

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

Evaluation Report 2 | March 2024

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This report is dedicated to the memory of Verlesha Lassair Smith who passed away on November 10, 2023. Verlesha was a pillar of the Seneca community and was integral to the launch of FAM 2.0. In the words of one of Verlesha's beloved colleagues, "For so many people, ...she was not just a supervisor, but a trusted advisor and confidant and supporter and unofficial therapist and mentor and all of the things that get rolled into doing this kind of really relational-based work together. In that very overarching way, there's nothing that isn't impacted by her loss."

INTRODUCTION

This report summarizes evaluation activities and findings from the second evaluation period (July to December 2023) 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 10 direct and indirect service providers and 3 caregivers participating in the FAM pilot. These interviews were conducted to gain a better understanding of FAM's strengths, challenges, and possibilities. This report is the second in a series of four FAM evaluation reports with the purpose of offering recommendations to adapt and improve FAM throughout pilot implementation. It is hoped that, when completed, the series will contribute to addressing gaps in the existing literature on the effectiveness of interventions to address CSE among youth and further develop a foundation of evidence-based practice.

ACRONYMS

CCL	Community Care Licensing
CDSS	California Department of Social Services
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
IRB	Institutional Review Board
RFA	Resource Family Approval
SF SOL	San Francisco Safety, Opportunity, Lifelong relationships

THE FAMILY AND ME (FAM) 2.0 PILOT: FAMILY-BASED FOSTER CARE FOR YOUTH IMPACTED BY CSE

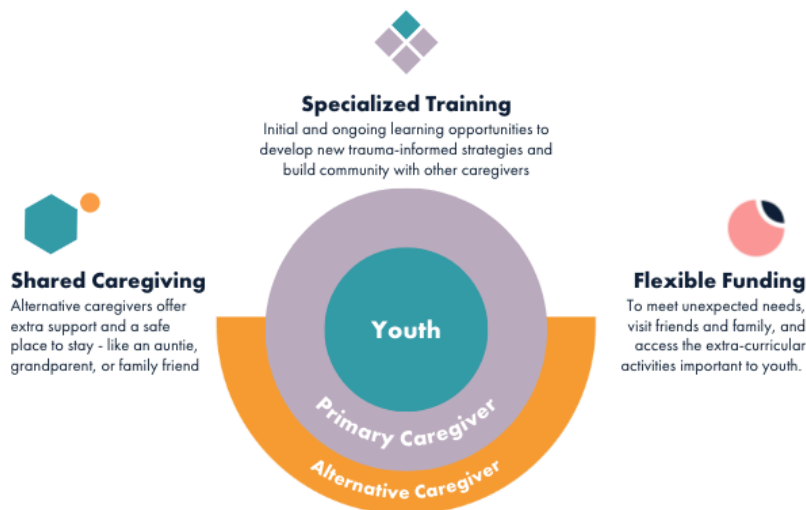
In 2019, the San Francisco-based non-profit Freedom Forward designed the original FAM model in collaboration with two local non-profits partners, Huckleberry Youth Programs and West Coast Children's Clinic, to address the lack of supportive services and placement options for youth impacted by commercial sexual exploitation (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 the new foster care model for youth who have experienced or are at risk of CSE in San Francisco.

From 2019 to 2022, HRC led an independent, in-depth evaluation of the first iteration of the family-based foster care model (FAM 1.0). Over the evaluation period, HRC issued a series of reports with recommendations to adapt and improve the model over time. The piloting of FAM 1.0 demonstrated a clear need to simplify the model and streamline service delivery. Freedom Forward led the revision of the new FAM 2.0 model which includes only the support services that are unique to FAM and which partners identified as particularly promising: 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 trauma-informed care paired with optional caregiver peer support groups and; 3)

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)

access to fast and flexible funding to meet the immediate, diverse needs of this community of youth and caregivers (see Figure 1).

FIGURE 1: FAM 2.0 Services for Youth and Caregivers



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

The FAM pilot 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: JULY–DECEMBER 2023

Youth Identification, Engagement, and Enrollment

As the current implementing FFA, Seneca identifies youth in their care that may be eligible for FAM under the following criteria: they are 1) minors between the ages of 11 and 17 years old; 2) identified as having a “Clear CSE Concern” score on the CSE-IT assessment tool or other documented clear concern of

CSE such as through calls into San Francisco Human Services Agency’s (HSA) child protection hotline;² and 3) San Francisco child welfare- or probation-supervised foster youth with an out-of-home placement order.³ As soon as eligibility is determined, Seneca works closely with FAM partners to introduce the model to each young person in a way that meets their unique needs and experiences. Once a youth agrees to join FAM, they begin working with Seneca staff to identify an alternative caregiver and receive access to flexible funding. These funds are intended to support youth in maintaining their relationships with loved ones and engaging in meaningful activities that are important to them. Funding is distributed by Seneca and reimbursed by FAM leadership/DOSW, so direct service staff typically make the flexible funding requests on youth’s behalf.

During the evaluation period of July–December 2023, eleven youth were identified as eligible for FAM. Of these, four were enrolled in FAM, one was away from placement, and six were actively engaged with their Seneca team and/or HSA to begin working toward FAM enrollment.

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 staff first work with youth to identify relatives or other supportive adults already in their network who would 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 assign a caregiver from their pre-approved directory of respite providers to serve as the alternative caregiver.⁴

Primary caregivers and alternative caregivers must both attend a FAM information session as the first step in the enrollment process. All primary caregivers are approved through California’s Resource Family Approval (RFA) program, meaning they have undergone a rigorous application process including a background check, state and FFA required training, home inspection, and family evaluation.⁵ In addition to RFA requirements, primary caregivers who join FAM must attend WestCoast’s 16-hour Advanced CSEC Training, after which they can begin accessing flexible funds to support their youth’s relationship building and extracurricular activities.⁶

Alternative caregivers recruited from the community, who do not have a preexisting relationship with youth, must pass a background check, other criminal clearances, health screening, extensive home inspection and family evaluation, complete 30.5 hours of Seneca training, and share three personal references. Alternative caregivers who have a pre-existing relationship with youth must pass a

² WestCoast Children’s Clinic. “Commercial Sexual Exploitation-Identification Tool (CSE-IT).” 2019.

³ 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.

⁴ Respite care is “a generic term used to refer to the provision of short-term child care services to provide temporary relief to the family or primary caregiver” Madden, et. al., 2016.

⁵ Family and Children’s Services San Francisco Human Services Agency. “Resource Family Guide Resource Family Approval Program.” 2024.

⁶ This report refers to WestCoast’s 16-hour Advanced CSEC Training as the “FAM Caregiver Training.”

background check and other criminal clearances, an abbreviated home inspection, a targeted family evaluation that addresses CSE needs, and complete 12.5 hours of Seneca training. In addition to their respective approval processes, both natural supports and community recruits are required to attend WestCoast's 16-hour Advanced CSEC Training, after which they can begin to receive a monthly stipend. The monthly stipend is intended to support the alternative caregiver's capacity to be in the young person's life, and can be used for weekly relationship building activities as well as keeping a bedroom or private space available for youth to stay for short periods of time. Additionally, both primary and alternative caregivers can access emergency funds to help cover expenses associated with the rigorous approval process (e.g. Live Scan fingerprinting fees, compensation for time taken off work to attend WestCoast training), emergency medical care, replacing furniture that was damaged, or setting up a youth's living space at the alternative caregiver's home. Finally, both caregivers can also access bed hold funds. These funds ensure that if a youth leaves home - which is fairly common among teens in foster care - caregivers continue to receive regular foster care payments for 1-3 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.

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

1. To explore youth and caregiver experiences with various FAM services
2. To understand the feasibility and acceptability of the FAM model by youth, caregivers, and FAM providers
3. To understand how contextual factors influence outcomes for youth and caregivers over time
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 six core components:

1. Semi-structured interviews with caregivers, youth, and FAM providers
2. Surveys of youth
3. Pre- and post-training surveys of caregivers attending the FAM caregivers 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
6. Self-administered exit surveys and semi-structured exit interviews with FAM caregivers

Outcome categories of interest for youth and caregivers are listed in Table 1 below.

TABLE 1: Outcomes of Interest

FAM Youth Outcomes	FAM Caregiver Outcomes
<ul style="list-style-type: none"> ● Placement Stability ● Mental Health ● Emotional and Behavioral Well-Being ● Adult and Peer Relationships ● Physical Health and Safety (including juvenile justice system involvement and experiences of CSE) ● School and Activities 	<ul style="list-style-type: none"> ● Caregiver Capacity ● Caregiver Retention/Recruitment ● Relationship Between Youth and Caregiver

REPORT AIM AND METHODS

This report summarizes pilot activities and findings from in-depth interviews with FAM providers and caregivers from July to December 2023. Twenty individuals were selected from FAM partner agencies, based on their involvement in FAM implementation, and invited to participate in the evaluation. A total of 10 direct and indirect service providers agreed to participate, and semi-structured interviews were conducted between December 2023 and January 2024. Interviewees were asked to reflect on the past six months of FAM 2.0 implementation and to discuss strengths, challenges, suggestions, goals, and 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.

Caregivers and youth enrolled in FAM are invited to participate in a baseline interview and follow-up interviews every four months. During this reporting period, 4 primary caregivers, 2 alternative caregivers, and 4 youth were enrolled in FAM; 2 primary caregivers, 1 alternative caregiver, and 3 youth participated in the evaluation and completed in-depth interviews. Caregiver interviews aim to gain a deeper understanding of caregiver experiences with FAM services as well as their self-reported changes in knowledge, skills, and capacity to care for youth impacted by CSE. During this reporting period, all FAM caregivers were women between the ages of 45 and 55. Youth interviews aim 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, and safety. Given the low number of youth interviews, to protect the confidentiality of youth participants, youth findings will be published in a future evaluation report in aggregate with those of future youth participants. Thus, this report focuses on findings from FAM provider and caregiver interviews.

FAM provider and caregiver interviews were held by Zoom or phone. Youth interviews were conducted in-person. Written informed consent was obtained from all interview participants. Interviews were audio-recorded and transcribed. In addition, detailed notes were taken during the interviews. Notes aided in research team debriefing sessions and data analysis. Three 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

A primary limitation of this report is the small number of youth participants currently enrolled in FAM 2.0. In order to protect their confidentiality and anonymity, youth findings are not included in this report. A second limitation is the small sample size of caregiver participants. The data acquired from caregivers to inform findings and recommendations are therefore reported at a broader, thematic level in order to maintain confidentiality and anonymity.

EVALUATION FINDINGS: INTERVIEWS WITH FAM PROVIDERS

Ten service providers, including management and direct service staff, reflected on the past six months of FAM 2.0 implementation and discussed strengths, challenges, suggestions, goals, and lessons learned related to the FAM 2.0 model of care, as well as overall coordination and collaboration amongst partners.

FAM 2.0 Model of Care

Shared Caregiving: Strengths and Challenges

Natural supports are particularly promising as alternative caregivers

Some FAM providers highlighted the benefits of engaging natural supports – existing supportive persons in a youth's life, like a grandparent or adult sibling – as alternative caregivers. They reported that when a youth had a familial relationship with a potential alternative caregiver, those individuals had a smoother pathway through the alternative caregiver approval process. Additionally, for natural supports, Seneca and FAM leadership offer some flexibility in starting FAM services before caregivers finish the state approval process, trusting and respecting youth's safe, preexisting relationships. For example, a natural support who's completed initial screenings may be allowed to access FAM funding before finishing the required caregiver training so the individual can begin supporting the youth sooner. By comparison, when the potential alternative caregiver is a community member that Seneca is introducing to a young person, there is an increased level of scrutiny and oversight required to assure the individual is equipped and committed to fulfill the role. Finally, there are added benefits to formalizing the relationship between youth and their natural supports. As one FAM provider highlighted, providing monetary assistance to natural supports who are not in the primary caregiver role "can [positively] impact their capacity to show up for a child, and how that can, in turn, really change the trajectory for that child and their permanency options."⁷

⁷ This includes both legal and relational permanency. Legal permanency refers to "a legal, permanent family living arrangement, that is, reunification with the birth family, living with relatives, guardianship or adoption." U.S. Department of Health and Human Services, 2005. Relational permanency refers to "youth experiencing a sense of belonging through enduring, life-long

The alternative caregiver approval process continues to be rigid and time intensive

While alternative caregivers who join FAM as natural supports have slightly fewer steps in getting approved because of their preexisting relationship with youth, there continues to be difficulties with the approval process overall. A few FAM providers mentioned cases where natural supports were easily identified and were “excited and really thoughtful and really engaged in the process.” However, none of them completed the process, either because of the time commitment involved, or due to inability to meet very strict and rigorous approval requirements. As detailed in the Caregiver Engagement and Enrollment section, FAM alternative caregivers must complete many components of the state’s RFA approval process including a background check, other criminal clearances, 30+ hours of training, a home inspection, and a family evaluation. A few providers discussed the challenge of family members who are involved in a youth’s life and would like to be an alternative caregiver but cannot pass the required caregiver background check due to criminal records, including “something that they did when they were 17-years-old that is still on their 50-year-old background.” Several FAM providers noted that many of the difficulties with the approval process are based on state, city, or county regulations and outside of their control.

FAM providers had some difficulty gaining caregiver buy-in for the alternative caregiver role

One interviewee shared that a few FAM providers have experienced some challenges gaining caregiver buy-in for the alternative caregiver role. In one case in particular, a primary caregiver was concerned that the addition of an alternative caregiver implied that she was not adequately supporting the youth on her own and needed extra help. This was further complicated by the fact that the caregiver was not able to attend a live FAM information session – which further explains the role and value of alternative caregivers – due to language barriers.

Shared Caregiving: Suggestions For Mitigating Challenges

The state should explore additional ways to increase flexibility in the alternative caregiver approval process for natural supports

Though HSA made changes to streamline alternative caregiver approval requirements, a few service providers would still like to see increased flexibility in the process. One provider felt that FAM’s alternative caregiver approval process mimicked state, county, and FFA’s strict caregiver approval processes. She explained that if a family member was able to pass these pre-established caregiver approval processes, the adult would likely be the youth’s legal guardian already. “Let’s say an uncle is really close to the kid, but can’t be approved through the county or through us [the FFA] to be their primary caregiver... we’re still asking for them to go through the same process” [to be approved as an alternative].” Rather than mirror the processes that sometimes hinder invested family members from being in a young person’s life, the provider suggested that FAM explore ways to increase flexibility for natural supports to serve as the alternative caregiver.

connections to parents, extended family, or other caring adults, including at least one adult who will provide a permanent, parentlike connection for that youth.” Jones, Annette Semanchin, and Traci LaLiberte. “Measuring Youth Connections: A Component of Relational Permanence for Foster Youth.” *Children and Youth Services Review* 35, no. 3 (2013): 509–517.

The state should provide more support to FFAs navigating the alternative caregiver approval process

One FAM provider felt that FFAs would benefit from increased support in navigating state regulations for approving alternative caregivers. She suggested holding consultation hours to which providers could bring consultation questions to Community Care Licensing (CCL) staff to interpret complex regulations and discuss how those regulations apply to particular family situations and program types.

Specialized Training: Strengths and Challenges

The caregiver training is helpful and informative

Many FAM providers view WestCoast's training as a valuable resource for caregivers. WestCoast trainers have received positive feedback from participants who shared that the training was helpful, informative, and encouraged growth. One FAM provider reported that trainers are seeing participants gain new perspectives in real-time during training sessions. They explained that every training cohort brings diverse experiences and backgrounds that promote in-depth conversations about sensitive topics. They added that participants have shared that the training "has helped them in the homes and interacting with the kids that they already have." Another provider mentioned that they received "little snippets of words that people really appreciated the content and found it useful." A third provider described the training as an extremely valuable support to be able to offer to caregivers.

Caregiver trainings are only delivered in English

Some FAM providers underscored the need for WestCoast to expand accessibility of the caregiver training, especially for non-English speaking caregivers. Currently, the trainings are only conducted by English-speaking trainers, creating a barrier for monolingual Spanish-speaking caregivers.⁸ Furthermore, service provider data indicated that some caregivers have not been able to attend the FAM caregiver training for up to 6 months due to language barriers. Interviewees were divided over WestCoast's currently implemented solution which adds Spanish closed-captioning to the live English language training. One thought that it was beneficial, while another asserted that this method of training delivery was not very inclusive, as monolingual Spanish-speaking participants would not receive the benefit of having a live trainer to answer questions that might arise in real time nor the diverse perspectives built through conversation within the cohort.

Scheduling difficulties and time constraints inhibit caregiver training participation

A few providers described various challenges that WestCoast faces in creating accessible training schedules. The caregiver training is offered during the work week; however, as one provider stated, many caregivers "work and aren't available at the time that it's offered." Another service provider highlighted the burden of asking caregivers to attend "16 hours of training and all these additional trainings, but we're not being flexible to their schedules." With only a few caregivers currently enrolled in FAM, it has been difficult for WestCoast to receive "across the board consensus" on what training times work best for most people. And as one provider noted, accommodating individual preferences by making changes for just one FAM caregiver would create organizational capacity issues for WestCoast. In addition, some providers reported that the length of the FAM caregiver training was a barrier to

⁸ Representatives from WestCoast commented that Spanish language interpretation provisions were not written into their original contract, so the organization did not have the resources or budget to adequately staff this training need. According to San Francisco City and County's 2021 Language Access Ordinance, language access is a requirement of all contractees.

caregiver participation. However, changing the duration of the Advanced CSEC Training is not at the discretion of WestCoast because it is a required element of their external CDSS contract, outside of the SF SOL collaborative.

Specialized Training: Suggestions For Mitigating Challenges

The development of a live Spanish language caregiver training should be prioritized

Due to the participation of monolingual Spanish-speaking caregivers in FAM, providers felt that developing a live Spanish language version of the training should be prioritized. One FAM provider reported that if the caregivers she is working with were able to attend the FAM caregiver training in a language that they understood, they would better understand CSE and why it is important for CSE-affected youth to be connected to safe, trusted adults, and thus be more receptive to the FAM model.

Additional suggested improvements to the caregiver training

FAM providers discussed ideas to address accessibility challenges mentioned above:

- A few providers were excited about the possibility of developing an on-demand training model version of the caregiver training, such as a podcast, that could be accessed on the go and listened to whenever caregivers had free time. While there was some hesitation about whether this method of training delivery would be as effective as in-person training, one FAM provider posited that, “In the name of harm reduction, something is better than nothing.”
- One provider suggested exploring new ways to condense the 16-hour training.

All providers agreed that new training delivery methods should be developed and implemented as quickly as possible so that the training can be accessed by more caregivers.

Flexible Funding: Strengths and Challenges

Flexible funding is fast, accessible and useful

Several FAM providers highlighted how the adaptable nature of the flexible funding allows them to quickly purchase items unique to each youth’s individual needs. One provider described how, after a youth shared that her phone frequently died while using public transportation, they were able to buy her a portable phone charger “so that she [felt] safe in the community.” Providers were also able to use the funding to buy a youth new clothing after she expressed that she felt uncomfortable going to school in her old clothes. Additionally, service providers appreciated that the funding could be used to cover costs for caregivers, like getting to and from service appointments, which the state does not typically consider a financial support necessary to care for a young person who has experienced complex trauma.

Flexible funds are underutilized by youth and caregivers

Nearly all FAM providers shared that the primary challenge with flexible funding is its current underutilization. As one provider stated, “We’ve used so little money. I’m actually really surprised that there has not been more spent.” Implementing FAM partners expected more funding requests to be submitted for approval, especially given the flexible nature that allows for “fund access right away.” They wondered whether caregivers, youth, and Seneca staff were aware of the full array of the uses for the money and if this lack of knowledge is deterring usage. Though creative ways to use flexible funding have

been discussed amongst service providers, many of those ideas have not actually been submitted as funding requests. One FAM provider wondered whether these request ideas were hypothetical or if youth had changed their minds about the planned use of the funds.

Overall, some FAM providers stated that they wished more youth and caregivers would access the funds to help meet their needs. As one provider stated, “This money is needed, and these families are under-resourced, and this is how we support them.” Concerns of potential abuse of flexible funding by FAM participants, raised in Evaluation Report 1, were not raised again in this round of interviews.⁹ Instead, a FAM provider specifically noted that they “appreciate that no one's trying to abuse the system.”

Flexible Funding: Suggestions For Mitigating Challenges

FAM leadership should share examples of how to use flexible funds

A few FAM providers suggested that in order to increase use of flexible funds, the materials currently shared with Seneca staff should be updated to include concrete examples of approved uses of the funds. They felt this would help make those uses “more clear and accessible to the frontline folks who are actually supporting families,” and help providers to feel more confident suggesting ideas to foster youth and their caregivers. A FAM provider noted that if such a list was made, it should be clear that the list of use options is not exhaustive, as the point of the flexible funding is that it can be used for “literally anything” depending on what a foster youth might need.

Additional Findings about FAM 2.0 Implementation

Additional Strengths and Challenges

FAM partners are aligned in working toward a shared goal

Many service providers interviewed felt that partner organizations are working toward a shared goal of enrolling more youth. Providers commended partner organizations’ openness to collaborate and communicate in the implementation of FAM. One provider noted a general sense of trust that partners from each organization will work together and try to navigate any barriers that arise so that they can serve as many youth and families as possible. A few providers viewed this collaboration as an effective creative process, with partners willing to “think outside of the box” and make FAM work for anyone who is eligible and needs it.

Providers expressed a need for better information-sharing

Many FAM providers interviewed were confused about FAM, its components, as well as partner roles and responsibilities. One provider wanted a clearer understanding of the architecture of FAM and the roles and responsibilities of each partner organization. Another provider requested clearer policies and protocols about how FAM functions on every level so they can provide guidance to their team and make additional referrals. Additionally, a few providers requested clarity on FAM’s financial component, including how Seneca distributes flexible funds to youth and caregivers and whether there is a

⁹ Freccero J, Austin M, Taylor A, Montoya A. “Family and Me (FAM) 2.0: A New Model of Foster Care for Youth Impacted by Commercial Sexual Exploitation in San Francisco.” September 2023.

mechanism to pay non-Seneca caregivers. Finally, the need for better information-sharing was also highlighted by interviewees, some of whom did not know, for example, that any youth had accessed FAM services, or that the WestCoast training was a requirement for caregivers enrolling in FAM.

Some management-level staff are unclear about the structure of FAM leadership and called for improvements

Some management-level staff expressed confusion about the structure of FAM leadership. They posed questions such as, “Who's in charge? Who makes these calls?” and “Who's steering the ship? Who is a decision maker? Who can say yes to something? Where is different authority held?” A few commented on the structure of the SF SOL Steering Committee, which oversees the design and execution of SF SOL, including FAM. One suggested that the steering committee needs to be strengthened:

It's very limited in terms of actually gathering ideas, talking about the broader implementation and how all the different components fit together and where they are, and using that space to benefit from the knowledge and experience of people in the room to be able to make decisions and move things forward. – FAM Provider

Another FAM provider commented that the steering committee meetings could be improved, noting that: “It almost seems like we have the same conversation just a thousand different ways over and over and over again.”

Implementing FAM can be laborious for direct-line staff

Implementing FAM is labor-intensive and often challenging for the staff who are directly implementing the pilot. As the providers implementing the model, Seneca staff are responsible for guiding FAM youth and caregivers through each step of the FAM enrollment process. One provider described how difficult it can be for staff to meet the responsibilities of their regular job in addition to implementing FAM. As a few providers pointed out, this is layered on top of the systemic issue of social workers being overwhelmed and burnt out in general. One described the impact on county social workers:

I think the desire is there within HSA [to implement FAM], but I think the overwhelm and the overwork and the underpay and the and, and, and, and, ... it gets in the way of it. You have folks that really wanna see the change but don't have the bandwidth to help make it happen. – FAM Provider

Grant parameters are strict for such a complex pilot

Some FAM providers felt that the implementation of FAM is limited by grant parameters. They felt that the state does not fully understand the time, effort, and commitment involved in piloting a model like FAM. One provider shared that three-year grants provide an unrealistic and insufficient timeframe for implementing such a complex pilot: “I think [it is important to] really understand that FAM is not a short-term emergency implementation, quick support thing. It's really intended to support long-term care.” Another shared that the state asks providers to be innovative, to come up with different ways to serve youth, and to develop options for the vulnerable youth. Yet, these requests for innovation are often without additional resources and support. Lastly, a few providers highlighted limitations of the pilot's funding. One explained that though people want to see FAM enrollment increase, the grant only budgeted to enroll up to 10 FAMs (a primary caregiver, alternative caregiver and youth) over the course

of the pilot. Another FAM provider emphasized that funding is tied to serving only youth impacted by CSE, which means that other vulnerable youth who could benefit from an alternative caregiver or flexible funding cannot access FAM services.

Enrolling youth and caregivers requires more time than initially anticipated

Some providers highlighted the slow enrollment of youth and caregivers as an ongoing challenge. One interviewee felt the pace was to be expected when implementing a pilot:

It's like every time something new comes up, there's like, "Oh, how do we navigate that?" That just is slow right now, versus once you have some practice. Even if it's not the exact same situation, I think it gives you something to go off of to be like, "Oh, okay, I know, basically, how to figure this out, and we're gonna move it forward more quickly." – FAM Provider

Similarly, another provider emphasized the significant amount of coordination required to introduce the model to youth and caregivers before implementation of services can begin. This provider stated, "I think we all wish things could go faster," but, they explained, youth are dealing with various crises, caregivers have other commitments in their lives, and completing the requirements for FAM enrollment may not be a priority. A third provider referred to these enrollment delays – the several weeks or months of conversations, troubleshooting, and learning that lead up to a youth enrolling in FAM – as "almost situations." She noted that the significant amount of time and effort that goes into these "almost situations" is not taken into consideration when thinking about the progress of the FAM pilot. Another underscored the inevitability of delays, barriers, and redundancy when dealing with staff and client turnover.

Additional Suggestions For Mitigating Challenges

FAM leadership should provide clarity on partner roles and responsibilities and establish consistent information-sharing processes

Multiple service providers sought clarity about FAM and its components. As one provider summarized, "Being part of a collaborative creates lots of different conversation pockets and work groups... I just think there's a lot of players, and I do wonder if there are streamlining opportunities." Another provider underscored the importance of establishing information sharing processes with FAM implementing partners, including direct service staff. A few additional providers suggested that more FAM updates be shared during steering committee meetings so that the group can be more attuned to the model's successes and challenges. Finally, one provider suggested that FAM leadership further promote and advertise the caregiver peer support groups in order to increase attendance.

FAM should have a dedicated staff position

A few providers felt that FAM needs a designated staff position. As one stated, "I think it does make a big difference to have it be one person who really learns it top to bottom from the beginning and can be the driver of it and know how to most quickly navigate questions that come up in different situations." Another agreed that hiring a designated staff person would make sense if FAM is implemented statewide with funding tied to it. "There should be a designated person who's dedicated to... finding the alternative caregivers and shepherding people into that type of specific programming." Finally, one provider felt that FAM should be a dedicated program with funded positions if it is replicated elsewhere.

“FAM just needs to be its own program that receives referrals from counties. And then there's FAM case managers and FAM facilitators and all of those things that handle FAM in and of itself.”

FAM eligibility criteria should be expanded to reach more youth

Many FAM providers interviewed reported a need to expand FAM eligibility criteria to allow more youth and caregivers to enroll. A few providers felt that FAM eligibility requirements, such as having a “Clear CSE Concern” score on the CSE-IT assessment tool or the 18 year-old age limit, are too narrow, that inflexibility of the criteria results in the exclusion of vulnerable youth who could benefit from FAM. One provider recommended that, in order to be a flexible model, FAM should not be tied to one FFA and should be able to serve youth of any placement type, not just family-based placements. A second provider suggested that FAM be offered to youth who do not currently have CSE risk but would greatly benefit from the addition of an alternative caregiver in their life. A third provider spotlighted the limitation of FAM’s focus on CSE, noting that sexual exploitation may be one aspect of vulnerability that a youth struggles with.

*I feel like, in some ways, the state is treating this population as all-in-one and the same when it's really not. Yes, they might be part of “the life,”¹⁰ but they might also be doing something else. They might be in gang activity. They might be in something else that has nothing to do with this aspect of it. There's other factors that, I think, we need to account for as part of the model. –
FAM Provider*

Implementation of FAM 2.0: Lessons Learned by FAM Providers

FAM providers were asked to share the main lessons learned from implementing FAM to date that they would share with other agencies interested in rolling out the FAM model. Providers reported two primary lessons learned. The first, raised by a few FAM providers, is the critical role of the county’s child welfare organization. They stressed the importance of securing child welfare services’ buy-in at the onset of implementation to “get some champions in your corner from the very get-go.” Another provider specified that the implementing FFA and the implementing county’s child welfare organization should ideally have a strong relationship, citing Seneca’s positive relationship with HSA as critical to FAM 2.0’s success. They felt it was critical to build a strong relationship with the child welfare system because of the significant amount of coordination required to approve caregivers and navigate county foster care regulations in general.

The second primary lesson learned, according to a few providers, is the importance of centering families. One provider emphasized that joining FAM should feel like a helpful and effective resource that families want to access, rather than another task or administrative burden. Another recommended that FAM providers keep in mind that every family situation is different, so being flexible and adaptive are essential to meet their needs.

Additional lessons learned addressed commitment, communication, knowledge-sharing, and community, including:

¹⁰ “‘The life’ is a common term used by survivors to refer to the time they spent being victims of CSE.” (Helpingstine, Kenny, and Canfield, 2021.)

- the importance of all FAM partners being committed to the same shared goal of helping vulnerable youth and families;
- the value of establishing effective communication processes and feedback loops among FAM partners, particularly between decision-makers and implementing staff;
- the usefulness of equipping families with knowledge about CSE of youth; and
- the importance of community and an extended circle of social support for the youth and caregivers.

Finally, some providers said it was important for other implementing agencies to understand the value of FAM overall and the potential impact it can make. As one provider shared:

I'm a former foster youth. I aged out of the system. FAM would've been an incredible program for me to be a part of. It would've helped stabilize my situation a hell of a lot more. It would've helped my primary caregivers so much more. I'm just so proud as someone that's come from Child Welfare to see that there is movement in this arena, that there are people and there are entities that truly want to support these subsets of at-risk and in-risk youth. I beam with pride really is what I'd like to add. – FAM Provider

Implementation of FAM 2.0: Goals and Expectations for Next 6 Months

FAM providers reflected on and articulated their expectations and goals for FAM 2.0 for the upcoming six months:

- 1) To increase enrollment of youth and caregivers into FAM by:**
 - Expanding eligibility criteria for FAM enrollment beyond the current target population, for instance, by reducing the reliance on the CSE-IT tool and expanding eligibility criteria to include youth whose risk factors might not be captured by the tool;
 - Clarifying the enrollment process, the model components, and its potential benefits with interested caregivers and youth;
 - Exploring expansion of the FAM pilot to other counties – such as Santa Clara County, which one provider reported as being “such a huge risk location in terms of exploitation” – to enroll additional families and youth in need;
 - Enrolling youth outside of Seneca, for example, by allowing caregivers who are RFA approved with a different FFA agency and care for youth who fit FAM criteria, to access FAM funding.
- 2) To enhance the accessibility of the caregiver training,** most urgently, by delivering the training in Spanish. Additional suggestions include developing an on-demand version of the training paired with in-person office hours.
- 3) To increase use of flexible funding,** to demonstrate that the available financial resources are helpful and being used, which could impact future funding streams and sustainability options for FAM.
- 4) To document more success stories,** to demonstrate the positive impact of FAM on youth, families, and caregivers.

- 5) To develop more creative, dynamic solutions to effectively support caregivers and youth,** related to placement, funding, bedholds,¹¹ and other areas. For example, when FAM leadership disbursed one caregiver’s stipend early, it maximized the use of resources available.

We have to think out of the box for our youth.... We've tried what we're allowed to try, and it really has not been that successful... it takes a special type of caregiver, I think, to be able to really support/mentor/parent a youth that may have that background experience [CSE] and the trauma that comes with that and understand it... And [we need] some flexibility around placement, and funding, and holding beds, ... and creativity... that we often don't have the luxury of.” – FAM Provider

- 6) To explore ways to secure FAM’s long-term financial sustainability,** such as through advocating to state representatives to integrate funding for FAM into the annual state budget and using the evaluation findings to garner support for the replication of the FAM model in other counties.

EVALUATION FINDINGS: INTERVIEWS WITH CAREGIVERS

Three caregivers, two primary and 1 alternative, discussed their motivations for participating as caregivers, the benefits and challenges they anticipated for the FAM pilot, their confidence in their caregiving abilities, their relationship with the youth under their care, and additional needs they have as caregivers.

Caregivers are motivated by the desire to positively impact youth

All caregivers interviewed reported being motivated by the desire to make a positive impact on children and youth. Caregivers wanted to see the young people in their care make progress and reach their dreams and goals. As one described: “You see the growth. It’s a great feeling. Whatever you’re doing must be positive.” Caregivers also reported a desire to impact the “new generation of youth” and to help support young people to become successful, independent adults. Finally, all caregivers reported a long-standing passion for helping youth. As one shared:

I don't see that it's something I'm just doing in passing. It probably will be something I do for the rest of my life because there's so much madness in the world, and pain. And it's just like, you have the opportunity to love on someone genuinely and have them feel impacted by your love and have them make different life choices and better life choices and get out of situations where they would be going back into something that's unsafe or harmful even more or triggering. It's a way of doing your part. – FAM Caregiver

Caregivers anticipated the alternative caregiver role would benefit both primary caregivers and youth

Caregivers perceived the alternative caregiver role as a unique way to provide additional support to youth and the primary caregiver. One likened the alternative caregiver role to natural family support: whenever a mom or dad gets tired or needs a break, there are aunts, cousins, and other extended family members available to offer help. When asked about what they’d like the alternative-primary

¹¹ “‘Holding a bed’ during such periods of time when a youth or child may be temporarily absent from a placement setting” Government of the District of Columbia Child and Family Services Agency, 2008.

caregiver relationship to look like, one caregiver shared: “We're coming together for a celebration, or we're coming together for intervention... I'm another support so you don't feel like you have to take it on all by yourself.” Another caregiver saw the alternative caregiver as someone who could help the primary caregiver and the youth to “take a step back.” “Things get overwhelming from both sides. We need a safe house where she [the youth] can go away from the environment and unwind.”

Caregivers anticipated challenges relating to communication and trust

When caregivers were asked about challenges they anticipated with their role, they raised issues of communication and trust between the alternative caregiver and the primary caregiver(s) and other key adults in the youth's life. One caregiver described a frustrating instance where a youth she previously cared for was going out without her knowledge, although their social worker knew and did not tell her. Because of this, the caregiver stressed the importance of honesty, transparency, and communication in an effective relationship with the alternative caregiver, keeping youth safety in mind. Another caregiver anticipated that feelings of competition may arise between primary and alternative caregivers as they navigate the shared caregiving relationship. One caregiver expressed some anxiety about how to connect with a youth she didn't know: “I remember I was telling the worker, I was like, ‘I don't know if she's gonna like me... I don't know if she's gonna be able to receive the love I have to share.’”

Caregivers expressed confidence in their skills and caregiving abilities

Before completing the required FAM caregiver training, all three caregivers interviewed felt equipped and confident in their caregiving abilities. They emphasized the importance of patience and listening skills to effectively support youth who tend to shut down easily. Caregivers had learned to give space to the youth in their care, to adjust their own behavior to help the youth feel comfortable, and to identify the youth's triggers and sensitivities. As one shared, “One of the core values I have in terms of working with youth is, don't take it personal. It's not really about me. Even if it's like, ‘I hate you, blah-blah-blah.’ Do you really, or are you just frustrated right now, and I'm the safest place for you to hold your emotions?” Another caregiver shared, “Sometimes it's as simple as saying, ‘Tomorrow is another day’... [let's take] a breather, and we keep it moving.” However, caregivers also expressed concerns about preparing vulnerable youth, particularly girls, for adulthood. One noted, “As women, we are not protected at all. How do you prepare a girl to go into this world where she is not protected, and you have to teach her to protect herself?”

Caregivers reported being able to provide unbiased support to CSE-affected youth

When asked about any personal feelings or beliefs about CSE that could impact their effectiveness, caregivers underscored the importance of reminding youth they are worthy of love. As one shared, “Always come from a place of, ‘It's not your fault.’ They're quick to blame themselves. You're a child, they [the abuser] are the adult. You didn't ask for any of this.” Another commented,

You do your best to say, “I love you, I care about you, and I'm showing you that,” and the person still has to choose whether or not to receive it. A lot of times, as survivors of CSE, it's just like, you don't feel worthy. You don't still feel validated. You don't feel like you matter. I think that's one of the hardest things is teaching someone that. Especially when it's violence done against your body, sometimes, you just want to like, “Can I take my body off and just float over here for a second so I don't have to live in that trauma sometimes?” – FAM Caregiver

Caregivers expressed interest in learning more about CSE of youth

When asked about any training topics they were particularly interested in learning more about, caregivers expressed a desire to learn more about CSE and trafficking of youth. One said that she's attended some classes about sexual abuse, but she'd like to learn more about the issue in-depth, along with child trafficking. However, she has not been able to attend the caregiver training due to a language barrier. Another caregiver expressed a desire to learn more about the legal framework around CSE of youth, signs indicating possible CSE, and grooming tactics. This caregiver was able to successfully enroll in FAM caregiver training.

Caregivers had questions and suggestions regarding flexible funding

Caregivers were unclear about the uses for flexible funding and requested clarity about what types of expenses can be covered. One stated that no one informed her about the flexible funds. Later, the caregiver was told that the funds do not cover necessities below \$50 to \$75, so she stopped asking for support. In spite of this confusion, all caregivers shared a variety of ways in which flexible funding would be helpful. Caregivers said that youth would greatly benefit if they had a stipend for clothes and other personal items, senior year expenses and activities, eating out, celebrations, gifts, medicine, gas and transportation, and supporting the youth's social activities with friends. Another said access to FAM's flexible funds "would be a blessing!" for parenting youth because baby-related expenses are financially overwhelming.

KEY TAKEAWAYS & RECOMMENDATIONS

The following key takeaways and recommendations are based on our evaluation findings and incorporate many of the relevant strategies and suggestions for improving FAM 2.0 pilot implementation offered by the FAM providers and caregivers.

- 1. Flexible funding is grossly underutilized and FAM participants should receive more autonomy in accessing funds directly.**

The flexible funding component of FAM is well-designed: funds can be accessed quickly to meet the diverse needs of CSE-affected youth. This component has significant potential to immediately ease some financial burdens of youth and caregivers, which can in turn mitigate youths' reliance on exploiters and increase their agency. However, few youth and caregivers were accessing funds, and caregivers expressed confusion about how to do so and for what purposes the funds could be used. Simultaneously, caregivers expressed a significant need for funding. To increase utilization, youth and caregivers should be given more autonomy in accessing funds directly. In addition to FAM providers making flexible funding requests on behalf of families, youth and caregivers should be encouraged to submit requests themselves. FAM leadership should distribute a fact sheet that delineates: 1) who can access flexible funds, 2) how to submit a request for flexible funds, 3) the types of expenses flexible funds can be used for, 4) how often the funds can be accessed, 5) who to contact with questions about flexible funds, and 6) approximate wait times for approval and distribution. This document should be distributed to all direct service providers, caregivers, and youth involved in FAM. FAM implementing partners

should continually assess barriers to flexible fund utilization and brainstorm methods to improve accessibility.

2. FAM leadership should clarify organizational roles and responsibilities and establish clear and consistent communication processes

FAM partners are committed to shared goals and are eager to work together to improve outcomes for youth. At the same time, FAM providers continue to express confusion around individual and organizational roles and responsibilities within FAM and request more clarity on interagency coordination, organizational responsibilities for activities and deliverables, and the decision-making processes. Strengthening communication between direct service staff, implementing partners, and leadership, including the opportunity for direct service staff to provide regular feedback about model implementation, would benefit the functioning of FAM as a whole. To start, FAM leadership could develop and distribute flow charts detailing organizational roles and responsibilities to Steering Committee members as well as the staff directly implementing FAM. This information sheet should clearly indicate where decision making authority is held and include contact information so FAM providers have someone to go to for questions about the model. Communication processes should be established to ensure frequent and consistent feedback loops among Steering Committee members and staff directly implementing the FAM model. Management level staff should ensure that all direct service staff, both existing and newly hired, are well-informed about FAM, can communicate well about the model, and are up-to-date on the support it is currently providing to youth and caregivers.

3. FAM leadership and implementing partners should explore ways to make the alternative caregiver approval process less overwhelming for caregivers

In spite of the changes HSA approved to streamline alternative caregiver requirements, the majority of FAM providers viewed all or part of the alternative caregiver process as challenging and at times, burdensome, for potential caregivers. Caring adults have the desire to be involved in a foster youth's life, but the arduous caregiver approval process can inhibit them from serving as a formal alternative caregiver. To ensure FAM feels like a helpful and effective resource that families want to access, rather than another task or administrative burden, consider the following. FAM leadership and WestCoast should prioritize implementing the training suggestions offered by service providers: developing an on-demand training model version of the caregiver training and condensing the FAM caregiver curriculum where possible to shorten the 16-hour training. Additionally, FAM implementing partners should dedicate time to brainstorm and develop creative solutions to support caregivers through the approval process, such as the case where FAM leadership disbursed an alternative caregiver's stipend early, so they were able to increase their support to the youth and alleviate other financial barriers. FAM leadership should also advocate to increase flexibility in the alternative caregiver approval process for natural supports due to the potential impact this role might have on a young person's permanency options.

4. FAM providers should continue to explore ways to increase accessibility of the model for diverse populations

To ensure that FAM is able to effectively serve youth and caregivers reflective of the Bay Area's diverse population, consider the following. First, prioritize the development and dissemination of training and informational materials that meet the language needs of FAM participants. This should include a Spanish language version of the Advanced CSEC Training that is conducted by a live Spanish-speaking trainer, FAM informational sessions conducted by Spanish-speaking staff members, and a Spanish language version of the flexible funding fact sheet. Second, ensure that FAM is presented to all participants in a culturally conscious manner. For example, in cases where cultures center an insular nuclear family approach, the concept of shared caregiving with an alternative caregiver may be off-putting. Consider tailoring FAM information sessions to address cultural norms and individual needs. Finally, some providers considered language translations for so few caregivers to be a strain on staff capacity. FAM's small pilot size should be reframed as an opportunity to learn about the unique needs of CSE-affected youth and their caregivers.

5. SF SOL Steering Committee and CDSS should engage in planning discussions, fundraising, and advocacy efforts now to sustain the alternative caregiver component

An effective alternative caregiver can provide both the primary caregiver and the youth with significant support: the pressures and responsibilities of the primary caregivers are eased, and youth have another committed adult to give them care, nurture, and guidance. FAM providers report that enrolling natural supports as alternative caregivers is a particularly effective way to build out a youth's permanency options and community of support. The FAM model's monthly financial stipend has been, for some natural supports, the difference between wanting to play a role in a youth's life and actually being able to afford to do so. SF SOL Steering Committee members and CDSS should engage in sustainability discussions and ensure a plan is in place to continue the alternative caregiver component beyond the pilot period. Explore ways to secure long-term financial sustainability, such as through advocating to state representatives to integrate alternative caregiver funding into the annual state budget and using success stories to garner support for the replication of FAM's shared caregiving model in other counties.

6. FAM leadership should advocate to expand FAM eligibility

Several FAM providers want to see more youth enrolled in FAM and felt that the pilot's narrow eligibility requirements have resulted in the exclusion of youth who could benefit from FAM. To assure the FAM pilot reaches its full potential for impact, FAM leadership should advocate to expand eligibility requirements. This might include raising FAM's upper age limit to align with AB 12, which allows eligible youth in the child welfare and probation systems to remain in foster care until age 21. Risk of CSE should be expanded to include vulnerabilities beyond having a "Clear CSE Concern" score on the CSE-IT assessment tool. This includes trusting the implementing FFA to identify high needs youth on their caseload who would benefit from the addition of an alternative caregiver and/or access to flexible funding. By offering FAM to vulnerable youth who do not currently have a clear CSE risk, FAM can also serve as a preventative model.

CONCLUSION

Through interviews with FAM providers and caregivers, the second evaluation report explored the progress of the FAM 2.0 pilot, highlighting important advancements in implementation as well as a number of challenges. Youth and caregivers are successfully enrolling in FAM, and these youth are now receiving support and care that they would not have without FAM. Providers were aligned in the shared goal to support foster youth and families, with a particular desire to strengthen youth's natural support networks. Caregivers are motivated by the desire to make a positive impact on youth and feel confident in their caregiving abilities. The flexible funding component has significant potential to quickly and easily address youths' basic material needs, and FAM providers recommended steps to increase utilization. More efforts are needed to streamline and enhance the functioning of FAM, such as improving communication processes and clarifying roles and responsibilities, which are anticipated growing pains of a relatively new collaborative initiative. Overall, many components of the pilot are progressing well, with great potential to enhance the lives and wellbeing of CSE-impacted youth in San Francisco.

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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. It is our hope that the learnings shared in this report will be useful in strengthening the FAM 2.0 pilot, and ultimately, in ensuring that more of California's youth have safe, loving, and supportive places to call home.