California Children's Trust

UCSF
University of California San Francisco

Child Welfare-Involved Children and Families in San Francisco

Understanding a Unique Population: Families with Children Aged 0–5 in a Family Maintenance Placement

JULY 2024

Introduction

"I was just so terrified that I was losing my children. I continued to hide the fact that I needed a lot of help. It ultimately led to my children getting removed. And at that point, I did get help."

—FAMILY ADVISORY BOARD (FAB) PARENT MEMBER

Across California and in San Francisco, children aged 0–5 represent over one-third of the child welfare system-involved population, with an over-representation of marginalized and under-resourced racial and ethnic groups. San Francisco has made significant progress in supporting children and families at risk for entering, or currently involved in, the child welfare system due to neglect or abuse. However, much work remains.

The purpose of this paper is to provide an overview of families with children aged 0–5 in Family Maintenance (FM) placements in San Francisco City and County. We believe there is a unique opportunity to better address the needs of this group—upstream in the prevention continuum—based on the following:

1. Although system-involved children aged 0–5 receive the highest level of supports, those in FM consistently receive less support than children and families in out-of-home placements.
2. The goal of FM is to keep families together. However, in 2022 (the most recent year with full data) children were removed nearly 20% of the time. Better, faster access to the right supports could keep more children safely with their parents.
3. Approximately 85% of families investigated by CPS have incomes below 200% of the Federal Poverty Level (FPL).[1] Usually this means they are covered by Medi-Cal with the potential to receive expanded services and supports under CalAIM.

CHILD WELFARE PLACEMENT TYPES

Emergency Response (removal): A new case that is still in the investigation phase and awaiting a placement plan. The call center has opened a referral that requires an in person response. The allegations are not necessarily substantiated yet.

No-Placement Family Maintenance: There is a substantiated allegation but the court feels the child can safely remain with family under certain stipulations. In voluntary cases, there may not be a substantiated allegation, but the family is encouraged to receive services.

Post-Placement Family Maintenance: Services are provided to stabilize the family post reunification to prevent re-entry into foster care.

Family Reunification: There is a substantiated allegation and the court feels the child needs to be placed out of home until the family of origin meets court stipulations for reunification.

Permanent Placement: The case plan has not been met and parental rights have been terminated. The child(ren) are out of home and the goal is adoption.

1 Dolan, M., Smith, K., Casanueva, C., & Ringeisen, H. (2011). NSCAW II baseline report: Caseworker characteristics, child welfare services, and experiences of children placed in out-of-home care. Administration for Children & Families. www.acf.hhs.gov/sites/default/files/documents/opre/nscaw2_cw.pdf

California Snapshot: Child Welfare Involvement

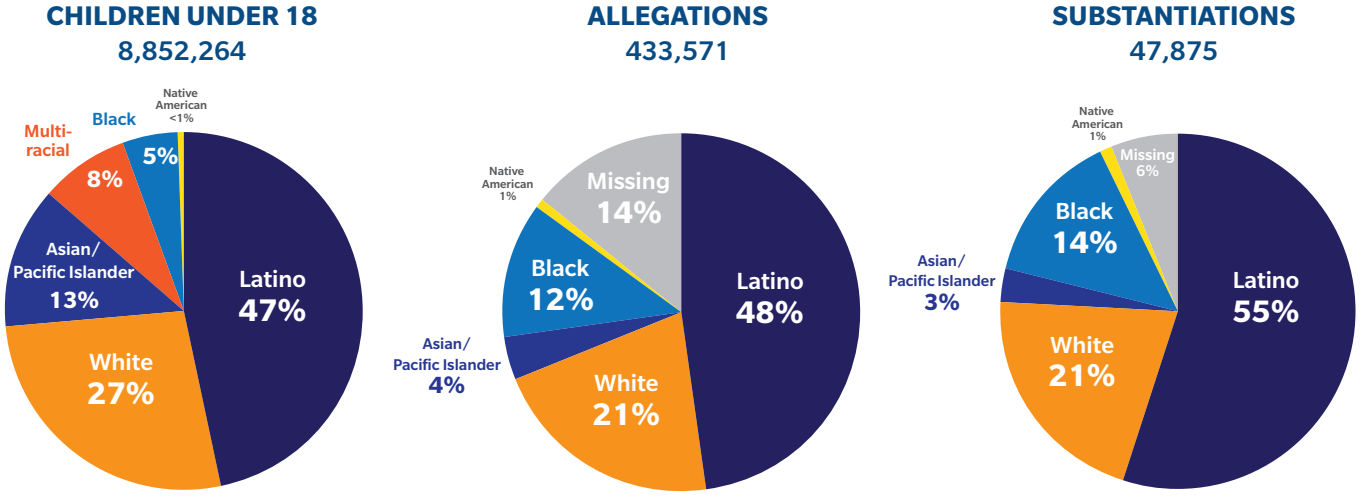
To put the San Francisco County data into context, we first provide an overview of child welfare involvement statewide. This California snapshot looks at three areas of data that offer possible insights into the type of supports that may be most beneficial to children and families overall, with an emphasis on our target population of children aged 0–5 with open FM cases.

Overall, the data shows that Black/African American, Native American, and Latino children are disproportionately overrepresented in child welfare, the majority enter the system based on a report of neglect versus physical or sexual abuse, and trusted supporters such as teachers and therapists are the primary reporters.

Of California's 9 million children, almost a half-million children are reported to Child Protection Services each year in California, but only about 10% of referrals are found to be substantiated.[2]

Figure 1 shows the majority of child welfare allegations and substantiations involve Black/African American and Latino children. Both Black/African American and Latino children are overrepresented in these allegations and substantiations compared to their percentage in the general population in California. Multiple factors contribute to this disproportionate burden on Black and Brown families, including systemic racial bias within child and family serving systems. This data underscores the urgent need and opportunity to provide more culturally aligned supports to Black, Latino, and Native American families. By building trust and improving the acceptance of community services and supports, we can better address these disparities and promote the well-being of all children and families.

FIGURE 1. THE CHILD POPULATION UNDER 18, ALLEGATIONS AND SUBSTANTIATIONS IN CALIFORNIA IN 2023



2 Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Hammond, I., Gomez, A., Gomez Hernandez, F., Sunaryo, E., Guo, S., Agarwal, A., Berwick, H., Hoerl, C., Yee, H., Gonzalez, A., Ensele, P., Nevin, J., & Guinan, B. (2024). ccwip.berkeley.edu/

"Everyone posed a threat—they're all mandated reporters."

—FAMILY ADVISORY BOARD (FAB) PARENT MEMBER

Our youngest children make up over one-third of the foster care population

As of October 2023, there were 44,776 children in foster care in California, of which 35% (15,520) were aged 0–5. Of the total in care, 21% (9,275) were in No-Placement Family Maintenance (FM). Important to note is that among children in foster care during this time period, the proportion removed from their families for reasons of neglect (versus physical or sexual abuse) approached 90%. More than half of children removed for reasons of neglect were age 5 or under.[3] Often neglect is linked to a lack of resources and basic supports, which if provided as part of a prevention approach, could possibly strengthen families in their communities and avoid the trauma of child welfare involvement.

Over 80% of allegations come from community members that parents and families rely on the most for support

The majority of reports are from individuals who are mandated by law to report any suspicion of abuse or neglect. The greatest number of reports come from teachers, law enforcement, and medical professionals—the individuals that under-resourced families often rely on the most for support. Nearly one-quarter of allegations (100,943) come from schools, with a mere 5% of those allegations being substantiated following an investigation.[4]

California data begin to point to some of the areas where new opportunities under Medi-Cal reform, such as Community Health Workers and Enhanced Care Management, could be tailored to the unique needs of our youngest children and their families who have been impacted by the child welfare system. Trusted messengers and providers can help to create safe spaces so parents can ask for and access supports—ideally before the system is involved. Coordinating system supports from the beginning can help parents and families remain intact or more quickly reunite with their children.

3 California Child Welfare Indicators Project (CCWIP), https://ccwip.berkeley.edu/Dashboard/SafetyDashboard.html
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San Francisco County: A Detailed Look Into Families in Child Welfare

Child Welfare in San Francisco City and County

The San Francisco City and County child welfare landscape mirrors the State data in many ways. In 2023, nearly 11% of the 4,794 allegations of child neglect or abuse were substantiated, resulting in 527 opened cases.[5]

According to San Francisco County Family and Children Services' Comprehensive Prevention Plan (CPP), prepared in response to the Family First Prevention Services Act (FFPSA), as of June 2022, 29% of hotline referrals were for children aged 0–5, and 41% of referrals for that group were based on an allegation of general neglect (not abuse). Since 2019, general neglect has been the highest reported allegation across all age groups (Table 1), consistent with statewide reports.

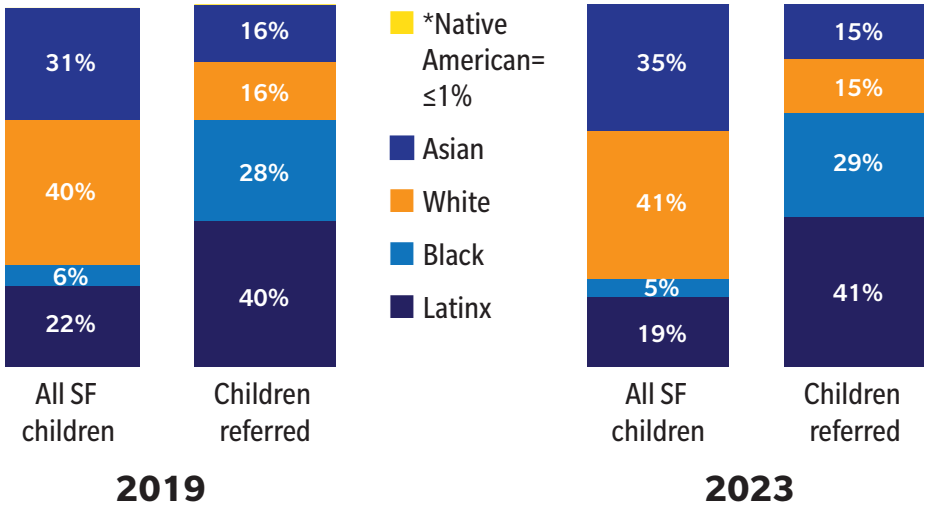
TABLE 1: ALLEGATION TYPES FOR ALL AGES, 2019–2023, SAN FRANCISCO

	2019	2020	2021	2022	2023
General Neglect	**45.5**	**51.1**	**43.6**	**38.7**	**39.6**
Physical Abuse	21.9	19.0	18.8	22.6	22.7
Emotional Abuse	12.9	13.1	15.6	15.0	14.1
Sexual Abuse	6.9	6.4	10.5	9.7	8.3
Caretaker Absence/Incapacity	1.7	1.5	1.5	2.1	3.0
Substantial Risk	0.0	0.0	0.0	0.0	0.0
Severe Neglect	0.7	0.6	0.9	M	M
Exploitation	0.3	0.4	0.4	M	M

Source: CCWIP, https://ccwip.berkeley.edu/childwelfare/reports/Allegation/MTSG/r/ab636/l

Also reflecting State data is the over-representation of Black/African American and Native American children and families in foster care in San Francisco City and County. Despite efforts by the San Francisco Family and Children's Services (FCS) agency to address the broad inequities and assure families of all races and backgrounds are able to meet their basic needs and flourish, significant racial disparities persist in San Francisco's City and County child welfare system. The most striking example is Black/African American children who were only 5% of San Francisco's population in 2023, yet comprised 29% of hotline referrals (Figure 2).

FIGURE 2: ALL SAN FRANCISCO CHILDREN VERSUS HOTLINE CALLS, BY RACE/ETHNICITY



Source: Data requested from the San Francisco Child Welfare Data Unit, Younger, Matthew; Tan, Lily, FCSDataUnit@sfgov.org

5 California Child Welfare Indicators Project, https://ccwip.berkeley.edu/childwelfare/reports/Allegation/MTSG/r/ab636/l

The Families Behind the Numbers

All families struggle, and most never expect their personal challenges to lead to a call to CPS. The statistics of those CPS calls don't tell us about the parents behind the numbers—how they feel about their children, what is special about their family, and what they know they need for themselves and their children to safely stay together.

We invite you to look beyond the data and get to know three members of the San Francisco Family Advisory Board (FAB). Through their bravery and openness, together we can find ways to provide better-fit services and supports that mitigate and/or minimize system involvement to help families thrive.

Celeste

Families shouldn't have to go through traumatic experiences to get help. For me and my daughters, not giving up or letting the trauma eat away at us has shaped who we are.

Sometimes I just want to tell people that they shouldn't assume this can't happen to them. I have met a lot of families who have had their kids removed because of circumstances beyond their control.

One of my twins was born medically fragile with a rare disability. A situation that would be challenging for anyone, was made more difficult by the domestic violence I was experiencing. The abuse was damaging to our family, but the stigma and lack of empathy from many of those around me—including Child Protective Services—made it so much harder. My twins were removed after one of my daughters became immobile at daycare and was found to have signs of abuse.

I was young, only 20 years old at the time. I had never suffered from mental illness and never had a substance use issue. Information dissemination in San Francisco is terrible, so it was really hard to understand what was expected of me to get my daughters back and how to fulfill those expectations. My entire life revolved around doing everything possible to meet those expectations.

I reunified with my daughters after the non-stop effort of doing every task that was asked of me, and with the help of the loving Foster Parents who did nothing but support my family. They knew me, understood my intentions and capabilities, and supported me all the way.

I wish every struggling parent could have an advocate—to elevate their voice and connect them to supports and services—before the system takes over.

Crystal

Families need help in figuring out how to do all the things expected of them, and how to navigate access to the services we know we need. I had to do it all on my own in San Francisco—no one was my cheerleader or support network. It felt like everyone just wanted me to fail.

I was pregnant with my daughter when my son was 2. I tested positive for weed. It was so hard to do everything they asked me to do because I was doing it on my own with no guidance or support. Within 6 months both of my kids were gone. I was barely 20 years old.

I was finally able to participate in Family Treatment Court (FTC), which was an extended and comprehensive set of services. It helped me so much to have champions cheering for me, and programs that were easier to access and understand. And after going through that and getting clean, it really came down to getting housing in order to get my children back.

Even after you get clean and have your family back together, the community connections often aren't there to support your family's success. Because my daughter's school knew our family had a previous CPS case, they would check her every day for signs of abuse or neglect. Anything she came in with—a normal scratch or bruise—they would call my worker. It traumatized her over and over.

Despite what we have gone through, I think our family's super power is that we love everyone and want to help and support anyway we can. I'm trying to teach my kids that you can't make everyone happy, but you can be kind and generous because you never know what others are going through.

Jenny

I am proud that I am such a resourceful person. I, alone, did all the hard work to find the right supports and agencies. Because of the connections and relationships I built, I will never have to worry again about knowing where to go to get help. I did that. The system would only write referrals—I did the work to make it happen.

I have lived with trauma all of my life. It would be nice for people to understand that I am human, not just a bad, evil person who had her kids removed. I want people to work with me—include me as the one who knows what I need. I never got that through the systems I worked with. No one treated me as a partner, as someone who understood her family and what we needed. No one genuinely helped to open doors.

It was a terrible time in my life, and I take responsibility for my bad decisions. Before all of this happened I was trying to get mental health support. I had two kids under two, and severe postpartum depression, and domestic violence in our family. My depression led to short-lived substance use disorder. I was 34 years old and had never used substances before. I was calling domestic violence agencies and couldn't get help until I had the CPS "title" behind me. Why couldn't someone help me before CPS had to get involved?

My kids are now ages 6 and 8. We are strong, safe, and together. I can turn to my vast set of community supports, that I alone helped to build and nurture, and know that I will never again feel alone or isolated. That's what every parent needs to feel.

Inside Foster Care: A Closer Look at a Unique Population—Children Age 0–5 in Family Maintenance in San Francisco

"[Family Maintenance] families typically require many connections to community based organizations to meet their needs. I only work with the 0–5 population, so a large portion of the FM cases are prenatally drug exposed infants who may or may not have a lot of needs, but the parent(s) need a lot of coordination (drug treatment, therapy, housing, parenting classes, often domestic violence services). The kids will often need developmental assessments, and there are always a handful of kids with chronic medical or developmental needs as well."

—MARCY SPAULDING, MS, RN, PUBLIC HEALTH NURSE WITH THE SAN FRANCISCO HUMAN SERVICES AGENCY, AND CO-DIRECTOR OF SAN FRANCISCO'S PLAN OF SAFE CARE COLLABORATIVE.

In 2023, just over 50% of the 527 children who entered foster care in San Francisco were assigned to Family Maintenance—either by mandate of the court (71%), or directly by FCS (29%). Black/African American and Latinx families made up 77% of the families placed in Family Maintenance, a slight increase year-over-year since 2018.[6] The high percentage of families placed in FM again speaks to an opportunity to provide services and supports—that are also culturally aligned—further upstream so families can avoid the trauma of child welfare involvement.

Why Family Maintenance

Families in FM enter Child Protective Services (CPS) on general neglect allegations nearly 70% of the time.[7] A "catch-all" reporting category, General Neglect can be conflated with a family's inability to adequately provide for the basic needs of their child, but does not reflect an intent of harm or injury. Connections to basic resources could mitigate the need for child welfare involvement.

General neglect, although often marked by a lack of resources, also often has co-occurring situations that require additional, tailored supports for the parent(s) and/or children. San Francisco data showed that for a set of 75 cases opened for family maintenance with children aged 0–5, the following were co-occurring:[8]

- Interpersonal Violence, 36% of cases
- Mental Health Disorders, 48% of cases
- Substance Use Disorder (SUD), 64% of cases

These co-occurring factors have implications for the supports and services needed for both children and parents—often leading to a dyadic setting. When children and parents receive services together, they both benefit significantly. Parents gain valuable insights into their child's needs and develop effective strategies to support their growth, while children feel more secure and understood. This joint approach fosters stronger family bonds, enhances communication, and creates a more supportive environment for everyone involved. By addressing the needs of both parties simultaneously, services can be more effective and lead to better long-term outcomes for families.

Length of Time in Family Maintenance Placement

California's definition of FM states that services shall be limited to six months, and may be extended in periods of six-month increments if it can be shown that progress can be achieved within the extended time periods, and provided within the county's allocation.

An examination of FM cases with children aged 0–5 opened in San Francisco in 2022 (the most recent year with full data) showed of the cases closed during that time period,

6 Data requested from the San Francisco Child Welfare Data Unit, Younger, Matthew; Tan, Lily, FCSDataUnit@sfgov.org
7 Data requested from the San Francisco Child Welfare Data Unit, Younger, Matthew; Tan, Lily, FCSDataUnit@sfgov.org
8 Data requested from the San Francisco Child Welfare Data Unit, Younger, Matthew; Tan, Lily, FCSDataUnit@sfgov.org

the family was in care for an average of 273 days.[9] This is over 50% longer than the state's definition of six months or 180 days. Additional research is needed to determine if the extended stay is related to a lack of timely access to supports and services, difficulty accessing and completing the supports and services even if they are available, or some other factor(s).

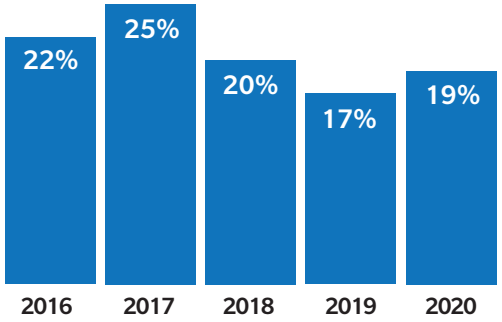
Family Maintenance Outcomes

Of the 108 FM cases with children aged 0–5 in 2022 (the most recent year with full data), 21 families (nearly 20%) were unsuccessful in completing their case plan. The specific outcomes are as follows:[10]

- **76 of the cases (70%) were closed as FM cases.** Nearly 90% of these cases were successfully closed due to the family's ability to complete their case plan. The remaining cases were closed by court order, with the children remaining in their home.
- **21 of the cases (19%) were unsuccessful as FM** and escalated to either family reunification or permanent placement cases.
- **11 of the cases (10%) remained open in FM** at the end of the reporting period.

Another outcome indicator is the likelihood of FM families entering out-of-home care after their case is closed. Data since 2016 show that on average, nearly one-quarter of prior FM families have their children removed from their care within 2 years of their initial FM case (Figure 3). It is possible that connecting FM families to best-fit community supports, and helping them build an on-going relationship, could potentially prevent this recurrence.

FIGURE 3: ENTRY INTO OUT-OF-HOME FOSTER CARE WITHIN 2 YEARS OF A FAMILY MAINTENANCE CASE



Source: San Francisco Child Welfare Dashboard, https://www.sfhsa.org/sites/default/files/media/document/2024-01/report_child_welfare_2022.pdf

Filling Support Gaps to Increase Family Maintenance Success

Of all age groups in foster care, the 0–5 population has access to the greatest level of services and supports. However, as shown in Table 2, within this group variations exist. Families in Family Treatment Court (FTC)—a program serving families in which a parent has a substance use disorder—have the most consistent access to a comprehensive range of services, mostly due to a team of advocates making connections and championing follow-through. In 2022, 15 of the 108 cases (14%) were enrolled in FTC.[11]

Although FM families technically have access to similar services—as well as additional community services (e.g. Family Resource Centers, Head Start Programs, etc.)—they do not have a dedicated team (or individual) advocating for service delivery and supporting the family in overcoming day-to-day barriers (transportation, childcare, etc.) to take advantage of the services and supports. The relatively high incomplete and entry into out-of-home care rates for non-FTC families in Family Maintenance suggest the need for additional, ongoing, and more comprehensive supports for these families.

Additionally, what is not obvious from the checkmarks in Table 2 is the degree to which supports and services may be offered by a Public Health Nurse (PHN) and/or CPS Social Worker. The PHNs are focused on improving health and developmental outcomes for the child, however it is not their responsibility to advance Family Maintenance success. Unfortunately, the CPS social workers are not well-positioned to support FM success either, primarily due to capacity constraints resulting from high caseloads. Specifically, data show that FM caseloads increased 26% from May 2023 to May 2024, hitting a new 5-year high for total cases per Social Worker. At the same time, the number of Social Workers has steadily decreased, reaching its lowest point in 2023/2024. Bottom line, there is limited bandwidth for support teams to go above and beyond basic support for FM families and children.

Another important and recent trend to consider in analyzing the needs for FM families with children aged 0–5 is that the cases for substance exposed newborns in FM placements have increased as more children in this age group are being placed with parents in treatment programs versus removed

9 Data requested from the San Francisco Child Welfare Data Unit, Younger, Matthew; Tan, Lily, FCSDataUnit@sfgov.org
10 San Francisco Child Welfare Dashboard, https://www.sfhsa.org/sites/default/files/media/document/2024-01/report_child_welfare_2022.pdf
11 San Francisco Child Welfare Dashboard, https://www.sfhsa.org/sites/default/files/media/document/2024-01/report_child_welfare_2022.pdf

from their families—a positive trend. The shift is a result of some extraordinary work in recent years by pediatricians at San Francisco General Hospital, including Team Lily, much of which is discussed in the report titled *Do No Harm*. This work includes the support of PHNs on the Maternal, Child, and Adolescent Health (MCAH) Perinatal Stabilization Team who are providing significant advocacy and support in working with marginalized pregnant women and substance exposed newborns to connect them to treatment services and keep newborns and mothers together.

TABLE 2: SERVICES FOR SYSTEM-INVOLVED FAMILIES WITH CHILDREN AGED 0-5

	Details of Services Provided	Children 0–5, Family Maintenance (In-Home)	Children 0–5, Out-of-Home	Family Treatment Court (In- and Out-of-Home)
CPS Social Worker	Connects to resources and monitors case plan goals.	✓	✓	✓
Foster Care Mental Health	Performs assessment and refers child based on needs. Refers parents to mental health services, if requested by CPS social worker. Most of these will be dyadic (infant-parent together) mental health services.	✓	✓	✓
Public Health Nurse from Birth to Five (BTF)	Development screening, tracking, and referrals.Initial review of medical records. Care coordination only if need identified. Care coordination and/or one-time home visit only if need identified and as nursing staffing allows.	✓	✓	✓
Public Health Nurse from Health Care Program for Children in Foster Care (HCPCFC)	Ongoing medical and dental care coordination. Interpretation of medical records for caregivers. Updating Health & Education Passport.		✓	✓ (if out-of-home)
Intensive Case Management	Provided by Homeless Prenatal Program (HPP) or CPS-involved families with substance use disorder as a factor in their case.	✓	✓	✓
Substance Abuse Treatment	Includes an assessment through San Francisco's Behavioral Health Access Center (BHAC) to determine a level of care and referral. FTC families have regular report and support from case managers and the FTC judge and team.			✓
Transitional Housing	FTC participants in good standing have priority for transitional housing through the Hamilton Families Transitional Housing program.			✓
18–20 weeks of in-home parent coaching using Safe Care curriculum	FTC participants with children ages 0–5 are required to participate and are referred directly by the BTF Program.			✓

Additionally, San Francisco's Comprehensive Prevention Plan identified the need for more of the following:[12]

- An expanded service array to decrease wait lists and build community capacity.
- Services for family units.
- Mental health services, especially for the high population of immigrants.
- Culturally relevant services for target populations.
- Services for substance-exposed newborns.
- Services for substance use disorders (SUDs), especially for adults in need of inpatient treatment where their children can live with them and obtain services.
- Culturally relevant services for populations is overrepresented in child welfare and juvenile probation systems.
- Services that support families across multiple stressors.

12 City and County of San Francisco Comprehensive Prevention Plan, https://www.caltrin.org/wp-content/uploads/2023/06/San-Francisco-Comprehensive-Prevention-Plan.pdf

Conclusion

"[We want] to be seen from a genuine point of respect and our journey as a parent. [Providers should] take the time to pause and see the parent collectively as a family, with the child."

—FAMILY ADVISORY BOARD MEMBER

How Medi-Cal Can Help Meet the Unique Needs of the Youngest Children in Family Maintenance

Every family that enters foster care has their own unique story and needs. However, the majority of these families have one thing in common that can help change their trajectory and support their long-term well-being—access to Medi-Cal.

These data begin to point to some of the areas where new opportunities under Medi-Cal reform, such as Community Health Workers and Enhanced Care Management, could be tailored to the unique needs of our youngest children, aged 0–5, and their families. Trusted messengers and providers can help to create safe spaces so parents can access supports. Coordinating the supports from the beginning and helping families connect with a network of community services and supports can help minimize the time in Family Maintenance, increase the likelihood of families staying together, and set the family on a path for success.

References

San Francisco Child Welfare Dashboard, 2022, http://www.sfhsa.org/sites/default/files/media/document/2024-01/report_child_welfare_2022.pdf

City and County of San Francisco Comprehensive Prevention Plan, http://www.caltrin.org/wp-content/uploads/2023/06/San-Francisco-Comprehensive-Prevention-Plan.pdf

Appendix: Recommendations

The following recommendations were made by the Family Advisory Board (FAB). Based out of the UCSF Center for Child and Community Health, the purpose of the FAB is to guide systemic change through lived experiences by creating recommendations for the work of the Toxic Network Improvement Collaborative (TONIC).

	EXAMPLES	SAMPLE QUOTES
ACCESS		
Facilitate access to supports for mothers before CPS steps in.	1. Mandate mental health evaluation and mitigation action steps (maternal health, psychiatry, therapy, etc.) prior to removal. 2. Provide concurrent social worker for mother: for mother's/caregiver's needs, not just baby. 3. Make it easier to access appointments (e.g., free telehealth or home therapy).	*"I was just so terrified that I was losing my children. I continued to hide the fact that I needed a lot of help. It ultimately led to my children getting removed. And at that point, I did get help."* *"I did have some good providers that did listen to me, but it was already after my kids were removed."* *"So, mom needed services; nobody was offering services, which declined her capability to care for her children. So her children were removed. And now her child isn't getting services, because they're placed in a different county."* *"Social worker is looking at the needs of the child. [...] What if there was a concurrent social worker for mother?"* *"...an advocate family partner would get to know me as a father and dad. [...] Before, during, and after appointments, [they helped me] reframe my thoughts, to share things prior to appointments. What were my aspirations as a dad and for my family but for my daughter too? Having a family partner amongst the providers as an equally respected role...that helped me, especially with the mental health component."* *"Babies were left alone and [the] house wasn't in good condition. If depressed, they don't know how to clean their house; it gets overwhelming really fast. To a point where they don't even know where to begin. Someone to help them reorganize [the] house [and] supports to get out of depression (e.g., someone to help reorganize the house, opening up curtains)."* *"Children being left alone. What was [the] daycare situation? Who was in her life to help her when she needed to go do something? Programs re: temporary relief for 12 hours, sometimes overnight."* *"Support with social workers to improve families, instead of taking kids away and judging them and leaving them alone. They don't really know the needs that each family has."*
Facilitate access to services that broaden mom's/ caregiver's social safety net. DHS can monitor mom's progress while child is still in her care.	1. Provide access to in-person Caregiver Groups, Family/ Friend Groups to develop trusted friendships (e.g., Glide, HPP). 2. Access to Family Partners/Parent Advocate to develop a trusting partnership (relatives/friendships) with caregiver outside of clinical setting (e.g., buddy system, other parents to chat/talk with before appointments) and having diverse workforce of CHWs; 3. Access to adequate and appropriate Group Mental Health Programs (e.g., reflective of cultural, gender, kinds of traumas, etc. values) 4. Self-esteem classes (especially for trauma-informed DV care)	

	EXAMPLES	SAMPLE QUOTES
REMOVAL IMPACT ASSESSMENT & ACCOUNTABILITY MEASURES		
Provide venues to gain a holistic perspective on the child and caregiver's life. **Implement accountability measures.**	1. Offer multiple modalities for caregivers to communicate what their needs are to consider multiple ways to find what the needs are (e.g., a paper questionnaire or verbal screening) 2. Providers must be explicit about what they need to report and what they do not need to report. 3. Provide annual trainings on how to detect compassion fatigue and implicit bias. 4. Promote wellness check-ins to understand that each kid can go through trauma differently and exhibit different signs. 5. Availability of pamphlet or other resources in the waiting room outlining scope of potential issues and what does NOT need to be reported. 6. Offer residents an Early Relational Health curriculum to teach residents in interactions with parents. 7. HOW has a provider made you feel safe in clinical spaces? » Being direct » Having clear, compassionate communication; being an active listener; involving patients in decision making and follow up support » Providing resources before the situation. People should know their rights before the visit. » Removing barriers for parents to reconcile Idea: Video with screening questions for DV that is separate or outside of the provider's office; for example, a website or QR code that leads to a screening survey. Before questions pop up, there should be a prompt that says "This is what the mandated reporting rules say."	*"Everyone posed a threat—they're all mandated reporters."* *"Mom's not asking for help. Why is [she] not asking for help? How do we get mom help?"* *"Once they've got their grips on your kids, you're terrified. You'll appear as normal as you can [and] bow down to the system even if you don't agree with it."* *"It's important to "feel[...] safe with physicians. Whether it's my own or my daughter's [safety]. If you don't feel safe, you can't ask for help. People can mask their mental health issues and stuff—but how does it get to this point without anyone noticing?"* *"I believe knowledge is power. I think by formally educating people who come into the clinic of the parameters that mandated reports have. For example, 'If you tell me that you struggle with food, I can help you with resources. This would not be reported.' Or, 'If you tell me of possible DV, I can assist you in finding a DV shelter to take yourself and children, too. But yes, I would have to report it because you are being hurt.' Another one could be that 'If you are homeless with your children that is OK so long as you are all safe, and we can assist you with help to find housing, etc.' Some people just really do not understand the rules and laws. And they are scared that anything they say can be reported and get them in trouble or their children taken away."* *"When my children were removed, my public health nurse asked people who knew me to write a brief letter for the court so I could get my children back. Dr --- wrote a letter on my behalf, and it made me feel so safe. It was not just about my daughter but about me and all the things he knew that I went through as a young mother."* *"[Psychological safety] is not as black and white as it seems. I have felt very safe with mandated reporters. How do you teach someone empathy? And taking away personal bias? And look at family as a whole—not their substance use issues or housing insecurity issues."* *"Are there any village members that can support or advocate or look into [the family]?"* *"All providers should ask patients, 'What is your hope? Desires? Goals? And how can I help you get there?'"* *In order to provide safe clinical spaces, providers need to care for themselves in order to care for others in a meaningful way. [...] Even though providers are mandated reporters, creating trust with families will ultimately lead families to become successful if they feel safe enough to ask for help and reduce ACE scores."* *"There may be some discussions about what is 'feasible,' that there is 'not enough time,' and the answer is always 'It's not what is feasible but what is important,' and that 'there is always time.' More importantly, one barrier that people tend to feel is the need to 'live' within a system or systems; however, it may be helpful to remember that people created systems, so if systems are too rigid or if they do not work, then the systems are not helpful, and they need to be changed or rebuilt. Trying to live within systems that do not work is stressful (can be re-traumatic); changing those systems requires a group effort at many levels (and many systems do not interface well with the health care systems)."*

The UCSF Center for Child and Community Health's Toxic Network Improvement Collaborative (TONIC)

TONIC has been working since 2019 with the goal of grounding care coordination systems in San Francisco for children 0–5 in lived expertise and aligning sectors around the following goals:

- **Promote health, including early relational health, and resilience;**
- **Identify, prevent, and mitigate risk factors for toxic stress; and**
- **Treat toxic stress and its negative associated health consequences.**

Acknowledgment: Our appreciation to Rutendo Ajayi, CCCH Health Equity Intern, for her support with the FAB recommendations.

Center for Child and Community Health

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We are a coalition-supported initiative to reimagine how California finances, defines, administers and delivers children's mental health supports and services. Equity + justice are at the center of our beliefs, our actions, and our strategy for change.

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