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

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INTRODUCTION

This report summarizes evaluation findings from September 2021–February 2022 during the service provision phase of Family and Me (FAM), a family-based foster care pilot designed to serve youth who have experienced or are at risk of commercial sexual exploitation (CSE) in San Francisco, California, and who are currently involved in the child welfare or probation systems. The findings are primarily based on in-depth qualitative interviews with 12 direct and indirect service providers participating in the FAM pilot. The goal of these interviews was to gain a better understanding of FAM's strengths, challenges, and lessons learned during this evaluation period. Additional findings from caregiver training surveys are also included. This report is the third in a series of evaluation reports with the goal 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 build a foundation of evidence-based practice.

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

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

Table 1: FAM Services for Youth and Caregivers

FAM Youth Services	FAM Caregiver Services
• Permanency support to develop and strengthen organic relationships with biological family members, extended family, or other supportive adults • Intensive case management and transition support • Placement in a home setting • Individual and family therapy • In-home case management • Support of a secondary caregiver outside of the primary placement who can offer a safe place to stay when needed • 24-hour crisis support seven days per week • Access to support while out of home and the ability to return at any time • Access to discretionary funding for extracurricular activities and activities to facilitate relationship development	• Specialized training on trauma and CSE • Peer support groups with other caregivers • In-home case management • Family therapy • Support from a secondary caregiver who is available to provide mentoring and respite when needed • 24-hour crisis support seven days per week • Additional compensation • Access to discretionary funding for items to accommodate youth in their homes, interruptions in income if youth leave home for more than 2 weeks, and any other emergency or unpredicted costs

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

THE FAMILY AND ME (FAM) EVALUATION

The Human Rights Center at UC Berkeley (HRC) partnered with SF SOL to conduct an in-depth evaluation of FAM. 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 FAM 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 FAM evaluation objectives are as follows:

1. Explore youth and caregiver experiences with various FAM services
2. Understand the feasibility and acceptability of FAM by youth, caregivers, and service providers
3. Assess the extent to which youth and caregivers are provided with the intensity and types of services and support they need[1]

The FAM evaluation uses a quasi-experimental, longitudinal, mixed-methods design, which includes in-depth interviews with youth, caregivers, and service providers, as well as surveys with youth and caregivers. Due to

[1] A fourth objective, to "understand the influence of FAM participation on key outcomes for youth and caregivers over time," was removed from the updated objectives in September 2021 when it became apparent that, due to unavoidable circumstances, there would not be enough youth or caregivers enrolled in the study in time to meaningfully measure changes to outcomes over time.

slow caregiver and youth enrollment, most of the FAM evaluation data collected so far have been through service provider interviews.[2]

REPORT AIM AND METHODOLOGY

This report summarizes findings from the period of September 1, 2021–February 28, 2022. This evaluation period is one part of the broader FAM evaluation. The findings in this report are primarily based on in-depth qualitative interviews with 12 direct and indirect service providers participating in the FAM pilot. Additional findings from pre- and post-caregiver training surveys are also summarized in this report.

Service Provider Interviews: For service provider interviews, individuals were selected from within FAM partner agencies based on their involvement in FAM implementation and invited to participate in the study. A total of 12 semi-structured interviews were conducted with direct and indirect service providers in March 2022. Interviewees were asked to reflect on the period of September 2021–February 2022 and to discuss the pilot's strengths, challenges, lessons learned, and recommendations related to youth and caregiver identification and engagement, as well as overall coordination, collaboration, and referrals within the collaborative. In addition, interviewees were asked about their experience with the youth and caregiver advisory boards, the Service Coordination Team, FAM tools, and other changes that have occurred during this evaluation cycle. Representatives from the following organizations participated in interviews: DOSW, Freedom Forward, Family Builders, Huckleberry, WestCoast Children's Clinic, and the San Francisco Human Services Agency. Due to the COVID-19 pandemic and related restrictions, all interviews were held by Zoom or phone. Written informed consent was obtained from all interview participants.

Caregiver Pre- and Post-Training Surveys: All caregivers who participate in the FAM caregiver training are asked to complete a pre- and post-training survey. These surveys assess changes in knowledge, attitudes, and behaviors following the FAM caregiver training. On these surveys, caregivers are asked to rate their own levels of understanding or preparedness in different topic areas. Scenario-based questions and statement agreement questions also serve to assess changes in attitudes and beliefs related to CSE. A total of six caregivers participated in the FAM caregiver training during this evaluation cycle, three of which completed both pre- and post-training surveys; however, just two consented to having these surveys shared with evaluators. Preliminary findings from both surveys are included in this report.

OVERVIEW OF KEY PILOT ACTIVITIES: SEPTEMBER 2021–FEBRUARY 2022

Youth Identification and Engagement

During this evaluation period, FAM service providers continued to work together to improve youth referrals and engagement. A notable example of this was the February Youth UX meeting, which brought together all service providers who directly engage with youth to better understand the current youth referral and engagement process and to better establish how partners are working together to help youth access FAM

[2] For more information on the FAM evaluation methodology, including outcomes of interest, see pages 2-4 of the Family and Me (FAM) Evaluation Report 2, published in November 2021.

services. Service Coordination Team (SCT) meetings have also continued and integrated learnings from the Youth UX meetings, ensuring that youth referrals are not dropped at any point in the process. In order to increase referrals, FAM partners have undertaken more outreach efforts to other agencies, such as San Francisco's Human Services Agency (HSA), to help service providers better understand the services FAM has to offer. For example, FAM staff have held presentations for social workers at HSA to help them understand FAM eligibility criteria and services available to youth who have experienced or are at risk of CSE.

Youth and caregiver advisory boards, who provide feedback on FAM through their lived experience, met twice each during the evaluation period. These meetings focused on deepening familiarization with FAM partner organizations, such as Family Builders and DOSW, and increasing outreach about FAM in the Bay Area with FAMbassadors.

Overall, between September 2021–February 2022, Family Builders reported four new youth referrals. This makes a total of 12 youth who have been referred to FAM since the beginning of the pilot. Of those 12, seven are no longer active FAM cases: two chose not to pursue FAM placements, one is no longer eligible for FAM, one is in psychiatric care, one has moved to transitional housing, one was reunited with a parent, and another was reunited with a family member out of state. Of the remaining five youth referrals, three are away from placement, one is awaiting a FAM placement, and one is in placement in another county and waiting to be ported over into FAM.

Caregiver Recruitment, Engagement, and Training

FAM continued to conduct caregiver outreach and engagement over the evaluation period. Outreach was generally conducted through word of mouth, presentations to local groups and organizations, a website for prospective caregivers, paid Facebook advertising, an extensive social media campaign, and a public service announcement (PSA) created by the Caregiver Recruitment Workgroup, which aired on KTVU/Fox on February 23rd, as well as being shared on social media and email listservs.

During the September 2021–February 2022 evaluation cycle, 16 caregivers signed up at JoinFAM.org, 13 of whom were approved to register for and attend a FAM orientation. Of those 13, seven potential caregivers attended an orientation, after which four decided to continue with the process. During the evaluation period, there were 6 caregivers engaged in the RFA process: one completed the process, two were nearing completion, one was preparing to undergo the livescan process, and two stalled due to family emergencies. No caregivers had received placements as of February 2022. Additionally, during the evaluation period, caregiver monthly groups reached enough sign-ups to begin in the coming weeks. WestCoast Children's Clinic will schedule the first group session as soon as possible.

Staff have been promoting the FAM caregiver training not only to potential FAM caregivers, but also to any caregivers supporting youth who have experienced or are at risk of CSE. One caregiver training was conducted during this evaluation period, in December 2021. A total of six potential caregivers attended that session, two of whom agreed to share pre- and post- surveys for analysis in this report.

Changes to the Pilot Since Last Evaluation (September 2021 – February 2022)

The following changes were implemented in the FAM pilot during the evaluation period. Many of these were based on recommendations made in the second evaluation report.

Youth Identification and Engagement

- As COVID restrictions have lightened, the FAM Permanency Social Worker has been on-site at the HYPE Center to meet with youth and refer them directly to FAM services.
- FAM eligibility criteria was expanded to include referrals for expecting and/or parenting youth.
- Discretionary fund eligibility was expanded so that SF SOL providers from across the collaborative may now access FAM discretionary funds to provide support to youth.

Caregiver Recruitment, Engagement, and Training

- The FAM caregiver training was updated and streamlined, and language was simplified throughout the training to provide a better experience for caregivers.
- A public service announcement (PSA) was created and released on social media and on media channels as well as the joinFAM.org website in order to give prospective caregivers a better understanding of CSE and FAM.
- The orientation process was streamlined for interested caregivers and now allows for more flexible engagement. The form on JoinFAM.org was updated so potential caregivers can now choose between a 1:1 call with Family Builders staff or attending a group orientation.

Collaboration, Coordination, and Referral

- Several meetings were streamlined, including the dissolution of the FAM steering committee and integration of their action items into SF SOL steering committee meetings.
- FAM has been collecting demographic and basic RFA and permanency data to track each placement. Meanwhile, DOSW has been building out a larger dashboard where all service providers will enter their data, allowing the pilot to track and document youth outcomes and experiences between providers, each with their unique data system.

EVALUATION FINDINGS

What follows are findings taken from service provider interviews and caregiver training pre- and post-survey results over the third evaluation period, September 2021–February 2022. Findings are primarily taken from service provider interviews, except where explicitly noted, and are divided into *Pilot Strengths and Successes* or *Pilot Challenges and Barriers* under three topic areas: 1) Youth Identification and Engagement; 2) Caregiver Recruitment, Engagement, and Training; and 3) Collaboration, Coordination, and Referral.

Youth Identification and Engagement

Pilot Strengths and Successes

Since the last evaluation period, there have been some significant improvements in youth identification and engagement. In particular, interviewees highlighted improved communication and information sharing between service providers, more direct outreach efforts with youth, and improved outreach and awareness-raising to outside referring agencies. Following, in more detail, are the strengths and successes in youth identification and engagement noted during this evaluation period, as discussed in service provider interviews.

Communication and information sharing between service providers has improved referral processes

Nearly half of the service providers felt that better communication and information sharing had helped to streamline the youth referral process. As mentioned in the last report, the Service Coordination Team (SCT) continues to be highly effective to this end. A couple interviewees also mentioned that the February Youth UX meeting has improved the understanding of the referral process among all direct service providers. Additionally, a few service providers discussed the ways in which up-to-date information sharing between service providers has improved. One interviewee shared that there had been a recent pivot towards increased documentation. For example, Family Builders has been documenting referrals and placing them in an internal shared drive so that data can be referenced by other Family Builders' staff whenever needed. Another interviewee felt that the increased use of the SF SOL dashboard, which shows the dates for intakes and referrals, has enabled a deeper look into where delays may be occurring in the referral process. A couple of service providers also discussed Huckleberry's recent efforts to increase accountability by gathering more information about current referrals through the SCT and sharing the number of referrals they have been receiving every week. They felt these changes had directly helped with efforts to increase referrals.

Materials and strategies for direct youth outreach have improved

A couple of service providers discussed FAM's relentless efforts to get youth referrals and develop "creative ways to open doors for youth." One provider highlighted new materials created by the FAM Director, including a brochure which could be used to discuss FAM with eligible youth. The two-page brochure defines FAM's goals, explains what sets FAM apart, and lists the services youth would have access to by joining FAM. Another provider discussed how having the FAM Permanency Social Worker on-site at Freedom Forward's newly opened HYPE Center had helped to increase direct engagement with youth who have experienced or are at risk of CSE and refer them directly to FAM.[3]

[3] After multiple delays due to the COVID-19 pandemic, the HYPE Center celebrated its grand opening in October 2021.

Outreach and awareness-raising efforts to outside referring agencies have increased

A few service providers discussed increased outreach and awareness-raising efforts among outside referring agencies. A couple service providers reported that, over the evaluation period, FAM had been attending HSA meetings in order to increase FAM's visibility and enhance social workers' knowledge about FAM services. A couple interviewees also shared that FAM has been giving presentations at HSA meetings to review how social workers discuss FAM with youth. One HSA employee shared that a FAM training held in the Teen Unit at HSA had provided a valuable opportunity for them to learn about FAM qualifications and services, and that they found it useful to know that they could refer youth to FAM for either permanency or community placements. They shared that after attending the FAM training, they were able to recognize that FAM was the perfect fit for their client who already had a family member willing to help support them, provided they had the proper training and resources. "In this case, the pieces just matched," they said. This service provider also reported that the Girls Court overseeing the case of a youth who had experienced CSE was aware of FAM and eager for the youth to be referred.

Pilot Challenges and Barriers

In spite of the FAM's strengths and successes during the evaluation period, youth referrals and engagement continued to be slow throughout. Expanded eligibility criteria do not appear to have led to an increase in referrals, and service providers struggled to engage youth who are away from placement. There is ongoing confusion with external service providers about what FAM provides to youth and why they would refer youth to FAM over other programs, especially when there is an immediate housing need. Some service providers interviewed were worried about whether the pilot design is meeting the needs of this population. Below are some of the current barriers to youth identification and enrollment shared by service providers.

Expanded eligibility criteria has not changed the number of referrals

FAM eligibility criteria was expanded before the second evaluation period to include non-minor dependents over the age of 18. Unfortunately, nearly half of interviewees felt this expansion had not yet led to an increase in referrals, though there are a couple youth who have turned 18 since being referred and the expansion has meant that FAM continues to be available to them. One service provider mentioned that this may be because social workers have not been informed of the expansion. Another provider believed it is because youth over the age of 18 do not want to live in a family-based setting and would rather be independent. "They've been out of placement for years, in part because they don't wanna live with people," they said.

It is challenging to engage youth who are away from placement

More than half of all service providers interviewed mentioned that youth who have been referred to FAM are now away from placement and are difficult to contact and stabilize. One interviewee stated that youth who are away from placement still need supportive services, but that staff cannot reach out to them to offer FAM services. Another added, "I think just realistically engaging youth who are not in placement is hard, and also it takes time, and it takes time we don't have." A couple service providers felt that engagement is even more difficult for youth who are away from placement and still actively involved in "the life," because it is challenging for these youth to adjust to living in a home setting. They noted that those youth may not be willing to engage with FAM services. As one said,

To pluck someone out of that environment and put them in a home setting where there's going to be rules and structures…it doesn't really add up…. There's no gray area…. The gray area would be them getting the healing they need through all their trauma, all the therapy that they need before they can step down and be in a home setting.

Social workers do not want to disrupt steady placements in order to refer youth to FAM

One service provider mentioned that since California's Continuum of Care Reform, there has been a push toward family-based housing for foster youth. This means that more youth are in family placements rather than STRTPs or other temporary housing, as was originally expected at the beginning of this project. For those youth who are currently placed, social workers at HSA do not want to disrupt placements in order to refer youth into FAM. One service provider noted that San Francisco "has a list of 60-something youth in placement that are at risk of exploitation," but said that most of those youth are already placed and not referred to FAM. because they are already placed, they are not being referred to FAM.

Communication challenges between service providers makes referrals difficult

A few service providers felt that the number of organizations involved and the lack of communication between them had decreased the number of referrals. One interviewee felt that the many organizations involved in implementing FAM caused confusion among service providers that might refer youth. A couple other service providers felt that failure to better collaborate and communicate with HSA had led to fewer referrals. One felt that there was "not a significant enough relationship with HSA" established at the beginning of the project, while another felt they had not adequately articulated to HSA who FAM was for. This continues once youth are referred: one service provider felt that communication between providers is inconsistent, and that there is a lack of responsiveness. They highlighted the importance of maintaining a unified front for youth and acting on referrals in a timely manner. "With the youth we work with, we need to be very responsive in terms of time and how much time goes by before reaching out. The things that push people away are the social workers being unresponsive. We need a responsive system."

Outside organizations do not refer youth because they do not understand FAM

A few service providers felt that the lack of referrals had been because HSA and other organizations do not understand the unique value of FAM services or who they should be referring. One service provider pointed out that HSA has been working with FAM partners for years and has gotten used to the services and referral processes for those organizations. One social worker specifically mentioned that although HART is a part of FAM, social workers are less familiar with FAM and do not see how it is any different from HART's services. They added, "If you have something really valuable you can offer, I think people want it. If people are not seeing the value in the product or service, it doesn't matter how many times you tell them to try [FAM]; if they're not seeing the results, then they're not inclined to try it again."

Service providers are hesitant to refer to FAM when there is an immediate placement need and no available placements

As it exists right now, FAM is not an emergency placement model. One service provider mentioned that the original design of SF SOL included an STRTP and drop-in shelter, but because of the COVID-19 pandemic and other constraints, neither were created. However, a few interviewees noted that youth in this population often need a place to stay immediately. One felt that because FAM cannot provide immediate housing, there

has been a decrease in buy-in. Another interviewee felt that referral agencies may need more education about permanency placements, which take multiple months and consistent engagement to develop, but have the potential to create lasting homes for youth. Another service provider, however, mentioned that permanency services often do not meet the youths' short-term needs. They added,

> *I've got youth calling me up Friday and being like, 'I have nowhere to go. I've been in three different places. I don't know what to do'… [Youth] don't have anywhere to stay tonight and tomorrow and the next day. It's really hard to say six months from now is where we're gonna focus our attention because we don't have anything.*

One service provider felt that there had not been any referrals to FAM to date because FAM did not have caregivers ready for youth. They called this a "catch-22," because in many cases there needs to be a referral to begin the process of identifying a permanency placement, but referrals are not happening because there are not any caregivers. They further mentioned that the pilot had hoped to have a list of community caregivers that youth could be placed with immediately, but that that had simply not happened.

FAM services have not been meeting the needs of this population

A couple service providers felt the FAM pilot design does not meet the needs of youth who have experienced or are at risk of CSE. They noted that the pilot is not serving most of the youth who have been referred, and that there has not been a trickle down of FAM youth being connected to the larger set of services. They pointed out that youth who have experienced CSE have very different needs depending on their lived experience, so it can be difficult to create one service offering that fits all those needs. One interviewee mentioned that FAM has suffered from trying to find youth that fit the pilot, rather than designing the pilot to fit the needs of youth. They said,

> *What does it mean to be real about the reality of someone's life? Not how we think about their lives as providers, not like, do they fit our eligibility criteria, but what [are] the realities of their lives that are getting in the way of what they wanna do… not build clients for our programs, but build programs for the clients we work with.*

Caregiver Recruitment, Engagement, and Training

Pilot Strengths and Successes

There have been a number of caregiver recruitment successes during this evaluation period. The most significant of these is that the first FAM caregiver completed the resource family approval (RFA) process in December. Additionally, caregiver monthly groups have now reached enough sign-ups to begin in the coming weeks, the Caregiver Recruitment Workgroup created and released a FAM public service announcement (PSA), and several changes were made to streamline the caregiver recruitment workflow. These successes and others are discussed below.

The PSA was successfully completed and released

A few interviewees highlighted the increased caregiver recruitment efforts during this evaluation period, with a focus on the successful completion of the PSA. One interviewee commented on the process of developing the PSA, saying it was "very task-oriented and focused." Others commented on the video itself, calling it "a

very good product," and saying that it is "racially and ethnically representative of youth and caregivers without sensationalizing the issue." One service provider highlighted that KTVU had recently done a news story on the PSA, and child welfare had expressed interest in using the PSA in their own work. Overall, interviewees believed the PSA was a good tool, and they were optimistic that it would both raise awareness in the community and increase caregiver signups, though it is too early to determine the impact as of yet.

The caregiver recruitment workflow has been streamlined, resulting in improved communication with potential caregivers

Several changes were made during this evaluation period to streamline the caregiver recruitment workflow and improve communication with potential caregivers. A few interviewees spoke about these improvements. One interviewee mentioned that the Family Builder's Family Developer now has access to an online platform for tracking individuals interested in the FAM caregiver training and FAM orientation. This allows for improved communication with caregivers. Additionally, Family Builder's Family Developer is now involved earlier in the caregiver recruitment process and prospective caregivers are passed directly to them after screening. They then serve as the point of contact and confirm they are signed up for an orientation session. Changes have also been made to the FAM caregiver signup website to reduce the number of people signing up who do not meet the requirements. Furthermore, caregivers are now able to select the format for their orientation that best suits their needs, with the option of participating in a one-on-one orientation or a group session.

Expanding the training to non-FAM caregivers has increased access to FAM trainings and built familiarity with FAM

As mentioned in the last report, expanding the caregiver training to non-FAM caregivers has continued to help build awareness and increase engagement. Many interviewees spoke about the benefits of expanding the caregiver training to non-FAM caregivers. A few pointed out that since the expansion, there have been more caregivers participating in the FAM training. One service provider specifically noted that the majority of people who have attended the FAM training so far are non-FAM caregivers and these participants are starting to spread word about the training. A couple interviewees felt that expanding the FAM training has been a good way to build relationships with other organizations over this evaluation period and to increase their familiarity with the FAM pilot. However, another interviewee pointed out that expanding the FAM training has not yet resulted in any new referrals.

FAM caregiver trainings continue to be well-received, and caregivers have gained knowledge of CSE and trauma-informed care

During this reporting period, one FAM training took place in December 2021. Six caregivers participated in the December training. Together with the four participants in the July 2021 training, there have been a total of 10 caregivers trained. Participants represent a range of ethnicities, including African American, Asian, Caucasian, and Hispanic/Latinx, and all but one have been women. Based on findings from the two December 2022 caregiver training pre- and post- surveys completed and shared with evaluators, all participants continue to be satisfied with the quality of the training and agree that the training content is well organized and easy to follow and that the facilitator is knowledgeable about the training topics. Overall, participants report an improved understanding of CSE and trauma-informed care. Some of the most notable improvements occurred in topic areas related to creating safe, trauma-informed home environments. These included being able to identify warning signs if their foster youth is being exploited, having the tools to meet the needs of foster youth who have experienced CSE, understanding what it means to be a trauma-informed caregiver, knowing how to use

healthy conflict resolution strategies, and knowing how to make their home a safe and accepting environment for youth with trauma histories. Moreover, participants showed an understanding that boys also experience CSE, and minors cannot choose to engage in commercial sex.

Pilot Challenges and Barriers

Although some improvements have been made, caregiver recruitment continues to be a challenge for the FAM pilot. The first secondary caregiver received resource family approval in December 2021, but as of February 2022, no youth had been placed with primary caregivers.[4] Barriers such as housing and the COVID-19 pandemic continue to be an issue, along with sustaining caregiver interest and motivation throughout the lengthy resource family approval (RFA) process. Improving caregiver recruitment has been a challenge because there is a general lack of information and feedback about why many caregivers express initial interest but do not follow through with the process. Several barriers to caregiver recruitment are discussed below in more detail.

Caregiver recruitment continues to be slow, and no youth have been placed with caregivers

Despite the focused and productive efforts of the Caregiver Recruitment Workgroup and recent improvements in caregiver recruitment workflow, caregiver recruitment continues to move slowly. According to Family Builders data, there were 16 interested caregiver signups on JoinFAM.org this evaluation period, as compared with 60 signups received last evaluation period. And although many people have expressed initial interest in becoming caregivers, just six FAM caregivers were undergoing the RFA process during this evaluation period: two of whom were known to youth and four community recruits. Thus far, only one secondary caregiver has completed the RFA process, and no youth have yet been placed with a caregiver.

Interviewees highlighted a number of challenges to recruitment despite the extensive recruitment efforts. One service provider referred to the caregiver recruitment process as "disappointing," and another believed that the initial ideas about caregiver recruitment for this population were overly optimistic, pointing out that the Caregiver Recruitment Workgroup keeps "hitting dead ends." Another interviewee believed that FAM was not "casting a wide enough net" and had been slow to make adjustments when initial strategies for caregiver recruitment were not working. Every person interviewed expressed concern about at least one aspect of FAM caregiver recruitment.

There is a lack of formal data on why many interested caregivers choose not to continue with the approval process

Although many individuals have expressed an initial interest in becoming caregivers, most have decided not to continue with the process. Many choose not to continue after the initial orientation, while others have stayed on for longer before deciding to leave. A few interviewees discussed the general lack of information on why caregivers do not follow through. These interviewees also highlighted the need to gather more caregiver feedback to better understand the process and make improvements. As one interviewee stated,

[4] Primary caregivers are resource families with whom the youth will primarily live. Secondary caregivers are also RFA approved, but do not have the youth staying with them full-time. Instead, they have space for the youth to stay as desired and commit to spending time with the youth.

It would be really important to get insight on the caregiver's experience of the RFA process…. It would be helpful to hear from that lens what the process is like 'cause I don't know what it's like…. It would be good just to hear them out, just to see what their experience is like and how we can improve the process.

One interviewee believed that a caregiver's choice of whether or not to continue with the process was dependent on an individual's personality and motivations, saying that those who were truly committed were much more likely to complete the process. A couple believed caregivers' decisions not to continue were connected to a lack of understanding of the extensive requirements or a lack of communication and ongoing support for caregivers. However, a few interviewees focused on the general lack of information and the need to better understand the experiences of prospective caregivers. As one provider stated,

I just don't know if we scared them off, [if] we didn't follow up fast enough, [if] we didn't meet them where they needed to be met, or [if] they thought they were signing up for something else. I don't know - it could be any of these things.

At the beginning of the evaluation, the HRC developed an exit survey to be sent to prospective caregivers who withdraws from the RFA process. The survey includes the option of participating in an exit interview with the evaluation team to provide further feedback on their experience with the process. Unfortunately, no one has returned an exit survey to date. But informal data collected by Family Builders found that out of nine caregivers who withdrew, four withdrew due to lack of space in their homes, four became unresponsive, and one felt Family Builders was not the right match for them and their family.

Caregiver recruitment is a lengthy process that requires persistent communication and support

A few service providers discussed the lengthy process of becoming a caregiver. There are many steps between the initial caregiver orientation and the completion of the RFA process. The timeline for each individual varies depending on how quickly they can pass through each of the steps, generally taking a year or more. Caregivers often spend time on evenings and weekends to attend trainings, complete background checks and home inspections, and meet with social workers, among many other requirements. Additional administrative delays such as pauses in Family Builders' hosted pre-service training and licensing issues may further extend the process. As one interviewee stated,

The thing that takes a long time is the application part, and the training takes some time… also a big chunk of time is when the caregiver gets to the family evaluation part, which is the psychosocial assessment of the home. That's when it becomes lengthy because it's three to four long meetings with the social worker and the caregiver, and if they have a family, them too, getting interviewed, and understanding more in-depth of what the family is about, and who they are, all this stuff. It can be a year; it can be over a year.

While there was much general discussion about the lengthy caregiver approval process, a couple of interviewees spoke more specifically about the extensive caregiver training requirements being a barrier for

caregivers. A couple others believed there was an issue with potential caregivers not understanding the extensive requirements at the time of sign-up.

Permanency work with the FAM target population is challenging

A few interviewees spoke about the challenges of doing permanency work with the FAM target population. So far, none of the FAM permanency work has led to a youth placement within FAM. One interviewee highlighted that when youth are out of placement, service providers cannot establish communication and permanency work is not possible. Another expressed disappointment that although the permanency model had been successful in other contexts, it is not working with FAM youth. One interviewee explained that many families have already tried numerous times to intervene and have reached a point of burnout, suggesting that the FAM permanency model did not acknowledge the amount of time it would take "to repair the hurt and harm that has existed in the context of these relationships."

> *They [potential caregivers] can't put themselves out there again because they've been stolen from too many times. They've lost their housing because the youth did a fight in the middle of their apartment building or got caught soliciting, or whatever. They themselves are in too precarious a situation due to racism, oppression, financial insecurity, housing insecurity, to take on the risk of caring for this young person.*

Stigma associated with the FAM target population is a barrier to caregiver recruitment

As mentioned in the last report, the stigma associated with the FAM target population continues to be a barrier for caregiver recruitment. This review period, a few interviewees felt that this may be because there was a lack of information provided to caregivers upfront about the population of youth in FAM, specifically about their history of exploitation, and when many caregivers find this out, they are no longer interested in participating. However, another interviewee noted the difficulties of being transparent in caregiver recruitment advertisements, since ads are rejected on Facebook whenever words like "commercially sexually exploited" or "teens who've been trafficked," are used.

COVID-19 and housing continue to be significant barriers to caregiver recruitment

As mentioned in previous evaluation reports, service providers continue to point to the COVID-19 pandemic as a significant challenge with FAM caregiver recruitment. Additionally, as they have in previous reporting periods, interviewees continued to discuss housing as a barrier to caregiver recruitment. These concerns were substantiated by informal data collected by Family Builders which found that of nine prospective caregivers who have dropped out of the RFA process thus far, four reported that it was because they lived in a one bedroom apartment and were unable or unwilling to move at this time.

Collaboration, Coordination, and Referral

Pilot Strengths and Successes

Much progress has been made to ensure that FAM service providers are working more effectively together, including having more specific meetings and workgroups, as well as streamlining processes within the collaborative. This has led to better collaboration across service providers and a better understanding of the roles and responsibilities of each organization. These and other successes are detailed below.

Processes have become more streamlined

Nearly half of interviewees felt that processes within the collaborative have become more efficient and streamlined over time. One of the primary ways this showed up was through meetings and communications. For example, one service provider pointed out that rather than having larger meetings with broader agendas, as had been done in the past, the collaborative had moved towards more specific workgroup meetings, such as the Youth UX meeting. "That really helped to lay out how it works, and then, it also showed what we're lacking at as well." Looking forward, one interviewee stated, "We just have to keep doing what we're doing…. Keep working on making everything internally as smooth [and] streamlined as possible. A lot of it is just about communication."

The Service Coordination Team and Caregiver Recruitment Workgroup have been effective

As in the previous report, the Service Coordination Team (SCT) continues to prove necessary and effective for coordinating referrals. "It's wonderful that we can sit down and talk to the collaborative about certain cases," said one. Another added, "[It's] been working really well and has helped streamline things and make the coordination feel a little bit more coordinated." One interviewee reported that the meetings' success was thanks to clear leadership and structure for sharing up-to-date youth information. Likewise, a few interviewees felt that the Caregiver Recruitment Workgroup had been effective at engaging all organizations in the challenge of caregiver recruitment. They felt that the workgroup was run smoothly, had clear meeting agendas, and was well-structured, staying focused on its goals and following its action plan. One service provider shared that meetings like the SCT and Caregiver Recruitment Workgroup have the added benefit of providing a place where service providers can build rapport with one another and get to know each other better while discussing cases. They felt this had resulted in more empathy and willingness to share information between partners.

Collaborative function is improving

Half of service providers felt that collaborative functioning has improved both during this evaluation period and overall. At least one service provider felt that rapport and familiarity between partners had grown thanks to more direct facetime. "By creating these spaces for these people to get to know each other," they shared, "it does seem like people are collaborating a little better on the frontlines." They felt this contributed to less siloing and more direct conversation between partners overall. "I feel like there's a need and a want to really get down and solve all our issues," said one interviewee. "As soon as the recommendations came from the second [evaluation] report, we spent all of January navigating that and figuring out what ways we can make this work…I just feel like people are much more open to the idea of wanting to collaborate more." A couple of service providers recognized Freedom Forward's leadership in this process. As one stated, "I appreciate Freedom Forward leading and keeping us on task, organizing us, and writing notes that we can refer to as we adjust our practices to better serve the youth."

Half of service providers also felt that communication between partners had improved over the evaluation period. A couple reported that conversations among partners were more open, and that they felt comfortable approaching partners - and particularly FAM leadership - with any questions. Another felt that opportunities for communication and feedback had increased and improved. "The collaborative…[is] very flexible and responsive to feedback…. Any edits or changes or adjustments are enacted pretty much immediately." A couple providers reported that there were still some "personality clashes" among partners, but they felt these had gotten better over time as well. "I think that there's less interpersonal conflict," said one. "People have

kind of gotten more into the habit of recognizing when the pattern is happening and kind of correcting for it," added another. "I think I've seen great improvement in that area."

Collaboration with external partners has improved

FAM has continued to improve relationships and collaboration with external partners in various ways to increase referrals. Some of the ways this was done during the evaluation period include meeting with HSA and attorneys who might refer youth, as well as attending case consults for youth who are at risk of CSE to share what FAM can offer. Additionally, one service provider reported that the FAM Director and the Grants Manager with DOSW now sit on the CSEC steering committee for child welfare, which they felt had been beneficial. They also reported that DOSW has been asking child welfare for their input more frequently. A couple interviewees felt these efforts have strengthened FAM's relationship with HSA leadership and project and program managers and have led to more appropriate referrals overall.

FAM tools and resources are well-designed and support service providers

A few interviewees mentioned that the various FAM tools (i.e. the website, toolkits, and flyers) are helpful, well designed, and up-to-date. The FAM Google Drive, in particular, was mentioned as a wealth of resources and tools for the team. One service provider felt it helped them do their job: "They make it very easy for me when I have a million things to do to be like, 'Oh, yeah, I need to do this outreach.' I could just pull from the FAM toolkits and take it from there." Another service provider mentioned that the tools help with onboarding and confirming FAM protocols, especially since the redesign, which made them much easier to read and understand. However, at least one service provider expressed doubt that the materials had actually helped to improve recruitment or referrals. One caregiver felt that in the future, it would be useful to have a tool to share with caregivers to help them know what to expect throughout the RFA process.

Youth and caregiver advisory boards are a valuable, underutilized resource to FAM

A few service providers highlighted the value of youth and caregiver advisory boards in providing guidance to FAM, particularly since new members with lived experience have been added. "It has been great to hear their excitement about the model," they said. Adding,

> *They believe in FAM so much. They really, really think that this caregiving model would be huge [and] would make a difference for their experience fostering, for teens that they know, all of it. I would say that right now, they keep my spirits up and keep me grounded in what the mission is of our pilot.*

They reported that new members have also voiced their ideas about framing and presenting FAM to youth and prospective caregivers to support referrals and recruitment, including suggesting the FAMbassador model to help promote FAM within their communities, which has been their primary focus.

One service provider also discussed the importance of benefiting from caregivers' expertise on the Caregiver Advisory Board, for example, by integrating their feedback on outreach materials (e.g., flyers, social media). They shared that the group currently meets quarterly, and that monthly emails are being used to share updates between meetings and give caregivers the opportunity to share feedback. They felt this ultimately helped to "inform our approach and advocacy as we expand." A couple service providers felt it would be good to further clarify how youth and caregiver advisory boards can be used moving forward, including engaging them more actively in implementation.

Pilot Challenges and Barriers

There are a number of ongoing challenges and barriers to collaboration, communication, and referrals within FAM. These include the challenge of clear communication and effective collaboration across a large number of partners, effectively engaging government agencies, general burnout and high turnover rates among staff, and more. The following section details the challenges in collaboration during this evaluation period.

Collaboration across so many partners is a significant challenge

Nearly half of service providers felt that the large number of partners in FAM, each with their own individual processes and approaches to operations and services, continued to create challenges for the pilot. One interviewee felt this was especially true given that most of these partners were either new to working with each other or had only worked together in "lighter" ways rather than in "deep collaboration." "None of us really expected the amount of work it was gonna take to ramp that up," they said.

Beyond this, the specific challenges to effective collaboration varied widely, and there was little consensus among service providers as to what these entailed. A couple interviewees reported that they or others had ongoing confusion over the role and expectations of each member of the collaborative. Another felt that partners' expectations of each other were not reasonable or practical. Other complaints included that partners had failed to adapt their work to contribute to the unique model proposed by FAM and that partners remained siloed despite recent improvements. A few providers also reported a range of relational challenges between partners. One felt there was ongoing mistrust and disrespect of expertise and experience. Another cited competition between providers. A few felt there was finger pointing and that people were skirting their responsibilities by blaming other partners. One provider felt that stress and tension between partners was exacerbated by the wide range of approaches and differences of thinking between them. "It just got tiring to be so emotionally invested after a while," they added.

Collaboration with government agencies can be challenging

More than half of service providers discussed various challenges related to coordination with government agencies, including CDSS, DOSW, and HSA. A couple interviewees shared concerns related to CDSS, in particular, the significant time required to coordinate contracts and budgets. "So many things with CDSS have just been so challenging. [It] has taken the brilliant minds off of the actual work, and instead has just flooded them with finance and contract questions. It gets in the way of the work."

A few service providers also reported challenges in FAM's collaboration with DOSW. For one, this had to do with DOSW's frequent requests for data. "I think it's been a little challenging because there have been ad hoc data requests that keep coming through to me every couple of months." Additionally, one service provider felt that there had been a lot of resistance among partner organizations whenever someone from DOSW wanted to sit in on FAM meetings or requested information. They felt this likely stemmed from service providers' desire to protect participant confidentiality, but felt that was unfounded given that all parties agreed to use identifiers for youth in meetings instead of their legal names.

Finally, a few service providers highlighted ongoing challenges with collaboration with HSA. One felt that HSA continues to be confused about what services FAM provides, even though FAM has tried hard to provide them with more information. "[We'll] continue to do that until it sticks," they said. Another interviewee said they felt

this could be because HSA employees have too much on their plates and do not have the time to focus on what was being sent over to them. A third service provider believed that it was because DOSW made the original proposal and simply assumed HSA would be on board. They felt that housing the project with HSA instead of DOSW would have been more appropriate. "If the project is going to serve youth that are coming from a particular agency or organization - in this case, the youth are in the Human Services Agency - that's where the project needs to be based."

Internal meetings and communications could be improved

Service providers shared several challenges related to meetings and internal communications, though there was little consensus on these. For example, one interviewee felt there were not enough meetings and opportunities for collaboration and coordination with those delivering services, while another believed there were too many meetings and documents used for communications given how busy staff are. A third interviewee appreciated the regular meetings, particularly for the steering committee, but felt that updates from those were not always well-communicated. Finally, one service provider mentioned that meetings had been too focused on the past instead of being action-oriented and focused on the future, and that this led to protracted inaction.

With regards to more general communication, one service provider reported that there was a disconnect between staff within their organization as to what was happening with FAM and when, while another felt that there had been too many side conversations and gossip between partners rather than addressing issues and disagreements head on.

Staff overwork and turnover continue to impact the pilot negatively

As in the previous report, heavy staff workloads and turnover continue to be serious challenges for FAM. This evaluation period, a few service providers reported that staff workloads are often too heavy and staff split across too many projects. They felt this created tension with staff members who were solely dedicated to FAM and had more time for meetings and pilot activities. Additionally, nearly half of service providers reported that turnover in staffing at partner organizations had caused serious disruption to the pilot. Interviewees reported losing two people who wrote the original RFP, as well as team leadership and historical expertise. As one interviewee stated, "Transition has caused the need to re-establish everything."

RECOMMENDATIONS

Youth Identification and Engagement

1. **Prioritize getting youth into stable placements before engaging them in FAM.** Immediate housing placement continues to be a priority need for youth who have experienced or are at risk of CSE. Once in stable placements, youth are easier to identify, refer, and engage in services. Currently, social workers are hesitant to refer youth who need immediate placement to FAM, since FAM does not provide emergency housing and does not have very many community caregivers ready to immediately take in youth. Consider developing, or working with other service providers who can offer emergency placement options for youth to stabilize them before attempting to engage them in permanency or community placement processes. Likewise, consider focusing on delivering FAM services to youth who are already in stable placements but could benefit from FAM's unique package of services and support.

2. **Continue to increase direct outreach efforts to youth, particularly in-person.** Since the last report, FAM has increased direct outreach efforts to youth, most notably through FAM's permanency social worker, who is now available weekly to meet with youth on-site at the HYPE Center. Efforts like this should be increased in order to better generate youth buy-in and referrals. As COVID-19 restrictions continue to lift, direct outreach efforts should be expanded to other virtual and in-person locations where youth live or spend time. Consider also gathering detailed feedback from youth about FAM outreach materials, such as flyers and pamphlets, that help youth understand the unique services offered by FAM.
3. **Continue to streamline the referral process and reduce the number of providers youth have to engage with.** Given the large number of partners involved in FAM, many service providers still feel the referral process for FAM is too complicated or confusing, particularly to outside referring agencies and youth. In order to increase the number of referrals into FAM, it is important that both eligibility criteria and the referral process be as simple and clear as possible. Once the referral has been made, service providers stressed the importance of ensuring that referrals are handled in a timely manner; that youth are required to engage with as few new service providers as possible; and that any youth contacts are responsive, consistent, and work to build meaningful rapport with the youth.
4. **Continue to facilitate clear internal communication on youth referral processes.** This is crucial to ensuring that no youth are lost in the referrals process and that they are provided with the right services in a timely manner. Most service providers felt that SCT meetings had been very effective at accomplishing this goal. However, there continues to be some confusion on the internal youth referrals processes, particularly around timelines. Consider creating detailed timelines for each part of the referral process to hold service providers accountable and guide youth through the process. It may also be helpful to use SCT meetings to share more specific data about how youth have been progressing through the referral process and challenges they have encountered along the way.
5. **Ensure FAM fits the needs of CSE youth, rather than looking for youth who fit into FAM.** Efforts thus far to increase the number of referrals into FAM have not been effective. For example, expanded eligibility criteria for FAM has failed thus far to bring in more youth. It is crucial for FAM to ensure that the model is responsive to the needs of youth experiencing CSE, rather than looking for youth who fit the existing pilot. One way this could be accomplished is to more actively engage the youth advisory board in model design and implementation, as well as having more regular touchpoints to gather feedback on materials. Youth on the advisory board may also have unique perspectives on how to engage and identify youth; engaging them on recruitment strategies may increase youth referrals to FAM.
6. **Continue to engage in outreach efforts with HSA and other referral agencies.** As recommended in the last report, continue to engage with HSA and other referral agencies with outreach efforts, such as trainings, to develop and strengthen relationships with HSA social workers and other referring partners. Consider, as a part of these efforts, sharing case studies (either real or imagined) of youth who have benefited (or may benefit) from FAM, so that external stakeholders better envision how FAM might support the youth they serve.

Caregiver Recruitment, Engagement, and Training

1. **Continue to provide information about FAM and destigmatize CSE through outreach to caregivers using tools such as the PSA.** There continue to be fewer caregiver signups than expected, due in part

to lack of awareness and stigma around CSE. Outreach materials can be effective ways of raising awareness of the FAM pilot while also working to address misconceptions about the population it serves. One example of this is the PSA developed by the Caregiver Working Group. Service providers felt that the PSA had been extremely helpful for spreading the word about the FAM pilot, although actual outcomes have yet to be fully understood. Continue to share the PSA on social media and earned media channels, as well as working to develop and share new outreach materials. Ensure these materials help to destigmatize youth who have experienced CSE, while accurately representing the race, gender, and sexual orientations of the populations they serve. Meanwhile, continue to track signups from all outreach campaigns to better determine their effectiveness, including why and with whom they were effective. This information can then be used to develop new, more effective outreach campaigns.

2. **Provide more consistent and upfront support to caregivers who are undergoing the RFA process.** The RFA process is extremely lengthy and time consuming. Begin this process as soon as potential caregivers express interest, and provide more support as they undergo the process. During recruitment, ensure that potential caregivers have clear expectations and know what the RFA process involves. Once the process has begun, provide them with clear and consistent communication about what is next in the process. Consider creating a tool caregivers can reference when questions arise, such as a timeline and FAQ detailing the RFA process. Remember that often caregivers are completing the RFA process during nights, weekends, and holidays, and that having extra support and reminders throughout the process helps to keep them on track.
3. **Investigate why current community recruitment strategies for FAM caregivers have not been as effective as hoped and develop targeted interventions as able.** As recommended in the last report, continue to investigate the barriers to recruitment, particularly among potential caregivers who drop out at any point after expressing interest, as several have. A mapping exercise may prove useful to determine when and why caregivers are dropping out or stalling in the process. Then work to develop targeted interventions to reduce dropout rates at the most significant drop-off points.
4. **Continue to expand FAM trainings to non-FAM caregivers and hold regular trainings.** The FAM trainings have been successful and well-received. Having more individuals in the Bay Area trained on how to care for youth who have experienced or are at risk of CSE means that more people have the skill sets to help youth who are in these positions move on with their lives and heal from past trauma. Continue to develop these trainings and deliver them to FAM and non-FAM caregivers alike. Consider broader advertising of these trainings to individuals who may already be caring for youth who have experienced or are at risk of CSE to expand their skill sets and provide resources and support to existing placements.
5. **Consider expanding the focus of FAM beyond new community caregivers and permanency placements.** Thus far, the current focus on developing new community caregiver and permanency placements has not led to a significant number of new placements for youth. While it may be worthwhile to continue these efforts on behalf of youth who are currently out of placement, consider ways to expand FAM services to youth and caregivers with existing placements. One example of this is the current proposal to partner with other Foster Family Agencies to offer FAM services to foster families that are already caring for youth who have experienced or are at risk of CSE, equipping both caregivers and youth with the funds, skills, and resources they need to ensure these placements are effective.

Collaboration, Coordination, and Referral

1. **Continue to promote clear communication and effective collaboration within and among organizations.** Given the large number of partners involved in FAM, it is crucial that communication remains as transparent, consistent, and open as possible. Targeted workgroups such as the Service Coordination Team and Caregiver Working Group meetings have been extremely successful at improving FAM collaborative communication and functioning. Focused meetings, such as the Youth UX meeting, leave individuals feeling like a task was accomplished and allow for more productive engagement. Additionally, more individual one-on-one facetime between service providers has led to increased trust and collaboration. Continue to hold targeted workgroups like these, in addition to special focus meetings as needed. Additionally, FAM should consider ways to improve regular communication about the pilot both within and among partners, including streamlining data collection and sharing, and improving utilization of platforms for asynchronous communication, such as FAM's anonymous feedback form**.**
2. **Continue to clarify internal service provider roles and responsibilities.** There continues to be confusion between partners regarding roles and responsibilities, leading to frustration, apathy, and burnout. Since many of the service providers involved in FAM have never worked together before, it can be difficult for individuals to know the roles of other individuals and organizations. This breeds mistrust and misunderstanding. Consider new ways to align all partners on what each organization and individual is responsible for, especially given the high turnover in FAM staff, ensuring that each service provider knows what their counterparts do and who to go to if they have specific questions or requests. One popular example where this was done well was the Youth UX meeting. FAM has developed several tools to help with this effort, including a collaborative handbook. However, these are rarely used, and many were not aware of their existence. It will be important to identify why this resource is not being used and ensure that it is distributed to all FAM staff moving forward.
3. **Ensure expectations of staff and staff workloads are appropriate to reduce burnout and staff turnover.** FAM service providers report high levels of stress and burnout leading to high staff turnover rates. It is crucial that FAM do what it can to reduce unnecessary work and ensure appropriate expectations of staff. Many service providers stated that much of their time is spent on administrative tasks such as grant reporting, rather than pilot implementation and improvement. Consider reducing the number of these tasks, automating them, or making them less frequent. Additionally, most of the service providers within FAM are not on the project full-time and have other priorities and responsibilities within their organizations. It is important for FAM to have realistic expectations of these staff members, as well as creating more full-time staff positions for service providers within FAM.
4. **Continue to ensure those most impacted by FAM have a meaningful role in decision-making.** Service providers expressed concern that there are gaps in current leadership and decision-making within FAM. They felt that FAM leadership does not reflect the population it serves, pointing out that there are very few women of color, particularly Black women, on the steering committee. There was also a desire to see more youth and survivors of CSE involved in decision-making, in addition to survivor engagement in an advisory capacity. They also felt that key decision-makers doing contracting and budgeting were currently left out of steering committee meetings, as is child welfare, in spite of the significant impact FAM decision-making has on their work. Consider incorporating more youth and

survivor voices into FAM's higher-level meetings, as well as including HSA in steering committee meetings moving forward.

5. **Expand and deepen external partnerships to improve FAM's effectiveness and reach.** Continue to identify key partners and consider the most effective ways to engage them. Continue to find ways for CDSS, DOSW, and HSA to actively engage with FAM. Continue to develop the relationship with HSA, presenting FAM to supervisors and staff engaged in direct work with youth, and engaging them in relationship building, particularly in a staff-to-staff capacity. Service providers felt that the established relationships that HSA staff, in particular, have with youth allows them to better understand what will and will not work for services for them. Consider collaboration with JPD and Girls Court as potential referral sources. Finally, start identifying legislators who can serve as advocates for FAM and help to promote survivor-centered policy agendas.

CONCLUSION

The third progress report of the FAM pilot has identified several strengths and key improvements over the evaluation period of September 2021–February 2022. Service providers reported improvements to communication, collaboration, and referrals between partners; more direct outreach to youth, caregivers, and outside agencies; and expanded, more responsive services to caregivers. Additionally, caregiver data confirms that FAM caregiver trainings are well-received and reaching a broader group of adults serving CSE and at-risk youth. However, the report also outlines several ongoing challenges for the collaborative. Youth referrals are not increasing, and caregiver recruitment continues to be slow. Likewise, FAM continues to have challenges with communication and collaboration between the large number of internal and external partners, staff burnout and high turnover rates, and questions around whether the current design adequately meets the needs of the youth it hopes to serve. These programmatic challenges are significantly exacerbated by structural barriers such as gentrification, high housing costs in the Bay Area, stigma towards CSE youth, and difficulties stemming from the COVID-19 pandemic.

As FAM looks forward to another year of serving CSE and at-risk youth, it will be crucial for the collaborative to continuously re-evaluate whether the current model is most effectively meeting youth needs and maintain an open, curious, and creative approach to growth and learning. It is our hope that the many strengths and challenges highlighted here, as well as the recommendations that arose from them, will be useful in strengthening the FAM model, and ultimately in ensuring that more of California's youth have safe, loving, and supportive places to call home.