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

Evaluation Report 3 | October 2024

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## INTRODUCTION

This report summarizes evaluation activities and findings from the third evaluation period (January to June 2024) of the Family and Me (FAM) 2.0 pilot. FAM is an innovative 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 interviews with 29 participants, including six youth, nine caregivers, and 14 direct and indirect service providers enrolled in FAM. These interviews were conducted to gain a better understanding of FAM's strengths, challenges, and possibilities. This report is the third in a series of four FAM evaluation reports with the purpose of offering recommendations to adapt and improve FAM throughout pilot implementation. The series aims to address key gaps in the existing literature on the effectiveness of interventions for CSE-affected youth and to help build a foundation of evidence-based practice

## ACRONYMS

| | |
|---|---|
| CASA | Court Appointed Special Advocate |
| CAARE | Child and Adolescent Abuse Resource Evaluation (Center at UC Davis) |
| CDSS | California Department of Social Services |
| CFT | Child and family team |
| CSE | Commercial sexual exploitation |
| CSEC | Commercial sexual exploitation of children |
| CSE-IT | Commercial Sexual Exploitation Identification Tool |
| DOSW | Department on the Status of Women (City of San Francisco) |
| FAM | Family And Me |
| FFA | Foster family agency |
| HSA | Human Services Agency (San Francisco's Child Welfare Department) |
| HRC | Human Rights Center, University of California, Berkeley |
| ICC | Intensive care coordinator |
| IRB | Institutional review board |
| SF SOL | San Francisco Safety, Opportunity, Lifelong relationships |
| STRTP | Short-term residential therapeutic program |

# OVERVIEW OF FAM 2.0

In 2019, the San Francisco-based non-profit Freedom Forward designed the original FAM model in collaboration with two local non-profit partners, Huckleberry Youth Programs and WestCoast Children's Clinic, to address the lack of supportive services and placement options for youth impacted by CSE.[1] Following delays from the COVID-19 pandemic, in July of 2020, the San Francisco Department on the Status of Women (DOSW) partnered with Freedom Forward, the Human Rights Center at the University of California, Berkeley (HRC), WestCoast Children's Clinic (WestCoast), Huckleberry Youth Programs, and other local nonprofit partners to implement and evaluate FAM.

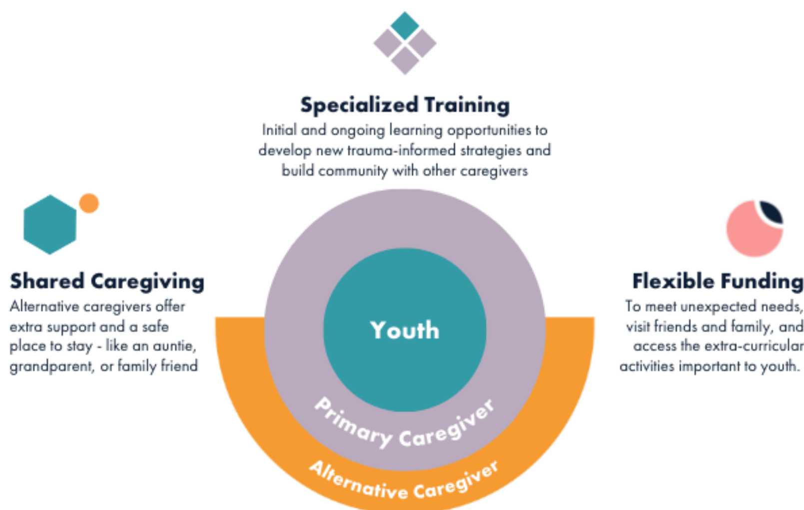
From 2019 to 2022, HRC led an independent, in-depth evaluation of the first iteration of the FAM model (FAM 1.0). Throughout the evaluation period, HRC issued a series of reports with recommendations to adapt and improve the model over time.[2] The evaluation of FAM 1.0 demonstrated a clear need to simplify the model and streamline service delivery. Freedom Forward led the revision of the FAM model and the development of FAM 2.0, which focuses on FAM's support services that partners identified as particularly impactful: 1) assignment of an alternative caregiver in addition to a primary caregiver to create a shared model of caregiving; 2) specialized training for caregivers on CSE, harm reduction, and

[1] Placement refers to "the placing of a child in the home of an individual other than a parent or guardian or in a facility other than a youth services center." 42 U.S.C. § 671(a)(19)

[2] See full list of evaluation reports here: https://humanrights.berkeley.edu/projects/supporting-youth-at-risk-of-commercial-sexual-exploitation/

trauma-informed care paired with optional caregiver consult groups and; 3) access to fast and flexible funding to meet the needs of youth and caregivers (see Figure 1).

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




Findings from the FAM 1.0 evaluation also indicated that FAM 2.0 could have broader impact by allowing any foster family agency (FFA) to offer FAM services, rather than rolling out FAM services through one main 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 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 TO JUNE 2024

## Youth Identification, Engagement, and Enrollment

Seneca identifies youth in their care that may be eligible for FAM based on the criteria that youth are: 1) minors between the ages of 11 and 17 years old; 2) identified as having a "Clear CSE Concern" score on the CSE-IT assessment tool[3] or other documented clear concern of CSE such as through calls into San Francisco Human Services Agency's (HSA) child protection hotline; and 3) San Francisco child welfare- or

[3] WestCoast Children's Clinic. "Commercial Sexual Exploitation-Identification Tool (CSE-IT)." 2019.

probation-supervised foster youth with an out-of-home placement order.[4] As soon as eligibility is determined, Seneca coordinates with FAM partners to introduce the model to each young person in a way that addresses their specific needs and experiences. Once a youth agrees to join FAM, Seneca staff work with them to identify an alternative caregiver and explain that flexible funds are available. These funds are intended to support youth to maintain their relationships with loved ones (such as by supporting travel costs), engage in activities that are important to them, and cover essential items for their well-being and development. Seneca's direct service staff typically make the flexible funding requests on youth's behalf, distribute the requested items, and are then reimbursed by DOSW. Youth also have access to a FAM Flex Fund flyer which allows youth to submit requests themselves using a QR code (see FAM Funding).

During the evaluation period, thirteen youth were identified as eligible for FAM. Of these, seven were enrolled in FAM. The youth who were not engaged with FAM were either away from placement, moved to a different type of placement, moved to a different FFA, or were not interested in joining at this time. Four youth accessed flex funds for a total of 17 flex fund requests and $1,876.05 spent. Four youth were connected to alternative caregivers. The youth who were not connected to alternative caregivers were actively working with their Seneca support teams to identify potential adults to fulfill the role.

## Caregiver Engagement and Enrollment

Once a young person is identified as eligible for FAM, Seneca works closely with FAM partners to introduce the model to the primary caregiver and, if identified, the alternative caregiver. To identify alternative caregivers, Seneca helps youth to identify relatives or other supportive adults in their lives who might be willing to serve in a more formal caregiving role as a youth's alternative caregiver. For youth who prefer otherwise, or are unable to identify someone in their existing network, Seneca staff can invite a caregiver from their pre-approved directory of respite providers[5] to serve as the alternative caregiver. Alternative caregivers complete an approval process which includes a background check, other criminal clearances, a health screening, a home inspection and family evaluation, and several hours of training assigned by Seneca. Once enrolled, WestCoast offers monthly learning consult group and individual sessions to support caregivers in their role.

Both primary and alternative caregivers are required to attend an initial FAM caregiver training, which is an additional CSEC caregiver training as part of the FAM enrollment process. However, the previous evaluation report[6] revealed that potential caregivers struggled to complete the original 16-hour FAM training offered by WestCoast, due to scheduling difficulties, time constraints, and language barriers. In May 2024, FAM partners replaced the 16-hour WestCoast training with a self-directed, three-hour online

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[4] Out-of-home placement is "when a minor is removed from their home by the juvenile court and enters the foster care system. Youth can either be placed in a home-based setting with a resource family, or in a congregate care setting in a short-term residential treatment facility (STRTP)." McKinnon, 2021.

[5] Respite care is "a generic term used to refer to the provision of short-term childcare services to provide temporary relief to the family or primary caregiver." Madden, et. al., 2016.

[6] Austin, M., Linares Montoya, A., and C. Walter. "Family and Me 2.0: A New Model of Foster Care for Youth Impacted by Commercial Sexual Exploitation in San Francisco." Human Rights Center, UC Berkeley School of Law, March 2024.

training developed by the UC Davis CAARE Center,[7] available in both English and Spanish. To ensure that caregivers have the opportunity to ask questions with a professional, WestCoast trainers now hold one-on-one sessions with caregivers upon completion of the UC Davis CAARE Center training, and caregivers are invited to request additional individual consults if further questions arise about the youth in their care.

During the evaluation period, four primary caregivers and five alternative caregivers were actively engaged in FAM. Three primary caregivers and four alternative caregivers joined the evaluation during the January-June 2024 evaluation period. Three caregivers (one primary and two alternatives) completed the WestCoast Advanced CSEC training because the new UC Davis CAARE Center training was not implemented until the very end of this evaluation period. No caregivers attended WestCoast's monthly learning consult groups. Four requests for flex funds were made on behalf of caregivers, totaling $281.04.

## FAM Funding

Once trained, primary and alternative caregivers can begin accessing two streams of FAM funding. Alternative caregivers receive a $1500 monthly stipend to support their participation in the young person's life. The stipend can be used for relationship-building activities as well as maintaining a bedroom or private space so that youth can occasionally stay with them for up to 72 hours at a time. Both primary and alternative caregivers can also access FAM flex funds. Flex funds are designed to cover a variety of expenses including related to: youth extracurricular activities, relationship-building activities, positive hobbies, self-care items, essential needs, emergencies (e.g., for emergency medical care or replacing damaged furniture), and transition-related expenses associated with the rigorous approval process (e.g., Live Scan fingerprinting fees, setting up a youth's living space at the alternative caregiver's home). Finally, both caregivers can access bed hold funds. These funds ensure that if a youth leaves home—which is fairly common among teens in foster care—caregivers can continue to receive regular foster care payments for one to three months while the youth is away, allowing the youth to return to a familiar home rather than ending the placement after a few days, as the county typically does.

During the reporting period, 17 flex fund requests were made to support FAM youth. Requests included funding for food and groceries, new clothes and shoes for school and work, electronics, beauty appointments and cosmetic supplies, gifts for family members, a graduation cap and gown, a prom dress, and transportation to appointments. Flex funds were also used to cover the following caregiver expenses: a CPR recertification course, Live Scan for fingerprinting, and groceries.

The last evaluation report[8] found that youth and caregivers were underutilizing flex funds due to confusion about how the funds can be accessed and for what purposes. In response, the FAM Implementation Workgroup (DOSW, Freedom Forward, and Seneca) and HRC developed a flyer to

[7] UC Davis Children's Hospital CAARE (Child and Adolescent Abuse Resource Evaluation) Center and CDSS, "Increasing Trauma-Responsive Knowledge and Practical Skills: A Web Course for Caregivers of Youth Experiencing Sex Trafficking and Exploitation," 2023.

[8] Austin, M., Linares Montoya, A., and C. Walter. "Family and Me 2.0: A New Model of Foster Care for Youth Impacted by Commercial Sexual Exploitation in San Francisco." Human Rights Center, UC Berkeley School of Law, March 2024.

explain the process and promote youth's autonomy in accessing funds directly. The flyer includes a detailed list of the types of expenses that flexible funds can be used for and a QR code that youth can scan to submit requests themselves.

## THE 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 2.0 pilot. Through regular cycles of data collection and analysis, progress reports provide FAM partners with recommendations to adapt and improve the FAM model over time to maximize outcomes for youth, caregivers, and families.

The goal of the pilot is to develop an evidence-based, youth-centered intervention model with the potential to be contextualized and scaled to other locations. The evaluation has the following objectives:

1. To explore youth and caregiver experiences with various FAM services
2. To identify and explore the service needs and preferences of youth and caregivers
3. To understand the feasibility and acceptability of the FAM model by youth, caregivers, and FAM providers
4. To 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 the following methods:

1. Semi-structured interviews with youths, caregivers, and FAM providers
2. Surveys of youth
3. Pre- and post-training surveys of caregivers attending the FAM caregiver training
4. Secondary analysis of administrative data from the San Francisco Juvenile Probation Department and Human Services Agency
5. Secondary analysis of service provision data from FAM partners

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 |
|---|---|
| ● Placement stability<br>● Mental health<br>● Emotional and behavioral well-being<br>● Adult and peer relationships<br>● Physical health and safety (including juvenile justice system involvement and experiences of CSE)<br>● School and activities | ● Caregiver capacity<br>● Caregiver retention/recruitment<br>● Relationship between youth and caregiver |

# REPORT AIM AND METHODS

This report summarizes pilot activities and findings from in-depth interviews with 29 youth, caregivers, and service providers involved in FAM from January to June 2024 (Table 2). Twenty-four service providers were selected from FAM partner agencies, based on their involvement in FAM implementation, and invited to participate in the evaluation. A total of 14 direct and indirect service providers agreed to participate, and semi-structured interviews were conducted between June and July 2024. Interviewees were asked to reflect on the past six months of FAM 2.0 implementation and to discuss strengths, challenges, suggestions, goals, lessons learned related to the FAM 2.0 model of care, as well as overall coordination and collaboration within the SF SOL collaborative. Representatives from the following organizations participated in interviews: DOSW, Freedom Forward, HSA, Seneca, and WestCoast.

**Table 2: Semi-structured, in-depth interviews by cohort (January to June 2024)**

| Cohort | Number of participants |
|---|---|
| Service providers | 14 |
| Caregivers | 9* (4 primary, 5 alternative) |
| Youth | 6** |
| **Total** | **29** |

**Nine caregivers participated in the evaluation from January to June 2024. The Caregiver Baseline Information section refers to a total of 10 caregivers because it summarizes baseline data for all caregivers who completed baseline interviews. One caregiver from the previous reporting period did not participate in FAM during the January to June 2024 evaluation period, so their responses are not included in the findings sections.*
***Data on youth were collected from July 2023 to June 2024. Data collected during the previous reporting period (July to December 2023) were omitted from the last evaluation report due to low numbers of youth participants at that time and are included in this report instead.*

Caregivers and youth enrolled in FAM were invited to participate in a semi-structured, in-depth baseline interview upon enrollment and follow-up interviews every four months. During the reporting period of January to June 2024, four primary caregivers, five alternative caregivers, and seven youth were enrolled in FAM; four primary caregivers, five alternative caregivers, and six youth[9] participated in the evaluation and completed in-depth interviews.

Caregiver interviews aimed to gain a deeper understanding of caregiver experiences with FAM services as well as their self-reported changes in knowledge, skills, and capacity to care for youth impacted by CSE. During this reporting period, the caregivers included two men and seven women between the ages of 40 and 63. They identified as African American/Black, Latino/Latina, and white, and identified as

[9] Data on youth were collected from July 2023 to June 2024.

heterosexual, gay, queer, or their sexuality was not reported. They reported having between zero and 25 years' experience in caregiving. Their occupational fields included health care, transportation, construction, journalism, teaching, and consulting. Three different languages were spoken among the group. Three caregivers reported working part-time, four reported working full-time, one did not report their work, and one was retired.

For the caregiver baseline interviews, ten caregivers completed baseline interviews. These included two men and eight women between the ages of 40 and 63. They identified as African American/Black, Latino/Latina, and white, and identified as heterosexual, gay, queer, or their sexuality was not reported. They reported having between zero and 25 years' experience in caregiving. Their occupational fields included health care, transportation, construction, journalism, teaching, and consulting. Four different languages were spoken among the group. Four caregivers reported working part-time, four reported working full-time, one did not report their work, and one was retired.

Youth interviews aimed to gain a deeper understanding of youth experiences with FAM services as well as their self-reported changes in placement stability, adult and peer relationships, emotional and behavioral wellbeing, mental health, participation in school and activities, and safety. During prior FAM 2.0 evaluation periods, few youth were enrolled in FAM and their inputs were omitted from the first two evaluation reports to protect their confidentiality. As such, youth data collected from the previous evaluation period (July to December 2023) are also presented in this report to ensure their valuable inputs are included. The six FAM youth evaluation participants were between the ages of 14 and 18 years old, identified as African American/Black, Latina, Asian or unknown, identified as straight, bisexual, gay, lesbian, or undetermined, and spoke either English or Spanish. All youth started in family-based placements, and a few had moved to STRTPs or independent living as a result of changing needs. Half of the youth (3/6) had current or past juvenile justice involvement.

Research team members conducted service provider and caregiver interviews in-person, by Zoom, or by phone. Youth interviews were held in-person or by Zoom. Research team members conducted the interviews in English and Spanish. Written informed consent, or assent for youth under 18, was obtained from all research participants. In addition, written permission from youth's attorneys was obtained for all youth under 18. 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 (IRB) to ensure adherence with all human subjects' research protections.

**Limitations**

The primary limitation of this report is the small sample size of youth participants. Additional youth are anticipated to be enrolled in FAM during the next evaluation period, and the sample will likely increase

for the next evaluation report. Some youth were also more forthcoming than others, potentially skewing the data by over-representing certain perspectives. In addition, due to availability of youth, the timing of baseline interviews ranged from a few weeks before FAM services began to a few months after FAM services were implemented. Lastly, due to the timing of data collection, the data collected from caregivers regarding the FAM training referred to the original 16-hour WestCoast training, whereas the data collected from service providers referred to the new UC Davis training.

# BASELINE FINDINGS

## Youth Baseline Information

The following section summarizes data from baseline interviews with youth. Interviews explored youth's general preferences and experiences with foster care as well as key outcomes of interest at baseline (Table 1).

### Placement Stability

*Placement and caregiver preferences*

The six youth participants entered foster care between the ages of one and 16 years old and had been in between three and 25 prior placements. When asked about caregiver and placement preferences, youth participants expressed strong feelings. They had a preference for caregivers who are patient, kind, respectful, silly, comforting, good listeners, affectionate, honest, and good at reading people. One youth shared, "Be very patient, extremely patient, just really get to know me 'cause I can be a real pain in the butt sometimes. [*Laughter*]." A few youth described wanting undivided attention from their primary caregiver. For one, that meant being the only child in the home: "Honestly, I think I [like] being the only child just because…I feel like I got more attention. I like attention." Some youth commented that they did not like living with other children, whether it be biological siblings or other foster youth because they found it challenging to live with other youth who had experienced trauma. One youth shared, "I lived with all my siblings at one point… That didn't go very well… I feel like having a lot of siblings that have been going through a lot together in the same house is just not gonna work." One youth expressed her preference for placement in a family-based foster home, rather than group homes, "I didn't feel comfortable being in a group home because I feel like it's other girls that have issues like me or worser than me, so that's not really a good idea to put kids in the same house."

Two youth described the importance of feeling as though they were part of their foster family. As one shared,

> "I feel like they [my foster family] never once made me feel like I'm the odd one out and [were] like, 'Oh you're not even our real sister.' [It feels] like all [are] my sisters, all my cousins and all of them… When we're talking about blood, like drinking off each other, eating off each other,

> they'll be like, 'We're all blood anyway,' not even taking into consideration I'm not their real family."

Another youth underscored the value of feeling integrated into a foster family by describing her dislike of short-term placements: "I didn't particularly love those types of placements that much because it was so temporary that nobody really felt that I was in their family."

Finally, some youth preferred to live on their own, with one noting, "I like my own space. I like when no one bothers me." Another was looking forward to independent living, sharing that she does not have any caregiver preferences because she prefers to live alone. This youth saw her foster home as meeting a basic need. When asked about her current placement, she said, "I have a roof over my head."

*Push factors for leaving placement*

The primary push factor for leaving placement, as reported by the majority of youth (5/6), is conflict, arguing, or disagreements in the home. When asked what makes her want to leave home, one youth shared, "Yelling and arguing. This can cause depression." One youth detailed a conflict with a girl living in the same short-term residential treatment facility (STRTP) who threatened her and was making her feel uncomfortable. Three other youth referred to conflicts with their primary caregivers as a significant driver for leaving placement, with one noting that: "Sometimes our disagreements make me want to leave home sometimes." A different youth shared, "Also getting in arguments [with caregivers]. I feel like I don't like tension. I don't like [the feeling when] the air is very thick and awkward, so I would just leave. By the time we'd get in a fight, I would just go somewhere else." And another commented that, "Arguments, awkwardness, [and] when I'm being punished for doing something [make me not want to be home]." In addition, one youth said that restrictive rules preventing her from socializing with her friends made her want to leave placement.

## Mental Health and Emotional Well-being

At baseline, the majority (4/6) of youth reported that their mental health was poor. They described their mental health as "not great," "it's been bad," "I've been depressed," or that they were frustrated, sad, anxious, and nervous. The majority of youth expressed a desire to attend therapy or enjoyed being in therapy, with one explicitly stating, "I feel like I need help with therapy." When asked what would make it easier for her to stay at home and temper the urge to leave, another youth responded that family therapy would be helpful.

Two youths expressed the desire to change and grow through therapy. One said, "I'd like to think about things from a different point of view. I think everybody's out to get me. I want to think differently." Another youth similarly commented, "I would like to have therapy and work on my anger." Two other youth shared that therapy was one of the most helpful support services that they were currently connected to.

Though there was a clear desire for therapy, the majority of the youth (4/6) experienced disruptions with access to therapy. Reported barriers included scheduling issues, distance from resource family home to services, therapists on parental leave, or therapists who had left their positions completely. One youth shared, “I honestly don’t want to start talking to a new therapist because then they leave and I don’t like starting again. It’s not the same, building trust all over again for them to leave.” Over half of youth (4/6) mentioned that nontraditional forms of therapy and self-care, particularly listening to music, were helpful to them. In addition, one youth mentioned prayer and another mentioned petting her cats as helpful for coping with stress.

### Adult and Peer Relationships

*Relationship with the primary caregiver*

At baseline, the majority (4/6) of youth expressed that their needs were understood by their primary caregiver. Two youth noted that they could tell their primary caregiver “anything,” reflecting high levels of trust. Another youth felt understood because her primary caregiver acknowledged that she was raised differently than the other children in the home, so the caregiver did not use the same disciplinary approaches with her. The youth explained, “If any of her kids, her extra kids, were to yell at her, oof, it would have went down. But, she knows when I’m yelling, when I’m mad, just step back and give me space,” and to bring in a social worker to discuss the issue. She explained that she rarely raises her voice at her primary caregiver, noting that: “[My primary caregiver] knows that if something like that [me yelling at her] were to happen, it’s probably on the serious side.”

Though most youth felt understood by their caregivers, three of these youth reported spending little time with their primary caregiver due to time constraints, a preference to be alone, and limited interpersonal communication. One youth rarely spent time with her caregiver because the caregiver had long working hours. Another preferred to be alone in her own space, but she reported knowing that the caregiver is available to speak, either face to face or by phone or text, when needed. Another youth expressed difficulty in connecting with her caregiver: “We don’t spend much time together. I can’t really hold a conversation with her. Sometimes I can, but most of the time I can’t.” One youth said she spends a fair amount of time with her primary caregiver, reflecting a close interpersonal relationship: “I used to spend a really long time with her all the time. Now, I spend a little less, but I still get time with her. I would say now that school's not here, I spend hours with her.”

The majority (4/6) of youth interviewed shared that they had experienced conflict with their current primary caregiver in the past but that their relationship had improved over time. Two youth described occasional arguments and disagreements as normal, and that they are able to work through the challenges with their caregiver, reflecting conflict-resolution skills and a trust-based relationship. One youth commented that money, particularly weekly allowances, used to be a point of contention with her caregiver. Another shared that the relationship with her primary caregiver improved when school was not in session: “It's definitely been a lot better ever since school has stopped. 'Cause [when I’m in] school, I'm stressed out, and then she gets stressed out.” One youth described the challenging transition

she experienced moving from group homes to a family-based placement, and how her relationship with her primary caregiver strengthened over time:

> "I was only in group homes because they couldn't find me a foster home in time…I caught on to those behaviors like yelling, screaming, getting my way. If I don't get my way, it's a problem. My whole thing was if you're not my mom, I'm not listening to you. I'm talking about my real mom. I was so upset. Why am I not with my real mom? I didn't understand that. Why am I with all these random people? Yeah. Coming here [to this family-based placement], I was kind of like that. I didn't want to listen to what she [my primary caregiver] was saying. If I didn't want to do it, I didn't want to do it, and that was that. We had a lot of issues with that. Now, being with her for a long time, it's like I've grown up with her and now she's raised me."

One youth shared that she did not like her primary caregiver getting involved with telling her how to raise her baby and wanted to have more independence, particularly in her parenting.

*Relationships with biological relatives and other supportive adults*

The majority of youth (4/6) listed biological relatives among the most important relationships in their lives. When asked about the most helpful or important people in their lives, youth mentioned an auntie, grandparent, mom, sister, brother, or dad. The two youth who did not list a biological family member as an important relationship in their life both said that their foster mom and alternative caregiver were some of the most helpful people in their lives, along with the Seneca staff members who support them. Further, the majority of youth (4/6) shared that the Seneca staff member with whom they worked were one of their primary supports. One youth shared that she liked being placed in Seneca's family-based care settings compared to all of her previous placements, "Seneca, they care a lot, and they all support you." A different youth described the Seneca staff member assigned to her as one of the biggest supports in her life: "I feel like she's really a part of me." She explained that she's known the Seneca staff member for a long time, in contrast to the short-term connections typically made within the foster system. She underscored the emotional and psychological value of a long-term relationship with a supportive adult:

> "Being able to know somebody for that long, it feels better…because moving around group homes and foster homes and stuff, you have to meet a lot of new people and you know they're not gonna stay for that long. Getting attached to them or building a relationship with them, it's like you don't want to even do it anymore 'cause you know they're just gonna leave."

Half of the youth interviewed described themselves as independent. When asked to identify people who have been particularly helpful or important to them, two youth commented on their reliance on themselves, underscoring their individual resilience as well as the lack of supportive adults in their lives. One youth said, "I'm a very independent person because I've had to take care of myself for my whole life, so I don't depend on people." When asked who she relies on for advice or support when she has a problem, a different youth said that she relies on her gut feeling.

One youth perceived her Court Appointed Special Advocate's[10] (CASA) willingness to spend their own money on her, not government money, as an indicator of how much they care: "She just buys me stuff. I know it's out of her pocket. It's not money they get from the government. It's fun to know that people care about other people that much to use their money on a random child, just wanting to go out with them and do something" and "My auntie just does anything for me. If I asked for DoorDash or to buy him [my baby] something, she'll do it with no hesitation even if she don't have that much money."

*Peer and community relationships*

The majority of youth (4/6) expressed a desire to see their friends more, but different barriers hindered them from being able to do so, such as time-, financial-, and placement-related constraints.
One youth shared, "I only see [my friend] at school, and I'd like to see her in person after school… There's a train station nearby and I can take it to see her now, but I haven't had the time. I'd like a transportation card to go see her." Another expressed frustration regarding the strict rules of her STRTP that ultimately pushed her to leave her placement temporarily:

> "Yeah, they [the STRTP staff] don't let me have time to myself. [I wanted] at least a hour so I could kick it and hang out with my friends. That's what made me leave and go because I been talkin' about it since I got here. First they were saying, 'Okay, we gotta talk about it.' Then they're saying, 'Okay, it's just a part of our program rule.' I'm like, 'Okay, well, I'm gonna go hang out for a couple hours over here, and I will come back. I will be safe.' I do go to school. I clean up after myself. I go to school. I got straight As… So I feel like if I'm doin' everything I'm supposed to do, why the fuck I can't go out for a hour or two with my friends?"

One youth discussed the challenges to community-building after moving from another city: "[I'd like to visit] friends, definitely 'cause they're all the way in [*de-identified location*]. It would be nice to…see old friends there, but I don't have many friends now. It's different here… It's hard to make a community here."

### Physical Health and Safety

When asked, "What does safety mean to you?" youth described physical safety, such as being in a gun-free environment, having someone "watch your back," and not harming oneself or others. They also referred to risk mitigation strategies, such as not sharing personal information or photos with others, and being aware of one's surroundings. One youth equated safety with trust: "When people are silly, comforting, nice, and they've been there for me. When people are just there and I get used to them and I start trusting them, then I feel safe." Others described open communication with caregivers, self-care, self-regulation, and respect as foundations of safety. A youth explained, "Safety [is] like respecting other

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[10] A CASA is a community volunteer who advocates for the best interests of children in the foster care system or who have experienced abuse or neglect. A juvenile court judge appoints CASAs, who work with the child, their family, and others to ensure the child's safety and permanent placement.

people's boundaries, not doin' disrespectful shit, [and] not bein' unsafe." When asked what they would do if they felt unsafe or in danger, the majority (4/6) of youth said that they would call a trusted person.

### School and Activities

Three of the six youth reported looking forward to graduating from high school. One youth shared that she wants to graduate "so I can do other things in life and help us [she and her child] get money." Two youth said that their school is supporting them to achieve their educational goals. As one explained, "I like that my teachers support me. They help me with my work, and it's easy when they explain it. I like that… My teachers, they cool." Two youth commented that they are performing well in school, including one who reported receiving straight A's as quoted above. One youth reported that her school experience was not useful, and that she wanted to learn about practical life skills.

Half of the youth (3/6) reported that school is a major stressor in their lives. One shared that the interpersonal dynamics with her primary caregiver improve when school is not in session due to her reduced stress levels. Another reported experiencing stress and anxiety as a result of school demands: "I've been…anxious because of my exams. I feel like it's overwhelming. I have seven exams for seven classes. I feel so anxious I get headaches and I struggle to study." A third youth highlighted the tensions that parenting youth experience, noting that: "I feel nervous and anxious 'cause I have to think about going to school, and I don't want to leave him [her baby] for six hours. I feel like it's a long time."

Two youths reported feeling "very connected" to their peers at school. Yet some of these connections may not translate into deeper friendships, as evidenced by the comments of one youth: "[I feel] very connected. I feel like I have a lot of friends in school… Mostly 'stay at school' friends, but I wouldn't like go to the movies [with them] and stuff like that." When asked about what she liked about school overall, this youth went on to say, "I like my friends because they're really funny and [I like] being able to have social time." A different youth also described having positive experiences with friends at school, particularly with a friend who "listens to me a lot." Two youth reported that they did not feel connected to their school peers. One stated that other students can be "annoying," while another shared that she struggles to make friends.

## Caregiver Baseline Information

The following section summarizes data from baseline interviews with caregivers regarding their motivations, knowledge, skills, and capacity to care for youth impacted by CSE.

### Caregiver Capacity

At baseline, the majority of primary and alternative caregivers (9/10) expressed confidence in their caregiving abilities and felt equipped to meet any and all of a youth's physical, emotional, and psychological needs. For six caregivers, this confidence was attributed to their comprehensive experience as caregivers, parents, or service providers. Most FAM caregivers (9/10 primary and alternative) have extensive experience working with vulnerable youth, including youth impacted by CSE

or sexual violence, unhoused youth, youth living in group homes, youth on juvenile probation, transition-age youth (between ages 16 to 24), and/or LGBTQI+ youth. All caregivers reported having received previous training relevant to caring for youth who have experienced trauma, including training on trauma-informed care and conflict resolution. A few caregivers shared that their patience and capacity to love were critical to their caregiving abilities. As one commented, "[I'm] patient, loving, [and] naturally pour myself into young people and people in need. I'm a giver. My bandwidth is really wide in that capacity." Two caregivers found it easy to empathize with foster youth because of their own foster care experience. One primary caregiver reflected on her experience in foster care and how it felt being separated from her parents, "I think maybe I have an edge on that [caregiving] because I know what it feels like… I still had to deal with those feelings of why, why, why, why, why, why. I put…the pieces to the puzzle together. For me, it was about acceptance and they did the best they could, and… just…forgiveness."

Almost all (9/10) caregivers expressed feeling supported in their caregiving role overall, with many (7/10) naming Seneca as a critical component of their support network. One alternative caregiver also lauded FAM's financial support as the reason he is able to show up more formally in a young person's life, "[I] feel supported 100%. I wouldn't be in this position without FAM."

### Caregiver Knowledge, Attitudes, and Perceptions

Three caregivers reported having previously worked with youth who had experienced CSE. When asked about any personal feelings or beliefs about CSE that could impact their caregiving, five caregivers gave passionate responses. They described CSE of children and youth as harrowing and disgusting, which motivated them to help support and protect youth. One alternative caregiver declared, "It's heartbreaking and frustrating. To me they are babies. It makes you want to protect them that much more, and the importance of programs like this to be able to provide that support." Two caregivers underscored their awareness of youth vulnerability to CSE. One primary caregiver said, "It's clear to me how vulnerable my kids are to it. Even with a strong family connection they are susceptible. They have a hard time feeling that they are loved, they are really easy targets. Kids are really motivated by attention and gifts. It's hard to have conversations about predators online. Also as a foster parent, I have no control over their devices." One primary caregiver commented that CSE of youth occurs when parents are not closely involved in their children's lives or they do not explicitly discuss CSE risks with their children. Notably, two caregivers spotlighted the need for additional training and information on how to protect and empower youth from online grooming and sexual exploitation.

### Caregiving Strategies

The majority of caregivers (8/10) expressed confidence in their abilities to use harm reduction techniques and trauma-informed approaches when caring for youth. Half of caregivers provided examples of using open communication as a harm reduction strategy. One alternative caregiver described past instances where youth in her care were smoking marijuana at an age she considered to be too young, around 14 or 15 years old. She reflected that the youth may have an addiction or may be using marijuana as a coping mechanism, so she initiated a conversation with youth by saying, "Let's talk

about why this makes me uncomfortable, what you need to be comfortable, and come to a place where we are both comfortable." A different primary caregiver leans on her Seneca support network to help her effectively engage with the youth in her care, "I can call different people, Rapid Response or members of the team.[11] I give the youth the option and always remain calm." When discussing conflict resolution strategies, another alternative caregiver stated, "Don't take it personal… I'm going to remind you that I care about you. Then, I'll wait to see what you do. Usually that works."

When asked what trauma-informed care looked like in their homes, eight caregivers elaborated on their approaches. One alternative caregiver described how she provided a compassionate space: "Each one has had their own trauma, some more severe. Before, we had a youth whose mom passed and that was traumatic. We found her playing music and crying in the closet. We would go in there and sit on the ground and give her space to talk about it." Another alternative caregiver discussed the importance of understanding how trauma can inform behavior, and how to effectively support a young person who is emotionally dysregulated:

> "First and foremost, it's understanding that people who live with trauma might have big reactions to things that we may not anticipate and so it requires us to be mindful, attentive, curious and to not make any assumptions about behavior. Just ask more questions…Beyond that it's being able to recognize trauma triggers and slow down and support. Essentially try to figure out what the need is behind the behavior so you can respond to the need instead of whatever the behavior is."

### Goals and Motivations for Caregiving

All caregivers hoped to support the youth in their care through the teenage years into early adulthood. Specific goals included supporting the youth to graduate high school, attend college, exercise independence, build healthy relationships, navigate dating, and develop effective social, emotional, and cultural skills. Most caregivers (9/10) aspired to provide a stable supportive or parental role, readily available including during emergencies. One alternative caregiver described her hopes for the youth in her care: "What does her [adult] life look like? I want everything set up nicely for her. As we start to transition [into early adulthood, I hope] she does it smoothly, with no issues, and [with my] full support in her corner." A different alternative caregiver stated, "I hope to be a motherly figure for her to balance out the fatherly figure of her [primary caregiver]." A different alternative caregiver explained that she hoped to remain in the youth's life as a long-term support, even after the youth reaches adulthood: "I'm preparing them for independence…in my mind I'm auntie. We do these things that build a relationship and I'm someone you can go to."

As described previously, many caregivers reported being motivated by their personal outrage of CSE of youth, and their desire to support, protect, and nurture vulnerable young people. When asked what maintains their motivation, one primary caregiver responded, "You become more invested in someone

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[11] Rapid Response is Seneca's 24-hour hotline, which offers crisis stabilization and support to foster youth and their families during situations of instability.

over time. They're all really different, but I admire each of them. It feels rewarding to be their mom." A different primary caregiver mentioned that they were motivated by seeing a youth's growth and improvement: "Patience with these kids' traumas, understanding, [and] acceptance [are important], and [I am] motivated by their improvement." Two alternative caregivers stepped into the role because their work and/or school schedules prevented them from becoming primary caregivers. As one shared, "I've always planned to become a foster parent, but for me, I wanted to make sure that I was in a financial space to do that well. It was never really an urgent priority. This opportunity [FAM alternative caregiver] came and so I said okay, this is something I think I have the capacity for."

Two caregivers were motivated to ensure that the youth in their care maintained important links to their birth culture and did not "lose their culture." Two caregivers who were biologically related to the youth they were supporting said that they were motivated to be involved in their biological family's life in a more formal way and to foster positive growth.

### Relationship with Youth

All caregivers who had already established contact with their youth (8/10) described a positive relationship with the youth. They used language such as "I love her," "we have a strong relationship," "I feel really connected," and "she's my daughter," to describe their relationship. One primary caregiver stated, "I love my [foster] kids. I think they are great. They are funny, they are resilient. I love that they are connected to each other. All…have embraced being a family together, and all…called me mom pretty quickly." A second primary caregiver described a joyous connection with the youth in her care, "They're funny. They make me laugh… I'm usually the one that will make people laugh, but they make me laugh, and I like that. [*Laughter*] You see a different side of them that it's not just all this gloom and doom." A different caregiver mentioned, "She loved me and we had those memories. I see so much of me in her and it's unbelievable. It's a blessing."

Four caregivers knew the youth personally before becoming their caregiver, and four caregivers referred to the youth as part of their family. One primary caregiver exclaimed, "She's my daughter… She's mine! Even when she's 21, she's still mine. You don't need blood to bind you as family." An alternative caregiver said, "We love the relationship we have with her now, we just hope it continues to grow. We know what her dreams are and we want to see it through. We just want to be a part of her life and have her at family events. We consider her one of our own." One primary caregiver added she communicated well with the youth, but hoped that she would open up more.

# EVALUATION FINDINGS

## Shared Caregiving: Benefits and Outcomes

**Youth have a safe place to go if difficulties arise at home**

When youth were asked why they decided to participate in FAM, a few youth discussed FAM, particularly the alternative caregiver component, as a solution to avoiding conflict in the home. Two youth reported that FAM was introduced to them after they had left their foster family home without permission. Both reflected on why they left their placement and were hopeful that FAM's shared caregiving model would be helpful during times when they need a break from the household:

> "I just wanted to leave [my foster family home], but I had nowhere to go. I just went to my family member's house, and they [my primary caregiver and Seneca team] didn't hear from me for a little bit. I feel like FAM is also a place for kids that are going through something to go to get away for a minute. That's how I learned about the program. I wouldn't have to run away. If I need space or if I need time, I can go over there [to an alternative caregiver's home]."

The youth also appreciated FAM for giving youth autonomy in choosing a safe space: "It's giving the youth or whoever's in the program the opportunity to express who they would like to be with. I feel like it makes them feel like they're more open and heard instead of just a worker being like, 'Oh, well, you're gonna go here,' and you don't really get to [have a] say so in it." Another youth was excited that the model of the alternative caregiver provides an extended network of supportive people for the youth to turn to: "I think it's a very smart idea to have [the alternative caregiver]…'cause all families will fight even if it's the best family. It's definitely 1,000 percent an improvement from before. It's like all families will fight. That's part of a healthy relationship."

Multiple caregivers (4/9) also highlighted the importance of the alternative caregiver as a safe resource for youth to go to during conflict in the home or when they needed a break. As one primary caregiver shared,

> "Honestly, I'm really excited about the idea of there being an alternative caregiver who is committed to being there in an emergency because I feel we really need that. If there is an escalation or a blowup, it doesn't have to get to the point where there is any physical altercation [and] that there's a place that she knows she can go and decompress and vent and yell without having that have a lasting impact on a younger sibling."

Two alternative caregivers explained how they are already filling the role of a supportive person who youth can turn to, with one caregiver describing themselves as "one of the top people [the youth] goes to when she's overwhelmed and needs someone to calm her down before she acts. That's what we've been working on, and she's been reaching out, which I always appreciate." Another shared, "[There were] a few times where [the youth] would get into it with her primary caregiver and then she would come to me, talk to me or my husband." A third expressed a desire to fill the role of someone who youth can come to during a crisis: "[I want to be] the one they tell, 'I don't like the situation I'm in right now, what can I do?'"

Service providers reinforced the positive impact of youth having an alternative caregiver as a safe person to go to if they leave their primary placement. One provider explained how traditional foster care

typically relies on stranger respite care if a youth leaves placement or needs temporary care; however, FAM youth with an identified alternative caregiver can utilize that person as someone to stay with if they, or the caregiver, needs a break. The provider added, “I think having this one identified ‘parent’ [alternative caregiver] will be super helpful in allowing them to have that safe space and being able to really utilize that safe space because they have a relationship with this person.”

**Youth and alternative caregivers have developed strong relationships**

All youth who had an assigned alternative caregiver (4/6) had only positive things to say about their relationships with their alternative caregivers and reported spending a significant amount of time with them. One youth shared that her alternative caregiver is “providing what she’s supposed to be providing: love, care…words of wisdom. She doesn’t judge me.” Another described her alternative caregiver: “Honestly, [they’re] like my best friend in the whole world. [They] teach me a lot of stuff.” The youth went on to say, “I love the time that we spend together…Now that it's just [us], I feel like I can express myself… [We] are bonding.” When discussing how much time they spend with their alternative caregivers, one youth said that they spend time together every day, while another spoke about how her alternative caregiver picks her up from school and “take[s] me to the movies, we go out together to walk. It’s nice.” Additionally, when youth were asked about the people who have been particularly helpful or important to them over the past year, half of the youth listed their alternative caregiver as one of the most important people in their lives.

Several alternative caregivers spoke about the quality time that they spend with the youth in their care and how their positive relationships developed. Three caregivers described spending multiple hours at a time with youth, including an alternative caregiver who regularly visits with the youth in her care for “maybe, six, seven hours. We usually pick her up in the afternoon, and then we’re there till her curfew at 8:00.” That same caregiver reflected on the close relationship that they have developed with the youth, explaining, “It’s going really well. We feel very close to her. She feels close to us. She’s comfortable, feels comfortable and safe, to ask us questions or ask something from us.” Another alternative caregiver detailed, “We spend a lot of time together. She was in my home every day, anywhere from three to four hours. We could eat together, have fun.” Having fun with youth was a shared experience for multiple alternative caregivers, highlighting the ways that caregiving enhances the lives of caregivers as well as youth. One commented, “I feel like when I met with her this weekend, she was really happy to see me. We went to the movies. We had some really good conversations. We went to the arcade. I had a lot of fun.” Alternative caregivers described participating in a variety of activities with youth including going out to eat, to the movies, spending time outside, and attending cultural events. Many of the activities chosen were youth-led and prompted by shared interests, with one alternative caregiver explaining, “We have so many things in common. She loves to cook and loves art and loves exploring community things.”

Both primary and alternative caregivers stressed the importance of having different types of positive adult relationships in a youth’s life. As one alternative caregiver explained, “Tag teaming with her mom means that I get to be the one that she can vent to and not feel like I have to edit her language. Mom's doing the mom thing. [Alternative caregiver] gets to be the one you can vent to and not worry about.” Another alternative caregiver agreed that because they are not the primary caregiver, they are able to

have a more relaxed relationship with the youth: “I really feel like she feels comfortable [with me]... I think she appreciates the fact that I keep it real. I've heard a lot of people say that.”

Five service providers who either work directly with youth, or have close familiarity with their cases, discussed the progress that they have observed in youth as a result of “having dedicated adults in their life who spend time with them and check in on them.” As one provider described, “The young folks who do have an assigned [alternative caregiver] who's in their role and showing up, they are stabilizing. I've heard of young folks engaging more in school or treatment or being able to do more normal things because they now have multiple adults showing up for them and helping.” Multiple providers spoke about this stabilizing effect that involved alternative caregivers have had on youth. A one provider explained,

> “The kids we're working with are extremely isolated, and I think that [the] alternative care provider has met a connection need that I think is needed before we can actually do any kind of therapeutic work. We're often throwing these therapeutic interventions at kids when they don't have their basic needs of connection and safety met and so they're actually not useful, and so this is allowing us I think to get kids to a stable place where we can actually engage them in therapeutic interventions.”

**FAM facilitates alternative caregivers and other natural supports to participate more in youths’ lives, particularly through removing financial barriers**

FAM, particularly the flexible funding and monthly stipend, has enabled increased engagement between youth and caregivers and other natural supports. Two youth shared that their increased contact with their alternative caregiver is a direct result of FAM, with one youth explaining that FAM is “funding money and stuff and extra support so we can [be] together.” The same youth shared that they rarely saw the caregiver “until the FAM program got involved,” and with the extra financial assistance that FAM provides, “I [am] seein’ [them] every day.” Another youth understood FAM as a program that would allow her to see her natural support more, “I was really happy I could go see my [extended family member] now.”

Similarly, a primary caregiver emphasized how the FAM stipend helped a youth’s natural support to continue to show up for them, but now without the financial burden:

> “I feel like what FAM offers is even more supportive, because with Seneca I would just pay [the natural support] from the funds that I received to be able to take care of her, and so then it’s challenging because she does have a lot of needs, and so I do have a lot of expenses. It would almost be a thing where I would be like, ‘Can we afford to be able to have her go if we have this month we have this camp and this camp and this program that we’re paying for?’”

Four service providers also described how FAM has provided family members and other natural supports in a youth’s life with the opportunity and resources to successfully show up and engage with youth. As one provider explained,

> "One thing we've really learned with this go around [FAM 2.0] is [that] many of the young folks that are in care do have people in their corner from their families and their chosen families and just people of origin who want to show up for them, but can't do that in the very specific way that the county and system has allowed them previously, and so, it's really exciting that we're carving out this new opportunity… It's just been really beautiful to see when you give people the opportunity and the resources to step into that opportunity and be successful, they will."

**The alternative caregiver model provides additional support to the primary caregiver**
Multiple caregivers underscored the additional support that the alternative caregiver model has provided them, and how this support contributes to their ability to continue caregiving. As one primary caregiver pinpointed, "[The alternative caregiver] is the reason I can juggle all of this." A different alternative caregiver likened the model to an extended family with various aunts, uncles, and other supportive adults who both the youth and caregiver can lean on. They detailed, "I feel like it also gives the other foster parents someone to depend on… It's nice to have that—someone with you in the process—because it feels very lonely. I feel like this is not something that benefits just the youth but the parents as well." Another alternative caregiver agreed and explained the value of having "a secondary person who steps in when things get rocky for the primary caregiver and/or they're unable to perform their duties, but [also] as a support, really tag teaming and collaborating together throughout her journey."

Four service providers similarly highlighted how primary and alternative caregivers are supporting one another and working together to best support the youth in their care. Two providers specifically mentioned how a supportive relationship between caregivers can help mitigate foster parent burnout, ultimately enhancing stability and well-being for youth by keeping them in one placement. One provider said, "We've been trying our best to really utilize or identify alternative care providers when a youth is in crisis." The provider described a situation in which "having the alternative care provider on that case has I think really allowed for a lot of stability and has supported the primary in not burning out because of the level of needs of that youth." The second provider added, "For caregivers, it's an opportunity to have other people as support… That way, a caregiver can feel that relief, that there are more—a community—who can help. And I believe that helps to prevent burnout."

## Shared Caregiving: Challenges

**Multiple barriers hinder the successful recruitment of alternative caregivers**
Service providers, caregivers, and youth identified a variety of barriers that undermined the recruitment of alternative caregivers. Service providers spotlighted challenges in passing background checks, constrained bandwidth to attend trainings, and a limited number of trusted adults who youth can identify as potential caregivers. One service provider described two youths who "don't have a super obvious alternative caregiver, where there's not already somebody in their natural supports that could easily step into that role." Even for youth who can identify a potential alternative caregiver, some are not

approved due to prior involvement with the criminal or child welfare systems. As one service provider explained, “There are relatives of youth who could absolutely be enrolled in FAM, but [they] would never pass a background check because [they] have a history of all sorts of things.” Other potential alternative caregivers are unable to meet state caregiving requirements. As one youth explained, “[The potential alternative caregiver] can’t [serve] because she has a studio apartment and for the program, I have to have my own room space and obviously there's not, so yeah, we still working on it.” Alternatively, some potential caregivers would likely have been approved, but due to other constraints in their lives, such as busy work schedules or other caretaking responsibilities, they were unable to serve.

One service provider highlighted that the alternative caregiver identification and subsequent approval processes can be burdensome for direct line staff and that staff capacity to support alternative caregivers through each step of the approval process can be limited.

**Communication challenges between primary and alternative caregivers**

Tensions between caregivers can arise due to differences in household rules or disciplinary practices. Five caregivers mentioned current communication issues between themselves and their caregiving counterpart, or that they foresaw potential issues arising over time. As one alternative caregiver shared, “I just know that sometimes there is differences and challenges, especially if they don't have the same understanding of trauma, like discipline practices.” A primary caregiver emphasized the need to be “on the same page in terms of what rules there are and why they’re important to maintain continuity so that it doesn’t end up being like my kid’s like, ‘Oh screw this. I’m going to go live with [them] full time.’” When caregivers are not communicating regularly or effectively, mistrust and confusion can arise, including where the youth is or when they plan to return to the other caregiver’s home. One alternative caregiver shared that in a typical foster care setting, poor communication between parents might be acceptable, “but if we're talking about a FAM, like family, I need to feel that connection with the other foster parent.” Caregivers pinpointed the need for open and direct lines of communication between one another.

## Specialized Training and Consult Groups: Benefits and Outcomes

**Caregivers found the FAM training to be valuable and immediately applicable in practice**

Four caregivers reflected positively on their experience with the Advanced CSEC Training provided by WestCoast Children’s Clinic.[12] Caregivers expressed that they “learned a lot through the training,” and that trainings were “helpful,” “very informational,” and “easy to understand and implement.” Three caregivers gave specific examples of how they have applied elements of the training with the youth in their care. One alternative caregiver described her mindset before taking the training: “I felt like I would've been a little bit more judgmental, like, ‘Girl, That's crazy. Don't.’ I felt like I was able to be a little bit more like, listen. For her, it's been super helpful for me to listen and then say, ‘Well, can I offer you this? Can I submit this?’” Other caregivers agreed that employing skills from the training had already

[12] Interviews with caregivers were conducted prior to the rollout of the new UC Davis training. As such, data presented in this section refer to the original 16-hour WestCoast caregiver training.

proved helpful in providing care to youth, with one primary caregiver referencing how they and the youth now "both use the strategy…[of] taking space when we disagree."

Two caregivers spoke about the benefit of learning from those with lived experiences of CSE as a young person, particularly what factors helped them survive and succeed. As one alternative caregiver shared, "The people who presented the training, having been survivors themselves, it just made it different. You know what I'm sayin'? It's not like you're hearing some expert saying, 'It is what it is.' No. 'I lived this. The only reason I'm alive today is because of X, Y, and Z.'"

**Agencies worked together to modify the FAM caregiver training to increase caregiver participation in FAM**

Nine service providers highlighted the success of FAM partner agencies collaborating to revise the training requirement to better meet the needs of caregivers and to increase caregiver participation.[13] As detailed in prior FAM evaluation reports, FAM caregivers struggled to complete the required 16-hour WestCoast Children's Clinic training due to time constraints, scheduling difficulties, and language barriers. In response to this feedback, implementing partners worked together to identify a more flexible and accessible training option. The new training requirement is an asynchronous, self-guided three-hour model hosted online by the UC Davis CAARE Center,[14] and is available in both English and Spanish. As one provider explained, "[The] shift to asynchronous [was] to try to be really accommodating to families' schedules" by allowing them to complete the training on their own timetable. To make up for the lack of a live trainer during sessions, WestCoast will now offer an individual follow-up session with caregivers after they complete the asynchronous training to "provide more of a consultative space and dig deeper into any of the topics that are most relevant to them." One provider specifically wanted to "commend WestCoast for really thinking outside of the box here and introducing us to the UC Davis training" to help increase caregiver participation in FAM.

Three providers noted that a harm reduction approach underpinned the revision process to ensure that all caregivers were at least getting some training. As one provider explained, "Ultimately, in the name of harm reduction, we acknowledged, we're making a big shift of going from 16 hours to 4 hours, but it's in the service of getting that information to our parents. We would rather take four hours and actually get [caregivers trained] than have this 16-hour thing that nobody ever completes." Another service provider agreed that the shortened model might result in some learning lost, but that providers were "trying to find that balance between accessibility and ease and doing the one-on-one consultations to enrich those opportunities." Another provider underscored that, at the end of the day, "We want [the caregivers] to get trained," regardless of the model. The switch to the UC Davis CAARE Center model also incorporated a level of equity by presenting the same option in English and Spanish, instead of creating a modified, and less thorough, version of the WestCoast English training for Spanish speakers. A provider

[13] The new FAM training requirement was not fully rolled out until after this evaluation period ended. As such, findings related to caregiver experiences of the UC Davis CAARE training will be presented in the next evaluation report.

[14] Increasing Trauma-Responsive Knowledge and Practical Skills: A Web Course for Caregivers of Youth Experiencing Sex Trafficking and Exploitation developed by UC Davis Children's Hospital CAARE (Child and Adolescent Abuse Resource Evaluation) Center and CDSS.

commented, “A big piece for me was that the Spanish and English trainings were equal and not like Spanish was reduced to this other option. The fact that Spanish and English trainings are offered in the exact same way is, I think, a huge accomplishment.”

## Specialized Training and Consult Groups: Challenges

**Caregivers are currently unable to participate in monthly learning consult groups**
WestCoast Children’s Clinic offers monthly learning consult groups for caregivers. More than half of the caregivers interviewed expressed a desire to participate in these groups, but at the time of data collection, none had been able to do so. Caregivers agreed that consult groups would be helpful to speak with other caregivers in similar situations, but that scheduling conflicts and/or lack of awareness of when consult groups are held prohibited their attendance. The consult groups commence every third Friday at 10am, but some caregivers did not recall being made aware of them, while others said that they needed a reminder email. Scheduling challenges were a significant factor in one alternative caregiver’s ability to participate: “I saw them, but I couldn't do it 'cause I was at work. They're during my working hours… The ones that I was invited to was the same time the normal training was… [They were] not realizing that I had to take off work, or if I didn't have to take off, I was like working from home.” Caregivers were able to take time off from work for mandated trainings, but are unable to do so on an ongoing basis to participate in the consult groups.

**FAM youth and caregivers desired additional training on various topics**
A few caregivers involved in FAM shared a desire for additional training on topics that were not covered in existing training, including the impact of CSE on mental health. One alternative caregiver wanted to be able “to differentiate between [a youth being] anxious just because she had a really bad experience recently, or she's anxious because she's tappin' into some stuff that's comin' up because they are in therapy? I feel like that part is not addressed a lot in trainings explicitly.” Two service providers also noted that caregivers are interested in learning more about harm reduction and self-care. As one provider explained, “I think harm reduction is something that is more difficult for caregivers—this is what we’ve heard—to implement because it feels like the youth that they are taking care of are still engaging in high-risk behaviors or risky behaviors.” Additional training on harm reduction would help give caregivers a better understanding of its benefits, practical approaches, and how to implement it safely.

## FAM Funding: Benefits and Outcomes

**Youth and caregivers want flexible funding to meet basic needs, support relationship-building, and enhance well-being**
During baseline interviews, all youth participants expressed the need for additional money to cover basic needs and critical items including clothing, shoes, baby items, food (particularly at school), and phone and bike repairs. Youth highlighted the need for funding to cover transportation costs to appointments and to see friends and family, and emphasized the desire to see family and friends more often.

## Youth Needs

**In baseline interviews, youth said that they needed help paying for:**

- Food
- Transportation
- Baby clothes and toys
- Shoes and clothes, including bras and underwear
- Fixing broken items, such as phone
- Skincare, perfume, hair- and nail-care
- Gift cards to support independence

The majority of youth (5/6) also shared a strong desire for autonomy over their financial decision-making. Several youth said that they would prefer to buy something on their own rather than go to their caregiver for assistance. As one youth noted, "I like to be independent. I feel like doing it myself is just something that I would rather do." Another youth explained, "I never really felt comfortable with asking too much to buy. I just like making my own money. I've always not [felt comfortable asking for money] 'cause I grew up in a very, very poor household. I never really got that, and now that I can, I'm just afraid that I'm making them broke or something." These perspectives reinforce the need for youth to be able to access FAM flexible funds directly.

Several newly enrolled alternative caregivers were excited to begin accessing FAM's flexible funding to effectively support youth. As one alternative caregiver said, "I think it's absolutely fabulous and we will most definitely use it [*laughter*], mainly because we know how hard it is sometimes to secure funding for extra things that really are needs." Several caregivers said that they plan to use the funds to support relationship-building activities with youth as well as youth's extracurricular activities, such as art, music, and other cultural activities. One alternative caregiver noted, "Young people, especially if they're in public school, the schools don't have everything, so [the funds can help pay for] extra programs like ceramics or dance." Other caregivers anticipated using the funds for a range of items and activities, such as shopping, eating out together, sports, summer camps, and generally spending time together.

**Flexible funds are being used to meet critical needs, promote dignity and well-being, and support relationship-building**

To date, service providers, caregivers, and youth have accessed flexible funding for a variety of purposes, from meeting youths' basic needs to supporting their well-being and development. The funds have been used to support transportation costs, school materials, groceries, cosmetic items and services, driving lessons, moving costs, and more. The funds have also been used to address critical education gaps, including preliteracy. As one primary caregiver described:

> "The idea that there is funds that would specifically pay for the reading specialist, [and] then we could continue to pay for [the youth's] extracurricular activities and the other expenses just

> means everything… I was just in disbelief and so happy when I first heard that that would qualify… [The reading specialist is] as expensive as sending her to a school that we would have to pay out of pocket for her, and doing either of those would mean that we couldn't afford anything else. It would eat the whole stipend… I just want her to be able to read."

A service provider similarly shared that flexible funds were used to buy a Chromebook for a youth, which helped her catch up on coursework so that she could graduate high school. Flexible funds were also used to support critical transitions, such as one service provider who was able to quickly access funds to support a youth with their move into transitional housing.

Service providers and caregivers have also used flexible funding to augment youth's dignity and self-esteem, which can help to mitigate vulnerability to grooming and exploitation. One service provider shared,

> "One of my youth, I was able to utilize some of the funds for prom. I think that giving them like a sense of self-esteem and feeling good about themselves—even if it was in the moment—I seen how it really impacted her as I watched her get on the boat for prom. She was just loving herself and just loving how she looked. It was just so—it was amazing to see this."

One youth and her support staff accessed funds to support physical health and well-being. The young person noted, "They paid for sneakers that I use to go on daily walks and just use to go out." A direct service provider shared, "FAM actually bought a bike for my youth, and she uses it very often when she feels like that 'cause she's more of a sensory type of, she prefers more sensory stuff. I'm like okay well if you go on the bike, you can feel the wind in your face, and she loves that. And that really helps her, that's part of her coping skills, right?" In her interview, this youth explained that riding her bicycle was necessary for her to feel healthy and to alleviate stress.

Some direct service providers shared the ways in which having access to a flexible source of funding has helped them to better meet the diverse needs of foster youth as they arise. One commented, "It's just the flexibility of it. As long as I knew what I can do with the funds that FAM provided, it was a lot easier when things got complicated to say, 'Hey remember the program is here to help you and if this is an emergency where you feel like you need to use these funds, let's make it work.'" Another reflected, "I guess I never really realized and really thought more about how much our youth was lacking when it comes to financial support because we can only do so much, right? I think that the way that we've been able to utilize the discretionary funds and the transition funds has been so helpful."

In addition, service providers shared examples of how flexible funds have been utilized to support youth to spend time with and strengthen their relationships with caregivers and other family members such as by providing gift cards to pay for family visits. One alternative caregiver described how they were able to request flexible funds to pay for concert tickets so that she and the youth could attend a concert together.

Other service providers observed first-hand the positive impact of the flexible funding on youth. As one provider explained, “Honestly, [the youth is] doing so well and honestly, I want to say 90 percent of it because of FAM. Because of the privilege that they have access to these funds that make their life so much easier. I mean with my first youth, she's driving. She's gonna graduate. She's gonna start community college. She's doing all things for herself.”

**The alternative caregiver stipend supports relationship-building and enables family members and other natural supports to support youth in new and important ways**

When asked about the $1500 monthly stipend provided to alternative caregivers as part of FAM, most of the alternative caregivers said that they thought the amount is sufficient to support the youth in their care. As one alternative caregiver explained, “[F]or right now, it's been perfect and more than sufficient to meet the youth's needs.” Two caregivers felt that it was too early in their experience with the program to fully understand the financial impact of the monthly stipend. One suggested that it would be helpful to double the stipend amount to better meet the Bay Area’s expensive cost of living. Another alternative caregiver explained, “[The youth] might want to go to band camp. Might need to purchase some beats for mixing her music. Might want a turntable, things that don’t cost a whole lot but makes a huge impact. Maybe an easel [and] supplies so she can paint. Who knows, she might want a support pet.” A different alternative caregiver reported that the stipend had already supported him to cover a variety of costs: “The stipend has been a big help. Regular bills, spontaneous things, phone bills, movies, eating, clothing, car repairs.” Later, in a follow up interview, the same caregiver reported that the stipend has continued to help cover critical items for the youth, including new furniture and groceries.

The monthly stipend has also facilitated relationship-building between alternative caregivers and youth by enabling them to spend quality time together. As one alternative caregiver explained, “We take her shopping sometimes. We always go out to eat, and we bought her a Christmas gift and things like that. I think that the stipend is just trying to support us supporting her, and that has been helpful.” This caregiver also explained that the stipend has encouraged more open communication, with the youth no longer hesitating to ask for what she needs, and the caregiver being better able to meet those needs.

Finally, a few service providers highlighted that the monthly stipend for alternative caregivers has enabled family members to participate more in youth’s lives, which they could not have done without the funding. For example, one service provider explained, “I do think that the grandfather[‘s]…access to FAM funds has allowed him to build his relationship with his granddaughter… So I think it's allowed us [the] capacity to bring in family members that previously maybe wouldn't have the capacity to navigate this without those additional funds.” This was reinforced by the youth during her interview, where she explained that she wasn’t seeing her grandfather regularly until they joined FAM. She now sees him almost daily and hopes that he could become her primary caregiver. She explained, “[H]e’s completin’ his…foster parent training with the FAM program. They’re helping him get an apartment right now so we can live together. They’re funding money and stuff and extra support so we can live together.” Another service provider highlighted that FAM’s approach of providing tangible support to families and nurturing youth’s natural supports is significantly different than traditional approaches of the child welfare system, and represents a potential paradigm shift in the child welfare system. “There’s just no

scenarios in a regular sort of child-welfare paradigm where we give financial resources freely… We very rarely do that for relatives unless they are the actual placement."

## FAM Funding: Challenges

Although a number of caregivers and youth have successfully accessed FAM's flexible funding, funds continue to be underutilized by both groups due to multiple challenges. Some caregivers also reported poor communication around their monthly stipend disbursement.

**Some youth and caregivers have limited understanding of FAM's flexible funds**
Multiple youth and caregivers expressed confusion around the purpose, availability, and ways to access flexible funding. For example, one FAM youth reported that she did not know what FAM or FAM flexible funds were after several months in the program. At a later interview, the same youth was still confused about how to access the funds. She asked, "Who is able to submit the requests? How do they [FAM] get the money to you?" When the new flexible fund flyer and request process was explained to her, she suggested that CashApp would be an easier way to receive FAM funds so that she could purchase the items she needed directly and on her own time. A different youth noted that her gym membership had been canceled and asked how much money FAM had available for flexible funding. A third youth reported asking Seneca about financial support to fix her phone, but was told that they "don't have any funding," highlighting the need to better inform both providers and youth about flexible funds.

Caregivers, too, expressed confusion about flexible funding. More than half of the caregivers interviewed were unclear about the uses of flexible funding and wanted more information about this. For example, one alternative caregiver was unsure how to differentiate the uses of the monthly alternative caregiver stipend from flexible funding. She explained,

> "I just feel like clarity would be helpful on like, 'You get paid for X, Y, and Z. Then, you can get reimbursed for X, Y, and Z.' I asked a Seneca staff member, I said, 'Can I get reimbursed for the household items I bought? I know I'm not gonna get reimbursed for that because you guys are already giving me money to support [a youth].'"

A different primary caregiver similarly expressed a desire for more clarity about the funds: "It has been difficult, and they don't directly tell me who is part of FAM, what I can use the funds for, and how to access them. I tell Seneca, but they just say they'll get back to me and do not."

In addition, one primary caregiver shared that they wanted to purchase an electric bike for the youth in their care but were uncertain if they could make that request or if the item was too expensive. Another alternative caregiver emphasized that youth may need more information on what they can use flex funds for: "Some knew what they wanted and what to ask for, others didn't know what to ask for. Make it clear it's okay to ask for movies or a gas card, [or that] my aunt wants to take me out somewhere special, [and] a gift card can help offset the costs."

Although caregivers and service providers highlighted the importance of Seneca staff consistently offering flexible funds to youth and caregivers, one service provider explained that this can be difficult given competing staff priorities and the need to address other acute needs of youth in crisis. "I just think our staff's capacity—following up with kids around using their discretionary funds when they're potentially having suicidal thoughts—it's just our staff's focus is really on stability and meeting mental health needs, and so taking on this additional work of making sure that kids are not just connected but accessing [is difficult]."

**Some youth and caregivers experience resistance to requesting funds**

In addition to lack of clarity on how to access funds, negative perceptions around asking for financial support may inhibit caregivers and youth alike from requesting funds. Some caregivers said that caregivers may not feel comfortable requesting funding because they do not want to be perceived as greedy. One alternative caregiver highlighted the need for FAM staff to regularly and proactively offer funds to caregivers:

> "No one will want to ask for funding. No one wants to ask. No one wants to feel greedy. It won't happen. It is helpful when staff can pick up on the need and suggest it themselves, suggest that the funds are there. A caregiver won't ask, 'Can I have extra funding for prom season?' But if a staff knows it is prom season and tells the caregiver, 'Hey, I know you bought xyz for the youth, we want to reimburse you.' Or 'Hey, I know it is expensive for the youth to do xyz, let's use this extra FAM funding to reimburse you for this expense.'"

This perspective was reinforced by a few service providers, who said that many caregivers will not ask for additional support and underscored the need to address their reluctance to asking for and receiving financial assistance.

In addition, although youth are able to make direct requests for flexible funding through the new FAM flyer or with the help of Seneca support staff, more than half (4/6) of the youth interviewed expressed a discomfort with asking for money in general, including from caregivers. As one young person explained, "That's one of the things that I feel like I hate asking people. I hate asking people for money to get food…I'd be like, 'Auntie, can I get [something].' I feel weird doing that." When referring to her primary caregiver, another youth said, "I don't feel comfortable [asking for money]. I feel like I'm bothering her." Two service providers mentioned that it will require a shift in mindset for youth, caregivers, and service providers who have been involved in the child welfare system for a long time—where funds are scarce or burdensome to access—to take advantage of FAM funding.

Two caregivers expressed concerns about providing youth access to money without the accompanying financial education to understand that these are short-term pilot funds. As one primary caregiver explained, "I don't agree with just giving youth whatever they want just because they ask for it. You're teaching them that everything is free in life. If the funding stops, they'll go back to the streets for money. Youth need to know that this is real life and they can't expect to get whatever they want without working for it… That's my only critique, is that the program also needs to teach kids what to do when that money is no longer available. When life gets serious, it may motivate them to continue seeking easy money."

They suggested that financial literacy education be incorporated into the FAM program for youth seeking flexible funds.

**Poor communication and delays regarding caregivers' access to the monthly stipend and flexible funding need addressing**

Four caregivers reported that the distribution of FAM funding was unclear and poorly communicated. Three alternative caregivers said that they did not receive the monthly stipend when they expected it, and that the delays created challenges for them. For example, one alternative caregiver shared that she was told that she would receive the stipend as soon as she completed the FAM training, but was later told she needed to wait until she was assigned a youth. She was under the impression that Seneca would disburse the funds immediately after training completion, and moved into a new apartment as a result. She elaborated,

> "I feel like I'm just now getting what they told me I was gonna get [earlier on]. It was frustrating, 'cause I was under the assumption that as soon as I finished [the] training, that's when finances would open. That's one of the reasons that drew me to the program is because if I was to break my lease today, and go move into a one-bedroom, I would save so much money. I'm keeping the second bedroom in [*de-identified*] because you're saying I might get people and/or youth and that's just not happening."

The same caregiver later shared that: "The money came later. She [the youth] came before the money came. It complicated my life. I was struggling financially." Another alternative caregiver reported in their follow-up interview: "The stipend has not kicked in and the reimbursement for costs has taken months." She went on to explain, "It throws the whole program off when the funding doesn't start when you start fingerprinting and begin taking courses. That should all run simultaneously. It allows you to plan and prepare. I could set up a camping trip, I could set up a reservation at a park. Just create celebrations, celebrate her. In the blink of an eye, she could be ready to change, and I'll always be there. But the stipend still hasn't set in… But I could see how this would turn other people off moving forward, the not having the stipend come through when they said it would." Further, one service provider also noted that determining when to start providing the stipend to alternative caregivers had been a challenge in FAM implementation. She explained that sometimes it makes sense to begin a natural support's monthly stipend before they complete the approval process, if that person is already supporting the young person consistently. If the alternative caregiver is a community recruit who still needs to build a relationship with the young person, then the FAM Implementation Workgroup would require the adult to complete the approval process before initiating the monthly stipend. The same service provider acknowledged that challenges with the FAM monthly stipends mirror systemic challenges within the larger foster care system, "I think this is really pointing out one of the systemic issues we have in foster care where understandably, you [a caregiver] get paid for caring for this young person, but then that rate can just be halted in a moment, and then now you have bills or utilities or whatever that you can't afford. I think that's something that the system struggles with already. We've hit that."

In addition, one primary caregiver reported that she was never reimbursed after making a request. They explained, “I have not received anything from them. None. They said they could cover her stuff for graduation. I bought her dress, but they haven’t reimbursed me, and [the youth] said that they would reimburse me because she gave them the receipt. I still have not seen anything. I tried to get her braces and birthday party covered, and they never got back to me about that either.” They later added, “I gave up trying to ask for funding, even my husband was wondering if the funding had been approved.”

## Sustainability

**Service providers voiced concerns about FAM sustainability and urged the SF SOL Steering Committee and CDSS to begin sustainability planning immediately**

Interviews with FAM service providers were conducted about halfway through the FAM pilot period in June and July 2024. At that time, the majority of service providers (9/14) reported that they were not aware of any measures or planning efforts under way to extend FAM beyond the end of the pilot in December 2025. Service providers reported that FAM is positively impacting families but were uncertain as to how to sustain different components of the FAM pilot once funding ends. One service provider voiced, “We need to know where we go from here. Assuming it continues to benefit families, where do we go from here?” With only 18 months of the pilot remaining, several service providers underscored the urgency to immediately begin developing a sustainability plan. One provider explained, “I think just for me it would be helpful to have a direct conversation around what the stability options are. I don't know what that is–an actual assessment of what's the potential of those being plans? I've heard like, ‘Well, HSA would have to pay for it.’ Well, that's I would say got a .1 percent chance of actually being a reality, and so how are we identifying potential plans and then assessing those?"

In addition, almost half of the service providers said that they would like clarity from the CDSS as to whether additional funding would be allocated to continue FAM after the pilot ends, and to explore long-term sustainability options with the state. As one provider explained, “We really need the state to tell us what that looks like. Our charge was to design and pilot a model that reduces exploitation, and we're doing that. The implication was that it was so that the state could take it and run with it. We're going on six years now or five years, excuse me, of this conversation being vague at this, to get to this point of it, and we're entering the phase where we need to tell our families if FAM is going to stop… What are even our options and who is in charge of that?”

Some service providers mentioned general pathways for sustaining FAM, including fundraising or legislative advocacy, and highlighted the need to develop concrete strategies. A few service providers recommended exploring philanthropic donations and other alternative funding sources to continue FAM. At the same time, two service providers noted that the government is mandated to fund foster care, and suggested that advocacy should focus on integrating FAM services into the state budget rather than on fundraising. One provider explained,

> “Legislative advocacy versus community fundraising are completely different approaches. As we head into the second portion of 2024, we need to be hashing that out so that we can start

developing those plans. Transforming foster care is not a quick or easy thing… If we're going to be advocating for the FAM model to be embedded within the state foster care system, we need some clear next steps for what that advocacy looks like. Are we just convincing [*de-identified*] and he approves it? Or do we have to go in front of [an] executive?"

In addition, some service providers underscored the importance of using the evaluation findings in advocacy efforts to demonstrate the positive impacts of FAM on families and youth at risk of CSE. One service provider added that it would be helpful to assess whether FAM reduces any financial burdens on the city and state.

**Participants worried about the viability of the alternative caregiver role if funding ends, and the potential negative impact on youth**

A third of service providers (4/14) raised concerns about the potential negative impacts on current FAM families if additional funding is not secured. They were particularly worried about the impact on the alternative caregiver role, specifically whether alternative caregivers could financially and legally continue to serve in this role after pilot completion. As one service provided raised, "What happens to all the alternative caregivers, not just when their stipend ends? Can they still visit with the youth even if they're not being paid? Can they still do overnights even if they're not being paid? Is it really just the stipend will end or will their entire role end?" Other service providers expressed anxiety that the sudden cessation of the stipend would compromise the ability of alternative caregivers to support youth. One service provider reflected:

> "What happens when these ACP [alternative care providers] stipends go away, especially if…biological family members have incorporated that into their way of life. What happens when it goes away? I think we try to be very clear, [that] this is a temporary service at this time. But if I were to receive a stipend every month…even if I'm not living off that stipend, I will adjust my life to incorporate that significant amount of money, and once that goes away, I think that will be kind of shocking."

Similarly, a different service provider shared: "Someone might have a real-life situation where this money allows them to be more available, and they're not gonna be as available without that. It doesn't mean that person's a bad person, there's just the realities of life, especially if you're stretched for resources."

One service provider questioned when to stop enrolling youth in FAM given that funding for alternative caregivers will end soon. She explained that a sudden lack of funds could undermine a youth's relationship with their alternative caregiver as well as negatively impact their overall well-being. She reflected on the ethics of continuing to enroll caregivers and youth into FAM given the potential for harm to youth:

> "At what point do we stop creating these FAMs knowing that these resources are not gonna be available? I think we need to be really thoughtful around bringing in someone, and if they feel like [they] can continue to support this kid once the money stops. 'Cause also what's the

> message to this kid, like, ‘They only show up when they get money…’“ Someone made the comment, ‘It's better that a kid has three months of [an] alternative [caregiver] than zero months of an alternative [caregiver],’ and I think that that's very much missing the impact that relationship disruptions have on these kids, and you're potentially retraumatizing a kid.”

In addition to sustainability planning, a few providers discussed the need for contingency planning in the absence of renewed funding. Two service providers stressed that FAM staff should immediately initiate discharge conversations with families, particularly alternative caregivers, in preparation for the pilot ending in December 2025.

**A designated FAM coordinator could improve implementation and facilitate long-term sustainability**
As a key strategy for both sustaining FAM long-term and improving implementation, a few service providers detailed the ways in which a designated FAM coordinator would be helpful to the implementation of FAM. Most of these providers thought that a CSEC intensive care coordinator should be hired at the county level to take on this role. The CSEC intensive care coordinator would either manage all FAM cases or all identified CSEC cases for the county, connect them to FAM and other components of SF SOL, and continue to follow up and track progress. This person would also coordinate access to FAM services for FAM youth and their caregivers and liaise with FAM partners. One service provider described the role that she felt was needed:

> “…What we really need is somebody who can hold the cases, CSEC cases, that we’re trying to track through our case consultation process. What came out of that retreat and what’s underway is this idea of the CSEC intensive care coordinator role… It's really following a youth identified as CSEC from the beginning of the case, from [the] hotline throughout the life of the case. It's looped into the partnership with SF SOL and making sure that if we have youth who can be connected to FAM, that that connection is made. I just know that we’re missing youth.”

Another service provider explained, “I feel like there should be a FAM ICC [intensive care coordinator] worker or something where…they don't work exclusively for Seneca…and they are the oversight for every single case that is in FAM. Whatever we are trying to implement, they actually speak to a lawyer. They actually speak to the county worker. They're participating in the clients' CFTs [child and family team]. All of those things, I think if there was one person whose whole job was FAM client contacts or case management, I think it would make a world of difference.” This provider felt that having a designated FAM case coordinator would also simplify the FAM process for families, “I think there's so many people that the families get introduced to that they're like, ‘I don't know who you are, and I don't know what you do.’ How do we make it really clear to the youth and families, this is your FAM person?”

Two service providers emphasized that Seneca’s case workers have limited time and capacity to identify alternative caregivers and guide them through the process, monitor flexible funding, and ensure access to training and consult groups because they routinely need to prioritize youth stabilization and mental health. Having a dedicated FAM case coordinator would help to ensure that FAM components are successfully implemented. “I think we could do so much with this [FAM coordinator role]—we could do a ton of family finding for these kids. We could be providing so much more coaching for

alternatives—there's so much work that can be done.” Another service provider commented that having a dedicated FAM case coordinator outside of Seneca would be important if the FAM model of care is expanded beyond resource family homes to serve youth in STRTPs and other types of placements.

Two service providers, however, thought that the FAM coordinator should be based within the implementing FFA (Seneca) to be able to provide guidance and support to case managers with youth enrolled in FAM. As one service provider explained, “If it's through the FFA, having an assigned FAM person who is the expert on the model [would be helpful]. How Seneca is currently doing office hours on a weekly basis so that their frontline staff can go to this manager person [leading on FAM issues] and get their answers, I think that's really key and important.”

Only one service provider commented that there is already a FAM liaison in place, and did not see a need for someone other than the direct care team to talk to families about FAM as this could create confusion.

## Key Takeaways and Recommendations

Early findings from the third evaluation cycle suggest that the FAM 2.0 model is helping to meet the needs of individual youth and families at risk of or affected by CSE. Youth involved in FAM report powerful benefits from having an alternative caregiver and access to flexible funding, such as stronger relationships with natural supports and improved well-being overall. The alternative caregiver role can also provide much-needed support to the primary caregiver, potentially reducing stress and potential burnout. Through the iterative evaluation process, FAM partners implemented key recommendations from the second evaluation report to improve the model, including developing a flyer to promote uptake of flexible funding and revamping the caregiver training requirement. The flexibility of the FAM pilot, creativity and investment of the partners, and the evaluation process have strengthened the model of care over time to better support youth and families. A number of challenges remain, as can be expected with a pilot, and recommendations for addressing these are outlined below.

1. **The SF SOL Steering Committee and CDSS should immediately commence sustainability and contingency planning for FAM to avert harm to youth**
   Early findings suggest that the current FAM iteration is indeed enhancing the well-being of individual families and making a positive impact on the lives of young people at risk of CSE. Access to funding is a key element of FAM’s approach: the removal of financial barriers enables caring adults to become involved in the lives of youth at risk of CSE, and flexible funding allows youth to engage in positive extracurricular and relationship-building activities. However, funding for FAM ends in December 2025, and service providers raised concerns that sustainability discussions and contingency planning efforts have not begun. If FAM were to discontinue in the following year, alternative caregivers, who rely on a monthly stipend, may not be able to continue to participate in youth’s lives in the same way due to financial constraints. Youth’s access to flexible funding would also end. This could lead to significant disruptions in youth’s lives, including the potential erosion or cessation of a youth’s relationship with their alternative caregiver and the subsequent mental health impacts, a decline in safe spaces in a youth’s life, and a decrease in financial support to keep youth engaged in activities

that promote their well-being and development. These consequences can, in turn, increase a youth's vulnerability to CSE. As such, the SF SOL Steering Committee and CDSS should immediately initiate planning discussions to sustain FAM, as well as contingency planning to mitigate harm to youth and families if continued funding is not secured by the end of 2025. Given the government's mandate to support foster care services, advocacy could focus on integrating FAM into the state's budget, including the establishment of a dedicated FAM coordinator or focal point to oversee FAM cases from the outset. Contingency plans should map out a path to ethically wind down FAM by the end of 2025. Planning should explore, among other issues, 1) the extent to which alternative caregivers can continue their current level of engagement with youth without the support of the FAM stipend, 2) any legal barriers for alternative caregivers selected from the community to continue their relationships with youth without the formal supervision of the FAM program; and 3) financial literacy support to help youth transition from the flexible funds.

2. **Alternative caregivers can significantly enhance youth's stability, safety, and well-being; DOSW, HSA, and SF SOL Steering Committee should advocate for a sustainable funding stream for the alternative caregiver role alone if FAM ends**
   Participants, particularly youth, emphasized the profound impact that the alternative caregiver had on youths' lives. FAM presents youth with the opportunity to identify a caring, loving adult with whom they would like to have a deeper and more consistent relationship. Alternative caregivers can offer a physically and psychologically safe place for the youth to go to, particularly when conflict arises at home. These elements can help reduce the chances of youth from running away from their placements, mitigating exposure to exploitation. The alternative caregiver can also provide much-needed support to primary caregivers to reduce burnout. The lynchpin for successful recruitment of alternative caregivers is the monthly stipend, which caregivers report has enabled them to participate consistently and frequently in youths' lives. If sustained funding for the full FAM model is not secured, the SF SOL Steering Committee should explore potential funding streams to sustain the alternative caregiver role alone. DOSW, HSA, and the SF SOL Steering Committee should identify potential funding sources within the state foster care budget, or advocate for the creation of a new, dedicated funding stream to sustain the alternative caregiver role long term.

3. **Flexible funds are enabling youth and caregivers to meet youth's needs, build meaningful relationships, and augment dignity, but FAM should proactively facilitate broader and more equitable uptake**
   Direct service providers, caregivers, and youth are successfully accessing flexible funds, for a variety of purposes, from beauty appointments to specialized help with literacy to relationship-building activities for youth and caregivers. However, while some families have accessed the funds, others have not. Some youth and caregivers continue to be unaware that flexible funding exists or experience confusion regarding how to access the funding and what it can be used for. Others reported experiencing delays in reimbursement. Further, challenges related to asking for financial support may inhibit fund utilization, considering more than half of the youth interviewed expressed discomfort with asking for money. To address this, direct-line Seneca staff should 1) regularly remind youth and caregivers that funds are available, including providing clear explanations of how to make

direct requests; and 2) work with youth and caregivers to identify emerging needs and creative ideas for how to use flex funds. Seneca should promptly process reimbursements for expenses to alleviate additional financial strain and help foster rapport with caregivers and youth. Youth feedback suggests that the current method of flexible fund distribution may not address youth's need for direct access to cash. To further build youth's agency and self-esteem, DOSW and Seneca should consider directly providing cash to youth, rather than through a reimbursement system. FAM implementing partners should continually assess barriers to flexible fund utilization and explore ways to promote equitable access to funds.

4. **Implementing partners have adapted FAM requirements to better support caregivers, but caregivers need additional assistance, such as to attend consult groups, access funding, and negotiate caregiver relationships**
   Since FAM 2.0 began in January of 2023, FAM leadership and implementing partners have effectively collaborated to streamline requirements for FAM caregivers, from streamlining alternative caregiver requirements for natural supports to developing a new training option that is more responsive to caregivers' busy schedules. However, caregivers highlighted additional areas for support. Multiple alternative caregivers were interested in attending WestCoast's monthly learning consult groups for caregivers as well as the individual training consultations, but were unclear how to do so or had scheduling conflicts. Some caregivers were also confused about the monthly stipend process, with some experiencing delays or difficulties with the disbursement process. In addition, some alternative caregivers reported communication challenges with their primary caregiving counterpart, or foresaw potential issues arising over time. As such, Seneca staff should clarify how and when to access monthly consult groups and individual training consultations, and initiate reminders to attend the consult groups. In addition, WestCoast Children's Clinic should consider holding an additional monthly consult group session on an evening or weekend, to accommodate caregivers who are not currently able to attend during business hours due to their work schedules. Seneca staff should clarify the stipend process including when distributions will commence and end. Seneca should also offer support to help primary and alternative caregivers set clear expectations with one another, develop effective communication channels, and resolve conflict together, particularly around navigating different household rules or disciplinary practices. Seneca should consider additional outreach to caregivers to field questions, clarify any confusion, and offer support as needed.

5. **If funding to extend FAM is secured, DOSW and CDSS should consider funding a dedicated FAM coordinator position within implementing FFAs to ensure there is adequate staffing and capacity to facilitate effective implementation**
   FAM enrollment grew significantly during the reporting period, which has spotlighted key implementation challenges across each of FAM's core components (specialized training and consult groups, alternative caregivers, and flexible funding.) As the FFA implementing the pilot, Seneca has underscored the need for increased staffing to support youth and caregivers enrolled in FAM. Seneca staff members must prioritize youth stabilization and mental health for all youth on their caseloads, so dedicated time for FAM can be limited. Further, youth and caregivers continue to express confusion about each FAM component, and report ongoing miscommunication. Establishing a

designated FAM coordinator role could address many of these challenges and improve implementation. This person would be able to dedicate time to 1) family finding and identifying community recruits to serve as alternative caregivers, 2) guiding alternative caregivers through each step of the approval process, and 3) serving as an ambassador of FAM's shared caregiving model by providing consistent support to primary and alternative caregivers related to harm reduction, healthy communication, and conflict resolution. The coordinator would help ensure that caregivers and youth understand how to access each of FAM's components, including WestCoast's monthly learning consult groups and flexible funds. With a focus on FAM youth, this person could also liaise with FAM partners to support youth's individual needs that are beyond the scope of the pilot. For example, the majority of FAM youth evaluation participants desired to attend therapy, or reported benefiting from therapy, but they also reported experiencing disruptions to care, such as transportation and scheduling challenges. The inclusion of a dedicated FAM coordinator position appears to be essential for effective rollout of the FAM model in other settings.


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Our many thanks to the youth, caregivers, and service providers involved in FAM 2.0, as well as to those who were integral to the design and implementation of the model. Through rigorous research and ongoing evaluation, the HRC's Health and Human Rights team aims to share learnings that will be useful in strengthening the FAM 2.0 pilot, and ultimately, ensuring that more of California's foster youth have safe, loving, and supportive places to call home. To access previous FAM evaluation reports, please visit the Human Rights Center website linked here.