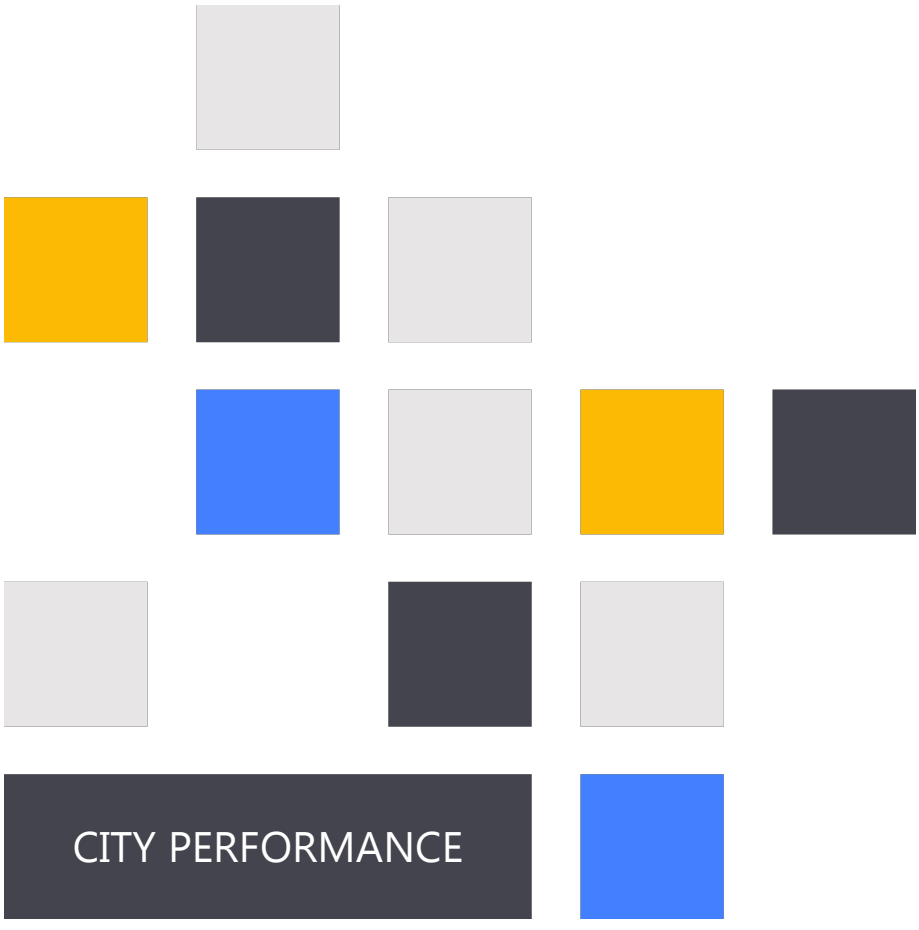
Mapping Resources to Prevent Child Abuse in San Francisco

As a first step in creating a county-wide abuse prevention plan, we identified and characterized 375 programs that promote child welfare.



CITY PERFORMANCE

December 16, 2019

City & County Of San Francisco
Office of the Controller
City Performance

About City Performance

The City Services Auditor (CSA) was created in the Office of the Controller through an amendment to the San Francisco City Charter that was approved by voters in November 2003. Within CSA, City Performance ensures the City's financial integrity and promotes efficient, effective, and accountable government.

City Performance Goals:

- City departments make transparent, data-driven decisions in policy development and operational management.
- City departments align programming with resources for greater efficiency and impact.
- City departments have the tools they need to innovate, test, and learn.

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Executive Summary

At the request of Family and Children's Services (FCS), City Performance gathered a comprehensive list of contracted and direct City services that help prevent child abuse in San Francisco. This "asset map" establishes a starting point for the City and departments that fund these services to create a more deliberate and coordinated system of child abuse prevention. It will be used by an inter-agency steering committee, developed as part of the work of the San Francisco Child Abuse Prevention Council (CAPC)/Safe & Sound, to inform development of a county-wide child abuse prevention plan. The asset map will also help San Francisco prepare for impending changes in prevention funding mechanisms under the Family First Prevention Services Act (FFPSA).

The asset map identifies

375 distinct programs

representing more than

$143,000,000 in spending

City Performance worked with the steering committee to develop a working definition of prevention, determine inclusion criteria for programs, and identify relevant lead City agencies and stakeholders for programming. We also conducted informal interviews with stakeholders from relevant City departments. The resulting data set has several important limitations due to inconsistent data availability, reliance on self-reports, and missing cost information. Nevertheless, major takeaways include:

- The asset map identifies 375 distinct programs across eleven City departments and the San Francisco Unified School District (SFUSD). The Department of Public Health alone houses 40% of the programs, and mental health was the most common service category.
- Prevention services are highly reliant on community-based organizations (CBOs). Over 85% of identified programs were through contracts with CBOs.
- Secondary prevention services were most easily and frequently identified, yet stakeholders want a greater understanding of primary prevention activities and funding.
- Far more services were provided to children than to parents and other caregivers.
- While about 13% of programs self-reported the use of evidence-based practices (EBP), some categories of EBP are likely under-used in San Francisco.

The asset map itself, in the form of a cleaned data set, is available for detailed analysis at the City's open data portal[1].

[1] https://data.sfgov.org/Health-and-Social-Services/Child-Abuse-Prevention-Services-in-San-Francisco/3had-h899

Findings drawn from the data collection process and analysis support the following next steps the City should take to develop a comprehensive child abuse prevention plan:

- Identify a responsible agency, in partnership with the San Francisco CAPC, for prevention coordination and accountability.
- Develop a shared vision of a future system of prevention.
- Determine whether sufficient resources are devoted to both primary prevention strategies and support for parents and families.
- Identify relevant evidence-based practices that are not present in San Francisco and actions stakeholders should take to increase their availability and support other promising prevention strategies to become evidence-based.
- Plan for FFPSA implementation and advocate for federal policies that align with San Francisco's prevention goals.

Why Map Child Abuse Prevention Services?

Family and Children's Services (FCS) sought City Performance's assistance in documenting existing resources for child abuse prevention as a first step in preparing for a major change in federal funding guidelines for the foster system (the Family First Prevention Services Act) as well as to support a collaborative local effort to develop a county-wide child abuse prevention plan that will inform the City's next steps to create a coordinated approach.

FEDERAL FUNDING RULES FOR CHILD WELFARE ARE CHANGING

Under Title IV-E of the Social Security Act, the US Department of Health and Human Services allocates money for foster care services to the state, which in turn allocates it to counties. These funds must be used narrowly to support existing foster youth, including maintaining eligible children in foster care, providing adoption assistance, and administering the foster system. Since 2014, San Francisco has participated in California's Title IV-E waiver program[2] that allows for these funds to be used more flexibly toward programs that ensure permanency and prevent re-entry to foster care. California's Title IV-E waiver expired on September 30, 2019.

[2] https://www.cdss.ca.gov/inforesources/Foster-Care/Title-IV-E-Waiver-California-Well-Being-Project

In 2018, Congress passed the Family First Prevention Services Act (FFPSA or Family First), which grants all states additional flexibility to use Title IV-E funds to support evidence-based interventions for the prevention of abuse and foster placement. States may opt to begin using the FFPSA funding guidelines as early as October 1, 2019; California is expected to begin using FFPSA funding guidelines in October 2021. To be eligible for FFPSA funding, a program must use an evidence-based practice rated in the newly created Title IV-E Prevention Services Clearinghouse.[3] While the Title IV-E Clearinghouse currently contains few rated services, it is modeled after the more mature California Evidence-Based Clearinghouse (CEBC); programs rated as evidence-based by the CEBC are likely to be eventually rated as evidence-based by the Title IV-E Clearinghouse as well.

FCS and its City partners will need to decide how these changing federal funding guidelines for abuse prevention should shape the services they provide.

STATE AND LOCAL STAKEHOLDERS DESIRE A COORDINATED APPROACH TO PREVENTION

Many San Francisco agencies and community-based organizations provide services that prevent abuse and foster placement and reduce the negative consequences of maltreatment; however, no one agency holds the responsibility for coordinating these programs, and City stakeholders lack a shared vision of how together they can work towards the common goal of preventing child abuse and supporting vulnerable children and families.

In February 2019, the County Welfare Director's Association (CWDA), the Office of Child Abuse Prevention (OCAP), and Strategies 2.0 (a consultant to OCAP) convened cross-agency representatives from twenty-two counties at a Summit in San Diego, to discuss developing county prevention plans. After the summit, FCS and Safe & Sound (the San Francisco Child Abuse Prevention Council, or CAPC), began convening a steering committee of public and community partners (see sidebar) to create a prevention plan. As a first step, the committee sought to inventory existing prevention-related programs and services in San Francisco. FCS reached out to City Performance for help in creating this "asset map."

City Performance presented the asset mapping methodology and preliminary findings to county prevention planning groups from around California at the Prevention Summit Learning Conversation, hosted by the CWDA, OCAP, and Strategies 2.0 in Sacramento on September 13, 2019.

Prevention Plan Steering Committee

- Department Children, Youth and Families
- Department of Public Health, Foster Care Mental Health
- Department of Public Health, Maternal, Child & Adolescent Health
- Department of Public Health, Regents of the University of California (UCSF)
- First 5 San Francisco
- Homeless Prenatal Program
- Human Services Agency, Family and Children's Services
- Instituto Familiar de la Raza
- Kaiser Permanente
- Office of Child Abuse Prevention
- Office of Early Care and Education
- Our Children Our Families
- Safe & Sound
- San Francisco Unified School District
- Strategies 2.0

[3] https://preventionservices.abtsites.com/

Next Steps to a Prevention Plan

To create and implement a comprehensive child abuse prevention plan, the Controller's Office recommends the City undertake these next steps:

Identify a responsible City agency, in partnership with the CAPC, for prevention coordination and accountability

While many City agencies serve children and families, only Family and Children's Services has the prevention of abuse as a core function. However, FCS typically reaches children only after an allegation of abuse has occurred. No City agency currently has the mission or capacity to own the proactive prevention of abuse and the coordination of other City agencies, community-based organizations, and resources toward that goal. The City should identify an organizational "home" for abuse prevention going forward that can facilitate developing a shared vision and take responsibility for coordinating stakeholders toward preventing abuse.

Develop a shared vision of a future system of prevention

One of the questions of interest to the steering committee was, "**What are the gaps in our network of prevention services in San Francisco**?" The asset map provides a baseline view of the current state of prevention services in San Francisco. The map primarily identifies secondary prevention due to the challenge of compiling primary prevention services for children and families. To identify gaps, the City should develop a shared vision of a robust future system of prevention services and compare the reality to the vision.

How should City agencies ideally be identifying at-risk populations, supporting them in developing protective factors, and coordinating with one another? Which prevention level (i.e., primary, secondary, or tertiary) needs additional services? What is the appropriate mix of services targeted to parents and children? Which pieces of the ideal framework are currently missing? With a sufficiently detailed future goal, the City can compare its ideal to the current assets to identify gaps and a path forward to better prevention.

San Francisco could benefit by identifying best practice models for systematic prevention of abuse. Many California counties are planning for prevention alongside San Francisco. Other states or other countries may have strong models for prevention work that could assist San Francisco in developing the vision for future prevention.

Determine whether sufficient resources are devoted to primary prevention strategies; identify gaps for strategic future investment

Federal child welfare funding has traditionally been focused on services that address maltreatment that has already occurred or is suspected (tertiary or secondary prevention); even new FFPSA funding requires that recipient youth be a "child who is a candidate for foster care" with a Title IV-E prevention plan. As such, the asset map identified an abundance of secondary and tertiary prevention services. In addition, the asset map did not focus data collection on primary prevention services due to the

potentially expansive array of services that could fall into this category. With an ideal framework as a guide, the City can identify gaps where future investment is needed to align with primary prevention.

Determine whether sufficient resources are devoted to support for parents and families

The asset map also identified far more services for children than for parents and families. However, parents, not children, are the origins of abuse, and four of the five protective factors focus on the strength of parents or the whole family unit. Even though many of those children's services were potentially loosely tied to abuse prevention or quality of life improvement, the City should determine whether the existing network of services to parents is sufficient, whether the data exists to identify these services, or whether we are missing important avenues to support caregivers before abuse or neglect occurs. Are there additional location- or timing-based opportunities to serve parents (e.g., at the provision of public benefits or medical services, or in affordable housing systems)? Do we have the data to tease apart services to adults from services to parents, that have abuse prevention potential? How can those services be identified?

Identify relevant evidence-based practices that are not present in San Francisco and actions stakeholders can take to increase their availability

As of October 2019, the CEBC lists 220 programs with at least a "promising" evidence base; we identified only 25 distinct practices present in San Francisco. While a tremendous *diversity* of EBP is not necessarily the goal, San Francisco could likely benefit from increasing the availability of new EBP categories. Over twice as many programs reported using a CEBC practice in Behavior Management than any other topic area. Other areas such as Parent Partnering or Measurement Tools had few or no EBPs reported in San Francisco.

Plan for FFPSA implementation and advocate for federal policies that align with San Francisco's prevention goals

Family First will create new incentives to fund evidence-based programming. The asset map identifies the handful of programs that currently report using an EBP in the Family First Clearinghouse. However, more work is needed to determine whether those programs meet other criteria for FFPSA funding, how to define and track individual children "who are candidates for foster care," and how to change criteria for future grant cycles to fund FFPSA-eligible programs. City Performance plans additional support to FCS to determine how to adjust to these changes.

San Francisco can also play a role with the federal Administration on Children and Families (ACF) in defining future implementation of FFPSA guidelines. As San Francisco defines its own ideal prevention system, it can advocate for the inclusion of relevant programs in the Family First Clearinghouse.

How to Access the Asset Map

In response to the request from FCS and the steering committee, City Performance produced a cleaned list of identified child abuse prevention programs in San Francisco, containing 375 distinct programs representing more than $143 million in City spending. **The primary deliverable from this project is a cleaned spreadsheet of prevention programs** (asset map) that details each program by service category, target of service, the presence of evidence-based practices, level of prevention, targeted protective factors, and other characteristics. The asset map is available on the City's open data portal.[4]

How the Asset Map was Created

A more detailed methodological summary can be found in this report's appendices.

1. Define relevant services to include in the asset map

At the start of the project, City Performance worked with the steering committee to create a working definition of the types of services that would constitute child abuse prevention. To request appropriate program data, we needed to know what we were asking for and needed to give stakeholders parameters concrete enough to make decisions about what to include and exclude. In conversation with the steering committee, we decided to use the OCAP Framework for the Prevention of Child Maltreatment[5], which distinguishes between primary prevention (targeting a population broadly), secondary prevention (targeting groups at-risk for abuse or neglect), and tertiary prevention strategies (targeting youth in the foster system after abuse has already occurred). See Appendix A for definitions.

Because the boundaries of primary prevention were prohibitively broad (e.g., any City service providing housing or providing income support could be construed as primary prevention), we focused on secondary and tertiary prevention strategies.

Based on best practice research and committee feedback, we developed a list of programs and services targeted to children, to parents and families, and to providers that would qualify as secondary or tertiary prevention and that should be included in the asset map. We only sought primary prevention services if there was an explicit connection to abuse prevention. See Appendix B for this list of relevant programs and services.

We created a data request that identified the desired information (e.g., contract name, program name, description, and budget amount), the levels of prevention that we were interested in, and the types of programs that would qualify as prevention.

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[4] https://data.sfgov.org/Health-and-Social-Services/Child-Abuse-Prevention-Services-in-San-Francisco/3had-h899

[5] https://www.cdss.ca.gov/Portals/9/OCAP/Framework%20for%20Prevention%20of%20Child%20Maltreatment.pdf?ver=2019-03-18-092851-493

2. Identify relevant stakeholders

We asked committee members for representatives within departments that we could survey to collect data on services delivered by 1) City-contracted agencies, 2) the City directly, and 3) third parties. We asked those representatives in turn for additional contacts who could provide these data (a snowball approach). Our outreach included 40 different individuals, representing 14 City departments as well as the SF Unified School District, Kaiser, and community partners.

3. Request contract and City service data

We first asked City departments to provide us with data on contracted services that met our criteria. Responses were given to us in the form of summary spreadsheets or original contract documents, which we manually entered into a master sheet.

For City departments who provide these services directly, we asked City stakeholders to list the services they provide. We solicited this information via a structured, shared Google sheet, to ensure that all departments responded in the same format and to reduce duplication of responses. We asked stakeholders to self-report several key characteristics of each program.

We made initial requests by email, following up by phone or in person to further explain the project and answer questions. Detailed information about data sources and process can be found in Appendix C.

Major program characteristics in data set

- Program description
- Lead department
- Target population
- Service type/category
- Cost (FY18 budget)
- Level of prevention
- CEBC evidence-based practice
- FFPSA evidence-based practice
- Protective factor
- Relevance to child welfare

4. Conduct supplemental interviews

During phone calls and meetings for data requests, stakeholders often volunteered feedback about the network of prevention services in San Francisco, including representatives of various DPH divisions (e.g., Primary Care, Primary Care Behavioral Health, health centers), Adult Probation, Families First (formerly P500), and the Homeless Prenatal Program. To round out this feedback, we also conducted qualitative interviews with FCS program directors and the Child Abuse Services and Prevention (CASP) Lead from Kaiser (for a private hospital perspective). Information from these supplemental interviews informed the qualitative findings and next steps, described above.

5. Consolidate and code data set

We consolidated the data received from stakeholders into a single master data set, containing both contract and internal program data. Using program descriptions and self-reports from stakeholders, we coded each program by a set of characteristics shown at left. Additional data cleanup included excluding contract data with no program description and de-duplicating contracted programs.

With a final data set, we summarized findings for stakeholders, first at the Sacramento Prevention Summit Learning Conversation on September 13 and subsequently in this report. We also prepared an easy-to-read view of the spreadsheet for stakeholders to review in detail.[6]

DATA LIMITATIONS

FCS requested assistance in part to better understand the challenges City departments face in coordinating prevention services. Accordingly, departments had varying levels of reporting ability, varying interpretations of our guidance, and varying data availability. The following assessments of program characteristics in terms of level of prevention, target population, evidence-based practices, and service types and any conclusions resulting from these data should be "ground truthed" together with stakeholders before being used as the basis for decision-making.

Additional details are provided in Appendix D and the following summarizes the primary data limitation categories we noted:

- Apples-to-apples comparisons are limited.
- Data and categorizations rely on department-identified programs, varying levels of program information, and City Performance coding judgements.
- The lack of focus on primary prevention and challenging data definitions influenced the resulting data set.
- It was difficult to apply clear and concrete definitions of levels of prevention.
- Evidence-based practice reports were not consistent.
- What are the boundaries of child abuse prevention?
- Data contains only one lead department per program.
- Programs have inconsistent cost information.

[6] https://data.sfgov.org/Health-and-Social-Services/Child-Abuse-Prevention-Services-in-San-Francisco/3had-h899

Findings

ABUSE PREVENTION SERVICES SPAN A WIDE RANGE OF CITY DEPARTMENTS AND CBOS

Asset mapping work ultimately identified 375 distinct programs across eleven City departments and SFUSD that qualified as abuse prevention programs under our criteria. The largest lead department was Public Health, which housed around 40% of all the identified programs, largely within the Child, Youth, and Family System of Care in Behavioral Health Services, which provides mental health services to children and adults. SFUSD provided a large database of CBOs delivering school-based programming; these comprise the next largest group. HSA services include for example caregiver support, child welfare, childcare, family preservation, and employment services. First 5 San Francisco, while a small agency overall, supports the City's network of 26 Family Resource Centers. These four agencies together comprise over 85% of all identified prevention services in San Francisco.[7]

As the table below shows, cost information was completely unavailable for several departments (including SFUSD) and partially missing for most departments. Nevertheless, the identified programs represent a lower bound estimate of $143m in identified spending; over $110m of that spending comes from DPH and HSA.

Four departments house over 85% of San Francisco's child abuse prevention programs
Distinct programs in the asset map by lead department

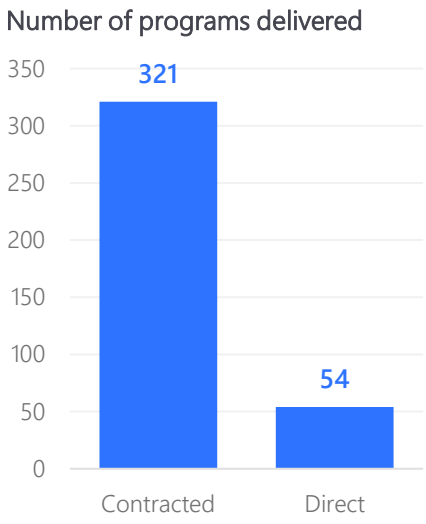
	Distinct Programs	Percent of total	Total cost	Programs without cost information
Department of Public Health	147	39.20%	$64,808,389	36
SF Unified School District	81	21.60%		81
Human Services Agency	67	17.87%	$47,555,232	7
First 5	30	8.00%	$15,173,291	1
Juvenile Probation	15	4.00%		15
Recreation and Parks	10	2.67%	$8,411,353	5
District Attorney	5	1.33%	$652,024	1
Sheriff	5	1.33%	$1,250,682	1
Adult Probation	4	1.07%	$3,460,000	0
Dept of Children, Youth, and Families	4	1.07%	$869,654	0
Status of Women	4	1.07%		4
Homelessness and Supportive Housing	3	0.80%	$865,240	0
TOTAL	**375**	**100%**	**$143,045,865**	**151**

Note/Source: Dollar values are generally FY18 budget, with the exception of approximately 25 programs for which FY18-19 or FY19-20 budgets were provided.

[7] Programs were assigned a single "lead department," but in reality may be funded by or collaborate with multiple departments. For example, many of the programs coded under SFUSD may receive funding from the Department of Children, Youth, and Families (DCYF).

RELIANCE ON CBOS PRESENTS STRENGTHS AND CHALLENGES

Of the 375 identified programs, 321 of them (85%) are administered by CBOs rather than City staff, through either contracts or memoranda of understanding.



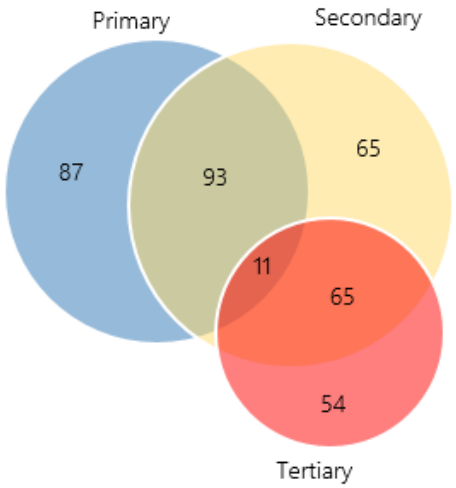
In general, City departments cultivate strong partnerships with contracted community agencies. FCS, for example, reported that CBO staff are well-trained to coordinate with child welfare services. Some contracting relationships cut across departmental silos, when money is work ordered from one department to another. For example, many BHS programs are funded through work order money from FCS. Some City departments have also cultivated strong inter-departmental partnerships – for example, much of the SFUSD programming is funded and evaluated through DCYF – however, no one City department or oversight body crosses all the systems with a focus on abuse prevention. FCS services, as currently structured, almost solely focus on the administration of the child welfare system, from the investigation of abuse through to child removal, placement, and reunification – in other words, the *treatment* of child abuse or the prevention of re-abuse rather than prevention before it happens.

Many City agencies fund services to support families and children and have developed diverse programming to address their needs. While a broad safety net is a strength, without a coordinated prevention strategy, children and parents will be delivered a very different array of services depending on where they enter the system (e.g., via an afterschool program, via mandated drug treatment, or via prenatal care). No department or collaborative bears accountability for family resilience or the underlying protective factors. Heavy reliance on CBOs without coordination also risks duplication of services or the delivery of less effective supports. Data sharing remains a significant obstacle – both between City departments and between CBOs and the City.

City staff reported a preference for working through CBOs, as they can better engage communities and have more flexibility to innovate. However, City agencies are challenged to appropriately support CBOs, set prevention targets, and coordinate services across CBOs and the City to accomplish prevention goals. CBOs are also struggling with broader economic forces in San Francisco that make staff retention challenging, threaten long-term sustainability, and make it difficult to wholly support the increasingly more intensive needs of children and families in San Francisco.

SECONDARY PREVENTION SERVICES WERE MOST COMMON

While we focused on collecting secondary and tertiary prevention strategies, we also documented primary prevention programs when they were explicit about a connection to child abuse or included at-risk populations. We also found that many programs contained elements of more than one level of prevention (e.g., a DPH program for medical case management for children with chronic conditions which specifically notes it includes children with injury due to maltreatment or abuse is marked as both secondary and tertiary prevention), and therefore we allowed for programs to be coded in more than one level. See Venn diagram at right and level of prevention definitions in Appendix A.



We coded more secondary prevention programs than primary or tertiary; only about a quarter of identified programs were considered solely primary prevention. This finding is in large part due to our data collection methodology. However, it is also consistent with the sentiments of our stakeholders that disproportionate resources are directed to the treatment of abuse after it has occurred and to late-stage interventions than proactive prevention services.

SOME PROGRAMS USE EVIDENCE-BASED PRACTICES, BUT GAPS REMAIN

Among California child welfare agencies, the California Evidence-based Clearinghouse (CEBC) is the definitive source for evidence-based practices (EBP) for the prevention of child abuse and is the best guidepost to what services will eventually be certified as EBP in the federal FFPSA Clearinghouse.

We asked departments to self-identify which of their programs use CEBC-rated evidence-based practices. Of the 375 programs in the asset map, 48 of them (13%) identified an evidence-based practice in use that mapped onto an EBP rated by the CEBC as at least "promising."[8]

[8] The asset map classifies each program's EBP into one of the CEBC categories or notes that the identified EBP is not in the CEBC. The California Evidence-based Clearinghouse (CEBC) rates programs on the following scale:

1. Well-supported by research evidence
2. Supported by research evidence
3. Promising research evidence
4. Evidence fails to demonstrate effect
5. Concerning practice

NR. Not able to be rated on the CEBC scientific rating scale

Those 48 programs used twenty-six distinct EBPs with at least a "promising" rating (see Appendix E). By far the most common EBP was some form of Triple P (Positive Parenting Program), a behavior management and positive parenting practices program for parents in use at many of the Family Resource Centers. Accordingly, First 5 programs include the most EBPs of any San Francisco agency.

FCS staff reported that attention to best practices in San Francisco is growing. They were proud of "pockets of creativity" and increased awareness of protective factors and inclusive services. Other jurisdictions are emulating and learning from programs that began in San Francisco. For example, representatives from Oregon came to learn about the Family Resource Center model, which FCS heralded as strong due to its coordinated funding, leadership planning, and communication across departments.

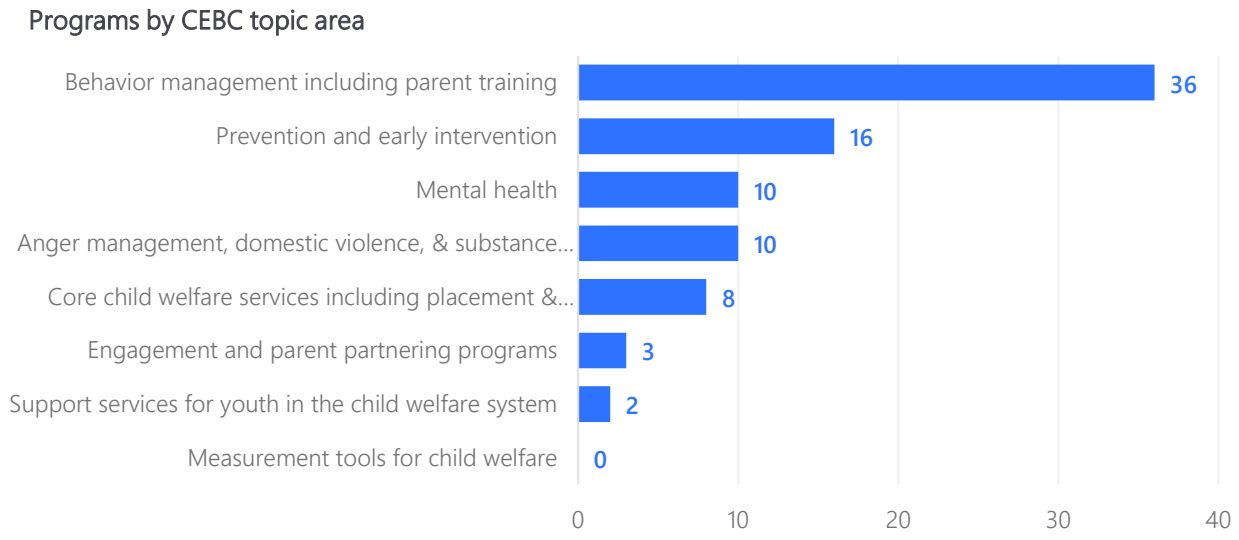
The CEBC groups programs into eight major topic areas (see chart below); programs may fall into more than one area. Most of the identified EBP in San Francisco are focused on behavior management, including Triple P. Other practices, like parent partnering, are practiced by few or no programs in San Francisco; these areas may be good targets for the development of additional prevention services.

First 5 programs include the most evidence-based practices, but DPH delivers the most "well supported" programs

Only CEBC-rated programs shown. Those rated 4, 5, or NR are not included below.

	1 - Well Supported	2- Supported	3 Promising	TOTAL EBP rated 1-3
First 5	15	1	4	20
Public Health	7	3	5	15
Human Services	0	3	7	10
Adult Probation	1	0	1	2
Sheriff	0	1	0	1
TOTAL	23	8	17	48

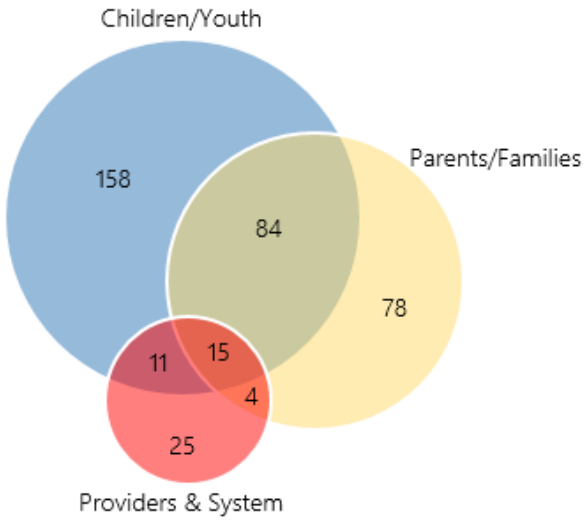
Programs are counted as evidence-based in the data set if their self-reported EBP could be mapped to a CEBC category 1-3 practice. Other self-reported practices remain in the source data for future reference.



PROGRAMS FOR CHILDREN PREDOMINATE

Each program in the data set is coded for its target population, which may include one or more of these categories: children, parents, professionals who work with children, or the system as a whole. See the accompanying Venn diagram.

Over 250 prevention programs, more than two-thirds of all identified programs, target children. Of those, 158 target children exclusively – close to half of all identified programs. Most of these children-exclusive programs are either mental health services through BHS or after-school programming at SFUSD that were categorized as "social-emotional development."



Services that target only parents include targeted parent education programs, prenatal care, domestic violence services, and several crisis or parenting hotlines. Eighty-four programs are working with both parents and children, either separately or together. These include the 26 Family Resource Centers, substance abuse treatment programs that include support for the children of those in treatment, home visiting nursing or mental health programs, case management programs, school-based programs that include parents in serving at-risk students, and postpartum care.

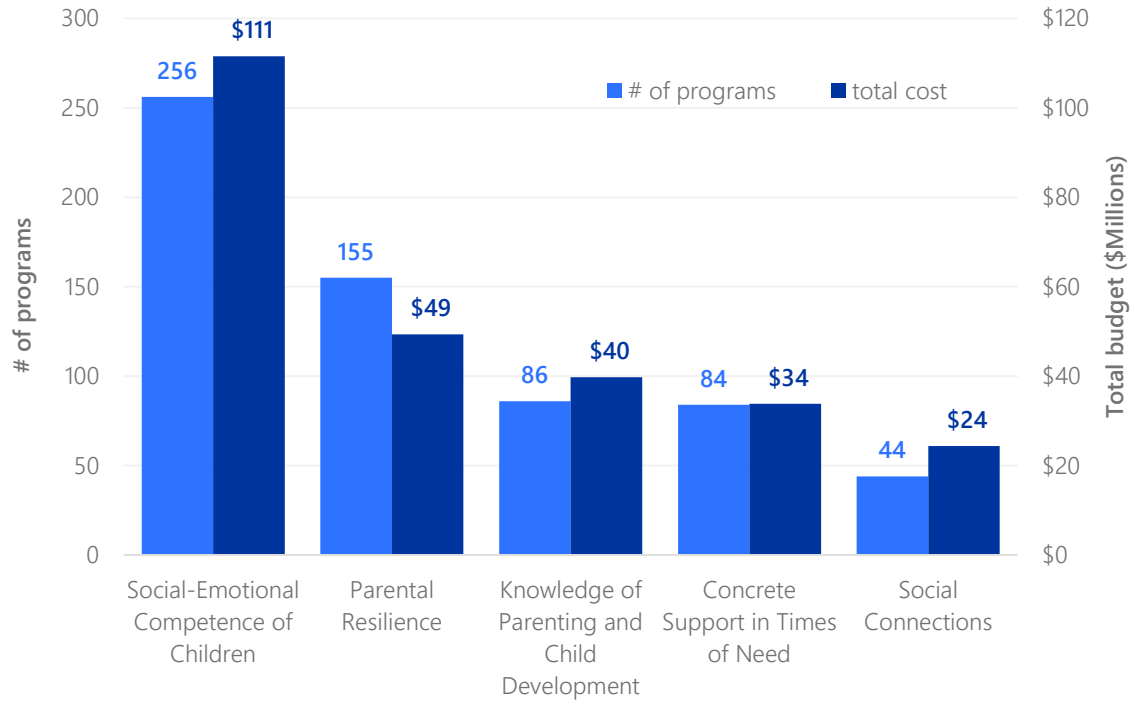
The data set also codes each program by the five protective factors (see Appendix C); programs may be coded into more than one protective factor.[9] A substantial majority of the programs in the asset map

[9] 42 programs did not fit clearly into one of the five protective factors, and are therefore not included in the analysis in this section.

were classified as addressing the social-emotional competence of children. Looking at the budgeted cost of programs, the differential is even more stark, especially considering no cost information was available for any SFUSD programming. Two data collection issues partially explain the disparity:

- First, our program criteria identified a number of programs that develop the social-emotional competence of children but whose impact on abuse prevention is indirect (see Appendix C for our relevance score methodology).
- Programs that might fall under protective factors like "concrete support in times of need" might be more clearly primary prevention services (e.g., cash aid to families, Medi-Cal enrollment) and therefore were not identified in our asset map because of the focus on secondary and tertiary prevention programs and strategies.

Program counts and costs by the five protective factors



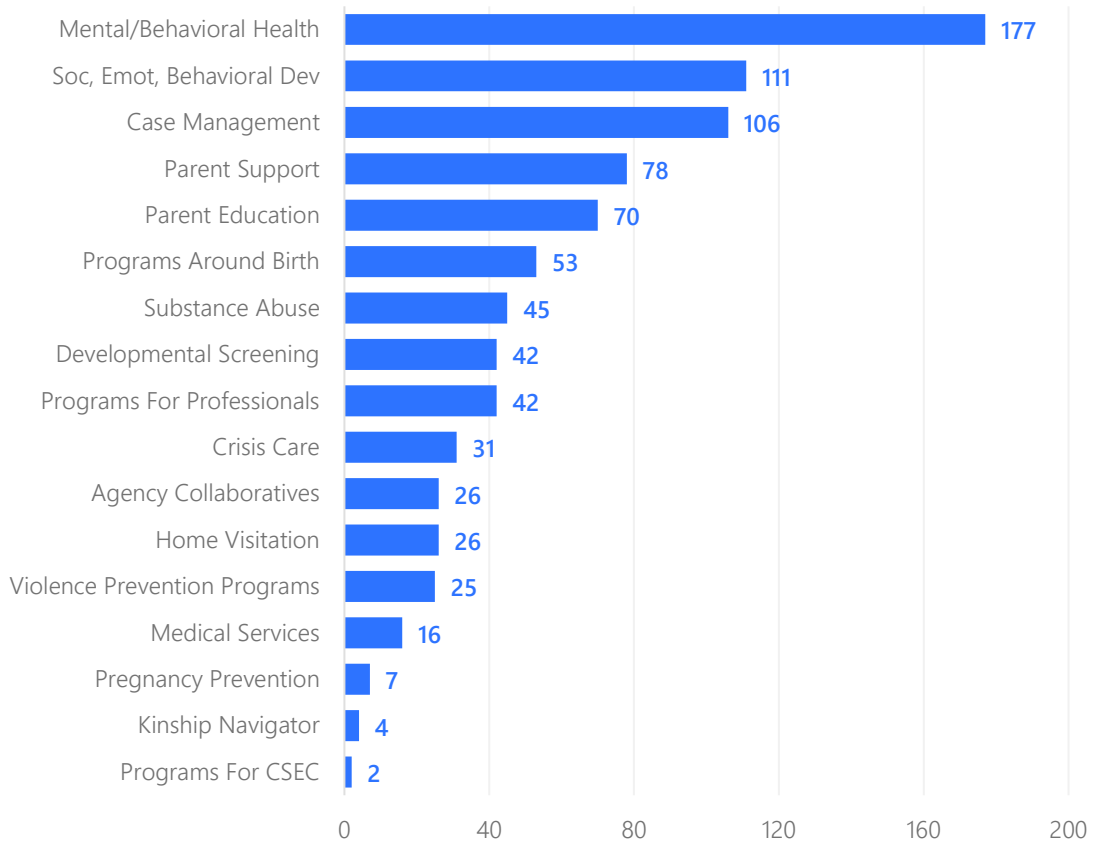
MENTAL HEALTH WAS THE MOST COMMON SERVICE

We coded programs into one of seventeen general service categories. Mental health programs comprised about a third of all identified prevention services, followed by social, emotional, and behavioral development.

Health providers we interviewed expressed several distinctive challenges: Funding mechanisms for prevention work are difficult or non-existent, and often prevention work is not billable without a diagnosis. Coordination with other agencies can be difficult; for example, one community health clinic refers patients to Child Protective Services (CPS) if they have a suspected case, but after a referral, when the clinician calls to ask about the services a family has been granted, CPS can't say anything about the case.

Even among San Francisco Health Plan service providers (i.e., Zuckerberg San Francisco General Hospital and the City's network of primary care and behavioral health clinics), silos result in a lack of knowledge across the system, limiting providers' ability to provide wraparound services to families and youth. Not all providers are connected to the same data systems. While individual hospital departments or community clinics screen for abuse and refer clients to prevention resources, such as substance treatment and mental health services or parent education and support programs, the health system broadly lacks a coordinated approach to abuse prevention. In contrast, a closed system like Kaiser can more easily coordinate its approach to screening, referring, treating or helping (e.g., child care), and following up with parents and children.

Programs by service category



Appendix A: Level of Prevention Definitions

The following definitions guided the definition of relevant programs and program categorization.

Tertiary prevention activities focus on families where maltreatment has already occurred and seek to reduce the negative consequences of the maltreatment and to prevent its recurrence. These services provide supports and resources to children and families involved in the child welfare system to prevent re-entry and recurrence. Participants in these services have a substantiated child abuse/neglect allegation(s) or a CPS referral closed and no open CPS case.

Secondary prevention services and resources are targeted to parents and youth at risk for child abuse or neglect. Services seek to prevent child abuse or neglect from occurring by building protective factors, which are conditions or attributes in individuals, families and communities that mitigate or eliminate risk. For this project, risk factors that qualify a service as secondary prevention are: a parent with an unsubstantiated claim or inconclusive child abuse or neglect claim/allegation, homeless parents and youth, violence-involved parents, youth disability (includes youth with an IEP), teen/youth parents, and parental mental health or substance use/abuse issues.

We did not consider the following to be secondary prevention qualifying risk factors. Meaning, if the program or service is targeted to parents, youth, or providers with the following characteristics *only*, we considered the program or service to have a primary prevention focus. Such characteristics included justice-involved parents or youth (unless the program specifically addresses violence prevention), low-income parents or youth, or transitional aged youth (TAY)

Primary prevention activities (not the focus) seek to raise the awareness of the general public, business leaders, educators, service providers, and decision-makers about the scope and problems associated with child maltreatment and the conditions that might contribute to the issue. These strategies work to improve conditions for overall child well-being. Primary prevention activities include those that provide concrete supports to families and children; such as housing, food, or financial assistance and that ease the overall stress of parenting to decrease the likelihood of abuse.

Appendix B: Programs and Services Relevant to Child Abuse Prevention

Our initial program criteria consisted of a list of programs and services that are relevant to secondary and tertiary child abuse prevention and therefore should be included in the asset map. The following list is organized according to the target population of the service. This list constituted our data request criteria and guided our program characterization.

For parents and families

- Programs around birth
- Mental and behavioral health services
- Substance abuse prevention and treatment
- Home visitation programs / in-home services
- Kinship navigator programs
- Parent support programs
- Parent education programs
- Crisis care programs
- Case management services

For children

- Early childhood developmental screening
- Mental health services
- Substance abuse prevention and treatment
- Skills training for children, including recognizing and reporting sexual abuse and pregnancy prevention
- Programs for commercially sexually exploited children (CSEC)
- Social/emotional/behavioral development

For providers

- Child abuse prevention programs for professionals who work with children
- Community-level interventions intended specifically to reduce child abuse
- Inter-agency collaboratives intended specifically to reduce child abuse

Appendix C: Data Collection and Definitions

DATA COLLECTION

City Performance created a data request that identified the desired information (e.g., contract name, program name, description, and budget amount), the levels of prevention that we were interested in, and the types of programs that would qualify as prevention. The request was sent to source departments or unit representatives (i.e., DPH divisions). Contacts were asked to provide program names and descriptions and to assign their programs to level of prevention, target audience, and service type categories. We received four types of department responses:

1. Contacts sent a list of self-identified relevant programs with program descriptions and assigned their programs to the requested categories (First 5).
2. Contacts sent a list of self-identified relevant programs with program descriptions, and the City Performance team assigned categories (Human Services Agency; Department of Children, Youth, and their Families; Department on the Status of Women).
3. Contacts sent a list of department contacts, and City Performance conducted a series of phone calls with these contacts. Based on these phone calls, programs/services were added to a shared online spreadsheet. Contacts then confirmed the programs on the spreadsheet, and City Performance confirmed category assignments (Department of Public Health, Department of Parks and Recreation).
4. Contacts sent a list of contract names and/or actual contracts, and City Performance identified the relevant programs and assigned programs to categories (Department of Public Health, Behavioral Health System; San Francisco Unified School District).

DATA DEFINITIONS

Level of Child Abuse Prevention

See Appendix A above for the definitions that guided us in assigning programs to one or more levels of prevention.

Evidence-Based Practices

The California Evidence-Based Clearinghouse for Child Welfare (CEBC)[10] was the source for evidence-based practice categorization. The mission of the CEBC is to advance the effective implementation of

[10] https://www.cebc4cw.org/

evidence-based practices for children and families involved with the child welfare system; it is a tool for identifying, selecting, and implementing evidence-based child welfare practices that will improve child safety, increase permanency, increase family and community stability, and promote child and family well-being.

Evidence-based practices are those that have empirical research supporting their efficacy. The CEBC Program Registry provides information on both evidence-based and non-evidence-based child welfare related practices to statewide agencies, counties, public and private organizations, and individuals.

Protective Factors

We used Strengthening Families™, to define protective factor coding.[11] Strengthening Families is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs, and communities in building five key protective factors:

Parental resilience: Managing stress and functioning well when faced with challenges, adversity, and trauma

Social connections: Positive relationships that provide emotional, informational, instrumental, and spiritual support

Knowledge of parenting and child development: Understanding child development and parenting strategies that support physical, cognitive, language, social, and emotional development

Concrete support in times of need: Access to concrete support and services that address a family's needs and help minimize stress caused by challenges

Social and emotional competence of children: Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships

Family First Prevention Services Act

We coded programs as matching Family First Prevention Services Act evidence-based criteria if they identified an EBP listed on the Title IV-E Prevention Services Clearinghouse[12] as of September 2019.

Service Type

See Appendix B above for the list of service categories that guided us in assigning one or more service types to programs. Some data sources provided programs that differed slightly from the list. We added categories as needed to include relevant services that did not fall into one of the existing categories. For example, we added medical services because primary care is an avenue through which risk factors for abuse can be identified, addressed, and monitored. We also expanded categories to be more inclusive of specific targeted services on the list. For example, we created a general violence prevention

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[11] https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf

[12] https://preventionservices.abtsites.com/program.

education category that included the above "skills training for children in recognizing sexual abuse" and more general training, for instance, for women and girls about healthy relationships.

Program and Audience Relevance

Identifying the level of prevention of a service or program can be difficult as those designations combine the content of the program and the target audience. This can also make it difficult to determine whether individual programs should be considered relevant enough to child abuse prevention to be included in the asset map. To assist in decisions around inclusion, in addition to identifying programs as Primary, Secondary, and Tertiary, the asset map describes services with more nuance – identifying how intentional and specific to child abuse prevention the service is and how targeted the population is. Each program is rated between 1 and 3 for program and audience, with 1 being the least targeted to child abuse prevention, and 3 being the most targeted. A number of programs were excluded from the asset map based on these ratings, particularly those which were scored a one in both program and audience relevance.

Program Relevance

Relevance rating	Definition	# of distinct programs with rating	Program examples
1	Not specific to child abuse prevention, not specifically intended to prevent child abuse, service has a broader purpose and may indirectly prevent abuse or neglect	**124**	• Youth Employment Services • Academic services • Playgroups • Behavioral mental health services
2	Potentially specific, or somewhat specific to child abuse prevention, incidentally prevents abuse/neglect or improves quality of life; more direct relationship between the service and child abuse prevention; higher likelihood that the service could impact abuse or neglect	**172**	• Motherhood Matters • Medical care coordination • Community Assessment and Service Center
3	Specific to child abuse prevention or quality of life improvement, specifically intended to prevent abuse or neglect or improve quality of life	**79**	• Child Care Health Program • Domestic Violence Awareness

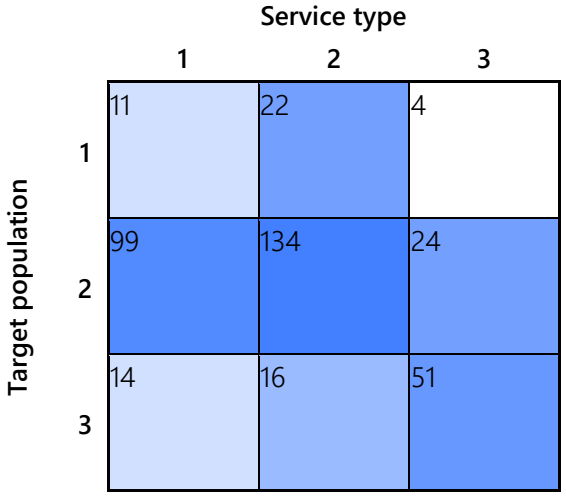
Note: Distinct programs may not add up to 375 due to missing relevance designations.

Target Population/Audience Relevance

Relevance rating	Definition	# of distinct programs with rating	Program examples
1	The general population, including Cal-Works families	**37**	• Afterschool programs • Chinatown Child Development Center
2	At-risk or potentially at-risk populations, such as: general audiences mentioned along with foster youth (e.g., Cal-Works or CAAP), youth diagnosed or referred for mental health treatment, TAY, disabled children, pregnant women, substance using parents, and immigrants	**257**	• Five Keys Charter School • Early Childhood Mental Health Initiative • Expecting Justice

3	Youth and adults involved in the foster care system, such as: Kin, resource families, and foster youth; youth and families with a substantiated claim; and providers serving programs that serve these audiences	**81**	• Family Treatment Court • HUB Collaborative • Kinship Family Caregiver Support Services

Note: Distinct programs may not add up to 375 due to missing relevance designations.



Appendix D: Data Limitations

The following describes the data limitations that stemmed from the data collection and characterization process. Departments had varying levels of reporting ability, varying interpretations of our guidance, and varying data availability. The assessments of program characteristics in terms of level of prevention, target audience, evidence-based practices, and service types and any conclusions resulting from these data should be "ground truthed" together with stakeholders before being used as the basis for decision-making.

Major known data limitations include:

- Apples-to-apples comparisons are limited: Our data set treats both contracts and City services as "programs." One program may be a single after school program at SFUSD or a major City service line. Items on the list are a mix of programs, initiatives, collaboratives, services, and practices.
- Data and categorizations rely on department-identified programs, varying levels of program information, and City Performance coding judgements: Sometimes we had access to subject-matter experts who provided more detailed program categorization (e.g., service types, level of prevention, target audience, evidence-based practice); where we did not, we relied on our own judgement, sometimes on the basis of a short program description. Variations between departments may result from different coding interpretations rather than differences in actual programming.
- The lack of focus on primary prevention and imprecise data definitions influenced the resulting data set: Decisions about how to define the boundaries of the initial request influenced the resulting data. For example, we identified more programs in the secondary prevention category, but that does not necessarily mean very few primary prevention programs are happening in the City, as we initially requested secondary and tertiary prevention programs only. Additionally, due to the sometimes-indistinct boundaries between primary and secondary prevention, out of uncertainty some departments still provided primary prevention programs even though technically these fell outside our original request. Because these were potentially relevant, in many cases we decided to leave these programs in the dataset.
- It was difficult to apply clear and concrete definitions of child abuse prevention programs: Secondary prevention services are targeted to youth and families "at risk of abuse or neglect," but defining and identifying at risk groups is difficult in itself. Some programs that appeared to meet our definitions seemed intuitively to be inappropriate for analysis. (For example, a women's drug treatment program that *may* treat mothers, but not exclusively.) We added population subgroups to our definition of secondary prevention to make our decisions more transparent, and we erred on the side of keeping all borderline programs in the data set. We also created a coding scheme for how relevant to child welfare each program was, based on both service type and target population. A summary of our relevance coding can be found in Appendix C above.

- Evidence-based practice reports were not consistent: Our coding of evidence-based practices is based on self-reports and has not been independently verified. Sometimes providers reported a practice with a name that was not on the CEBC list; we made judgement calls about whether a different program was intended or whether to exclude the practice.
- Data contains only one lead department per program: Each program is assigned to only one lead department, generally the department providing the service or holding the contract.
- Programs have inconsistent cost information: We attempted to obtain FY18 budget information for all services, but it was not always available. Some departments had no cost information. For example, SFUSD governs its programs by MOU and contracts at the level of a school site; school site contracts were not available.

Appendix E: List of EBP Present in San Francisco

CEBC practice	Programs using practice	CEBC rating	FFPSC rating
123 Magic	1	3	
24/7 Dad	1	NR	
Ace Screening	1		
Act Parenting	2	3	
Anger Management	9	NR	
Child Parent Psychotherapy (CPP)	6	2	
Cognitive Behavioral Therapy	2	2*	
Cognitive Behavioral Therapy For Depression And Anxiety	1	1	
Cognitive Therapy	2	1	
Collective Impact	1		
Coping Cat	1	1	
Cue-Centered Treatment (CCT)	1	3	
Dialectical Behavior Therapy	2		
Duluth Model For The Batterers Intervention Program	1	3	
Early Head Start	4	3	
Edgewood Kinship Support Network	2	NR	
Families First	1	3	
Family-Based Behavioral Treatment	2		
Family-Based Treatment For Adolescents With Eating Disorders	1	2	
Functional Family Therapy	2	2	Well-supported
Healthy Steps	1		
Helping Women Recover	1	2	
Motivational Enhancement Therapy	1	3	
Motivational Interviewing (Mi)	2	1	
Multidimensional Family Therapy	2	1	
Multisystemic Therapy	1	1	Well-supported
National Fatherhood Initiative	1		
Nurse Family Partnership	2	1	Well-supported
Parent-Child Interaction Therapy	4	1	Well-supported
Parenting Inside Out	1		
Parents As Teachers	2	3	Well-supported
Safecare	6	2	
Seeking Safety	1	2	
Therapeutic Supervised Visitation Program	2	NR	
Trauma Focused-Cognitive Behavioral Therapy	5	1	Promising
Triple P	24	1	
Wrap Around	4	3	

Blank rows are not present in the evidence-based clearinghouses. * Type of CBT unclear.