ANNUAL REPORT ON SHARED FAMILY CARE: PROGRESS AND LESSONS LEARNED (JUNE, 1999 TO JULY, 2000)

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AUGUST, 2000

This report was made possible through grants from the Zellerbach Family Fund and the Stuart Foundation
# TABLE of CONTENTS

*Annual Report on Shared Family Care  
*(June, 1999 to July, 2000)*

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overview</strong></td>
<td>5</td>
</tr>
<tr>
<td><strong>Summary of Demonstration Project Activity</strong></td>
<td>5</td>
</tr>
<tr>
<td>California</td>
<td>5</td>
</tr>
<tr>
<td>Colorado</td>
<td>8</td>
</tr>
<tr>
<td><strong>Overview of Participant Families</strong></td>
<td>9</td>
</tr>
<tr>
<td>Demographic information</td>
<td>11</td>
</tr>
<tr>
<td>Sources of income</td>
<td>14</td>
</tr>
<tr>
<td>Placement duration</td>
<td>15</td>
</tr>
<tr>
<td>Reasons for termination</td>
<td>16</td>
</tr>
<tr>
<td><strong>Progress in Meeting Anticipated Outcomes of SFC Demonstration Projects</strong></td>
<td>17</td>
</tr>
<tr>
<td>Can SFC be incorporated into child welfare services?</td>
<td>18</td>
</tr>
<tr>
<td>Is there public money available?</td>
<td>20</td>
</tr>
<tr>
<td>Are there community mentors?</td>
<td>21</td>
</tr>
<tr>
<td>Reasons for becoming a mentor</td>
<td>23</td>
</tr>
<tr>
<td>Staff beliefs about mentoring</td>
<td>24</td>
</tr>
<tr>
<td>Will participants be referred?</td>
<td>25</td>
</tr>
<tr>
<td>Why are participants referred?</td>
<td>27</td>
</tr>
<tr>
<td>Who is appropriate for SFC?</td>
<td>28</td>
</tr>
<tr>
<td>Are mentors receiving training and support?</td>
<td>29</td>
</tr>
<tr>
<td>Are participants and mentors matched appropriately?</td>
<td>31</td>
</tr>
<tr>
<td>Mentor-mentee relationship</td>
<td>32</td>
</tr>
<tr>
<td>Mentees’ satisfaction with environment</td>
<td>34</td>
</tr>
<tr>
<td>Are participants receiving services?</td>
<td>34</td>
</tr>
<tr>
<td>What families succeed as mentors?</td>
<td>38</td>
</tr>
<tr>
<td>Are families progressing toward goals</td>
<td>40</td>
</tr>
<tr>
<td>Are participants able to live independently after SFC?</td>
<td>42</td>
</tr>
<tr>
<td>Post graduate services</td>
<td>43</td>
</tr>
<tr>
<td>Update on graduates</td>
<td>45</td>
</tr>
<tr>
<td>Income/employment &amp; housing</td>
<td>47</td>
</tr>
<tr>
<td>Are children better cared for after SFC?</td>
<td>49</td>
</tr>
</tbody>
</table>
Do parents and children have improved emotional and physical well being? ........... 50
Mentors’ self-perceptions after involvement in SFC ................................. 53
Cost effectiveness of SFC ..................................................................... 54

Case Example ...................................................................................... 56
Keshia ................................................................................................... 56

Summary and Lessons Learned ............................................................ 58
**LIST of FIGURES**

<table>
<thead>
<tr>
<th>Figure</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Status of Participants</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>Demographics of all Participants</td>
<td>13</td>
</tr>
<tr>
<td>3</td>
<td>Sources of Income at Intake</td>
<td>14</td>
</tr>
<tr>
<td>4</td>
<td>Placement Duration</td>
<td>15</td>
</tr>
<tr>
<td>5</td>
<td>Reasons for Termination</td>
<td>16</td>
</tr>
<tr>
<td>6</td>
<td>Mentor Status by County</td>
<td>21</td>
</tr>
<tr>
<td>7</td>
<td>Mentor Recruitment</td>
<td>22</td>
</tr>
<tr>
<td>8</td>
<td>Why Become a Mentor?</td>
<td>23</td>
</tr>
<tr>
<td>9</td>
<td>Staff Perceptions of Mentor Qualities</td>
<td>24</td>
</tr>
<tr>
<td>10</td>
<td>Referral Source</td>
<td>25</td>
</tr>
<tr>
<td>11</td>
<td>Referral Source by Program</td>
<td>26</td>
</tr>
<tr>
<td>12</td>
<td>Reasons for Referral</td>
<td>27</td>
</tr>
<tr>
<td>13</td>
<td>Referral Reasons by Program</td>
<td>28</td>
</tr>
<tr>
<td>14</td>
<td>Sufficiency of Mentor Training and Support</td>
<td>30</td>
</tr>
<tr>
<td>15</td>
<td>Mentors’ Relationship with Mentee</td>
<td>32</td>
</tr>
<tr>
<td>16</td>
<td>Mentees’ Relationship with Mentor</td>
<td>32</td>
</tr>
<tr>
<td>17</td>
<td>Mentor-Mentee Communication</td>
<td>33</td>
</tr>
<tr>
<td>18</td>
<td>Mentors’ Relationship with Children</td>
<td>34</td>
</tr>
<tr>
<td>19</td>
<td>Mentor Services</td>
<td>35</td>
</tr>
<tr>
<td>20</td>
<td>Parenting Skills</td>
<td>35</td>
</tr>
<tr>
<td>21</td>
<td>CBO: Monthly Services</td>
<td>36</td>
</tr>
<tr>
<td>22</td>
<td>CPS: Monthly Services</td>
<td>37</td>
</tr>
<tr>
<td>23</td>
<td>Other Agencies: Monthly Services</td>
<td>37</td>
</tr>
<tr>
<td>24</td>
<td>Mentor Demographics</td>
<td>39</td>
</tr>
<tr>
<td>25</td>
<td>Mentees’ Primary Goals</td>
<td>41</td>
</tr>
<tr>
<td>26</td>
<td>Mentees’ Secondary Goals</td>
<td>41</td>
</tr>
<tr>
<td>27</td>
<td>Perceptions of Social Support</td>
<td>43</td>
</tr>
</tbody>
</table>
Figure 28: Perceptions of Community Resources ........................................... 43
Figure 29: Post-Graduation Services by CBO .............................................. 44
Figure 30: Post Graduation Services by Other Agencies ............................. 44
Figure 31: Post-Graduation CPS Services ..................................................... 45
Figure 32: Graduates’ Monthly Income ....................................................... 47
Figure 33: Post SFC Sources of Support ...................................................... 47
Figure 34: Post SFC Housing ................................................................... 48
Figure 35: Mentees’ Parenting Skills ......................................................... 49
Figure 36: Mentees’ Parenting Skills ......................................................... 49
Figure 37: Perceptions of Physical Fitness .................................................. 51
Figure 38: Perceptions of Emotional Fitness .............................................. 51
Figure 39: Mentors’ Self Perceptions ......................................................... 53
Figure 40: Comparative Cost of SFC ......................................................... 55
Figure 41: Total Comparative Cost of SFC .................................................. 56
Overview

The following report documents progress, findings and lessons learned from the shared family care (SFC) demonstration projects in California and Colorado. The data reflects activity from March 1997 (when the first family was placed) through June 2000. However, the report highlights progress made and lessons learned in the past year (July 1999 through June 2000).

During this year, the National Abandoned Infants Assistance (AIA) Resource Center continued to assist in the refinement, expansion, and ongoing implementation of the three demonstration projects in California—Alameda County, Contra Costa County, and San Francisco—and in Colorado Springs. Center staff also maintained contact with four other sites in Colorado—Denver, Arapahoe County, Alamosa County, and the Northeast Region—that all have had some involvement with SFC but do not have active programs (see summary below). Data in this report are based on information collected by Resource Center staff with cooperation from demonstration project staff, mentors, and participants.

Summary of Demonstration Project Activity During the Past Year

After two years of planning and development, the demonstration projects in Contra Costa and Alameda Counties finally began to stabilize during this past year. In Alameda County, Family Support Services of the Bay Area (FSSBA) spent the first part of the year re-evaluating the mentors who were involved with the program when FSSBA took it over in January 1999. They also spent considerable time throughout the year recruiting, screening and training new mentors. Although they now have a solid, albeit small, pool of mentors, recruitment remains challenging.
In the past year, FSSBA staff also worked closely with the county liaison to refine program policies and procedures (which are clearly articulated in a mentor manual and a client handbook), and to educate child welfare workers about the program. Their efforts proved fruitful as reflected in the increased number of families referred to the program (see discussion below on participant families). However, many of those families were not appropriate for the program (e.g., family size was too large or parents were actively using drugs), which is focused primarily on family reunification. As a result, FSSBA staff developed an intensive participant intake process consisting of a two-part interview, a drug screening (if indicated), and various pre-placement "assignments" for potential participants. They also continued to educate child welfare workers about referring appropriate clients to the program.

The project in Contra Costa County experienced considerable change during the past year. In January 2000, Families First terminated the subcontract with With Loving Care, assuming full responsibility for the administration and implementation of the project in West County. Around the same time, the County allocated CALWORKS (TANF) dollars to expand the program to two additional sites— in East County and Central County. Families First administers the Central County site and provides general oversight of the whole program, and the County Social Services Department contracted with the Center for Human Development (CHD), another well-established community-based organization, to administer the site in East County. The County also provided funding for Families First to hire a training coordinator and housing coordinator to work with all three sites. In addition to these structural changes, Families First and CHD developed policies and procedures, which previously had never been explicitly defined. These new policies reflect one major shift in the target population. Whereas before families were often
referred from community members or agencies, all referrals must now come from the County Social Services Department (SSD) and have an open child welfare case. As a result, referrals from SSD began to increase toward the end of this past year. However, like the Alameda County project, they, too, received numerous inappropriate referrals and, in response, increased their outreach to county child welfare workers through presentations at unit meetings, flyers, and individual conversations with supervisors and managers. Although the two new sites (which just began in January 2000) are still in the process of recruiting, training and certifying mentors, the Richmond site (West County) has a solid pool of mentors and continues to place families on a regular basis. Their primary obstacle at this point remains the dearth of decent, affordable housing (see discussion throughout report).

San Francisco also experienced considerable change with its program during the past year. After one year of planning, the Epiphany Center placed its first two participants in summer 1999. Around the same time, the San Francisco Department of Human Services (DHS) received a waiver allowing them to use Title IV-E (foster care) dollars for shared family care. With this, they created a separate SFC project through DHS, which operates separately but collaboratively with the Epiphany Center project. This concurrent development of the IV-E project led to considerable confusion around staff roles and responsibilities, data reporting, and the relationship between the two projects, particularly in regard to mentor recruitment. The persistent and significant housing crisis in San Francisco has also created barriers for the projects, both in terms of finding mentors with sufficient space to accommodate another family, and finding safe, affordable housing for program graduates. Finally, during this past year, the Epiphany Center realized that its STAR

1 The San Francisco project started one year after Alameda and Contra Costa Counties.
The Epiphany Center’s STAR Project is an intensive reunification program for drug-exposed infants and their families. As a result, the Epiphany SFC staff is just beginning to accept referrals from other Epiphany Center programs (e.g., day treatment), and they recently placed a third family. The IV-E waiver project is targeting any family with an open child welfare case in San Francisco, and is being implemented directly through DHS. They are expected to begin placing families in fall 2000. As of now, both projects will continue to share one growing pool of mentors.

**Colorado**

Aside from El Paso County, there was very little activity among the Colorado projects during this past year. Each of the five original sites received a small grant from the state that expired in June 1999. At that point, only two rural sites (Alamosa County and the Northeast Region) had developed any kind of program and actually placed families. Due to limited resources (especially staff), these counties were not able to continue the SFC programs after the grant funds ran out. However, they are still supportive of the model and continue to consider it for an occasional family on an individual basis (e.g., Alamosa still has two licensed and potentially available mentors). Although Denver County Department of Social Services expressed interest in SFC and contracted with Catholic Charities to implement it, they never provided any oversight or accountability due to significant administrative changes, restructuring, and staff turnover. At the time of this report, they were just beginning to reconsider the program with a renewed attempt to get it off the ground.

In El Paso County, CHINS UP, a non-profit foster care agency initiated a SFC project this year without any support or guidance from the County Department of Social Services. They

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2 The Epiphany Center’s STAR Project is an intensive reunification program for drug-exposed infants and their families.
secured a private grant to provide SFC as an extension of a voluntary respite program that they
developed to prevent families from entering the child welfare system. They began targeting young
mothers at risk of child welfare involvement. Once DSS learned of the program, however, they
began to refer (and provide funding for) families in the system. Additionally, during this time, the
county established a drug court that also has begun to refer families to SFC. So, the program grew
and evolved rapidly during the past year and there is reason to believe that it will continue to
expand in the coming year.

**Overview of Participant Families**

Between the program’s inception in the spring of 1997 and the time of this report (July, 2000) a total of 120 families were referred to the program; 100 of these families completed an
application to enter SFC (see Figure 1). Of the total number of applicants, nine families are
currently in placement in mentors’ homes, 23 successfully graduated from the program, 23
terminated early from the program, three are pending placement, and 42 were never placed in the
program³.

³For readability purposes, we will refer to mentees who have successfully completed their SFC placements (i.e., met their placement goals) as “graduated” and to mentees who were unsuccessful in SFC as “terminated.”
There was a notable surge in the number of individuals referred to SFC in the past year. In fact, the number of applicants for Year 3 (70) was more than twice the number of applicants for the first two years combined. Although there was an increase in referrals and applications, however, the percentage of those selected to participate in SFC was slightly smaller than in previous years (49% compared to 58%). This suggests that the SFC program is receiving increasing notice and attention from child welfare and community agencies, but that the SFC programs may be appropriately formulating stricter criteria for the selection of participants. Thus, the reasons applicants were not selected for the program included: non-child welfare case and, therefore, ineligible for services; residence in a neighboring county that does not have a SFC program; no demonstrated intent to work on goals (by the mentee applicant); substance abuse relapse or not having been in recovery long enough; and not having mentor homes available. Some applicants also chose not to participate because they were resistant toward a structured and intensive program or unwilling to complete the application.
Demographic information on participant families

Since the inception of SFC, almost all of the participant families have been single women with one or more children (see Figure 2). However, three single men were placed during this past year (of whom, two are currently in placement). The mean age for all of the applicants was 26 years, while it was just over 23 years for the graduated mentees. The terminated mentees were slightly younger at just over 21 years. There have been several teen parents4 in the program (19); just over one-third have been successful graduates. Collectively, the mean age of the participants’ children was 4.3 years, and six women were pregnant when they applied to the program (two graduated, one was terminated, and three never participated). With respect to marital status, slightly more terminated participants than graduates identified themselves as single. Although there were no couples in any of the placements, several of the graduates were in close contact with a spouse or significant other (or may have had more contact with their children’s fathers) and may not have felt as isolated as the terminated clients.

Over one-quarter of the applicants had criminal histories, and approximately eight of them were on probation at the time of intake. Almost one-half of the applicants had a history of substance abuse, though the majority of them were never placed in SFC. Of those who were, seven are currently in placement, six graduated, and four terminated early. None of the terminated participants with substance abuse histories had been in recovery longer than two years; in fact, two had not been in treatment at all. For the graduates with substance abuse histories, their time in recovery ranged from less than six months to two years.

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4 For purposes of this report, teen parents are defined as being 18 years or younger at the time of giving birth.
Low levels of educational achievement were prominent among all of the applicants. Half of the applicants did not have a high school diploma/GED at intake. The groups were roughly similar with respect to the other categories of educational background. More of the graduated mentees, however, had high school degrees/GED (24%) compared with the terminated (15%) and never placed groups (18%).

Although we have only demographic data on the never placed group, there are some notable differences between this group and the individuals who entered the program. For example, many more individuals in this group had substance abuse and criminal histories. Comparatively, this group contained more members who had achieved educations beyond high school than the other groups. The mean age for the never placed group was notably higher than for the graduated or terminated group. Finally, although the mean number of children was similar for all of the groups, the range for the never placed group was the widest (1 to 6) compared with the others. It is probable that one key reason some families were not placed in SFC is because the mentors’ homes were not equipped to handle such a large number of children. The data suggests two other possible reasons for not placing families into SFC. One is that the families may face multiple significant challenges (e.g., criminal and substance abuse histories) thereby making them inappropriate for the program. In contrast, this group may also contain individuals who are functioning pretty well (e.g., employed, educated, stable relationship) and may resist the length and structure of the SFC program.
The tables and graphs reflect the 88 applicants for whom we have data.

The first set of parentheses refers to the standard deviation

The second set of parentheses refers to the range
Sources of income

Collectively, on average, the applicants had monthly incomes which were notably below the poverty rate. The never placed group had the widest range ($0 to $1,700), though the currently placed mentees had the highest monthly income level of all of the groups ($677). As indicated in Figure 3, very few of the applicants were employed upon entering the program. Although, at intake, only a slightly higher percentage of graduated than terminated clients (24% and 19%, respectively) were employed, the graduated clients had accessed more public sources of support. Strikingly, none of the groups had much contact with or support from...

![Figure 3: Sources of Income at Intake](image-url)
their families. That the participants were this isolated from their families is especially noteworthy given their young age and lack of education, employment, and housing.

**Placement duration**

The duration of placement ranged both among graduated and terminated clients (see Figure 4) and also among the different regions of the program sites. For example, to date, no client family in the Bay Area has successfully completed the program in less than 5 months. Yet, in Colorado, several successful graduates have completed their placements in less than 2-3 months.

![Figure 4: Placement Duration](image)

One significant factor in this difference is that many of the participants entering the Colorado program had fewer personal hardships to overcome and needed a brief transitional environment to facilitate getting back on their feet. For the Colorado participants, this often meant that their singular goal was to locate housing and by being in SFC, they received preferential treatment from local agencies.
in securing housing. For the Bay Area clients, housing is also a huge barrier to independent living (among their other personal and social challenges), but in the midst of a severe housing crisis in this region, preferential treatment is not a substantial advantage. Thus, many successful Bay Area mentees are delayed in moving out of their homes precisely because there is no other housing available.

Collectively among the programs, the mean number of months in placement for graduates was 7.7 months, with the modal number of months being 9. The range for graduates was one-half of a month to 17 months. The mean time in placement for terminated clients was 2.4 months, with the mode being 1 to 1.5 months. The range for terminated clients in placement was 1 week to 8 months. The placements in Colorado were significantly shorter than those in California, with the average placement lasting 3 and 9.5 months, respectively.

Reasons for termination

To date, 50% of the families placed left the program without completing their goals. Of these 23 participants, being non-compliant with the program or house rules (48%) was the most frequent reason cited by program staff (see Figure 5).

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8The two terminated clients who stayed in the program for 8 months were from the early phases of the program, before the projects had sufficient knowledge and guidelines about working with problematic mentees. It is a probable assumption that these clients would not have remained in placement this long under the current standards and criteria erected by the respective programs. Thus, if these two clients were removed from the data, the mean length of time in placement for terminated clients is 1.5 months.

9Some participants had multiple reasons for early termination from the program.
In some cases (40%), the family decided that this program was not suitable for their needs or circumstances and left prematurely. Often, more than one reason was cited for early termination. Other reasons, either exclusively or in combination with the two previously mentioned, include the child being removed from custody or the parent voluntarily relinquishing custody, and a relapse in substance abuse.

**Progress in Meeting Anticipated Outcomes of SFC Demonstration Projects**

The SFC evaluation design was based on the following theories:

1. By simultaneously protecting children and preserving families, Shared Family Care fills a critical service gap between traditional family preservation and out-of-home care.
2. Mentors who receive training, support and supervision, and who are carefully matched with participant families, play a critical and unique role in helping families meet their goals.
3. Families are more likely to become stable and self-sufficient if their basic needs (e.g., housing) are met and a mentor helps them establish a positive network of community resources and supports.
4. Most individuals care for their children the way they were cared for, and many parents in the child welfare system did not receive appropriate or adequate parenting themselves. By nurturing and reparenting these adults, and modeling and teaching them appropriate parenting and home management skills, SFC helps parents better protect and care for their children and helps families interact in healthier manner.
5. Community members who mentor participant families have an opportunity to contribute to their community and acquire new skills, thereby improving their self-perception.
6. If, after a 6-9 month placement, SFC is successful at keeping families together and preventing subsequent out-of-home placements, the long-term cost of the program will be significantly less than traditional foster care options.

Following is a discussion about the extent to which the experience of the demonstration projects to date supports these theories.
Theory: By simultaneously protecting children and preserving families, Shared Family Care fills a critical service gap between traditional family preservation and out-of-home care.

*Can SFC be incorporated into the standard continuum of county child welfare services?*

There remains reason to believe that SFC can and, in fact, should become a standard child welfare service. Although it is clear that this model does not work for all families, it appears to fill a service gap for families who are ready to make a change and are capable of caring for their children with some guidance, support and structure. However, because of its reliance on community members and its divergence from "practice as usual," SFC requires considerable start-up time and resources, as well as a commitment to ideological change, and specifically dedicated staff (e.g., to develop policies and procedures, recruit and support mentors, facilitate the matching process, work intensively with the participants). For these reasons, SFC can not just be lumped in with traditional foster care or family preservation services and appears to work best when initiated by, or contracted out to, a community-based organization.

At the same time, many of the biggest challenges to developing SFC are beyond the scope of the model itself. Interagency collaboration, for instance, is critical to SFC, yet it is inherently difficult with any social service program. Conflicting policies, disparate goals, turf battles, and different perspectives, philosophies and priorities present ongoing obstacles to successful collaboration. Economic conditions (e.g., housing) also greatly impact the implementation of SFC on several different levels. In San Francisco, for instance, it is difficult to find individuals or families with sufficient space to accommodate another family. Housing also remains a considerable obstacle to all of the SFC programs in terms of finding safe, affordable homes for families who graduate from SFC. This should be considered in the development of new SFC programs. *A New Life*
Program, which uses mentor homes for recovering addicts with children in Philadelphia, developed three transitional houses for graduates of its program after realizing that the lack of permanent housing options made it difficult for participants to concentrate on the program. In the past year, the Bay Area programs often found mentees staying in placement considerably longer than necessary because they were unable to find alternative housing. In response, the programs all enhanced their efforts to increase housing options for their graduates, e.g., through arrangements with the local housing authority and hiring of a housing coordinator. Although housing is beyond the traditional parameters of child welfare services, it must be addressed in order for SFC to become an effective service option.

Liability is another issue that needs to be addressed in SFC. Historically, child welfare agencies have not done a sufficient job at protecting foster parents from property damage, which is problematic enough with only children. When you ask someone to welcome an entire family into their home for an extended period of time, however, they need to have some form of insurance against damage to themselves or their property. The Bay Area projects have all addressed this issue in various ways over the past year. In Alameda County, for instance, the County Social Services Agency purchased an insurance policy to cover all mentors in the program. Contra Costa County has a policy through a private insurance broker whereby each mentor buys coverage for a very minimal amount. San Francisco, on the other hand, does not yet have a policy in place because they are concerned about the inequity of providing coverage for mentors and not regular foster parents. This illustrates another challenge of incorporating SFC into the standard continuum of child welfare services.
Despite these obstacles, however, a survey of program staff and affiliated child welfare workers and administrators reflected unanimous sentiment that SFC should continue to be available to families in the child welfare system, as well as families at risk of involvement in the system. Limited experience thus far suggests that it can be done, but not without sufficient resources, a minimum of one-year start up time, and a systemic approach to housing.

_is there public money available to fund a SFC project?_

Although there is still no dedicated source of federal funding for SFC, public resources are available. San Francisco and Alameda have both received Title IV-E (foster care) waivers to pay for SFC. While this is not a permanent solution, or one that is available to all states or counties, it may set precedence for use of these dollars for SFC. In the past year, Contra Costa County dedicated a substantial amount of TANF (CALWORKS) dollars to fund the existing SFC program and expand it to two additional sites. Because TANF dollars are block-granted, there is a great deal of flexibility in how they are used. However, there may be tremendous competition for these dollars. The same holds true for Federal Family Preservation and Support (Title IV-B) funds as well as many state programs, which may also be available. The Colorado Department of Social Services, for example, has drafted a revision to its state regulations, which would allow the use of state funds to reimburse for the cost of caring for children in SFC. In the meantime, El Paso County is using county child welfare dollars to reimburse for children in SFC if they have an open child welfare case. Finally, it is important to look beyond child welfare programs to other public funds that may be available, e.g., through drug and alcohol agencies and/or programs for the homeless. Therefore, while it may require creativity and aggressive advocacy, public funds are available for SFC.
Are there families in the community interested and qualified to be mentors?

Mentor recruitment continued to present challenges to all of the projects. Although both Alameda and Contra Costa Counties have successfully maintained a pool of excellent mentors, this number dwindled somewhat in the past year. This was, to a great extent, due to a more selective and rigorous screening process for enrolling mentors. To date, there are 18 active mentors, 18 former mentors, and 48 non-active mentors (those who left the program without ever having a placement or who may be in the middle of the application/training process) (see Figure 6).

**Figure 6: Mentor Status by County**

<table>
<thead>
<tr>
<th>Mentor Applicants</th>
<th>Active Mentors</th>
<th>Former Mentors</th>
<th>Non-Active</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Programs</strong></td>
<td>84</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td><strong>Alameda</strong></td>
<td>34</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td><strong>Contra Costa</strong></td>
<td>21</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td><strong>San Francisco</strong></td>
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<td>0</td>
</tr>
<tr>
<td><strong>Colorado</strong></td>
<td>9</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

The majority of former mentors left the program of their own choosing, primarily for personal reasons (e.g., one successful mentor chose to leave SFC to become a licensed day care provider and felt that she could not give a participant family the time and energy needed). Seven of the mentors have had more than one family consecutively placed with them (four have had three placements).

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10 Active mentor is defined as: (1) currently having a placement; (2) recently completed a placement and awaiting a new participant family; and (3) recently completed training and awaiting a placement.
Collectively, in all of the sites, over 80 individuals have been interviewed to become a mentor (see Figure 7). Most of the applicants have been in Alameda and Contra Costa Counties. Since the summer of 1999, eight individuals have completed training and become certified, although all of the programs are in the midst of an intense recruitment period and have numerous potential mentors undergoing training.

**Figure 7: Mentor Recruitment**

<table>
<thead>
<tr>
<th></th>
<th>All Programs</th>
<th>Alameda 11</th>
<th>Contra Costa 12</th>
<th>San Francisco 13</th>
<th>Other Colorado 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentors attending recruitment meetings</td>
<td>409</td>
<td>122</td>
<td>242</td>
<td>24</td>
<td>21</td>
</tr>
<tr>
<td>Mentors attending orientation</td>
<td>219</td>
<td>157</td>
<td>31</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td>Mentor applicant interviews</td>
<td>84</td>
<td>34</td>
<td>19</td>
<td>14</td>
<td>17</td>
</tr>
</tbody>
</table>

These numbers suggest that there are families in the community interested in mentoring. Some of the most effective recruitment methods have been: newspaper ads, appealing to the faith communities, holding community-wide meetings, displays in public libraries, and attending foster parent recruitment meetings. Unfortunately, becoming a mentor involves more than eagerness, and those who want to be mentors do not always have the skills—or the potential skills—to take on this role. Therefore, the process of screening and training individuals who can fulfill all of the demands of SFC is an arduous one. During the past year, for instance, programs spent considerable time

---

11 For period from Spring 1997-present
12 For period of March 1998 to present
13 For period of December 1998 to present
14 For period from March 1998 to May 1999
conducting orientations, interviewing applicants, overseeing home studies and personal background checks, and conducting pre-program training. With this time investment up front, it is hoped that the programs will be rewarded with effective mentors who stay in the program for a substantial period of time.

Reasons for becoming a mentor

For almost all of the mentors in SFC, even those who left the program after having a single placement, the commitment and dedication they express is remarkable. In part, their commitment to the program and to the families in their homes is evidenced in their motivation for becoming mentors (see Figure 8). Some of the individuals were drawn to mentoring based on similar life experiences to the mentees. Others were compelled out of concern for neighborhood residents who are facing crises or because they care deeply about their own community. The most frequently cited rationales stated by mentors include: "commitment to improving community," "enjoyment in working with people," "concern for children," and interest in "being a role model."
Staff beliefs about mentoring

The SFC program staff and child welfare workers who have an adjunct role with the program also offered their beliefs about what makes a conscientious and effective mentor. As illustrated in Figure 9, staff and child welfare workers suggested a wide array of ideal qualities they hoped to see in potential mentors. Being a stable and secure individual was the most important characteristic suggested by staff, followed by having experience working with families in crisis. Interestingly, neither being a parent, having a certain amount of education, nor being a certain age were mentioned as necessary criteria for becoming a mentor. Indeed, one former successful mentor was in fact a young woman in her late twenties who had not yet raised a family of her own (See the case study on page 55). Other noteworthy characteristics mentioned by program staff were: "not being motivated by money," the capacity to be "flexible" and "caring," yet "able to set limits" and "non-enabling," and being open to child-welfare clients. Moreover, staff emphasized that SFC mentors need to be aware from the outset that this role is quite different from being a foster parent and involves "teaching" clients a variety of life and parenting skills. Finally, several program staff suggested that mentors have to understand that participant families undergo numerous challenges.
and difficulties and it is imperative that mentors stick with families through hard times.

*Will participants be referred to the project?*

Families continue to be referred to the SFC program from a variety of sources. In fact the number of families referred to the program in 1999-2000 was more than the number of families referred in the previous two years combined. This is especially noteworthy since there has been little activity in the majority of the Colorado programs. Overall, the increase in referrals is attributable to improved outreach to and communication with local CBOs and child welfare agencies. Although there were still far more referrals than there were actual applicants, it is clear that information about SFC is becoming increasingly widespread and that child welfare workers are gaining knowledge of and confidence in the program and, therefore, expressing interest for more of their clients (see Figure 10).

The sources of referrals, collectively and by individual counties, are detailed in the accompanying figures (see also Figure 11).\(^{15}\) Not surprisingly, child welfare departments, particularly the family preservation and family reunification units (12% and 18%, respectively),

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\(^{15}\) Due to missing data, Colorado was excluded from Figures 11 and 13. Although not reflected in the data, anecdotally we know that many of El Paso County’s referrals are from CBOs or self-referred.
were the primary source for referrals. Many referrals were also generated by workers from unspecified (general) child welfare departments (23%). Non child welfare referrals were highest from CBOs (15%), generally in Contra Costa County, and also from drug treatment agencies (10%), primarily in San Francisco County. Interestingly, in Alameda County, two clients referred themselves, although they ultimately did not work out for the program.

To date, although most of the referrals in Contra Costa County have been from local CBOs and community members, in this past year, the project revised its policies and procedures and began more extensive efforts to enhance their partnership with the county department of social services. Thus, although it is not yet reflected in the data, it is expected that their future referrals will come primarily from child welfare services.

Alameda County maintained their positive relationship with social services and continued to serve only child welfare families. Although having enhanced communication with child welfare is ultimately positive for the longevity of SFC, the programs clearly need to educate child welfare workers about the program so that they can make targeted referrals as opposed to indifferently directing clients to the program without regard for the appropriateness of the clients’ needs to what
the program is offering. Unfortunately, with the rapid turnover in child welfare workers, conducting repeated in-services with child welfare agencies may be necessary, albeit rather time consuming and costly for the projects.

**Why are participants referred?**

Just as important as the source of referrals is the reasons families are referred. With respect to participants who were referred to SFC, homelessness (27%) and reunification (27%) or family preservation services (26%) were the top reasons provided (see Figure 12). Looking at these data on a per program basis (see Figure 13), homelessness was the primary challenge facing participant families in Contra Costa County, while transitioning from substance abuse programs was only noted in San Francisco County. These data reflect program policies. That is, Alameda County has focused on child welfare clients, Contra Costa, until recently, has focused on the broader North Richmond community and the economic hardships facing its residents, and San Francisco County used SFC for a circumscribed population of substance abusing parents.
Who is appropriate for SFC?

SFC program staff and associated child welfare staff were surveyed in the spring of this year about their concerns and suggestions for the program in general, and specifically about their opinions of the individuals most likely to benefit from SFC. Overall, both child welfare workers and program staff had similar views about appropriate clients for SFC. Of the child welfare workers surveyed, parents in recovery, families who are not in a high risk situation, and young parents who are on the verge of independence, were suggested as characteristics of the most appropriate SFC clients. The program staff echoed these comments and added that “families in need of housing” as well as those who are “somewhat independent” and “capable of setting realistic goals” were the most likely to benefit from SFC.

While there may be some disagreement about the suitability of certain populations (e.g., teen parents), most everyone agrees on certain personal characteristics that may befit a potentially successful client. Noting that this program does not work for everyone, it has been mentioned repeatedly that clients who are genuinely motivated to make changes in their lives are the most effective participants, regardless of their other life circumstances. For example, the programs have witnessed several teen parents who were unsuccessful in the program. They were extremely uncooperative with the mentors, often continued with risky behaviors such as staying out late at
night and, thus, may have lasted only two or three weeks in placement. On the other hand, some of the most successful mentees—even several months after graduating—have in fact been young teen mothers. Members of this latter group clearly benefitted from receiving structured and consistent direction about how to be a parent, qualities absent from their own family backgrounds. Assessing this somewhat abstract characteristic—motivation/readiness to change—is challenging. Indeed, one goal in the future will be to improve our assessment of this trait.

Theory: Mentors who receive training, support and supervision, and who are carefully matched with participant families, play a critical and unique role in helping families meet their goals.

Are mentors receiving sufficient training and support to do their job?

In previous years, although mentors generally felt that their pre-program training needs were being met, they were sometimes displeased with the ongoing support and training while they had a placement in their home. Alameda and Contra Costa counties have addressed this issue by offering enhanced support to active mentors. In Alameda County, for example, they have structured the program so that the program coordinator serves as the primary advocate and support for mentors and a case manager works as the liaison and advocate for the client families. In addition, Alameda County continues to offer ongoing monthly training sessions to the mentors as well as respite care. Similarly, Contra Costa County increased the amount of ongoing training and formal support for mentors. Further, this program hired a training coordinator to develop a training curriculum and prepare the case managers to conduct subsequent mentor trainings.
The following is a summary of the programs’ time invested in mentor training/support during Year 3:

- Alameda County conducted an average of 6 hours of pre-program training and 3 hours of mentor support groups per quarter
- Contra Costa County conducted an average of 4.5 hours of pre-program training and 2 hours of mentor support groups per quarter
- San Francisco County conducted an average of 15 hours of pre-program training and 2.5 hours of mentor support groups per quarter

Alameda County was the only program to report offering respite care to active mentors (with placements). On average, they provided 40 hours per quarter.

Overall, the mentors reported that the training and supervision they received was sufficient to meet their needs as mentors (see Figure 14). On occasion, mentors disclosed that they perceived the case managers to be somewhat indifferent during ongoing struggles with mentees. For instance, one mentor commented, “I felt that the case manager could have been more receptive to hearing about the difficulties I was experiencing with the mentee. I felt that the case manager ignored my pleas for assistance with solving conflicts between the mentee and I.”
Despite this concern, in general, mentors gave very high praise to the case managers.

With respect to the aspects of support and supervision that have been most helpful, several families remarked about the availability and skill of the case managers. They also commented that the quarterly meetings convened by AIA staff and the monthly training meetings helped them learn new techniques for contending with difficult situations, share experiences with local and program wide mentors, and learn about various resources in the community. As far as ongoing training needs, mentors disclosed that they would like to learn more about working with culturally diverse populations, communication, anger management, and the needs of families in the child welfare system. Although some mentors felt that the amount of money provided to them was adequate, most felt that they were terribly unprepared for the financial burden of having entire families move in with them. In some cases, it took many months for the mentee to locate employment or secure public assistance, thereby putting the responsibility of all household expenses onto the mentor. Other mentors struggled with unusually high phone, water, and electric bills because of having larger than expected families residing with them. Several mentors suggested that the amount of money offered be commensurate with the number and ages of children placed in their care.

Are participant and mentor families being matched appropriately?

Program staff continued to emphasize the importance of having a pool of mentors to choose from so that they can place participants with the most suitable mentor, not just into any available home. This “matching process” is one of the cornerstones of the SFC program and entails multiple interviews and meetings between the participants and mentees, including trial overnight visits. 

Page 31
one of the parties does not feel that the match is suitable, the placement will not occur until another
mentor home is available. Similarly, if
during the course of a placement either the
mentee and/or the mentor do not feel that
the match is working out, then it may be
possible to relocate the participant family
into another mentor’s home (this does not
count as terminated placement, unless the
subsequent placement(s) does not work
out). To date, five of the 55 mentees placed have moved from one mentor home to another (only
one such move occurred in Year 3). All but one of these mentees successfully graduated from the
program. No mentee has moved more than once.

**Mentor-mentee relationship**

As shown in Figures 15 & 16, the relationship
between the mentors and mentees was generally
quite positive. At three months in placement, more
than three-quarters (88%) of the mentors
questioned stated that they got along “well” or
“very well” with their mentee family. This positive
trend continued at six and nine months with 100%
of the mentors reporting that they got along “well”
or “very well” with their mentee family. The negative dip at termination may indicate the mentors’
desire for some closure with the placement.

The mentees displayed a similar pattern in their perceived relationship with the mentors. They too experienced a somewhat negative dip at the point of termination, which could signal the mentees’ discomfort with the ending of the live-in relationship and their fear of separation from such a safe and supportive environment.

In contrast, it is interesting to note the difference in the mentors’ and mentees’ perceptions of the mentees’ ability to communicate openly, to follow house/program rules, and receive constructive feedback from the mentor (see Figure 17). It is quite striking that, in a monthly assessment, the mentees perceived themselves as quite adept in these domains and that they improved over time. On the other hand, in the same assessment, the mentors’ perceptions of these interactions were not as glowing and declined over time. Because these measures were all self-report, it is difficult to know if one group was overemphasizing their skills while the other was underestimating them. In any case, these respective perceptions should be useful to programs as they help mediate conflicts between mentors and mentees.

In general, while there may be some sporadic friction between the mentors and mentees, the mentors almost always report excellent relations with the mentee’s children (see Figure 18). Anecdotally, several mentors have informed staff that even in the event of conflict with mentees,
they realize the importance of maintaining a positive relationship with the children. Many mentors have commented that the mentees’ children are “like family” to them.

Mentees’ satisfaction with living situation

In the initial phases of placements, the mentees appeared to have moderate dissatisfaction with certain aspects of the living arrangements. For example, at three months, 13% of the clients were very dissatisfied with their living arrangements, 25% were unhappy with the house rules, and 21% were somewhat dissatisfied with the *Rights and Responsibilities Agreement*. The level of mentees’ satisfaction about the house rules and the *Rights & Responsibilities Agreement* improved at six and nine months (100% feeling “somewhat” to “very satisfied” with both of these categories). Weekly meetings with the case manager--often involving conflict mediation between the mentee and mentor--was one factor contributing to the improved attitudes of the mentees during placements.

*Are participant families receiving necessary services from the mentor and the community?*

Information about services to mentees is collected in two ways: (1) the *Monthly Report of Services*, completed by the project coordinators, indicates the services provided by the social services agency, the implementing agency (if other than social services), the mentor, and other
The category of “Life Skills” includes 3 items: food/clothing preparation, nutrition education, and household management.

According to the Monthly Reports and Weekly Logs (see Figures 19 & 20), mentors primarily spent their time providing the following services to mentees: transportation, respite care for the mentees’ children, help in locating post-placement housing, spending recreational time with the mentee and her family, and assistance in teaching life and parenting skills to the mentees.

The figures indicate that in the beginning months of placement, the mentors were more actively involved with the mentees than in the final months of placement. This may reflect their eagerness to help and to establish a relationship with the mentee. The decrease of activity during the latter months of placement is to be expected as one goal for the program is for the mentees to become increasingly independent and self-sufficient.

16 The category of “Life Skills” includes 3 items: food/clothing preparation, nutrition education, and household management.
However, as noted in the graphs, the mentors’ duties increased again for those in placement beyond nine months. It is important to bear in mind that this population of mentees—who was in placement beyond the average length of time—may have had unusually challenging needs resulting in the provision of intensive pre-graduation services. For example, two of these clients gave birth while in placement, which hampered their timely departure from SFC. Additionally, the housing assistance provided by mentors greatly increased after nine months, reflecting the fact that lack of housing was the primary reason most families stayed beyond the average.

Also noteworthy is that the amount of time spent on recreational activities was very high during the first six months of placement and then dropped near the end of placement. Given that the participants’ time was gradually spent on other responsibilities (e.g., employment; securing housing), it is assumed that there was not much extra time for recreational activities.

With respect to the implementing and other agencies, Figures 21 & 22 provide an overview of the amount and type of services provided by these agencies. Not surprisingly, the implementing CBO, who generally serve as case managers for the mentors and mentees, performed case management duties 70-80% of the time for
mentees while in placement. They also spent considerable time on parenting education (either providing services or helping to intervene if needed) and developing permanent plans for child welfare clients, and transportation.

Child welfare (CPS) agencies, who are generally peripherally involved with the cases, provided some assistance to mentees while in placement. Their efforts consisted of case management, permanency planning, and assistance with locating housing.

Finally, as Figure 23 illustrates, adjunct agencies were used sporadically in the initial months of placement, and then more extensively in the later months. This may indicate mentees’ increased ability to seek and utilize a variety of community resources. The most frequent forms of assistance from outside agencies involved parenting education, housing assistance, financial help, job training, and employment.

It is curious, although not altogether surprising, that transportation was heavily provided by the CBOs, outside agencies, and mentors regardless of the point in placement. Thus, it is important to keep in mind two issues pertaining to the mentees’ transportation needs. First, the need for transportation may be high for
residents in rural places, such as Colorado where access to public transportation may not be adequate. Second, many of the jobs acquired by mentees have involved inconsistent or late-night shifts, making the use of public transportation impossible or dangerous.

What families are most likely to succeed as mentors?

All of the SFC programs have invested considerable time and energy into locating and maintaining a solid group of mentors. Although program staff have dismissed some of the mentors (approximately 10), they have also benefitted from the long tenure of several successful mentors. Data collected from the programs have thus far been unable to delineate “successful” from “unsuccessful” mentors, nor has it been possible to predict who will thrive as a mentor. There were, however, several apparent trends in those individuals who applied and became mentors (see Figure 24). Almost all of the mentors were African American women, and collectively more than half of them were single. One striking difference, however, is that 65% of the active mentors are married (with or without children) compared to only 36% of the former mentors and 19% of the non-active mentors. In fact, seven of the active mentors are mentor couples, where they both actively participate in the mentoring process (two former mentors were couples). This may suggest that mentor households with two adults have more support, time, space, and/or income than single individuals and, therefore, are in a better position to commit to mentoring.

The mean age of all of the mentors was 45 years, though there have been mentors as young as 26 years. There were slightly more retired mentors in the former mentor group, which may have contributed to their pulling out of the program. Anecdotally, some mentors, particularly older ones, have informed AIARC that being a mentor was worthwhile, but too time consuming and they preferred having more time for themselves. There were only slight differences between the
economic circumstances of the groups. One notable demographic difference, however, was that none of the former mentors had any history of substance abuse, compared with the active (12%) and non-active mentors (7%). The active mentors who had a substance abuse history, had been in recovery for a number of years. As noted earlier, one reason mentors were drawn to SFC was that they felt they shared similar challenges in their backgrounds to some of the mentees. These mentors, in turn, expressed a strong desire to help others rise beyond these hardships.

**Figure 24: Mentor Demographics**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>All Mentors (n=80)</th>
<th>Active Mentors (n=17)</th>
<th>Former Mentors (n=18)</th>
<th>Non-active Applicants (n=42)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>84%</td>
<td>82%</td>
<td>88%</td>
<td>83%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>11%</td>
<td>18%</td>
<td>13%</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>91%</td>
<td>94%</td>
<td>89%</td>
<td>90%</td>
</tr>
<tr>
<td>Male</td>
<td>9%</td>
<td>6%</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Mean Age in Years</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11.15) 18 (22 to 70)</td>
<td>47.12 (8.29)</td>
<td>46.13 (12.88)</td>
<td>45.14 (11.14) (22 to 69)</td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
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<tr>
<td>Less than H.S. diploma</td>
<td>9%</td>
<td>6%</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td>HS diploma/GED</td>
<td>17%</td>
<td>29%</td>
<td>6%</td>
<td>17%</td>
</tr>
<tr>
<td>Trade/Vocational School</td>
<td>8%</td>
<td>6%</td>
<td>6%</td>
<td>10%</td>
</tr>
<tr>
<td>Some college</td>
<td>34%</td>
<td>12%</td>
<td>33%</td>
<td>43%</td>
</tr>
<tr>
<td>College graduate</td>
<td>30%</td>
<td>47%</td>
<td>33%</td>
<td>21%</td>
</tr>
<tr>
<td>Advanced Degree</td>
<td>1%</td>
<td>0%</td>
<td>6%</td>
<td>0%</td>
</tr>
</tbody>
</table>

17 The tables and graphs only reflect the mentors for whom we have data.

18 The first set of parentheses refers to the standard deviation

19 The second set of parentheses refers to the range
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>All Mentors (n=80)</th>
<th>Active Mentors (n=17)</th>
<th>Former Mentors (n=18)</th>
<th>Non-active Applicants (n=42)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Composition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single adult</td>
<td>45%</td>
<td>29%</td>
<td>53%</td>
<td>45%</td>
</tr>
<tr>
<td>Single with children</td>
<td>28%</td>
<td>24%</td>
<td>12%</td>
<td>33%</td>
</tr>
<tr>
<td>Married, no children</td>
<td>15%</td>
<td>53%</td>
<td>18%</td>
<td>11%</td>
</tr>
<tr>
<td>Married with children</td>
<td>13%</td>
<td>12%</td>
<td>18%</td>
<td>8%</td>
</tr>
<tr>
<td>Employment Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full time</td>
<td>62%</td>
<td>76%</td>
<td>56%</td>
<td>61%</td>
</tr>
<tr>
<td>Part Time</td>
<td>12%</td>
<td>0%</td>
<td>22%</td>
<td>10%</td>
</tr>
<tr>
<td>Retired</td>
<td>5%</td>
<td>4%</td>
<td>11%</td>
<td>2%</td>
</tr>
<tr>
<td>Not-working</td>
<td>24%</td>
<td>21%</td>
<td>17%</td>
<td>28%</td>
</tr>
<tr>
<td>Mean Monthly Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$2,672 ($1,640)</td>
<td>$2749 ($1,070)</td>
<td>$3,388 ($1,876)</td>
<td>$2,327 ($1,664)</td>
</tr>
<tr>
<td></td>
<td>($456 to $8,300)</td>
<td>($1,382 to $5,166)</td>
<td>($1,200 to $8,300)</td>
<td>($456 to $7,500)</td>
</tr>
<tr>
<td>Experience as Foster Parent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>27%</td>
<td>41%</td>
<td>33%</td>
<td>20%</td>
</tr>
<tr>
<td>Experience in Human Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>52%</td>
<td>59%</td>
<td>56%</td>
<td>48%</td>
</tr>
<tr>
<td>Has History of Substance Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7%</td>
<td>12%</td>
<td>0%</td>
<td>7%</td>
</tr>
<tr>
<td>Time in Recovery</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>None</td>
<td>33%</td>
<td>0%</td>
<td>N/A</td>
<td>33%</td>
</tr>
<tr>
<td>&lt; 1 year</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>33%</td>
</tr>
<tr>
<td>1-2 years</td>
<td>17%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3-5 years</td>
<td>17%</td>
<td>50%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>6-9 years</td>
<td>33%</td>
<td>50%</td>
<td>0%</td>
<td>33%</td>
</tr>
</tbody>
</table>

Are families progressing toward their goals?

Ascertaining the specifics of how and when the participants fulfill their placement goals remains difficult to measure. We can presume, however, that the graduated participants (approximately 50% of those placed) did in fact reach most or all of their goals within the time period allotted, as
this is the primary criteria for successful completion of the program. Several striking differences in the primary and secondary goals identified by the graduated and terminated mentees may offer some insight into why some families are more likely to complete their placement goals (see Figures 25 and 26). For instance, 100% of the graduated mentees, compared to only 40% of the terminated mentees, stated that enhancing or acquiring parenting skills was one of their chief reasons for entering SFC. It may be inferred that for individuals motivated to change their own lives, their goals are not solely focused on themselves. They may, for instance, demonstrate concern beyond their own needs, such as genuine interest in their children.

Housing was also more frequently cited as a primary goal by graduated mentees compared with terminated mentees. It may be that housing is a more tangible need and, hence, more attainable in a short period of time, despite the tough Bay Area housing market.
Additionally, the graduated mentees proposed more placement goals overall than the terminated mentees. The majority of graduates recommended 5-6 goals compared with the terminated mentees who suggested an average of three placement goals. While many direct service practitioners might view having too many goals as a negative sign about the subsequent productiveness of a client (i.e., having too many chaotic and challenging problems to overcome all at once), for SFC participants, this may indicate a drive toward successfully completing the program. In other words, having more placement goals may mean that motivated mentees display a thoughtful approach to their placement and wish to work on more than the three requisite objectives. Finally, the successful graduates identified many goals that were intrinsically motivated, such as spirituality and personal growth. These attributes in combination with their desire to improve their parenting techniques, may suggest that they possess more personal awareness than members of the other group. In order to give more of a complete picture of the process mentees undergo while in placement, a case study is included on page 56.

**Theory:** Families are more likely to become stable and self-sufficient if their basic needs (e.g., housing) are met and a mentor helps them establish a positive network of community resources and supports.

Upon completing a placement, are participant families able to obtain the resources and supports they need to maintain stability and live independently in the community?

Mentees’ perceptions of their social support increased gradually throughout their placements, though they did taper off slightly at termination (see Figure 27). Overall, they generally felt that they had sufficient social support. The decrease in their perceived support toward the end of placement may reflect their anticipation of living independently.
Mentees’ perceptions of access to community resources fluctuated throughout the placement (see Figure 28). As noted in the previous sections on services provided to mentees and the mentees’ goals, the participants enter the program with very few resources and considerable time in placement is spent on linking them with the appropriate services. The decrease in their perceived access to community resources toward the end of placement may, again, be attributable to their anxiety about independent living.

Post-graduate services

With respect to the services provided to graduates of SFC, the mentors, appropriately, provided very few post-graduation services. On a formal basis, only one mentor continued providing housing, respite care, and parenting education to her former mentee. Anecdotally, several mentors report maintaining contact with the graduates and their
children on an informal basis. From the Figures’ 29-31, it is apparent that the most critical immediate needs of mentees upon graduation were: employment services, housing, continued life skills training, sustained reunification, recovery services, child care, financial assistance, and transportation. These post graduate services were similar to those offered to mentees during placement, suggesting that there is a need for continuity of services following placement. Secondary services needed by graduates were: infant services, prenatal care, job training, and education. Most of the primary and secondary services were provided by the implementing CBO agency and auxiliary agencies. The fact that auxiliary agencies were heavily involved with the graduates indicates a healthy reliance on community resources.

The lack of child welfare involvement in providing services to graduates should be viewed with caution. The majority of these data are from Contra Costa County which, as mentioned previously, has not placed very many child welfare clients in SFC. Thus, the lack of child welfare involvement may indicate that the participants have indeed not become
child welfare clients following their placement. On the other hand, it may also reflect CBO’s lack of awareness of the services provided by DHS. In the coming year, we will be tracking all graduated and terminated mentees to determine their involvement with child welfare services after SFC.

Update on graduates

To date, AIA has maintained contact with 12 of the 17 graduated mentees (71%). We have been unable to locate any of the terminated clients and, therefore have no feedback from them. The following comments represent the graduates’ impressions of the program. Of the SFC graduates with whom AIA has maintained contact, all felt that the SFC program was either “somewhat helpful” or “very helpful.” When asked if they would recommend SFC to other people in their position, all of the respondents replied affirmatively. Several graduates noted that the program was “very good” and “helps a lot” with locating Section 8 certificates and employment. Several respondents said that to be in SFC “you have to be motivated and willing to do a lot on your own” and that “you have to be willing to do the work involved.” Another commented on the warm family atmosphere of the mentor’s home and stated that, “their kids made me feel comfortable.”

The graduates were also asked to reflect on the positives and negatives of the program.
The graduates offered the following comments about the helpful components of SFC:

- “SFC helped me learn family roles”
- “SFC helped me accomplish everything I set out to do”
- “SFC provides you with a less stressful place to stay so I can get back on my feet”
- “SFC gives you a chance to think about and get some goals”
- “SFC gives you respite from paying rent so you can save some money”
- “It is a good time to reflect on what you want to do with your life”
- “SFC helped me get my kids back”
- “The advocacy was very helpful so that I could find a place to live”
- “It is good to have support and meetings with counselors and staff”
- “Reunification (assistance) and shelter were helpful motivators to obtaining accomplishments”

The graduates offered the following suggestions for improving SFC:

- “It was very difficult to locate a Section 8 house while working so much. I needed more help with finding/locating landlords who take Section 8 certificates.”
- “It was good to have help, but there were too many people involved in my life. It got to be pretty overwhelming.”
- (At the monthly joint trainings for mentors and mentees) “It was discouraging to see some mentors feeling so negative about the mentees in their home. It made me sad to think that my mentor could feel that way about me.”
- “There were many conflicts with my mentor...I’d like to see mentees matched better with mentors”
- “It felt as if my mentor never compromised and the case manager always sided with her. It would be helpful to be able to move to another mentor’s home if the first one does not work out.”
Income/Employment & Housing

Figure 32 compares the pre and post SFC monthly income levels of the graduates. As shown in the graph, the graduates’ income levels increased dramatically from what they were prior to SFC. Before SFC, the average income was $481 per month. Although the range was rather wide ($0 to $1,500), the modal income value equaled $0 per month. Following SFC, the mean monthly income was $1,070, with the modal income amount being $1,400. The range for the graduates’ post SFC monthly earnings was $505 to $1,500. Although this is still below or near the poverty level, it reflects a meaningful increase from the pre-SFC income levels.

The sources of graduates’ income were varied (see Figure 33). However, immediately after graduating from SFC, five of the eight graduates queried were employed. Whereas at the beginning of placement none of the participants had

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20 Questions about post graduation income were not initially asked by the evaluation team.
Section 8 certificates, by graduation, more than three quarters of the graduates had them and were living independently (see Figures’ 33 & 34). Taken together, these data indicate that, for these graduates, SFC was successful in helping them move toward self-sufficiency.

One indicator of a successful program is the long-term stability of these accomplishments. Unfortunately, the post graduation follow up data (from 3-12 months following graduation) were rather insufficient (only 5 graduates have been followed beyond their immediate departure from SFC). Although two of these graduates admitted to subsequently becoming involved with troubling circumstances (CPS involvement; substance abuse relapse), most of the graduates continued to live independently up to 12 months after SFC. More information on the long-term stability of these families will be available in the coming year.
Theory: Most individuals care for their children the way they were cared for, and many parents in the child welfare system did not receive appropriate or adequate parenting themselves. By nurturing and reparenting these adults, and modeling and teaching them appropriate parenting and home management skills, SFC helps parents better protect and care for their children and helps families interact in a healthier manner.

Are children in participating families safer and better cared for after their families complete a SFC placement?

AIARC acquired permission from the participants placed during Year 3 to track their child welfare records for one year following the closure of their placement. Because many of these participant families have yet to complete their placement, it is still too early to formally assess participants’ subsequent involvement with the child welfare system. Informally, however, we do know that two of the 23 graduated families have had subsequent involvement with child welfare. One former mentee voluntarily placed her daughter into a relative’s foster home and the second mentee had her daughter placed into care while she returned to a substance abuse treatment program.
Figures’ 35 & 36 illustrate the mentors’ and mentees’ assessments of the mentees’ skills in the following areas during the initial two months of placement, at the midpoint, and at the end of placement: talking with her children; setting aside time for her children; using consistent and appropriate discipline techniques; encouraging her children; displaying affection toward her children; and showing approval of her children when they behaved well. Overall, the mentees’ self-reports of parenting skills were quite high throughout the placement and were at optimal levels at the end of placement. The mentors’ perceptions, however, were substantially lower, often evidencing decreased skill levels later in placement. The mentors’ reports showed particular concern about the mentees’ ability to set aside time for their children, and express encouragement and approval to them. One area, however, in which the mentors reported some improvement throughout placement was in the mentees’ ability to talk with her children. As with previous paired comparisons between the mentors and mentees, there may be other factors obscuring these results. Yet, that mentees perhaps overestimate their parenting abilities is of some concern and programs should be aware of how to communicate with participants about their parenting skills.

Theory: By keeping families together, SFC minimizes the emotional trauma to children and parents caused by separation. Also, by providing a secure home and helping families meet their basic needs, SFC improves the physical and mental well-being of children and their parents.

Do participating parents and children have improved emotional and physical health after completing a SFC placement?

According to the mentees’ self-reports of their emotional and physical well-being, on average, they felt reasonably well about themselves at the beginning of their placement (see Figures 37 & 38). These self-perceptions remained fairly moderate throughout the course of placement, though they became pretty strong by the end of the program. It should be noted, however, that these
data may be affected by the small number of participants who gave birth while in the program. These participants frequently commented that it was hard to feel at their peak emotionally and physically while struggling with the demands of caring for a newborn along with the other stressors in their lives.

None of the participants entering SFC had any severe psychological difficulties (e.g., clinical depression). It is clear that participants in SFC felt rather confident about their emotional and physical states, both at the beginning and throughout the program. Several mentees from time to time would admit to "feeling down," which seems understandable given the strains and pressures occurring in their lives at the time (e.g., court hearings; new jobs, etc.). Yet, the fact that they were not encumbered with any debilitating emotional problems or physical challenges, may have contributed to their success in the program.

With the average age of the children in SFC being very young (4.3 years), it is difficult to accurately assess the prevalence of any significant mental health difficulties that may have affected them. Participants were asked about the manifestation of specific symptomatology in their children.
at the time of placement and then again at termination. Unfortunately, the graduates with whom we have maintained contact mostly have children who are too young for the assessment measure we used, so it not possible to measure any changes in their functioning.

Based on the parents’ reports from the modified Child Behavior Checklist (CBCL), we ascertained that of the seven children over the age of 4 years, five of them displayed clinical levels of aggressive and delinquent emotional problems, e.g., "gets into fights," "threatens people," "argues a lot," "steals at home or school," lies or cheats," and "truant." For the five children assessed under the age of 4 years, three showed signs of aggressive and destructive behavior (e.g., "defiant," "easily frustrated," "screams," "temper tantrums"), two showed signs of withdrawn behavior (e.g., "doesn’t get along with peers," "unresponsive to affection," "little interest in other/activities"), and three showed signs of other behavioral problems like depression or anxiety (e.g., "cries too much," "fearful," "worries a lot") and Attention Deficit Hyperactivity Disorder (e.g., "can’t concentrate," "can’t sit still"). Although these are rough estimates of the nature of the children’s emotional well-being, it is important to note that, according to their caregivers’ observations, many of the children in the SFC program displayed behaviors that are in the clinical range of behavior problems and may be in need of additional mental health services. Though the SFC program itself may not be the primary remedy for these behaviors, the program can be a significant contributor toward alleviating these behaviors by locating and acquiring mental health services for the children and their families.
Theory: Community members who mentor participant families have an opportunity to contribute to their community and acquire new skills, thereby improving their self-perception.

Do mentors feel better about themselves as individuals and as members of their community as a result of their involvement in SFC?

Overall, mentors expressed very healthy opinions about their abilities to work with vulnerable families, and about their value as individuals and members of their communities (see Figure 39). Although there was some variation depending on the point in placement, on average, their self-perceptions were quite high. It may be the case that SFC does not improve mentors’ self-perceptions, per se. Perhaps, successful mentors are those who feel strongly about themselves to begin with. Therefore, these data, coupled with the philosophical reasons mentors enlisted in SFC, may indicate that SFC draws individuals who are very self-assured, enjoy working hard, and are strong supporters of their community.

Yet, many mentors do reveal feeling personally enriched by their experiences as a mentor. At the close of every placement, mentors were asked about the impact of SFC on their self perceptions.
The following helpful aspects of SFC were offered by mentors:

- “SFC helped me learn how to communicate better”
- “I learned acceptance and tolerance”
- “It is very satisfying to see the family together and know that the children will be alright”
- “It is helpful to know that it is possible to help dysfunctional families and help them get back on their feet”
- “It allowed me to reach out to others in need”
- “SFC taught me more patience”

**Theory:** If, after a 6-9 month placement, SFC is successful at keeping families together and preventing subsequent out-of-home placements, the long-term cost of the program will be significantly less than traditional foster care options.

*Is shared family care more cost effective than more traditional out-of-home options?*

AIA has calculated the approximate cost of delivering services to SFC clients in the California demonstration projects\(^{21}\). Based on a family of three (a single parent with two small children) the average cost of delivering case management services was $525.\(^{22}\) In addition, the amount of the monthly stipend provided to the mentor ranged from $1,000 to $1,200, for a combined monthly cost of $1,525 to $1,725. Therefore the average total cost of a placement-based on a mean placement duration of 9.5 months--ranged from $14,488 to $16,388.

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\(^{21}\) Data on the cost of SFC in Colorado were not available.

\(^{22}\) This figure does not include the cost of administrative overhead.
To put these figures into context, the average cost of providing traditional foster care services to children in the three regions of California (Alameda, Contra Costa, and San Francisco Counties) is summarized in Figure 40. The average cost of all the combined types of foster care (i.e., basic foster care to residential group homes) in these specific California regions is $1,539 per child and the average cost of family foster care is $1,139 per child\textsuperscript{23}. Thus, for two children (the average number in SFC), traditional foster care services were substantially higher than SFC ($3,079 compared with $1,525 -- $1,725). Family foster care was also significantly higher, with a rate of $2,279 for two children in care. For families with only one child, however, on a monthly basis, SFC would not be as efficient as family foster care.

Moreover, the average length of stay for children in traditional foster care in California is 15 months\textsuperscript{24}, compared with 9.5 months in the California SFC projects (see Figure 41). Therefore, the total cost of traditional foster for two children care was three times ($46,177 to $14,488-- $16,388) higher than that of SFC. The total cost of family foster care for two children was more than double the cost of SFC ($34, 177 to $14,488- $16,388). Even for a family with only one child, SFC

\textsuperscript{23} These figures represent placement and case management costs, but not the cost of services by child welfare workers

would be slightly more cost efficient than family foster care in the long run ($14,488 -- $16,388 to $17,085). It is important to bear in mind, however, that the expenditures associated with setting up a SFC program (which takes a minimum of 6 months to one year) are not figured into the above comparisons.

**Case Example**

Because SFC is in its infancy, it is challenging to quantitatively pinpoint the characteristics of successful and unsuccessful clients. Indeed this challenge is present in any direct service industry and it may never be fully possible to make predictions such as these. Yet, many of the staff involved with SFC admit to an intuitive sense that drives their personal assessment of the ultimate outcome of the mentees. Several staff have repeatedly stated that they “just knew” a certain mentee would make it. Clearly, with the focus of SFC weighted so heavily on personal growth and empowerment of the mentee (and the family), it takes a great deal of motivation and determination to undergo a demanding program and alter one’s life. Thus, we present one case example to illustrate these elusive qualities. The first example pertains to a young mother who desired to be a good parent, but felt overwhelmed by the process of becoming one.

*Keshia,* was an 18 year old single mother who was estranged from her family, homeless, and the mother of a 9 month old daughter, Dominique. Keshia entered the Shared Family Care
program because she was “moving from place to place with no designated home.” Living in homeless shelters was depressing for her causing her to develop a severe lack of self confidence. She doubted her parenting skills, yet had no one to help her to enhance them. Despite having her high school diploma and being very bright, she could not summon the initiative to improve her housing and work situations. She was unemployed, and received no income assistance, WIC, or Food Stamps. Section 8 housing was out of the question--the waiting list in her county was more than 2 years. Her sole source of financial support was sporadic monetary donations from her grandmother, whom she saw on occasion. With the combination of her overwhelming needs, her isolation from family and community, and her poor self image, Keshia’s life was spiraling out of control. Although she had no involvement with Child Welfare Services, her circumstances left her and her daughter at substantial risk.

Keshia’s appearance upon entering the program was striking. She was quiet and sullen, rarely made eye contact, and the few utterances she expressed were scarcely audible. The interactions with her infant daughter were lacking in affection and enthusiasm and Dominique, too, seemed to share her mother’s withdrawn demeanor. Keshia was handling the basic duties of motherhood capably, but wished to “become a good mother.” When asked how frequently she utilized community resources, she replied, “almost never.” She feared that her mentor “would not be nice” and that they would not “click.”

This last concern, fortunately, never came true. They did indeed click and today, after graduating from SFC, Keshia blossomed in many ways. From the first week that she moved into Lacy’s home, Lacy had a structured plan to facilitate Keshia’s self sufficiency, despite working a demanding full-time job. Every week Lacy had an “assignment” that the two of them would jointly
tackle. Lacy’s approach—to encourage and support, provide structure, and teach by example—was a perfect match for Keshia’s learning style. Lacy had high expectations for her mentee and was able to be flexible while also setting firm limits with her. Lacy helped Keshia cultivate the one attribute she most needed: trust and belief in herself.

Within weeks of being in Lacy’s home Keshia learned how to maneuver the public transit system, located child care programs, researched vocational training programs, and was filling out job applications. Subsequently she obtained employment and enrolled in a training program. Through the assistance of the SFC case manager, she acquired a section 8 certificate and after weeks of persistent searching, she found a small apartment for her and her daughter. Beyond these accomplishments, what is most apparent is the change in Keshia’s attitude about herself and about her outlook on life. In contrast to the withdrawn demeanor she originally presented, she now greets people by name, shakes their hands, and expresses herself freely. She has transformed into a poised, self confident, and determined young woman and mother. Moreover, Dominique has also blossomed into a bubbly, sweet, and carefree toddler, who enjoys playing with her mother.

**Summary and Lessons Learned**

Over the past year, an increasing number of families were referred to and placed in the shared family care programs in the San Francisco Bay Area and El Paso County, Colorado. Overall, approximately 50% of those who were placed successfully graduated indicating that they accomplished their placement goals. The goals of families in SFC focused primarily on basic needs (e.g., housing, transportation and child care) and issues related to parenting. Families who terminated from the program without completing their goals often were not ready to make significant changes in their lives or were not prepared for the structure of the SFC program.
Feedback from participants, mentors, staff, and child welfare workers involved with the SFC indicate that it is a needed program that should be continued. Further, data collected thus far suggests that there are individuals and families in the community who are willing and able to be mentors, and that they play a critical role in supporting families and helping them achieve their goals.

Staff, mentors, and associated child welfare workers were all asked to suggest ways to improve the program. Following is a summary of general lessons learned from the demonstration projects and recommended suggestions for improvement.

- Establish **guidelines, policies, and procedures** regarding all aspects of the program—particularly the matching process and the move-in period—prior to recruiting mentors or referring families.

- Establish a mechanism for **interagency collaboration**. SFC appears to work best when initiated by a community-based organization (CBO) or when implemented by a CBO through contract with the local Department of Social Services. In any case, collaboration is necessary for funding and referrals, to provide comprehensive and coordinated services to participants, and for the successful implementation of SFC. Some staff feel that it is helpful to have dedicated SFC staff in the local department of social services (i.e., if the program is being implemented through a CBO). This has worked well in Alameda County, for example, but does not appear to be necessary as long as the department is generally supportive of the program. It may, however, be helpful to develop a written agreement(s) that clearly spells out the responsibilities and expectations of the different agencies involved, and to provide mechanisms for regular, formal (and informal) communication among those agencies.

- Carefully **screen potential mentees** to select those who are ready to make changes in their lives. The Alameda County program has developed an extensive screening process. Some mentors also suggested having an orientation (or trial) period of about 6-7 weeks for mentees prior to their placement in order to adequately prepare them for the program and determine their "readiness" for it. Others suggested having parents enter placement before their children, which of course would not be possible in many situations. Finally, some staff and mentors suggested using SFC in a preventative way by targeting families before they get so entrenched in the child welfare system. In any case, extensive and ongoing outreach and education to child welfare workers, community based agencies, and any other potential referral source is critical in order to optimize the number and appropriateness of referrals.

- Work with each family to develop an **individualized family plan** prior to their placement to help the family identify realistic goals and determine how staff and mentors can assist them in achieving those goals. Some mentors also felt that participants should be required to attend school and/or work while in placement.
• **Provide intensive case management and a vast array of services** to families in placement. Some mentors felt that this should include money management and parenting classes.

• Develop a thorough **mentor screening process** to insure that mentors understand the demands of the job and are willing and capable of meeting those demands.

• Provide extensive and ongoing **support and training to mentors**. This may involve hiring a training coordinator and/or dedicating a staff person specifically to conduct mentor recruitment, training, and support.

• **Establish a sufficient pool of mentors** to provide choices in the matching process and relocate mentees when indicated.

• Provide mentors with **liability coverage** to protect them against damage to their property or person. While this is not necessary, numerous mentors in the demonstration projects have expressed it as a concern, it may be a factor in recruiting and retaining good mentors, and it can be provided at a minimal cost.

• Provide some form of **housing assistance** for SFC graduates. This can be addressed in several ways including: hiring a housing coordinator to assist graduates in locating housing; establishing relationships with local property owners and the local housing authority; developing transitional housing for graduates; working with non-profit housing developers to build or acquire housing for graduates; master leasing a building or units for program graduates; helping participants apply for any housing assistance for which they may be eligible (e.g., Shelter Plus Care); and/or helping participants clear their credit to improve their chances of renting housing in the private market.

Finally, experience thus far suggests that it takes at least six months to one year to develop a solid SFC program. While SFC appears to be cost effective and may even result in substantial cost savings in the long run, do not underestimate the initial cost and time needed to develop a program and establish a solid pool of trained and certified mentors. With this commitment, the Resource Center remains confident that SFC can continue to help fill a gap in the services available to families struggling with various challenges such as poverty, poor parenting skills, isolation, and an insufficient support system. As more families participate in SFC over the next couple of years, ongoing evaluation will help to determine the longer-term benefits to families and the extent to which the program becomes a standard child welfare service.