

# FAMILY AND ME (FAM) 2.0: A NEW MODEL OF FOSTER CARE FOR YOUTH IMPACTED BY COMMERCIAL SEXUAL EXPLOITATION IN SAN FRANCISCO

Evaluation Report 1 | September 2023

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## INTRODUCTION

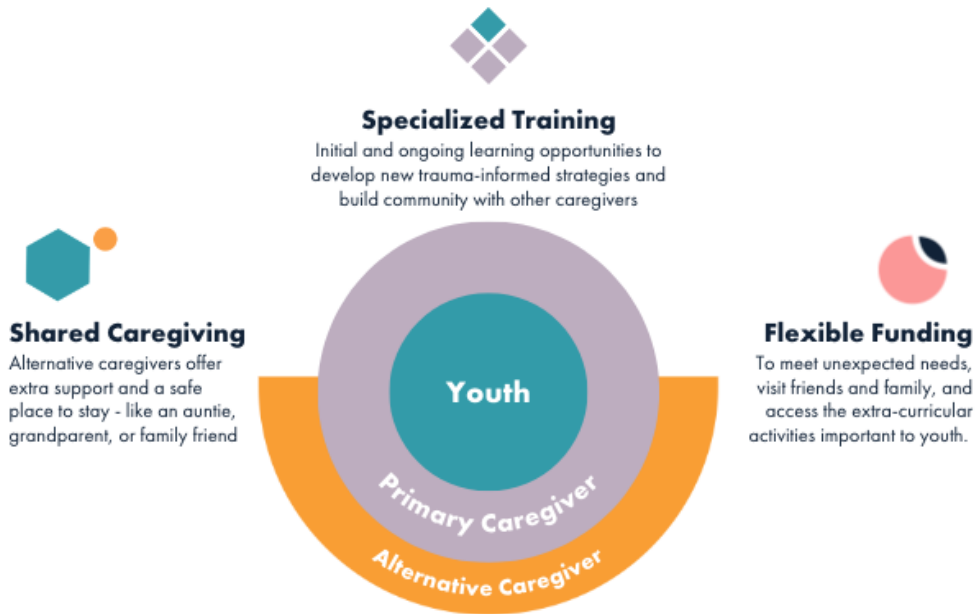
This report summarizes evaluation activities and findings for the Family and Me (FAM) 2.0 pilot during the first evaluation period of January–June 2023. FAM is a family-based foster care model designed to serve youth who have experienced or are at risk of commercial sexual exploitation (CSE) in San Francisco, California, and who are currently involved in the child welfare or probation systems. The findings outlined in this report are based on in-depth qualitative interviews with 12 direct and indirect service providers participating in the FAM pilot. These interviews were conducted to gain a better understanding of FAM’s strengths, challenges, hopes, and goals for the pilot. This report is the first in a series of evaluation reports with the purpose of offering recommendations to adapt and improve FAM 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) 2.0 PILOT: FAMILY-BASED FOSTER CARE FOR YOUTH IMPACTED BY CSE

In 2019, Freedom Forward designed the original FAM model in collaboration with Huckleberry Youth Programs and West Coast Children’s Clinic 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) has partnered with Freedom Forward, the Human Rights Center at the University of California, Berkeley (HRC); WestCoast Children’s Clinic; and other local nonprofit partners to implement and evaluate the new foster care model for youth who have experienced or are at risk of CSE in San Francisco.

From 2019-2022, HRC led an independent, in-depth evaluation of the first iteration of the family-based foster care model (FAM 1.0). Over the evaluation period, our team issued a series of reports with recommendations to adapt and improve the model over time. In particular, the piloting of FAM 1.0 demonstrated a clear need to simplify the model and streamline service delivery. The newly revised model, FAM 2.0, includes only the support services that are unique to FAM and which partners identified as particularly promising: 1) peer support groups and specialized training for caregivers on CSE, harm reduction, and trauma-informed care; 2) an alternative caregiver to create a shared model of caregiving; and 3) access to fast and flexible funding to meet the immediate, diverse needs of this community of youth (see Figure 1).

**FIGURE 1: FAM 2.0 Services for Youth and Caregivers**



It was also determined that FAM 2.0 would be more successful and have broader reach by promoting FAM as a model which could be utilized by any foster family agency (FFA) to support and strengthen foster families who are already caring for CSE-affected youth, rather than attempting to create new placements for CSE-affected youth through one FFA. As such, FAM 2.0 has partnered with Seneca Family of Agencies (Seneca) to pilot this model of add-on services, with the goal of expanding to other FFAs in San Francisco County and beyond as the pilot progresses.

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 six-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.

## OVERVIEW OF KEY PILOT ACTIVITIES: JANUARY–JUNE 2023

### Youth Identification, Engagement, and Enrollment

As the current implementing FFA, Seneca Family of Agencies (Seneca) identifies youth in their care that may be eligible for FAM under the following criteria: They are 1) minors between the ages of 11 - 17 years old, 2) identified as having a “Clear CSE Concern” score on the CSE-IT assessment tool or other documented clear concern of CSE, such as through calls into HSA's child protection hotline, and 3) San Francisco child welfare- or probation-supervised foster youth with an out-of-home placement order. Once eligibility is determined, Seneca works closely with FAM partners to introduce the model to each young person in a way that meets their unique needs and experiences.

During the evaluation period, eight youth were identified as eligible for FAM. Of these, one was enrolled in FAM, one was hospitalized, and six were actively being engaged by their Seneca team to begin working toward FAM enrollment.

While partnering with an FFA that already serves CSE-affected youth has significantly streamlined the youth identification process, the FAM team has experienced some challenges that have slowed enrollment. Barriers to youth enrollment include: the age limit - many youth identified as eligible for FAM are 18 or turning 18 very soon, engaging youth with acute needs, and coordinating schedules with families to introduce them to the model.

### Caregiver Engagement and Enrollment

Once a young person is identified as eligible for FAM, Seneca works closely with FAM partners to introduce the program to the primary caregiver and, if identified, the alternative caregiver. To identify alternative caregivers, Seneca staff work with youth to identify relatives or other supportive adults already in their network who would be willing to serve in a more formal role, go through the alternative caregiver approval process, and attend the FAM training. For youth who prefer otherwise or are unable to identify someone in their existing network, Seneca staff can assign a caregiver from their already approved respite providers to serve as the alternative caregiver.

During the evaluation period, FAM info sessions were held with two families. Of these two families, one primary caregiver officially enrolled in the program, while the other family (one primary caregiver and one alternative caregiver) expressed continued interest.

In line with barriers to youth enrollment, engaging youth with acute needs and coordinating schedules with families have delayed caregiver enrollment. Additional barriers include the length of the caregiver training and establishing an alternative caregiver approval process.

## Modified Alternative Caregiver Approval Process

During the evaluation period, FAM implementing partners, HSA, and CDSS worked closely together to develop more flexible alternative caregiver requirements. The modified alternative caregiver approval process includes: 1) Rather than the total number of hours required for full RFA approval, the requirement for alternative caregiver training has been reduced to the FAM caregiver training and a shortened training plan designed by Seneca; 2) Alternative caregivers are no longer required to have a separate bedroom for a young person. Instead, FAM funding can be used to set up a dedicated space for the youth to stay overnight. The alternative caregiver home is considered a place the youth visits, therefore, it is not held to the same approval standards for physical space; 3) Background check, other criminal clearances, and home inspection are still required.

The hope is that the alternative caregiver who completes this modified approval process will be in an advantageous position to complete all requirements if they end up later wanting to become a primary caregiver. In the meantime, requirements are more flexible to allow relatives and other supportive adults who are already in a youth's life to more quickly step into this role and benefit from the training and support.

## THE FAMILY AND ME (FAM) 2.0 EVALUATION

The Human Rights Center at UC Berkeley (HRC) partnered with SF SOL to conduct an in-depth evaluation of the FAM Program. 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. The goal of the project is to develop an evidence-based, youth-centered intervention model with the potential to be contextualized and replicated in other locations. The FAM evaluation has the following objectives:

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. Understand how contextual factors influence outcomes for youth and caregivers over time
4. Understand how the intervention influences outcomes among youth and caregivers over time

The FAM evaluation uses a quasi-experimental, longitudinal, mixed-methods design, which includes four core components:

1. Semi-structured qualitative interviews with caregivers, youth, and service providers
2. Quantitative surveys with youth
3. Administrative data from the San Francisco Juvenile Probation Department and Human Services Agency
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 are listed in Table 1 below.

**TABLE 1: 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 well-being</li> <li>● Adult and peer relationships</li> <li>● Physical health and safety (including juvenile justice system involvement and experiences of CSE)</li> <li>● School and activities</li> </ul>	<ul style="list-style-type: none"> <li>● Caregiver capacity</li> <li>● Caregiver retention/recruitment</li> <li>● Relationship between youth and caregiver</li> </ul>

## REPORT AIM AND METHODOLOGY

This report summarizes pilot activities and findings from baseline interviews with service providers during the first six months of the FAM 2.0 evaluation (January–June 2023). Nineteen 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 12 direct and indirect service providers agreed to participate, and semi-structured interviews were conducted with them between June–August 2023. Interviewees were asked to reflect on the first six months of FAM 2.0 preparation and launch of the pilot and to discuss program strengths, challenges, goals, and recommendations related to the revised FAM 2.0 model of care, as well as overall coordination, collaboration, and referrals within the collaborative. Representatives from the following organizations participated in interviews: DOSW, Freedom Forward,

Seneca, WestCoast Children’s Clinic, San Francisco Juvenile Probation Department and San Francisco Human Services Agency.

All interviews were held by Zoom or phone due to the continued nature of remote work post-COVID-19 and based on participant preferences. 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. Four 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.

## EVALUATION FINDINGS: BASELINE INTERVIEWS WITH SERVICE PROVIDERS

The following section outlines three main categories of findings: Expectations for FAM 2.0, Goals for FAM 2.0, and Sustainability.

### Expectations for FAM 2.0: Anticipated Benefits, Challenges, & Recommendations

Findings under Expectations for FAM 2.0 are divided by the three main program components: Flexible Funding, Caregiver Training, and Shared Caregiving with Alternative Caregivers, with a fourth section for General Expectations. Each component is further subdivided into Potential Benefits, Anticipated Challenges, and Recommendations for Mitigating Challenges.

#### *Flexible Funding*

##### **POTENTIAL BENEFITS**

##### **Flexible funding is essential and has the most potential for impact**

Almost half of service providers interviewed highlighted the flexible funding for youth and caregivers as the most essential component of the FAM model with the greatest potential for impact. One service provider noted that the current structure and funding streams for foster care offer very little flexibility in paying foster care rates and providing funds for other unmet needs: “I think that the traditional way that foster care and services for foster youth are funded are extremely limiting, and any innovations that we can come up with in terms of flexible funding are a great way to move things forward and solve problems.” Additionally, providers emphasized that making flexible funding available for youth and caregivers has real potential to create change within the child welfare system.

### **Flexible funding will help caregivers to meet youth's basic needs and desires**

A few service providers emphasized the importance of the flexible funding component in enabling primary and alternative caregivers to meet the basic needs of youth. One provider explained that the funding that resource families receive is never enough to meet all of the needs of youth, especially in the Bay Area where the cost of living is high. Another provider shared examples of a potential alternative caregiver, a relative of a youth, who struggled to buy extra food and other items for the youth's visit. As one provider highlighted, meeting basic needs that affect the day-to-day health and stability of a family provides the core foundation for mental health interventions and other evidence-based practices to be successful. The flexible funding component of FAM is an important strategy for addressing these gaps.

### **Flexible funding will create opportunities for relationship-building between youth and caregivers**

One third of interview participants said they felt that the flexible funding component would likely strengthen relationships between youth and primary and alternative caregivers. They explained that the funds can both create opportunities for youth to bond and spend time with their caregivers, and can also be used to remove existing financial barriers to spending time together or to placement in general, particularly for potential alternative caregivers who are already part of youth's networks, such as family or adult friends. For example, one interviewee shared a story about a grandmother who declined to have her grandchildren stay with her overnight because she was ashamed that she did not have the money to wash the sheets before their visit. The provider explained that this barrier could have been "easily relieved by some laundry money."

### **Flexible funds will provide youth and caregivers with more agency and autonomy**

Some service providers shared ways in which the flexible funding component could provide both youth and their caregivers with more agency and autonomy. In this model, young people can express exactly what they need or want and receive the support quickly. One service provider explained that it's important to have resources available to support young people in navigating life because "we're competing with exploiters who often have a lot of money and resources to buy all sorts of things, so we acknowledge the reality that that's who we're competing against." As another provider highlighted, flexible funds have real potential to incentivize youth to participate in FAM. For caregivers, FAM flexible funds can open up a new way of caring for young people and providing them with opportunities they may not otherwise have, such as summer camp, by enabling them to quickly access funds without the red tape. As one interviewee explained: "The ability to have flexible funding to support families in showing up in the ways that they want to but they might be financially incapable of doing is really, really essential. I don't think that you can have an effective model that doesn't have some capacity to do that."

## **ANTICIPATED CHALLENGES**

### **Administering flexible funding may be difficult**

A third of interview participants said that they anticipate challenges related to the administration of the flexible funds. Two participants expressed the need for the funds to be truly flexible in their use in order

for the program model to be implemented as intended, which they hoped would be possible in practice. Others mentioned challenges related to the volume of requests for funding from youth and caregivers, and the potential for unequal distribution. “I anticipate having both ends of the spectrum of challenges. By that, I mean families who are going to be asking for flexible funding to cover every little thing and really—not draining that, but using that a lot, and then also, I expect we're gonna have families who are so used to not asking for any funding and just handling things themselves that we're gonna have to be really offering the funding there.”

### **Flexible funding has the potential to be misused**

Three interviewees expressed concerns about the potential misuse of flexible funds and the need for effective monitoring to ensure that funds are being used as intended. As one service provider explained, “I think we have to absolutely factor in, if we're looking to build 10 FAMs, assume that at least one to two are going to misappropriate and misuse the funds. I think that's just human error and human behavior.” One interviewee said that the funds should be allocated for more specific purposes such as clipper cards or hotel vouchers if they need an alternative safe place to stay. She also raised concerns about caregivers who may go through the FAM training and take advantage of the additional funding without having much contact or engagement with the youth.

## **RECOMMENDATIONS FOR MITIGATING CHALLENGES**

### **Ensure that funds are truly flexible**

One third of interview participants emphasized that the purpose and use of funds must be as flexible as possible throughout the duration of the program in order to meet the variety of support needs of both youth and their caregivers.

### **Clarify the purpose and process for accessing flexible funding**

Three service providers recommended that greater clarity on the flexible funding component be provided to both FAM participants and FAM program staff. One provider suggested that there should be clear agreements in place between the funder and the foster family agency implementing FAM regarding who is eligible for flexible funds, how to pay youth and caregivers, the total amount that can be paid to each participant, and any requirements of participants when receiving these funds. Others felt that FAM participants should be well informed about the flexible funding available and how to access it, and be provided with a list of ideas for using these funds. “Without the proper education and without us preemptively letting them know, ‘These are all the really cool things that you can use this for; this is what it's for,’ and giving them literally like a menu of things that they could use it for, they're not going to tap into it.”

### **Proactively and frequently offer flexible funding to youth and caregivers**

A few interviewees recommended that social workers and other Seneca staff serving FAM youth and caregivers proactively offer the flexible funds on a regular basis and remind them that these funds are available as needs arise. As one provider explained, “I think just continuing to check in weekly, continuing to ask. I think it's also a fine line of not assuming the caregiver needs financial support,



because that can kind of be, like, offensive, I would say. I just like lightly reminding them that the fund is available whenever they need to.”

## *Caregiver Training*

### **POTENTIAL BENEFITS**

#### **Accessible, high quality, harm reduction-focused caregiver training is essential**

The caregiver training component of the model was raised as a valuable resource for caregiver support by several service providers. This service is meant to increase caregivers’ awareness of CSE among youth and ensure that they feel well-equipped to best serve the needs of youth at risk of CSE. Three service providers pointed to the harm reduction approach as a key feature of the training. As one described, harm reduction teaches caregivers to better partner with young people around their safety rather than impose safety decisions on young people. Two service providers commended the quality of the training. One referred to it as a specialized, intensive, evidence-based training and another underscored the training’s up-to-date information on best practices.

### **ANTICIPATED CHALLENGES**

#### **Caregivers may not have capacity for intensive trainings**

Almost half of service providers voiced that they anticipated a challenge in the number of caregivers who would have the capacity to complete the informational session, training, and join consult groups. Four interviewees noted that the length of the training would be particularly burdensome. As one shared, “16 hours of anything is a long commitment. We're talking about resource parents who are already strapped for time, already strapped for resources.” Similarly, others added that caregivers are doing their best to balance many commitments, including jobs and access to resources.

### **RECOMMENDATIONS FOR MITIGATING CHALLENGES**

#### **Ensure content is accessible and engaging**

Many service providers agreed that to increase participation, caregiver training should be accessible and engaging. To ensure this, they offered a number of suggestions. Two providers emphasized the importance of maintaining training schedules that are flexible enough to accommodate different participants across time and location, for example, by offering makeup opportunities for caregivers who have to miss sessions. Another provider recommended collecting positive feedback from caregivers who attend the training and using it in promotional efforts to encourage other caregivers to participate. Finally, one provider suggested moving away from content heavy trainings, which can be less engaging for some caregivers: “Caregivers need to feel that the material is applicable to their own experiences.”

#### **Provide adequate compensation to encourage participation**

A few other service providers emphasized the importance of adequate support to encourage caregivers to participate in the training and ensure the family’s needs are met while they do. For example, some suggested gift cards to cover lunch or dinner for each family so that cooking time can be spent on training. Likewise, caregivers with childcare needs could be offered financial support to cover babysitting.

## *Shared Caregiving with Alternative Caregivers*

### **POTENTIAL BENEFITS**

#### **The alternative caregiver role is an opportunity to strengthen youths' natural supports**

Half of service providers emphasized the role of alternative caregivers as a means of strengthening relationships with youth's natural supports. Multiple service providers felt that connecting youth to trusted adults who are already in their lives will more often create a better connection than with a stranger. One provider reported that FAM's shared caregiving model provides a framework for this relationship-building.

Another service provider detailed the ways in which FAM's financial support for alternative caregivers presents a unique opportunity to repair the relationship between the child welfare system and families. They described a cycle that occurs with higher needs youth – they were challenging children to raise, so child welfare takes them over and disempowers families by telling them they can't care for them properly, only to return to the families and ask for their support again because they are too challenging for the system to care for alone. The service provider went on to explain, we ask “deeply under-resourced families that have experienced generations of poverty and oppression,” to rise up and meet our standards and training required to take on a child when they have “no extra bandwidth of time and capacity and we do nothing to support them”. Funding for the alternative caregiver role prioritizes and places value on natural relationships, offering tangible support to relatives who care for the child but cannot take them on as an immediate placement.

#### **FAM ensures flexibility around alternative caregiver approval**

As detailed above, during the first six months of the project, FAM partners worked collaboratively to develop a modified alternative caregiver approval process that would meet the requirements of CDSS and HSA while also providing a faster, more accessible pathway for relatives and other supportive adults to step into the role of alternative caregiver and benefit from FAM training and support. As one service provider reported, as the pilot has gone through changes and challenges, “the collaborative is learning that there needs to be more flexibility around that requirement.” Though there reportedly continues to be some hesitation from HSA around this modified process, interviewees expressed a sense of unity to align on the approval process and move things forward. One service provider summarized this as “just let us try” when explaining the advocacy work that went into asking HSA to modify the alternative caregiver approval process. Another stated that everyone is now on the same page about trying out alternative caregivers.

#### **Alternative caregivers offer youth autonomy in choosing their safe space**

As part of setting up a FAM, Seneca staff work with youth to identify their preferred alternative caregivers. Three partners felt that it's important for youth to choose the person for this role, and to encourage them to identify someone who they trust. One service provider shared an example of the conversations they have with youth on their caseload, “Where else do you feel safe? Is there an auntie, an uncle, or someone who you trust?” Another reflected on their lived experience in the foster care system, underscoring the importance of the alternative caregiver role, “This is someone that the young

person has self-identified and said, ‘I have an existing relationship. I trust this person.’” Another service provider reported, “Who they trust is who we go to,” and shared that conversations about potential alternative caregivers also probe youth to more generally think about trusting adults in their lives who they’d like to maintain relationships with long-term.

### **Alternative caregivers are committed to being in a youth’s life**

Two service providers emphasized that under the FAM model, the choice to be an alternative caregiver demonstrates an adult’s commitment to a young person. Both interviewees underscored the significant amount of work that goes into the alternative caregiver approval process. As one provider stated, “It’s a commitment on the caregiver’s behalf to say, ‘I will open up my home. I will do all the training. I will do all the work that’s necessary for this young person to feel loved and to thrive.’” Another described how this labor is perceived by youth, saying that it “just gives such a feeling of safety and security and might open the kid’s eyes. Like, ‘There is someone who does generally care about me, and I do have somewhere to go.’”

## **ANTICIPATED CHALLENGES**

### **Caregivers may have disparate values and parenting styles**

Some service providers expressed concerns around maintaining a consistent caregiving environment and approach amongst primary and alternative caregivers. They compared the FAM shared caregiving model to co-parenting and the difficulties that inevitably arise in managing expectations and disparate values. As with any other family, they stressed that day-to-day conflicts may arise. For example, one caregiver might be okay with video games or McDonald’s while the other is not. One provider worried, “Does someone become the good guy or bad guy?” Another underscored that there are different definitions of what support feels like, and that not every primary caregiver will see an alternative caregiver as supportive. They feared that formalized FAM roles and interactions may add unnecessary strain to relationships between primary and alternative caregivers.

### **Recruitment and approval of alternative caregivers may prove challenging**

Several service providers expressed concerns that the recruitment and approval processes for alternative caregivers will be challenging. As one provider reported, recruiting caregivers is always difficult, but recruiting for older youth is especially challenging because older foster youth have been separated from their family of origin and natural connections for a longer period of time. The provider went on to explain that it is this long history of systemic failure to meet a young person’s needs that becomes the starting point for caregiver recruitment. Another feared that while having a modified approval process may help move things along, it will not completely solve the problem of the lack of caregivers available to fill that role. Another felt that identifying alternative caregivers will not be the problem, but rather that it will be difficult to get youth’s natural supports through the approval process because FAM is approaching them with a list of requirements to fulfill, rather than community members reaching out to FAM to join the program on their own accord. Similarly, two providers expressed concern that HSA is not fully on board with the modified approval process which could lead to increased liability concerns or a change in HSA requirements in the future.

## **RECOMMENDATIONS FOR MITIGATING CHALLENGES**

### **Ensure flexible, responsive support for caregivers**

Service providers emphasized the need for FAM to support families throughout each step of the caregiver approval process. One service provider stressed the importance of beginning to work with families when a caregiver has only partially fulfilled their RFA requirements to ensure that relationship building between a youth and that trusted adult is not delayed by the lengthy approval process timeline. Another interviewee outlined how their organization intends to support families with step-by-step guidance to walk them through the approval process.

### **Support effective caregiver relationships**

FAM partners underscored the importance of proactive communication between the primary caregiver and alternative caregiver. One service provider recommended that FAM put protocols in place early on to deal with conflicts between primary and alternative caregivers when they arise. Another provider underscored the importance of aligning on expectations, rules, and values at the very beginning of the shared caregiving relationship to reduce the potential for conflict and frustrations down the line.

## *General Expectations*

### **POTENTIAL BENEFITS**

#### **The FAM 2.0 model is flexible, adaptable, and meets youth and caregivers where they are**

Service Providers reported two primary benefits of the FAM model. The first, addressed by two service providers, is that the FAM model empowers adults to step up for youth just as they are without requiring youth to change in order to receive vital care and support. As one provider stated, “Rather than asking a young person to change or do something different, we are actually providing caregivers with the necessary training on how to lovingly receive and support these youth, and I think that’s critical.” The second primary benefit, reported by three providers, is that the FAM 2.0 model allows for increased adaptability and flexibility while staying true to the mission of the original model. One felt this was evident in the increased flexibility around how and when youth can start receiving FAM services. Another added simply that, “People are more willing to get creative,” which they felt allowed them to “do something different rather than give up” on youth who didn’t fit more rigid criteria.

Additional benefits to the model outlined by a few providers include: that the model is focused on unique value-added services rather than duplicating existing services; that the model empowers caregivers as a means of strengthening and creating placements for youth.

#### **The FAM 2.0 collaborative is stronger than ever**

Half of service providers reported feeling that the FAM 2.0 collaborative is stronger than ever. In particular, two providers felt that partners are more engaged, better aligned, and more cohesive than in the past. As one said, “This collaboration and the partnership that we have, it’s a lot different than the last iteration of the contract, and I think it’s making such a huge difference... in terms of ensuring

families get enrolled.” Another added, “I think we’ve been able to talk pretty plainly about challenges, and that is valuable for continuing to address challenges as they arise and resolve them.”

### **Seneca is an effective FFA partner for FAM 2.0**

A third of service providers reported confidence in Seneca Family of Agencies as an FFA partner for FAM 2.0, calling the partnership “hopeful,” “promising”, and “a game changer”. Providers pointed to what they felt was Seneca’s “very good track record”, calling them a “trusted force in the field”. Though early in the partnership, providers highlighted specific strengths Seneca is already displaying. Two pointed to Seneca’s ability to leverage their existing professional relationships with youth for FAM rather than having to introduce youth to new staff which can lead to overwhelm, confusion, and lack of trust. Two providers also pointed to Seneca’s deep experience with recruitment, which they are using to identify and engage primary and alternative caregivers for youth. As one provider stated, “I’ve been really impressed with their ability to initiate the topic, talk about the role, and get people on board to at least just come and learn some more.” Finally, one provider highlighted the competence and “breadth of knowledge” across Seneca’s staff on working with youth who have experienced CSE.

## **ANTICIPATED CHALLENGES**

### **Partnership and collaboration present ongoing challenges**

A third of service providers reported anticipating challenges related to partnership and collaboration in the administration and implementation of FAM 2.0. Chief among these was the concern that the large number of partners involved meant there would inevitably be differences of opinion, difficulty coming to consensus, and lack of clarity around “who is holding which piece”. As one provider stated, “I think that there’s a necessity for something like this to have a lot of partners involved, [but] we’re getting in our own way and tripping over ourselves, whether that has to do with struggling to have a common understanding of something based on coming from different perspectives or confusion about who is driving decisions.”

### **Many still lack an understanding and awareness of the FAM 2.0 model**

A full one-third of service providers interviewed shared confusion around the FAM model and its core components. One direct service provider stated that while the info session they attended had been helpful for outlining goals and general objectives of the program, they were still unclear about what FAM services would look like once a family is fully enrolled. There was also confusion around the individual components of FAM. One provider was unclear who flexible funding was available to, and whether it was limited to FAM or was also available to the wider SF SOL collaborative. Another was unsure about what an alternative caregiver was. Yet another said they did not understand how caregivers were supported through the FAM process - how they learned about caregiver support groups, what happened after they finished the training, FAM’s goals for caregiver support groups, and how the enrollment process worked. Finally, one provider reported that they did not understand how FAM’s training differed from West Coast Children’s Clinics’ advanced CSEC training for caregivers and felt that all the training resources were generally confusing to caregivers. “When we try to describe these

different resources to our families or just partner agencies to promote these trainings, we have to be more clear... on what we are actually making available to them and how to access them.”

## **RECOMMENDATIONS FOR MITIGATING CHALLENGES**

### **Expand eligibility to support more CSE youth**

Three service providers felt that FAM eligibility should be expanded to reach more youth and families. One provider recommended expanding the program to include any youth involved in the child welfare system in the State of California that meet certain criteria of need. Another provider encouraged FAM to increase focus and eligibility to include justice-involved youth, which they felt could be achieved by bringing on Alternative Family Services (AFS) as a partner, given that AFS currently houses justice-involved youth in San Francisco.

### **Maintain flexibility and adaptability**

Almost half of service providers emphasized the importance of maintaining flexibility and adaptability both within the FAM model itself and in implementation of the model. One provider felt that maintaining the simplicity of the model as it stands is critical for ensuring flexible implementation. “It’s a lot of variables, so I think keeping the FAM model simple serves that better.” Four providers emphasized the need for FAM to “get really creative,” and be “flexible, creative, and innovative,” in implementing the model in order to meet the unique needs and challenges of each youth, family, and alternative caregiver. As one interviewee stated, “The unexpected will continue to come up.” Two providers offered insights into how this could be done, for example, through smaller support groups for certain caregivers with very specific needs or working directly with individual caregivers to accommodate scheduling needs. A third emphasized the need to become comfortable with trying new things. “If we want to truly see a shift... we have to be willing to make bold decisions that might be jarring for folks [who are] looking at it through a policy lens or through a licensing lens.”

### **Define and expand collaborative structure**

Three service providers shared recommendations related to the structure of the SF SOL collaborative. The first recommendation, made by one service provider, was to ensure roles and responsibilities within the collaborative are clearly defined. They suggested developing flow charts and documents that lay out the various components of the project, clarify who holds what piece, and show how they interact with each other to ensure there is minimal confusion. The second recommendation, made by one service provider, was to expand the collaborative to include behavioral health and substance use services for youth. “I think a really common co-occurring problem is substance use, and I think...substance use treatment for people in adolescence and early adulthood can be extremely effective at that age than at a later age, but it’s very expensive. I think it’s an investment the State might want to think about just in terms of an ancillary treatment that’s necessary for kids in this population that is very challenging to find and to pay for.” Finally, one service provider recommended designating a FAM case manager at each FFA so that families have a main point person to guide them through FAM enrollment and services rather than relying on existing case managers who are not very familiar with FAM to serve as middle people.

### **Improve collaborative communication**

The need for clear and effective communication was emphasized by many service providers. As one provider stated, “I think, across the board, we’ve just got to keep communicating and keep asking questions and keep wondering.” In particular, providers highlighted the need to communicate frequently, maintain transparency between partners, and operate from a place of understanding that all partners have the same goal of “trying to serve youth” so that they can “collectively innovate”. One provider underscored the importance of maintaining space in FAM meetings for Seneca to share how implementation is going “so that we can be learning, what is this looking like in real implementation, and what pieces can we further define so that it’s clearer, [or] what pieces can we be more flexible on so that it’s not limiting or creating a barrier?” Likewise, another provider from HSA emphasized the importance of direct communication between FAM and HSA. The provider recommended using presentations at staff meetings and one-on-one conversations to engage caseworkers working on CSEC cases to help them understand what FAM has to offer that’s different from the services they already access and how FAM can partner with them to support youth.

Providers also stressed that effective action was inherent to effective communication. One provider emphasized the need for FAM to stay responsive to feedback. Another encouraged the collaborative to use each other’s time wisely “to really problem solve and not just talk about philosophies and things like that.” They felt it was important to focus on things that were actively happening at the moment rather than focusing on frustrations and potential barriers. Finally, two providers explained that partners, and leadership in particular, should approach all communication with humility and trust the experts at the table. As one stated, leadership styles can either be “tailwinds” or “headwinds”; tailwinds leadership recognizes expertise, listens deeply, and engages with curiosity and an open mind, while headwinds leadership is arrogant, defensive, dismissive of expertise in the room, does not center curiosity, and rejects feedback. They encouraged FAM leadership to “come with humility over understanding that they are grappling with what is essentially an unsolvable problem,” while still being “dedicated to getting further than anybody else has gotten to solving it through collective knowledge and learning.”

### **Frame sensitive topics mindfully**

A few service providers shared recommendations regarding discussing FAM and FAM eligibility with youth and caregivers. They highlighted that caregivers and youth are often averse to the term CSEC and resistant to labeling. One provider noted that caregivers often have a “very minimal” understanding of CSE. “It’s a very scary term for caregivers... you jump to a lot of conclusions when you hear that phrase.” Likewise, another provider expressed concern with shaming and labeling youth. Two providers recommended avoiding labeling youth as victims of commercial sexual exploitation altogether, and focusing instead on discussing “risks that foster youth are facing in the Bay Area and how they are, through no fault of their own, vulnerable to exploitation,” as well as what can be done immediately to support them.

## Goals for FAM 2.0

In interviews, which took place following the first six months of FAM 2.0 development and implementation, 12 direct and indirect service providers were asked to lay out both short-term (the next six-month period running from July–December 2023) and long-term (the next 1-2 years) goals for the pilot.

### *Short-Term Goals: The Next Six Months (July–December 2023)*

**Training families, enrolling youth, and beginning data collection:** Over the next six months of the pilot, a quarter of service providers stated that their primary objective is to support families through successful enrollment. One provider hoped to support the needs of FAM caregivers as they work towards completing training requirements. Two providers stated simply that they want to see at least one youth fully enrolled in FAM, with an alternative caregiver identified. Two service providers expressed hope that data collection will begin in the next six months so that FAM can start building an evidence base to support the model.

### *Long-Term Goals: The Next One-Two Years (2023-2025)*

**Increasing enrollment and promoting expansion:** Increasing enrollment is the primary long-term goal for service providers. Half of providers reported that they want to see increased numbers of youth enrolled in FAM. Beyond expansion within FAM’s current scope, five providers would like to see FAM being offered in other counties. Service providers underscored that there are youth outside of San Francisco County that meet FAM criteria who would love to be involved with the program.

**Generating data and building an evidence base:** Building evidence to understand if FAM is positively impacting youth outcomes is another long-term goal outlined by nearly half of service providers. Four providers reported being particularly interested in learning whether FAM will positively impact placement stability. As one stated, “I think the overarching goal is to show that this model has a positive impact on placement stability in particular, both through the numerical data in terms of fewer [instances of] running away. If they do run away, running away for shorter time.” A fifth provider agreed that placement stability is the first outcome to be reached, but hopes that youth who continue to engage in FAM long-term will also, “increase service engagement,” for example, by “attending school regularly, attending therapy regularly, participating in substance use treatment regularly, if that's what's needed, and having young people report increased feelings of accomplishment, stability, connectedness, belonging, [and] support.”

Service providers also expressed wanting to understand FAM’s impact on youth outcomes in order to expand and replicate FAM. As one service provider reported, “We're kind of testing now this alternative caregiver model, and if it's something that can be recommended to be implemented in a larger scale. I hope that by year two, we can have enough families having tested, gone through the program, and provide enough insight for us to draw some kind of conclusion on whether this model is scalable or worth expanding or not.” Likewise, a third of providers shared their hope that the evidence built from



the evaluation will encourage the state of California to adopt FAM. Two providers hoped that this would ensure that FAM could be accessed by any youth in California. As one stated, “What young person wouldn't benefit from having a wider circle of support and folks with more specialized training to whatever their particular needs are?”

### *Overall Goals*

**Nurturing relationships:** One service provider expressed hope that FAM will lead youth to feel an increased sense of belonging and cohesion with supportive adults, either by reducing barriers to youth visits with family members or through the flexible funding, which can both provide unique opportunities for youth and caregivers to engage and reduce the financial stress on the families supporting them. They hoped that this would lead to a reduction in CSE because youth will be able to find love, family, connection, and funding outside of exploitative situations.

**Increasing shared resources:** A few service providers aim to see FAM support increased resource sharing. To achieve this goal, one provider suggested FAM create a list of resources, especially financial resources, that can be shared with caregivers. Another provider recommended offering resources and support to caregivers who are searching for housing. A third provider envisioned FAM developing a website to compile all the CSE-related trainings that exist so that birth, systems-involved, and resource families can all access education on best practices at no cost. They stressed that promoting CSE education for all families could help to get “further upstream” in preventing youth from entering the system.

## Sustainability of FAM 2.0

### **Sustainability Challenges**

Several service providers expressed concerns about how to sustain funding when the project ends to continue to implement and expand FAM beyond the pilot phase. They explained that FAM requires additional staffing support and that funding for this support will need to be built into budgets for counties and FFAs implementing FAM. Some interviewees expressed that the FAM model is relatively expensive to implement. In particular, they emphasized that sustaining funding to compensate alternative caregivers and provide flexible funding are significant challenges and will require the identification of a new funding source. As two service providers underlined, finding a way to incentivize “natural supports”, or existing relationships with relatives and other supportive adults, is critical, but FFAs do not currently have the capacity to provide this.

One provider explained that sustaining FAM will be challenging in a context where CSEC funding at the county level is minimal: “To be honest, the CSEC funding for each county is actually quite little. If the pilot goes away, there's no CSEC money within the county that we can tap into for sustainability. We'll have to look at other pockets of money, I guess, and not exactly sure what that might be at the moment.” Another provider explained that the amount of funding needed to support youth impacted by CSE is significant, as good programming is expensive, and not nearly enough funding is allocated to

serving this community of youth in general: “I'm happy that they [the state] have identified and set aside funding for complex care needs for youth. And it's not nearly enough money to pay for the level of care that would really make a difference for kids in these situations. It's extremely expensive.”

### **Sustainability Planning and Strategies**

Almost half of interviewees reported that plans had not yet been made to sustain FAM beyond the pilot stage. Several providers said that they are very interested in engaging in more concrete planning discussions about how to sustain FAM; however, a few noted that they felt it was a bit too early in the process to plan for sustainability and wanted to better understand if the pilot model is working well and how it may need to be refined first. “I think it's a little early to have those conversations. I think, as we move through and we find out what works and what doesn't work, then we'll be better able to engage in some continuous quality improvement, find what we want to sustain, and then figure out how to pay for that – potentially, how to connect it with other ongoing projects, other ongoing programs that we're working on.”

Some service providers reported that alternative funding sources are needed given the limited government funding available. Two interviewees mentioned that private funding, such as from family foundations or other foundations, should be explored as a primary strategy to continue FAM implementation during this challenging fiscal time. Others suggested integrating the FAM model into other programs or structures, such as the children's crisis continuum that was recently funded and addresses the needs of broader, overlapping populations.

Several interviewees emphasized the need to advocate for and engage with the state around adopting FAM as a model of care with dedicated funding. Some FAM partners said that they wanted further guidance and clarity from the state, the entity currently funding the FAM pilot, about their plans to sustain and expand FAM, especially if there are promising results early in pilot implementation. As one provider shared, “I think we will really need the state to tell us one way or the other what the potential future could be so that we can align our sustainability efforts on that path.” Another provider highlighted the importance of working with legislative champions at the state level who can push for sustained funding for FAM, particularly during the next state budget cycle. Others said that leveraging the evaluation findings will aid in advocacy and sustainability efforts.

## Key Takeaways and Recommendations

In this initial report, service providers shared their expectations for each primary component of FAM 2.0 and the model overall. They discussed a number of benefits, potential challenges, and recommendations for mitigating those challenges, which were explored in detail above. The following key takeaways and recommendations are based on these research findings and incorporate many of the relevant strategies and suggestions for improving pilot implementation offered by the providers interviewed.

- 1. Clarify the process for accessing flexible funding, ensure funds are truly flexible in their use, and proactively offer funds to youth and caregivers as needs arise.** The flexible funding component may have the greatest potential for impact by: 1) meeting youth's basic needs and desires, 2) strengthening relationships between youth and caregivers, 3) providing youth and caregivers with more agency and autonomy, 4) reducing youth's reliance on exploiters, and 5) incentivizing youth to join and continue to participate in FAM. However, administering flexible funding may prove difficult for a number of reasons, including the potential for a large volume of requests, unequal distribution between families, and misuse of funds by youth or caregivers. Some service providers expressed confusion about the purpose and process for accessing flexible funds. To ensure this FAM component reaches its full potential for impact, guidance on the use of flexible funding should be more clearly articulated to direct-line staff and families. FAM partners should ensure that the funds remain flexible to meet the diverse needs of youth and caregivers and proactively offer funds to youth and caregivers to ensure equitable distribution of funds.
- 2. Offer guidance, support, and flexibility to alternative caregivers in the approval process and support effective relationships between primary and alternative caregivers from the start.** Shared caregiving presents a unique opportunity to strengthen youth's relationships with their natural supports – those adult friends or relatives who already care for the youth, but are unable to serve as primary caregivers. Youth benefit from this model because they 1) are engaged in choosing their alternative caregiver, 2) have the security of another committed adult in their lives, and 3) have a more formalized relationship with an adult they may already rely on. Likewise, financially compensating alternative caregivers helps to prioritize youth's natural relationships and offer them tangible support and training. While the modified approvals process aims to make it faster and easier for adults in youth's lives to step into this role, it may still be difficult to identify, recruit, and approve alternative caregivers for some youth. Additionally, having multiple caregivers may lead to conflict due to disparate values, expectations, and parenting styles. FAM staff should provide step-by-step guidance to walk alternative caregivers through the approvals process, maintain flexible requirements, and support effective caregiver relationships, for example, by creating protocols for dealing with caregiver conflicts and managing expectations early on in the relationship.
- 3. Provide training to caregivers that is engaging, available in flexible formats, and offers holistic support to ensure it is accessible to all families.** FAM's high-quality, harm reduction-focused

training is an invaluable resource for caregivers, but it may be burdensome for families who are already strapped for time and resources. In order to make the training more accessible, consider the following: 1) Ensure content is clear and engaging (e.g. not overly heavy), 2) Maintain flexible training schedules (e.g. time, location, format), 3) Provide make-up opportunities for missed sessions, and 4) Provide financial compensation and support for family meals, childcare, and other potential family needs during caregiver absence.

4. **Implement the FAM 2.0 model with flexibility, adaptability, and creativity to ensure that FAM addresses the unique needs and circumstances of each youth and caregiver.** Flexibility, while staying true to the mission of the original model, is crucial, particularly during this iterative pilot phase of testing and refining the model of care. This may include engaging and offering FAM components to youth in other settings, such as to youth in short-term residential therapeutic programs (STRTPs) or justice-involved youth; expanding the collaborative to include substance use services for youth; expanding the pilot to FFAs in other counties; and using creative strategies to engage and support youth's relatives and other supportive adults to step into the role of alternative caregiver and benefit from FAM training and support.
5. **Ensure communication within the collaborative is clear, frequent, and effective.** The FAM 2.0 collaborative is very strong, with partners who are engaged, aligned, and cohesive. However, there is some concern that because of the large number of partners involved, there will inevitably be differences in approaches, difficulty reaching consensus, and a lack of clarity around roles and responsibilities. Some service providers also expressed confusion about the FAM model and its various components. To increase cohesion, partners should maintain clear, direct, open, and frequent communication. Ongoing efforts should be made to ensure that existing and newly hired direct service providers, including case managers, support counselors, and trainers at FAM partner organizations are well-informed about FAM and can communicate about the program and support available to participants. Leadership should center curiosity, deep listening, and humility – trusting and building on the expertise of collaborative members.
6. **Engage in more planning discussions, fundraising, and advocacy efforts now to sustain FAM beyond the pilot period.** Several service providers expressed concerns about how to sustain funding for FAM beyond the pilot phase when the project ends. They reported that funding to support youth impacted by CSE at the county level is currently limited and the model, as with similar programs, is relatively expensive to implement. In particular, sustainable funding sources are needed to maintain the flexible funding component, the stipend paid to alternative caregivers, and the additional staffing required for implementation. SF SOL collaborative members and CDSS should engage in sustainability discussions and planning early in the pilot to ensure that a plan is in place to continue the implementation of the FAM model or those components found to be promising or effective based on evaluation findings. Strategies for sustainability may include: partnering with and seeking clarity from the state on their current plans for sustaining FAM beyond the pilot; advocating for state adoption of FAM as a model of care with dedicated funding; garnering private funding, such as from family or other

foundations; and/or integrating the FAM model into other funded programs or structures that serve overlapping populations.

## Conclusion

The first progress report of the FAM 2.0 pilot identifies service providers' many expectations for the pilot, including benefits, potential challenges, and recommendations for mitigating these challenges. It also offers a glimpse into providers' short-term, long-term, and overall goals for the program, as well as insights on sustainability of the model six months into implementation. Overall, it is clear that providers have increased confidence in the design of the model to serve and support youth and their caregivers in innovative ways, while ensuring minimal duplication of existing services. Additionally, providers express increased confidence in partners to implement meaningfully, communicate effectively, and engage collaboratively towards improved outcomes for CSE youth. These strengths will serve FAM 2.0 well as it navigates the inevitable challenges arising from multi-partner initiatives seeking to support youth with complex needs in new and innovative ways.

Our many thanks to all the service providers who contributed to this report, as well as to those who were integral to the design and implementation of the FAM 2.0 model. It is our hope that the learnings they have shared here will be useful in strengthening the FAM 2.0 pilot, and ultimately, in ensuring that more of California's youth have safe, loving, and supportive places to call home.