

# FAMILY AND ME (FAM): A NEW MODEL OF FOSTER CARE FOR YOUTH IMPACTED BY COMMERCIAL SEXUAL EXPLOITATION IN SAN FRANCISCO

## Evaluation Report 2 | November 2021

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### INTRODUCTION

This report summarizes evaluation findings from March – August 2021 during the service provision phase of the Family and Me (FAM) program, a family-based foster care pilot designed to serve youth who have experienced or are at risk of commercial sexual exploitation (CSE) in San Francisco, California, and who are currently involved in the child welfare or probation systems. The findings are primarily based on in-depth qualitative interviews with 13 direct and indirect service providers participating in the FAM program. The goal of these interviews was to gain a better understanding of program strengths, challenges, and lessons learned during this evaluation period. Additional findings from three interviews with two caregivers, as well as caregiver training surveys with four caregivers, are also included. This report is the second in a series of evaluation reports with the goal of offering recommendations to adapt and improve the program throughout pilot implementation. It is hoped that, when completed, the series will contribute to addressing gaps in the existing literature on the effectiveness of interventions to address CSE among youth and help to build a foundation of evidence-based practice.

### THE FAMILY AND ME (FAM) PILOT PROGRAM: FAMILY-BASED FOSTER CARE FOR YOUTH IMPACTED BY CSE

To address the lack of supportive services and placement options for youth impacted by CSE, the San Francisco Department on the Status of Women (DOSW) partnered with the Human Rights Center at the University of California, Berkeley; Freedom Forward; Family Builders; Huckleberry Youth Programs (Huckleberry); and WestCoast Children’s Clinic to design, implement, and evaluate a family-based foster care pilot for youth who have experienced or are at risk of CSE in San Francisco. The program aims to provide a range of services, listed in table 1 below, to support the needs of youth at risk of, or impacted by, CSE and their caregivers.

**Table 1: FAM Services for Youth and Caregivers**

FAM Youth Services	FAM Caregiver Services
<ul style="list-style-type: none"> <li>● Permanency support to develop and strengthen organic relationships with biological family members, extended family, or other supportive adults</li> <li>● Intensive case management and transition support</li> <li>● Placement in a home setting</li> <li>● Individual and family therapy</li> <li>● In-home case management</li> <li>● Support of a secondary caregiver outside of the primary placement who can offer a safe place to stay when needed</li> <li>● 24-hour crisis support seven days per week</li> <li>● Access to support while out of home</li> <li>● Access to discretionary funding for extracurricular activities and activities to facilitate relationship development</li> </ul>	<ul style="list-style-type: none"> <li>● Specialized training on trauma and CSE</li> <li>● Peer support groups with other caregivers</li> <li>● In-home case management</li> <li>● Family therapy</li> <li>● Support from a secondary caregiver in the program who is available to provide mentoring and respite when needed</li> <li>● 24-hour crisis support seven days per week</li> <li>● Additional compensation</li> <li>● Access to discretionary funding for items to accommodate youth in their homes</li> </ul>

The FAM pilot program is one component of the San Francisco Safety, Opportunity, Lifelong relationships (SF SOL) collaborative led by the San Francisco DOSW. SF SOL is a three-year initiative funded by the California Department of Social Services (CDSS) to develop a continuum of care designed to support youth who are at risk of, or have been impacted by, CSE and trafficking in San Francisco.

## THE FAMILY AND ME (FAM) EVALUATION

The Human Rights Center at UC Berkeley (HRC) partnered with SF SOL to conduct an in-depth evaluation of the FAM Program. For contextual purposes, the broader evaluation is outlined in this section. The FAM evaluation uses a quasi-experimental, longitudinal, mixed-methods design, which includes in-depth interviews with youth, caregivers, and service providers, as well as surveys with youth and caregivers. The FAM evaluation objectives are as follows:

1. Explore youth and caregiver experiences with various FAM services
2. Understand the feasibility and acceptability of the FAM program by youth, caregivers, and service providers
3. Assess the extent to which youth and caregivers are provided with the intensity and types of services and support they need
4. Understand the influence of the FAM program on key outcomes for youth and caregivers over time

The evaluation approach facilitates adaptive programming. Through regular cycles of data collection and analysis, progress reports provide FAM partners with recommendations to adapt and improve the FAM program over time to maximize outcomes for youth and caregivers. This evaluation aims to develop an evidence-based, youth-centered intervention model with the potential to be contextualized and replicated in other locations.

The program evaluation is divided into two phases: pre-enrollment and service provision. The pre-enrollment phase, which ran from July 2020 – February 2021, involved extensive preparation for implementation, including youth identification and engagement, caregiver recruitment and training, coordination between

partner organizations, clarification of roles, relationships, and protocols, and other administrative activities. The service provision phase started once youth and caregiver enrollment commenced and will span the remainder of the program. This phase, the first 6 months of which are addressed in this report, includes ongoing youth and caregiver enrollment in the program and service delivery to program participants. The evaluation methods for the service provision phase include four components:

1. Semi-structured qualitative interviews with caregivers, youth, and service providers
2. Quantitative youth surveys
3. Administrative data from the Juvenile Probation Department, Human Services Agency, and San Francisco Unified School District
4. Service provision data from FAM partners

In addition to these four core components, caregivers who attend the FAM caregiver training are asked to complete pre- and post-training surveys. These surveys assess changes in knowledge, attitudes, and beliefs following the caregiver training and collect information on caregiver motivations. Other data sources include self-administered exit surveys and semi-structured exit interviews with FAM caregivers who withdraw from the program at any point.

Outcome categories of interest for youth and caregivers during the service provision phase are listed in Table 2 below.

**Table 2: Outcomes of Interest**

FAM Youth Outcomes	FAM Caregiver Outcomes
<ul style="list-style-type: none"> <li>● Placement stability</li> <li>● Mental health</li> <li>● Emotional and behavioral functioning</li> <li>● Adult and peer relationships</li> <li>● Physical health and safety (including juvenile justice system involvement and experiences of CSE)</li> <li>● School engagement</li> </ul>	<ul style="list-style-type: none"> <li>● Well-equipped caregivers (i.e. caregiver knowledge, skills, and capacity, caregiver sense of support)</li> <li>● Caregiver retention, recruitment, and sense of fulfillment</li> </ul>

## Evaluation Methods

This report summarizes findings from the first 6 months of the service provision phase of the evaluation: the period of March 1 – August 31, 2021. The findings are primarily based on in-depth qualitative interviews with 13 direct and indirect service providers participating in the FAM program. Additional findings from three caregiver interviews and four sets of pre- and post-caregiver training surveys are also summarized in this report.

### *Service Provider Interviews*

For service provider interviews, individuals were selected from within FAM partner agencies based on their involvement in FAM program implementation and invited to participate in the study. A total of 13 semi-structured interviews were conducted with direct and indirect service providers between August – October 2021. Interviewees were asked to reflect on the period of March – August 2021 and to discuss program strengths, challenges, lessons learned, and recommendations related to youth and caregiver identification and engagement, as well as overall coordination, collaboration, and referrals within the collaborative.

Representatives from the following organizations participated in interviews: DOSW, Freedom Forward, Family

Builders, Huckleberry, WestCoast Children’s Clinic, and the San Francisco HSA. Due to the COVID-19 pandemic and related restrictions, all interviews were held by Zoom or phone. Written informed consent was obtained from all interview participants.

Interviews were audio-recorded and transcribed. In addition, detailed notes were taken during the interviews. Notes aided in research team debriefing sessions and data analysis. Two research team members coded and analyzed the data to identify key patterns in participant responses. An iterative process of open coding was used to identify categories or broad themes that served as a basic framework for analysis. Researchers then inductively identified sub-themes emerging from the data.

### *Caregiver Pre- and Post-Training Surveys*

All caregivers who participate in the FAM caregiver training are asked to complete a pre- and post-training survey. These surveys assess changes in knowledge, attitudes, and behaviors following the FAM caregiver training. On these surveys, caregivers are asked to rate their own levels of understanding or preparedness in different topic areas. Scenario-based questions and statement agreement questions also serve to assess changes in attitudes and beliefs related to CSE. The survey contains additional questions on motivations for caregiving and how caregivers became connected to the program. A total of four caregivers have participated in the FAM caregiver training and completed pre- and post-training surveys. Preliminary findings from these surveys are included in this report.

### *Caregiver Interviews*

As caregivers are enrolled in the FAM program or participate in FAM services, they are asked to participate in semi-structured qualitative interviews. Caregivers enrolled in the FAM program are invited to participate in a baseline interview and follow-up interviews every four months. Caregivers outside of the FAM program who are caring for youth at risk of CSE and have participated in the FAM training or consult groups are invited to participate in a baseline interview and one follow-up interview 4-6 months later. These interviews aim to gain a deeper understanding of caregiver experiences with FAM services as well as their self-reported changes in knowledge, skills, and capacity to care for youth impacted by CSE. Two caregivers have participated in qualitative interviews, including one caregiver who has completed a baseline and a follow-up interview, and another caregiver who has completed a baseline interview. Preliminary feedback from these initial interviews is included in this report.

All research procedures and protocols described in this report were approved by the University of California, Berkeley Committee for the Protection of Human Subjects’ Institutional Review Board to ensure adherence with all human subjects’ research protections.

## OVERVIEW OF KEY PROGRAM ACTIVITIES: MARCH – AUGUST 2021

### Youth Identification and Engagement

During this evaluation period, changes were made to the interagency referral protocol for youth. Protective Social Workers at the San Francisco HSA and Probation Officers at the Juvenile Probation Department make referrals for youth who have been identified as being survivors of, or at risk of experiencing, CSE. However, the overall approach was also shifted so that referrals are first made to the SF SOL Collaborative broadly. From there, direct service providers discuss the case in a Service Coordination Team (SCT) meeting, determine service needs, and make referrals for youth to FAM or other service components internally as needed.

The Huckleberry Advocacy and Response Team (HART) at Huckleberry conducts the initial intake for youth referred to SF SOL. During this time, youth are offered case management and transition support services by an Intervention Specialist at HART. They are informed about the FAM pilot, and if interested, are asked for their

consent to be referred to the Permanency Worker at Family Builders to begin the permanency process. At the next SCT meeting, new referrals are discussed and are connected to additional services, including mental health with WestCost Children’s Clinic as appropriate.

During the period of March – August 2021, Family Builders reported one referral for which permanency cases were opened. This makes a total of eight referrals since the program began. Of these, four are no longer active referrals: one was not interested in a FAM home placement, one was reunified with a parent, one moved to transitional housing, and one was admitted for psychiatric care. Of the remaining four youth, two are out of touch, one is likely to move out of state to live with family, and one is in regular contact with Family Builders regarding potential placement in a FAM home. No youth have yet been placed in resource family approved homes.

In addition to referrals, the FAM Program has been able to support three youth with discretionary funds since the beginning of the program. In this evaluation period, funds were used to assist one youth who was reunifying with a parent in buying furniture and clothing.

### Caregiver Recruitment, Engagement, and Training

Caregiver outreach and engagement efforts are ongoing. FAM partners are conducting outreach through several different pathways, including word of mouth, presentations to local groups and organizations, a website for prospective caregivers, paid Facebook advertising, and an extensive social media campaign. Interested caregivers signed up to become a FAM caregiver via the FAM website.<sup>1</sup> According to Family Builders, 65 families expressed interest through the website during the period of March – August 2021. Of these, Family Builders staff screened 50 individuals to register for and attend a FAM orientation. Ten of these prospective caregivers went on to attend an orientation to the FAM program, after which three chose to continue with the intake process – one as a primary caregiver and two as secondary caregivers. Together with one secondary caregiver who applied prior to the evaluation period, this makes a total of four caregivers currently at various stages of the intake process: 1 awaiting finalization of the home-study, 1 awaiting LiveScan fingerprinting results, and 2 preparing to undergo the LiveScan fingerprinting process. No families have yet completed the resource family approval (RFA) process. One additional caregiver withdrew from the process during this period.

The FAM caregiver training, which draws on the Citrus Helping Adolescents Negatively impacted by Commercial Exploitation (CHANCE) Program in Miami Florida,<sup>2</sup> is tailored to meet the needs of caregivers supporting youth who have experienced or are at risk of CSE. It addresses the issue of CSE, trauma-informed caregiving, healthy relationships, and strategies for engaging with and supporting youth who have experienced CSE. The first FAM training was offered in July 2021. A total of 9 people attended: 1 potential caregiver from FAM; 2 caregivers from Alternative Family Services; 1 adoptive parent of a young person at risk of CSE; and 5 staff members from HSA, Freedom Forward, and Family Builders.

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<sup>1</sup> Caregivers can find information about FAM and sign up to be a FAM caregiver on the Join FAM website: <https://joinfam.org/join-fam/>

<sup>2</sup> Citrus Health Network, Inc. “CHANCE Program.” 2017. <http://www.citrushealth.org/CHANCE>.

## PROGRAMMATIC CHANGES SINCE LAST EVALUATION (MARCH – AUGUST 2021)

Evaluators from the HRC recommended a number of changes to the program in the first evaluation progress report, released in May 2021. The following changes have been implemented, based on those recommendations.

### **Youth Identification and Engagement**

- FAM eligibility criteria for youth have been expanded to serve non-minor dependents up to age 21.
- Permanency services have been expanded to include youth who are not planning to live in a FAM home. In the future, the FAM Permanency Social Worker will be available on-site at Freedom Forward's HYPE Center to offer permanency and family finding service to SF SOL youth.
- Talking points about the FAM program have been drafted for referral sources and program staff who present FAM to youth, including a youth-friendly brochure.
- Virtual engagement was maintained throughout the pandemic, and more in-person services are becoming available as circumstances allow.

### **Caregiver Recruitment, Engagement, and Training**

- FAM eligibility for caregivers has been expanded to allow for the FAM caregiver training to be available to caregivers outside the FAM program who serve youth at risk of CSE, as well as for FAM consult groups to be available to outside caregivers who have some training in CSE and are caring for youth at risk of CSE.
- JoinFAM website ([joinfam.org](http://joinfam.org)) and digital ad campaigns were updated to provide more transparency about the population being served.
- A recruitment toolkit with both internal and external components was created to leverage connections at other organizations and help facilitate caregiver recruitment.
- Freedom Forward and Family Builders have increased efforts to recruit community caregivers in addition to continuing permanency work.
- The Caregiver Recruitment Workgroup within the FAM Collaborative was established to expand and improve caregiver recruitment strategies.

### **Collaboration, Coordination, and Referral**

- The FAM Steering Committee was reinstated to align on objectives and to discuss and resolve differences.
- The full FAM team came together at the Summer Convening to build collaboration and brainstorm, with a focus on strategies for youth engagement and caregiver recruitment.
- Consent, referral processes, and forms have been clarified across SF SOL in new protocols.
- The referral protocol has been revised so that referrals are first made to the SF SOL Collaborative and youth are referred to FAM and other SF SOL components internally as needed.
- A Team Handbook and reference documents were created to support orientation and alignment.
- SCT case review meetings are being held twice monthly to increase coordination.

## EVALUATION FINDINGS: SERVICE PROVIDERS

FAM partners and service providers were asked to reflect on their activities during the first six months of the service provision phase of FAM, between March – August 2021. Interview guides included open-ended questions exploring program strengths and challenges related to youth and caregiver identification and engagement, as well as overall coordination, collaboration, and referrals within the collaborative. Service providers were also asked to share their recommendations for improving programming in the next six-month program period and beyond.

### Program Strengths and Successes

#### *Youth Identification and Engagement*

Despite its many challenges, the FAM program has had some significant strengths and successes over the evaluation period. Most importantly, youth outreach strategies have increased and efforts to coordinate services for youth referred to FAM have improved. The following are some of the program strengths and successes with regards to youth identification and engagement from the evaluation period.

#### **FAM eligibility criteria were expanded**

The FAM program expanded eligibility criteria to include non-minor dependents ages 18 to 21. In addition, permanency services have been expanded to serve youth outside of creating FAM placements. For example, Family Builders' Permanency Worker can continue to provide permanency services to youth who decide not to pursue placement in a FAM home and will be on-site at Freedom Forwards' HYPE Center weekly offering permanency services to youth outside of the FAM program. This change creates the potential for FAM partners to extend outreach efforts more broadly. Service providers report that the process of engaging with youth, getting them connected to an organization, and engaging in family finding takes time, and that during that process youth may turn 18. They feel that the expanded age criteria will allow youth to continue to receive necessary FAM support services after they reach 18. As one service provider said,

*A lot of [these] young people... are the ones that are experiencing so much trauma, and then also dual diagnoses. They're mid-teens, which is when a lot of this needs to happen. A lot of the coordination and getting people connected, and all of this family-finding work needs to happen... when they're the least stable and the hardest to stay in contact with. Which means that it's very start stop with this process. Sometimes, they hit 18, and developmentally, they're in a better place to be able to cope. If they've made it that far, then it's really good to know that FAM is still on the table for them.*

Some noted that the expanded criteria also increase the number of youth eligible for FAM, especially because many of the youth identified by HSA as being at risk of, or impacted by, CSE are over age 18. Although the program has yet to receive any referrals that meet the expanded age criteria, FAM agencies have already been able to serve youth outside of FAM placements with permanency and other services.

#### **Outreach efforts with city and county agencies have increased**

In an effort to reach target youth, FAM has increased its outreach efforts with relevant city and county agencies over the past six months. For example, FAM partners have been making efforts to improve communication with San Francisco HSA. Over the evaluation period, FAM partners held 3 meetings to clarify program goals, gain a better understanding of HSA operations and the youth population they serve, and develop a communication plan to disseminate information about FAM to HSA staff. Additionally, SF SOL is now presenting at HSA section meetings, including with supervisors and social workers, to discuss how to explain SF SOL and FAM to youth, encourage referrals, and clarify what FAM services are available to youth prior to

placement. According to interviewee feedback, HSA is better grasping the importance of youth referrals, even if there are not yet immediate FAM placements available to youth.

### **FAM messaging efforts have improved**

The SF SOL website was launched in September 2021 and now serves as a valuable source of information on the FAM program and other SF SOL components. FAM partners also finalized a brochure that can be used by service providers, such as probation officers and social workers, to conduct direct outreach to youth about the FAM program.

### **Coordination of FAM outreach efforts and referral processes have improved**

The service coordination team (SCT) has simplified outreach to youth and improved the coordination of services. During meetings, the SCT discusses each individual and how to meet their needs and provide them with coordinated services. One interviewee said, “I think that Service Coordination Team meetings have been very helpful to understand what’s going on, what services are being offered and what barriers to engagement are happening.” There is also now an established internal referral process for FAM youth. The improvement in coordination between FAM agencies will allow youth who are referred to FAM to benefit from all the different services offered by FAM agencies. Additionally, a few service providers felt that the SCT has helped to provide a more streamlined individual user experience for youth, something they felt had been a struggle within the program thus far. As one service provider said,

*I think before, it was like everybody was reaching out to this person, and it can be really overwhelming. So we’ve now tried to do more coordination and identify, okay, who’s the main point of contact for each of these youth so we can really meet them where they’re at and not overwhelm them with all of the services we’re trying to engage.*

## *Caregiver Recruitment, Engagement, and Training*

Caregiver recruitment is an ongoing challenge for the FAM program, but partner agencies have made significant strides during the evaluation period, in addition to launching the first FAM Caregiver Training and expanding access to caregivers outside of the FAM program. The following are some of the strengths and successes with regards to caregiver recruitment, engagement, and training reported by service providers.

### **Caregiver recruitment strategies have improved**

FAM partners established a Caregiver Recruitment Workgroup in July 2021 which meets bi-weekly to discuss and develop strategies to improve recruitment efforts. Several interviewees said that the workgroup has been particularly effective: that it is productive and well-facilitated, and that members actively engage in meetings and contribute to workgroup tasks. Key achievements during the evaluation period include reviewing the digital advertising campaign strategies and identifying areas for improvement; refining their audience and developing targeted recruitment strategies; conducting outreach to offer group information sessions for nonprofit organizations, community groups, and clubs; and starting to develop plans for a public service announcement. Interviewees spoke of a general shift to multiple recruitment methods and more proactive strategies. As one workgroup member explained, “We’re really trying to spread the word instead of just depending on people to see if they’d click an ad and sign up.” The FAM Director at Freedom Forward also developed a caregiver recruitment toolkit and FAM flyers in March that have been widely disseminated. Internal and external FAM partners are also encouraged to act as “FAMBassadors” to help spread the word about the opportunity to participate as a FAM caregiver. Interviewees said that these efforts supported FAM partners and other organizations to clearly communicate about the FAM program to others, and to view caregiver recruitment as a shared responsibility across partners.

### **Strengthened digital advertisements have been effective**

Some interviewees highlighted that digital advertisements on social media to recruit caregivers have been particularly effective, generating a lot of interest and leading more people to sign up to receive information through the inquiry form on the FAM website. As one interviewee said, “I feel like one thing that’s good ... is

the fact that it's being advertised on social media. People are on there. That seems like it's bringing in people. That's definitely something good." According to Family Builders, "Facebook" or "social media" have been the most common responses to the question in Family Builders' survey of how caregivers heard about the FAM program. Freedom Forward has continued to partner with Mark Daley, a national expert in foster care recruitment, communications, and message development to use data-driven strategies to refine ad targeting to bring in more caregiver leads who are a better fit for the program. A few interviewees said that improvements were made to the messaging on the website and digital ads to clarify who the program serves and try to appeal to people's desire to make a difference. The ads attempt to be more explicit about the target population without labeling or victimizing youth impacted by trafficking and exploitation. As one FAM partner working on caregiver recruitment said,

*We don't run misleading ads or ads that hide the matter, though we might not lead with 'Here's a kid who's been trafficked.' But we do talk about kids that have experienced the unthinkable. You can imagine what this is. And we'll have a conversation with you on the phone and tell you more, or in person, or in training... but we're trying to get you in the door without scaring you off.*

### **Expanded FAM caregiver training was delivered successfully**

Some interviewees felt that the expansion of the FAM caregiver training criteria to include caregivers outside of FAM who are caring for youth at risk of, or impacted by, CSE was a very positive step during this evaluation period. They felt it will extend the reach of FAM to serve more caregivers, and ultimately, benefit more youth impacted by CSE beyond the FAM Program. As one service provider stated,

*This is actually one way we're adding value to the community and can do trainings more frequently ... I think there's opportunities for this knowledge to be leveraged to support caregivers at other FFAs (foster family agencies), [or] bio-families.... Are there opportunities to distribute information about the trainings at family resource centers, et cetera, and open them up as something that people who really want more knowledge on how [to] work with teens who are in the life or vulnerable to it could get the knowledge? I think all of these are positive things.*

For example, through collaboration with HSA, the training opportunity was recently extended to caregivers at Alternative Family Services (AFS), an organization that provides emergency placements to youth who often have risk factors for CSE. The first FAM Caregiver training, held in July 2021, included one caregiver from the FAM program and two AFS caregivers, as well as an adoptive parent with a youth who is now at risk of CSE. FAM partners were hopeful that participation from outside caregivers will continue to increase in the coming months.

Interviewees involved in, or present during, the training felt it generally went well. Overall, feedback from caregivers on the training was also positive. Findings from caregiver in-depth interviews and pre- and post-caregiver training surveys are included in a separate section of this report. Two interviewees highlighted that after the implementation of the training, FAM partners discussed, revised, and strengthened the training curriculum to include more notes to the facilitator's guide for clear and consistent implementation. In the future, training notes will be provided to participants to keep at home to reinforce learning. The full curriculum is currently in the process of being translated into Spanish for native Spanish-speakers.

### *Collaboration, Coordination, and Referral*

Around half of service providers noted substantial improvements to overall collaboration, coordination, and referrals during the evaluation period. In that time, they felt there was better alignment on goals, objectives, and approaches within the collaborative, and that there had been an increased commitment to creative thinking about how to adapt the FAM program to serve more youth and caregivers with available resources. A couple service providers felt the group was starting to develop a rhythm, thanks to more refined protocols and procedures, particularly with regards to referrals. A few others felt that organizational and individual roles within the collaborative had been more clearly defined, and individual commitment to carrying out

responsibilities had improved. A few service providers felt that, thanks to the significant groundwork that has been done, they've seen many positive changes since February, and feel that the program simply requires more time to begin seeing meaningful outcomes. Following are some of the most significant strengths and successes in collaboration, coordination, and referrals.

#### **Behind-the-scenes coordination is effective**

Nearly half of service providers interviewed reported that behind-the-scenes coordination in the collaborative was going well. Many interviewees noted that the new FAM Director had been very effective, especially considering the daunting nature of the role. They felt that she did a particularly good job at thinking through project details, keeping the program organized, facilitating regular meetings, drafting important materials for the program, setting firm but reasonable deadlines, managing communications, fostering a better team dynamic, and moving forward time-sensitive tasks.

#### **Meetings and communications have improved**

A few service providers reported that communication has improved across the collaborative over the evaluation period. Specifically, they noted improvements such as fast response times in email communications and using Slack channels for the workgroups to keep organizations from being too siloed.

Interviewees felt that regular meetings within the collaborative were useful, creating space for members to develop rapport, bring up any issues, and clear up any miscommunications. They named a few improvements made over the evaluation period. First, they felt there had been improvements to the structure and format of collaborative meetings to make them more specific and intentional and relieve some of the stress of trying to address everything in FAM monthly meetings. This included establishing the FAM Steering Committee to address systems-level issues, SCT meetings in which youth referrals are coordinated among program members (among other things), and a Caregiver Recruitment Workgroup. Second, they noted that representation at meetings had improved. For example, they felt that involving CDSS staff in meetings had been particularly helpful for troubleshooting challenges or barriers to the program, and that having Family Builders present at SCT meetings helped to keep the program visible to all stakeholders. Third, a few interviewees felt that the FAM Steering Committee meetings had significantly improved, thanks to new, highly capable leadership and changing how meetings were run to keep everyone on task and help to maintain focus on key milestones and end goals. Finally, nearly half of service providers reported that the FAM Summer Convening, held in June 2021, had been particularly helpful. They felt it served to get partners on the same page, identify common challenges, clarify processes, allow for adaptation and innovation, and improve overall coordination.

#### **New Service Coordination Team is a success**

More than half of interviewees felt that the new Service Coordination Team (SCT) had been hugely positive for both service providers and youth. SCT meetings, which are held bi-monthly, help to ensure all partners are up to date on the progress of each youth referred to the program and are able to ask real-time questions about their case. This, they felt, has helped to boost buy-in, collaboration, and accountability between providers, as it creates spaces for one shared conversation, rather than multiple smaller repeated, and potentially contradictory, conversations on the side. Here, providers come together to clarify roles, ensure data is aligned between organizations, and ensure that partners are following through with their commitments to each youth. One service provider also noted that the meetings have been used to develop a referral protocol and information sharing agreements which have helped to ensure they are both "following the law" and "meeting programmatic values of youth voice and choice." "Things are coming up organically through those conversations ... There's a continual improvement process happening here."

#### **Relationships and engagement with city and county agencies are improving**

A few service providers felt that improved relationships with various city and county agencies had been very beneficial to the program. In particular, HSA – the primary referring agency – and DOSW, which manages the coordination of SF SOL and the program grant from CDSS. As noted previously, with HSA, FAM made substantial efforts towards improving communication and educating leadership and staff about the program. With DOSW, the most significant improvements occurred with the arrival of the new grants manager, who,

more than a third of service providers agreed, has been a very positive step forward for the program. As interviewees note, currently, DOSW is helping to solve dynamic issues within the collaborative, helping to coordinate referrals, and working to build better relationships between the program and government agencies such as HSA and the Juvenile Probation Department. Moving forward, they also hope to be able to coordinate technical assistance from other organizations doing similar work outside the state.

## Program Challenges and Barriers

### *Youth Identification and Engagement*

Youth referrals continue to come in slowly: to date, there have been eight. However, only one new referral was made during the six-month evaluation period. In addition, FAM partners' direct engagement with youth referred to the program has been very limited so far. Some interviewees mentioned that although eligibility criteria were expanded, the expansion has not yet resulted in any new youth referrals. Below are some of the current barriers to youth referrals and engagement.

#### **Expanded eligibility criteria has not generated increased referrals**

FAM eligibility criteria were expanded to include non-minor dependents (youth ages 18 to 21). New data from HSA suggested that the average age of youth experiencing CSE in San Francisco is now 18, whereas previously it was around 14 or 15. Given this new data, FAM partners hoped that expanding the eligibility criteria would lead to an increase in youth referrals. So far, however, it has not. Some interviewees speculated that this is because there are too few youth who fit the expanded eligibility criteria category. For example, youth that work with Huckleberry and are over the age of 18 are not typically systems-involved. However, others believed that expanding the criteria did increase the referral pool and that FAM is now in the process of getting these newly eligible youth connected to the program.

#### **Continued confusion about FAM program limits referrals**

Many of HSA's protective social workers are already familiar with services offered by FAM partner organizations, and thus continue to refer directly to these services as they have in the past, rather than following new protocols to refer youth to the SF SOL Collaborative. According to interviewees, many remain unclear about the difference between the individual agencies they have been referring to for years and the new FAM program. Although efforts have been made to meet with HSA to discuss and overcome barriers to referrals, this has not resulted in increased referral numbers. There have also been barriers to presenting directly to social workers about the FAM program. HSA has supported FAM partners in presenting to division managers; however, as of August 2021, FAM agencies had not yet had the opportunity to present directly to social workers.

#### **Lack of available placements creates referral challenges**

Service providers continue to be reluctant to refer youth to FAM because there are not yet FAM placements available. The lack of placements has also generated skepticism about the program, causing some agencies to stop making referrals. In general, there is a lack of local placements for youth in San Francisco, and referral agencies want immediate placement for vulnerable youth, as it is difficult to engage youth who have been disconnected from services and may be in unsafe living situations without providing a safe place to stay in the meantime. As one interviewee said,

*The reality remains that placement is what makes this program attractive, and placement is what we really need that is not yet available.... FAM is not, I guess, solving the problem for the workers who are needing resources, if they don't have specialized placements for this population.*

#### **Referred youth are challenging to engage**

Many youth who have been referred to FAM are absent from placement or difficult to engage in spite of ongoing outreach efforts. As one services provider put it, "... a great majority of the ... youth that we've tried to engage are not in placement and are not only not responding to our service providers, but they rarely respond

to their own current team. So their social workers haven't had contact with them for months. It's really been a challenge." Service providers report that only the highest need youth are currently being referred to FAM. Some interviewees told us that this is different from expectations at the start of the program, when they had believed youth would be in more stable placements and more ready to engage. Some FAM partners did not anticipate the level of crisis that referred youth are experiencing, and noted that it takes time to build rapport and trust. Youth may not be engaged in any services or connected to any caring adults, and it is hard to reach these youth to even begin discussing the FAM program. As one service provider said,

*Those youth are still on the street. They don't particularly want to come in ... They're not interested in family-based placement. They're very unstable. Their lives are really erratic. We can't even get near them to have a conversation with them. Those are the few youth that have been referred, and no one else has been referred that's an appropriate referral.*

### **FAM partners have mixed levels of experience working with the target population**

FAM partner organizations have different levels of experience working with youth who have experienced or are at risk for CSE. Some have more difficulty engaging with youth and addressing their needs when they receive a referral for a young person who is in an unstable position and only intermittently in contact. Others have mixed levels of experience with program implementation. One interviewee added that staff turnover also continues to be an issue at their organization and that this lack of continuity makes engaging with youth and maintaining rapport challenging.

### **Numerous service providers create challenges with coordination and youth engagement**

Case coordination, which is already challenging with disengaged youth, is even more challenging in a program model like FAM where youth are working with numerous service providers, each filling a different role. For example, a young person may be in contact with one person for case management, another person for permanency, and another for therapy. It is particularly confusing for youth when these service providers are from different organizations, especially when there is more than one organization providing case management. As one service provider stated, "I think just from the sake of engagement and relationship building, it doesn't make sense to have two organizations working directly with youth, and then we bring in therapy too ..."

### **COVID-19 pandemic and virtual work conditions created additional challenges to youth engagement**

There have been numerous project delays due to the COVID-19 pandemic. As many services were put on hold temporarily or transitioned to virtual services, outreach and engagement of at-risk youth became increasingly challenging. For a period, service providers were completely reliant on virtual engagement, making it extremely difficult to develop rapport and maintain a connection. Additionally, without the launch of the in-person HYPE center at the start of the FAM project, new strategies had to be developed to engage youth.

## *Caregiver Training and Recruitment*

Progress in recruiting and training community caregivers has been slow. Several interviewees expressed concerns about the pace of recruitment and training and lack of primary caregivers at this stage in the pilot. They felt that it has been challenging to recruit primary caregivers, in particular, as more people have been interested in the secondary caregiver role. Some interviewees highlighted that the community caregiver component of the FAM program required significantly more resources, attention, and specialized expertise than what had been initially allocated. The following are the key challenges and barriers that FAM service providers and partners felt were inhibiting progress in this area.

### **Participation in the Caregiver Recruitment Workgroup is limited**

During the evaluation period, a few FAM partners expressed concerns that participation in the Caregiver Recruitment Workgroup was limited and did not include representation from all FAM partner organizations. In addition, they felt that the group would benefit from the participation and input of any staff who work directly with caregivers and conduct outreach and support throughout the RFA process, as their involvement would

provide critical insight into current challenges and aid in the development of solutions to improve the retention of potential caregivers who express initial interest in the FAM program.

### **Ad campaigns are unclear as to the population served**

A few interviewees expressed concerns that the digital ads are not clear or explicit enough about who FAM aims to serve. They felt that people who see the social media ads are not receiving enough information about who the population is, and when they find this out later in the process, they are no longer interested or willing to participate. They felt that people need to be provided with more specific and direct information up front that FAM youth are at risk of CSE and what this means, since many people are not educated on the issue. As one provider explained, “Nobody wants to use the words ‘exploitation’ or ‘trafficking’ ... ‘cause they don’t want to label the children. While I understand that, you’re not getting the result that you want because you’re not being up front with people about the circumstances.” They went on to say that this lack of clarity in program ads and materials has hindered targeting efforts and is a primary factor contributing to the lack of retention of those who initially express interest in FAM. However, FAM partners have experienced challenges getting clear program information out over social media because some social media platforms will flag the terms “exploitation,” “trafficking,” and other related terms, making it difficult to get ads through social media filters. As noted previously, some efforts to clarify FAM’s target population have already been made in the revised second round of digital ads. A couple of FAM partners also mentioned that the inconsistent use of FAM program branding across partner websites and program materials is likely also adding to caregivers’ confusion about what the FAM program is and who it serves.

### **Housing is a primary barrier to caregiver recruitment**

Almost half of interviewees said that access to adequate housing is a major barrier to recruiting and certifying caregivers. Given the high cost of housing in the Bay Area, potential caregivers often do not have a spare bedroom, which is necessary to meet licensing requirements. Although the FAM program offers caregivers more training and support for home set-up through discretionary funding, they still must deal with the Bay Area housing market which can make program participation impractical for many families. As one interviewee explained,

*They can’t afford to move, or they have a rent-controlled apartment they’re reluctant to give up. People drop out when they find out the youth needs their own room, or they say they’ll come back when they obtain appropriate housing to take care of licensing.... I don’t know how feasible that is in the Bay Area rental market, and we can’t provide any assistance, like [from] our discretionary fund.... It’s not supposed to be rental maintenance.*

Interviewees shared anecdotes of interested caregivers for whom housing was a major challenge during the FAM recruitment process. For example, one caregiver relative of a youth who was out of placement expressed interest in caregiving, but could not find appropriate housing so was not able to provide support. Another caregiver identified through the permanency process signed a lease for a larger apartment to care for a youth relative who had been placed with her on an emergency basis. After the youth ran away, she had to break her new lease and return to her former residence since she was depending on the stipend and future foster care payments to pay the higher rent.

### **Stigma associated with CSE youth is a barrier to caregiver recruitment**

Some of the FAM partners working on caregiver recruitment issues felt that stigma associated with youth impacted by CSE has been a significant barrier to recruiting FAM caregivers. They noted that it is challenging to find people willing and committed to supporting these youth, who are often seen as “troubled youth,” particularly in the capacity of a primary caregiver. People are often concerned about behavioral issues and do not understand the impact of trauma.

### **COVID-19 has likely impacted caregiver recruitment**

Nearly half of interviewees said they thought that the COVID-19 pandemic was a significant barrier to caregiver recruitment. They explained that most people do not want to bring others outside of their family into their

home in the middle of a pandemic, so they assume this to be a major factor. In addition to inhibiting people's willingness to participate as FAM caregivers, COVID-19 has also hindered staff outreach efforts, as it has been more challenging to attend meetings, groups, and gatherings to speak about the FAM program and disseminate information about the opportunity to participate.

### **Caregiver interest is difficult to retain beyond their initial inquiry**

Several interviewees expressed that engaging and retaining potential caregivers after their initial expression of interest in FAM has been difficult. They highlighted that although the recruitment ads have generated a significant number of inquiries through the FAM website (joinfam.org), there is a significant drop-off in the number of potential caregivers retained after that initial expression of interest. As one FAM partner explained,

*The very first days of the recruitment process seem actually quite strong, and it seems like there's a bigger drop-off from that initial inquiry to actually going through the process than expected. There's always some drop-off, but this is much more of a drop-off [than usual]. There's something along the way that we're not doing as well as we could.*

Family Builders' staff from their California Kids Connection program reach out to all individuals who complete the online inquiry form to provide more information about the FAM Program and RFA process. The Family Developer then follows up with those who have confirmed their interest once or twice a month by email to invite them to upcoming FAM orientation sessions and send the orientation registration form. Interviewees explained that the main drop-off is between the number of caregivers expressing interest through the FAM website and those signing up for and attending orientation. There is also an additional drop-off between those who attend orientation and those who decide to move forward with the FAM program and engage in an intake interview. A couple of FAM partners acknowledged that while some drop-off in the numbers is expected to occur at each stage of the process, the rate is much higher than their experiences with other foster care programs serving similar populations of older youth or youth involved in the juvenile justice system. As one FAM partner explained,

*Typically, what happens is, let's say there's 100 people who sign up.... It would be somewhere between 5 and 12 percent of the people that were willing to move forward, and I'm not talking about general fosters. These were all either probation or intensive services.... In this case here, we have a couple families that are going forward out of 300 or 400.*

FAM partners were uncertain about the reasons for such difficulty in converting caregiver leads into program participants and expressed an urgent need to examine the caregiver recruitment and retention process more closely to better understand where the breakdown is happening and where additional support is needed. Some interviewees said that there is a need for direct feedback from, and regular discussion with, Family Builders' staff involved in the caregiver recruitment, outreach, and intake processes in order to understand what is happening in practice (such as reasons caregivers provide for not moving forward) and brainstorm strategies for improvement together. Doing so would allow partners to determine, for example, whether the targeting of recruitment ads is misdirected or if there are aspects of the follow-up process, such as caregiver outreach methods or the orientation schedule, that need to be changed or improved.

### **RFA process is long, intrusive, and likely overwhelming to caregivers**

A few interviewees highlighted that the length and intensity of the Resource Family Approval (RFA) process is likely a barrier to caregiver recruitment and certification. The FAM program requires more hours of training and more extensive paperwork to be completed during the RFA process than many other foster care programs, and it can be challenging for working caregivers to find the time to complete this. In addition, the amount of information required may also feel overwhelming for caregivers. As one provider mentioned, "It's such an intrusive process 'cause there's so much information they have to put out to people that they don't know."

## *Collaboration, Coordination, and Referral*

Despite the significant strides made with regards to collaboration, coordination, and referrals during the evaluation period, the majority of service providers felt there were still significant challenges to be overcome. These key challenges are listed below.

### **The 3-year timeframe is not long enough to see results**

A few service providers agreed that the original three-year timeframe was just too short for the pilot given the difficult nature of the work, and that more time is needed in order to see meaningful change. As one said, “I think it’s also ... the nature of a large collaborative. Things just move more slowly.... It’s just with so many people involved, and everybody’s got different schedules and different priorities, it could just be really slow to draft things or get input and feedback.” Interviewees felt it was critical that the project timeline be extended.<sup>3</sup> “I would just like us to have more time to work it out and see if we can serve some youth, and we haven’t had that opportunity.”

### **Partners lack accountability**

A couple service providers felt that there is a lack of accountability to the agreed-upon deliverables in partner contracts and expressed hope that this would change under new DOSW leadership. As one service provider said, “I think there’s a role around accountability across SF SOL that DOSW could really be leaning in on by requesting more specific data from all the partners regularly and holding people accountable to those very specific deliverables.”

### **Both internal and external communication continues to be challenging**

Several service providers reported challenges with communication and coordination between program partners, and well as with outside agencies. Regarding internal communications, some interviewees felt that there was frequent confusion within the collaborative, lack of clear direction on the part of some partners, and generalized duplication of efforts – for example, in the case of the two caregiver trainings which were developed simultaneously – one by Family Builders and Freedom Forward for the FAM program, and another by Westcoast Children’s Clinic through a different contract with CDSS. With regards to communication outside the FAM program, one interviewee spoke about how challenging it is to get across the importance of prioritizing a program that feels so theoretical and how it’s hard to maintain engagement from critical outside agencies during the slow, cumbersome phase of program development. Another said that many FAM partners are having separate conversations with outside organizations about FAM and that this is causing confusion when information and messages do not align.

### **Partners express high levels of mistrust which inhibit coordination and referrals**

Nearly half of interviewees felt that mistrust between primary agencies in the collaborative was a significant issue, inhibiting everything from referrals and coordination of services for youth, to interpretation of data critical to program decision-making. One service provider reported that some individuals within the program do not seem to be invested in the program’s success and are critical of everything, making it difficult to brainstorm and come up with creative solutions to challenges. They felt this caused others in the collaboration to become discouraged and disengage. Most agreed that the issue generally centered around mistrust over who is doing what and how it’s being done and is fueled by members’ unwillingness to communicate openly and with honesty. For example, one person mentioned that people complain a lot about issues to each other, but will not raise them openly during group meetings. A couple interviewees felt that interpersonal conflict between FAM partners made meetings “hard to attend,” and one interviewee felt that her experience and knowledge were actively disregarded in meetings.

### **Data collection is an ongoing challenge**

Just under half of interviewees reported challenges related to data collection in the program. These complaints fell into one of three categories. First, there was general confusion around what data needed to be provided

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<sup>3</sup> A no-cost extension was granted by CDSS in September of 2021.

and to whom. One service provider felt this was because people were confusing the data collected by HRC for program evaluation with the operational data required by DOSW for monthly progress oversight. Second, a few service providers felt there was general resistance to data sharing and transparency across partners. For example, one interviewee felt their organization was being asked to provide data that was not outlined in their formal agreements with partners and which was excessive or not within their scope of work. Finally, one interviewee expressed concerns that the data they received from partners about program participant engagement was inconsistent. “It’s hard to know where things actually are with the project, both because of contradictions and because there isn’t a firm commitment to all of us sharing information in the same way.... That’s been challenging.”

### **Staff stress and turnover is a strain on FAM**

Nearly half of service providers discussed significant challenges related to staffing. The first of these had to do with the impact of the program on staff workloads. One service provider reported that almost all FAM staff have other caseloads and activities, each with competing priorities, which means they are unable to dedicate the time required to make the FAM program a success. They felt that staff in the program were given more work to do, but not necessarily more resources with which to do it. Consequently, FAM work is often de-prioritized. Then, when program outcomes are inevitably slow, staff commitment to the program wanes with it. This aggravates the second most significant staffing challenge for FAM: high staff turnover rates, in both leadership and direct service positions. Reasons for why staff are leaving included the emotional strain of working with youth who have experienced trauma, disappointment and anger at the system for failing these youth, impacts of the COVID-19 pandemic, and complaints that the FAM project is too chaotic, frustrating for staff, and that some may feel overworked. In particular, it was noted that HART and Family Builders have had significant turnover, and that, at least for Family Builders, this has been specific to the FAM program. A few service providers reported that the turnover leads to an overall lack of commitment to the program and makes it difficult to adjust and set new ways of working together in the collaborative. It also means positions may go unfilled for long periods due to the difficult employment situation in the Bay Area.

## **EVALUATION FINDINGS: CAREGIVERS**

Caregivers who have enrolled in the FAM program or participated in FAM services were given the opportunity to participate in semi-structured interviews. During interviews, caregivers are asked to reflect on their experiences in the FAM program so far, their motivations for participating as caregivers, and their strengths and weaknesses. All caregivers who participate in the FAM caregiver training are also asked to complete pre- and post-training surveys. These surveys assess changes in knowledge, attitudes, and behaviors following the FAM caregiver training. This section presents preliminary findings from the three caregiver interviews and the four sets of caregiver pre- and post-training surveys that have been completed so far.

### **Caregivers are motivated by a desire to help children and youth**

Caregivers discussed their motivations for becoming foster caregivers in qualitative interviews, and they were also asked about caregiver motivations on training surveys. All caregivers reported being motivated by a desire to help children and youth. They discussed the importance of providing love, support, and guidance, and described that seeing a child learn, grow, and succeed is a rewarding experience that allows them to see the role they play in creating a better future for children. As one caregiver said, “That’s one of my motivations right now... to see the child’s growing up... like mentally, emotionally.... I would like to see them in the future and see them as a good guy. They can tell me, ‘You know what? Thanks for being my foster parent. You helped me a lot.’” Caregivers also discussed motivations related to giving back to those in need and being in service to others. One caregiver discussed the many ways they had learned and grown from the experience as a foster parent, saying that the opportunity for personal growth contributed to their motivation for caregiving.

### **Developing a trusting relationship with your foster child is one of the greatest challenges**

When discussing challenges related to caregiving, caregivers emphasized the importance of building trust with

their foster children. Children or youth can be afraid of being judged by their foster parents, and it is important for caregivers to promote non-judgmental, supportive environments and build trust with their foster youth. One caregiver discussed how difficult it is to know if you will get along with foster youth before meeting, noting that the period before meeting the foster youth is an especially difficult time.

*Well, it can be difficult to connect with the child. I know sometimes the child cannot trust one hundred percent because they think we're gonna judge them. Maybe they think like if I tell my foster parents this, he or she is gonna judge me, and I'm not gonna trust [them] one hundred percent.*

Others discussed the unique challenges of fostering older youth, noting that discipline and behavior can be more challenging, especially because older youth can simply leave if they get upset and foster parents are unable to stop them.

*I think maybe my biggest hesitation is... just more with older kids, that if they don't wanna stay, they'll leave. You can't control [them]. They have much more independence and freedom. I guess that's my biggest concern.*

### **Being a supportive, non-judgmental listener is an important quality for a caregiver**

When discussing strengths, multiple caregivers brought up the importance of good listening skills. They discussed the value of providing a supportive and non-judgmental environment that facilitates trust-building and ensures that foster children feel safe and protected. They discussed the values of empathy, compassion, forgiveness, and always being open to what others have to say. As one caregiver discussed, "I would say probably the biggest one is listening and just being open to what the youth has to say, and then also having compassion and empathy for them." One caregiver also mentioned the importance of teaching children and youth practical life skills such as cooking, washing clothes, and cleaning the house, noting that teaching these skills to youth helps prepare them for successful adult lives.

*The strength of caregivers that I can think of is as... a good listener and a good support, and I like to teach the child how to survive in their life... how he's gonna cook ... to wash his clothes,... how to clean the house.... Like I think it helps me a lot in having more communication with the child.*

### **Caregiver training and support should be ongoing and include options in Spanish**

When asked about the type of training and support they anticipated needing, caregivers brought up the importance of receiving training on an ongoing basis. Ongoing training could dive deeper into training topics that have already been introduced or provide refresher sessions. Additional training could also include cultural topics aimed at providing caregivers with a better understanding of youth who come from different backgrounds. One caregiver discussed the importance of providing training and support in Spanish, pointing out that even some Spanish-speakers who could comfortably hold a conversation in English may have a hard time discussing difficult topics in English and would benefit from assistance and training in Spanish.

### **Consult groups, family therapy, and secondary caregivers are valuable resources**

Some caregivers had prior experience participating in family therapy or support/consult groups and believed both were valuable sources of support. Caregivers shared the benefits of consult groups, explaining that they provide an opportunity to talk to and get help from fellow caregivers, learn from each other's experiences, and be better prepared for difficult situations that may arise.

One interviewee suggested creating some kind of forum, such as a Google group, where caregivers could chat about things between consult group meetings. Caregivers also discussed the benefits of family therapy, seeing it as an opportunity to gain additional tools to deal with stressful situations and have a neutral outside person to talk to when things are difficult. Although none had past experiences with secondary caregivers, they believed secondary caregivers would be beneficial because they could provide additional support to both youth and primary caregivers.

### **Trainings have been interesting, relevant, and kept caregivers motivated**

Caregivers found training material to be interesting and relevant. All participants reported being satisfied with

the quality of the training. They all agreed that content was organized and easy to follow and felt strongly that the facilitator was knowledgeable about the training topics. Caregivers commented that they enjoyed the videos and vignettes. Multiple caregivers said their favorite aspect of the training was learning more about CSE of youth. One participant talked about what they had learned about cycles of abuse, saying they gained an understanding of why people stay with those who abuse or exploit them and had already applied this knowledge in their own life. Caregivers also discussed the importance of learning to deal with feelings of stress, and one said they had gained tools to know when to step away from an upsetting conversation and come back when they are calm.

Trainings have also kept caregivers in touch with their motivations for becoming caregivers, reignited their commitment to caregiving, and given them more confidence.

*But I think what it did for me is – ‘cause it has been such a long process. Between these different segments, it can be really easy to just – not forget about it, but ... wonder, ‘Oh, should I still be doing this or what?’ I think what the trainings did for me is they brought me back in and made me like, ‘No, this is the right thing. I do want to do this.’ That was it. They got me excited again.*

### **Caregivers have gained knowledge of commercial sexual exploitation and trauma-informed care**

Preliminary data from pre- and post- training surveys show that after completing the FAM caregiver training, caregivers gained an understanding of the factors that protect youth from exploitation. They also came to understand that boys experience CSE and minors cannot choose to engage in commercial sex. Overall, after the FAM training, caregivers also reported being better prepared to identify warning signs if their foster youth were being sexually exploited, gaining a better understanding of what it means to be a trauma-informed caregiver, and knowing how to use healthy conflict resolution strategies.

### **Future trainings could be in person and incorporate firsthand caregiver experiences**

When asked about what they did not like about the training, one caregiver discussed the difficulty of doing training over Zoom. They explained that it is hard to sit through long PowerPoint sessions and group dynamics can be challenging if participants do not know one another. However, this same caregiver also expressed that they were grateful that the training was being made available at this time and would not have wanted it to be delayed for the opportunity to be in person. When asked how the training could be improved, one caregiver suggested that once FAM caregivers have experience in the program, it would be helpful to have them come to the training to discuss their experiences with participants.

## **RECOMMENDATIONS**

The following recommendations are based on research findings on the program strengths and challenges outlined above. In addition, recommendations incorporate many of the relevant strategies and suggestions for improving program implementation offered by service providers in interviews.

### **Youth Identification and Engagement**

- 1) Consider combining services to reduce the number of service providers in contact with youth.** Youth are working with numerous service providers who each fill different roles. As part of the FAM model, a young person might be in contact with a case manager, a permanency worker, a therapist, and others. Some young people are in contact with multiple case managers at one time, which creates confusion among youth. Combining services could help to reduce confusion for youth and challenges in service coordination for providers. For example, one service provider suggested that this could be done by having one service provider offer both case management and permanency services or one service provider offer therapy and permanency services. This would allow youth to be in contact with, and thus build better rapport with, only a few service providers.

- 2) **Increase the amount of direct outreach to youth and conduct outreach efforts with additional service providers in contact with youth.** Speaking directly with youth is an opportunity to provide information about the FAM program directly and allow youth to ask any questions they have about FAM. It also helps to generate youth buy-in and increase the number of youth referrals. FAM informational sessions could be held at STRTPs and other locations where youth spend their time. Additional outreach can also be conducted with service providers such as case managers, attorneys, and other trusting adults in youth's lives. Outreach efforts should extend beyond just social workers because some youth may have negative perceptions of the information they receive from social workers. Receiving information about FAM from other trusting adults in their lives could increase youth interest and engagement. In addition, allow for referrals to SF SOL from anyone, rather than only HSA and Juvenile Probation Department staff.
- 3) **Engage in continuous outreach efforts with HSA and other referral agencies.** There continue to be fewer youth referrals than expected. Efforts to meet with HSA and other referral agencies to provide education about the FAM program and overcome barriers to referrals should happen on a continual basis. Many social workers are familiar with the FAM partners and have been referring to these organizations for years, but many do not understand how SF SOL and the FAM program are different from the organizations they know and have previously referred to. Presenting the FAM program directly to the social workers in direct contact with youth could be an opportunity to resolve confusion and provide additional information about the program.
- 4) **Prioritize recruiting and training caregivers to ensure placements are ready for youth.** Continue to prioritize caregiver recruitment and training to ensure placements are readily available for youth, including those in need of short-term placement while undergoing the permanency process. Providers continue to be reluctant to refer youth to FAM because there are not yet any FAM placements available. The lack of available placements has created confusion and skepticism because referring agencies are unsure what they are referring to. Many youth who are referred are in unstable living situations and need immediate placements with trained community caregivers. Without available placements, referrals may continue to be slow. Prioritize caregiver outreach, recruitment, and training to create placements for youth.
- 5) **Develop a temporary placement option for youth.** Many of the youth referred to FAM are out of placement and disengaged from services. Many are in unstable living situations, which makes it difficult for them to engage in services consistently. Youth need a safe place to stay while they begin to engage in services. Not all youth are ready for a family-based placement, and planning for long-term placement and engaging in permanency work is difficult without a stable living situation. Consider developing a temporary placement option that would give youth stability while they begin engaging in FAM services.

## Caregiver Training and Recruitment

- 1) **Continue to use a variety of outreach and recruitment methods to educate community members about the FAM program and opportunities to participate.** Continue to implement and expand on multiple recruitment strategies to reach potential caregivers where they are. Suggestions from study participants included continuing digital advertisements through social media, having separate ad campaigns for primary and secondary caregivers, spreading the word through all FAM partner organizations and "FAMBassadors," seeking referrals of potential caregivers from current FAM caregivers, and holding more information sessions in the community. As COVID-related restrictions permit, consider holding more in-person activities, including information sessions, speaking about FAM at various meetings and events, and posting more flyers in public spaces. Providing more opportunities for individuals to learn about FAM on a more casual, "drop-in" basis may help to generate interest and bring more caregivers into program orientations. In addition, expand efforts to advertise the FAM

Caregiver Training and Consult Group opportunities for caregivers outside of the FAM program who are caring for youth at risk of CSE to provide more caregivers with knowledge, training, and support.

- 2) Provide as much flexibility, ongoing outreach, and personalized support to caregivers as possible, beginning with their initial inquiry and throughout the RFA process.** Given the significant time, training, and commitment required to become a FAM caregiver, program staff should continue and increase efforts to proactively follow up with potential caregivers who express interest through the FAM website. Increase outreach by phone, in addition to email, to provide information about FAM, address any initial concerns, and encourage individuals to register for orientation. Continue to provide intensive support and regular communication throughout the RFA process to maintain caregiver interest and identify any barriers to certification. As one FAM partner suggested, consider having a consistent liaison to guide caregivers as they move through the process, such as by having the Family Developer at Family Builders participate in the orientation and intake processes, or by having the staff leading orientation make follow-up phone calls with participants afterwards to create more continuity of relationships and personalize the process. Continue to identify ways to streamline the RFA process and to provide as much flexibility as possible to accommodate people's schedules and enable them to complete the process, such as continuing to offer outreach calls or intake sessions outside of regular business hours and caregiver orientations or training sessions on an individual basis for those unable to attend scheduled group sessions.
- 3) Examine caregiver recruitment and retention throughout the RFA process to identify key reasons why caregivers withdraw and develop strategies to strengthen engagement.** Many FAM partners shared their assumptions about why retaining potential caregivers, particularly after their initial expression of interest in FAM, has been challenging; however, there is a lack of feedback from caregivers and actual data available to inform discussions and improvement efforts. Program staff working directly on new caregiver engagement should reach out to potential caregivers who drop out of the process to obtain more feedback and consistently document why potential caregivers decide not to move forward with becoming a FAM caregiver at different stages in the process. This feedback should be regularly shared and discussed during Caregiver Recruitment Workgroup meetings to determine ways to improve the targeting of recruitment efforts or improve the orientation and certification for caregivers as needed.
- 4) Include staff working directly with potential caregivers on recruitment and retention through the RFA process in the Caregiver Recruitment Workgroup and other FAM partner meetings where these issues are being discussed.** Include staff and partners working directly on caregiver recruitment and follow-up activities in workgroup meetings and other relevant FAM convenings to provide greater insight into challenges and support ongoing improvement. This may include Family Builders' staff working directly with potential caregivers on outreach, screening, and intake procedures, as well as Mark Daley, the contractor who manages FAM's website and digital ad development and targeting. In the same way that the SCT provides service providers working directly with potential FAM youth with a space for collaboration and problem-solving, the workgroup could provide staff working directly with potential caregivers a space to troubleshoot issues and brainstorm solutions. In addition, encourage representation of all FAM partner agencies on the workgroup to reinforce shared responsibility and participation in spreading awareness of the FAM program to recruit caregivers.
- 5) Provide more information and education to potential caregivers about commercial sexual exploitation in initial outreach and recruitment efforts to reduce stigma and increase awareness.** Through follow-up calls with potential caregivers who complete the inquiry form on the FAM website, as well as through group information sessions to generate interest, provide information about the issue of CSE of youth in the Bay Area, risk factors for exploitation, and the impact of trauma on the lives of youth to improve understanding of the issue and appeal to individuals who want to make a difference. Refer potential caregivers to the main FAM website to learn more about the FAM program

and population. Identify opportunities to speak about the FAM program and educate communities about CSE to destigmatize the issue.

- 6) **Identify strategies to address adequate housing as a key barrier to caregiver participation.** Dedicate time in the Caregiver Recruitment Workgroup and other FAM partner meetings to discuss and brainstorm ways to support potential caregivers for whom housing is a barrier to meeting requirements. Ongoing and potential new strategies may include using FAM discretionary funds to provide for security deposits, application fees, furniture, moving costs to move into a home with an additional bedroom, or as temporary rental assistance to enable caregivers to remain in their home if something arises during the placement, supporting caregivers to identify affordable housing options, or advocating for long-term policy solutions such as collaborating with the Mayor’s Office of Housing and Community Development and the San Francisco Housing Authority to include foster caregivers as a priority population in eligibility criteria to attain affordable housing.
- 7) **Continue to clarify the objectives of the FAM program and use consistent branding and language in digital advertisements, program materials, and partner websites.** Provide more clarity regarding who FAM serves to recruit more caregivers who are a good fit for the program and aligned with the program mission and values from the start. Use consistent FAM program branding and messaging about the FAM program on program materials and partner websites to reduce confusion about the program during the initial caregiver engagement process.

## Collaboration, Coordination, and Referral

- 1) **Ensure the right people are at the table.** For example, involve direct service staff more frequently in meetings and communication, rather than only upper management. One way this could be achieved is through regular updates by email or a quarterly meeting for direct service providers so that they are informed of changes to FAM that are made in regular meetings. This could help them to have a better understanding of FAM as a whole and their role within the program.
- 2) **Set more practical goals for the collaborative and increase accountability.** It is critical that the collaborative continually discuss where the project is at and what is working well, and then set practical goals towards targets. Efforts towards these goals can then be held to work plans and grant agreements to establish better accountability to commitments. A few service providers felt that it would be helpful for DOSW, as grant manager and holder of the contract with CDSS, to be responsible for holding partners accountable for their individual roles and deliverables towards achieving program-level goals (e.g., quarterly benchmarks), tying funding directly to results if necessary.
- 3) **Have more regular data reporting across providers to improve coordination and accountability.** FAM partners should regularly report on service delivery data, including what services are being provided and who is being served (demographic data). This should be provided for FAM as well as for all SF SOL services in order to improve services, transparency, and grant reporting. At the time of this report, DOSW is looking into a data tracking platform to collect such data from service providers.
- 4) **Work to build trust and collaboration among members of FAM.** Trust-building between partners could improve communication, increase referrals, and help reduce staff turnover rates. To improve collaboration, one service provider recommended that Westcoast Children’s Clinic conduct an evaluation of the collaborative using a “levels of collaboration scale” similar to what was used with the mayor’s taskforce for anti-trafficking. They felt this would help to promote a better understanding of where the pain points are on the road to collaboration and what could be done to alleviate those.
- 5) **Conduct a user experience deep dive to better understand youth and caregiver experiences with the program and how these could be improved.** For example, interviewees recommended hiring a consultant to go through the caregiver funnel, including 1:1 informational calls, orientation, follow-up

calls, etc., to help FAM partners better understand what the experience is like for them and how it could be streamlined and improved.

- 6) **Create more regular communication touchpoints, including meetings and team retreats.** At least one service provider felt that monthly FAM meetings simply are not frequent enough to create the kind of regular touch points required by a program as complex as FAM. A few others suggested having more frequent team retreats of at least half a day, as they felt the 2021 Summer Convening was particularly helpful for trust-building and collaborative problem solving.

## CONCLUSION

The first evaluation of the service-provision phase of the FAM program identified several strengths and key improvements. Programmatically, FAM has shown significant progress in expanding services to reach a broader population of youth and caregivers, increasing outreach efforts with city and county agencies, and improving FAM messaging and caregiver recruitment strategies. Organizationally, partners have significantly improved overall coordination and communication, particularly with the implementation of a few new key leadership and workgroup meetings. However, the evaluation also highlighted several significant challenges and barriers to progress. Most critically, there is an ongoing challenging with receiving youth referrals and identifying and retaining eligible caregivers. Likewise, the program continues to struggle with engaging a challenging population, the limitations of the COVID-19 pandemic, housing as a barrier to caregiver participation, as well as a short program timeframe, communication challenges, mistrust between partners, and high staff stress and turnover.

The FAM program was designed to use an iterative process of continuous learning to allow for program adjustments and adaptations throughout the pilot. It is our hope, therefore, that the many strengths and challenges highlighted here, as well as the recommendations that arose from them, will be used to strengthen the FAM program model, and ultimately improve outcomes for youth and caregivers in San Francisco and across the state of California.