverty and Inequality released a study in August 2011 that analyzed the landscape of hunger and food availability in San Francisco. They found that in 2009 the number of San Francisco residents falling below the poverty line had increased 6% and the percentage of meals that residents can provide for themselves was just 44% of total meals. While government food assistance and local non-profit food providers help reduce the need for food and nutrition in San Francisco, there is still a substantial unmet need. The San Francisco Food Bank distributes enough food for 100,000 meals every day and Glide served 835,036 meals in 2011-2012. Despite these resources, one of the most important findings in the Stanford study was that in 2009 residents of San Francisco and Marin counties missed over 35 million meals. The researchers estimate that 95% of these missing meals would be met if government food programs (CalFresh, School Nutrition Programs, and Women, Infant, and Children) were being utilized at full capacity. It is estimated that only about 40% of eligible Californians are enrolled in CalFresh.³⁹

MNC provides nutrition support to its families in order to address this need. In the spring of 2016, MNC provided a nutrition workshop series to twelve participating families. They also offer a monthly food bank that serves 200 MNC families each month. San Francisco families dealing with hunger would greatly benefit from more of the type of nutritional support MNC provides.



Similarly, in 2011 the San Francisco Health Improvement Partnership calculated the “Food Market Access” Score for all San Francisco neighborhoods. This score measures the quality, quantity, and proximity of retail food resources for each neighborhood.⁴⁰ **Figure 9** shows quality measures based on access to fresh fruits and vegetables measured on a scale of 0 - 100, a higher score denotes more and better access to healthy foods.



Source: SAN FRANCISCO Health Improvement Partnership, 2011

Given this variation in food access across San Francisco’s neighborhoods, it is not surprising that in 2013 less than a quarter of SFUSD students reported eating the recommended servings of fruit and vegetables per day. Twenty percent of high school students and 20% of middle school students reported eating five or more servings of fruit or vegetables each day.⁴¹





In San Francisco, the Women, Infant, and Children (WIC) food assistance program is currently being used by 8,810 people. These families must meet a number of requirements, including income restrictions (100% - 185% of the federal poverty line) and proof of nutritional need. In the service area for MNC, **Table 6**, there are 5,650 people enrolled in WIC, making up 64% of the program's total enrollment in San Francisco.

Table 6: WIC Enrollment in the MNC Service Area

Ethnoracial Group	WIC Enrollment
Latino	3,265
Asian American	1,559
African American	480
Multi-racial (not Hispanic)	210
American Indian or Alaska Native	1
Native Hawaiian or Pacific Islander	67
White, Non-Latino	68
Total	5,650

VI.I. Crime & Violence

In 2014, San Francisco's homicide rates remained relatively similar to previous years. Like most major American cities, San Francisco deals with high levels of crime and violence with a total of 45 murders.⁴² Homicides in San Francisco are predominantly found in low-income neighborhoods, with some of the neighborhoods served by MNC having some of the highest rates of violent crime in the city.⁴³

Yet, not only do the residents of these areas experience more criminal activity, they are also more likely to be brought into the criminal justice system. A 2014 report by the Burns Institute found that African Americans were disproportionately likely to be represented at every juncture of the criminal justice process. Even though the African American population of the city decreased 21% between 1993 and 2013 and Black adults now make up only 6% of the city population they comprise 40% of people arrested, 44% of those in county jail, and 40% of people convicted.⁴⁴ This is despite an overall decrease in the number of arrests in the city. These disparities are important because children in homes where adults are brought into the criminal justice system can experience significant stress, loss of income, and other factors that affect children's ability to thrive.

Instances of family and domestic violence in San Francisco have been decreasing in recent years but remain a significant problem. In 2014 there were 23,796 calls to domestic violence crisis lines.⁴⁵ The Mission had a large number of reports of family violence 911 calls (1,027).⁴⁶ Of those, according to the San Francisco Department on the Status of Women, between 2013 and 2014 there was a 23% decline in the number of domestic violence cases investigated by the San Francisco Police's Special Victims' Unit. In 2014, there were 3,383 cases of domestic violence received and assessed by the San Francisco Police Department: a decline of 16 cases from 2013. There were also 1,220 requests for domestic violence



restraining orders (an increase of 3 from 2013). Sadly, there were five domestic violence related deaths in San Francisco in 2014, four homicides and one suicide.⁴⁷

In terms of child abuse cases, we again see a large number of cases come into call lines, with 16,015 San Francisco Child Abuse Prevention Center TALK Line Calls Received. In total, 4,524 children were referred to Family and Children's Services (FCS); 921 of those cases were substantiated as abuse.⁴⁸

The majority of Victim Services' child abuse cases in 2014 were for sexual assault (63%), followed by physical abuse (36%). There were 143 child abuse clients age 0-17. The number of victims aged 0-17 increased by 15%. They were also disproportionately Latino and African American. Latinos and African Americans made up 27% of victims' services case, even though they only comprise 14% and 6% of the city population, respectively.⁴⁹

VI.m. Housing and Homelessness

The cost of housing is a significant issue across the city of San Francisco. Given the high cost of housing, it is not surprising that many households in San Francisco spend 50% or more of their income on rent.⁵⁰ In 2014, an individual would have needed to work 3.5 full-time minimum wage jobs and 1.5 median wage jobs to afford a two-bedroom apartment.⁵¹ Since housing units are so costly, many families end up living with other families or friends in order to make ends meet, leading to significant overcrowding. In 2010, 42% of overcrowded households were Latino, 37% were Asian/Pacific Islander, and 25% were African American. Only 18% of overcrowded households were White.⁵²

Many city residents simply cannot afford adequate housing, which explains why San Francisco continues to have one of the highest percentages of people living on the streets of any major U.S. city. The U.S. Department of Housing and Urban Development ranked San Francisco eighth in the list of cities with the largest homeless populations nationally, estimating that 6,775 individuals were homeless in the city in 2015, 64.3% of whom are unsheltered (also among the highest in the nation) and 1,574 of whom are believed to be chronically homeless.⁵³ Unaccompanied youth make up a large percentage of San Francisco's homeless, totaling 1,473 (22%) in 2015.⁵⁴ It is estimated that in 2015 327 children under age eighteen, 316 of whom were in family households, were homeless but in shelters in San Francisco; 136 were found to be living on the street. Only 16 of those were in family households.⁵⁵

In 2015, a total of 226 families with children (which included 630 family members) were identified as homeless, down from a total of 679 family members in 2013. Forty-six percent of homeless adults with children surveyed were African American, and 82% were female.⁵⁶ Of the homeless population surveyed in 2015, 14% said that they first experienced homelessness before the age of 18. MNC is addressing the needs of homeless children through its Head Start programs, with 11 homeless children currently enrolled in its programs.



The effects of homelessness on children is staggering. According to the Bay Area Foundation Advisory Group to End Homelessness, more than half of children who grow up homeless never live in permanent homes and are sick and hungry twice as often as non-homeless children. They also experience developmental delays at four times the rate of children who are not homeless. The Better Homes Fund reports that nearly 70% of homeless children suffer from chronic illness and nearly 50% have emotional problems such as depression and anxiety.⁵⁷

VI.n. Substance Abuse

Research has shown the important role that substance abuse plays in causing homelessness. Substance abuse has been found to be one of the top three causes of homelessness for families.⁵⁸ In terms of substance abuse in the city, due to changing laws regarding arrests and charges for drug crimes, the actual instances of drug arrests is declining dramatically in San Francisco. In 2012 San Francisco police made 1,534 drug-related arrests compared with nearly double that in 2009.⁵⁹

The 2011 Youth Risk Behavior Survey of youth in San Francisco indicates that 49.1% of youths had tried alcohol, 30.1% had tried marijuana, 7.1% had tried cocaine, and 5% had used heroin. The Schwab Foundation's Bay Area Adolescent Substance Abuse Treatment Report indicates that San Francisco County has only 36 residential treatment beds available for youths struggling with drug addiction. The main barriers to adequate adolescent substance abuse treatment are lack of adequate funding and insufficient access to quality services.⁶⁰

VI.o. Health & Wellness Services

Because of the Healthy San Francisco Program, it is estimated that 97% of residents have access to health insurance or comprehensive health care. Coverage did not vary significantly differences by ethnicity or income. Yet, access did vary by neighborhood. Although 82% of hospitals and clinics were found to be located in "good" or "very good" transit areas, 29% of youth clients of city-funded mental health services in 2013-14 lived in Ingleside-Excelsior and Bayview Hunters Point, which lack easy access to public transit and are not home to many service locations.⁶¹ Families in the Outer Mission/Excelsior/Ingleside neighborhood also had the most children participating in Medi-Cal (5,226 or 18%).⁶² The likelihood of a city resident having a preventable emergency room (ER) visit also varied by race and neighborhood. In 2011-13, African Americans were four times more likely to have a preventable ER visit than city residents as a whole.⁶³

Access to a medical health provider did not appear to be affected by family income, although children from economically disadvantaged families were less likely to have a regular dentist. In 2012-2013, 8% of White kindergartners had untreated tooth decay compared to 16% of Latino, 17% of African American, and 23% of Chinese kindergartners.⁶⁴ In 2011-2012, over half (52%) of youth aged 0-20 enrolled in Denti-Cal, the dental benefits program under Medi-Cal, did not see a dentist.



Increasing asthma rates may reflect increased screening and diagnosis but show trends by age, ethnicity, and neighborhood. Hospitalization rates for asthma were highest for children aged 0 to 4 (23.7 per 10,000), African American youth (37.7 per 10,000) who had more than twice the rate for youth in San Francisco overall (14 per 10,000).⁶⁵ Similarly, 11% of students currently enrolled in MNC Head Start have asthma.

I.a. Community Resources

There are many programs in San Francisco designed to meet the social service needs of its residents. Many of the programs are community organizations created to serve the specific needs of the neighborhood, while others are city wide programs. Many of these organizations work in partnership with one another for referrals and providing services. Although there are too many to list individually here, some of San Francisco's main service provider and points of entry are:

Family Service Agency of San Francisco – The FSA is the oldest nonprofit organization in San Francisco and offers service to youth, families, and seniors. More than 70% of their clients have annual incomes below the poverty level, 65% are of ethnic or racial minorities, and over half are female.

Department of Children, Youth, and their Families – DCYF offers services for early care and education, youth leadership, empowerment, and development, and violence prevention and intervention.

Human Services Agency of San Francisco – This department offers a variety of services and referrals for families in San Francisco, including child care, services for families and children, food assistance, health care coverage, and housing and homeless services.

San Francisco Child Abuse Prevention Center (SFCAPC) – A 24-hour support hotline to help parents to cope with parenting stress. In 2011, SFCAPC served 15,576 clients and partnered with 35 other organizations around the city to help support families. The organization also provides case management and counseling services and last year, 80% of parents with young children who participated in their program reported lower levels of depression, anxiety, and stress. Lowering these levels reduces the risk factors for child abuse in a family.

San Francisco SafeStart Initiative – A program designed to reduce the incidence and impact of violence on young children, including exposure to domestic and community violence.

Homeless Prenatal Program (HPP) – Serving more than 3,500 homeless and low-income families annually, HPP offers services focused on housing, prenatal and parenting support, child development, family finances and stability, access to technology, domestic violence and substance abuse, family unification, and emergency support of basic needs.



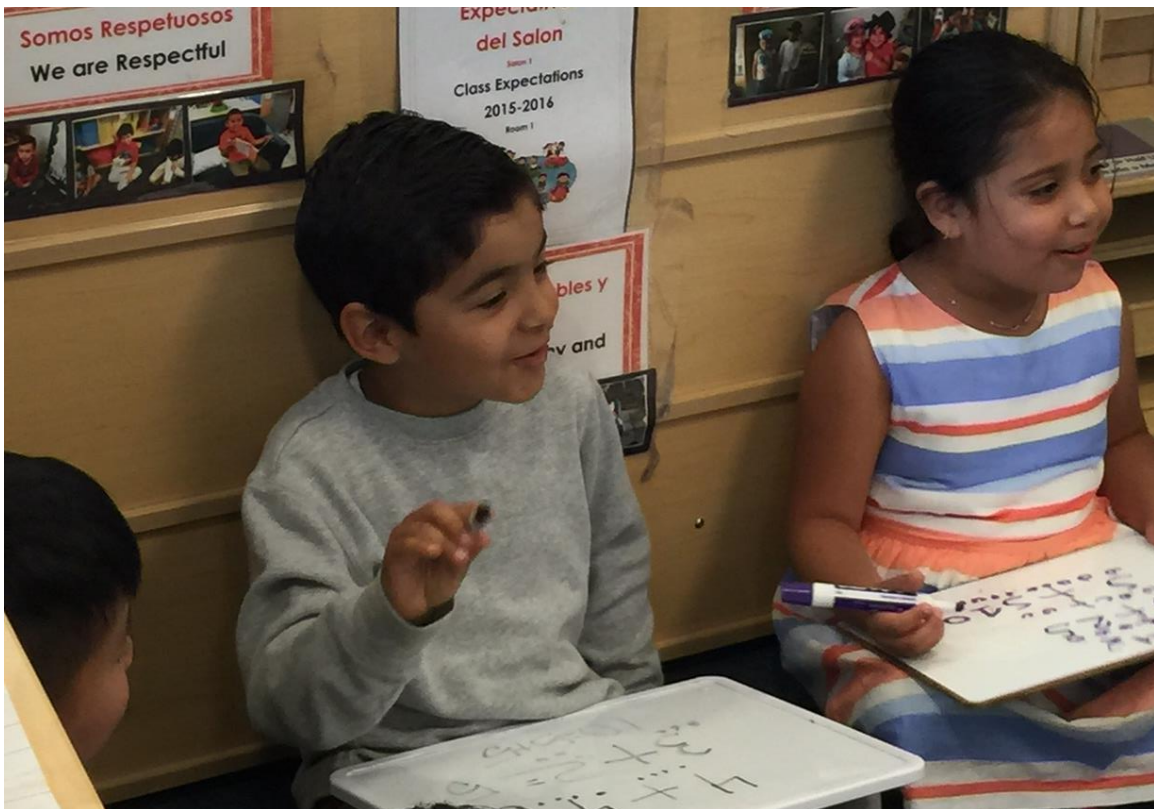
Compass Family Services – A community organization that works with San Francisco families experiencing a housing crisis to provide them with access to the services they need most, such as emergency shelters, eviction prevention, health care, child care, and educational programs.

Golden Gate Regional Center (GGRC) – GGRC is a state-funded nonprofit organization that serves individuals with developmental disabilities in Marin, San Francisco, and San Mateo counties.

San Francisco Free Clinic – Provides free medical care to families without health insurance.

Children’s Council of San Francisco – This organization connects families to child care and child development centers that meet their needs. The council serves as an entry point to a number of services and refers families to support they need, including child care referrals and subsidized care.

Instituto Familiar de la Raza (IFR) – The mission of IFR is to promote and enhance the health and well being of Latino and multicultural/multiracial youth in San Francisco. IFR works in the areas violence prevention, school-based mental health consultations, family programming, culturally based integrated HIV services, and indigenous/Maya wellness programs.





II. Conclusions and Recommendations

Despite the presence of many different types of resources in San Francisco, our Community Assessment makes clear that the need for MNC's services to children in their service area remains significant. Rising income inequality has led to high levels of poverty and the continued need for high-quality culturally sensitive early childhood education opportunities for children within the MNC service area and in San Francisco as a whole.

II.a. Needs Defined by Families

In order to better understand the needs of families served by MNC, we conducted four focus groups in two locations, both in San Francisco. Three focus groups involved parents of children attending MNC, one of which consisted of the Parent Policy Council Members, and one focus group was conducted with community partners that work alongside MNC. A total of 38 parents and seven members representing six community organizations participated. All parent sessions were conducted in Spanish with some English translations, while the focus group with community members was conducted in English.

II.b. Strengths

Data collected from the parent groups revealed that the great majority of parents enjoy the services provided at MNC and feel a sense of community among other parents and staff members. Parents reported enrolling their children in Pre-K, using the food bank, and learning more about the services offered by social workers, as the top services at MNC. A smaller group of parents also reported taking advantage of other services such as vision exams and assistance getting reading glasses for their children. Parents also mentioned utilizing services for themselves, such as taking GED classes, cooking lessons, and other workshops that are offered at MNC.

Among the services parents enjoyed the most were assistance navigating the school district, teaching children to become independent, and clear communication between parents and teachers. One parent mentioned, "My kid has everything he can possibly need here". Parents also reported enjoying the emphasis given to helping children become independent. One parent mentioned "[They] teach children to become independent by learning about the importance of washing their hands, going to the bathroom, brushing their teeth, and teaching them how to cross the street."

Overall, parents chose MNC because of the bilingual services, affordability and location, and wrap around services offered (food bank, housing information, special education, therapy, GED classes).

Among community partners there was a consensus on the top three reasons why they chose to work with MNC:



1. “We can all do a lot, but together we can accomplish even more” one member said. Working in collaboration augments supports for families that need it the most. Collaboration makes services stronger and help to stabilize many more families. It also helps to increase the capacity of the agency, and makes collaborating non-profits stronger and less stagnant.
2. A long history of collaboration – one agency had over 45 years of experience working with MNC.
3. Shared values. MNC offers culturally responsive services that meet an existing gap in service. They are the only agency providing culturally competent early childhood education for Latino families in their service area.

II.c. Opportunities for Growth

Three focus groups with parents revealed a clear difference between services across locations, particularly in the ability for parents to volunteer in the classroom. Beginning this academic year, parents interested in volunteering at MNC were required to have a set of vaccinations, including a flu shot, as well as a background check via fingerprint exam. Numerous parents expressed frustration over this change, as they took effect after the academic year began and were not conveyed in the parent handbook. One parent described calling numerous times to make an appointment with her doctor in Spanish, and after being re-routed for translation services finally getting an appointment for one month later. Another parent described, “being worried about not having input into their child’s academic life.” Not volunteering was concerning for parents, particularly as children take weekly field trips to a local park that is frequented by homeless and parents felt that they could assist teachers in making excursions safe for all children. One parent said “if we are not allowed to volunteer, then the school should provide additional support for teachers.” At the other MNC location, parents reported being actively involved in the classroom with their children and having no problems.

Overall, parents offered the following six recommendations to improve services at MNC:

1. Timely notice of any changes in policy; the change on the requirements for parents to volunteer was too sudden, and makes it difficult for parents to help. Parents were also worried about having no input into their child’s academic life.
2. Lost in translation. Books given to children to take home are in English and Spanish-speaking parents cannot read them or help their children with their homework. Also parents would like to see the book loan program reinstated.
3. If possible, offer longer hours so children can spend more time learning.
4. Location of FRC is not too visible, need to increase visibility so parents can take full advantage of their services
5. Have additional support for teachers; this includes having a dedicated kitchen person so teachers can focus on their duties, and involving parents in the classroom.
6. Being culturally sensitive. Children learn not to talk to strangers, but they lose the ability of being polite to people they meet.



Overlapping these recommendations are suggestions from community members that also highlight the need to further support teachers and having culturally responsive services. However, community members echoed the need to find and retain qualified staff that is representative of the population that MNC serves as one of their biggest challenges. In addition, various community partners saw that some positions are hard to fill and remain vacant at MNC for long periods of time, which impede services to take place (such as the disability coordinator and family engagement coordinator). This responsibility in turn falls on already stretched teachers.

- Increase and diversify funding to support MNC infrastructure and involve the Mayor's office
- Increase support for teachers. There is an economic differentiation between families served and MNC staff, and current supports at MNC are helpful for both.
- Bring organizations together to maximize services. Have a check-in session with partner organizations regarding services once or twice a year.
- Increase the number of community spaces where kids and families can interact and play, particularly as many families live in homes too small for this sort of activity.

Lastly, an important recommendation that was brought up by all community members was to bring community partners together once or twice a year to maximize services offered at MNC. Partners also discussed how many people that work in non-profits do it because of their passion and not for the money, and that having an annual celebration of accomplishments or a place to provide authentic feedback would be beneficial to all partners. Many of the community partners that attended the focus group met each other for the first time at that meeting and exchanged information to continue these conversations.





ENDNOTES

¹ This 2016 Community Assessment was prepared by the American Majority Project Research Institute (AMPRI): www.projectmajority.com. Lisa Garcia Bedolla was the lead researcher on this report. The focus groups were conducted by Laura Lara-Brady. Many others at Mission Neighborhood Center, Cross Cultural Family Center, the Glen Price Group and partnering community agencies provided input, resources, data, feedback, and analysis. Please contact Professor Lisa García Bedolla (lgarciab@berkeley.edu) with questions or for more information.

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⁵ For a full description and source data, see: <http://www.insightcced.org/tools-metrics/self-sufficiency-standard-tool-for-california/>

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