

MARIN COUNTY FAMILY SUPPORT COMMUNITY ASSESSMENT

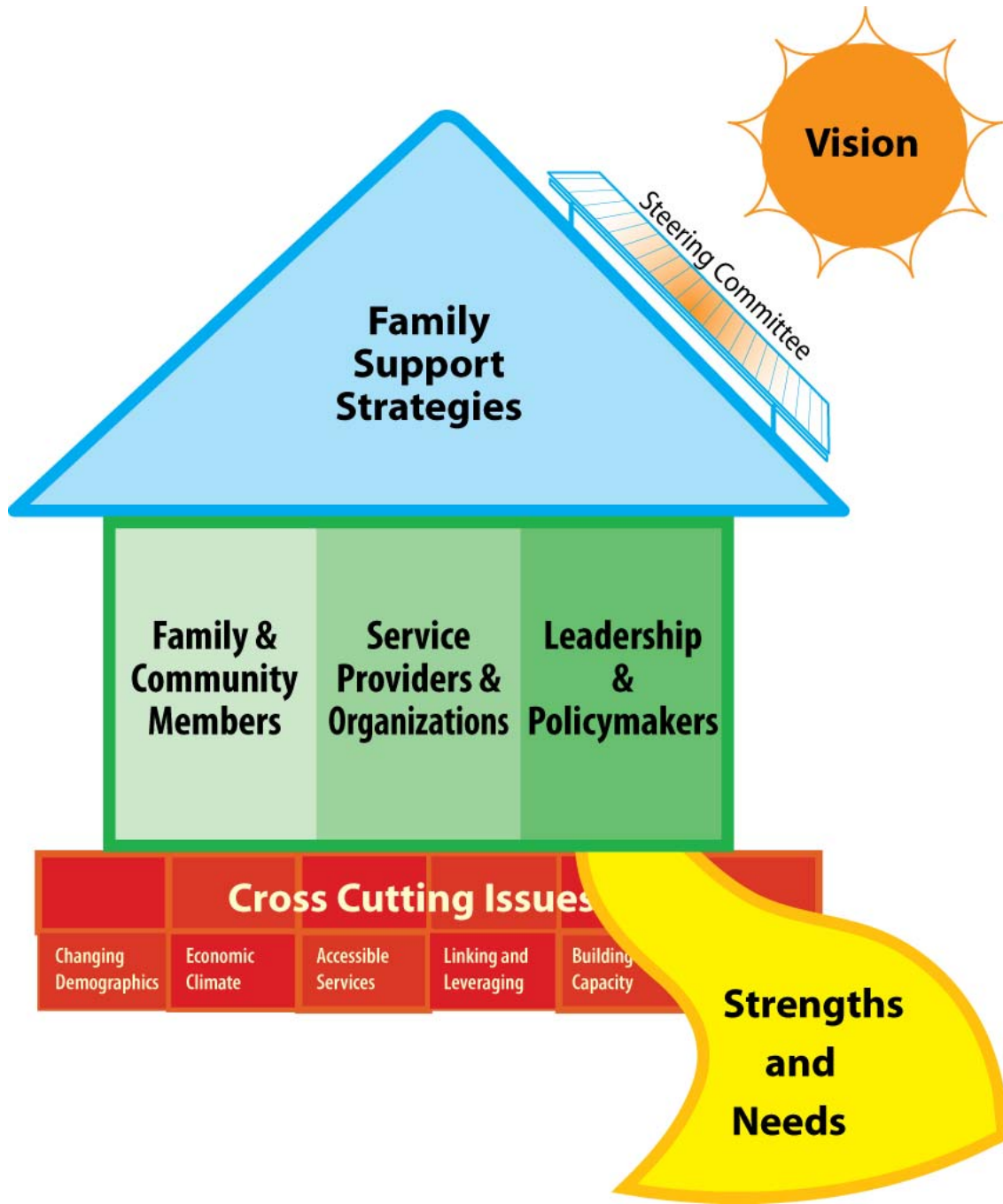


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I. DEMOGRAPHICS

Key Findings

- Although Marin continues to have fewer households with children than the state average, the child population is rising, increasing by about 15% between 1995 and 2008.
- Marin is becoming increasingly ethnically diverse. The number of Latino children aged 0 to 17 years more than doubled between 2000 and 2008, from 7,737 to 17,383.

Child Population

Child population trends help project potential needs for services for children. Relative to other counties and the state overall, a smaller proportion of Marin’s overall population are children aged 0 to 17 years old. Specifically, of Marin’s total population of 257,406 in 2008, 20.8% or 53,597 were aged 0 to 17 years while 36% of California’s population was aged 0 to 17 years. Similarly, about 29.8% of Marin households have families as opposed to a state average of 38.6%. Of Bay Area counties, Marin is second only to San Francisco in having the fewest households with children.¹

While Marin has fewer children relative to neighboring counties and the state overall, its child population has risen significantly over the last decade. Between 1995 and 2008, the child population increased about 15% from 46,615 to 53,597 which was the largest percentage increase among all Bay Area counties.²

Figure 1: Marin’s Child Population by Age Cohort – 1995, 2000 and 2008

Age/Population	1995	2000	2008	Change 1995-2008	Percentage change 1995-2008
0-2 years	8,186	8,045	7,467	-719	-8.78
3-5 years	9,019	8,169	9,585	850	6.28
6-10 years	13,948	14,664	15,926	1,978	14.18
11-13 years	7,450	8,682	8,792	1,342	18.01
14-17 years	8,012	10,978	11,827	3,815	47.62
TOTAL 0-17 years	46,615	50,538	53,597	6,982	14.98

Marin’s child population is distributed across the county roughly parallel to the distribution of its total population. As shown in the table below, Novato and San Rafael have the largest portions of Marin’s child population.

Figure 2: Marin’s Total and Child Populations by Geographical Location

Area	Total Population 2008 ³	Percentage	Child Population (aged 0-12 yrs.) 2007 ⁴	Percentage
Belvedere/Tiburon	11,078	4.3%	1,943	3.3%
Corte Madera	9,152	3.5%	1,468	2.5%
Fairfax	7,412	2.9%	1,210	2.1%
Larkspur	12,204	4.7%	1,008	1.7%
Mill Valley	13,925	5.4%	4,592	7.9%
Novato	52,737	20.5%	9,269	15.9%
Ross	2,393	.92%	-	-
San Anselmo	12,601	4.9%	2,671	4.6%
San Rafael	58,235	22.6%	11,008	18.8%
Sausalito	7,503	2.9%	1,438	4.9%
Unincorporated	69,806	27%	-	-
TOTAL	257,406	100%	58,385	100%

Note: Child population numbers are estimates only and are not available for all local jurisdictions.

¹ U.S. Census Bureau, American Community Survey http://factfinder.census.gov/home/saff/main.html?_lang=en

² State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999. Sacramento, CA, May 2004. Race/Ethnic Population with Age and Sex Detail, 2000-2050. Sacramento, CA, July 2007. http://www.dof.ca.gov/html/Demograp/DRU_datafiles/DRU_datafiles.htm

³ Marin County Child Care Master Plan, Department of Finance 2008.

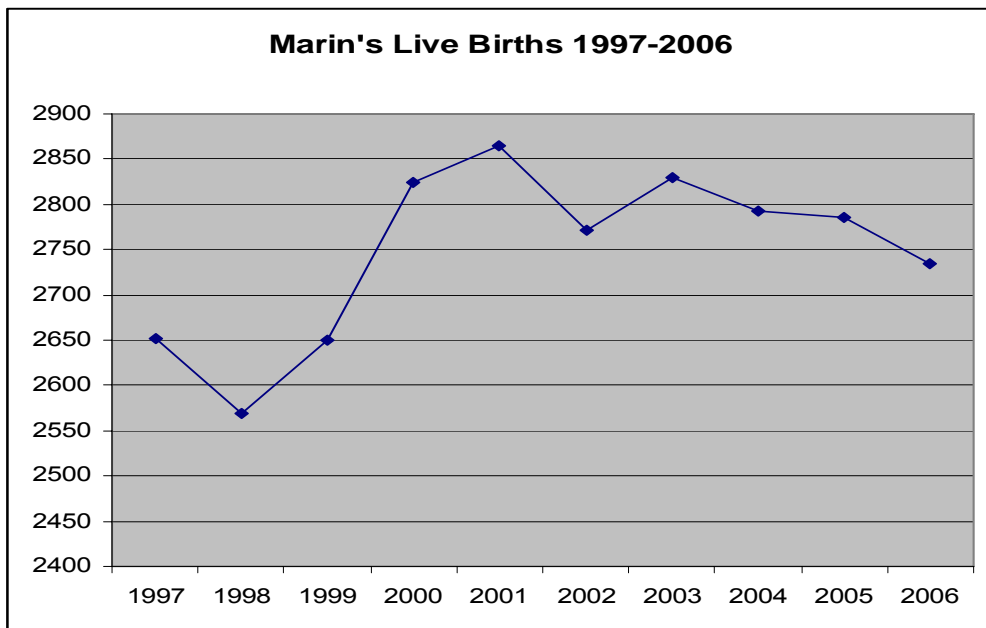
⁴ Marin County Child Care Master Plan, 2008-2013; Association of Bay Area Governments Zip Code Projections 2007

Birth Rates and Fertility

General

Although Marin's fertility rate (the number of live births per 1,000 women 15-44) is lower than the fertility rate in California, it has been on the rise for over a decade. From 1994 to 2006, the fertility rate in Marin rose from 52.6 to 66.1, while California's fertility rate experienced an overall decline from 73.2 to 70.5.⁵ As shown below in Figure 3, the total number of births per year in Marin ranges from 2,569 to 2,865, representing a rising trend over the last decade.

Figure 3: Marin's Live Births 1997-2006



Medi-Cal Births

The rate of births paid for by Medi-Cal in Marin is on the rise, reaching a new high in 2006 at 23.8% as the low-income population in the county increases.⁶ Because the vast majority of private OB/GYN providers in Marin do not accept Medi-Cal, the county-run Women's Health Services clinic cares for the vast majority of these patients. As the patient population grows, clinic capacity is being severely taxed.

Teen Births and Caregiver Age

Marin's teen birth rates are quite low compared to state rates; however, the fertility rates of women 40-49 are double those that are reported statewide.⁷ Although Marin has a low rate of teen births overall, there are huge ethnic disparities, with Latinas in Marin being almost 11 times more likely than Caucasian youth to become teen moms.⁸ While the teen birth rates for other races/ ethnicities are too small to calculate for 2006, the 3-year birth rate for African-American teens (15-19) was 25.9 which compares favorably with the state rate of 39.9. Children born to teen mothers are at risk of experiencing a wide array of health, educational, and social disadvantages.

⁵ California Center for Health Statistics, Vital Statistics, Births Statistical Master File and 1990-1999: State of California, DOF, Race/Ethnic Population with Age and Sex Detail 1990-1999. 2000-2050 Projections: State of California, DOF, Race/Ethnic Population with Age and Sex Detail, 2000-2050.

⁶ Same as 3

⁷ Same as 3

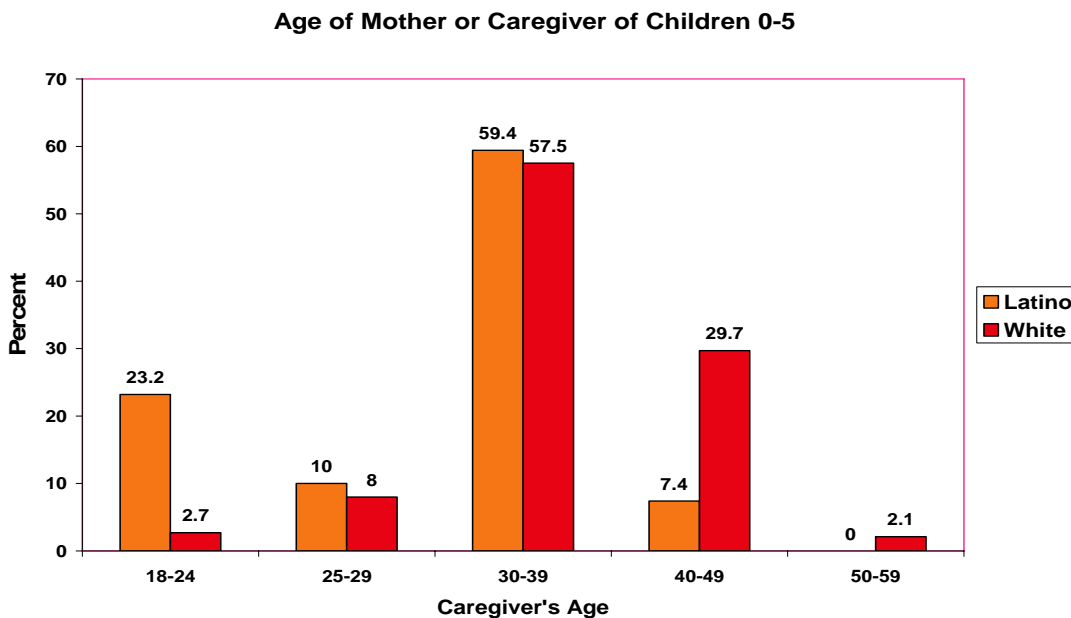
⁸ Same as 3

Figure 4: Teen Births by Ethnicity 2006 – Marin and California

Births per 1000 females 15-19 (2006)	Marin	California
All Races	11.3 (81 births)	37.8
Caucasian	3.7 (19 births)	15.6
Hispanic	40.3 (51 births)	65.0

As shown below in Figure 5, Latino children are more likely than Caucasian children to have a caregiver younger than 30, and Caucasian children are more likely to have a caregiver over 40.⁹ While there is no specific risk associated with having a younger caregiver, many will not have had time to complete educational or career training.

Figure 5:



Pregnancy Intention

In the Bay Area as a whole, 35% of postpartum women reported that their pregnancy was unintended and 13.7% upon learning that they were pregnant were unhappy or ambivalent about it.¹⁰ Risk factors associated with experiencing an unintended pregnancy and for being unhappy about a pregnancy include being low income, having low educational attainment, being younger than 24 years old, or being African-American or Latina. A mistimed pregnancy can have serious ramifications if women give birth prior to completing their education or career training or prior to developing sufficient social support. Additionally, if women are unaware of an early pregnancy, they are at greater risk of exposing the fetus to tobacco, drugs, or alcohol.

Race and Ethnicity

Population

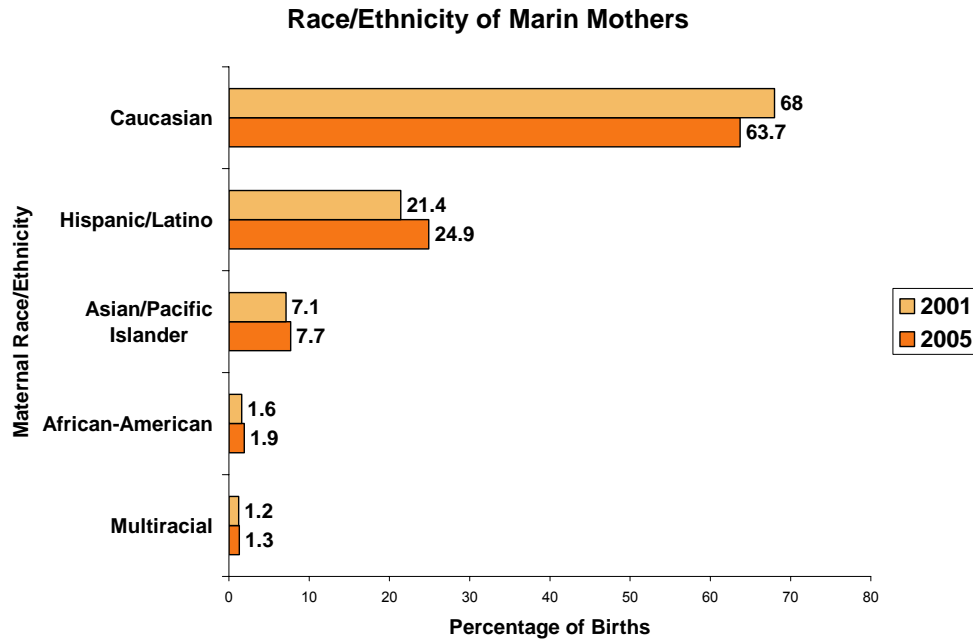
Marin County is becoming increasingly ethnically diverse. Between 2001 and 2005, births to Hispanic, Asian, African-American, and Multiracial women have all increased while the percentage of births to Caucasian women has decreased correspondingly.¹¹

⁹ Marin Community Health Survey, 2001

¹⁰ California Maternal and Infant Health Assessment (MIHA), 2005-2006, California Department of Public Health, Maternal Child and Adolescent Health Branch.

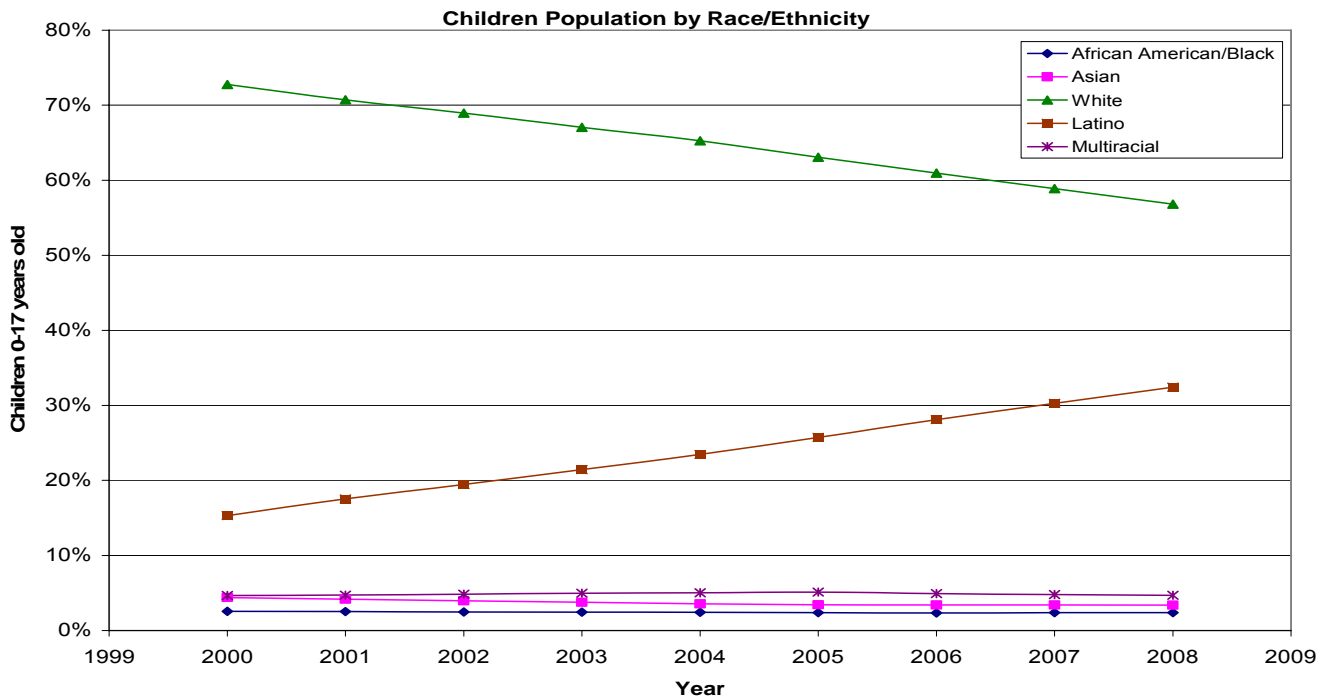
¹¹ State of California, Department of Health Services, Birth Records. <http://www.dhs.ca.gov/hisp/chs/OHIR/tables/birth/default.htm>

Figure 6: Percentage of Births by Race/Ethnicity of Marin Mothers -2001 & 2005



The racial and ethnic composition of the county's child population has also changed over the last decade. As shown in Figure 7 below, the percentage of White children in the county has steadily decreased as the percentage of Latino children has increased. In 2000, 73% or 36,766 of Marin's children aged 0 to 17 years were White and 15% or 7,737 were Latino. By 2008, 57% or 30,476 were White and 32% or 17,383 were Latino.¹²

Figure 7: Child Population by Race/Ethnicity



¹² California Department of Health Services, Center for Health Statistics, Vital Statistics Section, CD-Rom Public Use Birth Files.

Most nonwhite children live in a few local jurisdictions across Marin. According to the 2000 Census, San Rafael and Novato have the largest percentages of Latino children, while most African American children live in Sausalito/Marin City. See the Education segment for a breakdown of public school enrollment by ethnicity. A breakdown of the school-age population by ethnicity for each school district is also provided.

Language

Consistent with Marin’s increasing diversity, the population of Marin children aged 5 to 17 years who speak a language other than English in their homes has increased from 20% in 2000 to 23% in 2005; however, Marin is still below the state average (44%) and the Bay Area as a whole (38%).¹³ Of those speaking a language other than English at home, over half (about 12% of total children) speak Spanish; 5% speak Indo-European languages, 4% speak Asian or Pacific Island languages and the remaining 1% speak other languages. For additional information about language, see the Education section’s discussion of English Language Learners in Marin County.

Other Demographic Elements

Immigration Status

The 2005 American Community Survey estimated that about 2,436 or 5% of Marin children under 18 were foreign born, somewhat lower than the state average of 7%; of these 114 became naturalized and the 2,322 remaining were not citizens. In addition, many families and children living in Marin are undocumented and are not included in formal census counts.

Family Structure/Composition

Marin had 29,834 households with children under 18 years of age in 2006. Of these, approximately 70% were married couples while the remaining 30% were single parents. Marin has a slightly higher percentage of single parent families headed by fathers compared to the statewide average as shown below. In addition, 3% of households with children under 18 were headed by grandparents compared with 4% statewide.

Figure 8: Marin Households by Type - 2006

Type of Household	Marin	Percentage	Statewide %
Married Couple with Children	20,886	70.0%	68.2%
Single Father with Children	3,041	10.2%	9.4%
Single Mother with Children	5,907	19.8%	22.5%

Workforce Status

Similar to the state overall, Marin’s workforce participation rate tends to increase as the age of children in the family rises. In 2006, 52.4% of Marin parents with children under 6 were working as opposed to 55.6% statewide. For parents with children aged 6 to 17 years, Marin is slightly above the state average of 63.7% with 64.5% of Marin parents working in this cohort.¹⁴

¹³ U.S. Census Bureau, 2005 American Community Survey, “Age by Language Spoken at Home for the Population 5 Years and Over,” 2005, and Census 2000 Summary File 3, “Age by Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over,” 2000.

¹⁴ *Selected Social Characteristics in the United States: 2005-2007*, Data Set: 2005-2007 American Community Survey 3-Year Estimates, American Community Survey.

II. FAMILY ECONOMICS

Key Findings

- Even before the economic downturn, about one-third of Marin's households (35,387 out of 100,201) were not able to pay for basic living expenses and not considered to be self sufficient according to the County's Department of Health and Human Services.
- Similar to other areas across the country, Marin families are experiencing significant financial hardships unlike others seen since the Great Depression. Based on two locally-developed aggregate community need indices, demand for public assistance rose over 20% between January and December 2008. This trend is supported by family focus group findings in which families overwhelmingly identified financial concerns as the top stressor impacting their family. In particular, families who did not qualify for public assistance expressed significant frustration about obtaining resources to help them make ends meet.
- Marin's unemployment rate has increased significantly -- from 3.9% on average during 2005 to 7.4% in March 2009; however, Marin's unemployment rate is significantly below the statewide unemployment rate of 11.5%.
- Marin consistently has had a large number of poor children. Officially, 3,767 or 7.7% of children aged 0 to 17 lived in households reporting incomes below the federal poverty level (FPL) in 2005; 17.7% of children were living in households reporting incomes below 200% of the FPL. Most of these children live in Novato and San Rafael.
- Many families who were not officially classified as "living in poverty" could not meet the cost of living in Marin; 18.2% of all adults in Marin were living in asset poverty – defined as not having enough assets in reserve to financially support them for a 3 month period.
- Poverty is increasing in Marin. Participation in the Free and Reduced Lunch program increased from 14.4% in 2003 to 24% in 2008. The districts with the highest participation rates were Sausalito, San Rafael and Shoreline.
- Food security is an important issue for low-income families in Marin. While participation in the food stamp program has increased, state studies show that many eligible families in Marin are not accessing the food stamp program.
- The lack of affordable housing is among the biggest challenges facing middle- and low-income families in Marin. In 2008, fair market rent for a 2 bedroom unit was \$1,592 / month as opposed to \$905 in California. Furthermore, there is a deficit of subsidized housing in the County, with only half of those living below 100% of the Federal Poverty Level in Marin having access to very low-income housing.
- Marin's homeless population is growing. In February 2009, 1,770 people were identified as homeless and either living in shelters or other locations not meant for human habitation; an additional 3,028 were counted as precariously housed – i.e. were "doubling or tripling up" with friends or family members.

Income and Assets

Recent Economic Downturn

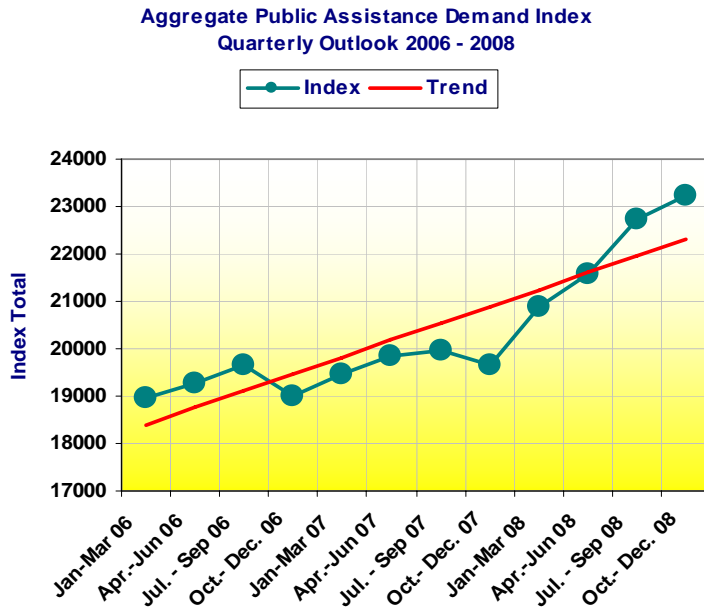
Marin families are having the same serious financial hardships that all families across the nation are experiencing. The unemployment rate has climbed from an annual average of 3.9% in 2005 to 7.4% in March 2009 although it is below the statewide average of 11.2%.¹⁵ While Marin traditionally has had sizable numbers of low-income children and families who struggle financially, recent events have not only increased demand for services and brought a different segment of the population to public assistance programs. As shown in Figure 1 below, the aggregate demand for public assistance has been relatively steady from 2006 through 2007 and then rose sharply (20%) during 2008. The purpose of the Public Assistance Demand Index is to show the trend in demand for services across 11 key workload areas.¹⁶ The index combines CalWORKS, Food Stamp, General Assistance, Medi-CAL, CMSP case

¹⁵ State of California, Employment Development Department. <http://www.labormarketinfo.edd.ca.gov/?pageid=130>

¹⁶ Developed by Marin County Department of Health and Human Services. See power point – *Building a Bridge to Better Times*, Larry Meredith, Winter 2009.

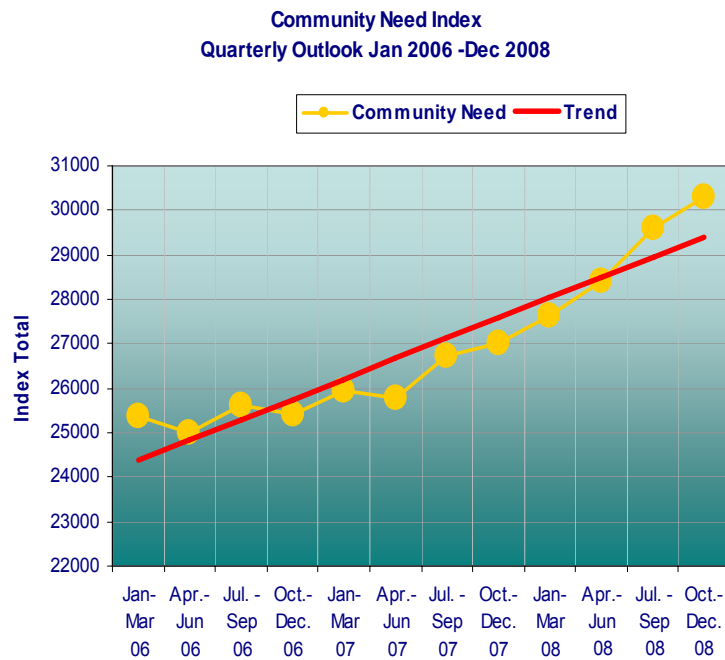
load and new application data as well as data on the number of unemployment claims and number of visits to the Career Resource Center.

Figure 1:



The Community Need index below shows a similar trend. The purpose of the Community Need Index is to show aggregate need and demand for services, including population data as well as information on service utilization at community agencies. While the index is still under development, it currently includes: number of households receiving food stamps, number of unemployed, number of Medi-cal beneficiaries and number of households receiving food assistance at San Geronimo Food Pantry. (San Geronimo pantry is used as a proxy as all food pantries have reported increase in demand).

Figure 2:



Federal Poverty Level

Even before the economic downturn, Marin consistently has had sizable numbers of children and families struggling economically. Using the traditional measure of child poverty, the percentage of children ages 0-17 living below the Federal Poverty Level (FPL) as defined as \$19,350 in annual income for a family of four in 2005, 7.7% or 3,767 children aged 0 to 17 lived in households with an income below the FPL¹⁷. However, the FPL is limited because it does not account for regional differences in cost of living and is consequently set low in areas with greater costs such as Marin County. It does not capture the number of families with incomes that are above the FPL threshold but are nevertheless inadequate.

To get a better picture of the number of low-income children, Figure 3 below provides a breakdown by age group of children living below 200 percent of the FPL according to the US Census in 2000. As shown, approximately 17.7 percent (8,687 of 49,214) of children in Marin were living at 200 percent of the FPL.

Figure 3: Age by Poverty Status – Below and Above 200% of Federal Poverty Level

Age Cohort	Below 200% of FPL		Above 200% of FPL	
	Number	Percent	Number	Percent
Under 5 years	2,464	28%	10,580	26%
5 years old	504	6%	2,235	6%
6 to 11 years	2,901	33%	14,334	35%
12 to 17 years	2,818	32%	13,378	33%
TOTAL	8,687	100%	40,527	100%

Figure 4 below gives a breakdown of children by local jurisdiction. As shown below, Novato and San Rafael have the largest percentage of children below 200% of the FPL. Sausalito/Marin City, Bolinas, Inverness, Marshall, Point Reyes Station, San Geronimo, Stinson Beach and Woodacre are home to a larger percentage of the children who are living below 200% of FPL than they are to those living above it.

Figure 4: Child Population (0-17 yrs) Below and Above 200% of FPL by Local Jurisdiction

City	Below 200% of FPL		Above 200% of FPL		Total Children
Belvedere/Tiburon	150	1.75%	2,618	6.51%	2768
Bolinas	97	1.13%	186	0.46%	283
Corte Madera	136	1.58%	1,892	4.70%	2,028
Fairfax	222	2.59%	1,424	3.54%	1,646
Greenbrae	230	2.68%	2,122	5.28%	2,352
Inverness	102	1.19%	66	0.16%	168
Lagunitas	26	0.30%	171	0.43%	197
Larkspur	89	1.04%	1,098	2.73%	1,187
Marshall	46	0.54%	70	0.17%	116
Mill Valley	594	6.92%	5,228	13.00%	5,822
Nicasio	25	0.29%	133	0.33%	158
Novato	2,206	25.69%	10,219	25.40%	12,425
Olema	0	0.00%	13	0.03%	13
Point Reyes Station	109	1.27%	209	0.52%	318
San Anselmo	364	4.24%	3,575	8.89%	3,939
San Geronimo	14	0.16%	57	0.14%	71
San Quentin	0	0.00%	24	0.06%	24
San Rafael	3,573	41.60%	9,833	24.44%	13,406
Sausalito/Marin City	482	5.61%	792	1.97%	1,274
Stinson Beach	34	0.40%	115	0.29%	149
Tomales	0	0.00%	91	0.23%	91
Woodacre	89	1.04%	290	0.72%	379
TOTAL	8,588	100%	40,226	100%	48,814

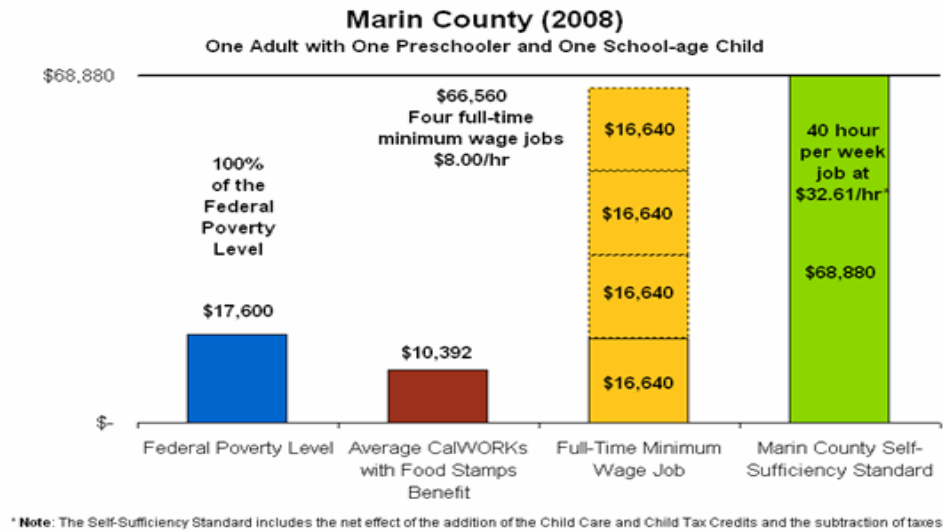
Source: US Census 2000

¹⁷ U.S. Census Bureau, Small Area Income and Poverty Estimates. <http://www.census.gov/hhes/www/saipe/county.html>

Self-sufficiency Index

Another tool used to better understand families' financial situations is the self-sufficiency index. This index is a measure of county-specific costs for housing, food, transportation, child care, health care, and taxes developed by the Insight Center for Community Economic Development. They calculate that a single adult with a preschooler and a school-age child will require \$68,880 per year to remain self-sufficient in Marin County in 2008. To cover the expense for a family of three in Marin you would need *more than the equivalent of 4 full-time minimum wage jobs*.¹⁸

Figure 5:



A variety of costs have increased significantly in Marin over the past five years. Child care costs have gone up 16%. Health care costs have increased by 30%. Transportation costs have climbed significantly, up 42%. Since 2003, the rise in costs resulted in an increase in the Self-sufficiency Standard of \$8,960 to \$68,880 a year for a family consisting of one adult, a preschooler, and a school-age child.

Figure 6: Monthly Costs for Marin County Self-Sufficiency Standard – 2008 For one adult and two children (preschooler and school-age child)

Estimated Monthly Expenses	
Housing	1,808
Child Care	1,542
Food	547
Transportation	170
Health Care	276
Miscellaneous	434
Taxes	1,229
Earned Income Tax Credit (-)	0
Child Care Tax Credit (-)	-100
Child Tax Credit (-)	-167
TOTAL	\$5,739

Source: *The Self-Sufficiency Standard for Marin County, CA 2008* Insight Center for Community Economic Development

¹⁸ 2007, 2008 Insight Center for Community Economic Development, <http://www.insightccd.org/index.php/insight-communities/cfess/ca-sss/cfes-county-marin>

The challenges for working poor families were echoed in focus groups with families aged 0-5. Parents expressed frustration with the challenges of being ineligible for subsidies for housing and child care, and at the same time, not being able to afford full-cost housing and child care. According to the Marin County Child Care Master Plan 2008-2013, there were an estimated 3,907 children eligible for subsidized child care and only 1,813 slots available.¹⁹

Asset Poverty

Typically, poverty has been measured in terms of income. Asset poverty, in contrast, measures the number of people who are getting by, but just barely. These households do not have enough cash reserves (banking accounts, stock, bonds equity in retirements savings, homes or businesses) to live at the poverty line for three months when their income has been disrupted. These “asset poor” families are just one layoff, medical emergency or divorce away from government dependence. While only 5.7% of people in Marin County meet the federal poverty requirements, 18.2% live in a state of asset poverty. Risk factors associated with asset poverty include having low educational attainment, belonging to an ethnic minority group, and being in a single parent household.²⁰

CalWorks Participation

Relative to the statewide average of 3.1%, Marin has a much lower percent (<1%) of its total population receiving CalWORKs. Marin’s caseload have ranged from about 890 to 1000 total cases and 1450 to 1630 children as shown in Figure 5 below. However, consistent with the economic downturn, CalWORKs applications are rising at both state and county levels, increasing 22% statewide²¹ and 10% in Marin²² over the last calendar year.

Figure 7: CalWORKs Caseload 2004 – 2008

Year	Total Cases	Total Children
January 2004	884	1430
January 2005	957	1620
January 2006	997	1625
January 2007	911	1455
January 2008	924	1567
November 2008	982	1548

Source: *California Work Opportunity and Responsibility to Kids Cash Grant and Caseload Movement Reports (CA 237 CW), Marin County Social Services Division – Employment and Training Program*

Overall Marin Households At-Risk

The Marin County Department of Health and Human Services developed the estimate below of total Marin households at risk. The figure shows that about 35% (or 35,387 out of 100,201) households were unable to pay for their basic expenses according to the self sufficiency standard described above. As shown below, about 8% of total Marin residents were estimated to be below the FPL in 2006. Typically, this population does qualify for public assistance. However, an additional 27% of households are at-risk because they are living below the self-sufficiency index. This population does not typically qualify for public benefits and is particularly vulnerable during the economic downturn.²³

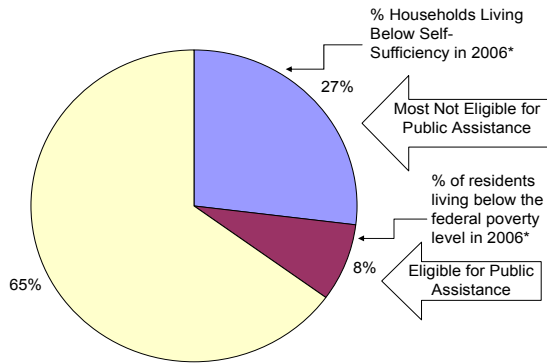
¹⁹ *The Marin County Child Care Master Plan 2008-2013*, Marin County Child Care Commission.

²⁰ Asset Policy Initiative of California. Calculations by EARN based on data in the 2001 SIPP (Wave 6) and 2000 Census 5% PUMS file

²¹ California Work Opportunity and Responsibility to Kids Cash Grant and Caseload Movement Reports (CA 237 CW), Marin County Social Services Division – Employment and Training Program; Jan 2004 – Nov. 2008.

²² The WPR: Beneath the Tip of the Iceberg: Understanding the Temporary Assistance for Needy Families(TANF) Work Participation Rate (WPR), October 2008.

²³ Building a Bridge to Better Times, Presentation by Larry Meredith, Director, Marin County DHHS, January 2009



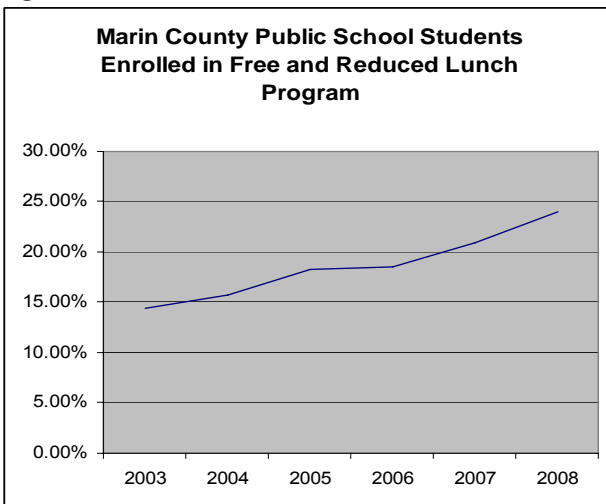
Source: Western Center on Law & Poverty "Alarming increases in homelessness among California public benefit recipients" National Coalition for the Homeless: "How many people experience homelessness?" & "Why are people homeless?" Fact Sheets www.nationalhomeless.org *Self-Sufficiency & Poverty Level data based on American Community Survey 2006 & 2006 FPL

Food Insecurity

Free and Reduced School Lunch Participation

Marin has seen a steady increase in the percentage of children enrolled in the free meal program which provides a safety net to help ensure that low-income children get adequate nutrition as shown below in Figure 8. This indicator also serves as a measure of local child poverty, with eligibility set at 185% of the FPL. Figure 9 gives a breakdown by school district; the districts with the highest 2007-08 participation rates were Shoreline Unified (48.8%), San Rafael Elementary (54.6%), and Sausalito/Marin City (69%). The numbers of low-income children are likely higher than indicated, because not all eligible children enroll, particularly older youth that may be more sensitive to stigmas associated with the program. Consequently, their health and development can be affected by poor nutrition.

Figure 8:



Source: California Department of Education, Educational Demographics Unit. <http://data1.cde.ca.gov/dataquest/>

Figure 9: Marin County Public School Districts Free and Reduced Lunch Participation 2003-07

District	2003	2004	2005	2006	2007
Bolinas/Stinson	15.9%	19.1%	20.5%	0%	22.1%
Dixie Elementary	3.8%	5.0%	8.1%	7.2%	7.6%
Kentfield Elementary	0%	0%	0%	0%	0%
Laguna Joint Elementary	0%	17.9%	50.0%	54.2%	65.0%
Lagunitas Elementary	15.1%	14.3%	15.3%	18.6%	17.6%
Larkspur Elementary	3.4%	5.9%	5.8%	6.4%	7.1%
Lincoln Elementary	0%	0%	0%	0%	0%
Mill Valley Elementary	2.4%	2.5%	2.6%	0%	3.2%
Nicasio Elementary	0%	0%	0%	0%	0%
Novato Unified	14.3%	16.3%	19.4%	21.2%	26.2%
Reed Union Elementary	2.2%	2.5%	2.9%	4.1%	4.5%
Ross Elementary	0%	0%	0%	0%	0%
Ross Valley Elementary	6.7%	8.1%	7.9%	8.0%	7.0%
San Rafael City Elementary	50.1%	52.5%	53.3%	54.3%	54.6%
San Rafael City High	14.2%	17.9%	32.0%	22.8%	24.8%
Sausalito-Marín City	52.0%	58.4%	54.8%	79.9%	69.0%
Shoreline Unified	33.6%	28.3%	35.9%	44.5%	48.8%
Tamalpais Union High	2.0%	2.4%	3.5%	4.5%	4.1%
Union Joint Elementary	5.3%	11.1%	25.0%	0%	0%
COUNTYWIDE	14.4%	15.8%	18.3%	18.6%	20.9%

Definition: Percentage of public school students enrolled in the Free or Reduced Price Meal Program.

Source: California Department of Education, Educational Demographics Unit. <http://data1.cde.ca.gov/dataquest/>

Food Stamps and Food Insecurity

Marin had 5,004 food stamp participants in September 2008 representing an 18% increase since September 2005. While program participation has recently grown, Marin, like many other counties in California, has a large number of families who are eligible for food stamps, but do not participate in the program according to the California Food Policy Advocates (CFPA). In a 2005 CFPA study, Marin had 4,227 out of 9,394 eligible families were participating in the program. CFPA research indicates that Marin has one of the lowest participation rates in comparison to other California counties.²⁴

While food stamp participation is low relative to other California counties, there is evidence of increasing food insecurity in Marin. Among low-income parents in Marin (<200% FPL), 43.9% said that they are not able to afford enough food.²⁵ The recent economic downturn has further exacerbated this problem. Recent newspaper reports indicate that Marin food pantries are experiencing the largest demand for food that they have had in years.²⁶

Housing Costs and Homelessness

The lack of affordable housing is among the biggest economic challenges facing middle- and low-income families in the Bay Area. A family that spends much of its income on housing has less money available for food, clothing, and other basic needs. The cost of living in Marin County is particularly high. In 2008, fair market rent for a 2 bedroom unit was \$1,592 / month as opposed to \$905 in California.²⁷ Escalating housing costs also can make a family more vulnerable to homelessness if a parent loses his or her job. Furthermore, there is a deficit of subsidized housing in the County, with only half of those living below 100% of the Federal Poverty Level in Marin having access to very low-income housing.²⁸

In 2005, only 12% of households could afford to purchase a median-priced home in Marin County, as opposed to 16% statewide.²⁹ Homeownership is an important protective factor in creating economic stability for families. Marin families are losing their homes at an increasing rate to foreclosure. Marin's foreclosures have increased by over 169% from 64 to 172 between 2005 and 2007.

²⁴ California Food Policy Advocates, Measuring County Food Stamp Performance: Using the Program Access Index to Analyze California's 58 Counties, February 2008.

²⁵ California Health Interview Survey. CHIS 2005 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research

²⁶ http://www.marini.com/marinnews/ci_10977776?IADID=Search-www.marini.com-www.marini.com

²⁷ U.S. Department of Housing and Urban Development, Fair Market Rent, 2005. <http://www.huduser.org/> Retrieved on 07/28/06.

²⁸ Marin County Affordable Housing Inventory, 2008, Marin County Community Development Agency

²⁹ California Association of Realtors, Housing Affordability Index. <http://www.car.org>.

As shown in Figure 10, there is clear evidence of a significant upward trend in the number of homeless and precariously housed people in Marin County. Of those Homeless-Sheltered & Unsheltered in 2009, 26% (461 of 1,770) were aged 0-18 years of age. Of these, 334 were children and 127 were unaccompanied youth.

Figure 10: Marin County's Point in Time Homeless Count – 2007 v. 2009

Homeless and Precariously Housed	2007	2009	% change
Homeless – Sheltered	669	623	-7%
Homeless – Unsheltered	321	1,147	257%
Precariously housed	234	3,028	1,194%
TOTAL	1,236	4,798	288%

Source: County of Marin 2009 Point in Time Homeless Count – Preliminary Results and Final Reports, February 2009.

III. EARLY CARE & EDUCATION

Key Findings

- Marin County has supply shortages of infant and school-age care. While sufficient care exists to serve preschool-aged children generally, many working families are unable to find **full time** care for their children.
- In many cases, families with children of all ages are unable to afford the full price of child care and are unable to obtain subsidized care for their children. There are an estimated 2.2 children eligible for subsidized care completing for each available subsidized space in the county. Parents in focus groups identified lack of affordable childcare and afterschool activities as a primary stressor for their family.
- The public school enrollment has remained relatively steady although it is has increased over the last four years. The California Department of Education projects that Marin's enrollment will continue to rise and have one of the fastest increasing enrollments over the next decade as compared to other counties.
- Marin's Latino and English Language Learner populations have grown significantly; the Latino population has increased by 20% and the ELL by 36% over the last 8 years.
- Marin has a significant achievement gap. Children of color score much lower than their white counterparts on several standardized state test measures. Furthermore, in many cases, the gap in test scores between Marin's children of color and their white counterparts is larger than in other Bay Area counties and the state overall.
- Parents in focus groups expressed a desire for more information about child development, particularly related to how to discipline children. Parents of young children overwhelmingly expressed an interest in drop-in parenting groups, informal educational opportunities, and free parent-child activities such as those that are available through First 5 Marin's School Readiness Initiative playgroups.
- Parents of school-aged children expressed a desire for support with navigating the public school system and dealing with acculturation issues for Latino families. Parents also express a need for more affordable afterschool care and activities for school-aged children and youth.

Early Childhood Education

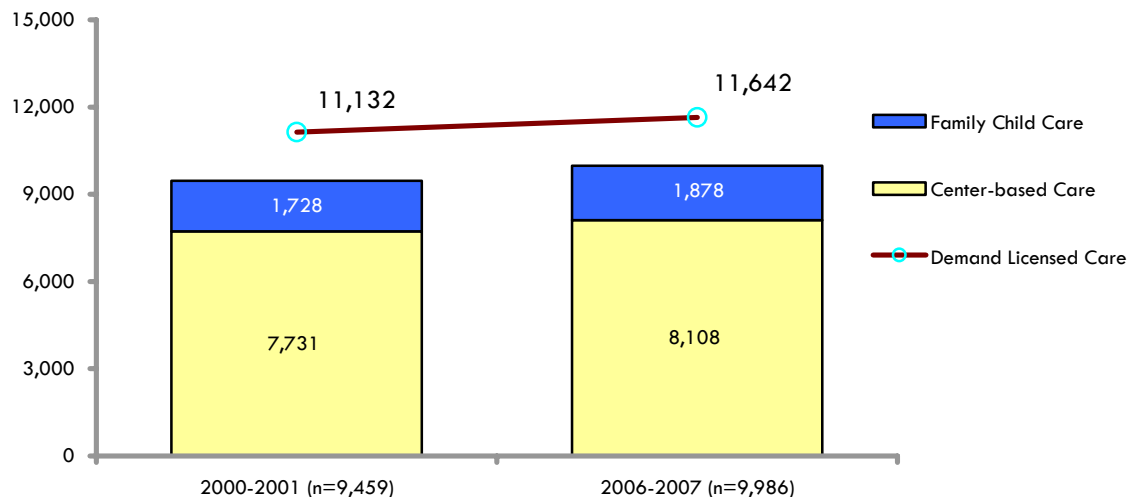
Child Care Supply versus Demand

Families need child care for two important reasons – to provide care for children while parents work or are in school or to support children's early learning. In order to access care, there must be sufficient supply available and families must be able to afford to purchase it.

The total supply of licensed child care in Marin County, including all age groups and jurisdictions, can serve 86% of children who need licensed care. Most licensed child care, as shown in Figure 1 below, is provided by child care centers (81%) as opposed to family child care homes (19%). Since 2001, the overall supply of licensed child care spaces – in centers and family child care homes - has increased 6% (from 9,459 to 9,986). However, the demand for child care has also grown since 2001, by 5% (from 11,132 to 11,642).

Figure 1 shows how many licensed child care spaces are available, compared to the number of children needing care, and how that comparison has changed over time. The gap between licensed supply and demand has remained relatively constant, with about 14% of projected demand going unserved.

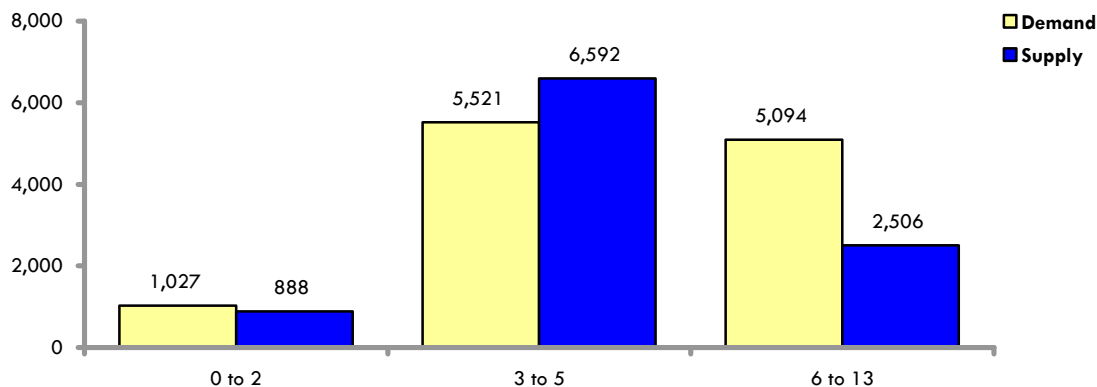
Figure 1: Marin's Licensed Child Care Spaces versus Demand 2000-01 & 2006-07



Source: Demand data from analysis conducted by Bay Area Economics. Demand data from 2000 Census, National Survey of American Families, PUMS, National Household Education Survey. Census Data was projected to 2007 using Department of Finance county growth rate. Supply data from California Child Care Resource and Referral Network 2007 Child Care Portfolio.

Figure 2 below shows how the gap between supply and demand differs by age group. The largest shortage in licensed care is for school-age children, for whom providers have spaces to serve only about one-half of the children needing care. Infant care is also in short supply, a finding that was confirmed through the needs assessment process by child care stakeholders who cited the difficulties of finding infant care in Marin.

Figure 2: Licensed Child Care Supply and Demand by Age Group 2006-07³⁰



Source: Demand data from analysis conducted by Bay Area Economics. Supply data from California Child Care Resource and Referral Network 2007 Child Care Portfolio. Demand data from 2000 Census, National Survey of American Families, PUMS, National Household Education Survey. Census Data was projected to 2007 using Department of Finance county growth rate.

While Figure 2 shows that supply of preschool exceeds demand, this may be somewhat misleading as working parents often want and are unable to find *full time* preschool care. Data on the number of part-time and full-time slots was not available, and therefore we could not estimate specifically what percentage of slots was only part-time. However, preschool spaces are often available only for part-day enrichment care.

With a total of 11,642 children estimated to need care, and only 10,328 licensed child care spaces to accommodate them, Marin County has approximately 1.1 children for every licensed slot. Marin is slightly better able to their licensed child care needs than is Alameda County (1.3 children for every licensed slot), which was chosen for

³⁰ Family child care slots are not broken down by age group in the same way as center-based care. The 2006 Marin County Child Care Workforce Study broke down family child care usage by the following percentages, which were then used to estimate the number of slots per age group: Infant 27%, Preschool 62%, School-age 11%.

comparison because Alameda used a similar methodology to estimate demand. When using a more traditional demand estimation methodology for Marin and other neighboring counties (such as San Francisco, Sonoma and San Mateo counties) and for California overall, Marin County still appears better able to meet local needs.³¹

Figure 3 below illustrates how child care supply compares to demand in various parts of Marin County. The table below shows that there is still a shortage of licensed slots countywide with the greatest shortages of child care slots occurring in San Rafael, Greenbrae, and Belvedere/Tiburon. However, parents who live in one zip code area may arrange child care in another zip code — either where they work or where their other children go to school — which cannot be accounted for in this zip code comparison.

Figure 3: Child Care Gap in Marin County by Jurisdiction, 2007

Area—Zip Code	Supply (ages 0-12) Number of slots		Demand (ages 0-12) Number of slots		Gap in Supply and Demand ³²
	Licensed Center Care	Licensed Family Child Care	Licensed Center Care	Licensed Family Child Care	
Belvedere/Tiburon—94920	324	14	382	131	175
Bolinas—94924	30	8	45	16	22
Corte Madera—94925	728	190	337	126	-455
Dillon Beach—94929	0	0	12	5	17
Fairfax—94930	252	60	286	102	76
Forest Knolls—94933	0	0	34	14	49
Greenbrae—94904	206	8	327	115	228
Inverness—94937	0	0	29	11	40
Lagunitas—94938	0	0	25	8	33
Larkspur—94939	130	0	212	81	163
Marshall—94940	0	0	9	3	13
Mill Valley—94941	937	308	991	359	105
Nicasio—94946	0	0	21	7	28
Novato—94945, 94947, 94949	2,255	488	1,799	679	-264
Olema—94950	0	0	4	1	5
Point Reyes Station—94956	35	0	50	16	31
Ross—94915, 94957	20	0	n/a	n/a	n/a
San Anselmo—94960	546	114	607	217	164
San Geronimo—94963	78	0	9	3	-66
San Quentin—94964	0	0	13	5	17
San Rafael—94901, 94903	2,182	596	2,412	855	489
Sausalito—94965	293	78	366	113	108
Stinson Beach—94970	20	0	22	9	11
Tomaes—94971	48	0	7	2	-39
Woodacre—94973	24	14	45	17	24
TOTAL	8,108	1,878	8,044	2,898	956

Sources: Demand data from analysis conducted by Bay Area Economics and adapted by Hatchuel Tabernik & Associates. Demand data from 2000 Census, National Survey of American Families, PUMS, National Household Education Survey. Census Data was projected to 2007 using Association of Bay Area Governments projections. Supply data from California Child Care Resource and Referral Network 2007

Notes: Though we know that Ross (94915 and 94957) has 20 preschool slots available, demand data for Ross are not available. Negative numbers refer to instances where more child care slots exist than is indicated by demand.

³¹ California Child Care Resource and Referral Network, Child Care Portfolio, 2007.

³² For maximum accuracy, Association of Bay Area Governments (ABAG) data was used to estimate demand by jurisdiction, whereas Department of Finance data was used to estimate demand at the county-level. Due to different methods of projecting population between ABAG and the Department of Finance, overall estimates of demand appear 6% lower at the locality-level than the county-level.

Subsidized Child Care

While complete data about child care subsidies is difficult to come by, the Marin County Child Care Commission estimated that in 2006-2007 the county received \$15,138,950 from the California Department of Education, Head Start, and CalWORKs to provide support to both parents and providers. Marin County parents receive subsidies either through Marin County's state or federally subsidized centers, or through vouchers given to them directly. These funds supported 1,813 children across the county. With an estimated 3,907 children eligible for subsidized care, 2,094 cannot be accommodated with current supply.³³

Many child care experts in the Bay Area believe that the real need for subsidized care is significantly underestimated because income eligibility guidelines are based on state and federal limits, rather than considering the realities of a high cost county like Marin.

Figure 4: Estimated Unmet Need for Subsidized Child Care, 2007

Area/Zip Code	UNMET NEED (INFANT)	UNMET NEED (PRESCHOOL)	UNMET NEED (SCHOOL-AGE)	UNMET NEED TOTAL
Belvedere/Tiburon – 94920	-3	23	24	45
Bolinas – 94924	0	5	32	37
Corte Madera – 94925	-7	-4	46	35
Greenbrae – 94904	-1	23	1	23
Fairfax – 94930, 94978	-8	4	97	93
Forest Knolls – 94933	0	-1	-1	-2
Inverness – 94937	0	0	0	0
Lagunitas – 94938	4	3	13	20
Larkspur – 94939	19	0	4	23
Mill Valley – 94941, 94942	10	28	117	156
Novato – 94945, 94947, 94948, 94949	37	-43	435	430
Point Reyes Station – 94956	-1	9	41	49
San Anselmo – 94960	10	6	193	209
San Geronimo – 94963	-1	0	0	-1
San Rafael – 94901, 94903, 94912, 94915	83	-46	586	623
Sausalito – 94965, 94966	1	17	152	170
Stinson Beach – 94970	4	4	19	27
Woodacre – 94973	11	33	13	56
San Quentin 94964	0	-2	0	-2
Nicasio 94946	-1	-2	0	-3
Other	32	21	54	106
TOTAL	189	78	1,827	2,094

Sources: Marin County Child Care Master Plan 2008-2013. For additional information, see <http://www.co.marin.ca.us/depts/bs/members/mcbds/Brdpage.cfm?BrdId=12>

Note: (1) A negative value indicates that there are more children being served in subsidized slots than there are eligible children in that zip code area.

(2) Eligibility estimates include the number of children in families where all parents are working and where the families are earning under 75% of the State Median Income for their family size. The estimates are considerably higher when LFP is not factored in as an indicator of which families may be seeking subsidized care.

³³ Marin County Child Care Master Plan 2008-2013. For additional information, see <http://www.co.marin.ca.us/depts/bs/members/mcbds/Brdpage.cfm?BrdId=12>

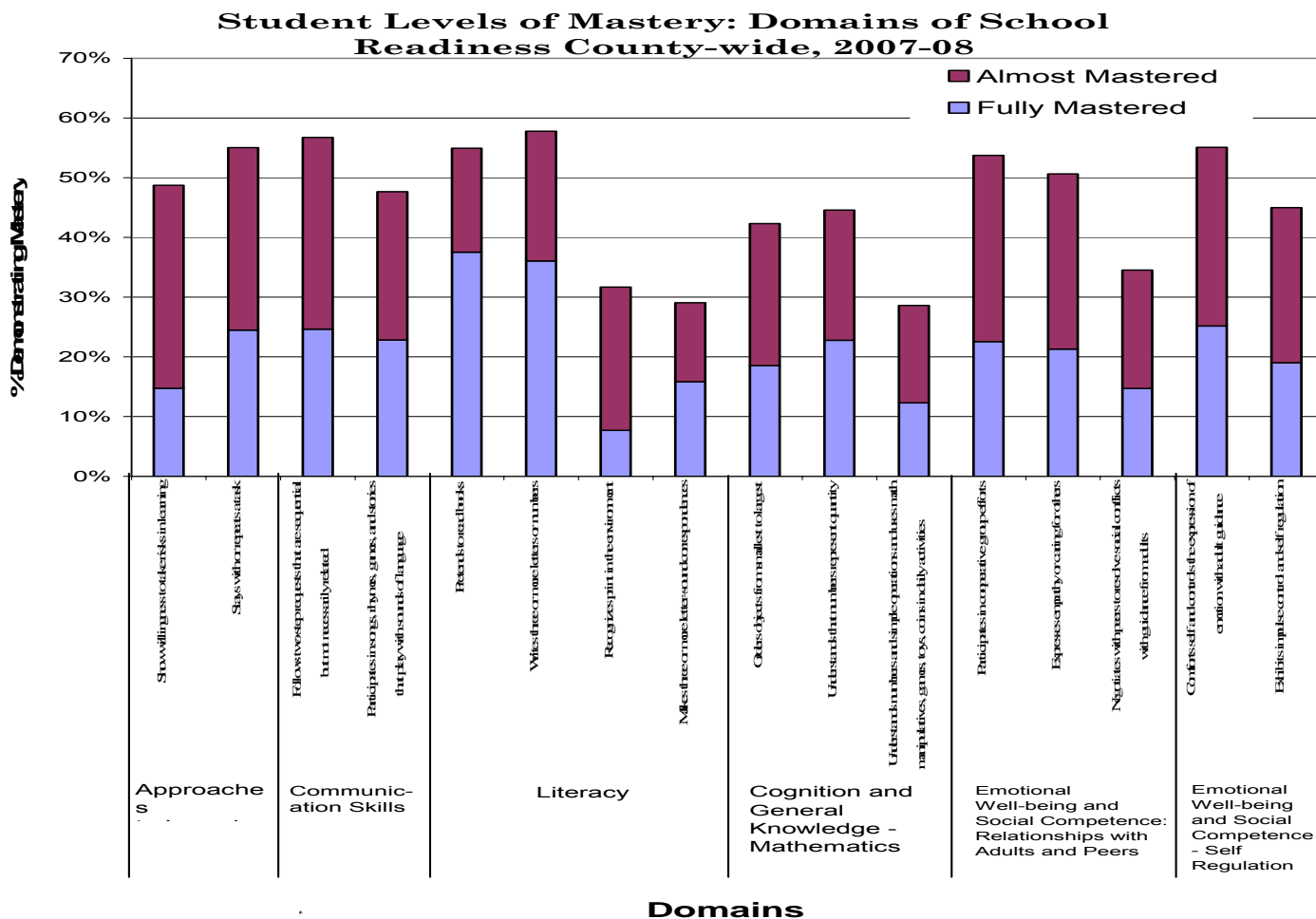
Other Early Learning and School Readiness Practices

Countywide, Marin families have relatively strong early literacy practices on average, but this rate drops for specific target groups. According to the 2005 California Health Interview Survey, 82% of Marin parents report that they read books to their children every day as opposed to 63% of parents statewide. Parents in Marin also sing or play music more frequently with their children than parents statewide (71% as opposed to 66%). However, this percentage declines for specific target populations with only 67% of low-income and 50% of Latino parents reporting that they read to their children everyday.³⁴

Marin has 5 designated areas – Novato, San Rafael (Canal area), Marin City, West Marin and San Geronimo Valley – that have staff to coordinate First 5 Marin school readiness and parent education and support activities. Summer Bridge, a summer pre-k program for children who have not had previous preschool experience or who have special needs, is offered in each of these areas and serves about 200 children annually. In addition, several family literacy programs exist in Novato, San Rafael, and Marin City. Many other activities take place on an ad hoc basis across the county as well. Initial efforts are underway to measure children’s readiness for kindergarten as part of First 5 Marin’s evaluation of its Summer Bridge program.

The bar chart below shows the result of the kindergarten entry assessment profile administered in FY 2007-08 by developmental domain.

Figure 5: Student Levels of Mastery: Domains of School Readiness County-wide

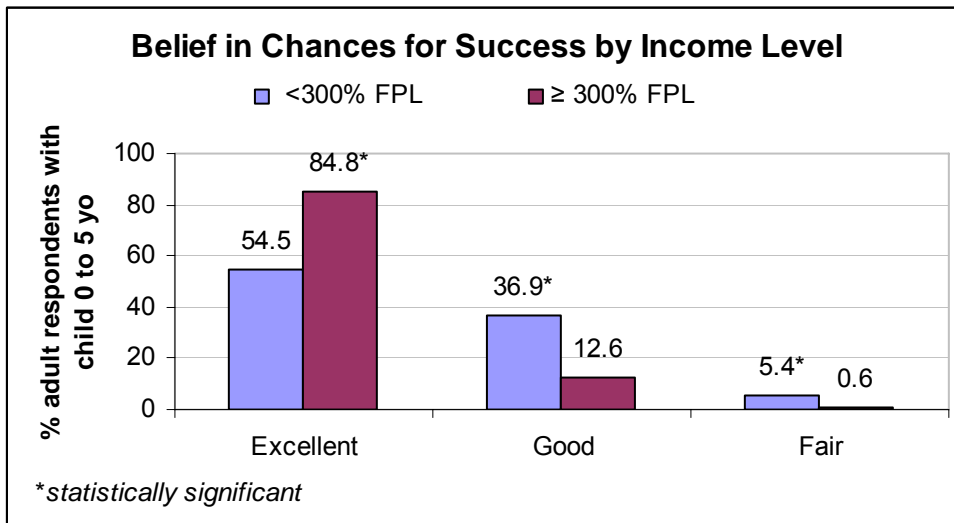


Source: Kindergarten Entry Profile FY 2007-08, First 5 Marin, prepared by jdc Partnerships

³⁴ California Health Interview Survey. CHIS 2005 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research

Overall, Marin families have high hopes for their children and believe that they will be successful although this result differs by family income. According to the 2001 Marin County Community Health Survey, over 96% of families with income 300% or greater than the federal poverty level thought their children's chances for later life success were excellent (84.8%) or good (12.5%). As shown below, this drops somewhat for lower income families.

Figure 6:

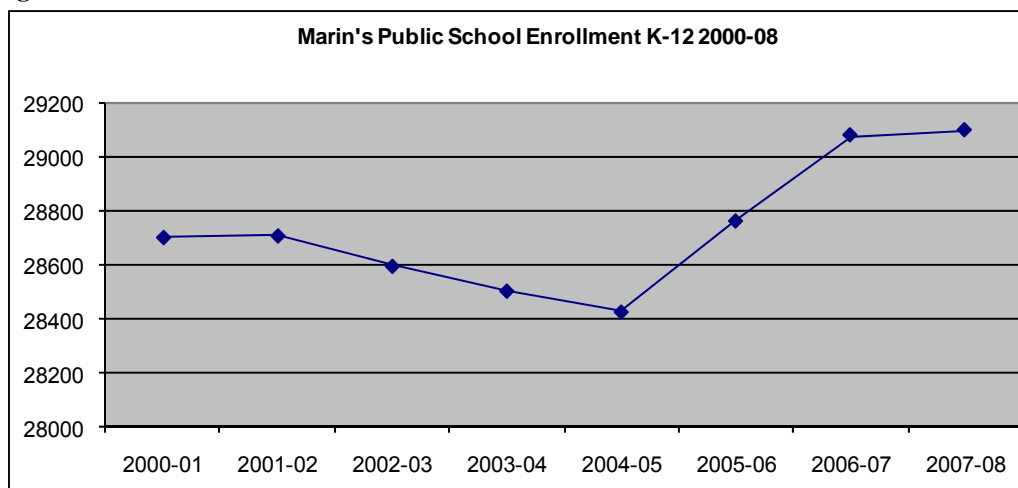


Elementary and Secondary Education

Student Enrollment and School Funding

There are 19 public school districts in Marin County with a total K-12 student enrollment of 29,081 in 2007-08. Each district is governed by its own elected board of trustees, is supported by both local and state funds and is responsible for the policies and operations of the schools within its boundaries. Over the last decade, enrollment has been relatively constant although it has increased over the last 4 years as shown below in Figure 7. According to the California Department of Education, enrollment is projected to continue to grow, increasing by 5% over the next decade. According to the Department of Education, it will be one of the fastest growing districts in the state.³⁵

Figure 7: Marin's Public School K-12 Enrollment, 2000-08



³⁵ CA Department of Education K-12 Public School Enrollment, Marin County

While the student population in Marin County’s public schools has grown slowly over the past decade, the ethnic composition has changed with the number of Latino students increasing significantly. Figure 8 below provides a breakdown by ethnicity of Marin’s public school enrollments in 2000-01 and 2007-08.

Figure 8: Marin County Public K-12 Enrollment by Ethnicity FY 00-01, FY 07-08

Ethnicity	FY 2000-01	% of total	FY 2007-08	% of total	% change 00-01 to 07-08
American Indian/ Alaska Native	108	0.4%	69	0.2%	-36%
Asian	1,649	5.7%	1594	5.5%	-3%
Pacific Islander	143	0.5%	81	0.3%	-43%
Filipino	80	0.3%	188	0.6%	135%
Hispanic/Latino	4,336	15.1%	6,136	21.1%	42%
African American	1,016	3.5%	965	3.3%	-5%
White	21,000	73.2%	18,663	64.1%	-11%
Multiple/no response	371	1.3%	1,404	4.8%	278%
TOTAL	28,703	100%	29,100	100%	1%

Similarly, the number of English Language Learners (ELL) has increased by more than 36%. Figure 9 below shows the change in ELL enrollment by district between 2000 and 2008. Novato and San Rafael have the largest absolute increases during this period as well as the largest percentage of ELL students countywide.

Figure 9: Marin County Public School English Language Learners K-12 by District FY 2000-01, FY 2007-08

English Language Learners	FY 2000-01		FY 2007-08		Change from 2000-01 to 2007-08	
	Number	%	Number	%	Inc/Dec	%
District						
Bolinas-Stinson Union	4	0%	8	0%	4	100%
Dixie Elementary	17	1%	148	4%	131	771%
Kentfield Elementary	28	1%	24	1%	-4	-14%
Laguna Joint Elementary	5	0%	14	0%	9	180%
Lagunitas	2	0%	5	0%	3	150%
Larkspur	40	1%	37	1%	-3	-8%
Lincoln Elementary	1	0%	4	0%	3	300%
Marin County Office	104	4%	60	2%	-44	-42%
Mill Valley Elementary	52	2%	61	2%	9	17%
Nicasio	1	0%	3	0%	2	200%
Novato Unified	695	24%	1,185	30%	490	71%
Reed Union Elementary	34	1%	25	1%	-9	-26%
Ross Elementary	2	0%	3	0%	1	50%
Ross Valley Elementary	55	2%	86	2%	31	56%
San Rafael City Elementary	1,400	48%	1,682	43%	282	20%
San Rafael City High	225	8%	294	7%	69	31%
Sausalito Marin City	16	1%	44	1%	28	175%
Shoreline Unified	192	7%	205	5%	13	7%
Tamalpais Union High	46	2%	64	2%	18	39%
Union Joint Elementary	1	0%	3	0%	2	200%
TOTAL	2,918	100%	3,955	100%	1,037	36%

Data Source: State of California Department of Education, California Basic Educational Data System, 2007. <http://data1.cde.ca.gov/dataquest/>

Due to the general wealth of Marin County, there is a disparity in resources between the wealthier and less wealthy districts. Marin school districts rarely qualify for federal funds or for national or California foundation grants. Therefore, most rely on their local school foundations and parcel taxes, a situation that leads inevitably to resource disparity. Some districts are solidly Basic Aid with very stable populations. For example, Ross, with its 382 students will maintain its Basic Aid status as long as its student population stays below 500. In the neighboring community of Kentfield, there is a very powerful foundation and the largest parcel tax in the county. On the other hand, Novato is a low wealth district, with a strong school foundation and a parcel tax.

In focus groups for this project, Parents of school-aged children expressed a desire for support with navigating the public school system and dealing with acculturation issues for Latino families. Parents also express a need for more affordable afterschool care and activities for school-aged children and youth.

Special Needs

The overall proportion of students enrolled in special education remained fairly steady from 2001 through 2007, with 13.1% of total public school enrollment in special education.

In 2007, the two most common disabilities among the 3,724 special education students in public schools were learning disabilities (34%) and speech or language impairments (36%) as shown below.³⁶ Autism was among the fastest growing disabilities, climbing from 76 students in 2001 to 177 in 2007. Marin has seen a large rise in the percentage of children with other health impairments which are children with chronic or acute health problems such as asthma or a heart condition that impacts their school performance. In comparison to the state, Marin has a larger percentage of special education children with emotional disturbances.

Figure 10: Marin County's Special Education Enrollment by Disability

Disability	Marin County				State	
	2001		2007		2007	
	#	%	#	%	#	%
Mental Retardation	118	3%	107	3%	43,113	6%
Hard of Hearing	65	2%	95	3%	8,481	1%
Deaf	10	<1%	4	<1%	4,185	1%
Speech or language	1,305	33%	1,333	36%	176,256	26%
Visual Impairment	58	1%	42	1%	4,530	1%
Emotional Disturbance	337	8%	335	9%	27,199	4%
Orthopedic Impairment	106	3%	95	3%	15,294	2%
Other Health Impairment	60	2%	235	6%	47,232	7%
Specific Learning Disability	1,849	46%	1,276	34%	297,933	44%
Deaf-Blindness	1	<1%	1	<1%	204	0%
Multiple Disability	9	<1%	21	1%	5,476	1%
Autism	76	2%	177	5%	46,196	7%
Traumatic Brain Injury	5	<1%	3	<1%	1,776	<1%
TOTAL	3,999	100%	3,724	100%	677,875	100%

Note: Includes ages 0 to 22 years

Source: California Department of Education

Of those children enrolled in special education in 2007, very few children (only 24) were under 3 years of age. All of these children had vision, hearing or orthopedic impairments. An additional 495 or 13 % of the total special education enrollment were between 3 and 5 years. The majority of these children have speech and language disabilities. School age children primarily had learning disabilities, emotional disturbances, or other health impairments.

In 2007, White students made up 62.6% of special education enrollment followed by Hispanic/Latino (25.5%), African American (7.7%), Asian (3.0%), Filipino (0.5%), Pacific Islander (0.4%), and Native American students (0.3%). African American and Latino students both were over-represented in special education compared to overall enrollment figures for the county's public schools.

These data provide a minimum estimate of the number of children with special needs who might need care; there may be other children in the county whose special needs have not yet been formally identified.

³⁶ California Department of Education Dataquest

Elementary School English and Math Test Scores

While on average Marin County elementary and secondary students are among the top performers in the state across a variety of academic performance indicators, the data show that performance varies significantly by students' socio-economic status and ethnicity. In comparison to four neighboring Bay Area counties and the state overall, Marin consistently has the highest percentage of proficient scores among the non-economically disadvantaged and a much wider gap in achievement between the economically and non-economically disadvantaged children. It is important to note that while the gap seems to shrink in the upper grades, it remains a major issue as the students prepare to leave school, with or without passing the high school exit exam.³⁷

Figure 11: Third Grade Students Reading At or Above the 50th Percentile on the CAT/6, by Socioeconomic Status and Ethnicity: 2007

	California	Marin	San Francisco	Santa Clara	San Mateo
Overall	38%	62%	36%	48%	48%
Economically Disadvantaged	24%	21%	28%	24%	23%
Non-Economically Disadvantaged	57%	75%	52%	64%	64%
White	59%	75%	62%	69%	72%
Asian	55%	71%	43%	66%	66%
Latino	24%	26%	23%	24%	25%
African American	27%	31%	19%	36%	26%

Source: www.kidsdata.org.

Figure 12: Students Scoring Proficient or Higher on Algebra I CST, by Socioeconomic Status and Ethnicity: 2007

	California	Marin	San Francisco	Santa Clara	San Mateo
Overall	21%	47%	34%	31%	29%
Economically Disadvantaged	14%	22%	31%	17%	18%
Non-Economically Disadvantaged	30%	54%	38%	39%	36%
White	32%	56%	50%	41%	42%
Asian	51%	61%	57%	63%	58%
Latino	13%	22%	13%	14%	16%
African American	11%	17%	7%	15%	10%

Source: www.kidsdata.org.

³⁷ The Achievement Gap: A Deeper Look. *Marin Community Foundation Strategic Initiative on Education*

Figure 13: Tenth Grade Students Passing the High School Exit Exam in Mathematics: 2007

	California	Marin	San Francisco	Santa Clara	San Mateo
Overall	76%	88%	79%	84%	84%
Non-Economically Disadvantaged	86%	94%	86%	91%	91%
Economically Disadvantaged	65%	63%	76%	69%	71%
White	88%	95%	88%	94%	93%
Asian	93%	97%	94%	96%	97%
Latino	66%	67%	61%	66%	72%
African American	58%	62%	49%	73%	59%

Source: www.kidsdata.org, <http://cabsee.cde.ca.gov/>.

As seen in Figure 14, scores in the school districts with a high percent of students in the FRPM program had lower percentages of children scoring in the 50th percentile or above on reading and math tests of the STAR CAT/6. Within the districts with multiple schools, the scores varied greatly by neighborhood. In the lower income neighborhoods with a higher rate of ELL students, school scores were much lower as compared to the higher income, English-speaking areas. For instance, 86% - 88% of Ross Elementary School's students scored at least at the 50th percentile in each test.

Figure 14. STAR CAT/6 Scores Percent Above 50th Percentile 2006-2007 Marin County Selected School Districts

School District	FRLP	3 rd Grade Reading	3 rd Grade Math	7 th Grade Reading	7 th Grade Math
California	50.8%	38%	56%	47%	51%
Marin County	20.9%	62%	72%	72%	71%
Bolinas-Stinson Union	22.1%	45%	64%	77%	64%
Dixie Elementary	7.6%	72%	79%	80%	78%
Dixie Elem.	1.8%	77%	91%	n/a	n/a
Vallecito Elem.	12.3%	66%	84%	n/a	n/a
Kentfield Elementary	0.0%	75%	78%	91%	89%
Laguna Joint Elementary	65.0%	n/a	n/a	n/a	n/a
Lagunitas Elementary	17.6%	25%	19%	60%	70%
Larkspur Elementary	7.1%	65%	75%	80%	82%
Mill Valley Elem.	3.2%	78%	92%	84%	82%
Park Elem.	0.6%	84%	94%	n/a	n/a
Strawberry Point Elem.	9.5%	63%	80%	n/a	n/a
Novato Unified	26.2%	56%	69%	67%	68%
Lynwood Elem.	58.2%	24%	49%	n/a	n/a
Rancho Elem.	3.4%	89%	97%	n/a	n/a
Reed Union Elementary	4.5%	83%	91%	86%	90%
Ross Elementary*	0.0%	86%	88%	93%	90%
Ross Valley Elementary	7.0%	75%	79%	79%	73%
San Rafael City Elem.	54.6%	41%	53%	50%	52%
Bahia Vista	99.1%	20%	42%	n/a	n/a
San Pedro	96.0%	16%	32%	n/a	n/a
Glenwood	8.9%	80%	91%	n/a	n/a
Sausalito/Marin City**	69.0%	n/a	n/a	29%	29%
Shoreline Unified	48.8%	39%	58%	67%	67%

Source: www.cde.ca.gov/dataquest.

* Ross Elementary School District has one K-8 school.

**Sausalito/Marin City has one elementary school (Bayside) and one middle school (Martin Luther King Jr. Academy). Their scores are reflected in the district chart. Bayside lacks sufficient enrollment to report scores. n/a – not available at this time; trying to locate information.

High School Drop Out Rates

Marin County's rate of high school dropouts in 2007 is well below the statewide average as shown below Figure 14. In 2006, drop out rates for Latino and Black students were higher than for their white counterparts.³⁸

Figure 15: High School Adjusted Four Year Derived Dropout Rates by District, 2007

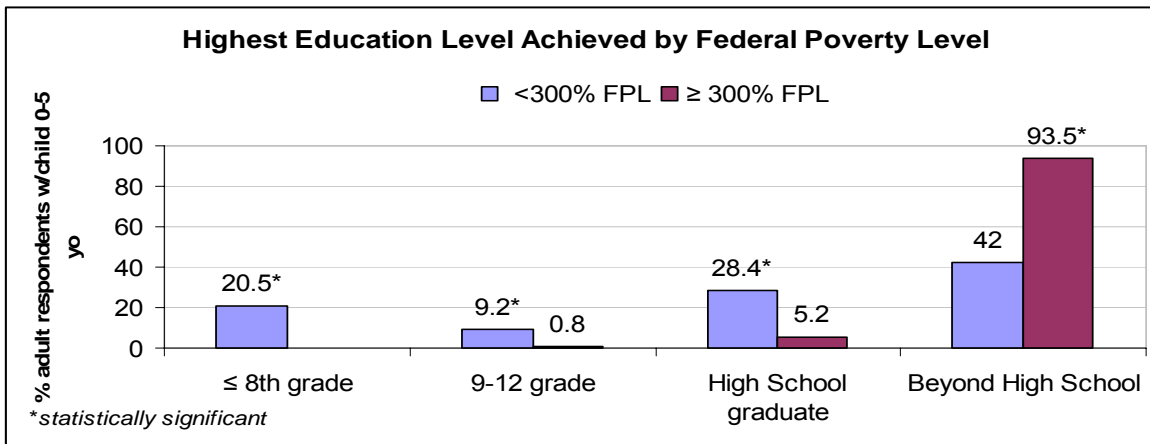
Region	Percent
CALIFORNIA	21.1
Marin County	6.0
Novato Unified	7.3
San Rafael City High	7.1
Shoreline Unified	5.1
Tamalpais Union High	3.0

**Note: In 2007, high school dropout rates in California for the first time were computed using student-level data, resulting in more accurate rates. Comparisons with dropout rates in previous years, therefore, are not possible.*

Parent Education

Parental educational achievement is also a part of the constellation of factors that impact family functioning and outcomes for youth. There are a large number of low-income and Latino parents in Marin who do not have a high school diploma, as indicated in Figure 1.³⁹ Parents with higher levels of education usually have greater access to resources and income that creates a stable environment and allows for greater parental involvement in a child's education.

Figure 16: Education Level Achieved by Parents of Children 0-5 by Income Status



Parents in focus groups expressed a desire for more adult education opportunities. These opportunities range from English as a Second Language classes to adult technical classes such as food service, hairdressing, computers and technology. A few families also expressed a desire for transferable professional degrees between the United States and their country of origin.

Furthermore, parents expressed a desire for more parent education related to child development, particularly related to how to discipline children. Parents of young children overwhelmingly expressed an interest in drop-in parenting groups, informal educational opportunities, and free parent-child activities such as those that are available through First Five's School Readiness Initiative playgroups. Parents of school aged children expressed a desire for support with navigating the public school system and dealing with acculturation issues for Latino families.

³⁸ Note: Comparable data by ethnicity was not available for 200. Because the California Department of Education modified its methodology for computing the high school drop rate, 2007 rates cannot be compared with those for 2006.

³⁹ Marin County Community Health Survey (2001)

IV. HEALTH ACCESS AND PHYSICAL HEALTH

Key Findings:

- Marin children generally have high rates of primary health coverage (98%) and access to a medical home. Dental insurance coverage and oral health utilization rates for children in Marin, however, are worse than for children statewide.
- Marin parents (90%) reported that they had health insurance, which compares favorably with the state. However, only 67% of low-income parents reported that they had health insurance. According to a survey of social service providers in Marin County, healthcare for adults was rated as one of the most needed but least available services in Marin. Throughout Marin parents spoke frequently about obstacles to healthcare including inaccessible clinic hours, challenging voice mail systems, front office staff being disrespectful, difficulty with paperwork, wait times, and long wait lists.
- Forty percent of low-income parents report that they do not have mental health coverage, which compares poorly with the state. According to a survey of social service providers in Marin County, mental health services for adults ranks highly in a list of most needed but least available services in Marin.
- Trust and familiarity are the most essential qualities that predict who Latino parents will rely upon for healthcare information. Health education / health literacy strategies must consider culture and language, the ability of providers or resources to value families and treat them with respect, and providers' accessibility and the ability to follow through with commitments.
- Pregnant women in Marin have good utilization of prenatal care, but many lose care shortly after birth. Nearly one quarter of all births in Marin are paid for by Medi-Cal, and most of these are to undocumented Latina immigrants. Mothers who have Emergency Medi-Cal for pregnancy lose coverage within 4-8 weeks, leaving them uninsured at a particularly vulnerable time.
- Marin families have high rates of breastfeeding initiation, but most mothers do not continue to breastfeed for the recommended duration and rates fall below the Healthy People 2010 objective.
- Marin's rate of overweight children is lower than Bay Area and statewide averages, but is increasing. There are ethnic disparities in rates of physical fitness among youth, with Latino and African-American youth being generally less fit.

Health Access

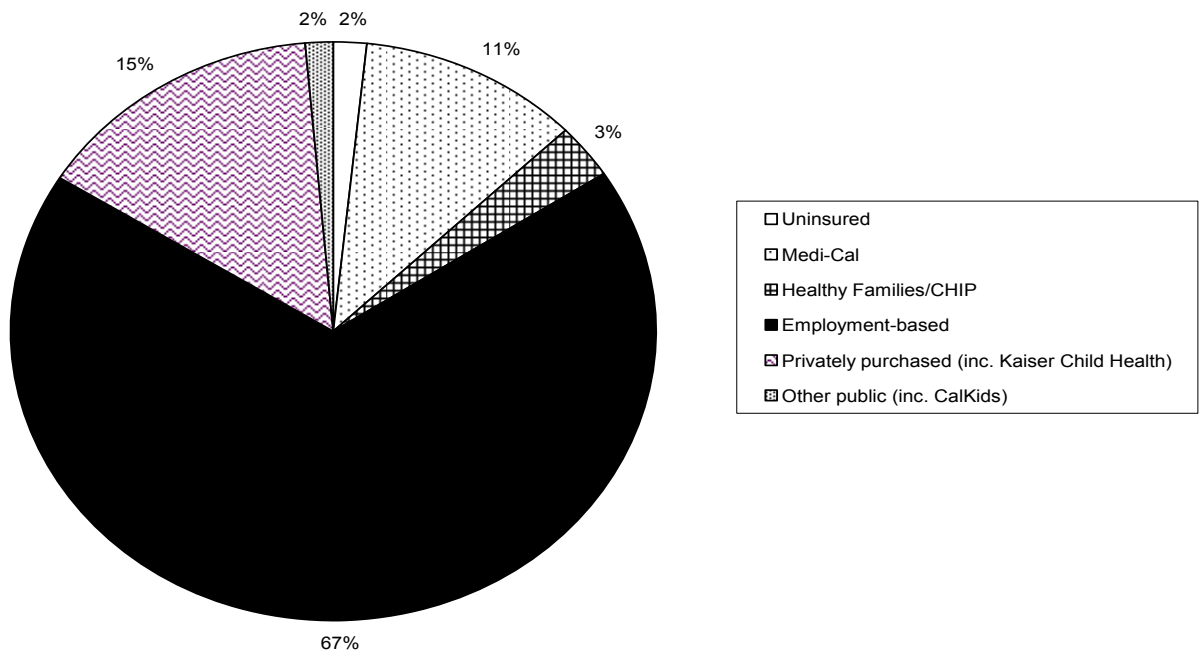
Access to health care is essential for the healthy development of children and wellbeing of parents and caregivers. Key components of health access include health insurance coverage; connection to a usual source of care of medical and dental care (medical home); stability of coverage; age-appropriate and timely utilization of primary and specialty health care services; and health care resources that are accessible and culturally, linguistically, and literacy appropriate.

Children – Insurance Coverage

Children in Marin are more likely to be insured than children statewide, with 98% having health insurance. Recent efforts to provide universal health coverage have increased the percentage of insured children in Marin from 95% in 2001.⁴⁰ In 2005, 68% had employment-based coverage, and 15% had privately-purchased insurance. The remaining 16% were covered by publicly-funded programs as shown below. Marin appears to have a substantially lower percent of Medi-Cal eligible children and higher percent of children with privately purchased insurance than children statewide. As a result of the economic downturn, families are likely to be relying more heavily on public programs.

⁴⁰ California Health Interview Survey. CHIS 2001, 2005 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

Figure 1: Type of Health Insurance Among Marin Children (0-17)



2008 Children’s Health Insurance data on stability of coverage among Marin children reflect that approximately 66% of those enrolled in Healthy Families and Medi-Cal retain their health insurance coverage.⁴¹ This rate of stability is slightly above the state rate of 65%. Of significant note is a 94% retention rate for Marin children enrolled in California Kids.⁴² According to Children’s Health Insurance (CHI) staff, the high level of stability of coverage in California Kids is made possible by their receipt of monthly enrollee lists from California Kids; these regular and frequent updates make it possible for CHI staff to contact and track every newly enrolled family.

According to the Abaris study on Marin County’s Health Care Safety Net, the percentage of children under 18 with Medi-Cal and privately-purchased insurance was projected to increase between 2005 and 2025, even prior to the economic recession. Less than 2% of children are projected to be uninsured over the next 20 years. By this time 1,140 children are expected to be without health insurance; this represents an additional 183 children over the 2005 level of 957.⁴³ State budget cuts as a result of the recession, however, may threaten insurance coverage for children and families even further.

Coverage for care beyond basic health services is often limited in Marin County. Sixty-nine percent of Marin children have coverage for eye exams, as opposed to 87% statewide.⁴⁴ Marin also has a high rate of children without dental insurance. In 2005, 30% of children did not have dental coverage, as opposed to 17.6% statewide.⁴⁵

⁴¹ Marin Children’s Health Insurance Quarterly Healthy Families Report: 2008

⁴² California Kids Foundation Monthly Report for Marin: 2008

⁴³ *Marin County Health Care Safety Net Study*, Final Report; November 25, 2008; The Abaris Group

⁴⁴ California Health Interview Survey. CHIS 2003 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

⁴⁵ California Health Interview Survey. CHIS 2005 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

Children - Access and Utilization

Having insurance coverage does not guarantee access to and utilization of services, especially for low-income and non-English speaking families. Very few private providers in Marin accept publicly funded child health insurance such as Medi-Cal, Denti-Cal, Healthy Families, or California Kids, creating an intensive demand for health services among these providers. Low-income parents are particularly hard-pressed to find locally accessible specialty care providers for pediatric oral health and mental health care, and are unlikely to be able to pay for these expenses out of pocket.⁴⁶

Children - Access to a Usual Source of Care (Medical Home)

Ninety-three percent of children in Marin have regular access to a doctor as opposed to 89% children statewide.⁴⁷ Furthermore, the 2005-06 Marin Child Health and Disability Prevention Program Annual Public School Report reveals that 88% of incoming kindergarteners had comprehensive school entrance exams. Although Marin children have better access to a doctor than children statewide, slightly more children experienced a delay or did not receive medical care in Marin (7.4 %) than did children statewide (5.9%). In 2005, approximately 16% of children utilize community or public clinics for their healthcare.⁴⁸ Trend data shows that the percent of children using public clinics has increased from 9% in 2001.

Children - Access to a Dental Care

Marin has a very low utilization rate for children (0-20) with Denti-Cal. Of those insured in 2004, only 22.3% received dental services paid for by Denti-Cal.⁴⁹ While Marin has a large number of dentists per capita, very few providers accept publicly-funded insurance, causing long delays in accessing routine care. Major efforts have been underway to increase access to dental care for Marin residents with publicly-funded insurance, including expansion of Marin Community Clinic services to include dental care.

Parents - Insurance Coverage

According to the CHIS 2005 / 2007 survey, 90% of Marin parents reported that they had health insurance, which compares favorably with the state. However, only 67% of low-income parents reported that they had health insurance.⁵⁰ While undocumented immigrants are unable to access health insurance under most conditions, Emergency Medi-Cal coverage available to low-income pregnant women does not depend on immigration status. Four to eight weeks after giving birth, however, women become ineligible for publicly funded health coverage, leaving them especially vulnerable during the often difficult postpartum adjustment period. In 2006, 23.8% of births to Marin residents were paid for by Medi-Cal and the majority of Medi-Cal births in Marin are to undocumented women.⁵¹

Although Marin parents have higher rates of health coverage than their California counterparts, this is not so for mental health coverage. Approximately one in four parents in Marin (26.7%) do not have coverage for mental health services, as compared to 21.5% of parents throughout the state. Disparities in mental health coverage by income exist in Marin and also do not compare well with the state. Forty percent of low-income parents in Marin report that they do not have mental health insurance, as opposed to 30% statewide.⁵²

Parents - Access and Utilization

Having insurance coverage does not guarantee access to and utilization of services, especially for low-income and non-English speaking adults. For low income parents with Medi-Cal, it has become increasingly difficult to find primary and specialty care providers such as oral and mental health care providers who accept Medi-Cal.⁵³

⁴⁶ California Health Interview Survey. CHIS 2005 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

⁴⁷ California Health Interview Survey. CHIS 2005 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

⁴⁸ California Health Interview Survey. CHIS 2005 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

⁴⁹ *Denti-Cal Facts and Figures: County Data Appendix*. California Healthcare Foundation, 2007.

⁵⁰ California Health Interview Survey. CHIS 2005, 2007 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

⁵¹ California Center for Health Statistics, Vital Statistics, Births Statistical Master File.

⁵² California Health Interview Survey. CHIS 2005 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

⁵³ California Health Interview Survey. CHIS 2005 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

According to a survey of social service providers in Marin County, adult mental health services and healthcare services in general rank third and fourth respectively as the most needed but least available services in Marin.⁵⁴

Quality prenatal care is a key factor in preventing poor birth outcomes and Marin's prenatal care utilization rates are much better than the statewide rates in all categories (early prenatal care, late prenatal care, and inadequate prenatal care) for all ethnic groups. In 2006, Marin County had 95% of mothers who access early prenatal care, as opposed to 85.2% statewide.⁵⁵ Furthermore, this percentage exceeds the Healthy People 2010 objective of 90%.⁵⁶ In recent years, however, there has been a dramatic increase in the numbers of low-income women seeking prenatal care and unless there is a service expansion, Marin's capacity to provide prenatal care may become inadequate.

Parents - Access to a Usual Source of Care (Medical Home)

Marin parents do not fare as well as their children with respect to a "medical home." Almost one quarter (23.7%) of low-income parents in Marin received care in an ER in the previous year compared with a rate of 16.9% in their more affluent (>300% FPL) counterparts⁵⁷, and nearly one in five (18.2%) parents report that they had a delay in seeking care or did not receive health care, which compares slightly unfavorably to the state.⁵⁸ Parents in focus groups for this project reported frustrations with long waits for accessing clinics.

Other Health Access Issues

Parents of young children revealed a range of barriers to accessing health care during family support focus groups. In the more isolated areas of San Geronimo, West Marin and Novato parents expressed frustrations with the lack of local healthcare facilities, and the challenges of accessing services using public transportation. Throughout Marin parents spoke frequently about obstacles to healthcare including inaccessible clinic hours, challenging voice mail systems, front office staff being disrespectful, difficulty with paperwork, wait times, and long wait lists.

Health literacy, or the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions, is also an essential part of health access.⁵⁹ According to Latino parents of young children in Marin County, trust and familiarity are the most essential qualities that predict who/what healthcare information sources they will use. Trust is related to familiarity with culture and language, the ability of providers or resources to value families and treat them with respect, and providers' accessibility and the ability to follow-through with commitments. Entities who have established trust in one arena (such as teachers or community organizations) also become trustworthy as providers of health information.⁶⁰ The importance of trusted individuals within the community is also reflected in the Family Support Provider Survey, which indicates that social service providers receive the majority of their referrals through trusted individuals such as family and friends and school personnel.⁶¹

Physical Health

Parent Rating of Overall Child Health

While 95% of parents in Marin rate their child's health as excellent, there are strong disparities in parental perception of their child's health. While the number of survey respondents is too low to say for certain, only 89% of Latino and 85% of African-American parents say their children are in good or excellent health, as opposed to 100% of Asian and 97% of White parents. Only 74% of parents under 100% of FPL rate their children's health as excellent.⁶²

⁵⁴ Family Support Provider Survey

⁵⁵ California Center for Health Statistics, Vital Statistics, Births Statistical Master File.

⁵⁶ Healthy People 2010, http://www.healthypeople.gov/Document/HTML/Volume2/16MICH.htm#_Toc494699663

⁵⁷ California Health Interview Survey. CHIS 2005 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

⁵⁸ Californ California Health Interview Survey. CHIS 2003 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

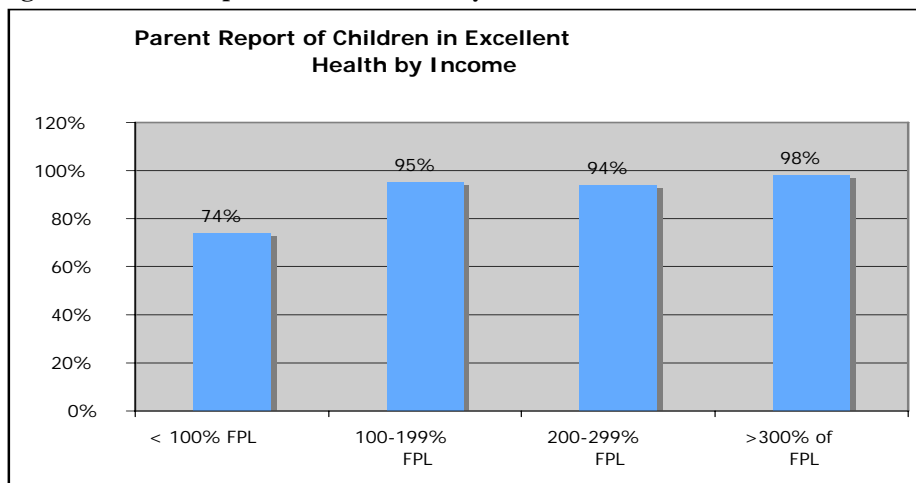
⁵⁹ Healthy People 2010, <http://www.healthypeople.gov/Document/pdf/uih/2010uih.pdf>

⁶⁰ Health Access Health Literacy

⁶¹ Family Support Provider Survey

⁶² California Health Interview Survey. CHIS 2005 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

Figure 2: Parent Report of Child Health by Income



Low Birthweight

Low birthweight babies face 6 to 10 times the risk of infant mortality, and are at increased risk of long-term disabilities, including mental retardation, chronic respiratory problems, cerebral palsy, childhood psychiatric disorders, autism, and hearing and vision impairments. Risk factors include young or old maternal age, using drugs, alcohol, or tobacco during pregnancy, or having high stress levels during pregnancy. Over the last decade, the rate of low birthweight babies has increased slightly in Marin.⁶³ As of 2006, Marin's low birthweight rate was 6% which is lower than California's rate (6.8%), but above the HP 2010 objective (5%).⁶⁴ In comparison, the percentage for very low birth weight is 0.8% which is below the 1.2% statewide and HP 2010 objective of 0.9%.⁶⁵ The rate of low-birth weight babies among African-American women is double the rate of the general population both in Marin and statewide.

Breastfeeding

Although Marin County has very good breastfeeding initiation rates with three quarters of Marin mothers exclusively breastfeeding their newborn, as opposed to 43% statewide, many babies are not being breastfed for one year as recommended by the American Academy of Pediatrics.⁶⁶ In 2001, 42% of women countywide were still breastfeeding their babies at 6 months.⁶⁷ In 2007, 32% of Marin County WIC participants were exclusively breastfeeding their infants at 6 months.⁶⁸ Both of these figures fall short of the Healthy People 2010 Goal for exclusive breastfeeding at 6 months of 50%.⁶⁹

Immunization

Immunization rates among Marin County children vary considerably across communities, with some school districts reporting substantially lower rates than those seen statewide (see Figure 4). Poor community immunization rates leave residents vulnerable to outbreaks of infectious diseases, particularly those who are too young to receive immunizations, those who cannot get vaccines for medical reasons, or those whose immune systems are compromised. A key factor which impacts childhood immunization rates is the increasing number of families who chose to waive immunizations for their children as a Personal Belief Exemption. In 2007, the Personal Belief Exemption rate in Marin County was 5.8 % as compared to the state rate of 1.6% Families with Personal Belief Exemptions may experience difficulties providing appropriate documentation for registering their children in schools. Several local school districts have notably low rates of immunization among their kindergartners: Lagunitas, Bolinas-Stinson Union, and Sausalito-Marín City.

⁶³ California Department of Public Health, Center for Health Statistics, Vital Statistics Query System.

⁶⁴ California Center for Health Statistics, Vital Statistics, Births Statistical Master File

⁶⁵ California Center for Health Statistics, Vital Statistics, Births Statistical Master File

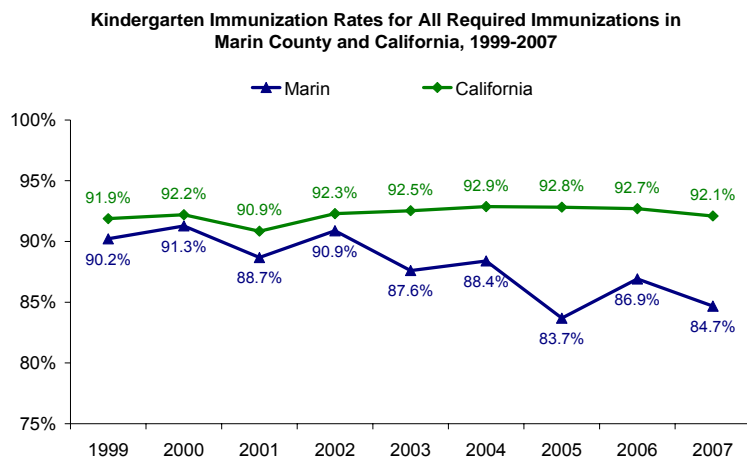
⁶⁶ California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2006.

⁶⁷ CHS 2001

⁶⁸ Women, Infants, and Children (WIC) Supplemental Nutrition Program, California Department of Public Health.

⁶⁹ Healthy People 2010 Objectives for the Nation. Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services

Figure 3: Kindergarten immunization rates have trended downward since 2002, while rates in California as a whole have remained stable.



SOURCE: California Department of Public Health Immunization Branch, Statewide Kindergarten Immunization Assessment Su

Oral Health

Access to oral health is a major issue in Marin County, which impacts the oral health of young children. All Kindergarten students are required by law to have an oral health assessment, and of the 2,897 students in 2007-2008, approximately one-fifth have no record of assessment for a variety of reasons. Of all children that did receive an assessment, 7% had untreated dental decay.

Figure 4:

District Name	Number of Students	% of Assessment Completed	# Assessed with Untreated Decay
Bolinas-Stinson	15	86%	0
Dixie	220	88%	16
Kentfield	204	96%	0
Lagunitas	49	53%	1
Larkspur	143	75%	9
Mill Valley	298	90%	0
Novato	901	67%	30
Reed	141	89%	9
Ross	32	97%	3
Ross Valley	255	70%	3
San Rafael	529	80%	119
Sausalito	45	87%	4
Shoreline	56	80%	0
Lincoln, Laguna, Union	7	100%	2
Nicasio	5	100%	1
MCOE	6	67%	0
TOTAL	2897	78%	197

Weight and Physical Fitness

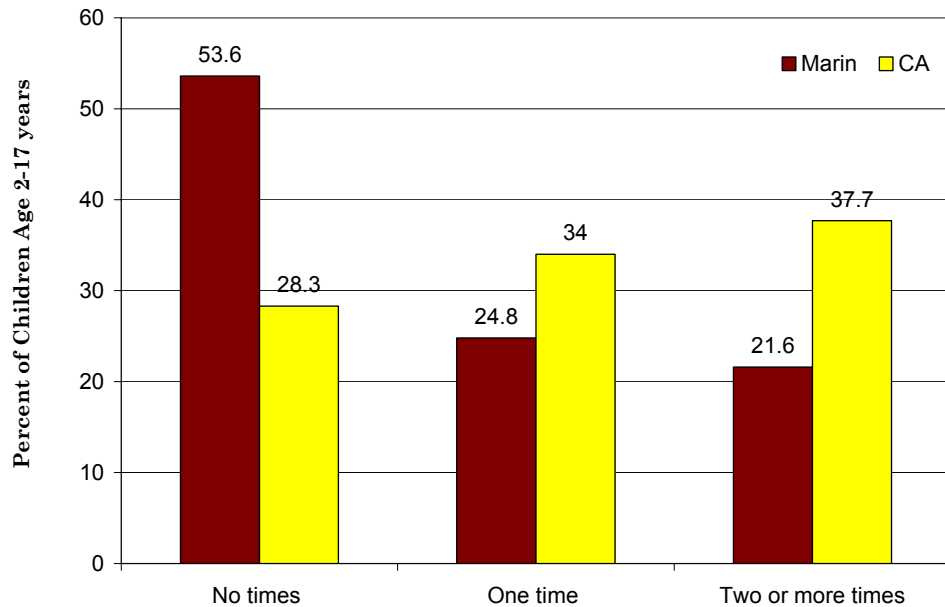
Marin fares better than other Bay Area counties on measures of physical fitness and weight, but these measures still show alarming trends. Marin has the highest rates of 5th, 7th, and 9th graders enrolled in public schools who meet the state fitness standards in the Bay Area, but these rates are still relatively low, ranging from 34.7%- 53.6%. Additionally, there are serious ethnic disparities in these rates of physical fitness, with Asian American 7th grade students being most fit (55.4% meeting fitness standards) in 2007, followed by Caucasian/White (51.0%) and Filipino students (50.0%). Hispanic/Latino (33.1%) and African American/Black students (27.9%) were less fit.⁷⁰ Children who are overweight are at risk of developing a variety of chronic health conditions including asthma, Type 2 diabetes, and high blood pressure. Type 2 diabetes is a particular concern, as it now is being found in children at

⁷⁰ California Dept. of Education DataQuest. <http://data1.cde.ca.gov/dataquest/>

increasing rates. Being overweight in childhood increases the risk of weight problems in adulthood. The percentage of overweight 5th, 7th, and 9th grade students rose by 3.0 percentage points from 2001 to 2004, slightly more than the increase in California over this time.⁷¹ In 2006, the percentage of children between the ages of 5 to 19 residing in Marin who are overweight is 23.7%, which is significantly higher than the HP 2010 objective of 5%.⁷²

Children in Marin may measure better in physical fitness and weight than their statewide counterparts because of having a more healthy diet. According to the data obtain from California Health Interview Survey, children ages 2-17 years old in Marin County generally consume less fast food then the state of CA. Over half of children in Marin County did not eat fast food in the prior week, compared to 28.3% statewide.⁷³

Figure 2: Number of Days Children (2-17) Consume Fast Food Each Week, CA and Marin



Data obtained from the California Healthy Kids Survey also illustrates that a higher percentage of students in Marin County consume five or more portions of fruits and vegetables per day compared to youth statewide (Figure 5). In addition, the children of Marin are more likely to eat breakfast (Figure 6) and drink little to no soda (Figure 7) than children statewide. One noticeable finding from these data is that the children’s healthy eating habits decline as they get older their, therefore only data for 7th grader consumption of soda was analyzed and presented.⁷⁴

⁷¹ Educational Data Systems. California Physical Fitness Test Summary Data Files, 2006

⁷² Centers for Disease Control, The Pediatric Nutrition Surveillance System (PedNSS)

⁷³ California Health Interview Survey. CHIS 2005 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

⁷⁴ California Healthy Kids Survey (2005)

Figure 3: Five or More Portions Fruits and Vegetables in Prior Day, CA and Marin

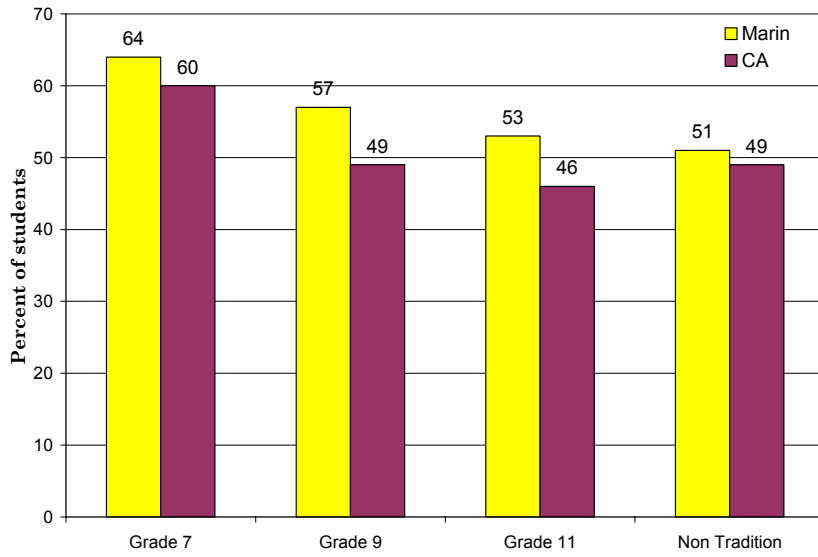


Figure 4: Percent of Students who Eat Breakfast, CA and Marin

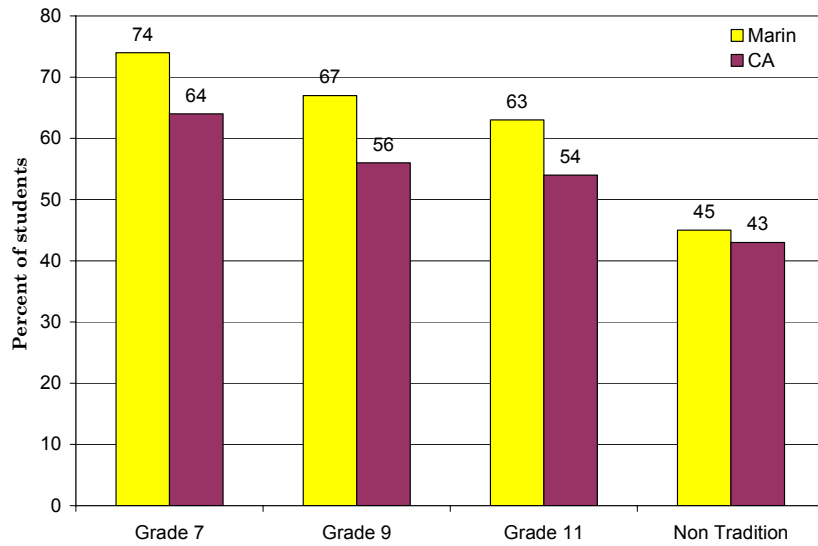
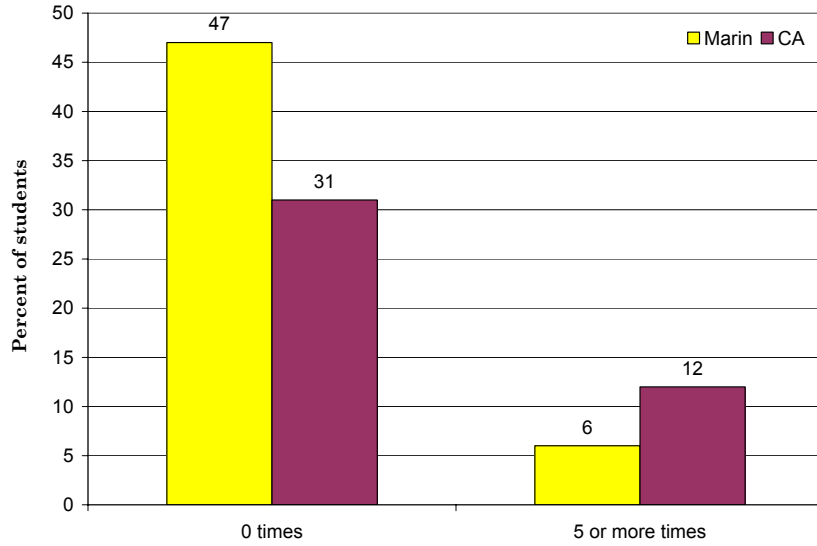


Figure 5: Drinking of Soda Pop in the Past 24 Hours - Grade 7



Adolescent Reproductive Health

In Marin County, 73.9% of teens ages 14-17 reported that they had not had sex, slightly lower than the 76.6% for all of California.⁷⁵ County rates for chlamydia (362.2 infections per 100,000 youth ages 10-19 in 2006) have generally climbed since 2001, but were about half of the statewide rate of 718.9.⁷⁶

⁷⁵ California Health Interview Survey. CHIS 2005 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

⁷⁶ California Department of Public Health, STD Control Branch, <http://www.dhs.ca.gov/dcdc/STD/stddatasummaries.htm>. Retrieved on 05/13/08.

V. EMOTIONAL & BEHAVIORAL HEALTH

Key Findings

- Forty percent of low-income parents report that they do not have mental health coverage, which compares poorly with the state. According to a survey of social service providers in Marin County, mental health services for adults ranks highly in a list of most needed but least available services in Marin.
- According to the Mental Health Services Act, Workforce Education and Training survey, mental health providers identified working with families as their top training need. Parent education was identified by family support providers as one of the most needed, but also most available services for families in Marin, indicating a need for improved coordination and use of evidence based strategies.
- Approximately one quarter of mothers reported that they were so sad or downhearted after having a child that they needed some kind of help, and of that group on 37% got help. One half of low-income mothers felt that they needed emotional help after giving birth.
- Mothers in Marin are twice as likely to receive help for mental health / emotional problems as are fathers.
- While Marin youth report lower levels of sadness and hopelessness than their statewide counterparts, low-income youth report nearly three times the risk of depression as do more affluent youth.
- Although Marin's rate of reports and substantiated cases of child abuse and neglect is less than the statewide rate, both reports and substantiated cases disproportionately involve children of color.
- Domestic violence is increasing in San Rafael and the unincorporated areas of Marin, while it has decreased across California.
- Marin County has higher rates of drinking and binge drinking than those statewide. Rates for high risk alcohol use in Marin are higher among more affluent households.

Mental Health

The need for accessible mental health services in Marin is critical. According to a survey of social service providers in Marin County, mental health services for adults ranks highly in a list of most needed but least available services in Marin. Disparities in mental health coverage by income exist in Marin and also do not compare well with the state. Forty percent of low-income parents in Marin report that they do not have mental health insurance, as opposed to 30% statewide.⁷⁷

Furthermore it is critical that the mental health workforce is well trained to address the mental health needs of Marin families. According to the Mental Health Services Act, Workforce Education and Training survey, mental health providers identified working with families as their top training need.

Parental Mental Health

The emotional health of children is built upon a solid foundation of attachment to an attuned caregiver, and the postpartum period is a particularly important time for mother-child dyads. According to the Marin Community Health Survey, over a quarter of all women reported that they felt so sad and downhearted after having a child that they needed help, and of that group of women, only 37% got help. For very low-income mothers (<100% FPL), one in two mothers reported that they needed help for emotional problems during the first four weeks of their child's life. Furthermore, first time mothers were significantly more likely to report being sad and downhearted than were mothers with additional children.⁷⁸

The enormous changes that come with a new baby, including isolation, financial stresses, etc. can make it even harder for women to receive help during this critical period. Key informant interviews with providers of services

⁷⁷ California Health Interview Survey. CHIS 2005 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

⁷⁸ Marin Community Health Survey, 2001

for Latino parents indicate that stresses of trauma of immigration, financial stress, loss of social support, and domestic violence, coupled with a misinformation about services and a lack of bilingual / bicultural providers makes caregiver depression a major issue.⁷⁹

In Marin, approximately one in four parents (25.7%) report that they needed help for emotional or mental health problems and while parents in Marin are more likely to seek help from a professional than parents statewide, only 17% of all parents got help. It appears that there are income disparities for mental health measures, with 27% of low-income parents reporting seven or more days of poor mental health per month as opposed to 19% of all parents in Marin.⁸⁰

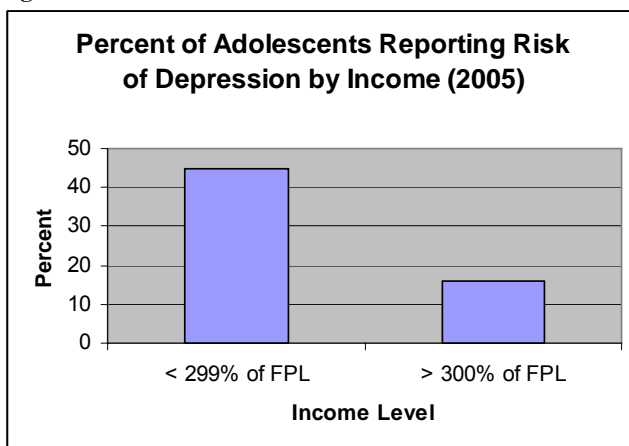
Mothers in Marin are more likely to obtain help for a mental / emotional problem (21.1%) than are fathers (12.1%), but there is little variation of help-seeking behaviors based upon income or ethnicity. For approximately one in four parents in Marin, mental health services are not covered by their insurance.⁸¹ Additionally, among low-income adults (<299% FPL), approximately one-third have no health insurance coverage at all.⁸²

Child Mental Health

According to parent reports, 13% of Marin children ages 3-17 had seen a psychiatrist, psychologist, social worker or counselor for an emotional or mental health problem in the past year. Five percent of parents felt that their child got less mental health treatment than needed or had difficulties or delays in getting care in the past 12 months.⁸³

The mental health of younger children in particular is difficult to measure, as impaired social and emotional development in young children is often not identified or is misidentified and professionals are hesitant to stigmatize young children with mental health diagnosis. Furthermore, there is a lack of trained early childhood mental health professionals and diagnostic classifications that address the interplay between child and parent/caregiver. For these reasons, mental health of young children is often better measured through proxies related to social and behavioral measures. 76% of parents feel their child currently gets along with other children very well.⁸⁴

Figure 1:



⁷⁹ Key Informant Interviews

⁸⁰ California Health Interview Survey. CHIS 2005 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

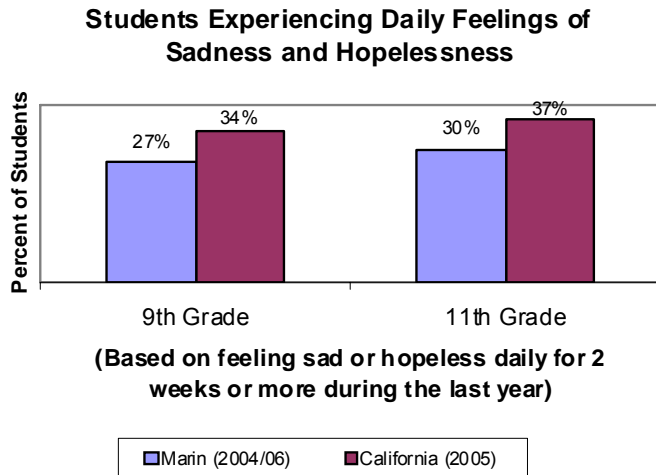
⁸¹ California Health Interview Survey. CHIS 2005 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

⁸² California Health Interview Survey. CHIS 2005, 2007 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

⁸³ Marin Community Health Survey, 2001

⁸⁴ Marin Community Health Survey, 2001

Figure 2:



Marin adolescents report better mental health than their California counterparts according to the California Healthy Kids Survey. According to CHKS, 22% of 7th and 30% of 11th graders report feeling sad and hopeless feelings within the last 12 months.⁸⁵ Although such feelings are not a diagnosis of depression, persistent feelings of sadness and hopelessness are predictive of clinical depression.

While there are disparities in mental health for Marin parents, mental health disparities for low-income adolescents are even greater. Forty-five percent of low-income youth reported a risk of depression, as opposed to 16% of more affluent youth.⁸⁶

Family Violence

Child Abuse and Foster and Kinship Care

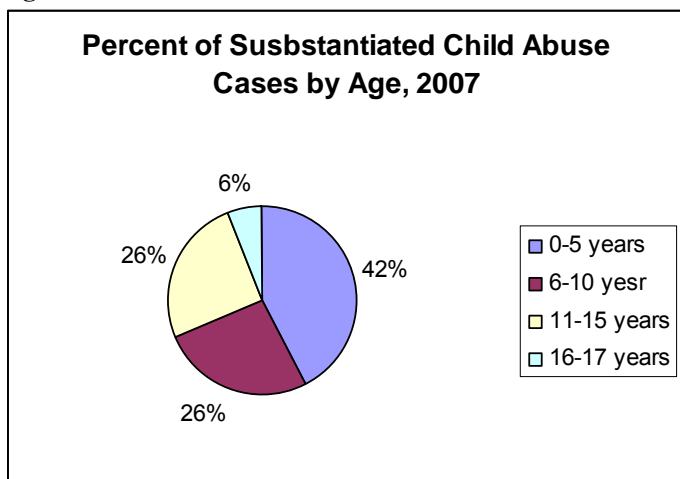
Both reports of child abuse and substantiated cases of child abuse in Marin are below the statewide rate. Since 1998, the rate of substantiated cases of child abuse has decreased from 7.7 to 5.6 per 100 in 2007. Substantiated cases of child abuse/neglect represented 15% of all reports in Marin County in 2007. Substantiated cases of child abuse most commonly involve young children with 43% of substantiated child abuse cases in 2007 involving children under age 5, 26% involving children ages 6-10, 26% involving children ages 11-15, and 6% involving youth ages 16-17.⁸⁷ Child abuse and neglect cases in Marin disproportionately involve children of color, notably African American/Black.

⁸⁵ California Healthy Kids Survey, 2004-2006

⁸⁶ California Health Interview Survey. CHIS 2005 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

⁸⁷ Needell, B., et al. Child Welfare Services Reports for California. , from University of California at Berkeley Center for Social Services Research website. <http://cssr.berkeley.edu/CWSCMSreports/>

Figure 3:



Marin's Child Welfare Referrals and Substantiated Referrals by Race/Ethnicity Compared to Child Population (0-17 years)

Figure 4:

Ethnicity	Referrals		Substantiated		Child Population	
	Count	Percentage	Count	Percentage	Count	Percentage
White	1023	46%	58	34%	30476	57%
Black	235	10%	14	8%	1296	2%
Latino	690	31%	84	49%	17383	32%
Other	291	13%	15	9%	4442	8%
TOTAL	2239	100%	171	100%	53597	100%

The total number of children in the County's foster care system declined by 51% (from 164 to 81 children) from 1998 to 2007. Children ages 1-5 made up approximately 15% of foster placements. Marin foster children had significantly shorter lengths of stay in the system, higher placement stability, and higher rates of family reunification than foster children statewide.⁸⁸

When children are at-risk for placement in the foster care system, living with a different family member is often a preferred option. Recent efforts to identify the kinship caregivers are underway in the Marin. Though this population is hard to find, according to the U.S. Census, approximately 3% of children are living with grandparents in Marin.⁸⁹

Domestic Violence

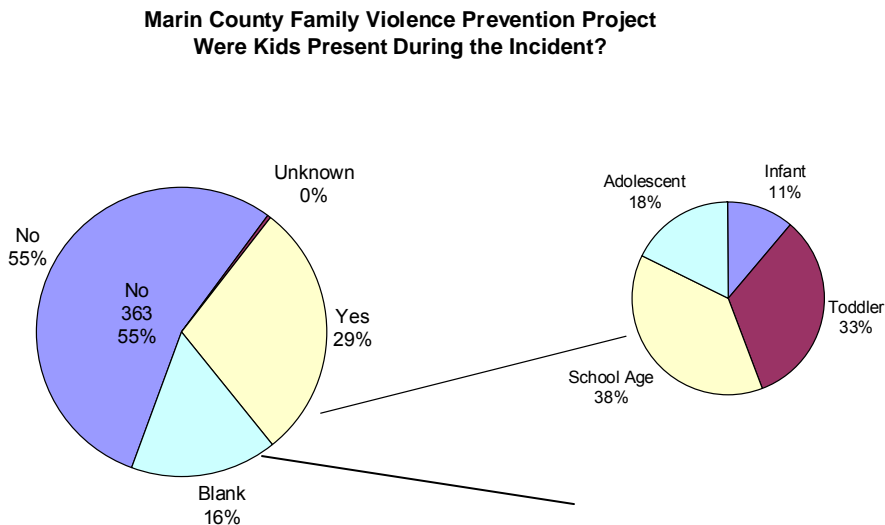
In Marin County, the total number of domestic violence calls to law enforcement was 752 in 2006, with a rate of 4.3 calls per 1,000 adults ages 18-69. The County's rate remained fairly stable from 1998-2006, whereas the state rate decreased over that time. The city of San Rafael and unincorporated areas of Marin have shown increases in rates over the same period.⁹⁰ Key informant interviews with service providers for Latino parents expressed concerns about domestic violence being a major stressor.

⁸⁸ Needell, B., et al. (2008). Child Welfare Services Reports for California. Retrieved 03/10/08, from University of California at Berkeley Center for Social Services Research, <http://cssr.berkeley.edu/CWSCMSreports/>

⁸⁹ U.S. Census Bureau, American Community Survey http://factfinder.census.gov/home/saff/main.html?_lang=en. Retrieved 04/04/08.

⁹⁰ California Department of Justice, Criminal Justice Statistics Center. <http://caag.state.ca.us/cjsc/index.htm>. Retrieved 08/30/07

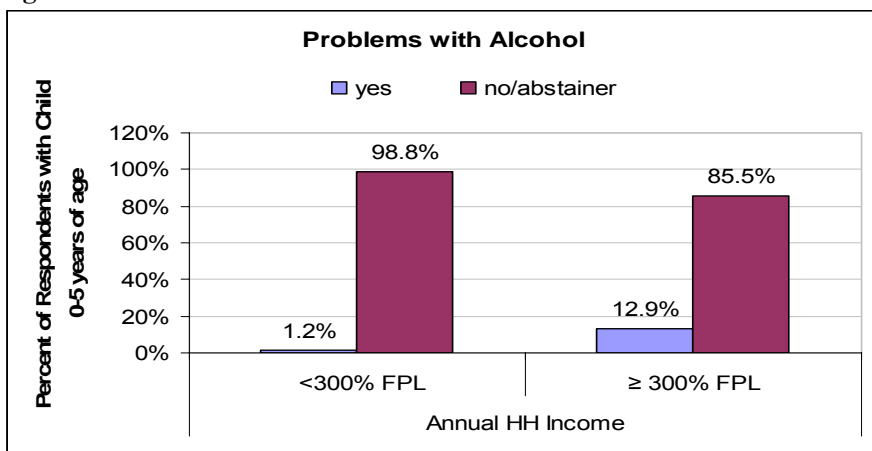
Figure 5:



In many families that experience domestic violence, children also are abused. Exposure to domestic violence can lead to the same disruption emotional, behavioral, and academic problems as faced by children who are more directly abused. Data from the Family Violence Prevention Project in 2002 indicates that in at least 29% of domestic violence cases, children are present at the time of the incident, and in 44% of these cases, the children are infants and toddlers. This percentage of children who are exposed to domestic violence represents a minimum as this information was left blank in 16% of police reports.⁹¹ It is now required by state law that police reports for domestic violence contain information on children in the home, but there is no additional data since this time.

Drug & Alcohol Abuse

Figure 6:



Marin County has very high rates of alcohol use and abuse. According to CHIS (2005), 80% of Marin parents drank alcohol within the last month, as opposed to 60.5% statewide, and 18% of Marin parents report binge drinking within the last month, as opposed to 16% statewide.⁹² Data indicates that Caucasian and higher income parents are more likely to drink alcohol than are their lower income and Latino counterparts.

⁹¹ Marin County Family Violence Prevention Project, (2002)

⁹² California Health Interview Survey. CHIS 2005 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

Counter to the stereotype that alcoholism is a “skid row” disease, the Marin County Community Health Survey found that among parents of children aged 0-5, 13% of those with incomes > 300% of FPL had someone in their household who thought they should cut down on their drinking at some point in their lives. For parents of children aged 0-5 with incomes < 300% of FPL only 1% had family members who were concerned about their drinking.⁹³

Marin County has higher rates of drinking and binge drinking among adolescents than adolescents statewide.⁹⁴ Similar to the finding among adults, young people in the more affluent Tamalpais Union High School District report the highest levels of binge drinking in the County.⁹⁵ The biggest reason youth reported drinking alcohol was to deal with stress and to relax (30.4%).⁹⁶ In a number of focus groups conducted in 2004, parents indicated that underage drinking, while not desirable, is inevitable.

In Marin County 77% of teens surveyed reported getting alcohol from their friends and 14% report access from family. The most frequent place youth reported drinking was at parties/social events (79.8%).⁹⁷ Parents, it turns out, are well aware of this pattern of access as 42.4% of parents surveyed at Parent University 2005 believe youth get their alcohol from their parents and nearly half of the parents surveyed (45.8%) said they know parents who provide alcohol to their high school aged child on the stipulation they drink at home.

Parents of younger children (aged 0-5), expressed concern about public drinking in a number of communities during family support focus groups. Alcohol is widely available in Marin County and has a high density of alcohol outlets.

Juvenile Justice

Over the past five years, California’s juvenile felony arrest rate has remained fairly stable while Marin’s felony arrest rate increasing. Property offenses almost consistently have been the most common type of felony arrest over the last decade, with an arrest rate of 6.2 per 1,000 youth in 2006, slightly higher than the statewide rate of 5.7. Violent offenses were the second most common arrest in Marin County, with a rate of 3.9 per 1,000 youth, similar to the statewide rate of 3.8. Arrest rates disproportionately involve African American youth (131.0 arrests per 1,000 youth). The vast majority (91.6%) of juvenile felony arrests occur among youth ages 13-17, and the percentage of arrests among youth under age 13 was higher (8.4%) in Marin County than the statewide figure (5.6%) in 2006. These patterns generally are consistent with prior years.⁹⁸

In 2006, boys made up 84.8% of juvenile felony arrests.⁹⁹ While boys tend to be involved in the juvenile justice system in larger numbers, girls who are involved in the system or at “high risk sites” such as drug treatment facilities or continuation schools in Marin scored higher than boys on screening for mental health symptoms including: angry/irritability, depressed-anxious, somatic complaints, suicidal ideation, thought disturbance, and traumatic experiences. Boys scored higher than girls on this screening only on alcohol / drug use.¹⁰⁰

⁹³ Marin Community Health Survey, 2001

⁹⁴ California Healthy Kids Survey, 2004-2006

⁹⁵ California Healthy Kids Survey, 2004-2006

⁹⁶ MYHAC Access Survey, 2005

⁹⁷ MYHAC Access Survey, 2005

⁹⁸ State of California Department of Justice, California Criminal Justice Profiles. <http://caag.state.ca.us/cjsc/index.htm>. Data retrieved 06/26/08

⁹⁹ State of California Department of Justice, California Criminal Justice Profiles. <http://caag.state.ca.us/cjsc/index.htm>. Data retrieved 06/26/08

¹⁰⁰ MAYSI-2 Screening – California Report on MARIN COUNTY Elizabeth Shulman, Megan Watt
Elizabeth Cauffman, Ph.D., Department of Psychology and Social Behavior, University of California, Irvine

VI. FAMILY RESILIENCY

Key findings:

- Marin parents report higher levels of involvement with young children than statewide counterparts, but seem to have lower levels of teen supervision than parents statewide. Many parents in focus groups expressed challenges balancing work and family life.
- There are a large number of low-income and Latino parents in Marin who do not have a high school diploma. Latino parents in Marin consistently expressed a desire for more adult education opportunities.
- When asked about how often families in Marin get together with friends or relatives, low income parents reported significantly less frequent social contact than their higher income counterparts. In family focus groups for this project, many Latino immigrant families discussed the challenges of isolation, not having family members nearby and not knowing their neighbors
- Youth in Marin have higher measures of resiliency, including caring relationships with an adult, high expectations from an adult, and opportunities for meaningful participation in both school and community settings than youth statewide. However, low-income families consistently expressed a need for more affordable afterschool and summer activities for children and youth.
- Ninety percent of parents report that a park or open space is within walking distance. Parents report that having a walkable neighborhood is the top asset in their community. Almost half of low-income parents report that they take their children to the park 20 or more days per month, which is much higher than the state average.
- In focus groups, parents of young children reported that they are seeking resources and groups for families that are informal, community-based, drop-in, and free. Both family members and providers reported that most families learn about services and resources from friends, family members, and schools.

Parent Involvement

Research shows the critical role that parents play in a child's successful development. Marin families report fairly high rates of involvement with their children during the early years, with 73% of parents reporting that they read to their children under age 5 everyday, which is higher than statewide levels.¹⁰¹ Although they are not statistically stable rates of reading and singing to children do appear to be lower for low-income parents. Low-income parents in focus groups expressed challenges with balancing work and family life.

During the teen years, parent involvement in children's lives seems to wane, with Marin parents showing lower rates of supervision than parents in California as a whole. Marin parents of teens reported that an adult was always or frequently home after school hours 75% of the time as opposed to 83% statewide.¹⁰² Marin youth report a similar situation with one in three 7th graders indicating that they were home alone half or more weekdays each week, as opposed to one in five 7th graders statewide.¹⁰³

Among parents of 6-17 year olds, 37% report that they sing, read, play music, play sports, play games, or other-wise spend quality time every day with their children. Quality time with children, again, changes with the age of the child, with 56% of parents of 6-11 year olds indicating that they have quality time nearly every day, and 21% of 12-17 year olds indicating that they have no quality time with their children.¹⁰⁴

In focus groups for this project, parents expressed a desire for more information about child development, particularly related to how to discipline children. Parents of young children overwhelmingly expressed an interest in drop-in parenting groups, informal educational opportunities, and free parent-child activities such as those that are

¹⁰¹ California Health Interview Survey. CHIS 2005, 2007 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

¹⁰² California Health Interview Survey. CHIS 2005 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

¹⁰³ California Healthy Kids Survey, 2004-2006

¹⁰⁴ Marin Community Health Survey, 2001

available through First Five's School Readiness Initiative playgroups. Parents of school aged children expressed a desire for support with navigating the public school system and dealing with acculturation issues for Latino families.

Providers of family support services rank parent education and parent support groups/ mentoring as two of the top services families in Marin need. At the same time, 70% of these providers responded that they provide parent education services, which may indicate a need for better coordination of these services.¹⁰⁵

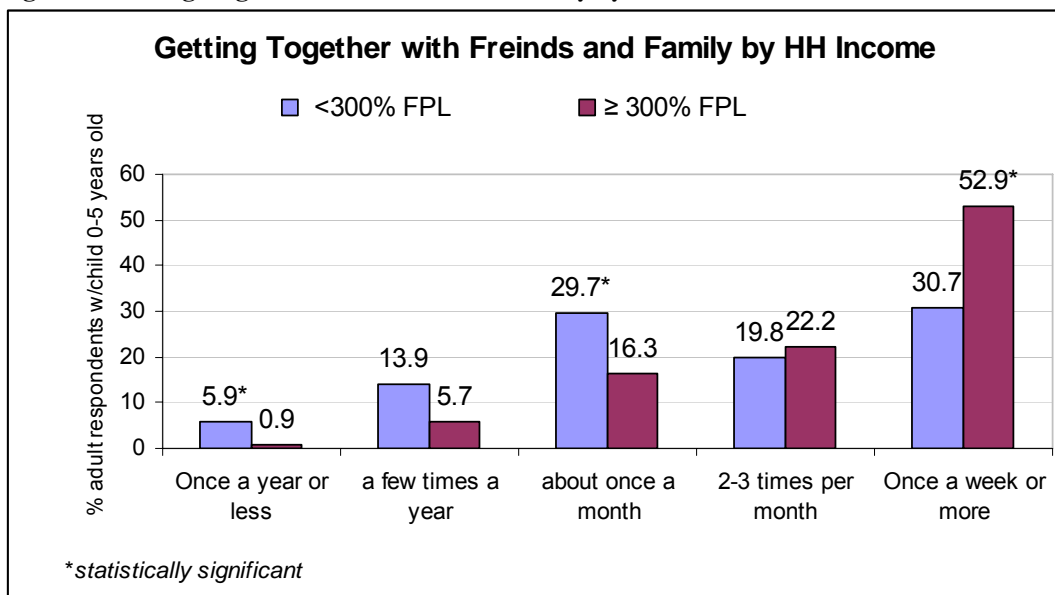
Family Attributes

Social Support

Healthy development for children depends upon healthy early relationships with adult caregivers, and healthy adult caregivers require the support of other family members, friends, neighborhoods and communities. Marin parents, for the most part, report high levels of social support, with 79.2% of parents saying that someone is always or mostly available to understand their problems, as opposed to 67.7% statewide. Through the sample size may be too small to say for certain, for more concrete, hands-on support, however, Marin parents report lower than statewide rates, with 30.8% of Marin parents saying someone is always available to help with chores if they are sick versus 32.5% statewide.¹⁰⁶

Low-income families experience a number of stressors that may increase family isolation and decrease social support, including the need to work long hours, transportation costs, etc. When asked about how often families in Marin get together with friends or relatives, low income parents reported significantly less frequent social contact than their higher income counterparts.¹⁰⁷ In family focus groups for this project, many Latino immigrant families discussed the challenges of isolation, not having family members nearby and not knowing their neighbors.

Figure 1: Getting Together with Friends and Family by Household Income



Youth Development

Factors that enhance strengths in youth and protect them against involvement in risk behaviors, is critical to family support practice. Research on youth resiliency has identified key assets that are critical to good health outcomes and improved academic performance for youth. These assets include caring relationships with an adult, high expectations from an adult and opportunities for meaningful participation in both school and community environments. Results from the California Healthy Kids Survey indicate that youth in Marin report higher levels of

¹⁰⁵ Family Support Provider Survey, 2008

¹⁰⁶ California Health Interview Survey. CHIS 2003 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

¹⁰⁷ Marin Community Health Survey

these assets than youth statewide. While overall, Marin shows very high rates of these assets associated with resiliency, the gap begins to narrow as youth grow older.¹⁰⁸

Figure 26: School Environment: Percentage of 7th Grade Students Scoring High in Each External Asset and Total Assets

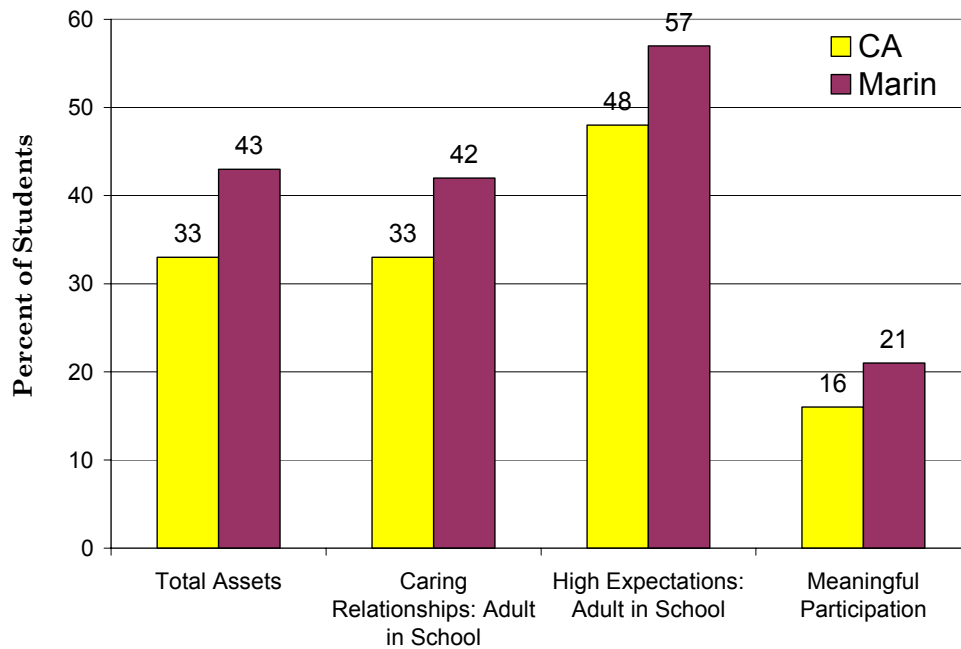
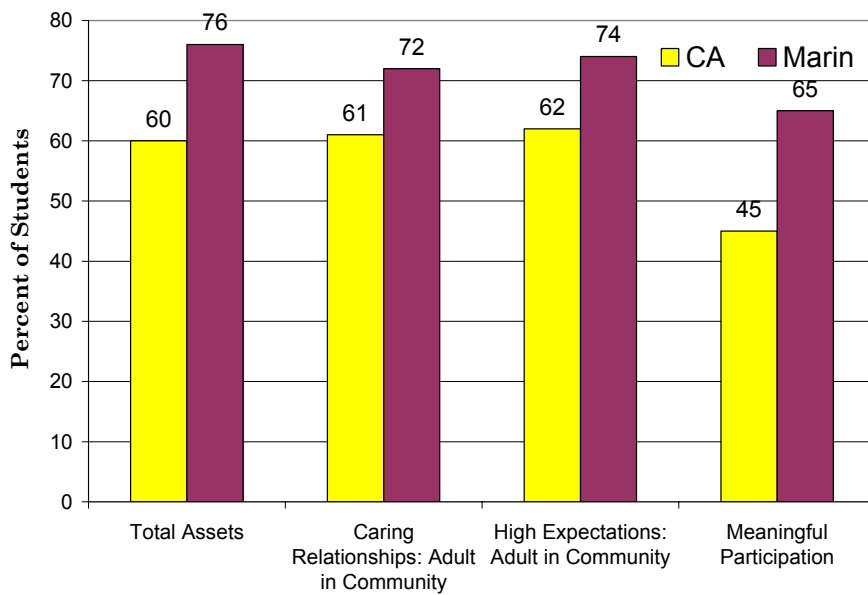


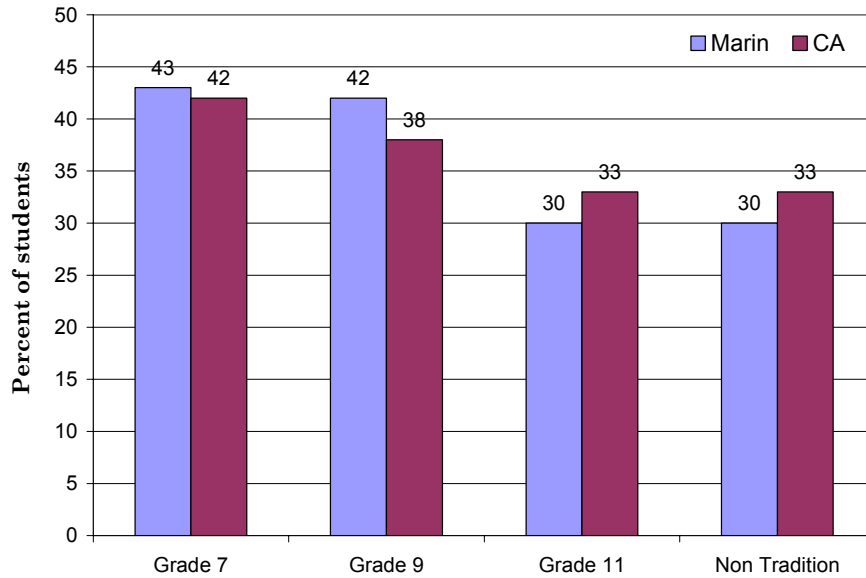
Figure 3: Community Environment: Percentage of 7th Grade Students Scoring High in Each External Asset and Total Assets



A safe school environment is critical for optimal youth development. Findings from California Healthy Kids Survey indicate that youth in Marin perceive their school to be safer than students throughout California. Data shows that Marin youth reported fewer incidents of physical violence, property damage, weapons possession, awareness and use of weapons on school grounds compared to California youth. In addition, younger students (Grades 7 and 9) in Marin tend to have fewer experiences of harassment as a result of race, religion, gender, sexual orientation, etc. than CA youth. However, older (Grade 11) and non traditional students in Marin report higher rates of harassment than their CA counterparts.

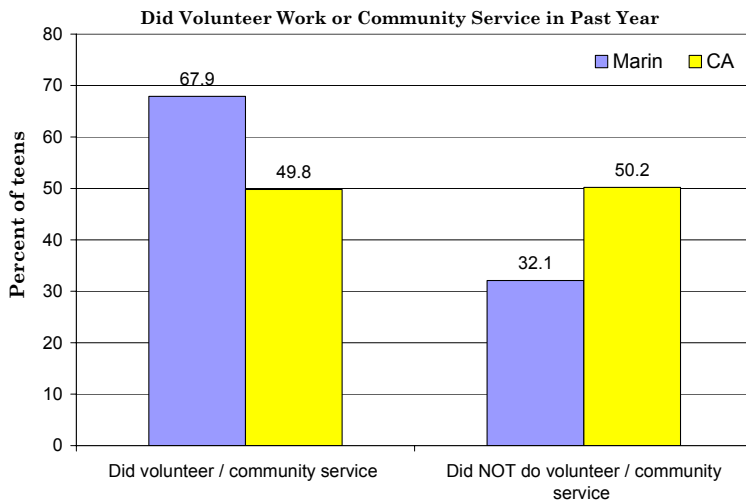
¹⁰⁸ California Health Interview Survey. CHIS 2005 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

Figure 4: Experience of Harassments Marin and California



Marin youth seem to have greater opportunity for community service than their statewide counterparts.¹⁰⁹ Having greater opportunities for community participation may reduce the effects of high exposure to screen time (television watching and computer time). High levels of screen time are linked to obesity, depression, and isolation. Overall, Marin youth watch less television than their statewide counterparts, with the percentage of those watching no television on weekdays being twice that of California.

Figure 5: Teens Doing Volunteer Work, Marin and CA

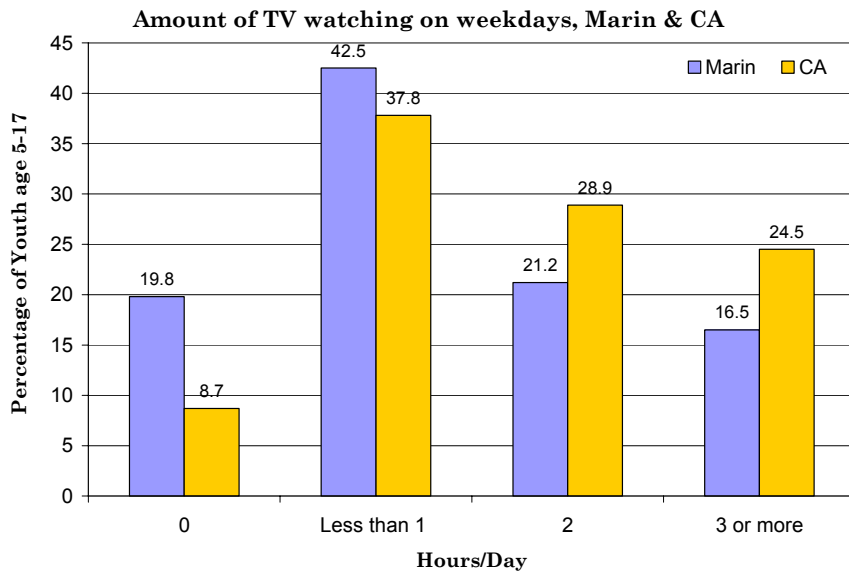


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¹⁰⁹ California Health Interview Survey. CHIS 2005 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

¹¹⁰ California Health Interview Survey. CHIS 2005 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

Figure 6:



Opportunities for school aged and older youth vary among different communities in Marin. Latino and low-income parents in Marin consistently expressed a need for more affordable afterschool and summer activities for children and youth.

Neighborhood Attributes

Neighborhoods and communities can affect families in a variety of ways. The Neighborhood Support Index was developed in 2003 to assess neighborhoods as a critical environment for families. The index measured responses nationwide to parent perceptions for the following indicators:

- My child is safe in our neighborhood
- People in the neighborhood watch out for each other’s children
- People in the neighborhood help each other out
- There are people I can count on in this neighborhood
- There are adults nearby who I trust to help my child if he/she got hurt playing outside
- There are people in the neighborhood who might be a bad influence on my children.

In California, only 9.5% of children live in the most supportive neighborhoods, as opposed to 13% of children nationwide. Only 6.7% of California’s low-income children live in the most supportive neighborhoods, as opposed to 9% nationwide.¹¹¹ While the Neighborhood Support Index is not available at the County level, there is data for related indicators. Though the sample size is small enough to be difficult to say for certain, when asked about their neighborhood, Marin parents responded according to the table below.¹¹²

Figure 7: Neighborhood Indicators

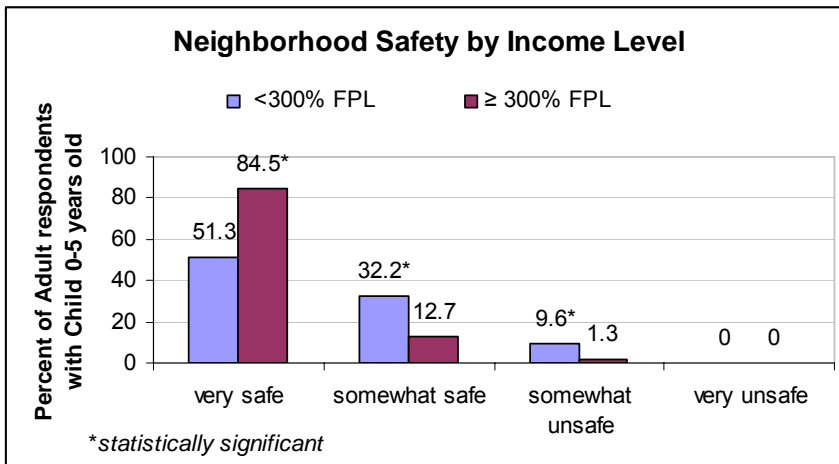
Indicator	Agree	Disagree
Nearby park is safe during day	100%	0%
Neighbors are willing to help each other out	95.9%	4.1%*
Neighbors can be trusted	93%	7%
Know neighbors	78.5%	11.5%

¹¹¹ http://www.childtrends.org/Files/Child_Trends-2007_09_18_FS_NeighborhoodIndex.pdf

¹¹² California Health Interview Survey. CHIS 2003 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

While the numbers are too small in Marin to say definitively, it appears that low-income and Latino families have significantly fewer positive experiences with their neighbors and their neighborhoods. When asked, “How safe from crime do you consider your neighborhood to be?” Marin parents with incomes >300% FPL were more likely to report that their neighborhood was safe.¹¹³

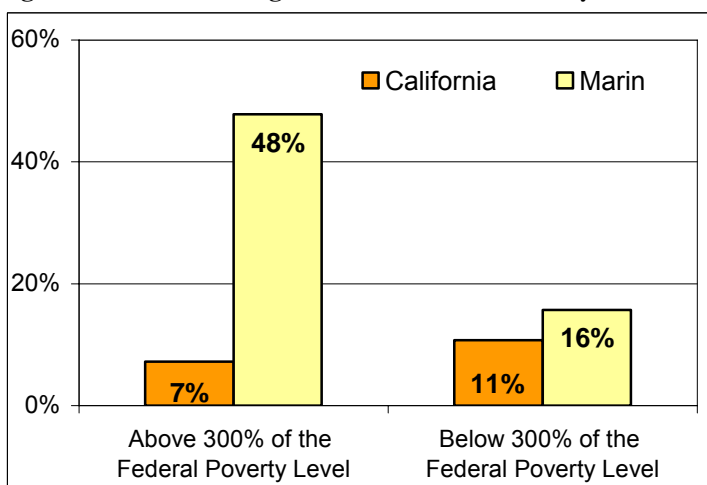
Figure 8: Neighborhood Safety by Income Level



Findings from family focus groups for this project indicated that there are many aspects of neighborhoods and the built environment that are important existing assets for families. Parks, libraries, and being able to walk in one’s neighborhood were mentioned as important assets in most communities.

Marin is lucky to have many neighborhood parks and libraries. Although it may be difficult to say for certain, parents seem to utilize these parks more frequently than do parents statewide, with nearly one quarter of parents indicating that their children go to a park 20 or more days per month, as opposed to only 8.8% statewide.¹¹⁴ Even more low-income families utilize Marin’s parks, with 48% reporting that they utilize the park 20 or more days per month, as opposed to 7% of California’s low-income families.

Figure 9: Families Using the Park More than 20 Days in the Past Month by Income

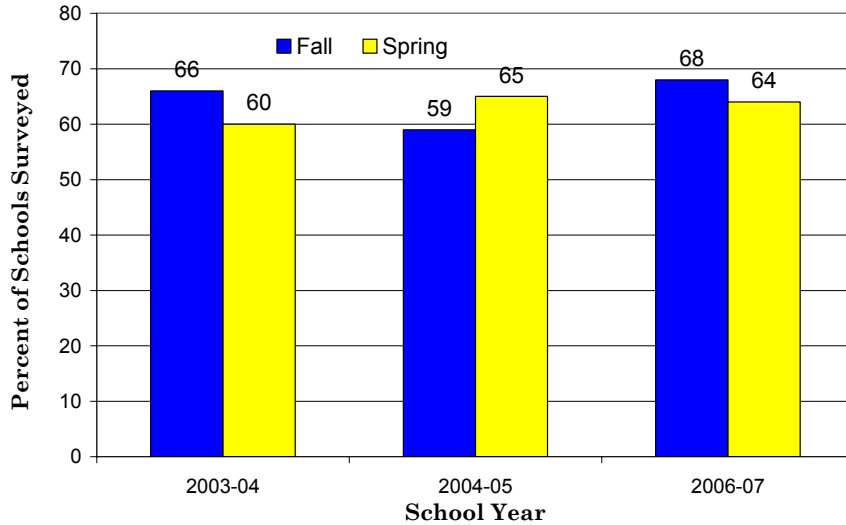


¹¹³ Marin Community Health Survey, 2001

¹¹⁴ California Health Interview Survey. CHIS 2007 (Adult/Child/Adolescent) Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research,

The ability to walk or bike to school is an important opportunity for physical activity and community building for families. Marin communities vary in their accessibility for walking and biking to school. In August 2000, the Marin County Bicycle Coalition was funded by the National Highway Traffic Safety Administration to participate in a Safe Routes to School pilot program. This program was design to reduce traffic congestion around schools and promote healthy alternatives to driving. Through this program, Marin County has experienced a 13% decrease in traffic around schools and has grown from nine schools to 49 schools.¹¹⁵

Figure10: Schools With ≥ 20% Of Students Biking or Walking to School



Survey was not conducted in the 2005-06 School Year.

While many families spoke highly of their access to schools, libraries, and other civic and cultural facilities, many others expressed serious challenges and hardships accessing these community resources. Providers of family support services identified transportation as the most needed, but least available service in Marin¹¹⁶, and family focus groups indicated that lack of transportation was a primary obstacle to obtaining needed services. The Marin Countywide Plan recognizes the need to improve walkability and access to resource in our local communities. The plan states, “Much of the development in the last 30 years has consisted of low density, single family houses not within easy walking distance of shops, schools, or parks, and of low density, single-use office and retail buildings surrounded by parking lots...a clear need has emerged for more compact urban pedestrian-oriented development.”¹¹⁷

¹¹⁵ Safe Routes: National Center for Safe Routes to School
http://www.saferoutesinfo.org/case_studies/pdfs/CA.marin.pdf

¹¹⁶ Family Support Provider Survey

¹¹⁷ Marin Countywide Plan (2007)

VII. FOCUS GROUP RESULTS

0-5 ASSESSMENT

Seven focus groups were conducted with existing parent leadership and support groups from June-July 2008. Geographic regions included Central San Rafael, the Canal district, Novato, San Geronimo, and Marin City. The majority (five) of the groups were with Spanish Speaking parents. Parents were asked a series of questions regarding what that viewed as strengths/assets as well as stressors in their neighborhood and community, their strengths/stressors in their family life, and about the resources and services most widely used and the barriers to accessing those resources. The groups were also asked to identify what additional services in the community they would like to see.

The following is a summary of the reveals the most common themes present amongst all of the groups.

Neighborhood Strengths and Family Activities

Outdoor Space for Play and Recreation

Overwhelmingly, parents stated that being able to walk through their neighborhood was a major community asset. Walking to stores, commercial areas park, natural open space, playground or pool where families could play, walk, ride bicycles and recreate was what they enjoyed about their neighborhood and helpful to their family.

“The park is nice, it is peaceful, and has nice places to play for children”

“There are fun places to walk out in nature”

Additional common themes regarding neighborhood assets included:

- Conveniences (being close to shopping and transportation)
- Proximity to Services- having a clinic or other service nearby
- Library- reading with children

Common activities that people like to do as a family were playing, walking, sports, and reading with children.

Family Stress

Generally the main issues creating stress for families included:

- **Financial concerns** were common for families related to cost of living issues such as the price of gas and having high rents.

“There needs to be more stuff for the middle income... You have to be really low income to qualify...(for subsidized preschool). If you’re middle income you can’t really afford to do everything. But if you’re high income you can afford to send them everywhere. So if you’re middle income, you kind of miss out on everything because you’re paying for everything and you’re missing out on benefits.”

- Childcare: finding childcare in general was a consistent issue, but additionally issues related to finding childcare by qualified personnel as well as being able to qualify for subsidized childcare were frequently mentioned.
- Discipline: another common thing was related to the challenge of disciplining children particularly with those who had older children.
- Balancing work and family life
- Transportation

“It is often late. You’re with kids and waiting for a very long time to get on the bus. If you miss the first one, you might as well go home and come back. And sometimes if it’s full and you’re with a pushcart (stroller), they won’t take you on.”

“I have a 2 year old and a 14 year old. The 14 year old wants to boss me and boss the 2 year old around. I say I am the mother and you need to listen to me. My son told me he would call the police, and I said, fine, they will remove you and let me stay here with the baby”

Neighborhood and community related stress included:

- Isolation: the feeling of not knowing neighbors and being able to connect with other parents
- “Bad People”: having adults and / or youth in the neighborhood or community who have “bad intentions” or are “bad influence”, are drinking and congregating in public spaces.
- Immigration: the stress of recent raids and fear of deportation.
- Racism: related to the affects of racial discrimination and feeling culturally different.

“Because of immigration (raids) the children grow up with fear, they learn not to open door, and are easily startled”

Resources for Families

When asked about where families go when they needed help, not surprisingly the most common response was informal support networks such as friends, neighbors, peers, and family.

However many respondents stated that they also go to local professionals who worked in the community such as case managers, family advocates, or social workers when they needed assistance.

Churches were also mentioned as an important resource.

Services used by Families

Drop-in groups and educational classes such as playgroups, parenting groups, and support groups were the most widely used by parents. Since most of the groups were conducted during existing groups this is not surprising. However, groups were mentioned as resource perhaps twice the amount of all the other resources combined.

Community based services including non-profits and other services such as Canal Alliance, Novato Human Needs, WIC, Head Start, the Canal Welcome Center, and health clinics were mentioned more than once as a service resource for families.

Obstacles to Services

Access to Care

There were several common themes concerning existing health and dental services not being accessible to parents. Issues related to location and lack of transportation, inaccessible clinic hours, difficulty with paperwork, wait times, and waiting lists were frequently mentioned by parents.

Other common themes included:

- Lack of Services: in general, specifically bilingual mental health services.
- Eligibility for Service: many middle-income individuals felt that they needed services but did not qualify due to income levels being too high and that the poverty levels used to figure out qualifications were not realistic.
- Poor Customer Service: there were many parents who felt that front office staff at various clinical locations were disrespectful and not helpful

“I need childcare but I do not qualify for subsidized, I make too much money”

“I am no longer receiving aid but I still need help. I wish there were “stepping stones” for services, once you don’t qualify, services stop. They need something for the interim. The rich stay rich, poor stay poor, there is nothing in the middle”

“They speak our same language, but do not treat us very well”

Service Wish List

Parents were also asked what kinds of services they would like to see in their community.

Activities for Parents and Children were the most common suggestions such as mom's or dad's groups, single parent groups, or parenting classes.

Activities for Children were also mentioned frequently such as drop-in play groups, after school programs, and more places to play for children.

Other desired services included:

- Educational Classes: for parents such as ESL or work preparedness
- Health Services locate in neighborhoods currently without services
- Childcare

"I would like to have central meeting place with other parents and their children, by age group"

SCHOOL-AGED ASSESSMENT

Four focus groups were conducted with existing parent groups in the fall of 2008. Geographic regions included West Marin, Novato, and Venetia Valley. All of these groups included Spanish speaking parents. Parents were asked a series of questions regarding what they viewed as strengths/assets as well as stressors in their neighborhood and community, their strengths/stressors in their family life, and about the resources and services most widely used and the barriers to accessing those resources. The groups were also asked to identify what additional services in the community they would like to see.

The following is a summary that reveals the most common themes present amongst all of the groups.

Community Assets

Families expressed appreciation for a number of existing assets or things that they liked about their neighborhood or community.

The top community assets that families identified were:

- Libraries or parks in their neighborhood
- A sense of safety in their neighborhood
- Walkable streets and communities, children being safe
- Supportive schools and ESL classes
- Knowing neighbors

Family Stress

Families expressed a wide range of stressors. On the whole, families that participated in focus groups in the fall of 2008 spent more time discussing stressors than did those in focus groups in spring of 2008.

Overwhelmingly, the top stressors that families discussed were related to:

- Financial issues - Families expressed difficulties paying for basic needs such as rent, food, and childcare. Families also expressed frustration with making too much money to qualify for public subsidies, but not being able to provide for their family's needs.
- Lack of affordable afterschool care/ activities for school-aged children and youth. Many families expressed concern about older youth getting into trouble afterschool and during the summer because of this lack of activities.

- Lack of affordable childcare for younger children.
- Needing support to navigate the public school system – Parents felt that they were unable to help kids with homework because of language or cultural difficulties. Furthermore, parents expressed challenges with balancing work requirements with the ability to spend time with their children.

"I want to be more involved in school but I can't. I am single and work"

"I don't know how to help my son. I can't help him with his homework and he needs to be socialized so I am lost."

Parents also expressed a range of stressors related to immigration and acculturation, including.

- Fear of calling police because of concerns about deportation.
- Not knowing English, or local laws and customs.
- Concerns about how much freedom children have and how to talk with their kids about sex and drugs.

Parents also expressed frustrations with how to access services and navigate the system as well as struggles with isolation and lack of family support. Families also expressed the need for speed bumps in their neighborhoods (Novato) and concerns about “bad people” in that their children were exposed to.

Resources for Families

School based supports were overwhelmingly identified as essential resources, or where families turned when they needed help. Parents expressed appreciation for specific staff members that they trusted within the school system as well as for groups that prepare parents to better support children’s learning.

In terms of other formal resources that were important to families, many parents expressed the importance of the HHS Integrated Clinic- Maternity Services and Marin Community Clinic. Some shared that they learn about additional services through the clinics.

Parents valued cultural, arts, and sporting or recreation classes for youth and families that were free and accessible. Many of these recreational opportunities were through informal and cultural groups, such as a free neighborhood Mayan dance class.

Parents also express gratitude for existing groups that they were involved in such as English Language Advisory Councils or family literacy programs for the informal support systems that grew out of these groups. The relationships that parents formed in these groups provided respite care for families, so that they could have assistance when a family member was sick or in case of emergency.

Services Used by Families

School-Linked Services was identified as the top service that families accessed. Parents also expressed utilization of the following services / resources:

- Libraries
- Novato Human Needs Center
- Family Service Agency
- Women's Health Services
- Marin Community Clinic
- Parent Services Project
- West Marin Resource Center
- WIC
- ELAC
- PTA
- Internet

Obstacles to Service

The obstacle to services that parents most frequently expressed as challenges were wait lists or long waiting periods for services, specifically for healthcare, dental care, and subsidized childcare. Some family members felt that clinics are so busy or overloaded that they got the run-around and were not treated respectfully.

Parents also frequently mentioned that lack of transportation was a major obstacle to service. In general, several families from West Marin, Venetia Valley, and Novato expressed frustration that services were centralized in the Canal, and that their neighborhoods had substantially fewer services.

Parents also expressed general frustration and confusion about which services were safe or who to trust when obtaining services. There was a feeling among many that families did not benefit from everything that was available, that there were not comprehensive resource materials, and that families needed to “walk around asking” about services.

Parents also expressed frustration with and overall lack of services for afterschool and recreational activities for youth.

Service Wish List

The top services or resources that families expressed a desire for were:

- After-school and summer activities for children such as cultural classes, field trips, arts, and recreational activities. - Families expressed a desire for community centers like Pickleweed, or playgrounds that were more family friendly (included bathrooms, etc.).
- Adult education opportunities, including English as a Second Language classes and adult technical classes including food service, hairdressing, computers and technology. A few families also expressed a desire for transferable professional degrees between the United States and their country of origin.

Families also expressed a desire for additional healthcare services, specifically:

- Affordable coverage for adults
- Accessible dental services
- Bilingual mental health services

Some parents also expressed the need for supportive services for when they were undergoing serious transitions or stresses, such as services for families who experience divorce, services for single parents, and services for victims of domestic violence or other crime.

Families again mentioned the need for more transportation services as well as the need for additional subsidized housing.

VIII. PROVIDER SURVEY FINDINGS

The Family Support Provider Survey was completed by 92 respondents, who were identified by Family Support Steering Committee members as service providers or community leaders with experience in the field of family support. Results represent a sample of providers willing to complete an on-line survey and are not necessarily statistically representative. Of the respondents, 54% were in administrative or managerial positions and 46% were in direct services or licensed positions. While organizations ranged in the size of their staff, 77% of managers responded that they serve over 150 families.

How Families Access Resources

Respondents indicated that families learn about services and resources from trusted sources or key providers. The most common sources of referrals included:

- Families and friends - 79%
- Schools - 65%
- Community outreach workers - 48%
- Community events - 44%
- Healthcare provider - 43%
- Other agencies - 60%

The most commonly named organizations providing referrals include (in order of rank): Children and Family Services (formerly CPS), Marin General Hospital, Marin Community Clinic, Canal Alliance, HHS Health Clinics. A second tier of organizations that were identified as providing referrals slightly less frequently were Novato Human Needs, WIC, Family Service Agency, Head Start, Kaiser, Community Mental Health, Marin Abused Women's Services, courts, Marin Child Care Council, and Parent Services Project.

Respondents were asked about factors that determined whether families were able to access the services and resources they needed. The top factors that respondents indicated were:

- Sustainability of funding for the service or resource
- Families treated with respect
- Continuity of services / resources
- Linguistically and culturally appropriate staff
- Ease of intake process
- Internal communication / coordination of services
- Referral tracking and follow-up

Over a third of providers indicated that 50-75% of the families they serve need services in Spanish. Another third indicated that 25-50% of the families they serve need services in Spanish. Most providers indicated that 0-5% of the families they serve need services in Vietnamese. Approximately one quarter of respondents indicated that anywhere from 5-75% of the families they serve need services in Vietnamese.

Family Needs and Service Availability

Respondents to the survey indicated that their organizations provide a range of family support services. The services that were most frequently reported as being provided were:

- Resource and referral - 85.3%
- Parent education - 70.7%
- Case management - 68%
- Family health and wellness - 52%
- Mental health services - 48%

Respondents reported on the services / resources that families most needed and how available these services were from a list of 26 family support related services. The services that were identified as most needed (in rank order) include:

- Parent education
- Parent support groups/ mentoring
- Mental health for parents
- Childcare, preschool, Head Start
- Transportation
- Mental health for children
- Healthcare for children
- Supplemental food
- Cal Works, Medi-Cal
- Healthcare for adults

The services that were identified as least available in rank order were:

- Housing/homelessness prevention
- Transportation
- Mental health service for parents
- Employment / vocational
- Healthcare for adults
- Emergency assistance
- Immigration issues
- Mother's groups / informal play
- Substance abuse services for parents
- Other informal / neighborhood resources

The services that were most needed but least available in rank order were:

- Transportation
- Housing/homelessness prevention
- Mental health for parents
- Healthcare for adults
- Employment/ vocational services
- Emergency assistance
- Parent support / mentoring
- Childcare, preschool, Head Start
- Immigration issues
- Mother's groups/ informal play

Service Integration

Respondents rated how well their organization connects with other groups. Respondents indicated that their organizations were coordinating the following collaborative strategies very effectively:

- Meet with other agencies to share information - 47.8%
- Participate in interagency training - 35.8%
- Formal MOU / agreement - 34.8%
- Coordinate outreach efforts - 32.4%
- Coordinate community education activities 31.3%

The following were indicated as the collaborative strategies that organizations are performing least effectively (in rank order):

- Pooling money to provide services
- Utilizing universal release / consent forms
- Collaborating on grant applications
- Centralizing data collection

While 85.3% of respondents indicate that their organization provides resources and referral services, 56.7% indicate that their group or organization does this somewhat well.

Family Support Principles and Practices

Family support services are ideally provided and linked with the community. Survey respondents were asked about where their group or organization provided services or resources for families. The following is the list of the top service locations identified by respondents:

- Schools - 59%
- Families' homes - 52%
- Community-based non-profit - 48%
- Day care, preschool, Head Start - 42%
- Healthcare facility - 37%
- Community / recreation center - 25%
- Freestanding family resource center - 19%

In order to meet families' needs, family support services must be provided when families are available. When asked about hours of operation, 22% of respondents said their organizations have weekend hours and only 18.5% drop-in availability. Just over one-third (31%) of respondents say their group or organization has evening hours.

The degree to which families were involved in the governance of organizations varied widely, according to respondents. While nearly one third (32.9%) of respondents said that families play no role in program other than receiving services, seventy percent indicated that their organization uses family feedback forms. Nearly one half (48.6%) of respondents said that families serve on an advisory board for their organization, and one quarter say that they hire family members they have worked with to serve as staff.

Forty-five percent of respondents reported that the family support principles describes the way their organization works very well, and 52% reported that they describe it fairly well. When asked about how they have had success integrating family support principles into their work, respondents indicated the following (in rank order):

- Strength-based approach - 7
- Bi-lingual/Bi-cultural services-7
- Strong collaborations w/ agencies - 7
- Responsive to emerging needs - 5
- Working in natural settings- childcare, schools, etc. - 5
- Trust and respect - 4
- Parent engagement, including fathers - 5
- Devising a family plan / multi-generational focus -3
- Family support principles embedded in mission -2
- Parent leadership / hiring parents as staff
- Community building -2
- Coordinating parent mutual support - 2

- Changing time of meetings - 2
- Using evidence based strategies- 2
- Parent education - 2
- Advocacy - 2
- Families refer other families - 2
- Identify & follow up on referrals- 2

Respondents indicated the following challenges to integrating family support principles into their work (in rank order):

- Lack of funding, services tied to “billable hours” - 12
- Insufficient bi-lingual / bi-cultural staff - 10
- Families not included in governance, requires more staff training -8
- Difficulties collaborating with other agencies - HIPAA and competitive environment-7
- Limited services for families / follow up on referrals - 8
- Challenges engaging parents, parents working long hours - 5
- Transportation - 5
- Families not accessible, are busy, move, or want privacy - 4
- Families fear formal organizations / immigration issues - 3
- Staff turnover / morale - 2
- Families do not know about programs - 2
- Limited access to healthcare in rural communities - 2
- Court ordered / substance abusing clients - 2