



Child, Family, and Community Wellness: Prevention Landscape Scan

San Diego County
2020



SAN DIEGO STATE UNIVERSITY
Social Policy Institute
School of Social Work



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An aerial photograph of a beach. The top half of the image shows the ocean with waves breaking onto the shore, creating white foam. The bottom half shows the sandy beach with some tracks and debris. A large, semi-transparent red rectangle is overlaid on the right side of the image, containing the text.

Acknowledgements

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With the YMCA of San Diego as the lead and backbone organization, we gratefully acknowledge the contributions of fellow Partners in Prevention organizations. Specifically, Child Welfare Services, County of San Diego Health & Human Services Agency; 2-1-1 San Diego; First Five San Diego; and Harder+Company Community Research. They continually offered technical assistance, facilitated in obtaining data, and helped interpret the findings. Without them, this report would not have been possible.

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Child, Family, and Community Wellness: A Snapshot for San Diego County 2020

In 2019, the YMCA received a 5-year grant from the federal Children’s Bureau to strengthen community collaborations to prevent the entry of families into the Child Welfare system in San Diego County. The grant effort is called Partners in Prevention, which is made up of 18 partner organizations, hailing from nonprofit, government, and academic sectors. The goals of this effort are to increase family protective factors; improve child safety and well-being; boost availability and access to prevention support services; and mobilize the community to prevent child maltreatment.

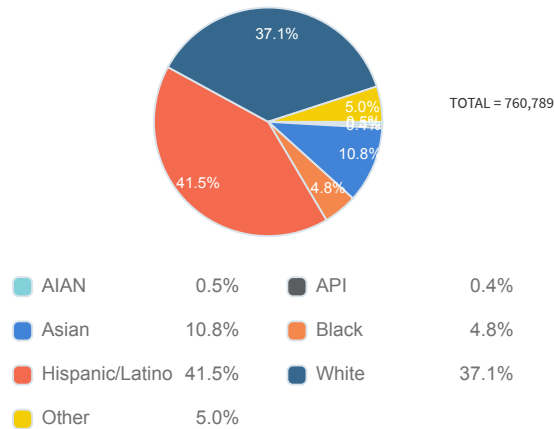
Since San Diego County is geographically and ethnically diverse, any prevention strategy that works in the community must consider the region’s demographic nuances. The Prevention Landscape Scan documents the regional differences to help Partners in Prevention gain a deeper understanding of the needs and strengths of San Diego children and families and to assist in guiding prevention activities. It does so by using publicly available data from public health and local information agencies as well as by conducting a literature policy review. When relevant, youth and family voice from listening sessions conducted with parents and providers is also cited. Partners in Prevention is committed to engaging those most impacted by the issue and proposed solutions to ensure initiative strategies and activities are representative of the community’s experiences. The Snapshot that follows is a summary of the Prevention Landscape Scan with additional relevant demographic information. The full analysis of the data is presented in the Landscape Scan.

DEMOGRAPHICS

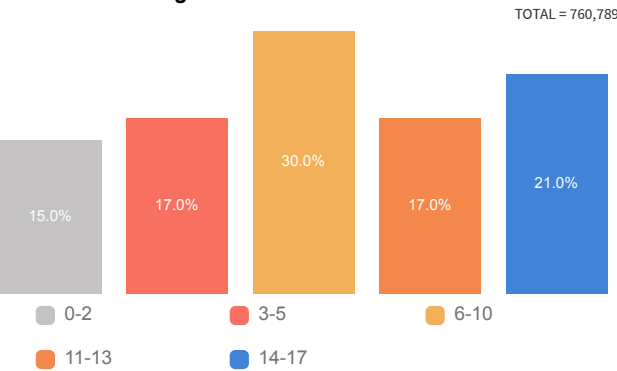
San Diego County, home to about 3.3 million people, is the second most populous county in California behind Los Angeles County. Almost a quarter of the population is children under 18 years old.

The County is ethnically diverse with about 24% of the residents being immigrants who speak 68 languages. A majority of the children are Hispanic/Latino (42%), a number expected to keep growing.^{1,2,3} The remaining children are White (37%), Asian (11%), Black (5%), and American Indian or Alaska Native (less than 1%). (See Figure 1). There are slightly more males (51%) than females (49%). And when looking at the County’s youngest, slightly more than one-third (32%) of children are under 5 years old. (See Figure 2).

San Diego County: <18 years Race/Ethnicity
Figure 1 SOURCE: KidsData



San Diego County: <18 years Age of Children
Figure 2 SOURCE: KidsData



¹ San Diego County Health and Human Services Agency. (n.d.). Demographics. Retrieved October 19, 2020, from https://www.sandiegocounty.gov/hhsa/statistics_demographics.html
² United States Census Bureau. (2020, October 19). Census 2020 California Hard-to-Count Fact Sheet. Retrieved from <https://census.ca.gov/wp-content/uploads/sites/4/2019/06/San-Diego-County.pdf>
³ Hispanic or Latino refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. Data users should be aware of methodology differences that may exist between different data sources.

The County of San Diego is also economically diverse, with some areas having a median household income as high as \$120,285 (Del Mar-Mira Mesa) and others as low as \$39,760 (Anza-Borrego Springs).⁴ While the 2019 median household income is \$86,300, 14% of the households with children under 18 live below the poverty line. When housing costs are considered, often called the Supplemental Poverty Measure, San Diego County's poverty rate rises to 20%.⁵ In San Diego County, 48% of families with at least one child do not earn enough money to be self-sufficient, more than double the rate for households without children, and 69% of single mothers in San Diego County have incomes too low to cover household expenses.⁶ About 28% of the families are a single-parent household, with many more single mothers (20%) than fathers (8%).⁷

Within San Diego County are 41 subregional areas (SRAs)—each with unique strengths and challenges.⁸ SRAs are an aggregation of census tracts into meaningful communities in our area. And while boundaries of many geographic areas change over time, SRA boundaries remain largely the same. That makes them especially useful to compare data over time because identical areas are being assessed.

The Prevention Landscape Scan lays out the ethnic and economic diversity of San Diego County. Aware of the individual SRA strengths and challenges, the Scan stresses that any future prevention efforts must be strategic in understanding the unique needs within the neighborhoods making up a region. To help identify which neighborhoods would benefit the most from prevention support efforts, 10 proxies were used. These proxies were identified based on a rich body of recent research on factors that correlate to child maltreatment. As a result, the top 3 SRAs with the most child abuse factors—from highest to lowest—are (1) Southeastern San Diego, (2) South Bay, and (3) El Cajon.

The challenges facing Southeastern San Diego are affirmed by the fact that it has the highest Child Welfare referrals and removals; the highest number of needs addressed by 2-1-1 San Diego (and in the top 3 for ratio of 2-1-1 San Diego needs per capita); and the highest number of COVID-19 cases. On the other hand, SRAs that have the fewest child abuse risk factors are— from lowest to highest—are Coronado (63), Coastal (76), and Miramar (87).

The Scan also presents the obstacles to prevention efforts the COVID-19 pandemic created. It does so by comparing the “reported needs” before and during the pandemic and examines the disproportionate effect of the pandemic on people of color. San Diego's newest county-wide effort, Partners in Prevention, is led by the YMCA of San Diego and is supported by a five-year grant from the federal Children's Bureau. Partners in Prevention appears well positioned to mobilize cross-sector partners to address the various needs of children and families throughout the County.

PRIORITY BASIC NEEDS

For families with children 5 years old and under, the leading needs are Housing/Shelter, Utilities, and Income Support and Employment. (See Figure 3). The SRAs in San Diego with the highest number of needs are Southeastern San Diego, Mid-City, and South Bay. The top needs for parents living in high-risk SRAs are the same as for the rest of San Diego County. In areas of the County where economic hardship is a factor, allegations of child maltreatment caused by neglect may involve parents struggling financially. That financial struggle might mean parents cannot afford adequate food, shelter, or clothing for their children. In San Diego County, neglect comprises an average of 75% of all substantiated child maltreatment allegations for children ages 0-5. The combination of limited income and high housing costs contribute as risk factors for neglect.

⁴ County of San Diego, HHSA, PHS, CHSU. (2019), 2017 Demographic Profiles San Diego County

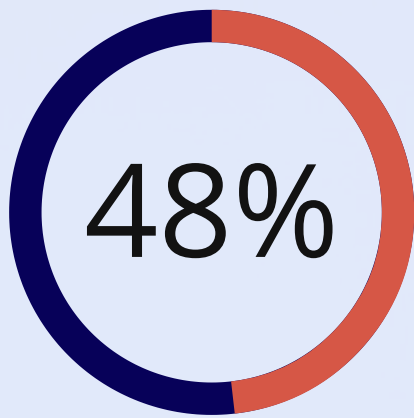
⁵ California Housing Partnership Corporation. (2018), San Diego County's Housing Emergency and Proposed Solutions, (2018). Retrieved from <https://1p08d91kd0c03rlxhmhtydrp-wpengine.netdna-ssl.com/wpcontent/uploads/2018/05/San-Diego-2018-HNR.pdf>.

⁶ Center on Policy Initiatives, “Making ends meet: A look at the self-sufficiency standard – The income needed for families of various sizes to cover basic living expenses – And the San Diegans whose wages don't reach that level.” Retrieved from <http://www.cpisandiego.com/MEM/index.html>

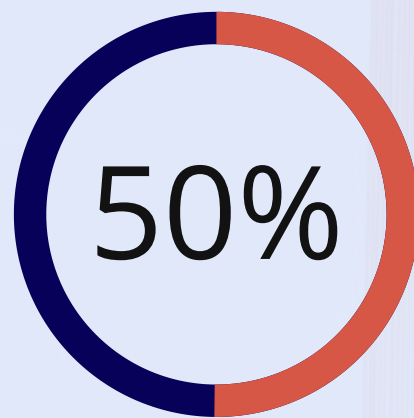
⁷ U.S. Census Bureau, 2013-2017, American Community Survey 5-year Estimate. Table S101.

⁸ SANDAG, “Geographic areas help define the San Diego Region,” https://www.sandag.org/uploads/publicationid/publicationid_874_3573.pdf

Priority Needs



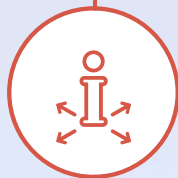
of families with at least one child do not make enough money to be self-sufficient



of single mothers in San Diego County have incomes too low to cover basic household expenses



Southeastern San Diego has the highest child abuse risk



Areas with most number of 2-1-1 San Diego needs are Southeastern San Diego, Mid-City, and South Bay



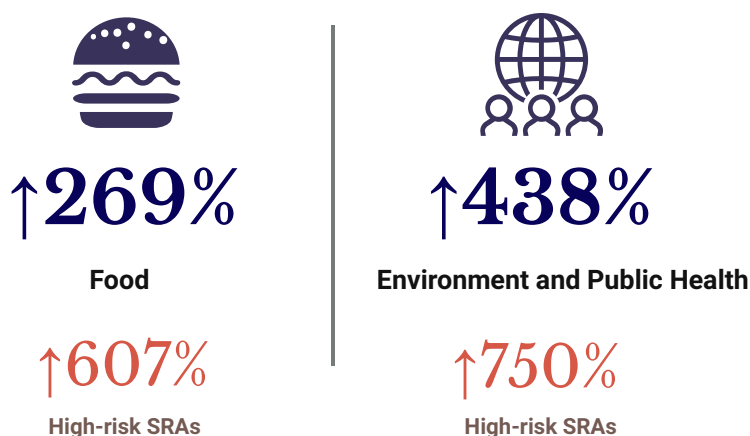
Leading needs are housing/shelter, utilities, and income support/employment

COVID-19 CHALLENGES

Change in Basic Needs

As a result of the pandemic, families experienced an increase in some needs. Although the top needs remained the same before and during COVID-19, there was a large increase in certain categories. In March 2020, there was a 269% increase in requests for food assistance, and a 438% increase in environment and public health/safety category (which includes resources and services addressing concerns about COVID-19). In April, the housing needs decreased by 47% and health needs decreased by 52%—potentially due to rent eviction freezes in California. During the same time the environment and public health/safety needs continued to increase by 107% from the previous April.

When comparing the needs of the top three child abuse risk SRAs with the rest of San Diego County, certain needs are particularly amplified. While San Diego County saw an increase in needs for public health/safety, food, organizational/community/international services, and income/employment, the SRAs most at risk for child abuse saw a much larger increase. The food needs in at-highest risk SRAs shot up by 607% and public health/safety needs jumped by 750%.



**Top needs remain the same
Housing, Utilities, and Income Support**

Figure 3 Source: 2-1-1 San Diego

COVID-19 IMPACT BY ETHNICITY

The COVID-19 pandemic exacerbated the difficulties facing certain ethnic groups. In San Diego County, Hispanic/Latino and Black communities are nearly three times as likely to live in areas the pandemic has impacted.⁹ They also make up a large portion of essential workers that continue to go into work.¹⁰ And they are more likely to live in areas that have a lower access to COVID-19 testing.¹¹

San Diego's Hispanic/Latino community represents about 60% of all COVID-19 cases, while making up about only 34% of the population. (See Figure 4). The vulnerability of Hispanic/Latino communities to COVID-19 stems from many factors, including higher exposure to infection and access to healthcare. For example, Hispanic/Latino residents make up the highest percentage of the essential workforce in building and cleaning services (65%), grocery and drug stores (44%), and child care and social services (39%). Additionally, about 50% of Hispanic/Latino workers who have lost their job worked in the tourism sector.¹² Hispanic/Latino residents also account for the largest San Diego MTS ridership (40%),¹³ and they are more likely to live in multigenerational households than Whites. This is especially true for areas where the primary language spoken at home is Spanish. This presumably makes access to best practices for infection prevention more difficult due to unequal access to public health information. In San Diego County, the top communities that report speaking Spanish at home and speaking English less than "very well" are South Bay (26%), Chula Vista (25%), and National City (21%).¹⁴ Lastly, majority-Hispanic/Latino areas are also the ones with the highest uninsured communities in San Diego County with Southeastern San Diego having the highest uninsured rate (6%).¹⁵

⁹ SANDAG, "Impact of the San Diego Regional Economy," https://www.sandag.org/uploads/publicationid/publicationid_4699_27884.pdf

¹⁰ SANDAG, "COVID-19 Impact on the San Diego Region: Black and Hispanic Communities Hardest Hit," https://www.sandag.org/uploads/publicationid/publicationid_4679_27578.pdf

¹¹ Kim, S., Vann, M., Bronner, L., & Mathey, G. (2020, July 22). Which Cities Have The Biggest Racial Gaps In COVID-19 Testing Access? Retrieved from <https://fivethirtyeight.com/features/white-neighborhoods-have-more-access-to-covid-19-testing-sites/>

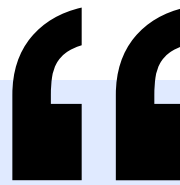
¹² SANDAG, "COVID-19 Impact on the San Diego Region: Black and Hispanic Communities Hardest Hit," https://www.sandag.org/uploads/publicationid/publicationid_4679_27578.pdf

¹³ Point Loma Nazarene University, "The San Diego Metropolitan Transit System: A study of its economic impact," https://www.sdmts.com/sites/default/files/attachments/mts_impact_study_final.pdf

¹⁴ U.S. Census Bureau, 2013-2017 American Community Survey 5-year Estimates, Table DP02.

¹⁵ SANDAG, "Hardest-Hit Communities by COVID-19 and Unemployment," https://www.sandag.org/uploads/publicationid/publicationid_4699_27884.pdf

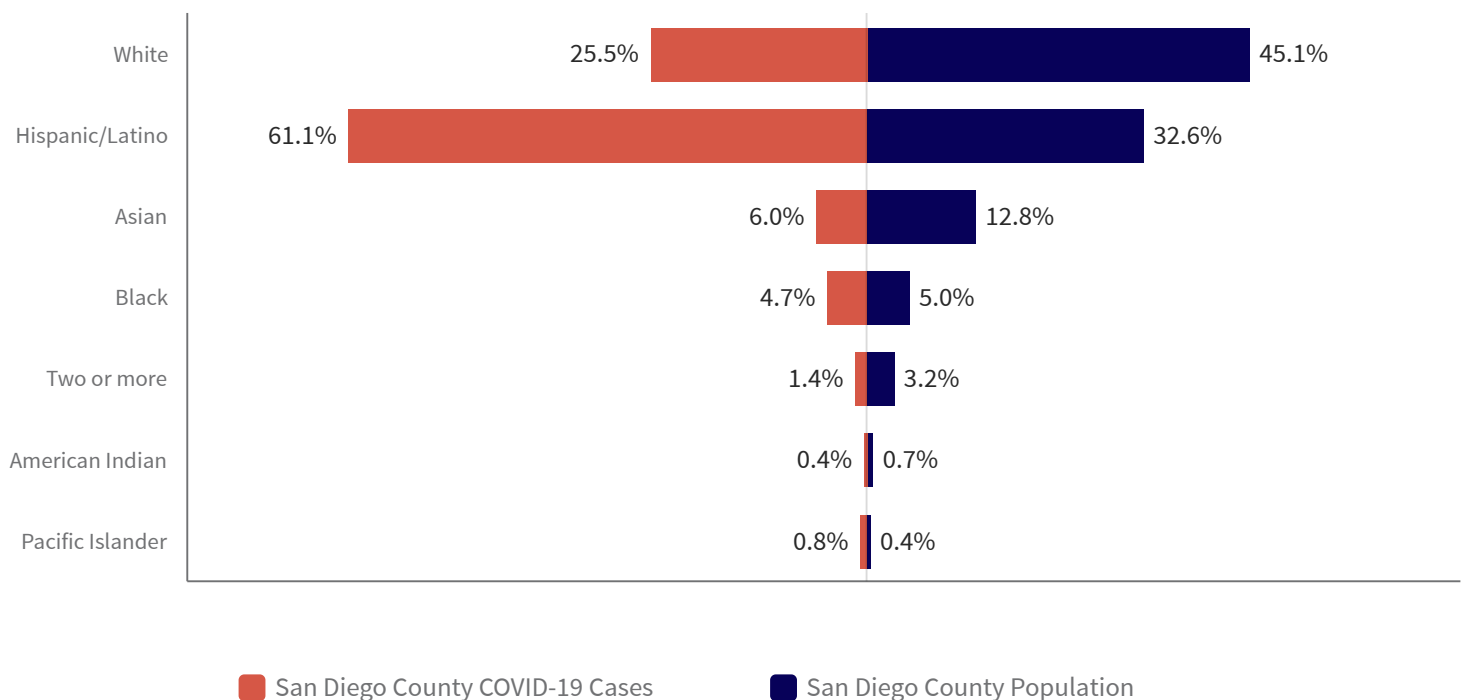
The pandemic also disproportionately affects the Black community in San Diego County, though at a much lower level than it does nationally. The Black population of San Diego County is only about 5%, and it makes up 5% of the COVID-19 cases. (See Figure 4). More than half of Black residents (58%) live in higher than average COVID-19 case areas and have higher than average unemployment rates (53%). As with Hispanic/Latino communities, this can be attributed to a large portion of the essential workers who must continue to go to work or have become unemployed due to temporary business closures as a result of the pandemic, and have less access to testing and healthcare. Since San Diego could not keep COVID-19 numbers low, a lot of temporary closures became permanent and those previously staying afloat were forced to close due to capacity restrictions and customers' fear of infection.



In San Diego County, Hispanic/Latino, and Black communities are nearly three times as likely to live in areas that the pandemic and unemployment has affected.

Black and Hispanic/Latino population disproportionately affected by COVID-19

Figure 4 SOURCE: SANDAG



CHILD WELFARE SERVICES REFERRALS AND REMOVALS

According to data from San Diego County Child Welfare Services/Case Management System, and as found in the National Child Abuse and Neglect Data System (NCANDS) report from 2019, children ages 0-5 have the highest rates of substantiated child maltreatment allegations. Between April 1, 2019 and March 31, 2020, the San Diego County Child Welfare Services received 23,648 referrals for children between 0-5 years old. Most of the children (98%) were referred somewhere within San Diego County, with a few cases outside the County and the state.¹⁷

The leading age at time of referral were children that are 5 years old (19%), followed by 4 years old (18%), and under 1-year-old (17%). The subregional areas (SRAs) with the most referrals are Southeast San Diego (1,856 referrals), Oceanside (1,781 referrals), and Mid-City (1,704 referrals). Of those referred, 3% were removed from their homes (807). Most of the children (98%) removed lived in San Diego County.

For those living in the County, children under 1 were most often removed from their homes and placed in foster or kinship care (37%), followed by 1-year-olds (16%), and 2-year-olds (14%). The SRAs with the highest removals are Southeast San Diego (66), Chula Vista (64), and Central San Diego (55).

During community listening sessions, it became clear that providers hold the belief that Child Welfare Services services do not fully address the needs of families and contribute to reentry back into the system. Further, providers and caregivers identified eligibility criteria and procedures as significant barriers to families accessing needed services. The concern about accessibility of services is echoed in the call of providers and caregivers for cultural responsiveness and humility to integrate culturally centered practices into childcare.¹⁸



During community listening sessions, it became clear that providers hold the belief that Child Welfare Services services do not fully address the needs of families and contribute to reentry back into the system.



Most referrals came from Southeastern San Diego, Oceanside, and Mid-City



Majority referred are 5 year-olds. Only 3% of the referrals resulted in removals



Most removals came from Southeastern San Diego, Chula Vista, and Central San Diego



Most removed are children 1-year-olds and younger

¹⁷ YMCA, "2019 Community Collaborations to Strengthen and Preserve Families" Partners in Prevention Implementation Plan.

¹⁸ Harder and Company Community Research. (2020). Partners in Prevention: Thematic Analysis of Community Listening Sessions. San Diego.

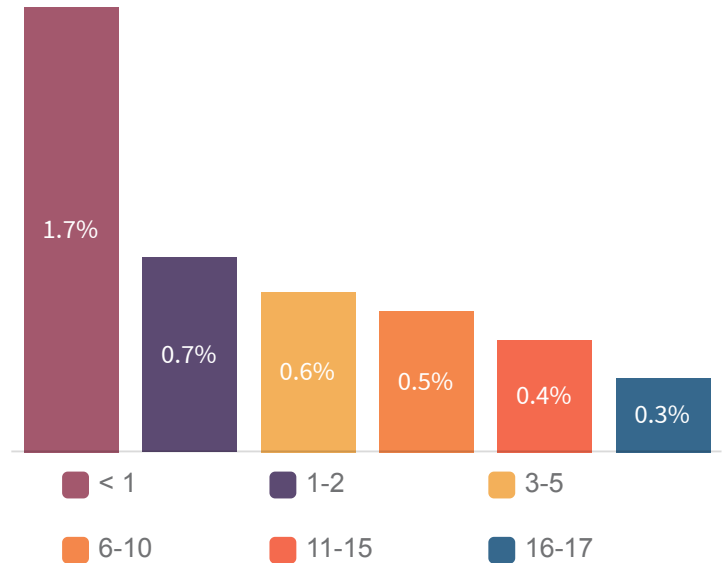
SUBSTANTIATED CASES OF MALTREATMENT: BY AGE AND ETHNICITY

Between April 2019 and March 2020, only about 3% of referrals led to removals (807). While many referrals were substantiated cases of maltreatment, they did not lead to a removal.¹⁹ Under California law, a substantiated allegation means that it rests on credible evidence and constitutes child abuse or neglect.²⁰ Child abuse, in turn, is defined as “any act of omission or commission that endangers a child’s physical or emotional health and development.” Child abuse includes physical abuse, general and severe neglect, sexual abuse, sexual assault, and exploitation, willful cruelty or unjustifiable punishment, or emotional maltreatment.²¹

In San Diego, the rate of substantiated child maltreatment allegations greatly differed by age and ethnicity. Between 2015-2019, younger children experienced a higher percent of maltreatment than older children. With children under 1-year-old having the highest average rate of maltreatment allegations (1.67%) and those 16-17 years old having the lowest (0.28%). (See Figure 5). The maltreatment rates also varied by ethnicity. Due to many different factors—including poverty and institutional biases—Black and Native American children fared far worse than other children. Even though Native American children make up less than 1% of children in San Diego County, they have the highest average mean maltreatment allegation percent (1.9%). Similarly, while Black children make up about 4% of all children, they had second highest maltreatment occurrence average with 1.4%. Hispanic/Latino children had average percent about 0.3% higher than White children but were still much lower than Native American and Black peers. White (0.4%) and Asian/Pacific Islander (0.2%) children had among the lowest rates. (See Figure 6).

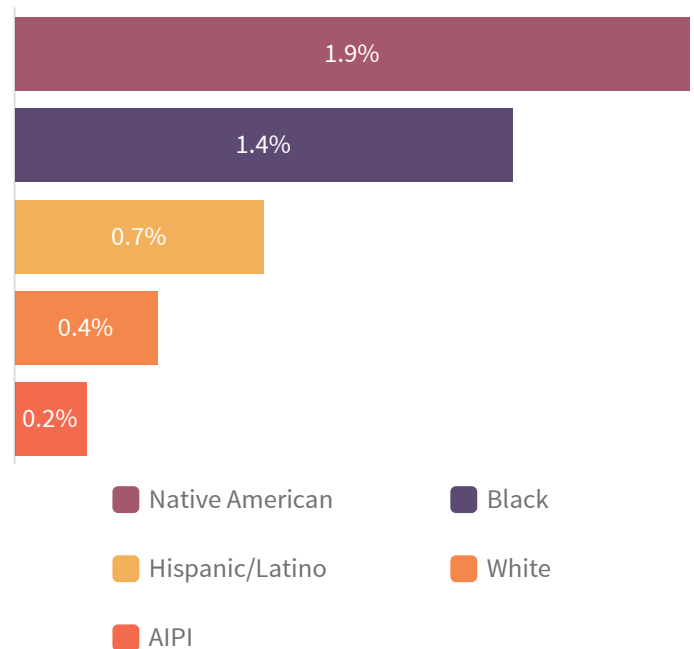
2015-2019: Younger children have higher average allegation maltreatment percentages

Figure 5 SOURCE: County of San Diego HHSA CWS



2015-2019: Native American and Black children have the highest maltreatment percentages

Figure 6 SOURCE: County of San Diego HHSA CWS



¹⁹ If a referral is substantiated, it typically means that Child Welfare Services agency believes that an incident of abuse or neglect took place. As a result, several outcomes can occur: (1) case closure with no services if this was a one-time incident and the child is considered safe and there is no or low risk of future maltreatment; (2) if there is a risk of future maltreatment, family may be offered in-home services to reduce the risk or strengthen family protective practices; (3) if the child was seriously harmed, considered to be at high risk for serious harm, or the child safety is threatened, the agency may remove the child and/or petition the court, which may order the child to be removed from home.

²⁰ The CAP Center. Mandated Child Abuse Reporting Information. The CAP Center. Retrieved September 4, 2020, from <http://www.thecapcenter.org/admin/upload/Mandated%20Child%20Abuse%20Reporting%20Information.pdf>

²¹ Ibid.

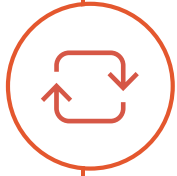
When looking at average recurrences of maltreatment allegations, Native American children again had the worst outcomes with the highest percentage of recurrences (14.20%). They are followed by Black (10.34%) and White (10.30%) children. Although White children had among the lowest maltreatment rates, they had some of the highest recurring allegations. Hispanic/Latino children fared better (8.34%) than White peers, but worse than Asian/Pacific Islander children (5.90%). Results from the Partners in Prevention listening sessions highlighted that premature ending of services is key to re-entry into the system.²²



Results from the Partners in Prevention listening sessions highlighted that *premature* ending of services is *key* to re-entry into the system.



Youngest children have the highest average substantiated cases of maltreatment



Native American and Black children have the highest average rates of allegations and highest average percentage of recurring allegations



Although White children have among the lowest average maltreatment rates, they have the third highest average percentage of recurring allegations



Hispanic/Latino children were average for both: average maltreatment allegation rates and average percent of recurrences



Out of identified ethnicities, Asian/Pacific Islander had the lowest average rate of substantiated cases of maltreatment and average percent of recurrences

²² Harder and Company Community Research. (2020). Partners in Prevention: Thematic Analysis of Community Listening Sessions. San Diego.

INNOVATION IN POLICY AND SYSTEMS CHANGE

Partners in Prevention, led by the YMCA of San Diego and funded through the federal Children's Bureau, recognizes the importance of healthy development, well-being, and preventing child abuse and neglect, focused on young children ages birth to five. In the context of Live Well San Diego, with a vision for all San Diegans to Build Better Health, and to Live Safely and Thrive, Partners in Prevention convenes cross-sector organizations to come together in support of a common primary prevention agenda. Partners in Prevention will track progress and coordinate efforts to continually improve programs and initiatives that positively affect quality of life for children, families, and communities in San Diego County.

Through participation in stakeholder efforts designed to inform and shape policy, Partners in Prevention will lead the local coalition of family strengthening providers to maximize the opportunities existing and new policy presents without duplication.

Partners will intentionally align impact on multiple levels so that all children are safe and cherished, all families are nurtured to build up protective factors, and systems/structures create equitable pathways to wellness. In San Diego the focus is on primary prevention. The shared approach will reflect the innovation required to meet the evolving priorities and needs of children, families, and communities.

At the kickoff for Partners in Prevention, it was discovered that many people did not see the work they are doing as prevention. For that reason, a working definition that is clear and inclusive to create a "bigger tent" where all involved can collectively think about prevention as not living in a single sector, system or agency, but rather as a shared community responsibility. The following shared definition helps people to see themselves in one or more aspects of the work, while pointing to what we do and also how we do it:



Prevention means

Families thrive in a connected community that enhances and restores nurturing and responsive relationships and environments. It involves aligning impact on multiple levels so that all children are safe and cherished, all families are nurtured to build up protective factors, and systems/structures create equitable pathways to wellness. In San Diego the focus is on primary prevention. Our shared approach will reflect the innovation required to meet the evolving priorities and needs of children, families and communities.

Introduction

In 2019, the YMCA of San Diego County was awarded a grant from the U.S. Department of Health and Human Services, Administration for Children and Families to support Community Collaborations to Strengthen and Preserve Families. The 5-year grant began on September 30, 2019 with a 10-month planning period. The intention of the grant is to strengthen community collaborations to prevent entry into the Child Welfare system by increasing family protective factors, improving child safety and well-being, increasing availability and access to prevention support services, and mobilizing the community to prevent child maltreatment.

Historically, the passage of the Adoption and Safe Families Act in 1997 marked a major shift in federal policy and thinking toward child welfare. The focus that followed emphasized children's safety, permanency, and well-being over the preservation of biological family ties at all costs. In more recent years, the U.S. Department of Health and Human Services, Administration for Children and Families has articulated a vision of reshaping child welfare in the United States to focus on strengthening families through primary prevention of child maltreatment and unnecessary parent-child separation.²³

Adoption and Safe Families Act in 1997

Major shift in law to prioritize child's safety, permanency, and well-being over preservation of biological family at all costs

1997



Partners in Prevention Intention

Strengthen community collaborations to prevent entry into the Child Welfare system by increasing family protective factors, improving child safety and well-being, increasing availability and access to prevention support services, and mobilizing the community to prevent child maltreatment.

²³ U.S. Department of Health and Human Services - Administration for Children and Families. (2018). "Reshaping child welfare in the United States to focus on strengthening families through primary prevention of child maltreatment and unnecessary parent-child separation." Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/im1805.pdf>

These are widely recognized as the foundation for prevention policy and practice:



Research on brain science and child development that show critical periods for healthy development, and the impact of adverse childhood experiences (ACEs²⁴) that result in toxic stress and impact a child's life over time.²⁵



Principles and Premises of Family Support²⁶ developed by Family Support America, which helped promote family support as a nationally recognized movement to strengthen and support families.



The Strengthening Families™ Approach, Protective Factors Framework developed by the Center for the Study of Social Policy²⁷, a research-based approach that shows protective factors (characteristics needed by all families) can buffer the impact of child abuse and neglect.



The Essentials for Childhood Framework²⁸, launched by the CDC's Violence Prevention Division, provides a Public Health Approach to maltreatment prevention that promotes safe, stable, nurturing relationships and environments as essential for children.

²⁴ Please find more information about ACEs by visiting <https://www.acesaware.org/>

²⁵ Center on the Developing Child - Harvard University. (n.d.), "InBrief: The Impact of Early Adversity on Children's Development," Retrieved from <https://developingchild.harvard.edu/resources/inbrief-the-impact-of-early-adversity-on-childrens-development/>

²⁶ Family Support America website. 2002, <http://www.familysupportamerica.org/>

²⁷ Center for the Study of Social Policy. (n.d.), "About Strengthening Families and the Protective Factors Framework," Retrieved from <https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf>

²⁸ National Center for Injury Prevention and Control - Division of Violence Prevention. (n.d.), "Essentials for Childhood: Creating Safe, Stable, Nurturing Relationships and Environments for All Children," Retrieved from <https://www.cdc.gov/violenceprevention/pdf/essentials-for-childhood-framework508.pdf>

Taken together the above framework implies three things: (1) that the ideal timeframe for prevention services is in early childhood; (2) that the work must hinge on equity and respect; and (3) that building protective factors helps prevent child maltreatment. Adopting evidence-based family strengthening principles and practices, including the protective factors framework, by family serving organizations represents a significant trend in supporting the wellness of families and ultimately supporting the wellness of communities.

In San Diego County, Partners in Prevention applies the Strengthening Families™ Approach,²⁹ and focuses its work along the five protective factors, which are:



Parental Resilience



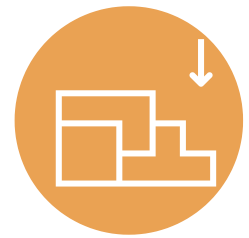
Social Connections



Knowledge of Child Development

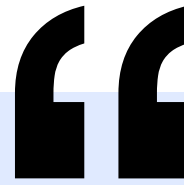


Social and Emotional Competence

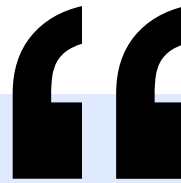


Concrete Support in Times of Need

To better understand the unique profiles of children and families in San Diego County and to inform the Partners in Prevention project, this landscape scan was conducted. The purpose was to gather relevant data to show a snapshot of the current wellness status of children and families throughout the County. Several indicators—that is, proxies—that represent risk for child abuse and neglect were selected from recent, available data sources. While the proxies do not cover every risk factor, they are representative of the overall risk for child maltreatment. The proxies selected are also tied to one or more protective factors. In theory and in practice, protective factors are mobilized to minimize (or buffer) any given family's corresponding risk.



The purpose was to gather relevant data to show a snapshot of the current wellness status of children and families throughout the County.



While the proxies do not cover every risk factor, they are representative of the overall risk for child maltreatment.

²⁹ Center for the Study of Social Policy. (2018). "Protective factors framework." Retrieved from <https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf>

Methodology

The goal of the landscape scan is three-fold:

01

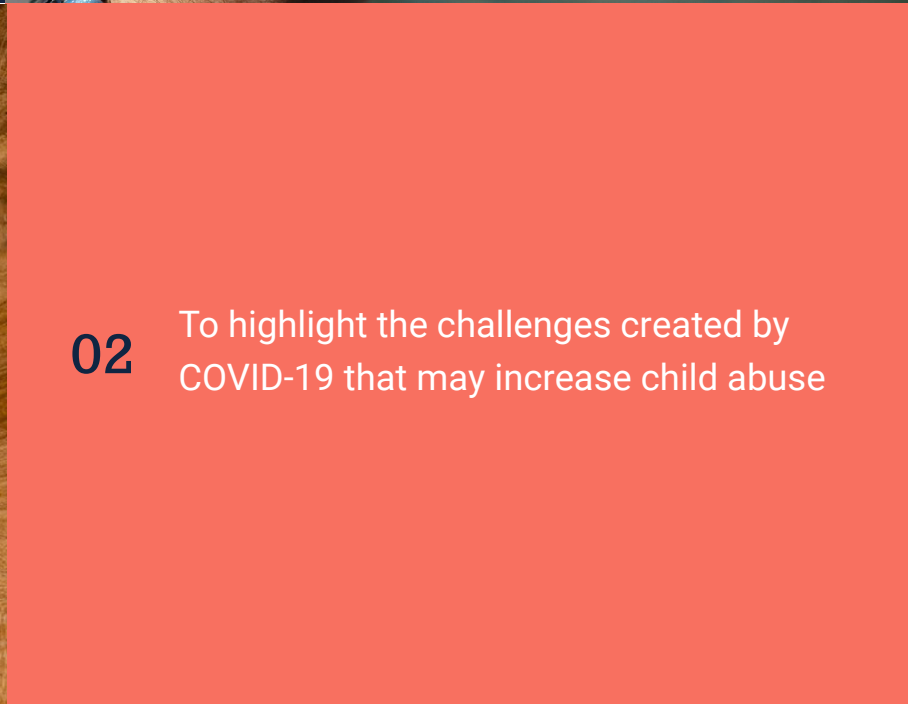
To have a granular look within San Diego County to identify which neighborhoods are at the highest risk for child abuse and would benefit the most from prevention efforts



S T A Y
H O M E

02

To highlight the challenges created by COVID-19 that may increase child abuse



03

To identify the local, statewide, and federal policies and systems that may be leveraged to increase prevention and wellness throughout San Diego County



Goal 1 Methodology: San Diego County Profile and Child Abuse Risks

To understand which areas in San Diego County would most benefit from prevention efforts, data on risk for child abuse and neglect was evaluated. This was done by examining the demographic data of subregional areas (SRA) within San Diego County and analyzing research-supported risk factor proxies for child abuse and neglect. Whereas the boundaries of many geographic areas change over time, SRA boundaries have mostly remained the same since their formation. This allows for a meaningful comparison of time-series information because the same areas are being compared.³⁰ The risk factors are divided by Child Risk Factors, Parental/Family Risk Factors, and Social/Environmental Risk Factors. (See Table 1). Since low socioeconomic status is an overarching determinant of child abuse risk, several proxies were used to describe it.

A total of 10 proxies were evaluated to identify which SRAs present with the highest concentration of risk factors for child abuse and should therefore be considered areas where building protective factors should be prioritized. For each proxy, the SRAs were ranked from 1-41, the number of SRAs in the County, with the fewest proxies receiving a “1.” The totals for each proxy were aggregated by SRA, and the SRA with the highest total was considered at the highest risk for child abuse. The results are not intended to suggest a specific strategy to guide child abuse prevention efforts. Rather, the results are intended to highlight which geographic areas may be most at risk and could most benefit from prevention efforts to build protective factors in families.

Access to data was graciously provided by Partners in Prevention leads and collaborators, such as the YMCA of San Diego, 2-1-1 San Diego, and Child Welfare Services, County of San Diego Health and Human Services Agency. Other data sources used are from the County of San Diego: Public Health Services, Community Health Statistics Unit, and SANDAG. The geographical units of analysis are the 41 SRA boundaries in San Diego County.

The selection of proxies is grounded in a Public Health approach that looks at risk and protective factors for children, families, and communities.³¹ While children are never responsible for their abuse, there are certain factors that increase the risk, such as a child’s age or a disability. **As guided by public health approaches—such as the Essentials for Childhood and research on the Social Determinants of Health—a child’s growth and development is strongly impacted by environmental factors in the community they live in, as well as generational and structural issues such as racism.** The selected proxies also stem from a comprehensive literature review to examine the most current research on child abuse and neglect and which child, family, and community factors increase the risk.³² Table 1 details the proxies used to show the risk factors and the main corresponding protective factor, understanding that multiple protective factors must be strengthened to minimize the risk related for child abuse and neglect.

³⁰ SANDAG, “Geographic areas help define the San Diego Region,” https://www.sandag.org/uploads/publicationid/publicationid_874_3573.pdf

³¹ Center for Disease Control and Prevention, “Risk and Protective Factors” Retrieved from Violence Prevention: <https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html>

³² Selected research papers are listed in appendix A

Risk Factors, Proxies, and Protective Factors

Type of Risk Factors	Risk Factor	San Diego County Proxy	Corresponding Protective Factor
Child Risk Factors	Physical/cognitive/emotional disability	Percent Disability Under 5 Years	Social and Emotional Development of Children
	Age	Percent 0-4 years old	Knowledge of Parenting and Child Development
Parental/ Family Risk Factors	Family structure—single parent with lack of support	Percent Single Mother Household from Households with Own Children Under 18	Social Resilience
	Substance abuse and/or mental health issues including depression in the family	Rates of Depression receiving Emergency Department Discharge for ages 15-44	Parental Resilience
Social/Environmental Risk Factors	Low socioeconomic status	Percent of families with children under 18 years below the poverty level (out of families with children)	Concrete Support in Times of Need
		Percent of families with children under 18 years receiving Food Stamps/SNAP	
		Percent unemployed	
	Lack of healthcare	Percent with health insurance 0-18 years old	
		Percent of mothers that received early prenatal care	
	Lack of childcare	San Diego child care capacity ratio	

Table 1

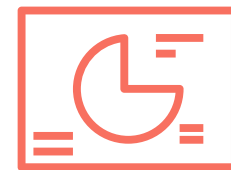
Goal 2 Methodology: Highlight COVID-19 Impacts on Child Maltreatment

The COVID-19 pandemic has created unprecedented challenges for children and families. It has also strained government agencies and nonprofit providers that implement family strengthening and child abuse prevention activities. The combination of decreased in-person contact with mandated child abuse reporters, increased economic pressure and unemployment, and social isolation represent a combination of factors that increase the risk for child abuse.

Since the youngest children are almost always at the highest risk for abuse, it is important to understand the needs of families with the youngest children during the pandemic. This landscape scan highlights how the needs have changed because of the pandemic and which SRAs COVID-19 has affected the most. To highlight that specifically, 2-1-1 San Diego Needs data from March 2019/April 2019 is compared to March 2020/April 2020. In addition, COVID-19 case numbers are used to show which geographic regions are impacted the most. The SRAs most at risk for child abuse are examined closer to understand their specific change in needs. Racial and ethnical makeup of the SRAs is also highlighted to understand which communities are being disproportionately affected.



Since youngest children are almost always at the highest risk for abuse, it is important to understand the needs of families with the youngest children during the pandemic.



Data Sources



2-1-1 San Diego
Needs Data



COVID-19 Case
Numbers

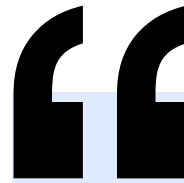
Goal 3 Methodology: Identify Policies and Systems That Can Be Leveraged To Increase Child Abuse Prevention Efforts

Successful prevention efforts build on currently available supports for families. These efforts are influenced by the authentic voice of children, youth, and parents with lived experience to meet the healthy developmental needs of children and families. Policies and systems must be aligned to transform the approach to prevention, family centered-care and collective well-being. When investment is made in families early, it reduces the chances of abuse, neglect, and promotes family well-being.

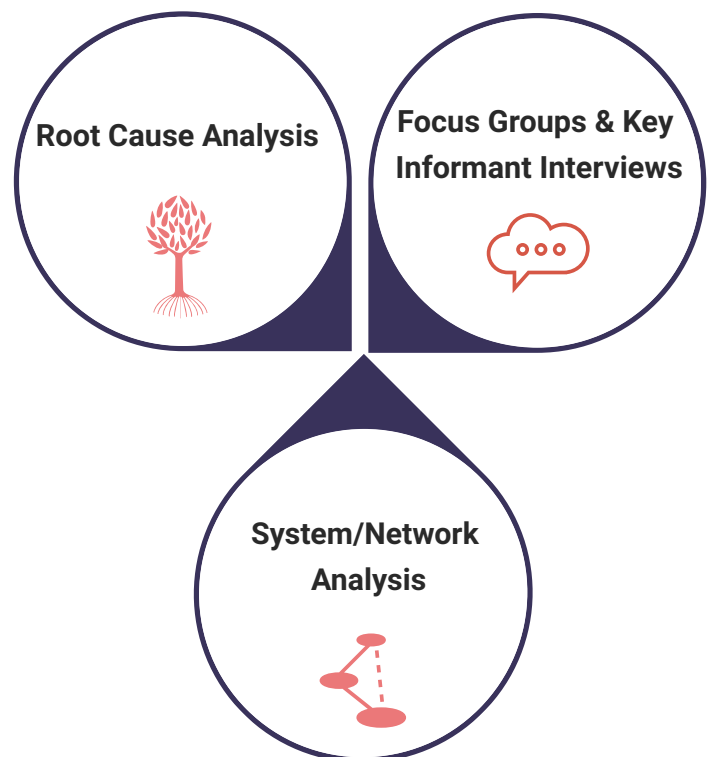
This landscape scan identifies several historical factors and influences that contributed to the current status of and support for prevention efforts. In San Diego County across the board, interventions typically focus on addressing the issues that could or did lead to Child Welfare Services involvement rather than other root cause(s) or more complex issues.

The methodology for identifying policies and systems to leverage for increased prevention of child abuse and neglect in San Diego included consideration and incorporation of the following:

(1) Root Cause Analysis; (2) Focus Groups and Key Informant Interviews of parents and caregivers throughout San Diego; and (3) the System/Network Analysis. All of above were completed by the YMCA of San Diego through Partners in Prevention. The main partners of and consultants to Partners in Prevention also brought current working knowledge of local, statewide, and national child and family systems and supports.



When investment is made in families early, it reduces the chances of abuse, neglect, and promotes family well-being.



Summary of Results

Goal 1: San Diego County Profile and Child Abuse Risks

The following is a detailed look at San Diego County data on risk for child abuse and neglect, and family needs, to understand which areas would benefit the most from prevention efforts. San Diego County has 41 SRAs that house about 3.3 million residents. Ten proxies were used to gauge the child abuse risk. (See Table 1).

The SRAs identified as the highest for child abuse risk—from highest to lowest—are Southeastern San Diego, South Bay, and El Cajon. Amplifying the challenges facing Southeastern San Diego is made evident by the highest Child Welfare referrals, and highest number of needs addressed by 2-1-1 San Diego (and in the top 3 for ratio of 2-1-1 San Diego needs per capita).³³ The SRAs that show the fewest child abuse risk factors are Coronado, Coastal, and Miramar. (See Map 2).

Hispanic/Latino residents make up the largest ethnicity of Southeastern San Diego and South Bay. And while El Cajon officially reports majority of its residents as White (non-Hispanic), it does not identify how many of those are of Arab descent.³⁴ The local reports estimate that out of about 100,000 residents, there are 10,000 Syrian refugees and about 50,000 Chaldeans from Iraq.^{35,36}

Although there are no majority Black SRAs in San Diego, the SRA with the largest Black population is Southeastern San Diego—identified above as the leading SRA for child abuse risk. All the SRAs that are the least at risk are mostly white. (See Map 1).

Highest Risk



Southeastern San Diego,
South Bay, and El Cajon

Highest number of child
abuse risk factors



Lowest Risk



Coronado, Coastal,
and Miramar

Fewest number of child
abuse risk factors

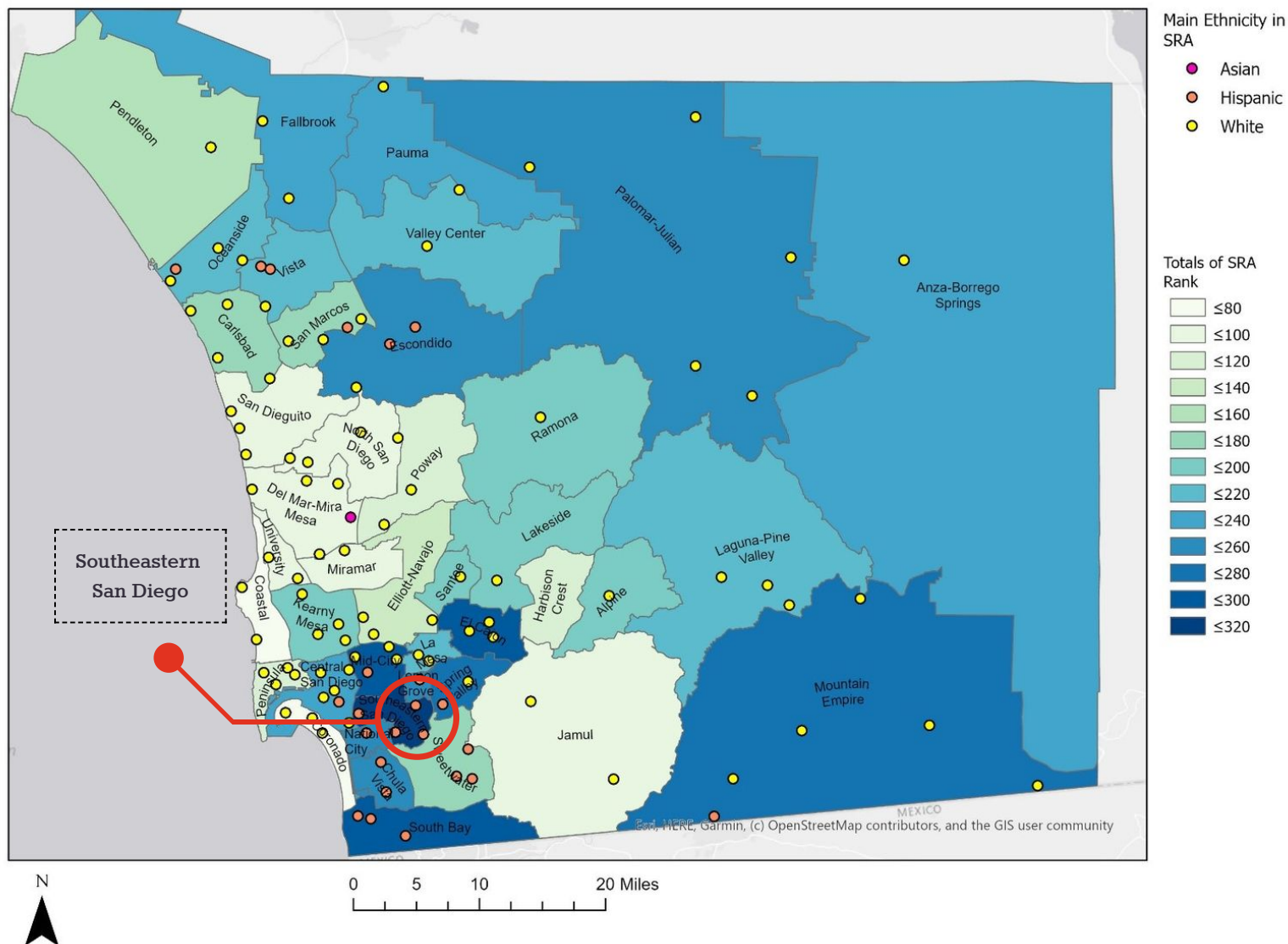
³³ 2-1-1 San Diego is an information, and referral agency in San Diego County.

³⁴ The U.S. Census has not consistently asked about ethnic backgrounds of people from Middle Eastern countries, who are usually forced to mark "white" or "other" when describing their racial and ethnic background.

³⁵ Morrissey, K. (2016, September 2), "10,000th Syrian refugee will settle in El Cajon," Retrieved from San Diego Tribune: <https://www.sandiegouniontribune.com/news/immigration/sdut-10000th-syrian-refugee-2016sep02-story.html>

³⁶ Braun, S. (2016, April 20), "50,000 of Chaldeans live in El Cajon," Retrieved from San Diego Reader: <https://www.sandiegoreader.com/news/2016/apr/20/cover-closed-box-el-cajon/>

Child Abuse Proxies: San Diego County SRAs and Main Ethnicity



MAP 1

SOURCE for Ethnicity: SANDAG

SOURCE for SRA Rank: Social Policy Institute, SDSU Research Foundation

Needs of Families With Children Under 6 Years Old

With data provided by 2-1-1 San Diego, parents with children under 6 years old needs were aggregated. The leading needs of that population were Housing/Shelter, Utilities, and Income Support and Employment. (See Figure 6). The SRAs with the highest concentration of needs are Southeastern San Diego, Mid-City, and South Bay.

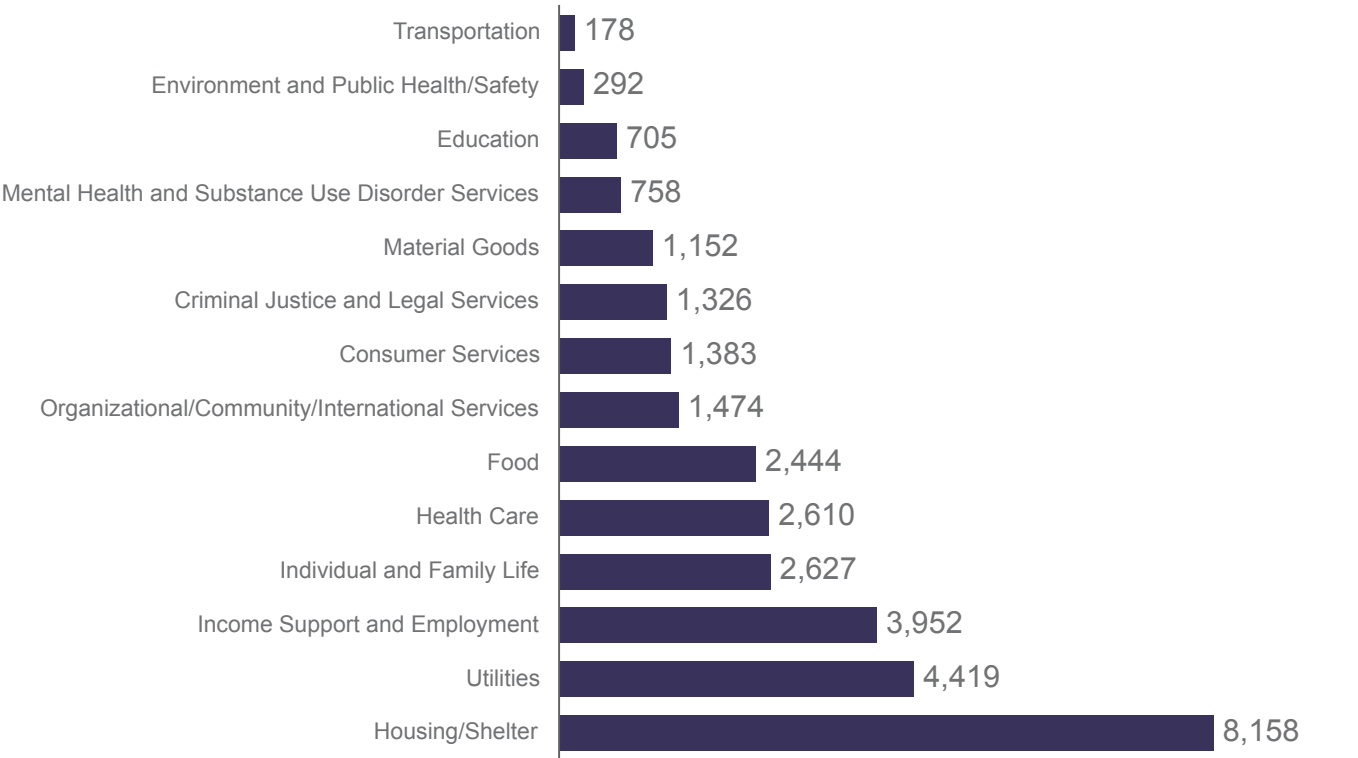
The highest-risk SRAs also have among the highest needs. Southeastern San Diego and South Bay are number 1 and 3 out of all SRAs reported on the total needs addressed by 2-1-1 San Diego informational service for parents with children under 6 years old.

The top needs for parents with young children living high-risk SRAs are the same as the rest of San Diego County: Housing/Shelter (8158), followed by either Utilities or Income Support (4419), and Employment (3952).

Early care and education are a major concern for San Diego’s Partners in Prevention efforts. They are crucial for ensuring a parent’s employment as well as for supporting a child’s social and emotional development. In the 2-1-1 San Diego data, it falls under the categories of Individual and Family Life (as child care) and under Education (e.g., Head Start). As seen in Figure 7, Individual and Family Life is the fourth most in-demand need.

2019-2020 San Diego County Families with Children Under 5 Needs: Housing/Shelter, Utilities, and Income Support/Employment are needed the most

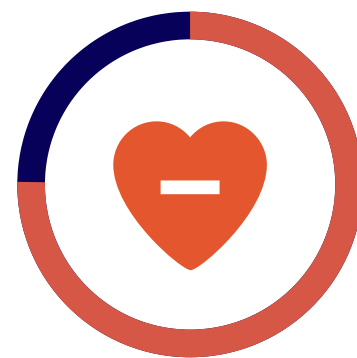
Figure 7 SOURCE: 2-1-1 San Diego



(Cont'd) Needs of Families Under 6 Years Old

For vulnerable families, limited income and inadequate housing can escalate to crisis if left unattended. Many times this leads to formal involvement by Child Welfare Services³⁷ when parental stress becomes unmanageable and is linked to mental health and substance abuse issues. According to the 2019 “Safe and Sound” report, “neglect comprises the majority of child maltreatment”³⁸ representing nearly 50% of all maltreatment allegations and nearly 80% of all substantiated allegations. Neglect is defined as the “failure to provide for a child’s basic physical, educational, or emotional needs.”³⁹ In areas of the County significantly impacted by economic hardship, allegations of child maltreatment caused by neglect may involve parents struggling financially, unable to afford adequate food, shelter, or clothing for their children. In addition, child neglect due to a parent’s economic stress and its impacts, can also lead to the disruption of a child’s social and emotional development and increase their risk for developing mental health issues. In San Diego County, neglect comprises an average of 75% of all substantiated child maltreatment allegations for children ages 0-5.⁴⁰ The combination of limited income and high housing costs contribute as risk factors for neglect.

During community listening sessions, caregivers and providers confirmed these findings. Both caregivers and providers cited a plethora of services and supports needed to improve family well-being, especially for families with children ages 0-5 years. Examples include: additional subsidized child care/preschool, preventive mental health services, housing support, affordable health insurance, parent education classes or groups, infant mental health clinicians, and consistently screening children for neglect at birth and regular intervals afterward. Several caregivers mentioned a need for a universal application for services that prompts service providers to call the client instead of the other way around. Another caregiver shared the need for consistently updated resource lists because it can be frustrating when they call a service and it is no longer available.⁴¹



75%

In San Diego County, neglect comprises an average of 75% of all substantiated child maltreatment allegations for children ages 0-5.



Several caregivers mentioned a need for a universal application for services that prompts service providers to call the client instead of the other way around.

³⁷ Administration for Children and Families (ACF). (2018). Information Memorandum (ACYF-CB-IM-18-05): *Strengthening Families through Primary Prevention of Child Maltreatment and Unnecessary Parent Child Separation*, Retrieved from <https://www.acf.hhs.gov/cb/resource/im1805> on May 31, 2019.

³⁸ Safe & Sound. (2019). *The Economics of Child Abuse: A Study of California*. Page 8.

³⁹ Safe & Sound. (2019). *The Economics of Child Abuse: A Study of California*. Page 3.

⁴⁰ County of San Diego Child Welfare Services Data. Retrieved from CHILD WELFARE SERVICES Case Management System and California Child Welfare Indicators Project on May 31, 2019.

⁴¹ Harder and Company Community Research. (2020). *Partners in Prevention: Thematic Analysis of Community Listening Sessions*. San Diego.

Child Welfare Services: Referrals and Removals

To better understand which part of San Diego County receives the highest levels of Child Welfare Services responses, Child Abuse Hotline data was examined. Parents, children, and members of the community may call the Child Abuse Hotline when they suspect potential child abuse or neglect has taken place. The Hotline Social Worker screens the referral to determine whether it meets the criteria for response.

Between April 2019 and March 2020, the highest number of referrals came from Southeastern San Diego (1,856), followed by Oceanside (1,781), and Mid-City (1,704).

Most of the referrals came from areas that have higher populations of children 0-4 years old. That said, there are exceptions: Escondido and Oceanside have a high percentage of children 0-4 years old but relatively fewer referrals than SRAs in the south (See Map 2).

Of those referred, only 3% were removed (807). Most of the children (98%) removed lived in San Diego County. For those living in the County, children under 1 years old were most often removed (37%), followed by 1-year-olds (16%), and 2-year-olds (14%). The SRAs with the highest number of removals were Southeast San Diego (66), Chula Vista (64), and Central San Diego (55).

Highest Numbers of Referrals



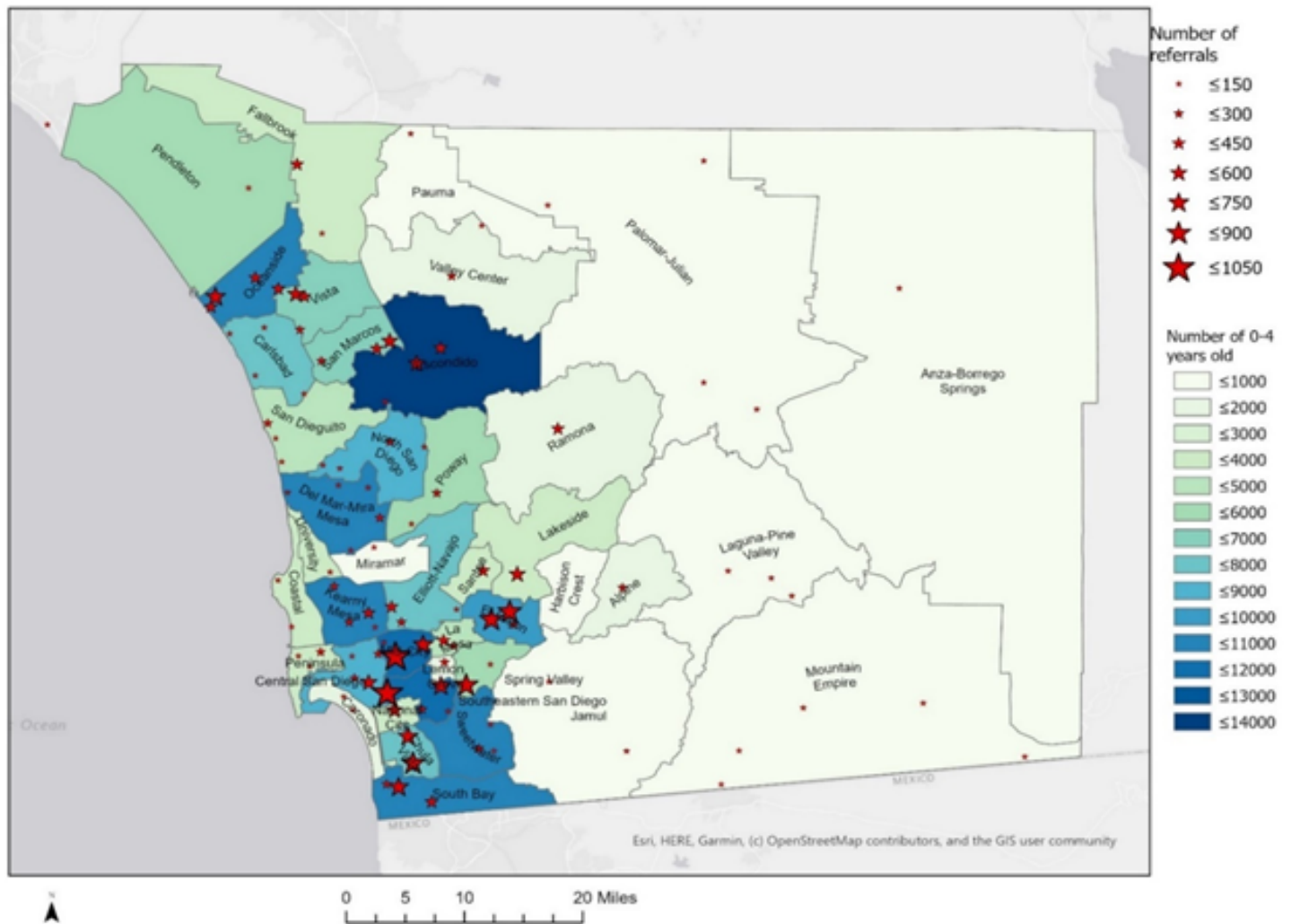
Southeastern San Diego,
Oceanside, and Mid-City

3%

were removed after referrals



San Diego SRAs: April 2019 - March 2020 Child Welfare Services Referrals



MAP 2

SOURCE for Referrals: County of San Diego, HHSA CWS

SOURCE for Number 0-4 Years Old: County of San Diego, HHSA

Child Welfare Services:

Substantiated Cases of Maltreatment

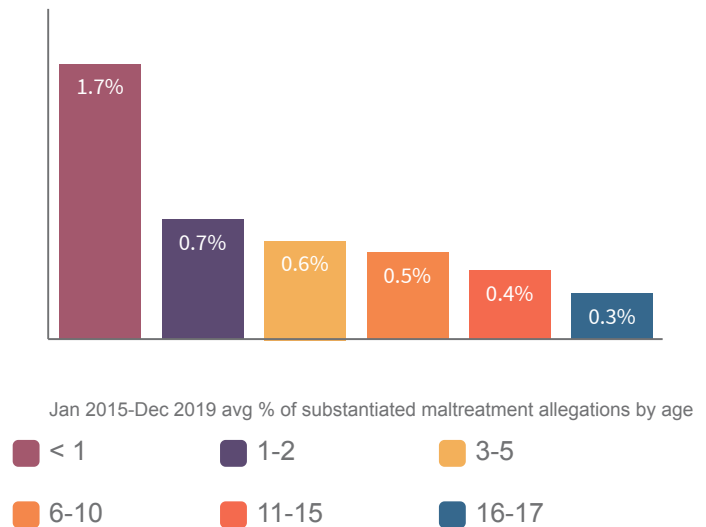
Although only a tiny percentage of most cases (3%) lead to a removal, many referrals are still substantiated cases of maltreatment, even though a removal did not take place.⁴² In California, a substantiated allegation means that it rests on credible evidence and constitutes child abuse or neglect.⁴³ Under California law, child abuse is defined as “any act of omission or commission that endangers a child’s physical or emotional health and development.” Child abuse includes physical abuse; general and severe neglect; sexual abuse, sexual assault, and exploitation; willful cruelty or unjustifiable punishment, or emotional maltreatment.⁴⁴

The rates of substantiated maltreatment instances vary greatly by age and ethnicity. In San Diego County, the child’s age dictated the rate of substantiated maltreatment—young children experienced higher percentages of maltreatment than older children. (See Figure 8).

The substantiated maltreatment rates also differed by ethnicity. As a result of many factors, including poverty and institutional biases, Native American and Black children had higher average percentages of reported maltreatment allegations than other children. Between 2015-2019, average maltreatment allegation percentages were over 10 times higher for Native American children than Asian/Pacific Islander children, about 4 times more than White children, and almost 3 times as much as Hispanic/Latino children. Similarly, Black children had average maltreatment allegation percentages twice as high as Hispanic/Latino children and about three times as high as White children.

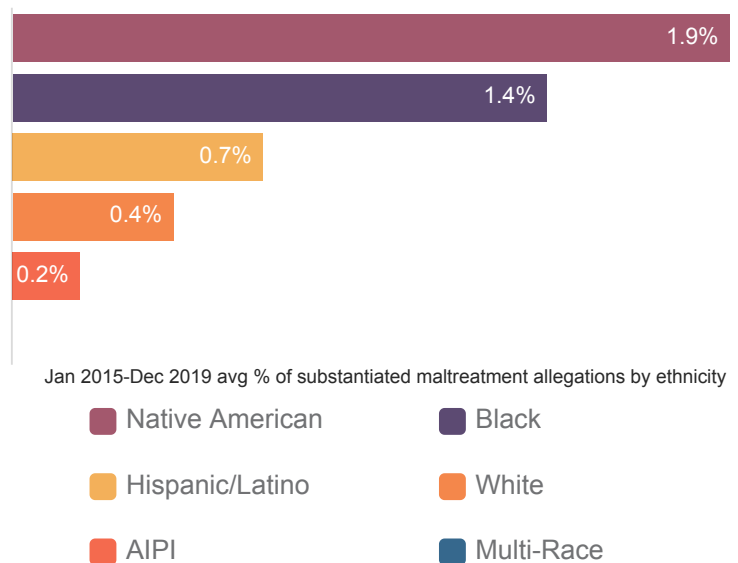
2015-2019: Younger children had higher average substantiated maltreatment allegation percentages

Figure 8 SOURCE: San Diego HHSA CWS



2015-2019: Native American and Black children have the highest average maltreatment allegation percentages

Figure 9 SOURCE: San Diego HHSA CWS



⁴² If a referral is substantiated, it typically means that Child Welfare Services agency believes that an incident of abuse or neglect took place. As a result, several outcomes can occur: (1) case closure with no services if this was a one-time incident and the child is considered safe and there is no or low risk of future maltreatment; (2) if there is a risk of future maltreatment, family may be offered in-home services to reduce the risk or strengthen family protective practices; (3) if the child was seriously harmed, considered to be at high risk for serious harm, or the child safety is threatened, the agency may remove the child and/or petition the court, which may order the child to be removed from home.

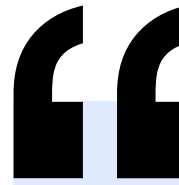
⁴³ The CAP Center. Mandated Child Abuse Reporting Information. The CAP Center. Retrieved September 4, 2020, from <http://www.thecapcenter.org/admin/upload/Mandated%20Child%20Abuse%20Reporting%20Information.pdf>

⁴⁴ Ibid.

(Cont'd) Child Welfare Services: Substantiated Cases of Maltreatment

Hispanic/Latino children had average percentages about 0.2% higher than White children but were much lower than Native American and Black peers (See Figure 9).

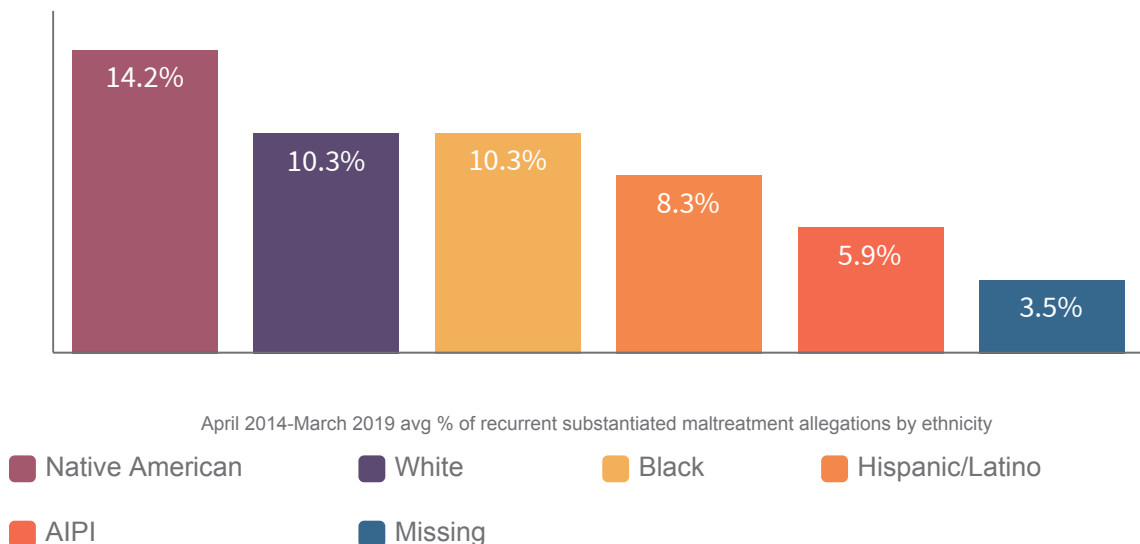
The recurrence of substantiated maltreatment allegations also varied by ethnicity. On top of the highest average maltreatment percentages, Native American, and Black children also had the highest average percent of recurrent allegations. With Native American children having over twice as many recurring allegations as Asian/Pacific Islander children. And Black and White children having about one and a half higher percent than Asian/Pacific Islander children. Another notable finding is that while White children had among the lowest average percent for substantiated maltreatment allegations, they had among the highest average percent of recurrences of maltreatment allegations. (See Figure 10).



On top of the *highest* average maltreatment percentages, Native American, and Black children also had the *highest* average percent of recurrent allegations.

2014-2019: Native American, Black, and White children have the highest average percent of recurrent maltreatment allegations

Figure 10 SOURCE: San Diego HHSA CWS



Child Welfare Services: Caregivers and Provider Feedback

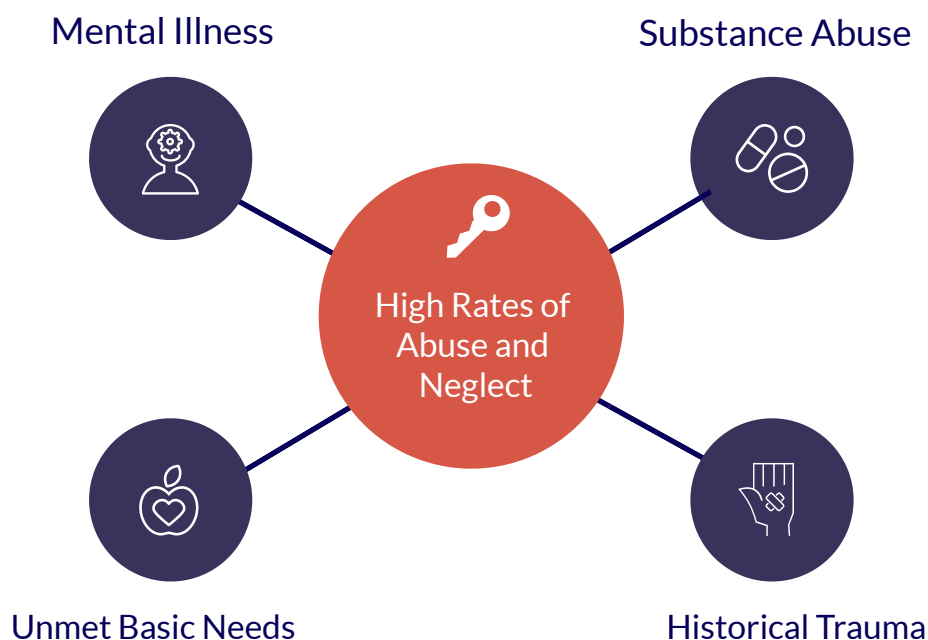
During community listening sessions, caregivers and providers reflected on recent Child Welfare Services data points associated with child abuse and neglect. Caregivers perceived the rates of neglect as very high and found the data surprising. On the other hand, providers were not as surprised to see these data. One provider shared how they would expect the rate of abuse to be higher for children under 5 years old because the child cannot protect themselves from neglect like older children may be able to. Additionally, many providers reported being familiar with these statistics because of their past professional-work with Child Welfare Services.⁴⁵

When asked about the factors that contribute to child abuse and neglect, both caregivers and providers cited mental illness, substance abuse, unmet basic needs, and historical trauma as key factors that contribute to high rates of abuse and neglect.

Caregivers and providers reiterated a critical need for more awareness on how to access services that are coordinated, family driven, and strength's based.⁴⁶

Providers shared how the timing and delivery of current services seldom meets the needs of families which leads to families ending up back in the child welfare system. Providers also stated that a vast amount of services offered to families end prematurely. This issue is described by providers as a critical gap in the current service delivery approach. Once the services and supports go away, families often relapse because those supports are still needed.

There is also a perception by the provider participants that services are not being delivered with a trauma informed approach, which means underlying trauma goes un-addressed and families often end up back in the system.⁴⁷



⁴⁵ Harder and Company Community Research. (2020). Partners in Prevention: Thematic Analysis of Community Listening Sessions. San Diego.

⁴⁶ Ibid.

⁴⁷ Ibid.

Goal 2: COVID-19 Challenges

COVID-19 has created unprecedented economic and health stressors. These stressors disproportionately affect vulnerable populations, including parents employed in the service or hospitality industries, as well as young children.⁴⁸ Research suggests that increased parental stress levels are often a major predictor of physical abuse and neglect of children. The closures of child care facilities coupled with job loss or increased work demands has many children at-risk for potential child abuse that were not at risk before. The children that may be exceedingly vulnerable as a result of COVID-19 are those in single-parent households who are no longer in child care, living with out-of-work parents, or residing with essential occupation parents. Teleworking parents⁴⁹ with no access to child care are also newly vulnerable, but it is impossible to establish yet how many fall into that group with the currently available data.

Since younger children require more childcare, to evaluate which parents may be most stressed, families with children younger than 5 years old will be more considered at higher risk for child abuse. Research echoes that premise given that youngest children are most vulnerable to maltreatment.⁵⁰ For that reason, it is important to understand how the pandemic is affecting the families with the youngest children. In San Diego County, the pandemic hit hardest the areas that already had the highest needs. SRAs with the top 3 highest COVID-19 cases are—from highest to lowest—South Bay, Chula Vista, and Southeastern San Diego. (See Map 3). Both South Bay and Southeastern San Diego are also at most-risk for child abuse, making targeted grant intervention in those SRAs even more needed and urgent.



The closures of child care facilities coupled with job loss or increased work demands has many children at-risk for potential child abuse that were not at risk before.

Highest Number of COVID-19 Cases



South Bay, Chula Vista, Southeastern San Diego

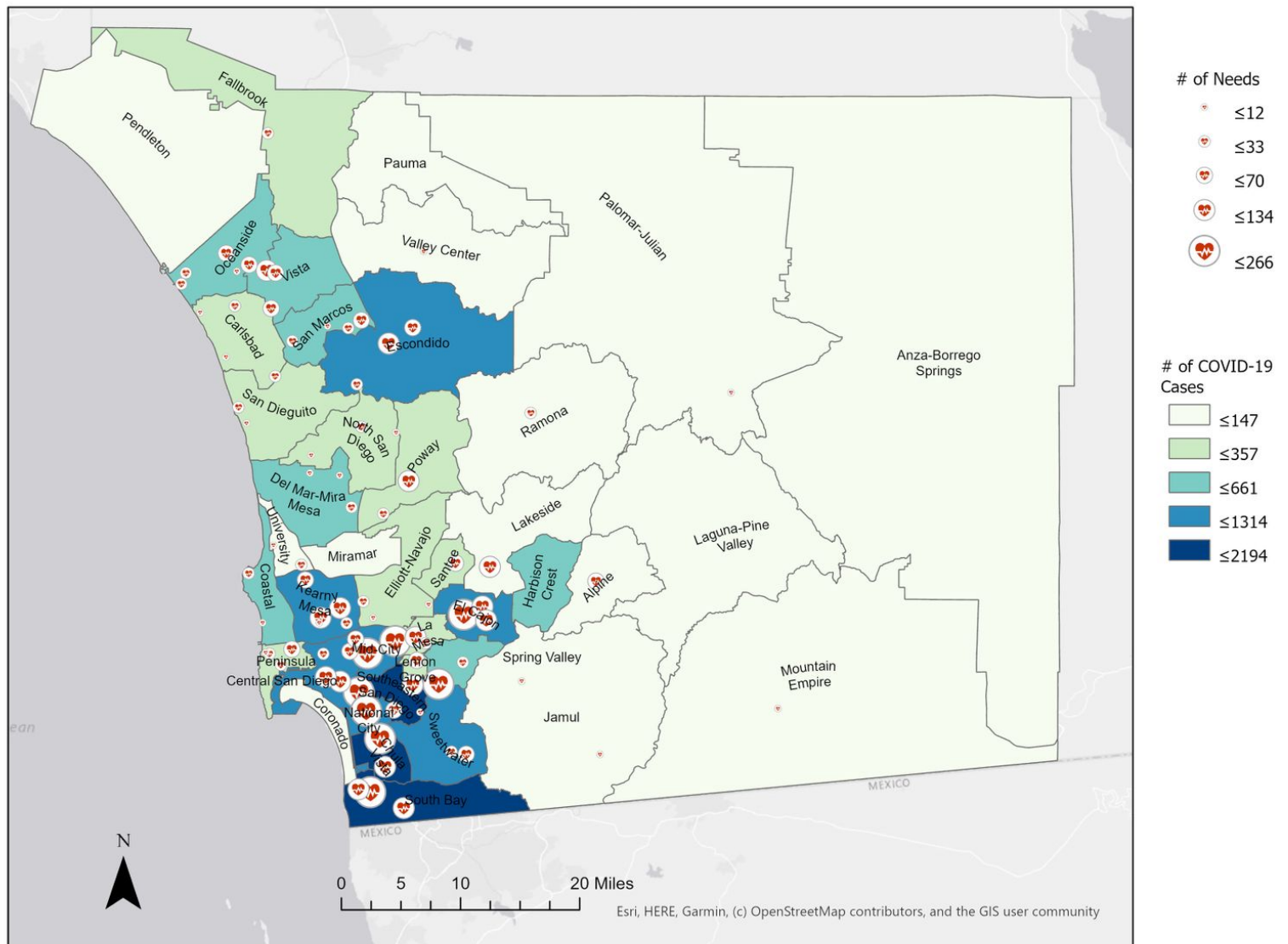
In San Diego County, the pandemic hit hardest the areas that already had the highest needs.

⁴⁸ Retrieved from Harvard Center for the Developing Child, <https://developingchild.harvard.edu/thinking-about-racial-disparities-in-covid-19-impacts-through-a-science-informed-early-childhood-lens/>

⁴⁹ Teleworking parents are workers who can work from home but whose young children also demand full-time attention

⁵⁰ National Children's Alliance, National Statistics On Child Abuse, Retrieved from National Children's Alliance: <https://www.nationalchildrensalliance.org/media-room/nca-digital-media-kit/national-statistics-on-child-abuse/>

San Diego County: COVID-19 cases during April 1 - July 11, 2020 and 211 Needs March - April 2020



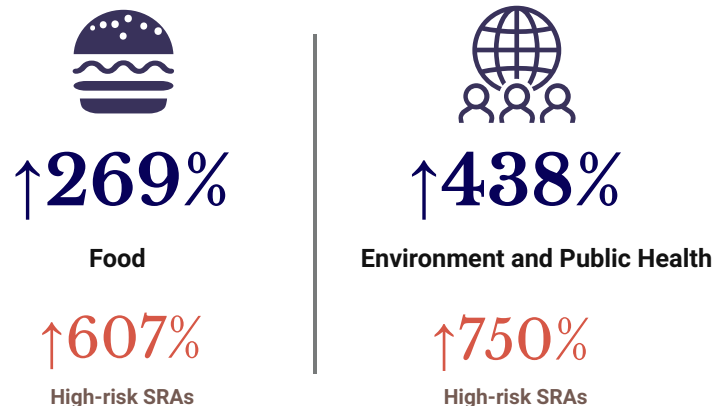
MAP 3
SOURCE for Needs: 2-1-1 San Diego
SOURCE for COVID-19 Cases: SANDAG

(Cont'd) Goal 2: COVID-19 Challenges

To observe the shift of needs for families with children under 6 years old, calls placed to 2-1-1 San Diego in March 2019 versus March 2020, and April 2019 versus April 2020 are compared. The effect of COVID-19 was seen immediately. Although the top needs remained the same (see Figure 11), there was a large increase in certain categories. In March 2020, there was a 269% increase in demand for food, and a 438% increase in environment and public health/safety category. (See Figure 12). In April, the housing needs decreased by 47% and health needs decreased by 52%—potentially due to rent eviction freezes in California. While the environment and public health/safety needs continued to increase by 107% from the previous April.

When comparing the needs of the top three child abuse risk SRAs with the rest of San Diego County, certain needs are particularly amplified. Compared to their neighbors, the SRAs most at risk for child abuse saw a much larger increase in needs of public health and safety, food, organizational community/international services, and income/employment. This is especially clear looking at the environment and public health/safety and food needs (See Figure 11).

When working with parents of young children in areas most affected by COVID-19, addressing the leading as well as emerging needs is necessary to address their well-being. Considering that the highest at-risk SRAs are also among the areas with the highest COVID-19 infections, environment, and public health/safety needs should be prioritized.



Top needs remain the same
Housing, Utilities, and Income Support

Figure 12

Source: 2-1-1 San Diego

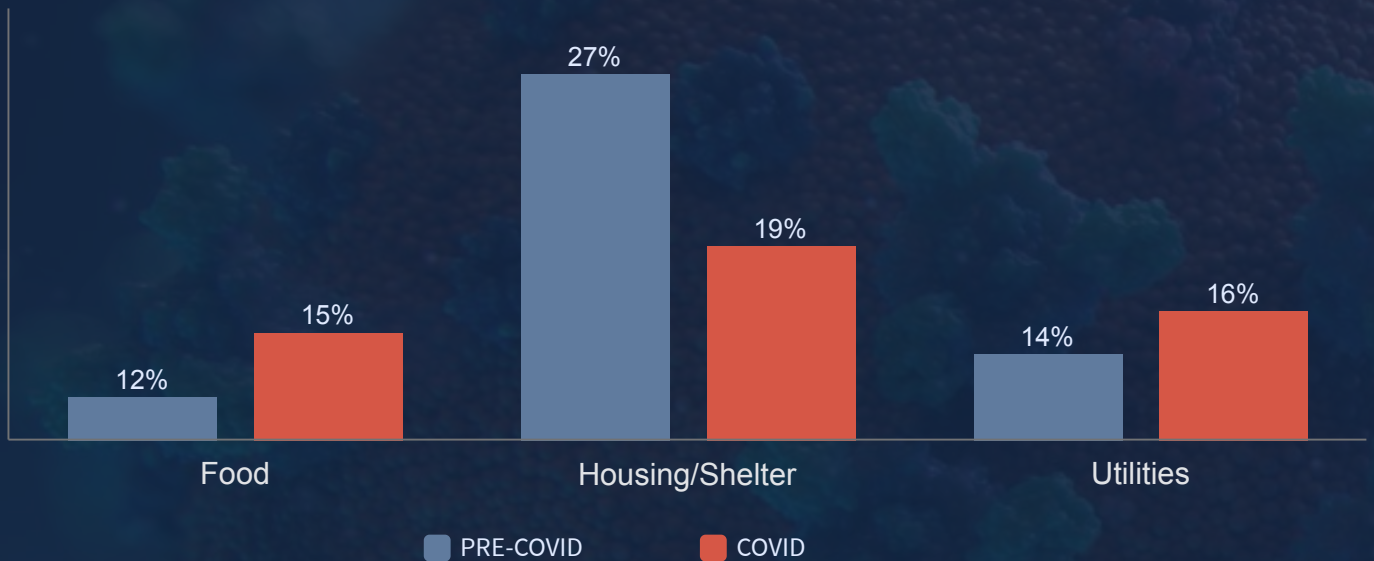


Considering that the highest at-risk SRAs are also among the areas with the highest COVID-19 infections, environment, and public health/safety needs should be prioritized.

Families with Children 5 and Under: 2-1-1 Needs Before and During COVID-19 Pandemic

San Diego County March & April 2019/2020: Top needs remain the same during COVID-19 pandemic for families with children 5 and under

Figure 11 SOURCE: 2-1-1 San Diego



March 2019 vs. 2020: % increase in needs of top 3 at-risk SRAs vs. San Diego County for families with children 5 and under

Figure 12 SOURCE: 2-1-1 San Diego



COVID-19: Significant Disruption in Service Delivery

The COVID-19 pandemic and corresponding public health crisis is also transforming service delivery organizations in San Diego County. During community listening sessions providers shared how it took them a while to decide how to move forward with virtual service delivery in the most appropriate way. Additionally, once the new procedures to operate under the COVID-19 were in place, there was a learning curve that both providers and families experienced when adjusting to the new approaches. Providers explained how their approach to virtual service delivery requires much more coordination. It is based case-by-case because of families' access to technology and their ability to navigate the platforms, and the fact that many families are under a tremendous amount of stress which impacts how and when a provider can interact with the family. One provider shared, "We have to learn to be patient and take baby steps. It can be frustrating to not go in the same rhythm as usual."⁵¹

Another challenge associated with service delivery during the pandemic is the disparities that exists among families in terms of access to technology – specifically for vulnerable populations and low-income families. Providers shared how vulnerable populations are having trouble engaging in services due to the inability to obtain the technology needed to participate in virtual sessions. Additionally, many are having a challenging time navigating the various platforms and troubleshooting technology problems as they arise. One provider shared, "COVID is causing a lower capacity for our services; the virtual model doesn't reach everyone; there are technology inequities; and some services do not translate to virtual delivery to serve the special needs of children/families."⁵²

"COVID is causing a lower capacity for our services; the virtual model doesn't reach everyone; there are technology inequities; and some services do not translate to virtual delivery to serve the special needs of children/families."

- Service Provider



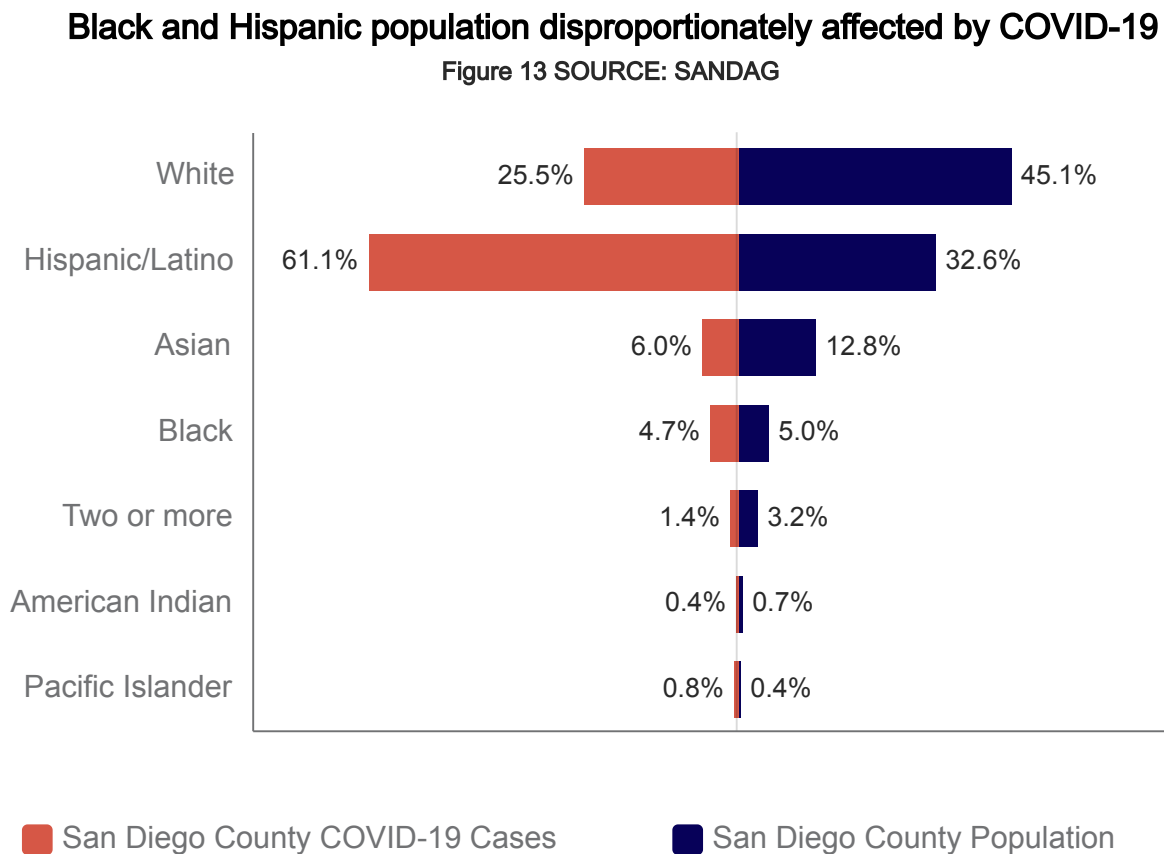
⁵¹ Retrieved from Harvard Center for the Developing Child, <https://developingchild.harvard.edu/thinking-about-racial-disparities-in-covid-19-impacts-through-a-science-informed-early-childhood-lens/>

⁵² Teleworking parents are workers who can work from home but whose young children also demand full-time attention

COVID-19: Disproportionate Impact on Communities of Color

The pandemic has also highlighted entrenched inequities in health care for people of color and magnified socio-economic factors that contribute to poor health outcomes. The recent COVID-19 case data suggests that it disproportionately affects communities of color. Black and Hispanic/Latino populations are almost three times as likely to live in areas that the pandemic has affected.⁵³ This trend is echoed in San Diego County, where Hispanics/Latinos which represent about one-third of the community make up over 60% of all COVID-19 cases. (See Figure 13).

There are also significant gaps in testing. Mostly Black and Hispanic/Latino neighborhoods in San Diego County have among the largest gaps in COVID-19 testing access for white and non-white neighborhoods. For example, testing sites in majority-Black and Hispanic/Latino areas were estimated to be 28% busier than majority-white areas.⁵⁴ A large reason behind the disparity is lack of private testing sites in the communities of color.⁵⁵



⁵³ SANDAG, "Impact of the San Diego Regional Economy," https://www.sandag.org/uploads/publicationid/publicationid_4699_27884.pdf

⁵⁴ Mathey, G. (2020, July 22). Which Cities Have The Biggest Racial Gaps In COVID-19 Testing Access? Retrieved from <https://fivethirtyeight.com/features/white-neighborhoods-have-more-access-to-covid-19-testing-sites/>

⁵⁵ Trageser, C. (2020, August 11), "San Diego's Black and Latino Neighborhoods Hit with COVID-19 Triple Whammy," Retrieved from <https://www.kpbs.org/news/2020/aug/11/san-diegos-black-and-latino-neighborhoods-hit-covi/>

(Cont'd) COVID-19: Disproportionate Impact on Communities of Color

In July 2020, case data from San Diego County of Health and Human Services shows that areas most affected by COVID-19 are Hispanic/Latino—with the most cases out of South Bay, Chula Vista, and Southeastern San Diego. (See Map 4). The vulnerability of Hispanic/Latino communities to COVID-19 stems from many factors, including higher exposure to infections, and barriers in access to healthcare. Many Hispanic/Latino residents are employed in frontline jobs, use public transportation, and live in multigenerational households. This is especially true for areas where the primary language spoken at home is Spanish. This presumably makes access to best practices for infection prevention more difficult due to unequal access to public health information. In San Diego County, the top communities that speak Spanish at home and speak English less than “very well” are South Bay (26%), Chula Vista (25%), and National City (21%).⁵⁶ Lastly, majority-Hispanic/Latino areas were also the ones with the highest uninsured communities in San Diego County—with Southeastern San Diego having the highest uninsured rate (6%).⁵⁷

The Black community is also disproportionately affected by the pandemic, although at much lower than the national levels. While the Black population of San Diego County is only about 5%, it also makes up 5% of the COVID-19 cases. (See Figure 13). More than half of Black residents (58%) live in areas with higher than average COVID-19 cases and higher than average unemployment rates (53%).

And as with Hispanic/Latino communities this can be attributed to a large portion of the essential workers who continue to go to work and/or became unemployed due to temporary business closures as a result of the pandemic.⁵⁸

Identifying *why* people respond differently to COVID-19 is also a factor of our environment. Adverse Childhood Experiences (ACEs) don’t exist in isolation. Instead, they mirror Community Adverse Experiences as illustrated in the concept of The Pair of ACEs.⁵⁹ Evidence shows that health threatening conditions early in life can have disruptive effects on developing immune and metabolic systems that lead to greater susceptibility of chronic health ailments. These conditions include poor nutrition, exposure to pollutants, and excessive family stress interlinked with poverty, racism, and other forms of economic and social hardship. Most importantly, years of structural racism and other cross-generational trauma may be linked to levels of chronic stress that result in greater health ailments that leads to worse outcomes from COVID-19 infections.⁶⁰



Most importantly, years of structural racism and other cross-generational trauma may be linked to levels of chronic stress that result in greater health ailments that leads to worse outcomes from COVID-19 infections.

⁵⁶ County of San Diego. (2011). County of San Diego Community Profiles: Maternal & Child Health Profile Graphs by Region, Retrieved from https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/documents/CHS-CommunityProfiles_MCFHS_Graphs_2011.pdf

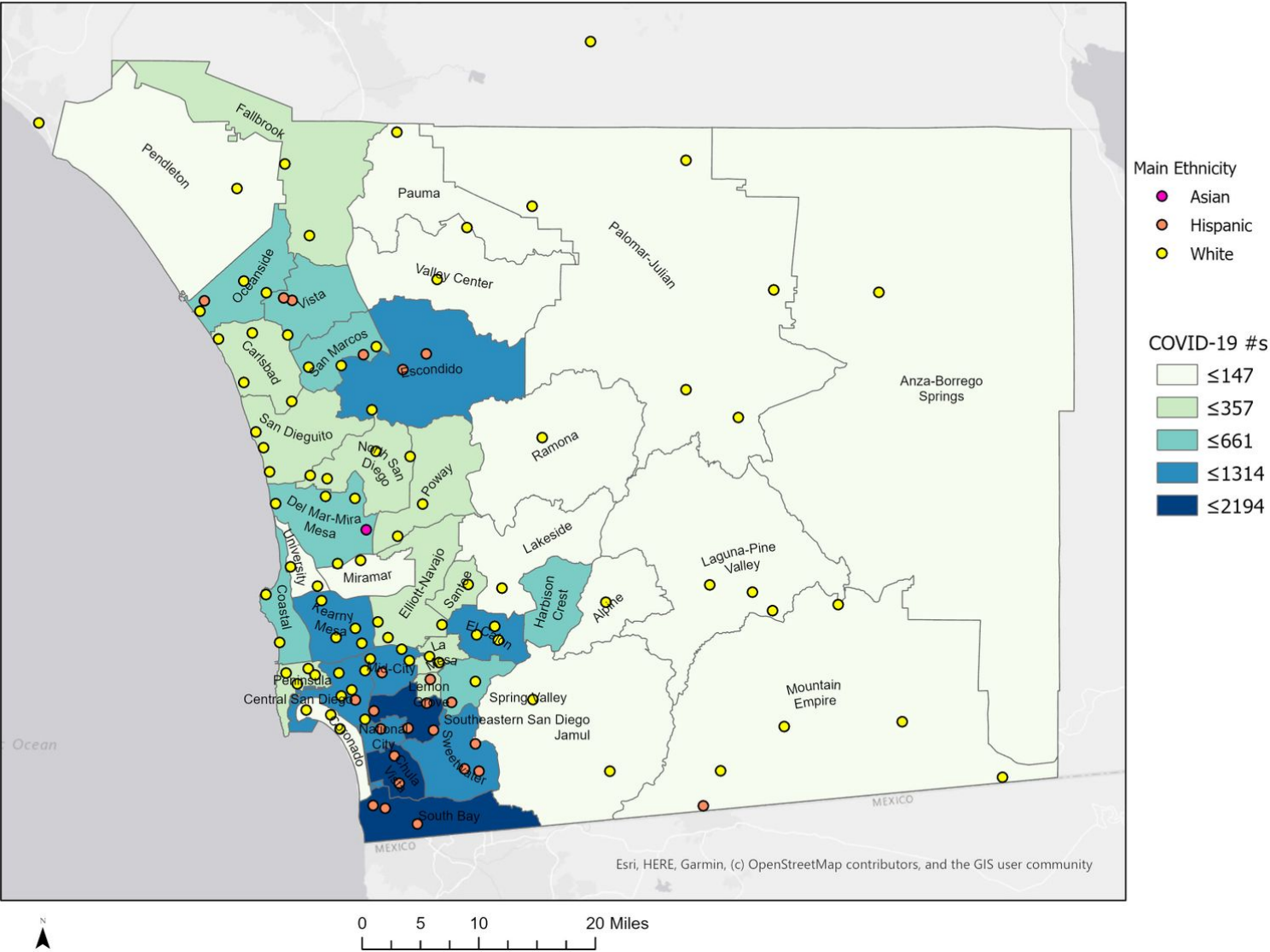
⁵⁷ Calo WA, Murray A, Francis E, Bermudez M, Kraschnewski J, “Reaching the Hispanic Community About COVID-19 Through Existing Chronic Disease Prevention Programs,” *Prev Chronic Dis* 2020;17:200165. DOI: <http://dx.doi.org/10.5888/pcd17.200165>external icon

⁵⁸ SANDAG, “Impact of the San Diego Regional Economy,” https://www.sandag.org/uploads/publicationid/publicationid_4699_27884.pdf

⁵⁹ Dietz, W. H., & Wendy, E. R. (2017), “A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model,” *Academic Pediatrics*, 86-93.

⁶⁰ Shonkoff, J. P. & Williams, D. R. (2020), “Thinking About Racial Disparities in COVID-19 Impacts Through a Science-Informed, Early Childhood Lens,” Center on the Developing Child - Harvard University. Retrieved September 3, 2020, from <https://developingchild.harvard.edu/thinking-about-racial-disparities-in-covid-19-impacts-through-a-science-informed-early-childhood-lens/>

San Diego County: 4/1/2020- 7/11/2020 COVID-19 cases and Main Ethnicity



MAP 4
SOURCE: SANDAG

Recommendations based on Goal 1 and Goal 2 findings: Implications for Child Abuse Prevention



Build protective factors to reduce the risk of child abuse and neglect.

Based on the proxy data summary, the areas most affected by COVID-19 are some of the same areas at the highest risk for child abuse. Despite the observed health disparities in the Hispanic/Latino communities, the pandemic is a chance to strengthen protective factors within families and communities. Specifically, by increasing concrete support in times of need and social connections some of the existing challenges can be addressed.



Provide culturally and linguistically appropriate services and supports.

Spanish-language health resources, an increase in bilingual public health outreach campaigns, and connection of at-risk families with existing bilingual family strengthening resources is essential. Some of the challenges identified by this landscape scan can be addressed by connecting families with Spanish-language community organizations that can help secure food, access unemployment benefits, and address housing needs. Since community resources have been already strained by the pandemic, it is even more important to make use of existing resources to help. Translating existing materials to Spanish and sharing translated resources with the communities can disseminate health and social services to the Hispanic/Latino communities. Identifying bilingual speaking staff at the community organizations and connecting them with the communities is yet another way to use existing resources to strengthen service delivery. By combining these efforts—even in a pandemic—these efforts can make a difference in helping at-risk populations.

(Cont'd) Recommendations based on Goal 1 and Goal 2 findings: Implications for Child Abuse Prevention



Increase use of Community Information Exchange (CIE).

CIE is a relationship management software system that allows for shared client level records across health and social service providers in San Diego County. The CIE is a membership effort led by 2-1-1 San Diego, currently with over 90 partners. The technology of CIE allows for intake information sharing between partners, directional referrals and tracking of referral outcomes. Partners in Prevention envisions this infrastructure as a critical component of being able to better assess, refer, and connect families to needed services as a strategy for increasing child/family wellbeing and decreasing the likelihood of maltreatment.



Provide Early Childhood Mental Health Consultation as an effective intervention to assess families' needs and connect them to resources that strengthen protective factors for the whole family. Early Childhood Mental Health Consultation is a preventive direct service intervention that uses the support of Early Childhood Mental Health consultants in early childhood settings. This intervention will allow for support and capacity building of caregivers (families of all types and early care and education providers) to respond to child/family needs, build protective factors, and decrease maltreatment risk factors. This is particularly needed for working families who are stretched financially and rely on quality child care. Potential loss of child care could otherwise increase parental stress, and decrease in the protective factors needed to keep a family safely together.

In San Diego, Partners in Prevention is well underway to address community and family needs. It does this by strengthening protective factors through strategic and intentional coordination of partner agencies as well as through targeted increase of evidence-based programming such as Early Childhood Mental Health Consultation.⁶¹

⁶¹ YMCA, "2019 Community Collaborations to Strengthen and Preserve Families" Partners in Prevention Implementation Plan

Goal 3: Policies and Systems Affecting Child Abuse and Prevention Efforts

Partners in Prevention, with the support of the YMCA of San Diego, understands the importance of policy and practice alignment. Further, cross-sector partners, regardless of system orientation, are most effective when they work together to promote prevention and wellness for children, families, and communities. Partners in Prevention desires to have a bidirectional influence on federal, statewide, and local policy. This means they contribute insight about their innovations while reciprocally benefiting from reflection on the experience of similar partners within the state and across the nation.

The following section lays out the specific state systems supporting policy and practice at the local level, as well as local systems working together to address trauma and build resilience.

STATE SYSTEMS

California's governing administration has shown an awareness of and commitment to meeting the needs of vulnerable children and families through legislation and funding. California's Governor, Gavin Newsom, is an ally and champion for children and families. Before the COVID-19 pandemic, he appointed Dr. Nadine Burke Harris to lead the new California Office of the Surgeon General. Dr. Harris—in partnership with the Department of Health Care Services—directed over \$15 million for the ACES Aware initiative. The initiative is a primary and secondary prevention effort that identifies and responds to adverse childhood experiences (ACEs). As an ACEs Aware grantee and partner, YMCA of San Diego County and Partners in Prevention is working toward increasing awareness and building referral pathways for young children and their families who will be screened for ACEs by their pediatrician.

The Office of Child Abuse Prevention (OCAP) is housed within the California Department of Social Services. It holds the vision for public systems, private citizens, business, and communities to work together in unity to improve programs and services throughout the state to strengthen children and families. The OCAP is working toward this by building capacity in the field, creating linkages through a common agenda and leveraging resources to build protective factors.⁶²

Partners in Prevention enjoys a rich, collaborative relationship with OCAP. In 2019, the OCAP brought together 22 California counties in a historic summit designed to move County systems towards greater alignment with a focus on the prevention of child abuse and neglect. Regular learning exchanges among cohorts of counties focused on prevention are organized and facilitated by the OCAP.



California's governing administration has shown an awareness of and commitment to meeting the needs of vulnerable children and families through legislation and funding.

⁶² Office of Child Abuse Prevention - Department of Social Services. (n.d.). About OCAP. Retrieved from CDSS Programs: <https://cdss.ca.gov/inforesources/ocap/about-ocap>

COVID-19

To provide direct support and services to families affected by the COVID-19 pandemic, Governor Newsom created the Family Resource Center COVID-19 Emergency Relief Fund. To implement the Family Resource Center COVID-19 Emergency Relief Fund across the state, the California Family Resource Association partnered with the California Department of Social Services, Office of Child Abuse Prevention and 82 Family Resource Center Networks/lead agencies. The Relief Fund received \$3 million, provided services from April 13, 2020–June 30, 2020, and reached over 117,000 people. Their efforts were aimed at quickly reducing the emotional, physical, and financial burdens of the pandemic, as well as maintaining continuity of services and operations that support families.⁶³

Building a better post-COVID prevention system may require a shift in strategy from what is being done currently. Community partners have played a pivotal role in the immediate response to COVID-19. They will continue to be critical to the coming weeks and months, with a goal of building and expanding recovery and resilience beyond the current crisis.

For example, the YMCA of San Diego County made creative program adjustments in response to identified needs and continued essential services in alignment with public health guidelines. They provided access to basic needs and helped children and families process emotions during a difficult time, buffering stress and increasing resilience.

From March 16 – April 30, 2020 YMCA Programs provided:



Social connections during physical distancing

650 Distance support groups, workshops, and case management sessions to refer families to resources, ensure continuity of services, and foster connection over the phone and online

62 Online social events, including book clubs and drawing groups to maintain social connection and give valuable information on resources and staying safe



Concrete support in times of need

144 Mobile outreach events and touchpoints to relieve stress and provide access to hard-to-find basic needs and hygiene items

\$29 million in emergency funds distributed to caregivers



Increased resilience for mental and emotional well-being

726 Affordable phone or virtual sessions to maintain and increase access to mental health services to combat stress, anxiety, and uncertainty

⁶³ California Family Resource Association. (2020). Family Resource Center (FRC) COVID-19 Emergency Relief Fund Final Report. Retrieved from <http://www.thecapcenter.org/admin/upload/covid-19%20relief%20fund-%20final%20report%20final.pdf>

ADDITIONAL STATEWIDE NETWORKS

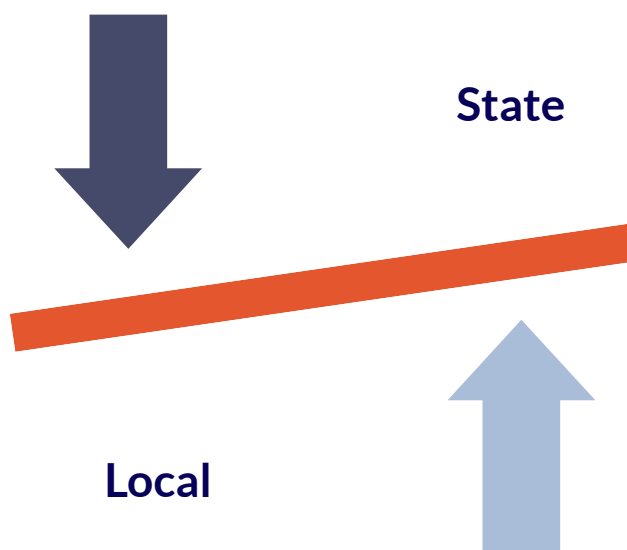
Partners in Prevention also serves on the Citizen Review Panel on Prevention. The Panel is legally mandated by the Child Abuse Prevention and Treatment Act, which requires each State to meet quarterly and report annually on efforts to ensure that the State is following child protection requirements. Serving on the statewide Citizen Review Panel on Prevention will keep Partners in Prevention aware of proposed changes in policy and practice as pertains to prevention. This is particularly opportune because of projected legislative planning for Family First Prevention Service Act. Partners in Prevention involvement will help enhance the continuum of prevention strategies, partners, and activities in State's efforts.

Finally, participation in other statewide networks provides Partners in Prevention the opportunity to not only learn from other prevention efforts, but also to inform possibilities through sharing progress and lessons learned at the local level. The network includes the California Children's Trust, California Family Strengthening Network, and the California Childcare Resource and Referral Network.

SAN DIEGO SYSTEMS

Locally, Partners in Prevention is an active member of the Child and Family Strengthening Advisory Board that functions as the County's Child Abuse Prevention Council. The San Diego Family Strengthening Network is now organized as part of the Partners in Prevention continuum of services and supports. The Community Information Exchange⁶⁴ is also engaged as a key member of Partners in Prevention.

Collectively, the statewide and San Diego-specific systems are organized around building protective factors to help families navigate through the Pair of ACEs (Adverse Childhood Experiences and Adverse Community Environments). While some policy and practice is geared towards one-on-one work with families (i.e., preschool expulsion mitigation through Early Childhood Mental Health Consultation/ECMH), other efforts target the underlying conditions that lead to adversity. Taken together, the focus on social determinants of health point to trauma-informed systems, and also a shift towards primary prevention and promotion of wellness.



⁶⁴CIE. (n.d.). What is CIE? Retrieved from <https://ciesandiego.org/what-is-cie/>

Recommendations based on Goal 3 findings

At the policy and systems level, strategies include:



Improve Systems Alignment/Access to Care & Coordination of Care

Partners in Prevention engages and mobilizes cross-sector partners to more clearly define a continuum of prevention supports and services and improve access to and quality of these services. This allows for better “first, best referrals” for family support and strengthening services to increase protective factors and decrease the likelihood of maltreatment. First 5 San Diego is a key partner in this effort, and it is actively joined by community leaders across sectors to build a shared understanding and align efforts to increase protective factors. The theory of change is that by increasing protective factors, child maltreatment will decrease while child, family, and community wellness will increase.



Provider Capacity Building

Partners in Prevention will implement a research-based integrated learning system (ILS) to support high-quality professional development, grounded in research on principles and practices related to adult learning. The ILS development will be an ongoing and iterative process grounded in and responsive to continual quality improvement efforts. The program will establish quality standards for content and delivery and will monitor fidelity to those standards. Development of the ILS for Partners in Prevention will rest on the latest evidence about learning styles, retention, social learning model, transfer of learning, and so forth.

Conclusion

As a community engagement hub, Partners in Prevention aims to strengthen community collaborations to prevent entry into the Child Welfare system by increasing family protective factors, improving child safety and well-being, increasing availability and access to prevention support services, and mobilizing the community to prevent child maltreatment.

Partners in Prevention has proposed a multi-strategy approach in alignment with Child Welfare Services priorities to address the complex community and family conditions that serve as both risk and protective factors for child maltreatment. Partners include:



All child and family serving organizations—who are committed to building child, family, and community wellness—are invited to contribute to this partnership.

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