

**Young Children with
Special Health Care Needs
in San Francisco:
Assessing our Reach**

FINAL REPORT

Submitted to:

Patsy Hampton
High Risk Infant Interagency Council of San Francisco
c/o Support for Families
2601 Mission Street, Suite 606
San Francisco, CA 94110

Submitted by:

Deborah (Montgomery) Parrish
Jennifer Anthony
American Institutes for Research

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Executive Summary

Purpose of the Evaluation

The purpose of this project is to assess the extent to which children from birth through five years with special health care needs in San Francisco are being identified and served by the four major service agencies in the county. The project was conducted for the High Risk Infant Interagency Council (HRIIC) of San Francisco in collaboration with the San Francisco Children and Families Commission (First 5 San Francisco), who provided financial support for this work. This report provides an unduplicated count of children with special health care needs served by four community agencies as of December 1, 2001, and estimates the number of children with special health care needs in San Francisco who were unknown to these agencies at that time (i.e., children with special health care needs who may not have been eligible for or receiving services from the four participating agencies at the time of the needs assessment but who may have been receiving services from other special health care providers).¹ The participating agencies include the Golden Gate Regional Center (GGRC), San Francisco Unified School District (SFUSD), California Children Services (CCS), and the San Francisco Community Mental Health Services (SFCMHS) division of the San Francisco Department of Public Health.

HRIIC and First 5 San Francisco have adopted the definition of children with special health care needs (CSHCN) used by the federal Maternal and Child Health Bureau² (MCH). This definition states that a child with special health care needs is one who “has or is at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also requires health and related services of a type or amount beyond that required by children generally.”

Within this broad definition of children with special health care needs, there are several subgroups of children with special needs who meet the eligibility criteria to receive services from the four participating agencies:

- A subgroup of CSHCN in San Francisco are eligible for special education services under the federal Individuals with Disabilities Education Act (IDEA), Part C (early intervention services for children from birth through two years) and Part B (services for children from three through five years), and are therefore entitled to services from the GGRC (through IDEA, Part C), and/or SFUSD (through IDEA, Parts B and C).
- These children may be eligible for additional services from CCS or SFCMHS, agencies that also serve a large number of CSHCN who do not qualify for early intervention or special education services.
- Another subgroup of children are those three- through five-year-olds who meet the eligibility criteria under California’s Lanterman Act. These children are eligible to receive services through the GGRC.

¹ The data used for this report do not provide information on whether the children with unknown special health care needs were eligible for services or were receiving services from special health care providers outside of the four participating agencies.

² Maternal and Child Health Bureau, July 1998.

These are the children included in the unduplicated count of children receiving services through the four participating agencies. Although this study examined data from the four largest community agencies serving CSHCN in San Francisco, it does not account for the unknown number of CSHCN in the county who may have been receiving services from a multitude of other public or private special health care providers. These children are included in this report in the estimates of children with unknown special health care needs. Thus, they would meet the definition for children with special health care needs, but they may be receiving services from other public or private special health care providers and/or may not be eligible for services from the four participating agencies.

Under IDEA, California serves children with established disabilities as well as those meeting the state's definition of "developmental delay." The Departments of Developmental Services and Education are the lead agencies for implementing IDEA, Parts C and B, respectively. California has chosen to serve all three categories of eligibility identified in Part C of the federal law: those infants and toddlers with developmental delays, with established conditions that lead to developmental delay, and those at high risk for developmental delay. At age three years, however, California's eligibility criteria for special education services are more stringent than those for early intervention services (i.e., those for children from birth to three years), and some children may become ineligible for services for which they previously qualified. The eligibility criteria used by SFUSD and the GGRC align with state and federal parameters for determining the eligible population under IDEA, Parts B and C. For comparison purposes, the proportion of children birth through five who are identified for services under IDEA in San Francisco is compared with the proportion of children identified by education agencies and regional centers in the state as a whole. In addition, the identification rate for children eligible under IDEA in San Francisco is compared with identification rates for the nation and for a number of other states. While data from other states and the nation provide an important context for the proportion of children identified under IDEA in San Francisco, it is important to note that the range in identification rates among states is reflective of the varying state definitions that determine eligibility for services.

Key Findings

The study examined the following key research questions:

1. What is the estimated total resident population and the estimated number of children with special health care needs?
2. What is the unduplicated count of children who are receiving services from the four agencies (GGRC, SFUSD, CCS, and SFCMHS) participating in this study?
3. What is the estimated number of children with unknown special health care needs (i.e., children with special health care needs who may not have been eligible for or receiving services from the four participating agencies at the time of the needs assessment)?

Estimated total resident population. The resident population of children in San Francisco in 2001 is estimated at 41,146 birth through five-year-olds.

Estimated number of children with special health care needs in San Francisco as of December 2001. Estimates of the percentage of children with special health care needs range from 13.7 to 18 percent of the resident population. As of December 2001, an estimated 5,637 to 7,406 birth through five-year-olds in San Francisco have special health care needs.

Estimated number of children eligible for services under IDEA, Parts B and C. The number of children in San Francisco who would be eligible for services under IDEA as of December 1, 2001 is estimated at 1,082 birth through five-year-olds, when the identification rate for California as a whole (2.63 percent) is applied to the estimated resident population in San Francisco at that time, and 1,411 birth through five-year-olds, when the identification rate for the nation (3.43 percent) is applied.³ The identification rates for these children with or at risk of developmental disabilities reflect a narrower definition of special needs, as compared with the broader definition developed by the MCH and adopted by both HRIIC and First 5 San Francisco for children with special health care needs.

Total duplicated number of children with special health care needs who were being served by the GGRC, SFCMHS, CCS, and SFUSD as of December 1, 2001. The four participating agencies collectively served a duplicated total of 1,833 children with special health care needs, including 559 birth through two-year-olds and 1,274 three- through five-year-olds.

Total unduplicated number of children with special health care needs who were being served by the GGRC, SFCMHS, CCS, or SFUSD as of December 1, 2001. The four participating agencies collectively served an unduplicated total of 1,559 children, including 508 birth through two-year-olds and 1,051 three- through five-year-olds. Of these, 246 children (47 birth through two-year-olds and 199 three- through five-year-olds) were served by two or more of the four participating agencies, and 28 children (5 birth through two-year-olds and 23 three- through five-year-olds) were served by three of the four agencies.

Demographics of total unduplicated number of children with special health care needs who were being served by the GGRC, SFCMHS, CCS, or SFUSD as of December 1, 2001. Of the 1,559 birth through five-year-old children served by one or more of these four agencies, 63 percent are male and 37 percent are female. Approximately one third (n = 508) were birth to three-year-olds, and two-thirds (n = 1,051) were three through five-year olds. Five-year-olds comprised 29 percent (n = 452) of the total. The distribution of children by ethnicity included 25 percent Hispanic or Latino, 24 percent Asian and Pacific Islander, 20 percent African-American, and 18 percent White. English was listed as the primary language for 67 percent (n = 1,044) of the children (or their families), with Spanish (or Portuguese or other Latin language) listed for 17 percent and Cantonese, Mandarin or other Chinese dialect listed for 10 percent of the total. A large majority (89 percent) lived in homes with a parent, relative, or legal guardian and 7 percent lived in foster care settings. The largest proportions of those served lived in the Inner Mission/Bernal Heights (16 percent), the Outer Mission Ingleside-Excelsior (13 percent), the Bayview/Hunter's Point (10 percent), Visitation Valley (8 percent), and Stonestown/Lake Merced (6 percent) areas, with these neighborhoods home to 53 percent of the children served by one or more of the four agencies.

Primary qualifying condition(s) for eligibility among the unduplicated number of children who were served by the GGRC, SFCMHS, CCS, or SFUSD as of December 1, 2001. The primary qualifying condition for eligibility reported for the largest proportion of children was speech and language impairments (17 percent), followed by emotional disturbances or disorders (5 percent), autism and/or Asperger's Disorder (5 percent), diseases

³ These estimates use the percentages of children with disabilities as presented in the *Twenty-third Annual Report to Congress on the Implementation of Individuals with Disabilities Education Act* (2001).

or disorders of the nervous system (4 percent), and diseases of the musculoskeletal and connective tissue (4 percent). Many children had two or more conditions that often included a physical and a mental health or learning disorder. For example, 5 percent of the children had autism and/or Asperger's Disorder listed as their primary qualifying condition, but several others had autism and/or Asperger's Disorder plus one or more physical, mental, or learning disorders.

Demographics of children with special health care needs who were being served by two or more of the participating agencies as of December 1, 2001. A total of 246 children was served by two or more of the four participating agencies. Of these children, over 80 percent was three through five-year-olds, and almost 20 percent was birth to three-year olds. SFUSD and GGRC served 145 children in common, GGRC and CCS served 69 children in common, SFUSD and CCS served 38 children in common, and SFUSD and SFCMHS served 28 children in common. Twenty-eight children were served by three of these agencies. Approximately two-thirds of the 246 children served by two or more of the participating agencies are male, and one-third are female. Hispanic children make up the largest proportion (27 percent) of children, followed by Whites (24 percent), African-Americans (20 percent), and Asians or Pacific Islanders (19 percent).

Primary qualifying condition(s) for eligibility of children with special health care needs who were being served by two or more of the participating agencies as of December 1, 2001. The largest single proportion of children (18 percent) is comprised of children with speech or language impairments. Children with speech or language impairments and one additional physical condition comprise the second largest proportion (10 percent), followed by children with autism and/or Asperger's Disorder (9 percent), diseases of the nervous system (7 percent), and autism and/or Asperger's Disorder plus one other condition (6 percent).

Estimated number of children with unknown special health care needs (i.e., children with special health care needs who may not have been eligible for or receiving services from the four participating agencies at the time of the needs assessment). The estimated number of children with unknown special health care needs ranges from 4,078 to 5,847 birth through five-year-olds. These numbers are based on published estimates of the percentage of children in the population with special health care needs ranging from 13.7 percent to 18 percent.⁴

Estimated number of children eligible for services under IDEA, Parts B and C, who were not receiving services from the GGRC or SFUSD as of December 1, 2001. The number of children served under IDEA by the GGRC or SFUSD is 781 birth through five-year-olds. If the percentage of children birth through five served under IDEA in California as a whole (2.63 percent) is applied to the resident population of birth through five-year-olds in San Francisco, the estimated number of children eligible under IDEA as of December 1, 2001 in San Francisco is 1,082 birth through five-year-olds. This is greater (by 301 children) than the number of children actually being served by the GGRC or SFUSD as of December 1, 2001. However, the percentages of birth through two-year-olds and three- through five-year-olds

⁴ Stein, R.E., & Silver, E.J. (1999); Newacheck, P.W., Marchi, D., McManus, M., & Fox, H. (1998, March); and Shaw, P., Santos, S., Cohen, A., Araki, C., Provance, E., & Reynolds, V. (2001).

who received services under IDEA in California are below the national averages.⁵ Thus, a comparison with the national average is also presented. When the percentage of birth through five-year-old children served under IDEA in the nation (3.43 percent) is applied to the resident population of children in San Francisco, the estimated number of children eligible under IDEA as of December 1, 2001 in San Francisco is 1,411 birth through five-year-olds. This suggests that as many as 630 additional birth through five-year-olds in San Francisco may have been eligible for but were not receiving services from GGRC or SFUSD at the time of this study.

Conclusion

There may be as many as 5,847 birth through five-year-old children in San Francisco with unknown special health care needs (i.e., children with special health care needs who may not have been eligible for or receiving services from the four participating agencies at the time of the needs assessment). Given that the majority of these children are probably not those who would be eligible for GGRC and/or SFUSD services (based on the relatively close match between the estimated number of eligible children and the actual identification of children in San Francisco), it is also possible that some or all of these additional children with special health care needs may be receiving appropriate services from a physician or other private therapist on an ongoing basis. This study did not include counts of children who were receiving services outside of GGRC, SFUSD, CCS and SFCMHS, and thus it is not possible to conclude how many children with special health care needs are or are not being served in San Francisco through other private or public venues. An assessment of the extent to which additional children from birth through five with special health care needs are being identified outside of the four agencies (i.e., through surveys to other public or private providers) may be helpful in understanding the needs of these unknown children.

Although the resident population of San Francisco is reportedly decreasing, this change in population is primarily a result of migration and not necessarily a result of decreasing numbers of live births. The estimated resident population of children ages birth through five years rose five percent nationwide between 1989-1990 and 1999-2000, and six percent in the State of California. The three through five-year-old population showed the greatest increase between 1989-90 and 1999-00 in California (9.39 percent). As identification rates show marked yearly increases as children grow from birth through five years, several hypotheses may be considered. One possibility is that some number of diagnoses are simply not reliably made until children reach the age of two years and older, as approximately 80 percent of the 1,559 children who were served by one or more of the four agencies were two through five years old. It is also possible that since nearly 30 percent of the group of children served across the four agencies were five years old (and some of these children may have been identified upon entry to kindergarten), additional outreach and targeted early screening to identify children with special health care needs before the age of five could help to address their need for services prior to kindergarten entry.

A comparison of the characteristics associated with the estimated resident population and the unduplicated count of children served by the participating agencies will also be helpful

⁵ In addition, if the at-risk population of children served in California is subtracted from the total number of children receiving services under IDEA in California, California ranks the lowest out of the ten states reporting at-risk infants and toddlers. See Appendix G for comparisons of state and national identification of children with or at-risk of disabilities.

when planning outreach to the population of children with unknown special health care needs. Asians, Whites, and Hispanics or Latinos make up the largest proportions of the estimated resident population of birth through five-year-olds in San Francisco, with approximately 27 percent, 25 percent, and 20 percent, respectively, in the population. Among the children being served across the four agencies, 24 percent are Asian, 18 percent are White, and 25 percent are Hispanic or Latino, suggesting a possible slight over-identification of Hispanic or Latino children and a corresponding under-identification of Asian and White children. Most striking is the comparison between the proportion of African Americans in the resident population and in the unduplicated count of children served. Approximately 9 percent of the resident population of San Francisco is African American, as compared to 20 percent of the unduplicated count of children served, suggesting the over-identification of African Americans by approximately 11 percent. This discrepancy is even greater than that found for the state as a whole, where approximately 14 percent African Americans are identified for special education, compared with 9 percent in the resident population.⁶ Further investigation of the causes underlying the finding for San Francisco would be warranted.

The neighborhoods with the largest proportion of children under six years old in San Francisco are the Outer Mission and the Inner Mission. This is also consistent with findings from the unduplicated count of children served by the four participating agencies - the Inner and Outer Mission neighborhoods had the largest proportion of children served. Outreach efforts targeted to the neighborhoods with the greatest discrepancies between estimated resident population and actual identification should also be considered as a strategy for prioritizing next steps to extend the reach of service provision to children with special health care needs in San Francisco.

⁶ Losen, D. J., & Orfield, G. (2002), p. 27.

Young Children with Special Health Care Needs in San Francisco: Assessing our Reach

Description of Study

The purpose of this project is to assess the extent to which children from birth through five years⁷ with special health care needs in San Francisco are being identified and served by the four major service agencies in the county. The project was conducted for the High Risk Infant Interagency Council (HRIIC) of San Francisco in collaboration with the San Francisco Children and Families Commission (First 5 San Francisco), who provided financial support for this work. This report provides an unduplicated count of children with special health care needs served by four community agencies as of December 1, 2001,⁸ and estimates the number of children with special health care needs in San Francisco who were unknown to these agencies at that time⁹ (i.e., children with special health care needs who may not have been eligible for or receiving services from the four participating agencies at the time of the needs assessment but who may have been receiving services from other special health care providers).¹⁰

Four community agencies serving the majority of children with special health care needs and their families in San Francisco participated in this study. The Golden Gate Regional Center (GGRC), funded through the California Department of Developmental Services, provides evaluation, assessment, and ongoing services and supports to children with or at risk of developmental disabilities and their families. The San Francisco Unified School District (SFUSD) supports the educational needs of children with special health care needs. California Children Services (CCS), funded through the Children's Medical Service Branch of the California Department of Health Services, provides specialized medical services to children with serious, chronic and disabling physical conditions or diseases. San Francisco Community Mental Health Services (SFCMHS) is responsible for meeting the psychological and social service needs of children and their families. Each of these agencies provided data that enabled the research team to determine the unduplicated count of all children served as of December 1, 2001. A description of the mission and structure of these agencies and the types of children served by each can be found in Appendix A.

Children with Special Health Care Needs in the Context of Agency Eligibility Criteria

Eligibility criteria that define the population of children served vary by agency. In order to estimate the number of children with met and unknown needs for this study, the service-based definition of children with special health care needs developed by the federal Maternal and

⁷ This report includes children from birth through five years of age, at the request of HRIIC, to examine changes in identification rates through kindergarten age.

⁸ AIR staff began meeting with staff from the four agencies in the fall of 2001. San Francisco Unified School District (SFUSD) has two reporting cycles: the end-of-year reporting cycle, which reports on children who are served in the current fiscal year (July through June), and a December reporting cycle, which reports on children who are receiving special education and/or related services according to an IEP on December 1. All of the agencies were able to provide data as of December 1, 2001.

⁹ The data used for this report do not provide information on whether the children with unknown special health care needs were eligible for services or were receiving services from special health care providers outside of the four participating agencies.

¹⁰ The last needs assessment for San Francisco was conducted by Wu Yee Children's Services in 1991; however, it did not generate an unduplicated count of children served.

Child Health Bureau¹¹ (MCH) and adopted by both HRIIC and First 5 San Francisco is used. This definition states that a child with special health care needs is one “who has or is at increased risk¹² for chronic physical, developmental, behavioral, or emotional conditions and who also requires health and related services of a type or amount beyond that required by children generally.” However, the children served by one or more of the four agencies participating in this study must meet the eligibility criteria as defined by each agency. Thus, the unduplicated count of children served that is presented in this report represents the combined group of children who have individually met the eligibility criteria for each agency where they were considered active clients as of December 1, 2001.¹³ In estimating the number of children with unknown special health care needs, this study takes into consideration those children who would meet one or more of the four agencies’ eligibility criteria, as well as those children who fit within the somewhat broader definition of children with special health care needs developed by the MCH and adopted by both HRIIC and First 5 San Francisco.

The criteria used by SFUSD and the GGRC align with the general parameters for determining the eligible population that are included in the federal Individuals with Disabilities Education Act, Part C (early intervention for children from birth through 2 years) and Part B (services for children from three to five years). These parameters were used to establish California’s definition of developmental delay, as implemented through the eligibility criteria set by the California Departments of Developmental Services and Education. California has chosen to serve all three categories of eligibility identified in Part C of the federal law: those infants and toddlers with developmental delays, with established conditions that lead to developmental delay, and those at high risk for developmental delay. At age three years, however, California eligibility criteria for special education and several other types of services are more stringent than those for early intervention services (i.e., those for children from birth to three years), and some children may become ineligible for services for which they previously qualified.

The GGRC uses the definition of developmental disability found in the California Welfare and Institutions Code, Section 4512, to determine eligibility. This code defines a developmental disability as one that originates before an individual attains age 18, continues or can be expected to continue indefinitely, and constitutes a “substantial handicap” for that individual. A substantial handicap is “a condition that results in major impairment of cognitive and/or social functioning, and represents a condition of sufficient impairment to require interdisciplinary

¹¹ Maternal and Child Health Bureau, July 1998. This definition has been adopted by HRIIC, First 5 San Francisco, and the California Commission on Children and Families (First 5 California) in its evaluations of child care training and retention incentive programs.

¹² Included in this group are children exhibiting certain biological or environmental characteristics associated with a heightened probability of developing a chronic physical, developmental, behavioral, or emotional condition. Biological risks include pathologies and physiological abnormalities that have been shown to increase the likelihood of future onset of chronic conditions. Examples of biological risk include very low birth weight, the presence of certain metabolic deficiencies, and the existence of some chromosomal abnormalities. Environmental risks are those social and economic factors as well as other characteristics of the child’s environment that have been demonstrated to place children at increased likelihood of developing chronic physical, developmental, behavioral, or emotional conditions. Examples of economic and social risk factors include extreme poverty, absence of social support, and child abuse or neglect. Examples of risk factors related to the physical environment include air pollution, second-hand smoke, and infestations that can exacerbate conditions such as asthma (McPherson et al, 1998).

¹³ This report presents a snapshot in time. Agencies provided information for those children who were listed in their database and considered to be current clients. So, therefore, a child may not necessarily have received services on 12/1/2001, but had received services close to that date and was expected to continue receiving services.

planning and coordination of special or generic services to assist the individual in achieving maximum potential.” However, the GGRC expands upon this definition to include infants between birth and three years of age who are developmentally delayed or believed to be at high risk of having a developmental disability.”¹⁴

Children from birth to three who are served through SFUSD are those with solely low incidence disabilities who are not eligible for regional center services. For children between 3 and 5 years, SFUSD uses the California Department of Education’s definition of a “child with a disability,” which is a child with “mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance (hereinafter referred to as ‘emotional disturbance’), orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services.”

The term “child with a disability” for a child aged 3 through 9 years in California may, at the discretion of the State and the local education agency, include a child who is “experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and who, by reason thereof, needs special education and related services.”¹⁵

The CCS program covers almost all serious medical conditions of a physical nature that can be cured, improved, or stabilized. Eligible conditions include birth defects (such as congenital heart disease); chronic illnesses (such as cystic fibrosis); malignancies; and certain serious injuries and physical disabilities.

SFCMHS serves uninsured, under-insured, indigent, low income and impoverished, and homeless populations. Mental health services are approved and provided based on individual clinical need, and include assessment, evaluation, and counseling.

These agency-specific definitions and eligibility criteria impact the number of children who can be identified by each agency to receive services. The unduplicated count of children served across these four agencies is the figure from which the range in estimates of met and unknown special health care needs are derived for this report. The range of estimates presented are based on the most recently available data on the estimated “true” incidence of children in the population who meet the more inclusive definition of children with special health care needs developed by the MCH and adopted by both HRIIC and First 5 San Francisco. In addition, an estimate of need is provided for children who meet the more narrow federal and state definitions of children with or at risk of developmental disabilities.

¹⁴ Lanterman Developmental Disabilities Services Act, California Welfare and Institutions Code, Section 4500-4519.7 (1977).

¹⁵ California Special Education Management Information System (CASEMIS) User’s Manual, 2001-02 Edition, California Department of Education, Special Education Division, Fall 2001, p. B-2.

Research Questions

This study examined the following key research questions pertaining to children from birth through five years residing in San Francisco County as of December 1, 2001:

1. What is the estimated total resident population and the estimated number of children with special health care needs?
2. What is the unduplicated count of children who are receiving services from the four agencies (GGRC, SFUSD, CCS, and SFCMHS) participating in this study?
3. What is the estimated number of children with unknown special health care needs (i.e., children with special health care needs who may not have been eligible for or receiving services from the four participating agencies at the time of the needs assessment)?

Methodology

The study methodology included meetings and interviews with agency staff, database review and matching of unique client identifiers, and a review of incidence and identification data from other sources. These activities are briefly described below.

Meetings and Interviews with Agency Staff

AIR staff met with key representatives of the four agencies (GGRC, SFUSD, CCS, and SFCMHS) to discuss the purpose and objectives of the study, issues of data security and confidentiality, roles of key agency representatives, and a proposed project timeline. Each agency provided a list of the data elements that they collect, and specified the data elements they could make available once agency approval was confirmed. Appendix B contains a list of the data elements submitted by each agency.

Child-Level Database Review and Matching

AIR staff reviewed the data elements maintained by the four agencies to determine common data fields for matching records and obtaining an unduplicated count. The primary data elements used for matching were child names and initials, however, the records were also matched by date of birth, gender, and ethnicity. All personally identifying information (i.e., names, initials) was deleted from the database once an unduplicated list was obtained.¹⁶

¹⁶ Strict adherence to state agency and organizational policies to protect the confidentiality of human subjects was maintained at all times.

Review of Incidence and Identification Data

AIR staff estimated the number of potentially eligible children residing in San Francisco County by reviewing the most currently available state and federal data on the incidence and identification of children with special health care needs, as well as the range of identification rates for children with or at risk of developmental disabilities in states and the nation as a whole. Staff used these data as reference points to estimate the met and unknown special health care needs of children from birth through five in San Francisco.

As used in this report, “incidence” refers to the estimate of actual occurrence or existence of children with special health care needs or developmental disabilities within a specified population, assuming complete discovery of all cases. We refer to “identification” as the number of individuals with special health care needs or developmental disabilities in the specified population who have been identified through a process of outreach, public awareness, and evaluation. If the identification process results in complete discovery of all actual cases, the number identified will match the incidence of cases in the population. If the identification process fails to identify all cases that are predicted to exist in a specified population, under-identification is the result (i.e., identification rate is lower than expected incidence rate).

In this report, the identification of children with special health care needs is expressed as the unduplicated count of children served by the four agencies at a point in time. The identification *rate* is expressed as the unduplicated count of children served divided by the estimated resident population of children from birth through five years at that point in time. Estimates of the expected incidence rates of children with special health care needs in the population are then compared to the actual identification rates of children who have been determined eligible for services. The difference between the expected incidence and the actual identification of children with special health care needs represents the estimated magnitude of unknown special health care needs.

Research Findings

The following sections summarize the findings from this study for each of the research questions.

Research Question #1: What is the estimated total resident population and the estimated number of children with special health care needs?

Estimated resident population in 2001

Table 1 presents the estimated resident population of birth through five-year-olds in 2001. To estimate the number of children with special health care needs, the total resident population estimate of 776,733 for the county of San Francisco, as reported in *The United States Census, 2000* (referred to hereafter as *Census 2000*)¹⁷ was used as the base. Of these, *The California Child Care Portfolio*¹⁸ estimates that 4.9 percent or 37,890 are birth through five-year-olds in

¹⁷ U. S. Census Bureau. (2000). *United States Census 2000*. <http://www.census.gov>, San Francisco County and California QuickTables. Note: The percentage estimate is actually 4.07257, but is rounded for the purpose of this report.

¹⁸ California Child Care Resource & Referral Network. (2001). *The California Child Care Portfolio 2001*. San Francisco, CA: Author. Note: The actual percentage estimate is 4.878124, but is rounded for the purpose of this report.

2000. As shown in Table 1, AIR staff constructed 2001 population estimates by adjusting the 2000 figures to account for live births, deaths, the number of children reaching their sixth birthdays, and estimated child migration out of the county for the period through December 1, 2001.¹⁹ As shown in the table, the number of birth through five-year-olds increased by an estimated 3,256 children between 2000 and 2001. The 2001 population estimate for birth through five-year-olds in San Francisco is 41,146. Applying the proportions of children in each age range from Census 2000 to this estimate yields an estimated 21,061 (51 percent) birth to three-year-olds, and an estimated 20,085 (49 percent) three through five-year-olds.

Table 1. Estimated Resident Population and Population of Birth Through Five-Year-Olds, in San Francisco County, 2001

Age Grouping	Number of Children in San Francisco County, 2000*	Live Births, April 2000 to December 2001**	Deaths of Child Population, April 2000 to December 2001***	Estimated Migration of Child Population out of San Francisco, April 2000 to December 2001****	Estimated Number of Children Reaching Sixth Birthday as of December 1, 2001	Estimated Population, 2001
Birth through Five-Year-Olds	37,890	14,347	70	593	10,428	41,146

*Sources: *United States Census, 2000*, U.S. Census Bureau, <http://www.census.gov>, San Francisco County QuickTables and *The California Child Care Portfolio, 2001*, California Child Care Resource and Referral Network.

** Source: *United States Census, 2000*, U.S. Census Bureau, <http://www.census.gov>, California Components of Population Change: July 1, 2000 to July 1, 2001 (Annual) and California Department of Health Services, (2002), *Center for Health Statistics: Vital Statistics Query System*.

***Source: California Department of Health Services, Center for Health Statistics (2000).

****Source: *United States Census, 2000*, U.S. Census Bureau, <http://www.census.gov>, California Components of Population Change: July 1, 2000 to July 1, 2001 (Annual).

Estimated number of children with special health care needs in San Francisco

Several sources of data were used to estimate ranges for the number of children from birth through five years of age with special health care needs using the definition developed by the MCH and adopted by both HRIIC and San Francisco. Newacheck et. al (1998) estimates that 16.9 percent of the population meets this definition, or as many as three times the number of children with disabilities for the population of children under age 18 years. Applying this percentage to the 2001 population estimate from Table 1 (41,146) yields an estimated 6,954 birth through five-year-olds with special health care needs in San Francisco.

Stein & Silver (1999) suggest the percentage of children with special health care needs ranges from 13.7 to 17 percent. Applying these percentages to the 2001 population estimate for children from birth through five years old yields an estimated range of from 5,637 to 6,995 children with special health care needs.

¹⁹ These estimates are a function of the resident population, the number of live births, the number of children reaching their sixth birthdays, and the number of deaths among children between the time the Census was taken (April 2000) and December 2001, in addition to estimations of child migration out of San Francisco County for this same time period.

Finally, Shaw et al (2001) used the MCH definition of children with special health care needs to arrive at an estimated 18 percent of children with special health care needs.²⁰ Applying this percentage to the 2001 population estimates yields 7,406 birth through five-year-olds with special health care needs. Table 2 presents the range in estimates for the number of children in San Francisco in 2001 with special health care needs, based on the research findings of Newacheck et. al. (1998), Stein & Silver (1999), and Shaw et. al. (2001).²¹

Table 2. Range in Estimates for the Number of San Francisco Children with Special Health Care Needs, 2001

Age Grouping	Estimated Number of Children, 2001	Estimated Percentage of Children with Special Health Care Needs	Estimated Number of Children with Special Health Care Needs, 2001
Birth through Five-Year-Olds	41,146	13.7%*	5,637
		16.9%**	6,954
		18%***	7,406

*Source: Stein, R.E., & Silver, E.J. (1999). Operationalizing a conceptually based noncategorical definition: A first look at U.S. children with chronic conditions. *Archives of Pediatric & Adolescent Medicine*, 153, 68-74.

**Source: Newacheck, P.W., Marchi, D., McManus, M., & Fox, H. (1998, March). *New estimates of children with special health care needs and implications for the state Children's Health Insurance Program* (Maternal & Child Health Policy Research Center, Fact Sheet Number 4).

***Source: Shaw, P., Santos, S., Cohen, A., Araki, C., Provance, E., & Reynolds, V. (2001). *Barriers to Inclusive Child Care: Executive Summary of Research Study Findings and Recommendations*. Sacramento, CA: California Children and Families Commission.

Estimated number of children with developmental disabilities in San Francisco

AIR staff also examined the identification rates for children with disabilities as reported in the *Twenty-third Annual Report to Congress* (also referred to as the *Annual Report*).²² The *Annual Report* provides the number of birth to two-year-olds who received early intervention services in California and the United States in 1999, and the number of three- through five-year-olds served under the Individual with Disabilities Education Act (IDEA), Part B, in California and the United States for the 1999-2000 school year.²³ The *Annual Report* uses counts based on eligibility criteria set by states under IDEA.

Using these identification rates, Table 3 presents estimates of the number of birth through five-year-old children with disabilities in San Francisco who are eligible under IDEA for the year 2001. The estimate of 1,082 birth through five-year-olds is a function of the 2001 population estimate of birth through five-year-olds (41,146) and the estimated percentage of birth through five-year-olds with disabilities in California from the *Annual Report* (2.63

²⁰ Shaw, P., Santos, S., Cohen, A., Araki, C., Provance, E., & Reynolds, V. (2001). *Barriers to Inclusive Child Care: Executive Summary of Research Study Findings and Recommendations*. Sacramento, CA: California Children and Families Commission.

²¹ A recent draft report from the National Center for Health Statistics (Blumberg et al., 2002) cites a 10.25 percent estimate of children with special health care needs in California. Applying this percentage to the 2001 population estimate yields an estimated 4,217 children with special health care needs in San Francisco.

²² U.S. Department of Education. (2001). *Twenty-third Annual Report to Congress on the Implementation of Individuals with Disabilities Education Act*. Washington, DC.: Author.

²³ See Appendix G for tables that present data on the number of infants and toddlers and the number of *at-risk* infants and toddlers receiving early intervention services.

percent). The estimate of 1,411 birth through five-year-olds is a function of the 2001 population estimate of birth through five-year-olds (41,146) and the estimated percentage of birth through five-year-olds with disabilities in the nation from the *Annual Report* (3.43 percent).

Table 3. Estimated Number of San Francisco Children Eligible Under IDEA, 2001

Age Grouping	Estimated Number of Children, 2001	Estimated Percentage of Children in California Identified as Eligible Under IDEA, 1999	Estimated Number of Children Eligible Under IDEA using California's Estimate, 2001	Estimated Percentage of Children in the Nation Identified as Eligible Under IDEA, 1999	Estimated Number of Children Eligible Under IDEA using the Nation's Estimate, 2001
Birth through Five-Year-Olds	41,146	2.63%*	1,082	3.43%*	1,411

*Source: 23rd *Annual Report to Congress*, Table AH1, p. A-361, Table AF2, p. A-349, Table AA8, p. A-19, and Table AF3, p. A-350. Note: These percentages only reflect those children who were *receiving* services.

As shown above, the estimated number of children with special health care needs and the number of children with disabilities eligible under IDEA in San Francisco is a function of the data sources used for these estimates. The estimated number of children with special health care needs in 2001 ranges from 5,637 to 7,406 birth through five-year-olds. The more conservative estimates of children eligible for services under IDEA are 1,082 birth through five-year-olds, based on existing California identification rates, and 1,411 birth through five-year-olds, based on existing national identification rates.

Research Question #2: What is the unduplicated count of children who are receiving services from the four agencies (GGRC, SFUSD, CCS, and SFCMHS) participating in this study?

Each of the participating agencies submitted data on the children they were serving as of December 1, 2001. Before investigating the unduplicated count of children served across the four agencies, a description of the total (duplicated) count of children served is presented. This section begins with a discussion of this duplicated count, followed by a summary of demographic data for the children served by each of the four agencies, including age, ethnicity, and gender. Appendix C presents a more detailed breakdown of these demographic data by agency, as well as the primary diagnoses or disabilities of the children served by each of the four participating agencies.

Using unique identifiers, those children who were served by more than one of the four participating agencies were matched to arrive at an unduplicated count of children served across the four agencies. This section also presents demographic data on the unduplicated total count of birth through five-year-old children served. Demographic data on the number of children served by two or more participating agencies and on the considerably smaller number of children who were served by three of the four participating agencies is also presented.

Total duplicated count of children

The four agencies included in this study collectively served a duplicated count of 1,833 birth through five-year-old children. As shown in Table 4, the GGRC served the greatest number of children (46 percent), followed by San Francisco Unified School District (26 percent), and CCS (19 percent). SFCMHS served the smallest proportion (10 percent) of children.

Table 4. Duplicated Count of Children Served by GGRC, SFUSD, CCS, and SFCMHS as of December 1, 2001

Agency	Number of Children	Percentage of Duplicated Total*
Golden Gate Regional Center	846	46%
San Francisco Unified School District	470	26%
California Children Services	342	19%
San Francisco Community Mental Health Services	175	10%
Total (Duplicated)	1,833	100%

Source: Data collected from four agencies for the needs assessment.

*Percentages do not total 100 percent due to rounding error.

Demographics of duplicated count of children

Table 5 summarizes the demographics of the children served by the four participating agencies for comparison purposes. The age breakdowns for SFUSD and SFCMHS are similar for birth to five-year-olds (51 percent in SFUSD and 55 percent in SFCMHS) and five- to six-year-olds (49 percent in SFUSD and 45 percent in SFCMHS). The age breakdowns for the GGRC and CCS are similar for ages birth to five (78 percent for the GGRC and 86 percent for CCS). Both the GGRC and CCS often diagnose disabilities that are apparent in the earlier years of a child’s life (e.g., diseases or disorders of the nervous system).

There is a greater proportion of males than females for each of the three agencies that provided gender data. Asians and Pacific Islanders make up the largest proportion of children served by SFCMHS and SFUSD (33 percent and 32 percent, respectively), Hispanics and Latinos make up the largest proportion of children served by CCS (39 percent), and African-Americans and Whites make up the largest proportions (22 percent in each ethnicity category) of children served by the GGRC.

Table 5. Demographics of Children Served by Participating Agencies as of December 1, 2001

Demographic		GGRC	SFUSD*	SFCMHS*	CCS*
Age (Percent of Total Children Served)	<i>Under 3 Years</i>	37%	3%	14%	60%
	<i>3 to 5 Years</i>	41%	48%	41%	26%
	<i>5 to 6 Years</i>	22%	49%	45%	14%
Gender	<i>Male</i>	60%	69%	66%	n/a**
	<i>Female</i>	40%	31%	34%	n/a**
Ethnicity	African-American (22%)	Asian/ Filipino/ Samoan (32%)	Asian/Pacific Islander (33%)	Hispanic/ Latino (39%)	
	White (22%)	Hispanic (27%)	African- American (25%)	Unknown (23%)	
	Hispanic/ Latino (21%)	White (24%)	Hispanic/ Latino (21%)	Asian/Pacific Islander (20%)	
	Asian/Pacific Islander (18%)	African- American (16%)	White (11%)	African- American (13%)	
	Unknown/ Multi-Cultural/ Other (17%)	Unknown (1%)	Unknown (9%)	White (7%)	

Source: Data collected from four agencies for the needs assessment.

*Percentages for ethnicity do not total 100 percent due to rounding error.

**Note: Data on gender were not available at the time of the needs assessment, but as of May 2003, CCS was serving 53 percent males and 47 percent females.

The total duplicated number of children served by the four participating agencies as of December 1, 2001 was 1,833 children. The GGRC served the greatest number of children (46 percent), and SFCMHS served the smallest proportion (10 percent) of children. The proportion of males to females was similar across the three agencies that reported gender, and the age breakdowns varied in relation to the type of disabilities that each agency addresses. The majority of the children served by all four agencies were under five years old. The largest proportion of children (41 percent) served by the GGRC was three- to five-year-olds, birth through two-year-olds made up the largest proportion (60 percent) served by CCS, and the largest proportions of the children served by SFUSD and SFCMHS were five-year-old children (49 percent and 45 percent, respectively).

Total unduplicated count of children served by the four agencies

Table 6 shows the unduplicated number of children served by the four agencies in San Francisco as of December 1, 2001. As discussed previously, the duplicated total of children served was 1,833. A subgroup of 218 children was served by two of the four participating agencies and was therefore counted twice in the duplicated count. A second subgroup of 28 children was served by three of the agencies and was therefore counted three times in the duplicated count. When the total duplicated count (1,833) is adjusted to reflect this duplication, the unduplicated total is 1,559 children who were being served by one or more of the four agencies as of December 1, 2001.

Table 6. Unduplicated Count of Children Served by Participating Agencies as of December 1, 2001

Duplicated Total	Adjustment for Children Served by Two Agencies (n = 218)	Adjustment for Children Served by Three Agencies (n = 28)	Unduplicated Total
1,833	218	56	1,559

Source: Data collected from four agencies for the needs assessment.

Unduplicated count of children by age, ethnicity, and gender

Table 7 shows the age groupings and primary language of the unduplicated count of children. As shown, five-year-olds make up the largest proportion (29 percent) of the children, followed by four-year-olds (23 percent). The smallest proportion of children was under one year old (8 percent). Three- to five-year-olds make up the largest proportion of children (39 percent), followed by birth through two-year-olds (33 percent), and five-year-olds (29 percent).²⁴

Table 7 also shows the primary language of the unduplicated count of children served by the participating agencies. The primary language of the majority of the children served is

²⁴ These percentages are consistent with State and nationwide trends found in the *Annual Report*, which show that the three through five-year-old resident population witnessed a greater percentage increase between 1989-1990 and 1999-2000 than did the birth through two-year-old population. Appendix F presents the estimated resident population for children ages birth through five, in California and the United States and outlying areas, for 1989-1990, 1998-1999, and 1999-2000.

English (67 percent), followed by Spanish, Portuguese, or Other Latin (17 percent), and Chinese dialects (10 percent).

Table 7. Age and Primary Language of Unduplicated Count of Children Served by Participating Agencies as of December 1, 2001

Demographic		Unduplicated Count of Children Served by Participating Agencies	Percentage of Unduplicated Count of Children Served by Participating Agencies*
Age Groupings	<i>5 years, up to 6 years</i>	452	29%
	<i>Four years, up to 5 years</i>	356	23%
	<i>Three years, up to 4 years</i>	243	16%
	<i>Two years, up to 3 years</i>	226	14%
	<i>One year, up to 2 years</i>	164	11%
	<i>Up to 1 year old</i>	118	8%
Primary Language**	<i>English</i>	1044	67%
	<i>Spanish, Portuguese, or Other Latin</i>	261	17%
	<i>Chinese Dialect (Cantonese, Mandarin or Other)</i>	157	10%
	<i>Vietnamese, Japanese, Korean, Khmer (Cambodian), or Other Asian</i>	21	1%
	<i>Russian or Other Uralic/Slavic</i>	18	1%
	<i>Other Non-English, Not Specified</i>	17	1%
	<i>Other (includes Arabic, ASL or Other Sign, French, German, Hindi, and Urdu)</i>	13	1%
	<i>Tagalog or other Filipino Dialect, Indonesian, or Other Pacific Islander</i>	12	1%
<i>Unknown</i>	16	1%	

Source: Data collected from four agencies for the needs assessment.

*Percentages for age groupings do not total 100 percent due to rounding error.

**Note: When the primary languages did not match for children who were served by more than one agency, the non-English language was chosen as the primary language in order to be consistent.

Table 8 shows the gender and ethnicity of the unduplicated count of children served by the participating agencies.²⁵ The majority (63 percent) of the children served are males, and 37 percent are females. Hispanics and Latinos make up the largest proportion of children (25 percent), followed by Asians and Pacific Islanders (24 percent), African-Americans (20 percent), Whites (18 percent), and multi-cultural children (2 percent). The ethnicity of 11 percent of the children is unknown or marked as “other.”

Table 8 also shows a comparison of the percentage of children served by the four participating agencies by gender and ethnicity, as compared to the total population. The table shows a disproportionate ratio of males to females in the served population (63 percent males and 37 percent females), as compared to the more even distribution in the total population (51 percent males and 49 percent females). A comparison of the breakdown of the ethnicities shows a considerably higher proportion of Hispanic and Latino and African-American children in the served population (25 percent and 20 percent, respectively), than in the total population (20 percent and 9 percent, respectively). In contrast, there is a considerably lower proportion of White and multicultural children in the served population (18 percent and 2 percent, respectively), than in the total population (25 percent and 9 percent, respectively).

²⁵ AIR did not receive gender data from CCS.

Table 8. Gender and Ethnicity of Unduplicated Count of Children Served by Participating Agencies as Compared to Total Population, as of December 1, 2001

Demographic		Unduplicated Count of Children Served by Participating Agencies*	Percentage of Unduplicated Count of Children Served by Participating Agencies*	Percentage in Population**	Percentage Difference between Children Served and Children in Population	
Gender***	Male, n=821	Birth to Three	196	63%	51%	+12%
		Three through Five	625			
	Female, n=485	Birth to Three	146	37%	49%	-12%
		Three through Five	339			
Ethnicity****	Hispanic or Latino, n=394	Birth to Three	139	25%	20%	+5%
		Three through Five	255			
	Asian and Pacific Islander, n=365	Birth to Three	90	24%	27%	-3%
		Three through Five	275			
	African-American, n=304	Birth to Three	94	20%	9%	+11%
		Three through Five	210			
	White, n=280	Birth to Three	111	18%	25%	-7%
		Three through Five	169			
	Multi-cultural, n=50	Birth to Three	10	2%	9%	-7%
		Three through Five	40			
	Unknown/ Other, n=166	Birth to Three	64	11%	10%	+1%
		Three through Five	102			

*Source: Data collected from agencies for the needs assessment.

**Source: *Strategic Plan 2002-2003*, San Francisco Children and Families Commission.

***Note: CCS did not provide data on gender, but as of May 2003, CCS was serving 53 percent males and 47 percent females. The gender shown for the total population is based on the resident population.

****Note: When the ethnicities did not match for children who were served by more than one agency, the following rules were observed in order to be consistent: 1) If a child's ethnicity group was recorded as unknown by one agency and was specified (e.g., Asian or Multicultural) by another agency, the specified ethnicity group was counted. 2) If a child was recorded as belonging to one specific ethnicity group by one agency and as multicultural by another agency, the child was counted as multicultural. 3) If a child was recorded as belonging to two or more different ethnicity groups by different agencies, the child was counted as multicultural.

Unduplicated count of children by residential status

Table 9 shows the residential status of the unduplicated count of children. As shown, the majority of the children (89 percent) live with a parent, relative, or legal guardian, followed by county or state foster home placements (7 percent).

Table 9. Residential Status of Unduplicated Count of Children Served by One or More Agencies as of December 1, 2001

Residential Status	Number of Children*	Percentage of Unduplicated Total**
Parent/Relative/Legal Guardian/Placement in Home	1381	89%
Foster Home – Children – County or State, Foster Family, Certified Foster Home- Children, Group Quarters	105	7%
Other (Including Homeless, Temporary Arrangement, CCF (RCFE), CRTS – Long-Term Temp, Alcohol Abuse Facility, Licensed Children’s Institution, and Out of State)	24	2%
Rehabilitation Center or Community Treatment Facility	10	1%
Placement Out of Home	7	<1%
Acute or Intensive General Hospital	7	<1%
Unknown/Data Unavailable	25	2%
Total	1,559	100%

Source: Data collected from four agencies for the needs assessment.

*Note: The residences did not match in 17 instances in which children were served by more than one agency. This discrepancy could have been due to any one of several factors: the child moved, the child had two residences, or there was a data entry error. In order to be consistent, AIR staff chose the out-of-home residency when calculating the totals.

**Percentages do not total 100 percent due to rounding error.

Unduplicated count of children by residential zip code

San Francisco County is defined by the zip codes ranging from 94101 to 94188. Table 10 shows the zip codes of the children served by one or more of the four agencies. The largest proportion of the 1,559 children served by the four agencies lived in the Inner Mission/Bernal Heights neighborhood (16 percent), followed by the Outer Mission Ingleside-Excelsior neighborhood (13 percent), the Bayview/Hunter’s Point neighborhood (10 percent), and the Visitacion Valley neighborhood (8 percent).

Table 10 also shows a comparison of the percentage of children served by the four participating agencies by zip code, as compared to the total population. A comparison of the breakdown by zip code shows equal percentages of served children and children in the total population in several neighborhoods, such as the Outer Mission/Ingleside Excelsior, Visitacion Valley, Russian/Nob Hill, and Potrero Hill neighborhoods. There is a considerably higher percentage of children from other neighborhoods (e.g., the Inner Mission/Bernal Heights, Bayview/Hunter's Point, and Stonestown neighborhoods) in the served population than in the total population. In contrast, some neighborhoods (e.g., the Sunset and the Marina districts) have a higher percentage of birth through five-year-olds in the total population than in the served population.

Table 10. Zip Codes of Unduplicated Count of Children

Zip Code*	Neighborhood	Number of Children in Unduplicated Count**	Percentage of Children in Unduplicated Count, 2001**	Percentage of Children in Total Population, 2000***	Percentage Difference between Children Served and Children in Population
94110, 94125	Inner Mission/Bernal Heights	244	16%	12%	+4%
94112	Outer Mission Ingleside-Excelsior	199	13%	13%	0%
94124	Bayview/Hunter's Point	161	10%	8%	+2%
94134	Visitacion Valley	128	8%	8%	0%
94132	Stonestown/Lake Merced	90	6%	3%	+3%
94122	Sunset	67	4%	7%	-3%
94109	Russian/Nob Hill	63	4%	4%	0%
94102	Hayes Valley/Tenderloin	62	4%	3%	+1%
94115	Pacific Heights/Western Addition	59	4%	3%	+1%
94116	Parkside/Forest Hill	59	4%	6%	-2%
94121	Outer Richmond/Sea Cliff	54	4%	5%	-1%
94103	South of Market	42	3%	2%	+1%
94118	Inner Richmond/Presidio/Laurel	41	3%	5%	-2%
94131	Twin Peaks/Glen Park/Diamond Heights	37	2%	3%	-1%
94133	North Beach/Telegraph Hill	32	2%	3%	-1%
94127	West Portal/St. Francis Wood	30	2%	3%	-1%
94107	Potrero Hill	28	2%	2%	0%
94117	Haight/Western Addition/Fillmore	28	2%	3%	-1%
94114	Castro/Noe Valley	26	2%	2%	0%
94108	Chinatown	18	1%	1%	0%
94123	Marina/Cow Hollow	13	1%	2%	-1%
Outside SF***	-	10	1%	-	-
94129	Presidio	9	1%	<1%	1%
94130	Treasure Island	7	<1%	<1%	0%
94120	Pacific Heights/Western Addition	6	<1%	-	-
94111	Embarcadero/Gateway	3	<1%	<1%	0%
94104, 94105, 94119	Financial District, Downtown	3	<1%	<1%	0%
Blank/Data Entry Error ****	-	40	3%	-	-

*Note: The zip codes did not match in 27 instances in which children were served by more than one agency. This discrepancy could have been due to any one of several factors: the child moved, the child had two residences, or there was a data entry error. For the sake of consistency, AIR staff chose the smaller of the two zip codes when calculating the totals.

** Source: Data collected from four agencies for the needs assessment. Note: Percentages do not total 100 percent due to rounding error.

***Source: *Strategic Plan 2002-2003*, San Francisco Children and Families Commission.

Identification rates of unduplicated count of children

Table 11 shows the comparison of California’s and the nation’s identification rate estimates to the rates in the unduplicated count of children served by either the GGRC or SFUSD. As shown, the estimated rate for birth through five-year-olds for California (2.63 percent) is 0.73 greater than the rate for this same age group served by the GGRC or SFUSD (1.90 percent). The estimated rate for birth through five-year-olds for the nation (3.43 percent) is 1.53 greater than the rate for this same group served by the GGRC or SFUSD (1.90 percent).

Table 11. Identification Rate of Children with or At Risk of Developmental Disabilities Who Qualify Under IDEA and are Served by the GGRC or SFUSD, Birth Through Five Years, 2001

Age Group	Number of Children Served by the GGRC or SFUSD (Unduplicated Count)*	Percentage of Resident Population (N = 41,146**) Served by the GGRC or SFUSD	Percentage of Children Receiving Early Intervention Services and Served Under IDEA in California***	Percentage of Children Receiving Early Intervention Services and Served Under IDEA in the Nation***
Birth through Five-Year-Olds	781	1.90%	2.63%	3.43%

*Source: Data collected from four agencies for the needs assessment.

**Sources: *United States Census, 2000*, U.S. Census Bureau, <http://www.census.gov>, San Francisco County QuickTables and *The California Child Care Portfolio, 2001*, California Child Care Resource and Referral Network. *United States Census, 2000*, U.S. Census Bureau, <http://www.census.gov>, California Components of Population Change: July 1, 2000 to July 1, 2001 (Annual) and California Department of Health Services, (2002), *Center for Health Statistics: Vital Statistics Query System*. California Department of Health Services, Center for Health Statistics (2000). *United States Census, 2000*, U.S. Census Bureau, <http://www.census.gov>, California Components of Population Change: July 1, 2000 to July 1, 2001 (Annual).

***Source: *23rd Annual Report to Congress*, Table AH1, p. A-361, Table AA7, p. A-15, Table AF2, p. A-349, and Table AF3, p. A-350. Note: These percentages only reflect those children who were receiving services. See Appendix G for more information on national and state identification of children with or at-risk of disabilities. California is one of the ten states and territories that reported at-risk toddlers and infants. The percentages of birth through two-year-olds and three- through five-year-olds who received services under IDEA in California are below the national average.

Unduplicated count of children by primary qualifying condition(s) for eligibility

Table 12 shows the primary qualifying condition(s) for eligibility of those children served by one or more of the participating agencies.²⁶ The largest proportion of children (38 percent) are those served by the GGRC who have no specified diagnoses, and an additional 2 percent of the children are those served by SFCMHS without diagnoses. Because of the large number of remaining disability and diagnosis categories used by the four agencies, it was necessary to

²⁶ See Appendix E for a table that shows primary qualifying condition(s) for eligibility, by age group, of children served by one or more of the participating agencies, and two or more of the participating agencies. Each agency has its own definition for what qualifies a child as eligible for services; the qualifying condition may or may not be the child’s primary disability.

cluster many of the diagnoses into more general, overarching categories. A list of the major categories and the qualifying conditions included in each can be found in Appendix D. The primary qualifying condition reported for the largest proportion of children was speech and language impairments (17 percent), followed by emotional disturbances or disorders (5 percent), autism and/or Asperger's Disorder (5 percent), diseases or disorders of the nervous system (4 percent), and diseases of the musculoskeletal and connective tissue (4 percent). Many children had two or more qualifying conditions that often included a physical and a mental health or learning disorder. For example, 5 percent of the children had autism and/or Asperger's Disorder listed as their primary qualifying condition, but several others had autism and/or Asperger's Disorder plus one or more physical, mental, or learning disorders.²⁷

²⁷ See Appendix E for a table that presents the services received by children with autism and/or Asperger's Disorder.

Table 12. Primary Qualifying Condition(s) for Eligibility of Children Served by Participating Agencies as of December 1, 2001 (n=1559)

Primary Qualifying Conditions for Eligibility	Number of Children	Percentage of Children*
Speech or Language Impairment	262	17%
Emotional Disturbance or Disorder	81	5%
Autism <i>and/or</i> Asperger's Disorder/Pervasive Developmental Disorder	71	5%
Diseases or Disorders of the Nervous System; OR Diseases or Disorders of the Nervous System and Diseases of the Musculoskeletal and Connective Tissue	70	4%
Diseases of the Musculoskeletal and Connective Tissue	65	4%
Diseases or Disorders of the Eye or Ear; OR Diseases or Disorders of the Eye or Ear and Other Specified Conditions Originating in the Perinatal Period or Disorder of Infancy, Childhood, or Adolescence	49	3%
Diseases of the Respiratory System	47	3%
Diseases of the Circulatory System; OR Diseases of the Circulatory System and Reactive Attachment Disorder of Infancy or Early Childhood	31	2%
Mental Retardation	28	2%
Speech or Language Impairment and One Additional Physical Condition: <ul style="list-style-type: none"> • Congenital Deformities; OR • Diseases of the Digestive System; OR • Diseases of the Musculoskeletal and Connective Tissue; OR • Diseases or Disorders of the Nervous System; OR • Diseases or Disorders of the Eye or Ear 	24	2%
Mental Retardation and One Additional Condition: <ul style="list-style-type: none"> • Autism; OR • Diseases of the Musculoskeletal and Connective Tissue; OR • Diseases or Disorders of the Nervous System; OR • Other Health Impairment; OR • Other Specified Conditions Originating in the Perinatal Period or Disorder of Infancy, Childhood, or Adolescence; OR • Emotional Disturbance; OR • Speech or Language Impairment 	20	1%
Other Mental Health [Feeding Disorder of Infancy or Early Childhood, Other Healthy Infant or Child Receiving Care, Parent-Child Relational Problem, OR Reactive Attachment Disorder of Infancy or Early Childhood] or Physical Condition [Extreme Immaturity (Weight)]	16	1%
Specific Learning Disability and One Additional Condition: <ul style="list-style-type: none"> • Diseases or Disorders of the Nervous System; OR • Diseases or Disorders of the Eye or Ear 	15	1%
Endocrine and Metabolic Diseases, Diseases of the Blood, or Diseases of the Skin	15	1%
Congenital Deformities	14	1%
Other Specific Conditions Originating in the Perinatal Period or Disorder of Infancy, Childhood, or Adolescence	13	1%

Primary Qualifying Conditions for Eligibility	Number of Children	Percentage of Children*
Mental Retardation and Two or More Additional Conditions: <ul style="list-style-type: none"> Autism and Diseases or Disorders of the Nervous System; OR Diseases or Disorders of the Nervous System and Diseases or Disorders of the Eye or Ear; OR Multiple Disability; OR Multiple Disability and Diseases and Disorders of the Eye or Ear; OR Multiple Disability and Diseases or Disorders of the Nervous System; OR Multiple Disability and Diseases of the Musculoskeletal and Connective Tissue; OR Other Health Impairment, Diseases or Disorders of the Nervous System, and Diseases of the Digestive System; OR Other Health Impairment and Diseases or Disorders of the Nervous System; OR Other Health Impairment and Endocrine and Metabolic Diseases; OR Diseases of the Musculoskeletal and Connective Tissue and Speech or Language Impairment 	13	1%
Orthopedic Impairment OR Orthopedic Impairment and One Additional Condition: <ul style="list-style-type: none"> Congenital Anomalies; OR Diseases or Disorders of the Nervous System 	12	1%
Diseases of the Digestive System	11	1%
Speech or Language Impairment and One Additional Mental or Learning Disorder: <ul style="list-style-type: none"> Emotional Disturbance; OR Reactive Attachment Disorder of Infancy or Early Childhood; OR Specific Learning Disability 	10	1%
Autism <i>and/or</i> Asperger's Disorder/Pervasive Developmental Disorder and One Additional Condition: <ul style="list-style-type: none"> Diseases or Disorders of the Nervous System; OR Speech or Language Impairment 	10	1%
Diseases of the Genouritary System	10	1%
Other Health Impairment and One Additional Condition: <ul style="list-style-type: none"> Diseases and Diseases or Disorders of the Eye or Ear; OR Diseases of the Nervous System; OR Emotional Disturbance 	9	1%
Multiple Disability <i>or</i> Multiple Disability and One or More Additional Conditions: <ul style="list-style-type: none"> Diseases of the Musculoskeletal and Connective Tissue and Diseases of the Nervous System; OR Diseases or Disorders of the Nervous System; OR Endocrine and Metabolic Diseases; OR Diseases or Disorders of the Eye or Ear and Disorders of the Nervous System 	8	1%
Other Health Impairment	8	1%
Emotional Disturbance and One Additional Condition: <ul style="list-style-type: none"> Endocrine and Metabolic Diseases; OR Diseases or Disorders of the Nervous System; OR Specific Learning Disability; OR Other Health Impairment 	7	1%
Infectious Diseases	7	1%
Neoplasms; OR		
Neoplasms and Other Specified Conditions Originating in the Perinatal Period or Disorder of Infancy, Childhood, or Adolescence	7	1%
No Diagnosis (GGRC)	595	38%
Diagnosis Deferred on Axis I or No Diagnosis (Blank) on Axis I (SFCMHS)	31	2%

*Note: Percentages do not total 100 percent due to rounding error.

Table 13 shows the primary qualifying condition(s) for eligibility of the 1,559 children served by one or more of the participating agencies, by age group. The largest proportions of birth to three-year-olds' primary conditions for eligibility are diseases of the respiratory system (8 percent), followed by diseases or disorders of the nervous system or diseases or disorders of the nervous system and diseases of the musculoskeletal and connective tissue (7 percent), and diseases of the musculoskeletal and connective tissue (7 percent). The largest proportions of three- through five-year-olds' primary conditions for eligibility are speech or language impairments (25 percent), followed by emotional disturbance or disorders (7 percent) and autism and/or Asperger's Disorder (6 percent). There are no children under three years old whose primary conditions for eligibility are Mental Retardation, Multiple Disabilities, or Specific Learning Disabilities.

Table 13. Primary Qualifying Condition(s) for Eligibility of Children Served by One or More Participating Agencies, by Age Group (n=1,559)

Primary Qualifying Condition(s) for Eligibility	Number of Children		Percentage of Total Children in Age Group	
	Birth to Three	Three through Five	Birth to Three	Three through Five
Speech or Language Impairment (n=262)	2	260	<1%	25%
Emotional Disturbance or Disorder (n=81)	10	71	2%	7%
Autism and/or Asperger's Disorder (n=71)	4	67	1%	6%
Diseases or Disorders of the Nervous System <i>OR</i> Diseases or Disorders of the Nervous System and Diseases of the Musculoskeletal and Connective Tissue (n=70)	38	32	7%	3%
Diseases of the Musculoskeletal and Connective Tissue (n=65)	36	29	7%	3%
Diseases or Disorders of the Eye or Ear <i>OR</i> Diseases or Disorders of the Eye or Ear and Other Specified Conditions Originating in the Perinatal Period (n=49)	21	28	4%	3%
Diseases of the Respiratory System (n=47)	41	6	8%	1%
Diseases of the Circulatory System <i>OR</i> Diseases of the Circulatory System and Reactive Attachment Disorder of Infancy or Childhood (n=31)	14	17	3%	2%
Mental Retardation (n=28)	-	28	-	3%
Speech or Language Impairment and One Additional Physical Condition (n=24)	1	23	<1%	2%
Mental Retardation and One Additional Condition (n=20)	-	20	-	2%
Other Mental or Physical Condition (n=16)	9	7	2%	1%
Specific Learning Disability <i>OR</i> Specific Learning Disability and One Additional Condition (n=15)	-	15	-	1%
Endocrine and Metabolic Diseases <i>OR</i> Diseases of the Blood, <i>OR</i> Diseases of the Skin (n=15)	9	6	2%	1%
Congenital Deformities (n=14)	11	3	2%	<1%
Other Specific Conditions Originating in the Perinatal Period <i>OR</i> Disorder of Infancy, Childhood or Adolescence (n=13)	10	3	2%	<1%
Mental Retardation and Two or More Additional Conditions (n=13)	-	13	-	1%
Orthopedic Impairment <i>OR</i> Orthopedic Impairment and Congenital Anomalies <i>OR</i> Orthopedic Impairment and Diseases of the Nervous System (n=12)	2	10	<1%	1%
Diseases of the Digestive System (n=11)	9	2	2%	<1%
Speech or Language Impairment and One Additional Mental or Learning Disorder (n=10)	-	10	-	1%
Autism and/or Asperger's Disorder and One Additional Condition (n=10)	-	10	-	1%
Diseases of the Genourinary System (n=10)	7	3	1%	<1%
Other Health Impairment and One Additional Condition (n=9)	1	8	<1%	1%
Multiple Disability <i>OR</i> Multiple Disability and One or More Additional Conditions (n=8)	-	8	-	1%
Other Health Impairment (n=8)	2	6	<1%	1%
Emotional Disturbance and One Additional Condition (n=7)	-	7	-	1%
Infectious Diseases (n=7)	4	3	1%	<1%
Neoplasms <i>OR</i> Neoplasms and Other Specified Conditions Originating in the Perinatal Period (n=7)	4	3	1%	<1%
No Diagnosis (GGRC) (n=595)	272	323	54%	31%
Diagnosis Deferred on Axis I or No Diagnosis (Blank) on Axis I – (SFCMHS) (n=31)	1	30	<1%	3%
Total	508	1,051	100%	100%

Number of children served by two or more agencies

Table 14 shows the number of children that each agency served as of December 1, 2001, and the number of children that the agencies served in common. SFUSD and the GGRC served 145 of the same children, followed by GGRC and CCS, who served 69 of the same children. The smallest overlap was between SFCMHS and CCS, who served six of the same children. Twenty-eight children were served by three of the four agencies.

Table 14. Children Served by Two or More Participating Agencies as of December 1, 2001

Agency	Number of Children Served by Each Agency	Children Served by Both Agencies		
		Number of Children Served by Both Agencies	Age Breakdown of Children Served by Both Agencies	
San Francisco Community Mental Health Services	175	28	Birth to Three Years	-
San Francisco Unified School District	470		Three through Five Years	28
San Francisco Community Mental Health Services	175	16	Birth to Three Years	4
Golden Gate Regional Center	846		Three through Five Years	12
San Francisco Community Mental Health Services	175	6	Birth to Three Years	2
California Children Services	342		Three through Five Years	4
San Francisco Unified School District	470	145	Birth to Three Years	6
Golden Gate Regional Center	846		Three through Five Years	139
San Francisco Unified School District	470	38	Birth to Three Years	3
California Children Services	342		Three through Five Years	35
Golden Gate Regional Center	846	69	Birth to Three Years	30
California Children Services	342		Three through Five Years	39

Source: Data collected from four agencies for the needs assessment.

Age groupings, gender, and ethnicity of children served by two or more of the participating agencies

Table 15 shows the demographics of the 246 children who were served by two or more of the agencies.²⁸ Of these children, over 80 percent was three through five-year-olds, and almost 20 percent was birth to three-year olds. Approximately two-thirds of the 246 children served by two or more of the participating agencies are male, and one-third are female. Hispanic children make up the largest proportion (27 percent) of children, followed by Whites (24 percent), African-Americans (20 percent), and Asians or Pacific Islanders (19 percent).

²⁸ These children are served by three of the four agencies. For example, a child might be served by SFUSD, GGRC, and CCS, or by SFUSD, GGRC and SFCMHS.

Table 15. Demographics of Children Served by Two or More Participating Agencies as of December 1, 2001

Demographic		Number of Children Served by Two or More Participating Agencies		Percentage of Children Served by Two or More Participating Agencies*
Age Groupings	<i>5 years, up to 6 years</i>		77	31%
	<i>Four years, up to 5 years</i>		74	30%
	<i>Three years, up to 4 years</i>		48	20%
	<i>Two years, up to 3 years</i>		23	9%
	<i>One year, up to 2 years</i>		16	7%
	<i>Up to 1 year old</i>		8	3%
Gender	<i>Male (n=161)</i>	<i>Birth to Three</i>	26	11%
		<i>Three through Five</i>	135	55%
	<i>Female (n=85)</i>	<i>Birth to Three</i>	21	9%
		<i>Three through Five</i>	64	26%
Ethnicity	<i>Hispanic or Latino (n=68)</i>	<i>Birth to Three</i>	18	7%
		<i>Three through Five</i>	50	20%
	<i>White (n=59)</i>	<i>Birth to Three</i>	13	5%
		<i>Three through Five</i>	46	19%
	<i>African-American (n=50)</i>	<i>Birth to Three</i>	7	3%
		<i>Three through Five</i>	43	17%
	<i>Asian or Pacific Islander (n=47)</i>	<i>Birth to Three</i>	5	2%
		<i>Three through Five</i>	42	17%
	<i>Multicultural (n=18)</i>	<i>Birth to Three</i>	2	1%
		<i>Three through Five</i>	16	7%
<i>Other or Unknown (n=4)</i>	<i>Birth to Three</i>	2	1%	
	<i>Three through Five</i>	2	1%	

Source: Data collected from four agencies for the needs assessment.

*Note: Percentages for gender do not total 100 percent due to rounding error.

Primary qualifying condition(s) for eligibility of children served by two or more participating agencies

Table 16 shows the primary qualifying condition(s) for eligibility of the children served by two or more of the participating agencies.²⁹ The greatest proportion of children (18 percent) is made up of children with speech or language impairments.³⁰ Children with speech or language impairments and one additional physical condition make up the second largest proportion (10 percent), followed by children with autism and/or Asperger's Disorder (9 percent), diseases of the nervous system (7 percent), and autism and/or Asperger's Disorder plus one other condition (6 percent).

²⁹ See Appendix D for a table that shows disability categories, by age group, of children served by two or more of the participating agencies.

³⁰ This is consistent with data on children served by SFUSD in 1998, which showed that speech or language impairments were the most common disability. See Appendix H for data on the number of children with disabilities in the nation and San Francisco, by type of disability.

Table 16. Primary Qualifying Condition(s) for Eligibility of Children Served by Two or More Participating Agencies (n=246)

Primary Qualifying Condition(s) for Eligibility	Number of Children	Percentage of Children*
Speech or Language Impairment	45	18%
Speech or Language Impairment and One Additional Physical Condition: <ul style="list-style-type: none"> • Congenital Deformities; OR • Diseases of the Digestive System; OR • Diseases of the Musculoskeletal and Connective Tissue; OR • Diseases or Disorders of the Nervous System; OR • Diseases or Disorders of the Eye or Ear 	24	10%
Autism <i>and/or</i> Asperger’s Disorder	22	9%
Diseases of the Nervous System or Diseases of the Nervous System and One Addition Condition: <ul style="list-style-type: none"> • Diseases of the Musculoskeletal and Connective Tissue; OR • Specific Learning Disability 	18	7%
Autism <i>and/or</i> Asperger’s Disorder/Pervasive Developmental Disorder and One Additional Condition: <ul style="list-style-type: none"> • Diseases or Disorders of the Nervous System; OR • Speech or Language Impairment; OR • Mental Retardation 	14	6%
Diseases or Disorders of the Eye or Ear or Diseases or Disorders of the Eye or Ear and One Additional Condition: <ul style="list-style-type: none"> • Other Specified Conditions Originating in the Perinatal Period or Disorder of Infancy, Childhood, or Adolescence; OR • Specific Learning Disability 	13	5%
Mental Retardation and Two or More Additional Conditions: <ul style="list-style-type: none"> • Diseases or Disorders of the Nervous System and Diseases or Disorders of the Eye or Ear; OR • Multiple Disability; OR • Multiple Disability and Diseases or Disorders of the Nervous System; OR • Other Health Impairment and Diseases of the Nervous System; OR • Other Health Impairment, Diseases of the Digestive System, and Diseases or Disorders of the Nervous System; OR • Speech or Language Impairment and Diseases of the Musculoskeletal and Connective Tissue; OR • Multiple Disability and Diseases or Disorders of the Eye or Ear; OR • Other Health Impairment and Endocrine and Metabolic Diseases 	12	5%
Other Health Impairment or Other Health Impairment and One Additional Condition: <ul style="list-style-type: none"> • Other Health Impairment and Diseases of the Nervous System; OR • Other Health Impairment and Diseases or Disorders of the Eye or Ear; OR • Other Health Impairment and Emotional Disturbance 	12	5%
Speech or Language Impairment and One Additional Mental or Learning Disorder: <ul style="list-style-type: none"> • Emotional Disturbance; OR • Reactive Attachment Disorder of Infancy or Early Childhood; OR • Specific Learning Disability 	11	5%

Primary Qualifying Condition(s) for Eligibility	Number of Children	Percentage of Children*
Emotional Disturbance or Emotional Disturbance and One Additional Condition: <ul style="list-style-type: none"> • Diseases or Disorders of the Nervous System; OR • Endocrine and Metabolic Diseases; OR • Specific Learning Disability 	10	4%
Mental Retardation and One Additional Condition: <ul style="list-style-type: none"> • Diseases of the Musculoskeletal and Connective Tissue; OR • Diseases or Disorders of the Nervous System; OR • Other Health Impairment; OR • Other Specified Conditions Originating in the Perinatal Period or Disorder of Infancy, Childhood, or Adolescence; OR • Emotional Disturbance; OR • Speech or Language Impairment 	10	4%
Diseases of the Circulatory System; OR Diseases of the Digestive System; OR Diseases of the Musculoskeletal and Connective Tissue	9	4%
Diseases of the Respiratory System	9	4%
Mental Retardation	9	4%
Orthopedic Impairment and/or Orthopedic Impairment and One Additional Condition: <ul style="list-style-type: none"> • Congenital Anomalies; OR • Diseases or Disorders of the Nervous System 	7	3%
Multiple Disability and One or More Additional Conditions: <ul style="list-style-type: none"> • Diseases or Disorders of the Nervous System; OR • Endocrine and Metabolic Diseases; OR • Diseases of the Musculoskeletal and Connective Tissue and Diseases of the Nervous System; OR • Diseases or Disorders of the Eye or Ear and Diseases or Disorders of the Nervous System 	6	2%
Other Specified Conditions Originating in the Perinatal Period or Disorder of Infancy, Childhood, or Adolescence; OR Other Specified Conditions Originating in the Perinatal Period or Disorder of Infancy, Childhood, or Adolescence and Neoplasms	5	2%
Congenital Deformities; OR Neoplasms; OR Extreme Immaturity (Weight)	5	2%
Reactive Attachment Disorder of Infancy or Early Childhood; OR Reactive Attachment Disorder of Infancy or Early Childhood and Diseases of the Circulatory System	2	1%
No Diagnosis (GGRC) or Diagnosis Deferred on Axis I (SFCMHS)	3	1%

*Note: Percentages do not total 100 percent due to rounding error.

As shown, an unduplicated total of 1,559 children was being served by one or more of the four agencies as of December 1, 2001. The largest proportion (29 percent) of children was five-year-olds, and the majority of the children are male (63 percent). Hispanics or Latinos and Asians and Pacific Islanders make up the largest proportions of children served (25 percent and 24 percent, respectively). The largest proportions of those served lived in the Inner Mission/Bernal Heights (16 percent) or the Outer Mission Ingleside-Excelsior neighborhoods (13 percent).

A total of 246 children was served by two or more of the participating agencies. Twenty-eight of these children were served by three of the participating agencies. The majority (65 percent) of the 246 children served by two or more of the participating agencies are male, and 35 percent are female. Hispanics make up the largest proportion (27 percent) of children, followed by Whites (24 percent), African-Americans (20 percent), and Asians or Pacific Islanders (19 percent). The greatest proportion of children (18 percent) is made up of children with speech or language impairments.³¹ Children with speech or language impairments and one additional physical condition make up the second largest proportion (10 percent), followed by children with autism and/or Asperger's Disorder (9 percent).

Research Question #3: What is the estimated number of children with unknown special health care needs (i.e., children with special health care needs who may not have been eligible for or receiving services from the four participating agencies at the time of the needs assessment)?

This section presents the estimated range in the number of children in San Francisco with unknown special health care needs (i.e., children with special health care needs who may not have been eligible for or receiving services from the four participating agencies at the time of the needs assessment). This section also shows how the estimates of children with unknown special health care needs vary depending on which data sources and definitions of special health care needs are used.

Estimated numbers of children with unknown special health care needs (i.e., children with special health care needs who may not have been eligible for or receiving services from any of the four participating agencies at the time of the needs assessment)

Table 17 presents the estimated numbers of children with unknown special health care needs (i.e., children with special health care needs who may not have been eligible for or receiving services from any of the four participating agencies at the time of the needs assessment). These estimates use the percentages (13.7 percent, 16.9 percent, and 18 percent) of children with special health care needs as reported by Stein et al (1999), Newacheck et al (1998, March), and Shaw et al (2001). As shown, the estimates of children with unknown special health care needs range from 4,078 to 5,847 birth through five-year-olds.³²

³¹ This is consistent with data on children served by SFUSD in 1998, which showed that speech or language impairments were the most common disability. See Appendix H for data on the number of children with disabilities in the nation and San Francisco, by type of disability.

³² Applying the Blumberg (2002, Draft) estimate of 10.25 percent yields an estimated 4,217 children with special health care needs and 2,658 children with unknown special health care needs (i.e., children with special health care needs who may not have been eligible for or receiving services from the four participating agencies at the time of the needs assessment).

Table 17. Estimated Numbers of San Francisco Children with Unknown Special Health Care Needs in 2001

Age Grouping	Estimated Number of Children, 2001	Estimated Percentage of Children with Special Health Care Needs	Estimated Number of Children with Special Health Care Needs, 2001	Number of Children Served by Four Agencies*	Estimated Number of Children with Unknown Special Health Care Needs
Birth through Five-Year-Olds	41,146	13.7%**	5,637	1,559	4,078
		16.9%***	6,954	1,559	5,395
		18%****	7,406	1,559	5,847

*Source: Data collected for needs assessment.

** Source: Stein, R.E., & Silver, E.J. (1999). Operationalizing a conceptually based noncategorical definition: A first look at U.S. children with chronic conditions. *Archives of Pediatric & Adolescent Medicine*, 153, 68-74.

***Source: Newacheck, P.W., Marchi, D., McManus, M., & Fox, H. (1998, March). *New estimates of children with special health care needs and implications for the state Children's Health Insurance Program* (Maternal & Child Health Policy Research Center, Fact Sheet Number 4).

****Source: Shaw, P., Santos, S., Cohen, A., Araki, C., Provance, E., & Reynolds, V. (2001). *Barriers to Inclusive Child Care: Executive Summary of Research Study Findings and Recommendations*. Sacramento, CA: California Children and Families Commission.

Table 18 presents the estimated numbers of children eligible under IDEA in California and the nation, and the number of children who were receiving services from the GGRC or SFUSD as of December 1, 2001. These estimates use the percentage of children with disabilities as presented in the *Annual Report* (2.63 percent for birth through five-year-olds in California, and 3.43 percent in the nation). This definition of children with or at risk of developmental disabilities is narrower than that of the broader definition developed by the MCH and adopted by both HRIIC and First 5 San Francisco.

The number of children served by the GGRC or SFUSD is 781 birth through five-year-olds. If the percentage of children birth through five served under IDEA in California as a whole (2.63 percent) is applied to the resident population of birth through five-year-olds in San Francisco, the estimated number of children eligible under IDEA as of December 1, 2001 in San Francisco is 1,082 birth through five-year-olds. This is greater (by 301 children) than the number of children actually being served by the GGRC or SFUSD as of December 1, 2001. However, the percentages of birth through two-year-olds and three- through five-year-olds who received services under IDEA in California are below the national average.³³ Thus, a comparison with the national average is also presented. When the percentage of birth through five-year-old children served under IDEA in the nation (3.43 percent) is applied to the resident population of children in San Francisco, the estimated number of children eligible under IDEA as of December 1, 2001 in San Francisco is 1,411 birth through five-year-olds. This suggests

³³ In addition, if the at-risk population of children served in California is subtracted from the total number of children receiving services under IDEA in California, California ranks the lowest out of the ten states reporting at-risk infants and toddlers. See Appendix G for comparisons of state and national identification of children with disabilities.

that as many as 630 additional children in San Francisco may have been eligible for but were not receiving services from GGRC or SFUSD at the time of this study.

Table 18. Estimated Number of San Francisco Children Eligible Under IDEA, Parts B and C, and Receiving GGRC and/or SFUSD Services, Birth Through Five, 2001

Age Grouping	Estimated Number of Children in San Francisco, 2001	Unduplicated Count of Children Served by the GGRC or SFUSD*	Estimated Percentage of Children in California Eligible Under IDEA, 1999**	Estimated Number of San Francisco Children Eligible Under IDEA using California's Estimate, 2001	Estimated Percentage of Children in the Nation Eligible Under IDEA, 1999**	Estimated Number of San Francisco Children Eligible Under IDEA using the Nation's Estimate, 2001
Birth through Five-Year-Olds	41,146	781	2.63%	1,082	3.43%	1,411

*Source: Data collected for needs assessment.

**Source: 23rd Annual Report to Congress, Table AH1, p. A-361, Table AA7, p. A-15, Table AF2, p. A-349, and Table AF3, p. A-350. Note: These percentages only reflect those children who were *receiving* services.

As shown, the estimated numbers of children with unknown special health care needs (i.e., children with special health care needs who may not have been eligible for or receiving services from any of the four participating agencies at the time of the needs assessment) vary according to the definition of special health care needs used. If the definition of children with special health care needs is used, the estimates of children with unknown special health care needs range from 4,078 to 5,847 birth through five-year-old children. The estimate of the subset of children with special health care needs who have or are at risk of developmental disabilities and who would be eligible for services under the Individuals with Disabilities Education Act (IDEA) is 1,082 birth through five-year-olds using California's estimate, and 1,411 birth through five-year-olds using the nation's estimate. A total of 781 birth through five-year-old children were served by either the GGRC or SFUSD.

Summary

The four participating agencies collectively served a duplicated total of 1,833 children with special health care needs and an unduplicated total of 1,559 children. A total of 246 children were served by more than one of the participating agencies, and 28 of these 246 children were served by three out of four agencies.

The estimated number of children with unknown special health care needs (i.e., children with special health care needs who may not have been eligible for or receiving services from the four participating agencies at the time of the needs assessment) is a function of the definitions of children with special health care needs that are used. If the definition of children with special health care needs developed by the MCH and adopted by both HRIIC and First 5

San Francisco is used, the estimates of children with unknown special health care needs range from 4,078 to 5,847 birth through five-year-old children. The estimate of the subset of children with special health care needs who have or are at risk of developmental disabilities and who would be eligible for services under the Individuals with Disabilities Education Act (IDEA) is 1,082 birth through five-year-olds in California, and 1,411 birth through five-year-olds in the nation. A total of 781 birth through five-year-old children were served by either the GGRC or SFUSD.

There may be as many as 5,847 birth through five-year-old children in San Francisco with unknown special health care needs (i.e., children with special health care needs who may not have been eligible for or receiving services from the four participating agencies at the time of the needs assessment). Given that the majority of these children are probably not those who would be eligible for GGRC and/or SFUSD services (based on the relatively close match between the estimated number of eligible children and the actual identification of children in San Francisco), it is also possible that some or all of these additional children with special health care needs may be receiving appropriate services from a physician or other private therapist on an ongoing basis. This study did not include counts of children who were receiving services outside of GGRC, SFUSD, CCS and SFCMHS, and thus it is not possible to conclude how many children with special health care needs are or are not being served in San Francisco through other private or public venues. An assessment of the extent to which additional children from birth through five with special health care needs are being identified outside of the four agencies (i.e., through surveys to other public or private providers) may be helpful in understanding the needs of these unknown children.

Although the resident population of San Francisco is reportedly decreasing, this change in population is primarily a result of migration and not necessarily a result of decreasing numbers of live births. The estimated resident population of children ages birth through five years rose five percent nationwide between 1989-1990 and 1999-2000, and six percent in the State of California. The three through five-year-old population showed the greatest increase between 1989-90 and 1999-00 in California (9.39 percent). As identification rates show marked yearly increases as children grow from birth through five years, several hypotheses may be considered. One possibility is that some number of diagnoses are simply not reliably made until children reach the age of two years and older, as approximately 80 percent of the 1,559 children who were served by one or more of the four agencies were two through five years old. It is also possible that since nearly 30 percent of the group of children served across the four agencies were five years old (and some of these children may have been identified upon entry to kindergarten), additional outreach and targeted early screening to identify children with special health care needs before the age of five could help to address their need for services prior to kindergarten entry.

A comparison of the characteristics associated with the estimated resident population and the unduplicated count of children served by the participating agencies will also be helpful when planning outreach to the population of children with unknown special health care needs. Asians, Whites, and Hispanics or Latinos make up the largest proportions of the estimated resident population of birth through five-year-olds in San Francisco, with approximately 27 percent, 25 percent, and 20 percent, respectively, in the population. Among the children being served across the four agencies, 24 percent are Asian, 18 percent are White, and 25 percent are Hispanic or Latino, suggesting a possible slight over-identification of Hispanic or Latino

children and a corresponding under-identification of Asian and White children. Most striking is the comparison between the proportion of African Americans in the resident population and in the unduplicated count of children served. Approximately 9 percent of the resident population of San Francisco is African American, as compared to 20 percent of the unduplicated count of children served, suggesting the over-identification of African Americans by approximately 11 percent. This discrepancy is even greater than that found for the state as a whole, where approximately 14 percent African Americans are identified for special education, compared with 9 percent in the resident population.³⁴ Further investigation of the causes underlying the finding for San Francisco would be warranted.

The neighborhoods with the largest proportion of children under six years old in San Francisco are the Outer Mission and the Inner Mission. This is also consistent with findings from the unduplicated count of children served by the four participating agencies – the Inner and Outer Mission neighborhoods had the largest proportion of children served. Outreach efforts targeted to the neighborhoods with the greatest discrepancies between estimated resident population and actual identification should also be considered as a strategy for prioritizing next steps to extend the reach of service provision to children with special health care needs in San Francisco.

³⁴ Losen, D. J, & Orfield, G. (2002), p. 27.

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Appendix A – Characteristics of the Participating Agencies

The Golden Gate Regional Center

Mission of the GGRC

The GGRC “stands on a foundation of opportunity, growth and independence in which the center and its clients work together as partners to create greater self-reliance for individuals with developmental disabilities and their families.”³⁵

Structure of the GGRC

The California Department of Developmental Services (DDS) is the agency through which the State of California provides services and supports to children and adults with developmental disabilities. DDS is responsible for designing and coordinating a wide array of services for California residents with developmental disabilities. These services are provided through a statewide system of 21 locally-based regional centers. Regional centers are non-profit private corporations that have offices throughout California to provide a local resource to help find and access the many services available to individuals with developmental disabilities and their families. Both geographic accessibility and population density were considered when selecting locations for the 21 regional centers. The boundaries for the regional centers conform to county boundaries or groups of counties, except in Los Angeles County, which is divided into seven areas, each served by a regional center. The Golden Gate Regional Center (GGRC) is one of these 21 nonprofit agencies.

Children Served by the GGRC

The GGRC serves individuals with developmental disabilities and their families who reside in San Francisco, Marin, and San Mateo counties. In addition, the GGRC provides early intervention services to infants between birth and three years of age who are developmentally delayed or believed to be at high risk of having a developmental disability, and genetic counseling and testing for individuals at high risk of having a child with a disability.

The GGRC uses the definition of developmental disability found in the California Welfare and Institutions Code, Section 4512, which defines it as a disability that originates before an individual attains age 18, continues or can be expected to continue indefinitely, and constitutes a substantial handicap for that individual. A substantial handicap is a condition that results in major impairment of cognitive and/or social functioning, and represents a condition of sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential.

Because this definition of developmental disability does not include other handicapping conditions that are solely physical, learning, or psychiatric in nature, the GGRC has expanded its definition to include conditions such as mental retardation, cerebral palsy, epilepsy, and autism. Also included are disabling conditions found to be closely related to mental retardation or that require treatment similar to that required for individuals with mental retardation.

³⁵ <http://www.ggrc.org/>

A developmental delay is defined as a significant difference between an infant's or toddler's current level of functioning and the expected level of development for his/her chronological age in one or more of the following developmental areas:

- Cognitive
- Motor and physical – including vision and hearing
- Communication
- Social or emotional
- Adaptive

Other infants and toddlers who are eligible for early intervention services are those who have been determined by qualified personnel to have either an established risk condition, or a high risk for a developmental disability. An established risk condition exists when an infant or toddler is diagnosed with a condition that has a high probability of resulting in a developmental delay, although that delay may not be evident at the time of diagnosis. High risk for a developmental disability exists when an infant or toddler has a history of a combination of biomedical risk factors, such as low birth weight, prematurity, severe respiratory distress, or seizure activity during the first weeks of life.

An individual's status with the regional center is active when the individual and his or her family are actively partnering with the regional center on plans, decisions, and choices regarding provision of services and supports to meet desired outcomes. When an individual is receiving services that are purchased by the regional center, his or her status is automatically considered to be active.

San Francisco Unified School District

Mission of SFUSD

The mission of the San Francisco Unified School District is “to provide each student with an equal opportunity to succeed by promoting intellectual growth, creativity, self-discipline, cultural and linguistic sensitivity, democratic responsibility, economic competence, and physical and mental health so that each student can achieve his or her maximum potential.”³⁶ The overall educational objective for special education students differs only slightly from that for all students. The objective is “to assist special education students with learning so that they can attain their potential and become an effective, integral part of society. The concern is not solely with academic achievement and improvement of isolated functions, but with the ability to care for oneself, and to become independent.”³⁷

³⁶ <http://storm.sfusd.edu/apps/Intro/mission.cfm>

³⁷ <http://www.sfusd.edu/dept/sped/>

Structure of SFUSD

The San Francisco Unified School District is divided into various departments. One of these departments is Special Education Services.

Children Served by SFUSD

Special education is specially designed instruction provided at no cost to meet a child's unique needs. Special education can include classroom instruction, home instruction, instruction in hospitals and institutions, or other settings. It can also include instruction in physical education and vocational education.

The federal law that supports special education and related services is called the Individuals with Disabilities Education Act (IDEA). Under IDEA, all eligible school-aged children and youth with disabilities are entitled to receive a free and appropriate public education (FAPE). The steps in the special education process are as follows:

1. Identification
2. Request for an Evaluation
3. Evaluation
4. Eligibility for Special Education
5. Individualized Educational Program (IEP)
6. Re-evaluations

The California Special Education Management Information System (CASEMIS) used by SFUSD has fourteen disability categories:

- Autism (AUT)
- Deafness
- Deaf-Blindness (DB)
- Emotional Disturbance (ED)
- Established Medical Disability (EMD)
- Hard of Hearing (HH)
- Mental Retardation (MR)
- Multiple Disability (MD)
- Orthopedic Impairment (OI)
- Other Health Impairment (OHI)
- Specific Learning Disability (SLD)
- Speech or Language Impairment (SLI)
- Traumatic Brain Injury (TBI)
- Visual Impairment (VI), including blindness

California Children Services

Mission of CCS

The goal of California Children Services (CCS) is “to locate children who are residents of San Francisco that may need specialized medical care and encourage families with children with physical disabilities to obtain necessary medical services to maximize their children's potential. It is a program dedicated to the medical care of children who are at risk of, or who have serious, chronic, and disabling physical conditions or diseases.”³⁸

Structure of CCS

Under the direction of the State Children's Medical Service (CMS) Branch of the California Department of Health Services (DHS), the CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions. There are three regional CCS offices – San Francisco, Sacramento, and Los Angeles, with the headquarter office located in Sacramento. There are 58 county offices that carry out and implement the program activities on the local level.

Children Served by CCS

The CCS program covers almost all serious medical conditions of a physical nature that can be cured, improved, or stabilized. Eligible conditions include birth defects (such as congenital heart disease); chronic illnesses (such as cystic fibrosis); malignancies; and certain serious injuries and physical disabilities.

If a low-income family has a child with a CCS medically eligible condition, CCS may authorize financial assistance for any necessary medical care. CCS arranges and pays for diagnostic evaluations, if required, without regard to the family's income and resources. If the parent(s) are legal California resident(s) and the child is under 21 years of age, they can contact their county health department to apply for CCS.

³⁸ <http://www.dhs.cahwnet.gov/pcf/cms/HTML/CCS.htm>

CCS coordinates and monitors medical services for Medi-Cal children with CCS-eligible conditions in order to assure they are provided with the highest quality of care available. A child is eligible for CCS when:

- He or she has a CCS medically eligible condition, and
- The parents reside in a county in California, and
- The family's California Tax Form for the previous tax year reports an adjusted gross income (AGI) of \$40,000 or less; or, an income over \$40,000 AGI when the estimated cost of out-of-pocket expenditures for medical care for the child exceeds 20 percent of the AGI. Families with incomes exceeding 200 percent of the federal income guidelines are charged an annual enrollment fee based on a sliding fee schedule of family size and gross annual income. An annual assessment fee of \$20 is also charged for families with incomes exceeding 100 percent of the federal income guidelines, or
- Children who have health insurance coverage through California's Healthy Families program may be eligible for CCS coverage for care related to a CCS medically eligible condition. Children who have Medi-Cal coverage with no share of cost may be eligible for CCS coverage for care related to a CCS medically eligible condition.

San Francisco Community Mental Health Services

Mission of SFCMHS

The mission of the San Francisco Department of Public Health is “to protect and promote the health of all San Franciscans.”³⁹ The specific guiding principle of San Francisco Community Mental Health Services is “to provide high quality mental health care that is community based, culturally competent, and consumer guided.”⁴⁰

Structure of SFCMHS

San Francisco Community Mental Health Services is a program of specialty mental health services operated by the City and County of San Francisco. The San Francisco Health Commission sets policy and governs the San Francisco Department of Public Health (SFDPH). The Commission is comprised of seven mayoral appointees who meet twice each month.

The SFDPH strives to achieve its mission through the work of two Divisions - the Community Health Network (CHN) and Population Health and Prevention (PHP). The CHN is the City's health system, and has locations throughout the City, including San Francisco General Hospital Medical Center, Laguna Honda Hospital and Rehabilitation Center, and over 15 primary care health centers. The PHP has a broad focus on the communities of San Francisco and is comprised of the Community Health and Safety Branch, the Community Health Promotion and Prevention Branch, and the Community Health Services Branch. Community Mental Health Services is one of the divisions in the Community Health Services Branch, and its Child, Youth, & Family Section serves children and their families.

³⁹ <http://www.dph.sf.ca.us/>

⁴⁰ <http://www.dph.sf.ca.us/MentlHlth/MentalHlthX/ConsumerGuide.htm>

Children Served by SFCMHS

The SFDPH's main target populations are the uninsured, indigent, and under-insured, low-income and impoverished, and the homeless. The Child, Youth, & Family Section targets infants, toddlers, school-age children, disabled children, and foster children; and low-income families with children. Mental health services are available to residents of San Francisco who receive Medi-Cal benefits and to other San Francisco residents with limited or no resources for their mental health care needs. Mental Health services approved by the San Francisco DPH are provided to most individuals who receive Medi-Cal benefits at no fee or with a minimum share of cost. For all others, fees are based on a sliding scale.

Services are approved and provided based on individual clinical need. The program offers a variety of services, including assessment and evaluation services, counseling services, and special education linked services, however, the majority of people seeking mental health services need only basic counseling services.

Appendix B – List of Data Elements Submitted by Agencies

The Golden Gate Regional Center

Number of Records: 846

Earliest Birthdate in Database: 12/2/1995

Most Recent Birthdate in Database: 11/7/2001

Submitted Data Elements

- UCI Number (UCI)
- Agency Status (STATUS)
- Child's Date of Birth (DOB)
- Gender (GENDER)
- Ethnicity (ETHNICITY)
- Language (LANGUAGE)
- Place of Residence (e.g., with parents, in a foster home) (RESIDENCE)
- Zip Code (ZIP)
- Service (SERVICE)
- Service Name (SERVICE_NAME)
- Child's Diagnosis (DIAGNOSIS)

San Francisco Unified School District

Number of Records: 470

Earliest Birthdate in Database: 12/7/1995

Most Recent Birthdate in Database: 12/9/1999

Submitted Data Elements

- Date of Report (REPT_DATE)
- SELPA or State-operated Program Reporting Data (SELPA_CODE)
- SELPA Transferred From (SELPA_FROM)
- District, County Office or State-Operated Program Providing the Majority of Services and/or Receiving Funds (DIST_SERV)
- Seven-digit Code of the School of Attendance (SCH_CODE)
- Type of School of Attendance in General Education (SCH_TYPE)
- Student's Last Name (LAST_NAME)
- Student's First Name (FIRST_NAME)
- Student Identification Code (STUDENT_ID)
- Student's Date of Birth (BIRTHDATE)
- Student's Gender Identification (GENDER)
- Student's Primary Ethnic Identification (ETHNICITY1)
- English Language Learner (LEP)
- Student's Home Language or Birth Language (HOME_LANG)
- Eligible for or is Participating in Migrant Program (MIGRANT)
- Student's Residential Status (RESID_STAT)
- Entry Date (ENTRY_DATE)
- Date of Student's Last IEP Meeting (LAST_IEP)
- Date of the Latest Determination of Initial or Continued Eligibility for Special Education (LAST_EVAL)
- Primary Disability Category of Student (DISABILITY)
- Placement (PLACEMENT)
- Program Setting for Preschool Services (PRESCH_SET)
- Percentage of Time the Student is Outside Regular Class for Special Education Instruction or Services During the School Day (OUT_REGCLS)
- Student's Grade Level (GRADE)
- If Student is Participating or Has Participated in the WorkAbility Program During the School Year (WORKAB)
- A Primary Special Education Service Received by the Student, for Ages 3 to 22 only (DIS1)
- A Second Special Education Service Received by the Student, for Ages 3 to 22 only (DIS2)
- A Third Special Education Service Received by the Student, for Ages 3 to 22 only (DIS3)
- A Fourth Special Education Service Received by the Student, for Ages 3 to 22 only (DIS4)
- A Fifth Special Education Service Received by the Student, for Ages 3 to 22 only (DIS5)
- A Sixth Special Education Service Received by the Student, for Ages 3 to 22 only (DIS6)

- A Seventh Special Education Service Received by the Student, for Ages 3 to 22 only (DIS7)
- A Eighth Special Education Service Received by the Student, for Ages 3 to 22 only (DIS8)
- Street Number (STREETNO)
- Street Name (STREET)
- Street Suffix (STRSUFFIX)
- Apartment Number (APTNO)
- Zip Code (ZIPCODE)
- Parent's Name (PARENT)

California Children Services

Number of Records: 342

Earliest Birthdate in Database: 12/8/1995

Most Recent Birthdate in Database: 11/21/01

Submitted Data Elements

- CIN Number
- Name
- Date of Birth
- Ethnicity
- Parent's Address
- Parent's City
- Parent's State
- Parent's Zip Code
- Primary Care Provider's Address
- Primary Care Provider's City
- Primary Care Provider's State
- Primary Care Provider's Zip Code
- Placement out of Home
- Language
- NBR Number
- Date Open
- ICD-9 Number
- ICD- Description

San Francisco Community Mental Health Services

Number of Records: 175

Earliest Birthdate in Database: 12/3/1995

Most Recent Birthdate in Database: 7/3/2001

Submitted Data Elements

- Client number (CLIENT_NUMBER)
- Open Episode (OPEN_EPISODES)
- Opening Date (OPENING_DATE)
- Child's Initials (CHILD_INITIALS)
- Social Security Number (SOCIAL_SECURITY_NUMBER)
- Date of Birth (DOB)
- Zip Code (ZIP_CODE)
- Ethnicity (ETHNICITY)
- Gender (GENDER)
- Living Situation (LIVING_SITUATION)
- Primary Language (PRIMARY_LANGUAGE)
- MediCal Number (MEDICAL_NUMBER)
- Primary Diagnosis (PRIMARY_DIAGNOSIS)
- Primary Diagnosis Label (PRIMARY_DIAGNOSIS_LABEL)
- Secondary Diagnosis (SECONDARY_DIAGNOSIS)
- Secondary Diagnosis Label (SECONDARY_DIAGNOSIS_LABEL)
- First Service for this Episode (FIRST_SVC_THIS_EPISODE)
- Last Service for this Episode (LAST_SVC_THIS_EPISODE)
- Months (MONTHS)
- Services this Episode (SERVICES_THIS_EPISODE)
- Days Since Services Last Episode (DAYS_SINCE_LAST_SVC_THIS_EPISODE)
- Case Status (CASE_STATUS)
- Primary Service (PRIMARY_SERVICE)
- Primary Service Units (PRIMARY_SERVICE_UNITS)
- Primary Service Dollars Spent (PRIMARY_SERVICE_SPENT)
- Additional Service (ADDITIONAL_SERVICE)
- Additional Service Units (ADDITIONAL_SERVICE_UNITS)
- Additional Service Dollars Spent (ADDITIONAL_SERVICE_SPENT)
- Second Additional Service (ADDITIONAL_SERVICE_2ND)
- Second Additional Service Units (ADDITIONAL_SERVICE_2ND_UNITS)
- Second Additional Service Dollars Spent (ADDITIONAL_SERVICE_2ND_SPENT)
- First Service (FIRST_SERVICE)
- Last Service (LAST_SERVICE)
- Total Number of Services (TOTAL_SERVICE_COUNT)

Appendix C – Demographics of Children Served by Participating Agencies

The Golden Gate Regional Center

As of December 1, 2001, the GGRC was serving 846 birth through five-year-olds residing in San Francisco County. As shown in Table C-1, 37 percent of the children were under three years old, and 41 percent were between three to five years old. Twenty-two percent of the children were between five and six years old.

Table C-1. Ages of Children Served by the GGRC as of December 1, 2001

Age Groups	Number of Children in Age Group	Percentage of Children in Age Group
Up to 1 year old	52	6%
One year, up to 2	101	12%
Two years, up to 3	164	19%
Three years, up to 4	150	18%
Four years, up to 5	195	23%
Five years, up to 6	184	22%
Total	846	100%

Source: Data collected from the GGRC for the needs assessment.

As shown in Table C-2, 60 percent of the children served by the GGRC are male, and 40 percent of the children are female.

Table C-2. Gender of Children Served by the GGRC as of December 1, 2001

Gender	Number of Children	Percentage of Children
Male	509	60%
Female	337	40%
Total	846	100%

Source: Data collected from the GGRC for the needs assessment.

As shown in Table C-3, White (22 percent) and African-American (22 percent) children make up the largest proportions of birth through five-year-olds being served by the GGRC as of December 1, 2001, followed by Hispanic and Latino children (21 percent).

Table C-3. Ethnicity of Children Served by the GGRC as of December 1, 2001

Ethnicity	Number of Children	Percentage of Children
White	187	22%
African-American	185	22%
Hispanic/Latino	176	21%
Other Asian (includes Asian-Indian, Japanese, Korean, Other Asian, Vietnamese)	64	8%
Multi-cultural	45	5%
Chinese	43	5%
Filipino	32	4%
Other (Includes Native-American and Other)	11	1%
Samoan or Other Pacific Islander Group	7	1%
Unknown	96	11%
Total	846	100%

Source: Data collected from the GGRC for the needs assessment.

As shown in Table C-4, the most common primary language of the children served by the GGRC is English (70 percent), followed by Spanish, Other Latin, or Portuguese (17 percent), and Cantonese or Mandarin (7 percent).

Table C-4. Primary Languages of Children Served by the GGRC as of December 1, 2001

Primary Language	Number of Children	Percentage of Children*
English	594	70%
Spanish, Other Latin, or Portuguese	142	17%
Cantonese or Mandarin	63	7%
All Other Languages (includes Arabic, ASL, French, German, Hindi, Other Pacific Islander, Other Uralic or Slavic Languages, and Urdu)	21	2%
Other Asian (includes Cambodian, Japanese, Korean, Tagalog, and Vietnamese)	15	2%
Russian	11	1%
Total	846	100%

Source: Data collected from the GGRC for the needs assessment.

*Note: Percentages do not total 100 percent due to rounding error.

As shown in Table C-5, 16 percent of the children served by the GGRC had at least one diagnosis. The majority of the children (84 percent) served by the GGRC did not have a diagnosis. The status of 95 percent of the children without diagnoses was either intake and assessment, prevention and intake, or undetermined.⁴¹

Table C-5. Diagnosis and Status of Children Served by the GGRC as of December 1, 2001

Diagnosis	Number of Children*	Percentage of Children
Children with a Diagnosis	132	16%
No Diagnosis – Intake and Assessment Status	181	21%
No Diagnosis – Prevention and Intake Status	494	58%
No Diagnosis – Status Undetermined	39	5%
Total	846	100%

Source: Data collected from the GGRC for the needs assessment.

*Note: All but one of the children with diagnoses had an active status. The one exception was a child with an intake and assessment status, who was diagnosed with infantile autism.

⁴¹ The descriptions of the client status codes are as follows: an *Intake and Assessment* status is assigned to those applicants for regional center services who are being assessed for eligibility. A *Prevention* status is assigned to those children whose genetic, medical, or environmental history is predictive of a substantially greater risk for developmental disability than that of the general population. An *Active Client* status is assigned to those individuals who are determined to be developmentally disabled, are eligible for regional center services, and are currently receiving services.

A total of 132 children served by the GGRC had at least one primary qualifying condition for eligibility.⁴² Of these 132 children, 104 children had only one qualifying condition, 17 children had two conditions, and 11 children had three conditions. As shown in Table C-6, the most common qualifying condition is mental retardation (31 percent), followed by unspecified disorders of the nervous system or unspecified organic brain syndrome (25 percent), infantile autism (19 percent), epilepsy (13 percent), and infantile cerebral palsy (13 percent).

Table C-6. Primary Qualifying Conditions for Eligibility of Children Served by the GGRC as of December 1, 2001

Primary Qualifying Conditions for Eligibility	Number of Qualifying Conditions*	Percentage of Qualifying Conditions**
Mental Retardation (Mild, Moderate, Severe, Profound, or Unspecified)	53	31%
Unspecified Disorders of Nervous System or Unspecified Organic Brain Syndrome (Chronic)	42	25%
Infantile Autism	32	19%
Epilepsy	22	13%
Infantile Cerebral Palsy	22	13%
Total Qualifying Conditions	171	100%

Source: Data collected from the GGRC for the needs assessment.

*Note: This number reflects the *total* number of different diagnoses of the children and not the total count of children – Of the 132 children with one or more diagnoses, 104 children had just one diagnosis; 17 children had two diagnoses; and 11 children had three diagnoses.

**Note: Percentages do not total 100 percent due to rounding error.

The majority of the children (70 percent) served by the GGRC were listed in the database as not receiving services in addition to case management.⁴³ A total of 254 children served by the GGRC have at least one service specified.⁴⁴ Of these 254 children, 114 children have one service listed, 73 have two services, 44 have three services, 14 have four services, 7 have five services, and 2 have six services. As shown in Table C-7, the largest proportions of birth to three-year-olds receive infant development program services (37 percent), followed by respite services (20 percent), and some form of transportation services (18 percent). The largest proportions of three-through five-year-olds receive respite services (37 percent), followed by durable medical equipment (20 percent), and speech pathology services (14 percent).

⁴² The GGRC has three diagnosis fields for each child served; there is no Primary Diagnosis field.

⁴³ Although all GGRC clients receive case management, this is not one of the services tracked in the database.

⁴⁴ The GGRC's database tracks up to six service fields for each child served; there is no Primary Service field.

Table C-7. Services Received by Children Served by the GGRC as of December 1, 2001

Services	Number of Services*		Percentage of Total Services	
	Birth to Three	Three Through Five	Birth to Three	Three Through Five
Behavior Management Consultation (n=39)	7	32	3%	13%
Daycare (n=4)	3	1	1%	<1%
Durable Medical Equipment (n=58)	8	50	3%	20%
Home Health Agency (n=2)	1	1	<1%	<1%
Infant Development Program (n=106)	93	13	37%	5%
In-Home Respite Services (n=4)	-	4	-	2%
Interpreter (n=1)	1	-	<1%	-
Licensed Vocational Nurse (n=4)	1	3	<1%	1%
Occupational Therapy (n=3)	3	-	1%	-
Orthotic/Prosthetic (n=2)	2	-	1%	-
Out-of-Home Respite Services (n=2)	-	2	-	1%
Parent Coordination (n=2)	-	2	-	1%
Personal Assistance (n=10)	3	7	1%	3%
Physical Therapy (n=3)	2	1	1%	<1%
Purchased Reimbursement (n=4)	2	2	1%	1%
Respite Services (n=140)	48	92	20%	37%
Retail/Wholesale (n=1)	1	-	<1%	-
Socialization Training (n=1)	1	-	<1%	-
Speech Pathology (n=60)	26	34	10%	14%
Therapeutic Services (n=2)	2	-	1%	-
Transportation – Com (n=29)	27	2	11%	1%
Transportation – Public Transit (n=18)	18	-	7%	-
Total	249	246	100%	100%
No Services Specified (other than Case Management)** (n=592)	181	411	70%	

*Note: With the exception of the “No Services Specified” category, these numbers are duplicative. The GGRC lists up to six services per individual and does not specify a primary service. Of the 254 children who had services listed, 114 children received one service, 73 received two services, 44 received three services, 14 received four services, 7 received five services, and 2 received six services.

**Note: All GGRC clients receive case management services.

San Francisco Unified School District

As of December 1, 2001, SFUSD was serving 470 birth through five-year-olds. As shown in Table C-8, two percent of the children were under three years old, and 49 percent were between three and five years old. Forty-nine percent of the children were between five and six years old.

Table C-8. Ages of Children Served by SFUSD as of December 1, 2001

Age Groups	Number of Children in Age Group	Percentage of Children in Age Group
Up to 1 year old	-	-
One year, up to 2	1	<1%
Two years, up to 3	11	2%
Three years, up to 4	78	17%
Four years, up to 5	151	32%
Five years, up to 6	229	49%
Total	470	100%

Source: Data collected from SFUSD for the needs assessment.

*Note: Percentages do not total 100 percent due to rounding error.

As shown in Table C-9, 69 percent of the children served by SFUSD are male, and 31 percent of the children are female.

Table C-9. Gender of Children Served by SFUSD as of December 1, 2001

Gender	Number of Children	Percentage of Children
Male	325	69%
Female	145	31%
Total	470	100%

Source: Data collected from SFUSD for the needs assessment.

As shown in Table C-10, Hispanic children make up the largest proportion (27 percent) of birth through five-year-olds being served by SFUSD as of December 1, 2001, followed by White children (24 percent) and Chinese children (21 percent).

Table C-10. Ethnicity of Children Served by SFUSD as of December 1, 2001

Ethnicity	Number of Children	Percentage of Children
Hispanic	127	27%
White	111	24%
Chinese	97	21%
African-American	77	16%
Filipino or Samoan	27	6%
Other Asian (includes Japanese, Korean, and Other Asian)	25	5%
Unknown	6	1%
Total	470	100%

Source: Data collected from four agencies for the needs assessment.

As shown in Table C-11, the most common home language of the children served by SFUSD is English (87 percent), followed by Spanish (6 percent).

Table C-11. Home Languages of Children Served by SFUSD as of December 1, 2001

Primary Language	Number of Children	Percentage of Children
English	408	87%
Spanish	29	6%
Cantonese	21	4%
Other [includes Chaldean (Iraq), Filipino, Indonesian, Japanese, Khmer (Cambodian), Other Non-English, and Russian]	12	3%
Total	470	100%

Source: Data collected from SFUSD for the needs assessment.

Table C-12 shows the primary qualifying condition for eligibility of the 470 children served by SFUSD as of December 1, 2001. As shown in the table, the most common primary qualifying condition is speech or language impairments (64 percent), followed by autism (14 percent), and other health impairments (6 percent).

Table C-12. Primary Qualifying Condition for Eligibility of Children Served by SFUSD as of December 1, 2001

Primary Qualifying Condition for Eligibility	Number of Children	Percentage of Children
Speech or Language Impairment	300	64%
Autism	67	14%
Other Health Impairment	28	6%
Hard of Hearing, Deafness, or Visual Impairment	24	5%
Mental Retardation	18	4%
Multiple-Disability	15	3%
Orthopedic Impairment	12	3%
Emotional Disturbance, Specific Learning Disability, Traumatic Brain Injury, or Not Specified	6	1%
Total	470	100%

Source: Data collected from SFUSD for the needs assessment.

Table C-13 shows the primary services of the 470 children served by SFUSD as of December 1, 2001. As shown in the table, the largest proportions of both birth to three-year-olds (17 percent) and three- through five-year-olds (97 percent) receive language and speech services.

Table C-13. Primary Services Received by Children Served by SFUSD as of December 1, 2001

Services	Number of Children in Age Group		Percentage of Total Children in Age Group	
	Birth to Three	Three through Five	Birth to Three	Three through Five*
Health and Nursing – specialized physical health care services <i>OR</i> Individual counseling <i>OR</i> Vision Services <i>OR</i> Other special education services (n=4)	1	3	8%	1%
Language and speech (n=445)	2	443	17%	97%
Occupational therapy (n=3)	-	3	-	1%
Parent counseling (n=5)	1	4	8%	1%
No services specified (n=13)	8	5	67%	1%
Total	12	458	100%	100%

*Note: Percentages do not total 100 percent due to rounding error.

California Children's Services

As of December 1, 2001, CCS was serving 342 birth through five-year-olds. As shown in Table C-14, 60 percent of the children were under three years old, and 26 percent were between three and five years old. Fourteen percent of the children were between five and six years old.

Table C-14. Ages of Children Served by CCS as of December 1, 2001

Age Groups	Number of Children in Age Group	Percentage of Children in Age Group
Up to 1 year old	72	21%
One year, up to 2	71	21%
Two years, up to 3	63	18%
Three years, up to 4	43	13%
Four years, up to 5	45	13%
Five years, up to 6	48	14%
Total	342	100%

Source: Data collected from CCS for the needs assessment.

As shown in Table C-15, Hispanic children make up the largest proportion (39 percent) of birth through five-year-olds being served by CCS as of December 1, 2001, followed by Asian children (16 percent) and African-American children (13 percent).

Table C-15. Ethnicity of Children Served by CCS as of December 1, 2001

Ethnicity	Number of Children	Percentage of Children*
Hispanic	132	39%
Asian	55	16%
African-American	43	13%
White	23	7%
Filipino	12	4%
Unknown	77	23%
Total	342	100%

Source: Data collected from CCS for the needs assessment.

*Note: Percentages do not total 100 percent due to rounding error.

As shown in Table C-16, the most common primary (or home) language of the children served by CCS is English (53 percent), followed by Spanish or Portuguese (29 percent), and Asian dialects (13 percent).

Table C-16. Primary Languages of Children Served by CCS as of December 1, 2001

Primary Languages	Number of Children	Percentage of Children
English	181	53%
Spanish or Portuguese	100	29%
Asian Dialects (includes Cantonese, Korean, Mandarin, or Vietnamese)	44	13%
Other	5	1%
Unknown	12	4%
Total	342	100%

Source: Data collected from CCS for the needs assessment.

Table C-17 shows the primary qualifying condition for eligibility of the 342 children served by CCS as of December 1, 2001. The most common primary qualifying condition is Diseases of the Musculoskeletal and Connective Tissue (21 percent), followed by Diseases of the Nervous System (18 percent), and Diseases of the Respiratory System (15 percent).

Table C-17. Primary Qualifying Condition for Eligibility of Children Served by CCS as of December 1, 2001

Primary Qualifying Condition for Eligibility	Number of Children	Percentage of Children*
Diseases of the Musculoskeletal and Connective Tissue	73	21%
Diseases of the Nervous System	62	18%
Diseases of the Respiratory System	52	15%
Diseases of the Eye and Ear	35	10%
Diseases of the Circulatory System	32	9%
Congenital Deformities	16	5%
Diseases of the Digestive System	14	4%
Endocrine and Metabolic Diseases	9	3%
Diseases of the Genourinary System	8	2%
Other Healthy Infant or Child Receiving Care	8	2%
Infectious Diseases	7	2%
Neoplasms	7	2%
Other [includes Other Specified Conditions Originating in the Perinatal Period, and Extreme Immaturity (Weight)]	6	2%
Diseases of the Blood	5	1%
Diseases of the Skin	4	1%
Unspecified	4	1%
Total	342	100%

*Note: Percentages do not total 100 percent due to rounding error.

Source: Data collected from CCS for the needs assessment.

San Francisco Community Mental Health Services

As of December 1, 2001, SFCMHS was serving 175 birth through five-year-olds. As shown in Table C-18, 14 percent of the children were under three years old, and 41 percent were between three and five years old. Forty-five percent of the children were between five and six years old.

Table C-18. Ages of Children Served by SFCMHS as of December 1, 2001

Age Groups	Number of Children in Age Group	Percentage of Children in Age Group
Up to 1 year old	2	1%
One year, up to 2	8	5%
Two years, up to 3	14	8%
Three years, up to 4	24	14%
Four years, up to 5	48	27%
Five years, up to 6	79	45%
Total	175	100%

Source: Data collected from SFCMHS for the needs assessment.

As shown in Table C-19, 66 percent of the children served by SFCMHS are male, and 34 percent of the children are female.

Table C-19. Gender of Children Served by SFCMHS as of December 1, 2001

Gender	Number of Children	Percentage of Children
Male	115	66%
Female	60	34%
Total	175	100%

Source: Data collected from SFCMHS for the needs assessment.

As shown in Table C-20, Chinese (25 percent) and African-American (25 percent) children make up the largest proportions of birth through five-year-olds being served by SFCMHS as of December 1, 2001, followed by Hispanic or Latino children (21 percent).

Table C-20. Ethnicity of Children Served by SFCMHS as of December 1, 2001

Ethnicity	Number of Children	Percentage of Children*
Chinese	44	25%
African-American	43	25%
Hispanic or Latino (includes Latin American, Mexican-American, Other Hispanic)	37	21%
White	18	10%
Other Asian (includes Cambodian, Filipino, Japanese, Korean, Laotian, Vietnamese)	10	6%
Other (includes Native American, Other, Other Nonwhite, Pacific Islander, Russian, Samoan)	8	5%
Unknown	15	9%
Total	175	100%

Source: Data collected from SFCMHS for the needs assessment.

*Note: Percentages do not total 100 percent due to rounding error.

As shown in Table C-21, the most common primary language of the children served by SFCMHS is English (53 percent), followed by Chinese dialects (24 percent), and Spanish (10 percent).

Table C-21. Primary Languages of Children Served by SFCMHS as of December 1, 2001

Primary Language	Number of Children	Percentage of Children*
English	93	53%
Chinese (includes Cantonese, Chinese Dialect, and Mandarin)	42	24%
Spanish	18	10%
Other (includes American Sign Language, Arabic, Filipino Dialect, Japanese, Korean, Other, Other Sign, and Russian)	13	7%
Unknown/Not Reported	9	5%
Total	175	100%

Source: Data collected from SFCMHS for the needs assessment.

*Note: Percentages do not total 100 percent due to rounding error.

Table C-22 shows the primary qualifying condition for eligibility of the 175 children served by SFCMHS as of December 1, 2001. As shown in the table, the most common primary qualifying condition is a form of Adjustment Disorder (22 percent), followed by Oppositional Defiant Disorder (12 percent) and a form of Anxiety Disorder (10 percent). Fifteen percent of the children have a deferred diagnosis on Axis One.

Table C-22. Primary Qualifying Condition for Eligibility of Children Served by SFCMHS as of December 1, 2001

Primary Qualifying Condition for Eligibility	Number of Children	Percentage of Children*
Adjustment Disorder (with Anxiety, Anxiety and Depressed Mood, Depressed Mood, Disturbance of Conduct, Mixed Disturbance Emotions and Conduct, <i>OR</i> Unspecified)	39	22%
Oppositional Defiant Disorder or Disruptive Behavior Disorder	25	14%
Anxiety Disorder, Generalized Anxiety Disorder, or Separation Anxiety Disorder	18	10%
Attention-Deficit/Hyperactivity Disorder Combined Type, Attention-Deficit/Hyperactivity Disorder NOS, or Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive	15	9%
Asperger's Disorder/Pervasive Development Disorder	11	6%
Disorder of Infancy, Childhood, or Adolescence	11	6%
Other (includes Feeding Disorder of Infancy or Early Childhood, Learning Disorder NOS, Psychotic Disorder, Expressive Language Disorder, Parent-Child Relational Problem)	9	5%
Posttraumatic Stress Disorder	8	5%
Reactive Attachment Disorder of Infancy or Early Childhood	6	3%
Dysthymic Disorder or Depressive Disorder	6	3%
Condition Deferred on Axis I	27	15%
Total	175	100%

Source: Data collected from SFCMHS for the needs assessment.

*Note: Percentages do not total 100 percent due to rounding error.

Table C-23 shows the primary services of the 175 children served by SFCMHS as of December 1, 2001. As shown in the table, the largest proportions of birth to three-year-olds receive either assessment and evaluation, AB3632 assessment, or psychiatric interviews (29 percent), or group therapy or AB3632 therapy (29 percent). The largest proportions of three-through five-year-olds receive individual office therapy (26 percent), or collateral or AB3632 collateral services (18 percent).

Table C-23. Primary Services Received by Children Served by SFCMHS as of December 1, 2001

Primary Services	Number of Children in Age Group		Percentage of Total Children in Age Group	
	Birth to Three	Three through Five	Birth to Three	Three through Five
Assessment and Evaluation, AB3632 Assessment, <i>OR</i> Psychiatric Interview (n=26)	7	19	29%	13%
Case Management Brokerage <i>OR</i> Case Management Placement (n=7)	1	6	4%	4%
Collateral <i>OR</i> AB3632 Collateral (n=31)	4	27	17%	18%
Family Office Therapy – 90 Minutes (n=2)	0	2	-	1%
Group Therapy <i>OR</i> AB3632 Group (n=16)	7	9	29%	6%
Individual Psychotherapy <i>OR</i> Therapy Field 60 Minutes or AB3632 Individual (n=5)	1	4	4%	3%
Individual Office Therapy (n=42)	2	40	8%	26%
Medication Support/Monitoring (n=5)	1	4	4%	3%
O/P Case Conference – 60 minutes <i>OR</i> O/P Office Consultation – 55 minutes (n=20)	1	19	4%	13%
No Services Specified (n=21)	0	21	-	14%
Total	24	151	100%	100%

Source: Data collected from SFCMHS for the needs assessment.

Appendix D – Primary Qualifying Condition(s) for Eligibility Included in Each Major Category

Table D-1 shows the primary qualifying condition(s) for eligibility used to group children served by one or more of the participating agencies. This clustering, based on the input of professionals from each agency, was utilized due to the vast array of physical, mental, and learning conditions in use by the four agencies. For example, CCS uses unique diagnoses for eleven different physical conditions related to the eye or ear (e.g., conductive hearing loss, blindness of both eyes) that fall under the broader category of Diseases or Disorders of the Eye or Ear in Table D-1. Similarly, SFUSD uses three conditions related to the eye or ear (e.g., hard of hearing, deafness, and visual impairment) that fall under the same overarching category of Diseases or Disorders of the Eye or Ear.

Table D-1. Primary Qualifying Condition(s) for Eligibility Included in Each Category

Primary Qualifying Conditions	Explanation or Diagnoses Included in Category
Autism and/or Asperger’s Disorder	Asperger’s Disorder/Pervasive Developmental Disorder (SFCMHS)
	Autism (SFUSD)
	Infantile autism (GGRC)
Condition Deferred on Axis I	Too soon to make a diagnosis (SFCMHS)
Congenital Deformities	Cleft lip (CCS)
	Cleft palate (CCS)
	Congenital anomalies of the inner ear, skull and face, middle ear, unspecified, or foot (CCS)
	Multiple congenital anomalies (CCS)
Diseases of the Blood	Other hemoglobinopathies (CCS)
	Sickle-cell anemia, unspecified (CCS)
	Thalassemias (CCS)
Diseases of the Circulatory System	Acute febrile mucocutaneous lymph node syndrome (CCS)
	Atrial flutter (CCS)
	Cardiac dysrhythmia (CCS)
	Coarctation of aorta (CCS)
	Congenital heart block (CCS)
	Congenital stenosis of aortic valve (CCS)
	Late effect of cerebrovascular diseases (CCS)
	Nonpyogenic thrombosis of intracranial venous sinus (CCS)
	Ostium secundum type atrial septal defect (CCS)
	Other ill-defined cerebrovascular disease (CCS)
	Other specific cardiac dysrhythmias (CCS)
	Patent ductus arteriosus (CCS)
	Stenosis of pulmonary valve, congenital (CCS)
	Tachycardia, unspecified (CCS)
	Tetralogy of Fallot (CCS)
	Toxic effect of unspecified lead compound (CCS)
	Tricuspid atresia and stenosis congenital (CCS)
	Type II or unspecified type diabetes Mellitus (CCS)
	Undiagnosed cardiac murmurs (CCS)
	Unspecified congenital anomaly of heart (CCS)
Vascular hamartomas (CCS)	
Ventricular septal defect (CCS)	
Diseases of the Digestive System	Achalasia and Cardiospasm (CCS)
	Acute and subacute necrosis of liver (CCS)
	Acute vascular insufficiency of intestine (CCS)
	Biliary atresia, congenital (CCS)
	Hirschsprung’s Disease and other congenital functional disorders (CCS)
	Jaundice, unspecified, not of newborn (CCS)
	Other specified disorders of the intestines (CCS)
Unspecified congenital anomaly of gallbladder, bile ducts, and liver (CCS)	
Diseases of the Genourinary System	Hydronephrosis (CCS)
	Hypospadias (CCS)
	Obstructive defects of renal pelvis and ureter (CCS)

Primary Qualifying Conditions	Explanation or Diagnoses Included in Category
	Other specified disorders of the penis (CCS)
	Regional enteritis of unspecified site (CCS)
	Unspecified obstructive defect of renal pelvis and ureter (CCS)
	Vesicoureteral reflux unspecified or without reflux nephropathy (CCS)
Diseases of the Musculoskeletal and Connective Tissue	Closed dislocation of hip (CCS)
	Closed fracture of carpal bone (CCS)
	Congenital dislocation of hip (CCS)
	Congenital hereditary muscular dystrophy (CCS)
	Congenital subluxation of the hip (CCS)
	Contracture of lower leg joint (CCS)
	Fracture of the humerus, shaft of femur, anatomical neck of humerus, unspecified part of femur, unspecified part of radius or longitudinal deficiency of phalanges, combined, involving femur and tibia (CCS)
	Hereditary progressive Muscular Dystrophy (CCS)
	Juvenile osteochondrosis of foot (CCS)
	Juvenile osteochondrosis of lower extremity, excluding foot (CCS)
	Nonunion of fracture (CCS)
	Other closed skull fracture without mention of intracranial injury (CCS)
	Other congenital anomalies of spine (CCS)
	Other congenital deformity of hip (joint) (CCS)
	Other injuries to skeleton due to birth trauma (CCS)
	Other specified disorders of the teeth and supporting structures (CCS)
	Polyarticular juvenile rheumatoid arthritis, chronic or unspecified (CCS)
	Polydactyly of toes (CCS)
	Radioulnar synostosis (CCS)
	Spasm of muscle (CCS)
	Talipes equinovarus, congenital (CCS)
	Talipes valgus, congenital (CCS)
	Talipes, unspecified (CCS)
	Traumatic amputation of other fingers (complete or partial) (CCS)
	Trigger finger (acquired) (CCS)
	Unequal leg length (acquired) (CCS)
	Unspecified anomaly of lower limb (CCS)
	Unspecified anomaly of upper limb, congenital (CCS)
Unspecified reduction deformity of lower limb, congenital (CCS)	
Unspecified reduction deformity of upper limb, congenital (CCS)	
Diseases of the Respiratory System	Anomalies of the diaphragm (CCS)
	Asthma (CCS)
	Chronic airway obstruction (CCS)
	Chronic respiratory disease (CCS)
	Cystic fibrosis without mention of meconium ileus (CCS)
	Hemoptysis (CCS)
	Other congenital anomalies of larynx, trachea, and bronchus (CCS)
	Other newborn respiratory problems (CCS)
	Primary pulmonary hypertension (CCS)
	Respiratory stress syndrome in newborn (CCS)
	Tracheoesophageal fistula, esophageal atresia and stenosis (CCS)
	Unspecified pleural effusion (CCS)
	Diseases of the Skin
Burns of multiple specified sites, unspecified degree (CCS)	
Molluscum contagiosum (CCS)	
Diseases or Disorders of the Eye or Ear	Alternating esotropia (CCS)
	Blindness of both eyes (CCS)
	Conductive hearing loss (CCS)
	Congenital cataract (CCS)
	Deafness (SFUSD)
	Hard of Hearing (SFUSD)
	Other congenital anomalies of external ear with impairment (CCS)
	Retrolental fibroplasias (CCS)

Primary Qualifying Conditions	Explanation or Diagnoses Included in Category
	Sensorineural hearing loss, unspecified (CCS)
	Traumatic cataract, unspecified (CCS)
	Unspecified disorder of eye movements (CCS)
	Unspecified hearing loss (CCS)
	Unspecified retinal disorder (CCS)
	Visual Impairment (SFUSD)
Diseases or Disorders of the Nervous System	Brachial plexus lesions (CCS)
	Cerebral cysts (CCS)
	Diplegic infantile cerebral palsy (CCS)
	Edward's Syndrome (CCS)
	Epilepsy (GGRC)
	Febrile convulsions (CCS)
	Flaccid hemiplegia and hemiparesis (CCS)
	Generalized nonconvulsive epilepsy (CCS)
	Grand Mal status, epileptic (CCS)
	Infantile cerebral palsy (CCS and GGRC)
	Injury to brachial plexus due to birth trauma (CCS)
	Intraventricular hemorrhage of fetus or newborn (CCS)
	Lack of coordination (CCS)
	Microcephalus (CCS)
	Multiple cranial nerve palsies (CCS)
	Neurofibromatosis (CCS)
	Other conditions of the brain (CCS)
	Other convulsions (CCS)
	Other specified congenital anomalies of the spinal cord (CCS)
	Other specified infantile cerebral palsy (CCS)
	Other specified myoneural disorders (CCS)
	Other speech disturbance (CCS)
	Quadriplegic infantile cerebral palsy (CCS)
	Spastic hemiplegia (CCS)
	Spina bifida (CCS)
	Subarachnoid hemorrhage of newborn (CCS)
	Subdural hemorrhage (CCS)
	Traumatic Brain Injury (SFUSD)
	Tuberous sclerosis (CCS)
	Unspecified congenital anomaly of the brain, spinal cord, and nervous system (CCS)
Unspecified disorders of the nervous system (GGRC)	
Unspecified hemiplegia and hemiparesis affecting unspecified side (CCS)	
Unspecified intracranial hemorrhage (CCS)	
Unspecified organic brain syndrome – chronic (GGRC)	
Werdnig-Hoffmann disease (CCS)	
Disorder of Infancy, Childhood, or Adolescence	Disorder of Infancy, Childhood, or Adolescence (SFCMHS)
Emotional Disturbance or Disorder	Adjustment Disorders (SFCMHS)
	Depressive Disorder (SFCMHS)
	Disruptive Behavior Disorder (SFCMHS)
	Dysthymic Disorder (SFCMHS)
	Emotional Disturbance (SFUSD)
	Generalized Anxiety Disorder (SFCMHS)
	Oppositional Defiant Disorder (SFCMHS)
	Posttraumatic Stress Disorder (SFCMHS)
	Psychotic Disorder (SFCMHS)
	Separation Anxiety Disorder (SFCMHS)
Endocrine and Metabolic Diseases	Abnormal weight gain (CCS)
	Klinefelter's Syndrome (CCS)
	Mucopolysaccharidosis (CCS)
	Pituitary dwarfism (CCS)
	Unspecified disorder of metabolism (CCS) Unspecified hypothyroidism (CCS)

Primary Qualifying Conditions	Explanation or Diagnoses Included in Category
Extreme Immaturity (Weight)	Extreme Immaturity (Weight) (CCS)
Feeding Disorder of Infancy or Early Childhood	Feeding Disorder of Infancy or Early Childhood (SFCMHS)
Infectious Diseases	Human immunodeficiency virus (HIV) disease (CCS)
	Unspecified immunity deficiency (CCS)
	Wiskott-Aldrich syndrome (CCS)
Mental Retardation	Mental Retardation (SFUSD)
	Mild Mental Retardation (GGRC)
	Moderate Mental Retardation (GGRC)
	Profound Mental Retardation (GGRC)
	Severe Mental Retardation (GGRC)
	Unspecified Mental Retardation (GGRC)
Neoplasms	Malignant neoplasm of bone and articular cartilage (CCS)
	Malignant neoplasm of retina (CCS)
	Neoplasm of unspecified nature of bone, soft tissue, and skin (CCS)
	Neoplasm of unspecified nature of brain (CCS)
	Swelling, mass, or lump in head or neck (CCS)
No Diagnosis	Child who is being assessed for eligibility or whose genetic, medical, or environmental history is predictive of a substantially greater risk for developmental disability than that for the general population. (GGRC)
Other healthy infant or child receiving care	Other healthy infant or child receiving care (CCS)
Other specified conditions originating in the perinatal period	Other specified conditions originating in the perinatal period (CCS)
Parent-Child Relational Problem	Parent-Child Relational Problem (SFCMHS)
Reactive Attachment Disorder of Infancy or Early Childhood	Reactive Attachment Disorder of Infancy or Early Childhood (SFCMHS)
Specific Learning Disability	Attention Deficit/Hyperactivity Disorder Combined Type (SFCMHS)
	Attention Deficit/Hyperactivity Disorder NOS (SFCMHS)
	Learning Disorder (SFCMHS)
	Specific Learning Disability (SFUSD)
Speech or Language Impairment	Expressive Language Disorder (GGRC)
	Speech or Language Impairment (SFUSD)

Appendix E –Primary Qualifying Condition(s) for Eligibility, by Age Group, of Children Served by Two or More Participating Agencies and Services by Age Group for a Common Disabling Condition (Autism and/or Asperger’s Disorder)

Table E-1 shows the primary qualifying condition(s) for eligibility of the 246 children served by two or more of the participating agencies, by age group. The largest proportions of primary conditions for birth to three-year-olds are diseases or disorders of the nervous system or diseases of the nervous system and one additional condition (26 percent), or diseases of the respiratory system (17 percent). The largest proportions of primary conditions for three- through five-year-olds are speech or language impairments (22 percent), followed by speech or language impairments and one additional physical condition (12 percent), and autism and/or Asperger's Disorder (10 percent). There are no children under three years old whose primary qualifying conditions are either Mental Retardation or Multiple Disabilities.

Table E-1. Primary Qualifying Condition(s) for Eligibility of Children Served by Two or More Participating Agencies, by Age Group (n=246)

Primary Qualifying Condition(s) for Eligibility	Number of Children		Percentage of Total Children in Age Group	
	Birth to Three	Three through Five	Birth to Three	Three through Five
Speech or Language Impairment (n=45)	1	44	2%	22%
Speech or Language Impairment and One Additional Physical Condition (n=24)	1	23	2%	12%
Autism and/or Asperger's Disorder (n=22)	2	20	4%	10%
Diseases or Disorders of the Nervous System <i>OR</i> Diseases of the Nervous System and One Additional Condition (n=18)	12	6	26%	3%
Autism and/or Asperger's Disorder and One Additional Condition (n=14)	-	14	-	7%
Diseases or Disorders of the Eye or Ear <i>OR</i> Diseases or Disorders of the Eye and One Additional Condition (n=13)	3	10	6%	5%
Mental Retardation and Two or More Additional Conditions (n=12)	-	12	-	6%
Other Health Impairment <i>OR</i> Other Health Impairment and One Additional Condition (n=12)	2	10	4%	5%
Speech or Language Impairment and One Additional Mental or Learning Disorder (n=11)	-	11	-	6%
Emotional Disturbance <i>OR</i> Emotional Disturbance and One Additional Condition (n=10)	1	9	2%	5%
Mental Retardation and One Additional Condition (n=10)	-	10	-	5%
Diseases of the Circulatory System <i>OR</i> Diseases of the Digestive System <i>OR</i> Diseases of the Musculoskeletal and Connective Tissue (n=9)	5	4	11%	2%
Diseases of the Respiratory System (n=9)	8	1	17%	1%
Mental Retardation (n=9)	-	9	-	5%
Orthopedic Impairment <i>OR</i> Orthopedic Impairment and One Additional Condition (n=7)	1	6	2%	3%
Multiple Disability and One or More Additional Conditions (n=6)	-	6	-	3%
Other Specified Conditions Originating in the Perinatal Period <i>OR</i> Other Specified Conditions Originating in the Perinatal Period and Neoplasms (n=5)	5	-	11%	-
Congenital Deformities <i>OR</i> Neoplasms <i>OR</i> Extreme Immaturity (Weight) (n=5)	5	-	11%	-
Reactive Attachment Disorder of Infancy or Early Childhood <i>OR</i> Reactive Attachment Disorder of Infancy or Early Childhood and Diseases of the Circulatory System (n=2)	1	1	2%	1%
No Diagnosis (GGRC) <i>OR</i> Diagnosis Deferred on Axis I (SFCMHS) (n=3)	-	3	-	2%
Total	47	199	100%	100%

The participating agencies diagnose and address an extensive list of disabling conditions, and collectively, they provide a wide array of services. Some of the conditions are more frequently diagnosed and addressed by one particular agency, as is the case for speech and language impairments, which are most commonly diagnosed and addressed by SFUSD. Other conditions, such as autism or Asperger's Disorder, are addressed more frequently across agencies. Autism and/or Asperger's Disorder is diagnosed by three of the four participating agencies (GGRC, SFCMHS, and SFUSD), and provides an example of the array of services that a child may receive across agencies. Table E-2 presents a list of services reportedly provided by the GGRC, SFCMHS, and SFUSD to children from birth through five years of age whose primary conditions were either autism and/or Asperger's Disorder, or autism and Asperger's Disorder and one or more additional conditions.

As of December 1, 2001, there were 87 children in San Francisco whose primary conditions were either autism and/or Asperger's Disorder, or autism and/or Asperger's Disorder and another condition, such as speech or language impairments, diseases or disorders of the nervous system, or mental retardation. The number of services per child that were reportedly provided range from no specified services, to as many as six services.⁴⁵ For eight children, no specified services were reported, while 41 have one specified service, 12 have two specified services, 17 have three specified services, 7 have four specified services, one has five specified services, and one has six specified services. As shown, language and speech services provided by SFUSD constitute the largest proportion of services (39 percent), followed by respite services, durable medical equipment, and behavior management provided by the GGRC (18 percent, 12 percent, and 12 percent, respectively).

⁴⁵ Both SFCMHS and SFUSD specify a primary service; the GGRC does not specify a primary service and lists up to six services. Children with autism and/or Asperger's Disorder and another disabling condition were often provided with a greater number of services but this was not *always* the case. For example, five of the seven children receiving four services were only diagnosed with autism and/or Asperger's Disorder and no additional conditions.

Table E-2. Autism and/or Asperger’s Disorder by Services and Age Group (n=87)

Services	Autism and/or Asperger’s Disorder		Autism and/or Asperger’s Disorder and One Additional Condition (Mental Retardation, Diseases of the Nervous System, and/or Speech and Language Impairment)	
	Birth To Three	Three Through Five	Birth To Three	Three Through Five
Out-of-Home Respite Services (GGRC)	-	1	-	-
Transportation – Com (GGRC)	-	1	-	-
Speech Pathology (GGRC)	1	-	-	-
Occupational Therapy (GGRC)	1	-	-	-
Personal Assistance (GGRC)	-	-	-	2
Purchased Reimbursement (GGRC)	-	1	-	1
Day Care (GGRC)	-	-	-	1
Durable Medical Equipment (GGRC)	-	12	-	8
Respite Services Family (GGRC)	1	19	-	10
Parent Coordination (GGRC)	-	2	-	-
Behavior Management (GGRC)	1	13	-	5
Infant Development Program (GGRC)	-	1	-	1
Group Therapy (SFCMHS)	1	1	-	-
Individual Therapy – Office (SFCMHS)	-	5	-	-
Collateral (SFCMHS)	-	-	-	1
Language and Speech (SFUSD)	-	51	-	13
No Services Specified	1	7	-	-
Assessment (SFCMHS)	1	-	-	-
Total	7	114	-	42

Note: These numbers are duplicative, as many children receive more than one service from the same or different agencies, and some children do not have any services specified. Eight children have no services specified, 41 have one service specified, 12 have two services specified, 17 have three services specified, 7 have four services specified, one has five services specified, and one has six services specified.

**Appendix F – Resident Population of Birth through Five-Year-Olds in
California and the Nation, 1989-90, 1998-99, and 1999-2000**

Table F-1 shows the resident population of birth through five-year-olds in California and the nation for three years: 1989-1990, 1998-99, and 1999-2000, as reported in the 23rd *Annual Report to Congress*. As shown in the table, the resident population of the nation increased by 5.10 percent between 1989-90 and 1999-00, and the resident population of California increased by 6.04 percent. The greatest percentage increase was witnessed in the resident population of the three- through five-year-olds in California (9.39 percent).

In contrast, the resident population of birth through five-year-olds in the nation decreased by 0.36 percent between 1998-99 and 1999-00, and the resident population of California decreased by 2.59 percent. The greatest percentage decrease was witnessed in the resident population of the three- to five-year-olds in California (3.41 percent).

Table F-1. Estimated Resident Population for Children Ages Birth through Five, in California and the United States and Outlying Areas

Age Group	1989-90	1998-99	1999-2000	Percentage Difference Between 1989-90 and 1999-2000	Percentage Difference Between 1998-99 and 1999-2000
California					
Birth Through Age 2	1,444,490	1,510,466	1,484,465	2.77%	-1.72%
Ages 3-5	1,412,000	1,599,138	1,544,584	9.39%	-3.41%
Total - California	2,856,490	3,109,604	3,029,049	6.04%	-2.59%
United States and Outlying Areas					
Birth Through Age 2	11,107,518	11,491,581	11,546,656	3.95%	0.48%
Ages 3-5	11,033,000	11,861,511	11,722,029	6.25%	-1.18%
Total - United States and Outlying Areas	22,140,518	23,353,092	23,268,685	5.10%	-0.36%

Source: 23rd *Annual Report to Congress*, Table AF2, pp. A-349-350.

Appendix G – National and State Identification of Children with Disabilities

Number of Infants and Toddlers Receiving Early Intervention Services

AIR investigated the most current (1999) identification rates for children with disabilities in both the State of California and the County of San Francisco. These identification rates were used in conjunction with the resident population estimates to arrive at estimated numbers of children eligible under IDEA, in San Francisco.

The *Annual Report* presents the number of children who are served under IDEA each year. Data are reported for birth to three-year-olds who are served under IDEA, Part C, and for three-through five-year-olds who are served under IDEA, Part B. The tables that follow use the same age groupings as the *Annual Report*; Tables G-1, G-2 and G-3 present data on birth to three-year-olds receiving early intervention services under IDEA, Part C, and Table G-4 presents data on three through five-year-olds with disabilities receiving services under IDEA, Part B.

Table G-1 shows the number of children, ages birth through two years, who were receiving early intervention services in both California and the nation in 1999. As shown in the table, the percentage of children receiving services in California was smaller than the average percentage of children receiving services in the nation and outlying areas. The largest proportion of the birth through two-year-olds that were receiving services in both California and the nation were the two-year-olds (45 and 50 percent, respectively). Overall, the number of children in California receiving early intervention services in 1999 represented 1.42 percent of the population.

Table G-1. Number of Infants and Toddlers Receiving Early Intervention Services, in California and the United States and Outlying Areas, 1999

Area	<12 Months	12-<24 Months	24-<36 Months	Birth to 3 Years Old	Population	Birth to 3 Percent of Population
California	4,541	7,065	9,473	21,079	1,484,465	1.42%
United States and Outlying Areas	35,847	66,885	103,037	205,769	11,546,656	1.78%

Source: 23rd *Annual Report to Congress*, Table AH1, p. A-361.

Number of At-Risk Infants and Toddlers Receiving Early Intervention Services

In 1998, the Office of Special Education Programs (OSEP) first required States to separately report at-risk infants and toddlers. Table G-2 shows the number of at-risk infants and toddlers receiving early intervention services in California and the ten reporting states and U.S. territories in 1999. At-risk infants and toddlers (as shown in Table G-2) are a subset of the total number of children who receive early intervention services, shown in Table G-1.

Hawaii had the highest percentage (3.37 percent) of at-risk infants and toddlers under three years old who were receiving early intervention services in December of 1999. Of the reporting states and territories, California had the second highest percentage of at-risk children under three years old who were receiving services (1.03 percent). Thus, although California ranks 36th among the 50 states in the overall percentage of children receiving early intervention services, it ranks second among those states reporting the number of *at-risk* children younger than three receiving early intervention services.

Table G-2. Number of At-Risk Infants and Toddlers Receiving Early Intervention Services, in California and Ten Reporting States and U.S. Areas, 1999

Area	<12 Months	12-<24 Months	24-<36 Months	Birth to 3 Years Old	Population	At-risk Birth to 3 Percent of Population
Hawaii	703	530	388	1,621	48,150	3.37%
California	2,965	5,411	6,919	15,295	1,484,465	1.03%
New Mexico	139	181	146	466	78,957	0.59%
West Virginia	36	55	39	130	59,277	0.22%
Massachusetts	92	211	179	482	234,937	0.21%
Indiana	273	171	42	486	247,416	0.20%
North Carolina	103	220	217	540	322,930	0.17%
Guam	-	9	4	13	12,430	0.10%
New Hampshire	5	5	10	20	43,559	0.05%
Nevada	9	8	10	27	85,745	0.03%
All Reporting States and Outlying Areas*	4,325	6,801	7,954	19,080	2,617,866	0.73%

Source: 23rd Annual Report to Congress, Table AH1, p. A-361 and Table AH2, p. A-362.

*Note: The totals only include data on the following states and U.S. territories: California, Hawaii, Indiana, Massachusetts, Nevada, New Hampshire, New Mexico, North Carolina, West Virginia, and Guam.

Number of Infants and Toddlers with Diagnosed Disabilities

Because the number of children receiving early intervention services is a duplicated count that includes the number of at-risk children, it is also useful to examine the unduplicated count of birth to three-year-olds with diagnosed disabilities. As shown in Table G-3, when the number of at-risk infants and toddlers is subtracted from the total number receiving early intervention services, only 0.39 percent of California's birth to three-year-old population was diagnosed with disabilities in 1998, compared to 4.48 percent in Massachusetts and 3.04 percent in Hawaii.

Table G-3. Number of Infants and Toddlers with Diagnosed Disabilities, in California and Ten Reporting States and U.S. Areas, 1999

State	Total Number of Birth to 3-Year-Olds Receiving Early Intervention Services*	Number of At-Risk Birth to 3-Year-Olds**	Number of Birth to 3-Year-Olds with Diagnosed Disabilities	Population*	Percentage of Population
Massachusetts	10,998	482	10,516	234,937	4.48%
Hawaii	3,085	1,621	1,464	48,150	3.04%
Indiana	7,227	486	6,741	247,416	2.72%
New Hampshire	979	20	959	43,559	2.20%
Guam	242	13	229	12,430	1.84%
Nevada	1,067	27	1,040	85,745	1.21%
West Virginia	833	130	703	59,277	1.18%
North Carolina	4,331	540	3,791	322,930	1.17%
New Mexico	1,261	466	795	78,957	1.01%
California	21,079	15,295	5,784	1,484,465	0.39%
All Reporting States and Outlying Areas***	51,102	19,080	32,022	2,617,866	1.22%

*Source: 23rd Annual Report to Congress, Table AH1, p. A-361.

** Source: 23rd Annual Report to Congress, Table AH2, p. A-362.

***Note: The totals only include data on the following states and U.S. territories: California, Hawaii, Indiana, Massachusetts, Nevada, New Hampshire, New Mexico, North Carolina, West Virginia, and Guam.

Table G-4 presents data on three- through five-year-olds who were receiving services under IDEA in the 1999-2000 school year. The percentage of three- through five-year-olds served under Part B of the Individuals with Disabilities Act (IDEA) was 3.79 percent in California, as compared to 5.02 percent in the United States and outlying territories. The percentage of three-through five-year-old children in California that received services (3.79 percent) is over two and a half times the percentage shown in Table G-1 for the birth through two-year-old population (1.42 percent).

Table G-4. Number of Children Served Under IDEA, Part B, United States and Outlying Areas, by Age, 1999-2000

Area	3 Years Old	4 Years Old	5 Years Old	Total, 3 through 5 Years Old	Resident Population	Percent of Population
California	11,907	21,499	25,085	58,491	1,544,584	3.79%
United States and Outlying Areas	121,768	205,107	261,425	588,300	11,722,029	5.05%

Source: 23rd Annual Report to Congress, Table AA6, p. A-14, Table AA7, p. A-15 & Table AA8, p. A-19.

Appendix H- Number of Children with Identified Disabilities in the Nation and San Francisco, by Type of Disability

Breakdown of identified disabilities in the nation

Table H-1 shows the number of six-year-old children served under IDEA, Part B, in the United States in 1999-2000, by disability category. As shown in the table, speech and language impairments make up the majority (65 percent) of diagnosed disabilities, followed by specific learning disabilities (11 percent). Deaf-blindness (less than one percent) and traumatic brain injury (less than one percent) were the least common diagnosed disabilities.

Table H-1. Number of Six-Year-Old Children* Served Under IDEA, Part B, United States and Outlying Areas, by Diagnosed Disability, 1999-2000 School Year

Disability	Number of Children	Percent of Total Disabilities
Speech or Language Impairments	211,984	65%
Specific Learning Disabilities	37,369	11%
Mental Retardation	21,157	6%
Other Health Impairments	10,906	3%
Developmental Delay	10,021	3%
Emotional Disturbance	9,009	3%
Autism	8,325	3%
Multiple Disabilities	7,604	2%
Orthopedic Impairments	5,714	2%
Hearing Impairments	4,393	1%
Visual Impairments	1,611	<1%
Traumatic Brain Injury	471	<1%
Deaf-Blindness	110	<1%
All Disabilities	328,674	100%

Source: 23rd Annual Report to Congress, Table AA6, p. A-14.

*Note: The breakdown of disabilities by age is not available for children under 6 years of age in the Annual Reports.

Breakdown of identified disabilities in San Francisco

Table H-2 shows the leading types of diagnosed disabilities for birth through five-year-old children enrolled in special education in SFUSD in 1998. Even though Table D-1 presents national figures for six-year-old children, and Table D-2 presents figures for children ages birth through five served by San Francisco Unified School District, the results are similar: in both the nation and in San Francisco, the most common disability (43 percent) was speech and language impairments, followed by specific learning disabilities (27 percent).

Table H-2. Leading Types of Identified Disabilities for Children Ages Birth through Five Enrolled in Special Education in SFUSD, April 1998

Rank	Disability Category	Number	Percent
1	Speech and Language Impairment	269	43%
2	Specific Learning Disability	171	27%
3	Mental Retardation	78	13%
4	Autism	30	5%
5	Non-categorical	28	5%
6	Other Health Impairment	15	2%
7	Hard of Hearing	12	2%
8	Orthopedic Impairment	8	1%
9	Serious Emotional Disability	7	1%
10	Visually Impaired	6	1%
Total		624	100%

Source: *First Steps: Children 0-5 in San Francisco: A Data Report on the Status of San Francisco's Young Children* (2000, San Francisco Starting Points Initiative, p.15) from Special Education Student Data Report, for April 1, 1998 for San Francisco; California Department of Education, Special Education Division.