

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

Evaluation Progress Report 1  
May 2021

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## INTRODUCTION

This report summarizes evaluation findings from the pre-enrollment phase of the Family and Me (FAM) pilot 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, who are currently in the child welfare or probation systems. The pre-enrollment evaluation consists of in-depth qualitative interviews with 16 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 the pre-enrollment period of July 2020 – February 2021. The findings from this evaluation will be used to make programmatic improvements and inform future program directions.

## COMMERCIAL SEXUAL EXPLOITATION OF YOUTH IN SAN FRANCISCO

The San Francisco Bay Area has some of the highest rates of commercial sexual exploitation of children (CSEC) in the country and is designated by the FBI as one of the top 13 high intensity child exploitation areas in the United States.<sup>1</sup> Many children and youth experiencing commercial sexual exploitation have

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<sup>1</sup> U.S. Dept of Justice. “Federal Bureau of Investigation’s Efforts to Combat Crimes against Children, Audit Report 09-08, Ch. 4.” 2009. <https://oig.justice.gov/reports/FBI/a0908/chapter4.htm>.

a history of involvement in the child welfare system.<sup>2 3 4</sup> Among youth who have experienced commercial sexual exploitation, some estimates indicate that up to 98% were involved in the child welfare system in some manner<sup>5</sup> and up to 75% have a history of foster care placement.<sup>6</sup> The experiences that children and youth have in the child welfare system may continue to exacerbate prior trauma. Removal from a home or frequent changes in foster care placement can cause disruptions in school attendance, supportive services, and social and peer connections.<sup>7</sup> Traumatic experiences in foster care can create a sense of constant instability for youth, which may lead them to leave their placement without permission. These dynamics increase young people's vulnerability to commercial sexual exploitation.<sup>8</sup>

Survivors of CSE have often experienced complex trauma related to extreme and repeated physical, sexual, psychological, and emotional abuse while they were exploited. These abuses frequently have significant negative impacts on their physical and mental health, emotional and behavioral wellbeing, school performance and placement stability. In addition, many CSE survivors have often repeatedly experienced homelessness, left placements without permission, and/or been involved with the juvenile justice system.<sup>9 10</sup>

One of the greatest challenges to effectively preventing and responding to the commercial sexual exploitation of youth is the dearth of safe and supportive housing options available to meet survivors' needs. According to a recent report drawing on 2017 data from 22 agencies serving trafficking survivors in San Francisco, housing and shelter were among the top service gaps reported for youth ages 10–17, and the most commonly reported service gap for transitional age youth between the ages of 18–24.<sup>11</sup> Key barriers to housing include a lack of available beds; a lack of specialized support services at shelters and short-term residential care or group homes; restrictive policies that prohibit youth from returning to shelters and out-of-home placements after leaving without permission<sup>12</sup>; a lack of resource parents who are willing to care for older youth; and a lack of resource parents who have the knowledge, training, and skills to support youth who have experienced complex trauma such as CSE. Access to safe and stable

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<sup>2</sup> Walker, Kate and Fiza Quraishi. "From Abused and Neglected to Abused and Exploited: The Intersection Between the Child Welfare System and Child Sex Trafficking." National Center for Youth Law, Thorn Digital Defenders, 2014.

<sup>3</sup> Gragg, Frances, Ian Petta, Haidee Bernstein, Karla Eisen, and Liz Quinn. "New York Prevalence Study of Commercially Sexually Exploited Children: Final Report." Rensselaer, NY: New York State Office of Children and Family Services, 2007.

<sup>4</sup> Polaris. "Child Trafficking and the Child Welfare System." 2014. <https://polarisproject.org/wp-content/uploads/2019/09/Child-Welfare-Fact-Sheet.pdf>.

<sup>5</sup> Ibid.

<sup>6</sup> Gragg, Frances, Ian Petta, Haidee Bernstein, Karla Eisen, and Liz Quinn. "New York Prevalence Study of Commercially Sexually Exploited Children: Final Report." Rensselaer, NY: New York State Office of Children and Family Services, 2007.

<sup>7</sup> Hannan, Madeline, Kathryn Martin, Kimberly Caceres, and Nina Aledort. "Children at Risk: Foster Care and Human Trafficking." In *Human Trafficking Is a Public Health Issue*, ed. by Makini Chisolm-Straker and Hanni Stoklosa (Cham: Springer International Publishing AG, 2017), 105-21.

<sup>8</sup> Ibid.

<sup>9</sup> Hyatt, Shahera, Kathryn Spuur, and Maia Sciupac. "Sexual Exploitation and Homeless Youth in California: What Policymakers Need to Know." 2012. 18-19. <http://cahomelessyouth.library.ca.gov/docs/pdf/sexualexploitedhomelessyouthissuebrief.pdf>.

<sup>10</sup> Lizak, Jessie. "Examining Safety Net. Understanding the Need for a Child Sex Trafficking Database and Interagency Collaboration." Alameda County DA's Office, 2015, 52.

<sup>11</sup> San Francisco Mayor's Task Force on Anti-Human Trafficking. "Human Trafficking in San Francisco: 2017 Data." 2019.

<sup>12</sup> Dierkhising, Carly B. and Kate Walker Brown. "Commercially Sexually Exploited Girls and Young Women Involved in Child Welfare and Juvenile Justice in LA County: An Exploration and Evaluation of Placement Experiences and Services Received," 2018, 9-10.

housing is not only essential to the process of healing and recovery for survivors, but also to reducing vulnerability to future exploitation.

## INTERVENTIONS TO PREVENT AND RESPOND TO COMMERCIAL SEXUAL EXPLOITATION OF YOUTH

Prior to beginning the FAM program, the Health and Human Rights Program at the UC Berkeley Human Rights Center (HRC) conducted a comprehensive literature review to understand what interventions had been implemented to prevent and respond to CSE among children and youth and the effectiveness of these interventions. Overall, the review found that research on interventions addressing CSE was extremely limited as was data on their effectiveness.

HRC researchers identified 30 articles on interventions addressing CSE of children and youth, which represented a wide range of intervention approaches. Many interventions used multiple overlapping strategies. Types of interventions could be categorized into four major thematic areas: 1) shelter and housing placement; 2) case management and bundled services; 3) mentoring, counseling, and teaching; and 4) collaboration, support, and training for service providers. Of the 30 articles identified, 15 utilized a quasi-experimental evaluation design—although only 7 used a control or comparison group, and the remaining 15 were non-experimental, including 2 systematic reviews, 1 systematic review of reviews, and 12 observational studies. Further, there were far fewer articles found addressing challenges and barriers faced by caregivers supporting children and youth affected by CSEC. Only 3 articles were identified and all address studies that took place outside of the U.S.

Given the limited data on interventions addressing CSE among children and youth, the effectiveness of interventions, and challenges for caregivers of this population, the UC Berkeley Human Rights Center chose to conduct an in-depth quasi-experimental evaluation of the FAM program. The FAM evaluation will contribute to building a foundation of evidence-based practice to inform efforts to prevent and respond to CSE among children and youth.

## 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 UC Berkeley Human Rights Center, Freedom Forward, Family Builders, Huckleberry Youth Programs, 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 to support the needs of youth at risk of or impacted by CSE and their caregivers. These services will include family-based placement, case management and transition support, individual and family therapy, support from a secondary caregiver, 24-hour crisis support, and permanency services aimed at strengthening the development of organic relationships with supportive adults for youth. Youth participants will also have access to FAM support services while out of the home if they leave their placement and will be allowed to return to their same placement after periods of absence without permission, which is different from traditional foster care. Caregivers in the FAM program will receive specialized training addressing trauma and CSE, access to peer support groups of other FAM caregivers,

support and mentoring from secondary caregivers who have also received this training, family therapy, 24-hour crisis support, and additional compensation.

**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> </ul>

The FAM pilot program is one component of the San Francisco Safety, Opportunity, Lifelong relationships (SF SOL) collaborative led by the San Francisco Department on the Status of Women. 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, commercial sexual exploitation and trafficking in San Francisco.

## FAM PRE-ENROLLMENT ACTIVITIES

FAM pre-enrollment activities took place between July 2020 and February 2021. Many activities were necessary during this initial phase for preparation before youth and caregivers were able to enroll in the FAM program. These activities included establishing and developing the collaborative of organizations supporting the FAM program, outreach and engagement with youth, and recruitment and training of caregivers, among others. The pre-enrollment period was prolonged by delays related to the COVID-19 pandemic and the associated restrictions, which limited in-person activities during this period.

### *Collaborative Establishment*

The FAM program brings together a wide array of programs and services to support the needs of youth experiencing or at risk of CSE. Providing a range of services requires the collaboration of numerous organizations with different areas of expertise. Many of the activities during the pre-enrollment phase focused on establishing a foundation for the operation of this collaborative of organizations, including clarifying roles and responsibilities, developing workflows, establishing communication and coordination mechanisms, drafting an MOU for the collaborative, and finalizing work plans and contracts.

## *Youth Identification and Engagement*

The process of identification of and engagement with youth in FAM's target population requires a substantial amount of time to build trust and establish relationships before youth are ready to enroll in the FAM program and begin the permanency process with Family Builders. The first step in youth engagement is identifying youth who are eligible for the FAM program. Eligibility criteria for FAM includes:

1. Minors under 17.5. Youth may voluntarily remain in FAM after turning 18.
2. Identified as having a Clear CSE Concern score on the CSE-IT assessment tool<sup>13</sup> or other documented clear concern of CSE such as through calls into HSA's child protection hotline.
3. Either child welfare- or probation-supervised foster youth with an out of home placement order

Youth are identified by Protective Social Workers at the San Francisco Human Services Agency (HSA) and Probation Officers at the Juvenile Probation Department and subsequently referred to the Huckleberry Advocacy and Response Team (HART) at Huckleberry Youth Programs (Huckleberry) for intake. The Navigator at Huckleberry conducts the initial intake process. 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. The Permanency Worker at Family Builders offers youth therapy provided by WestCoast Children's Clinic within 30 days.

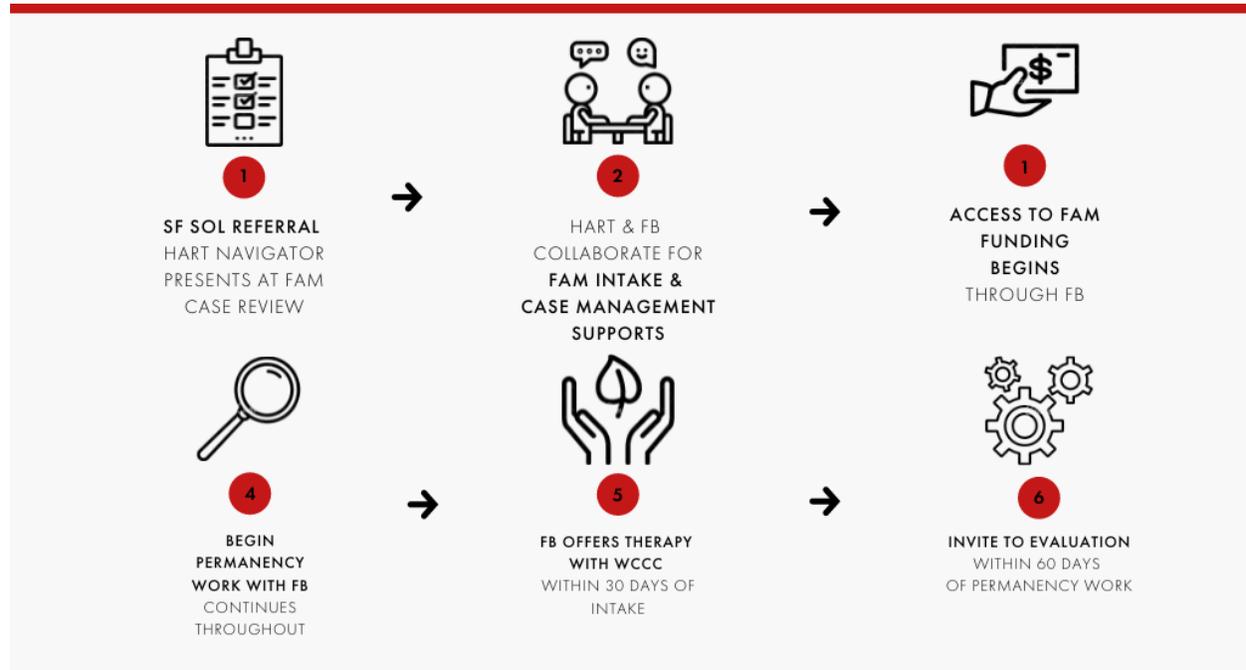
The permanency process includes extensive research to identify relatives or other pre-existing organic relationships with support adults in youth's lives and build these relationships to create a more extensive support system for youth. Once engaged in permanency services, youth will also have access to discretionary funding for extra-curricular activities and relationship development, such as visits and outings. When the Permanency Worker has established regular engagement with youth and believes the youth is relatively stable and ready to engage with the research team, the Permanency Worker will inform youth about the opportunity to participate in the evaluation and if the youth is interested, refer them to the research team to be invited to participate in the FAM evaluation. Through their engagement in permanency services, youth may identify a relative or other supportive adult who can serve as a primary caregiver and begin the resource family approval (RFA) process with Family Builders which includes the FAM caregiver training. If a youth does not have a caregiver available within their existing networks, or needs a placement while waiting for a potential permanency resource family to be approved, they will be matched with a FAM home with a primary community caregiver, as available. In addition, a secondary caregiver who will be available to provide additional support can be identified through either permanency services or community recruitment.

During this evaluation period ending in February 2021, seven youth were identified and referred to the FAM program and were in various stages of engagement, crisis response, and case management. However, no youth had started regular engagement with Family Builders' permanency worker to receive permanency services.

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<sup>13</sup> WestCoast Children's Clinic. "Commercial Sexual Exploitation Tool (CSE-It) – Version 2.0." Commercial Sexual Exploitation Identification Tool: User Training, 25-26.

Figure 1: FAM Youth Enrollment Process



### Caregiver Recruitment and Training

Freedom Forward and Family Builders, in collaboration with FAM partners, adapted the caregiver training curriculum from the Citrus Helping Adolescents Negatively impacted by Commercial Exploitation (CHANCE) Program in Miami Florida<sup>14</sup> to develop its FAM caregiver training. The FAM caregiver training is tailored to meet the needs of caregivers supporting youth who have experienced or are at risk of commercial sexual exploitation. It addresses the issue of commercial sexual exploitation, trauma-informed caregiving, healthy relationships, and strategies for engaging with and supporting youth who have experienced CSE.

Outreach to recruit community caregivers took place during the pre-enrollment phase, including working with a consultant to design program branding, and using word of mouth, presentations to local groups and organizations, partnering with a recruiting consultant to build a prospective caregiver facing website and manage paid Facebook advertising, and an extensive social media campaign Interested caregivers signed up to become a FAM caregiver via the Join FAM website.<sup>15</sup> After caregivers sign up, a member of Family Builders contacts them, holds an initial screening call, and then registers them to attend a FAM program orientation.

Primary and secondary caregivers will undergo an extensive Resource Family Approval (RFA) process before participation in the FAM program. After attending the initial FAM program orientation, individuals who would like to move forward will submit a full application, undergo a background check, and a thorough interview with the Permanency Worker at Family Builders. Those who pass these steps

<sup>14</sup> Citrus Health Network, Inc. "CHANCE Program." 2017. <http://www.citrushealth.org/CHANCE>.

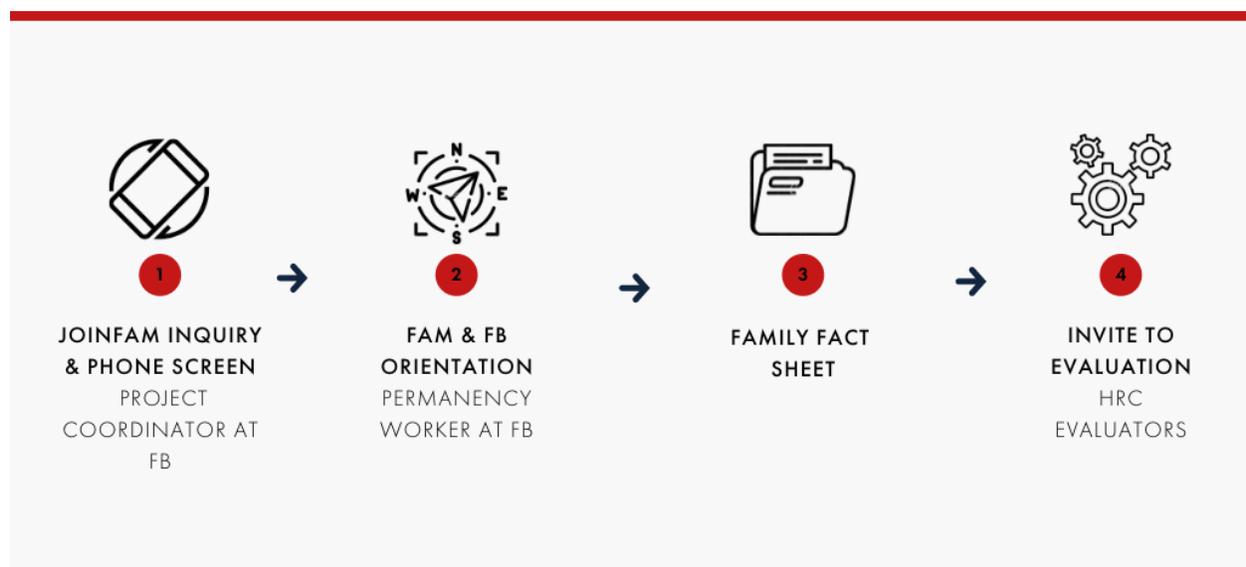
<sup>15</sup> Caregivers can find information about FAM and sign up to be a FAM caregiver on the Join FAM website: <https://joinfam.org/join-fam/>

will then attend a series of trainings—including 27 hours of pre-service training, followed by 13 hours of specialized FAM Training addressing trauma and CSE—before becoming an approved FAM caregiver.

Caregivers are first informed about the opportunity to participate in the FAM evaluation during orientation. After a caregiver completes the background check and screening interview and registers for pre-service training, a member of the evaluation team will reach out to them to invite them to participate in the evaluation.

By the end of February of 2021, Family Builders had received 139 inquiries, completed 35 screening calls, and provided orientation to six potential caregivers. However, no caregivers had started training and engagement in the RFA process.

Figure 2: FAM Caregiver Enrollment Process



### *Delays Related to COVID-19*

The period of pre-enrollment was prolonged due to the COVID-19 pandemic. As a result of COVID-19 and the associated restrictions, program implementation was delayed as providers identified ways to adapt their services to be delivered virtually rather than in person. This created numerous challenges and delays in outreach and engagement with caregivers and youth. FAM partners also assume that COVID-19 impacted caregivers' willingness to sign up for FAM caregiver orientation due to concerns about having a new person in their home and potential exposure to COVID-19.

## FAM EVALUATION RESEARCH DESIGN

This report summarizes the findings of the pre-enrollment evaluation, which is one component of a broader 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 surveys for youth. The FAM evaluation has the following objectives:

1. Understand intervention processes: feasibility and acceptability of pilot and quality of implementation.
2. Assess the extent to which youth and caregivers are provided with the intensity and types of services and support they need.
3. Understand how the intervention influences key outcomes among youth and caregivers over time.

The evaluation approach facilitates adaptive programming. Through regular cycles of data collection and analysis, progress reports will 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. Each phase is uniquely designed to address the evaluation objectives specific to that program phase. This report presents findings from the pre-enrollment phase.

### *Pre-Enrollment Phase*

The pre-enrollment phase evaluation is designed to gain a better understanding of the program strengths, challenges, and lessons learned during the period of July 2020 – February 2021. During this phase, youth and caregivers are not yet enrolled in the program. This program period involves extensive preparation for implementation, including youth recruitment and engagement, caregiver recruitment and training, coordination between partner organizations, clarification of roles and relationships, and other administrative activities. This portion of the evaluation consists of semi-structured qualitative interviews with both direct and indirect service providers involved in the FAM pilot program.

### *Service Provision Phase*

The service provision phase will begin after the start of caregiver and youth enrollment. This phase of the evaluation is designed to gain an in-depth understanding of the experiences of youth and caregivers. This phase also aims to measure changes in youth and caregiver outcomes over time and to continue learning from the experiences of service providers. The evaluation methods for the service provision phase includes four components:

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

## PRE-ENROLLMENT EVALUATION METHODS

This report summarizes the findings of the pre-enrollment evaluation, a process-oriented evaluation which aimed to capture information about FAM program activities between July 2020 and February 2021. The purpose of this qualitative, exploratory study was to gain a better understanding of program

strengths, challenges and barriers to progress, and strategies for improving implementation during the pre-enrollment period.

Within FAM partner agencies, individuals were selected based on their involvement in FAM program implementation and invited to participate in the study. A total of 16 semi-structured interviews were conducted with direct and indirect service providers working with the FAM program between December 2020 and February 2021. Representatives from the following organizations participated in interviews: Department on the Status of Women (DOSW), Freedom Forward, Family Builders, Huckleberry Youth Programs, WestCoast Children's Clinic, and the San Francisco Human Services Agency (HSA). Due to the COVID-19 pandemic and related restrictions, all interviews were held by phone or Zoom. 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.

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.

## PRE-ENROLLMENT EVALUATION FINDINGS

During interviews, participants were asked to reflect on the activities of the entire pre-enrollment period of July 2020 – February 2021. Interview guides included open-ended questions exploring their goals and expectations for FAM, program strengths and achievements to date, implementation challenges and barriers to progress, support needs, and strategies for improving implementation. The following is a summary of research findings from pre-enrollment phase.

### *Program Strengths*

#### **Relationships across FAM partner organizations are strong and there is a high level of commitment.**

Many interviewees explained that FAM collaborative members have strong, respectful relationships with each other which enable them to work through challenges together. For example, interviewees said they can easily pick up the phone and call a colleague at a partner organization to troubleshoot together and resolve any issues as they arise. They also expressed that they can openly solicit input and raise concerns during meetings, and that this kind of open, transparent, and honest communication is encouraged. Some of the FAM partner organizations had strong pre-existing relationships with the San Francisco Human Services Agency, which they reported were beneficial to the project. A few interviewees reported developing new relationships as a result of FAM that have strengthened many areas of their work. They felt that relationships built among partner organizations will continue to have benefits beyond the project period.

Many interviewees also emphasized that all project partners are deeply committed to the mission of the project and to serving this population of youth. They care about seeing youth in safe, supportive, and loving homes and bring this enthusiasm and energy to partner meetings. One interviewee highlighted

that FAM partners have been able to adapt fairly well to the requirements of the pandemic and maintain their commitment during this challenging time.

**FAM partners have gained knowledge, training, and skills to support youth at risk of commercial sexual exploitation.** A number of interviewees highlighted the many training opportunities for partners to improve their knowledge of CSE issues and strategies for working with youth at risk. They noted this as a key strength of the program. They also said that each organization brings their own unique strengths, expertise, and perspectives to the work, which has provided opportunities for partner organizations to learn from each other. For example, some organizations have extensive experience working with youth impacted by CSE, while others entered the partnership with very limited experience.

**There have been significant recent improvements in transparency, communication, and role clarification.** Many interviewees spoke of the improvements in communication, clarification of roles and responsibilities, project workflow, and transparency between FAM partner organizations. Many people interviewed felt that they had effective ways of providing feedback on FAM implementation, primarily through monthly meetings, conversations with their supervisors, or discussions with people at other FAM partner organizations, or through the evaluation process. Some interviewees highlighted that the initiation of monthly case review meetings for service providers during the last two months of this evaluation phase have helped to clarify roles and coordinate youth engagement and service provision. They explained that it has been important for direct service providers to have a space to discuss youth clients without bringing sensitive information to monthly FAM program meetings. A few interviewees highlighted that Freedom Forward has developed clear and in-depth program materials, including excellent graphics and FAM flow sheets to clarify program processes. Finally, one interviewee emphasized that the MOU which had been developed, approved, and signed by all partners is a well-written document that can serve as a model if the program is replicated in other locations in the future.

**Strong caregiver training curriculum and recruitment strategies have been developed.** The FAM caregiver training curriculum, which provides a foundation for understanding the issue of commercial sexual exploitation and how to create a safe, trauma-informed home environment was collaboratively developed and finalized by Freedom Forward, Family Builders, and WestCoast Children's Clinic. Some interviewees felt that the training curriculum is particularly strong. A few interviewees highlighted that the caregiver recruitment strategies had generated a lot of interest from potential caregivers.

**Other partners and organizations are more aware of and knowledgeable about FAM.** A few people said that FAM is gaining familiarity among other agencies making referrals to the program, particularly within the SF Human Services Agency and the Juvenile Probation Department.

In general, FAM providers felt that despite numerous challenges and delays to the start of program implementation, core program components and procedures have been further developed, along with increasing momentum, to make significant progress in caregiver recruitment and training and youth enrollment in the FAM program over the next six months.

### *Challenges and Barriers*

When asked about implementation challenges and barriers to progress, participant responses fell within three broad categories reflecting core components of the pre-enrollment phase: collaboration, coordination, and referral; youth identification and engagement; and caregiver recruitment and training. The following summarizes the key themes or research findings that emerged within each category.

## Collaboration, Coordination, & Referral

### ***Lack of Alignment on the Objectives and Overall Approach***

Many providers said that partner organizations are not aligned on the program objectives and approach. For example, a significant number of interviewees spoke of FAM as a program that should be able to meet the immediate housing needs of youth, with trained community caregivers and placements readily available. However, a few interviewees viewed FAM as a primarily a permanency program focused on a longer-term process of identifying and training family members or other supportive adults already within youth's networks. Some partners pointed to this disconnect as a major barrier causing delays in referrals from other organizations to FAM and to overall program implementation (further explained in the youth identification and engagement section). A few interviewees explained that some staff of FAM partner organizations are confused about the relationships between the broader SF SOL Collaborative and the FAM program, as well as the relationship between the FAM program and the other programs implemented by individual FAM partner organizations. Others mentioned that each partner agency has a different way of approaching their work with youth, and that these ways do not always align.

### ***Confusion Regarding Roles and Responsibilities***

A number of interviewees explained that although some partner organizations had clearly defined roles from the outset of the program, others did not, which resulted in role confusion and uncertainty about the responsibilities of various partners. In particular, providers noted the lack of clarity about which partner organization is responsible for case management at various stages of the program, how long case management is provided, and what case management services entail. A few partners acknowledged that there have been a few discussions to clarify this issue but were concerned that all partners still may not be in agreement. Some interviewees attributed the role confusion in part to the lack of time and resources initially dedicated to building the collaboration. They noted that establishing and aligning on clear roles and responsibilities required more time and coordination across partner organizations than anticipated and accounted for in the original project plan.

### ***Lack of clarity regarding referral protocols, consent procedures, and forms***

Many interviewees reported a variety of challenges with the referral process and generally highlighted the need to clarify and streamline the interagency referral process. Challenges included general confusion among partner organizations about the ways they can receive referrals, uncertainty regarding the main point person for referrals in each organization, and too many different referral pathways and players involved which has made coordinated referrals challenging. One provider expressed that there are too many steps involved in the current referral process which slows down the process and is not very feasible for youth in crisis. This provider felt that referring agencies may be reluctant to make referrals to FAM for these reasons. Another provider explained that the FAM partners should have allocated more time during the preparatory phase to thinking through and developing a more detailed intake and referral process. The absence of a detailed referral protocol has resulted in a lengthy process of trial and error which has delayed program implementation. A few interviewees commented on the need to build trust among FAM partner organizations. Providers need to believe their youth clients can truly benefit from each other's services for them to work together to facilitate referrals to the different components of FAM.

A few providers also emphasized the need to clarify informed consent procedures in order to ensure that youth consent is consistently obtained before referral to any FAM service. In addition, some

providers said that there is confusion among partners about referral forms, including what forms are needed and should be used for referring to different FAM partner organizations. One partner described challenges in receiving required referral forms from protective social workers (PSWs) at HSA because they are very busy managing cases and are often not responsive by email.

#### *Differences in Approaches and Experience with CSE Issues*

Many interviewees explained that different approaches to this work including their perspectives, values, and ways of communicating about key issues have created challenges in collaborative functioning and program implementation. Some providers also noted that FAM partners have very different levels of previous experience and engagement with youth who have experienced CSE and that there is a need for ongoing training of both new and existing FAM staff. In addition, almost half of all interviewees mentioned the high level of staff turnover within the FAM program as a key challenge. Frequent turnover has required significant time to hire and train new staff. Changes in leadership have also impacted group dynamics and overall program implementation.

#### *Extensive Administrative Work and Bureaucratic Hurdles*

A third of interviewees reported that the administrative work required and time spent defining collaborative processes and procedures have been extensive and greater than anticipated. The process of developing the grant infrastructure, for example, developing contracts, MOUs across partner organizations, budget modifications, and the invoicing and reimbursement process have been long and difficult. One interviewee emphasized that the lack of flexibility to submit and obtain approval for budget revisions has made it challenging to accommodate program changes and setbacks. Finally, significant delays in the finalization of contracts, ability to hire staff, approval of budget modifications, and receipt of funding have created challenges and delays in program implementation.

#### *Limited Communication and Coordination*

Some providers mentioned that communication among FAM partners is limited. They said that there is often little communication outside of monthly FAM meetings, and generally highlighted the need for more communications among direct service providers to coordinate service providers for youth referred to FAM. Other issues included communication challenges between partner organizations, such as differences in communications styles and meeting formats that do not allow for enough time or interaction to make progress.

## Youth Identification and Engagement

#### *Difficulty Identifying Eligible Youth through Current Pathways*

Several interviewees said that it has been difficult to identify youth who meet FAM eligibility criteria through current referral pathways, noting various reasons. First, many of the youth who are referred to Huckleberry and enter the intake process (the main point of entry into the program enrollment) are not eligible for FAM. Partner organizations have been receiving many referrals to FAM for youth who are not under the supervision of child welfare or probation or are otherwise ineligible. Second, the number of youth eligible for FAM was inaccurately estimated during the project inception. Partners initially anticipated over 65 eligible youth based on the number of youth who were under the supervision of HSA's Family and Children Services department who had been identified as being at risk of CSE. However, they learned that many of these youth are over age 18 and therefore not eligible for FAM.

Finally, the Helping Young People Elevate (HYPE) Center, a multi-services drop-in center for youth and a component of the broader SF SOL Collaborative, did not physically open as anticipated due to the COVID-19 pandemic. A few participants mentioned that the HYPE Center was intended to be an important place for identifying and referring youth to the FAM program.

A few providers mentioned that there is still some confusion around program eligibility criteria and that it could be more clearly defined. For example, one interviewee mentioned that there was a youth who was not a dependent under the supervision of San Francisco's Human Services Agency but was residing in San Francisco and it was unclear if they were eligible.

#### *Limited Program Knowledge and Familiarity among FAM Partner Organizations*

Some interviewees felt that a lack of knowledge and familiarity with the FAM program among internal FAM partner organizations is inhibiting FAM providers from introducing the program to youth and making referrals. They emphasized that service providers on the front lines needed more information about FAM services so they can inform youth about the support available and the benefits they could receive by participating in FAM. Researchers' interviews with direct service providers within FAM partner organizations underscored this issue. For example, two providers in key program roles from different organizations had very little information about FAM. One provider did not know which organizations were part of FAM, while another said that she never received information about FAM and needed to seek out this information on her own. As a result, they have difficulty talking to youth about FAM and explaining how it is different from traditional foster care, which many youth decline because of previous negative experiences. A few interviewees explained that their limited knowledge of the program during its initial phase resulted in some hesitancy among FAM partners to make referrals and emphasized that it took a significant amount of time to build knowledge and awareness of FAM internally among partner organizations as well as with HSA.

#### *Difficulty Engaging Target Population and Program Alignment with Youth Needs*

Almost half of interviewees highlighted that many of the referrals to FAM received so far are youth who are away from care (also known as absent without official leave or AWOL) living on the street, currently in situations of exploitation, and/or in other high-risk situations. They explained that these are some of the most vulnerable clients and trying to connect with them has been difficult. Youth who are not in a placement may start to engage with providers and then have periods where they are unwilling to meet or are completely out of touch. As one provider mentioned, "I think that's the most difficult part of this job, is to help the youth regulate long enough to actually get benefits and services from this program." Others emphasized that it can take a lot of time to engage youth and gain their trust. The work is time- and resource-intensive and progress can be slow. At the time of this report, no youth were engaged in permanency services with Family Builders' permanency worker to begin participation in the FAM program.

A few interviewees expressed concerns that the FAM model may not be aligned with the needs of the population of youth it was initially intended to serve, and that eligibility may need to be revised to focus on youth who are more "ready" for engagement. Alternatively, one provider explained that there is a lot of work to be done to address a common misconception among people in the field that youth at risk of or experiencing CSE are not fit for a program like FAM that involves living with a family. This is a "slow process of expanding people's horizons" to consider family-based care for these youth.

### *COVID 19 and Remote Work Conditions Create Barriers to Youth Engagement*

Over half of the interviewees spoke of challenges related to COVID-19 and related restrictions, highlighting that remote work conditions have created barriers to youth engagement and delays to program implementation. Some providers discussed the difficulties of engaging youth when they cannot walk into their office or drop-in centers or easily meet with them in person. Many of these youth do not have reliable access to cell phones and generally do not want to participate in Zoom calls with service providers. When working remotely, direct service providers often must try to communicate with youth through other people such as a social worker, a lawyer, or a parent, which presents additional challenges.

### **Caregiver Recruitment and Training**

Data on caregiver recruitment and training challenges was extremely limited. Perhaps because only two FAM partner organizations are involved in the implementation of this component, the majority of participants were unable to speak to specific barriers to caregiver recruitment or breakdowns in the process. However, few key challenges were identified and are outlined below.

#### *Lack of Trained Caregivers and FAM Homes*

During this evaluation phase, no caregivers had started the training and resource family approval process. Several providers interviewed felt that there has been a lack of urgency regarding the recruitment and training of caregivers, and instead, an increased focus on and prioritization of permanency services. In addition, some interviewees were concerned that the permanency approach of identifying a family member, relative or supportive adult already in a young person's network to serve as a caregiver may not be feasible with this population from the start and may not be preferred by the youth. Others emphasized that the most pressing need for youth is housing so the priority of ensuring that caregiver placements are readily available to serve youth is critical. They highlighted the need to prioritize the training and recruitment of community caregivers in order to avoid further delays in program implementation.

In addition, a significant number of interviewees said that providers are reluctant to refer eligible youth to FAM because caregiver homes are not available yet. Placements are one of the most important resources for youth, and without them, it is difficult for organizations to understand the program, promote the program, and make referrals. As one interviewee explained: "It's just like trying to sell, I feel, like an unfinished product in a sense. You're trying to promise how it will look like in the future, but we don't really have this thing quite ready yet, if that makes sense.... [I]f we can say, 'Okay, in three months, we're gonna have this many homes, this many beds available. It has to be clear to them [staff]. Otherwise, they don't know what they are referring the client for, if that makes sense.'" One provider said that she is hesitant to offer the FAM program to youth if the program is not completely ready for them because this could undermine trust.

#### *Lack of Short-term, Less-Structured Placement Alternatives*

Some interviewees suggested the need for an alternative, shorter-term placement option to help youth to become more stable if they are not ready for a structured family home setting. They said often there is a lot of work for providers to do with youth before they will feel ready to discuss permanency services or a home placement. There needs to be a step in between, offering a medium level of structure for youth who find a home setting to be difficult or overwhelming. As one provider explained, "Going from street to placement even if it's with a foster home, is 0 to 60 for these young people. It's very unrealistic

to expect the young person to just land in a structured place with a supportive adult and have that feel good for them or comfortable or even like it's something they want. We need—we need like a 30 miles per hour kind of place.” There is currently a lack of short-term options where youth can stay and engage in housing readiness support services with a case manager before transitioning on to FAM.

### *Lengthy RFA Process for Caregivers*

A few interviewees said that the process of identifying and preparing caregivers to serve youth takes a significant amount of time and that there is a need to expedite this process. It has been challenging to recruit caregivers, especially during the COVID-19 pandemic. In addition, the resource family approval (RFA) process is lengthy and it can take a very long time for caregivers to complete the background checks and extensive training requirements.

### *Financial Barriers to Caregiver Participation*

A few interviewees expressed concerns that despite the increased compensation for FAM caregivers and discretionary funds available to support them, many people still face financial barriers to participation. For example, someone may need a two-bedroom home to become a caregiver but cannot access the funds to move into a bigger home until after they are approved. While there is some flexibility in the FAM program to use discretionary funds to address this and other caregiver needs, one interviewee felt that caregivers still may not want to move into a larger home with higher rent because of concerns that they will not be able to sustain these costs over time, after youth leave their home or the program has ended.

## RECOMMENDATIONS

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

### *Collaboration, Coordination, and Referral*

- 1) **Align on FAM program objectives and approach across partners.** Dedicate time to partnership development, clarifying decision-making processes, aligning on values, developing unified communication strategies, and building project ownership and trust. Discuss and resolve differences in the collective understanding of FAM as a permanency program or a housing placement program; ensure that all program staff understand the relationship between the FAM and the broader SF SOL relationships for staff; and harmonize the programmatic approach of partner organizations to bring FAM together as a unified program rather than as collection of services offered by different agencies. As one provider highlighted, to ensure alignment, all partners should bring flexibility and a willingness to approach this work differently than they have in the past.
- 2) **Clarify the roles and responsibilities of each FAM partner organization key staff members.** Fully define the roles of each partner organization at each step of the FAM program. This is particularly important in regard to case management services. Partners should develop a shared understanding of what case management entails and who is responsible at various stages of the process for youth to prevent gaps in service provision and avoid duplication.

- 3) **Establish clear consent and referral protocols across partners.** Discuss, agree on, and document a detailed referral process, including a referral pathway, main focal points for referrals within each partner organization, and procedures for obtaining informed consent and making interagency referrals including the use of referral forms. Ensure all FAM staff are aware of the internal referral protocol and that external referring agencies understand how to make a referral to the FAM program.
- 4) **Document standard program and ensure ongoing staff training opportunities, materials, guidance, and resources.** Wherever possible, document agreed upon FAM procedures and develop common standard program materials, guidance and resources to ease transitions when there is staff turnover, avoid repeated conversation about issues that have already been resolved, and improve sustainability of the program model. For example, one interviewee recommended that a “FAM 101” orientation guide be developed for onboarding new staff, including FAM background information and roles and responsibilities of each agency to ensure a full understanding of the program. In addition, provide new and existing FAM staff with ongoing training opportunities to build their capacity, knowledge and skills to support youth impacted by CSE. Provide targeted training to staff members who will be completing new tasks for FAM to ensure they have the knowledge and training needed to fulfill their role.
- 5) **Increase communication and collaboration between FAM partners, particularly direct service providers working with FAM youth to improve coordination of care.** Continue to hold monthly case review meetings and consider meeting more frequently if needed. Several providers emphasized that these initial case review meetings have been productive and that this space is essential for effectively coordinating service provision for youth referred to and enrolled in FAM. Develop an ongoing, streamlined way for partners to provide feedback to improve program implementation
- 6) **Consider alternative formats for FAM meetings that allow for more productive work time during meetings.** For example, one provider suggested spending part of FAM monthly team meetings in smaller sub-groups to get more concrete work done. A few others recommended that more frequent meetings among partner organizations should be held outside of the larger monthly team meetings to move the work forward at a faster pace.
- 7) **Streamline administrative, reporting, and financial processes as much as possible to reduce delays in program implementation.** In particular, allow for a more efficient budget revision process to enable partners the flexibility to accommodate emerging program needs and adaptations to the program model.

### *Youth Identification and Engagement*

- 1) **Clarify and consider expanding FAM eligibility criteria.** Revisit FAM eligibility criteria, clarify any confusion or misunderstandings among partners, and refine it as needed. Consider expanding eligibility criteria to increase the number of youth eligible for the program such as increasing the eligible age up to 21 to include other HSA-supervised youth who have experienced or are at risk of CSE. Communicate revised eligibility criteria to all partner organizations to ensure all are on the same page.

- 2) **Consider additional referral sources and pathways into FAM.** Consider opening up additional pathways for referrals into FAM. For example, one interviewee suggested that all FAM referrals may not need to meet with the Navigator at Huckleberry in order to start permanency work with Family Builders. Consider outreach to additional referral sources beyond HSA, such as Short-term Therapeutic Residential Treatment Programs (STRTPs) or other community-based organizations serving eligible youth.
- 3) **Develop common talking points for direct service providers to introduce FAM to youth.** Draft standard talking points for use by frontline service providers to help them to accurately describe the FAM program to youth, including the available services and how the program is different from traditional foster care. Provide these to internal and external FAM partners to facilitate youth outreach and referrals.
- 4) **Provide dedicated time for service provider organizations to further develop youth engagement strategies.** Among FAM partner organizations, dedicate time to troubleshooting youth engagement challenges, exchanging lessons learned, and brainstorming creative engagement strategies and adaptations during the COVID-19 pandemic. Consider holding discussions as separate work sessions or during case review meetings. Some suggestions provided by interviewees for the engagement of FAM-eligible youth included regularly engaging with youth and continuing to offer the option to participate in the FAM program rather than only asking them once at intake, increasing outreach to and collaboration with other organizations serving this population of youth via Zoom, re-allocating project resources to engage youth absent from placement or in other high-risk situations to help them to find safe places to stay and meet other basic needs.
- 5) **Ensure the FAM model is youth-centered, responsive, and aligned with the needs of the population it intends to serve.** Engage in ongoing reflection and gather data and input to ensure that the FAM model is relevant and responsive to the needs of youth impacted by or at risk of CSE. In addition to the program evaluation, provide accessible channels for youth to provide ongoing feedback. Allow for flexibility within the program model to respond to youth's needs as they emerge and to adapt the program model to better meet their needs. To improve alignment with youth needs, interviewees suggested the following: having more initial meetings with youth participants to better understand their needs and goals from the outset; collecting data on any failed FAM placements to learn from youth's perspectives; creating opportunities for youth input and voice in the placement process, such as allowing them to interview caregivers before placement; and placing more emphasis on cultural competence and diversity to ensure that program staff and caregivers receive training in these areas and also reflect youth's identities.

### *Caregiver Recruitment and Training*

- 1) **Prioritize the recruitment and training of caregivers to ensure that placements are available for youth referred to the program.** Focus efforts on identifying, approving, and training and preparing caregivers to build a pool of primary and secondary caregivers as soon as possible. Ensure caregivers are ready and available to care for youth to expedite program implementation and increase trust and willingness to make referrals among internal and external FAM partners.

- 2) **Identify ways to streamline and expedite resource family approval and support caregivers in this process.** Where possible, reduce the length of time needed and streamline steps involved in the resource family approval process to make FAM homes available to referred youth as soon as possible. Provide support to caregivers during this process by assessing what type of support they need to obtain approval and be ready to receive a young person in their home. Reduce financial barriers to caregiver participation. For example, two interviewees stressed the importance of supporting interested caregivers to obtain a two-bedroom apartment in order to meet requirements for approval.
- 3) **Identify a short-term, less-structured placement alternative for youth who may not be ready for a family-based placement.** Ensure that youth awaiting a long-term FAM placement, or youth who are not ready for a family setting, have a place to sleep that offers a medium level of structure with fewer rules and expectations. Ensure that youth are aware of and can access other FAM services and feel supported during this time.

## CONCLUSIONS

The pre-enrollment evaluation highlighted several program strengths while also illuminating numerous challenges and barriers. Identifying these strengths, challenges, and barriers provides an opportunity to think critically about how best to improve implementation.

Findings from the pre-enrollment evaluation emphasized several strengths of the FAM program. There is a high level of commitment among FAM partners and FAM organizations have developed strong relationships that serve as a solid foundation for program implementation. Partner organizations have gained knowledge, training, and skills that help them to better support youth at risk of CSE. And, although there were some initial challenges with communication and role clarification, significant improvements have been made in these areas. A strong caregiver training curriculum has been developed and caregiver recruitment strategies are being implemented. Both internal and external partners are gaining knowledge and awareness about FAM. Despite numerous challenges and delays related to administrative processes and the COVID-19 pandemic, core program components are now in place and FAM has gained momentum to make significant progress in the upcoming months.

Challenges identified in collaboration, coordination, and referral include lack of alignment on objectives and overall program approach, confusion regarding roles and responsibilities, lack of clarity regarding referral protocols and procedures, differences in approaches and experiences, high staff turnover, and extensive administrative hurdles. Numerous solutions were identified to improve communication, coordination of care for youth, streamlining of procedures, and better align FAM program objectives and approach across partners.

The pre-enrollment evaluation also identified numerous challenges with youth identification and engagement including limited knowledge and familiarity with the FAM program among FAM partners, difficulty identifying youth with current pathways, difficulty engaging target youth, and barriers related to COVID-19 and remote work conditions. In order to address these challenges, we recommend that FAM partners consider expanding FAM eligibility criteria, adding referral sources and pathways enrollment, and dedicating time for service providers to exchange and further develop youth engagement strategies.

Caregiver recruitment, training, and establishing FAM placements presented additional challenges. The lack of available FAM placements is a primary barrier to receiving youth referrals and beginning pilot implementation. Other challenges include the lack of less-structured placement alternatives for youth who may not be ready for a home setting, a lengthy RFA process for caregivers, and financial barriers to caregiver participation. Going forward, it is essential to prioritize the recruitment and training of primary community caregivers to ensure that placements are readily available for youth referred to FAM. To facilitate this, it is also important to streamline and expedite resource family approval to the extent possible and support caregivers in the process. Additionally, it would be beneficial to identify a short-term, less-structured placement alternative for youth who may not be ready for a family-based placement to begin engaging in FAM services.

The FAM pre-enrollment evaluation identified several important challenges or barriers to progress and corresponding solutions. The FAM pilot uses an iterative process of continuous learning and making program adjustments and adaptations to strengthen the program model and ultimately improve outcomes for youth and caregivers.