

# Child, Family, & Community Wellness: Prevention Landscape Scan

## SNAPSHOT

San Diego County  
2020



SAN DIEGO STATE UNIVERSITY  
**Social Policy Institute**  
*School of Social Work*



# Acknowledgements

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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.

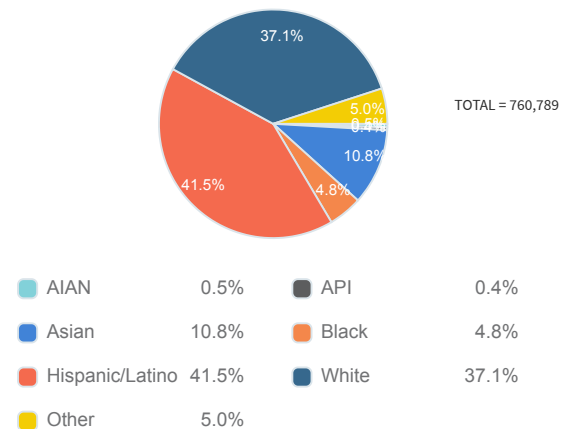
## DEMOGRAPHICS

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.<sup>1,2,3</sup> 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).

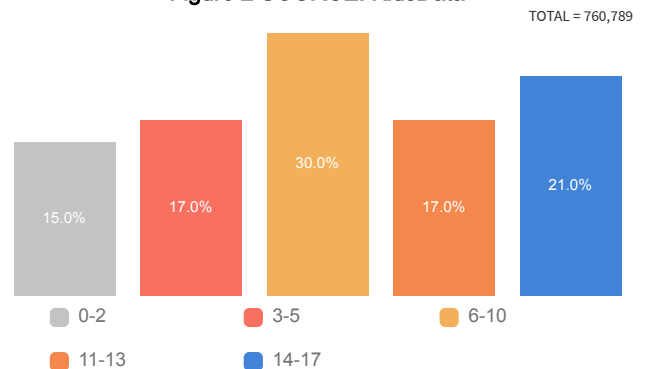
**San Diego County: <18 years Race/Ethnicity**

Figure 1 SOURCE: KidsData



**San Diego County: <18 years Ages of Children**

Figure 2 SOURCE: KidsData



<sup>1</sup> San Diego County Health and Human Services Agency. (n.d.). Demographics. Retrieved October 19, 2020, from [https://www.sandiegocounty.gov/hhsa/statistics\\_demographics.html](https://www.sandiegocounty.gov/hhsa/statistics_demographics.html)

<sup>2</sup> 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>

<sup>3</sup> 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).<sup>4</sup> 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%.<sup>5</sup> 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.<sup>6</sup> About 28% of the families are a single-parent household, with many more single mothers (20%) than fathers (8%).<sup>7</sup>

Within San Diego County are 41 subregional areas (SRAs)—each with unique strengths and challenges.<sup>8</sup> 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 basic 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.

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

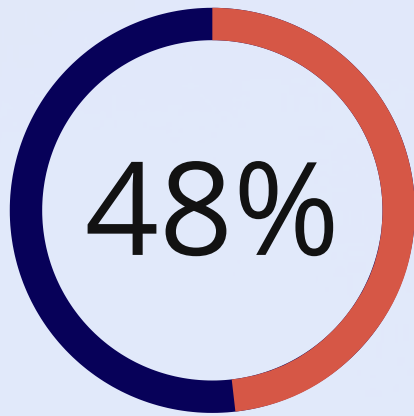
<sup>5</sup> California Housing Partnership Corporation. (2018), San Diego County's Housing Emergency and Proposed Solutions, (2018). Retrieved from <https://1p08d91kd0c03rlxhmhtydr-wpengine.netdna-ssl.com/wpcontent/uploads/2018/05/San-Diego-2018-HNR.pdf>.

<sup>6</sup> 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>

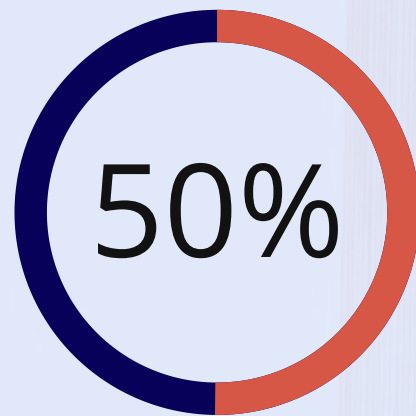
<sup>7</sup> U.S. Census Bureau, 2013-2017, American Community Survey 5-year Estimate. Table S101.

<sup>8</sup> SANDAG, “Geographic areas help define the San Diego Region,” [https://www.sandag.org/uploads/publicationid/publicationid\\_874\\_3573.pdf](https://www.sandag.org/uploads/publicationid/publicationid_874_3573.pdf)

# Priority Needs



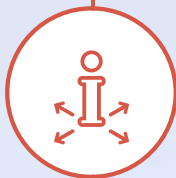
of families with at least one child do not make enough money to be self-sufficient



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



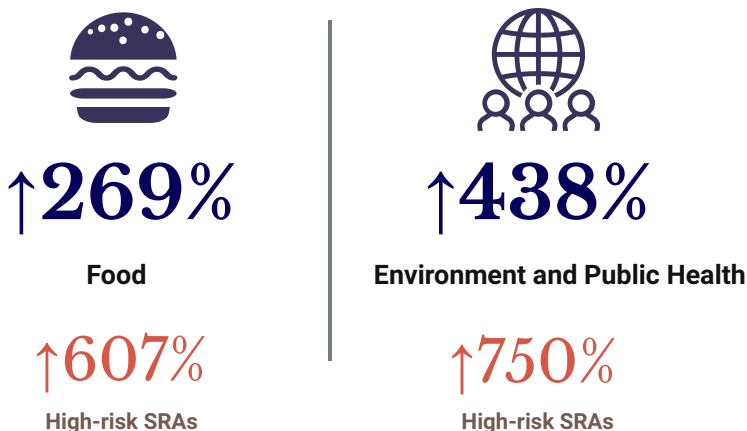
**Leading needs** are housing/shelter, utilities, and income support/employment

## 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.<sup>9</sup> They also make up a large portion of essential workers that continue to go into work.<sup>10</sup> And they are more likely to live in areas that have a lower access to COVID-19 testing.<sup>11</sup>

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.<sup>12</sup> Hispanic/Latino residents also account for the largest San Diego MTS ridership (40%),<sup>13</sup> 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%).<sup>14</sup> 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%).<sup>15</sup>

<sup>9</sup> SANDAG, "Impact of the San Diego Regional Economy," [https://www.sandag.org/uploads/publicationid/publicationid\\_4699\\_27884.pdf](https://www.sandag.org/uploads/publicationid/publicationid_4699_27884.pdf)

<sup>10</sup> 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](https://www.sandag.org/uploads/publicationid/publicationid_4679_27578.pdf)

<sup>11</sup> 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/>

<sup>12</sup> 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](https://www.sandag.org/uploads/publicationid/publicationid_4679_27578.pdf)

<sup>13</sup> 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](https://www.sdmts.com/sites/default/files/attachments/mts_impact_study_final.pdf)

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

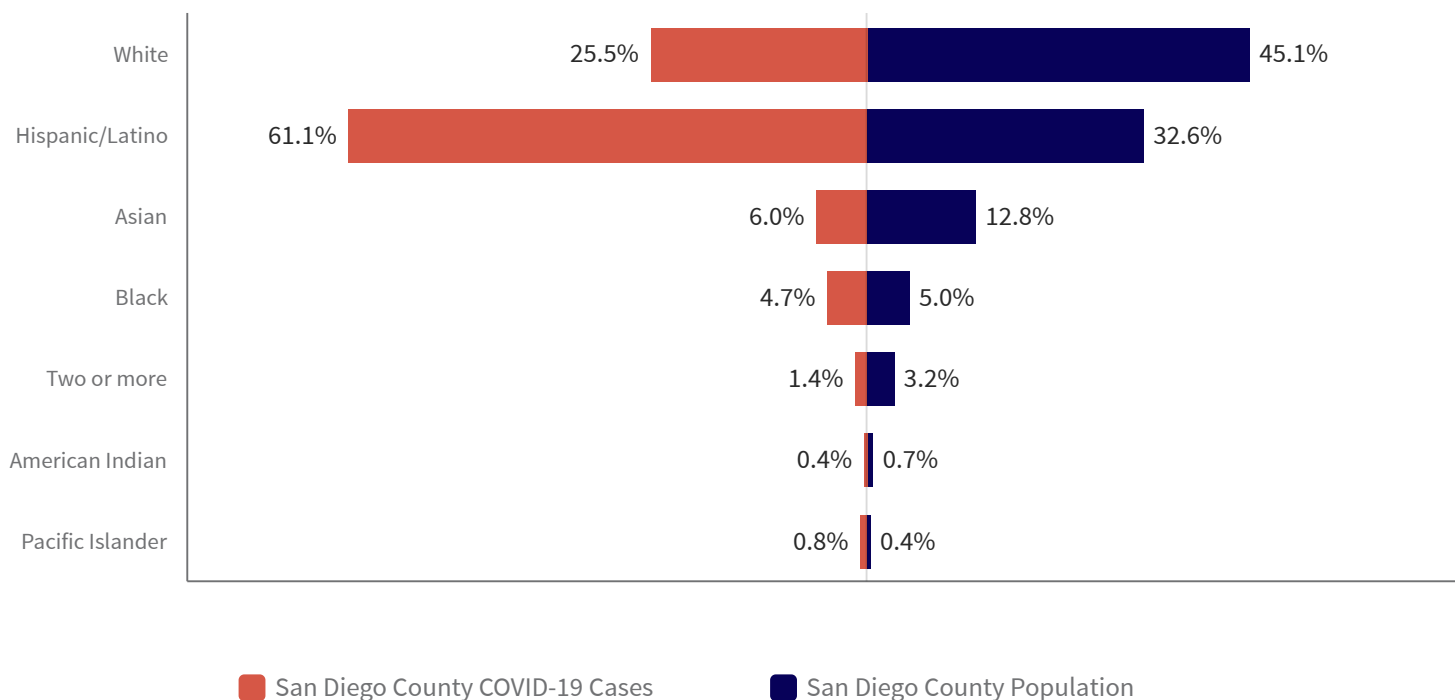
<sup>15</sup> SANDAG, "Hardest-Hit Communities by COVID-19 and Unemployment," [https://www.sandag.org/uploads/publicationid/publicationid\\_4699\\_27884.pdf](https://www.sandag.org/uploads/publicationid/publicationid_4699_27884.pdf)

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.<sup>17</sup>

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.<sup>18</sup>



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

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

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



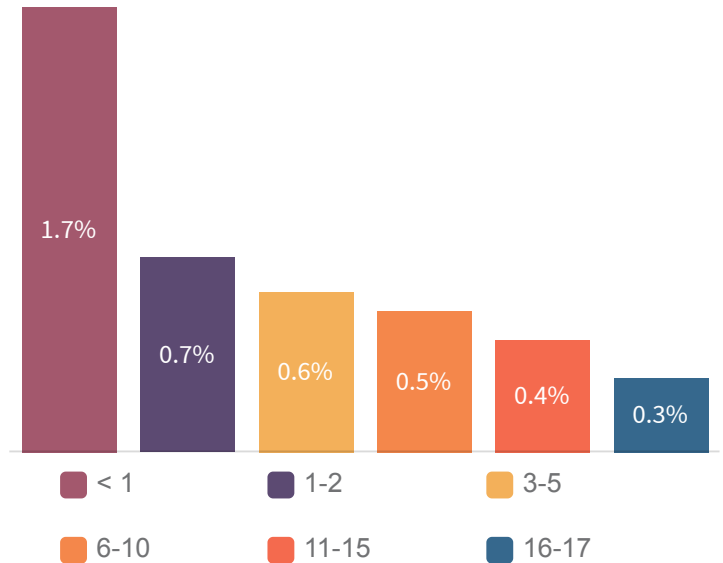
**SUBSTANTIATED CASES OF MALTREATMENT: BY AGE AND ETHNICITY**

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.<sup>19</sup> Under California law, a substantiated allegation means that it rests on credible evidence and constitutes child abuse or neglect.<sup>20</sup> 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.<sup>21</sup>

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).

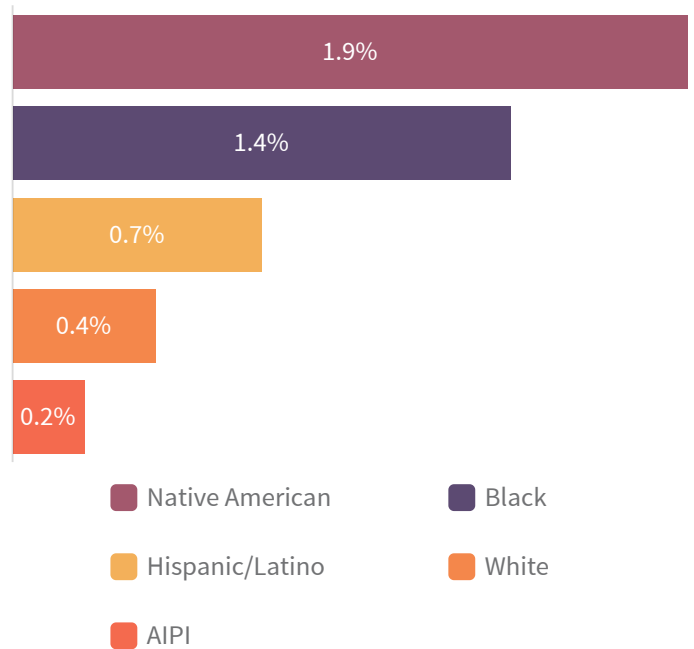
2015-2019: Younger children have higher average allegation maltreatment percentages

Figure 5 SOURCE: County of San Diego HHSA CWS



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

Figure 6 SOURCE: County of San Diego HHSA CWS



<sup>19</sup> 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.

<sup>20</sup> 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>

<sup>21</sup> Ibid.

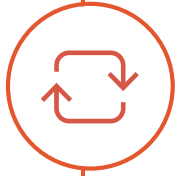
When looking at average recurrences of maltreatment allegations, Native American children again had the worst outcomes with the highest percentage of recurrences (14.20%). They are followed by Black (10.34%) and White (10.30%) children. Although White children had among the lowest maltreatment rates, 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.<sup>22</sup>



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

<sup>22</sup> Harder and Company Research. (2020). 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.

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