ANNUAL REPORT ON SHARED FAMILY CARE: PROGRESS AND LESSONS LEARNED (JUNE 2000 TO MAY 2001)

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ACKNOWLEDGEMENTS

This report was prepared by staff of the National Abandoned Infants (AIA) Resource Center at the School of Social Welfare, University of California at Berkeley. However, the findings are based on information provided by staff, mentors, and participants from Shared Family Care programs in Alameda, Contra Costa, and San Francisco Counties in California, and in Colorado Springs, CO. Specific agencies included Family Support Services of the Bay Area, Alameda Social Services Agency, Families First, Center for Human Development, Contra Costa Employment and Human Services Department, The Epiphany Center, San Francisco Department of Human Services, and CHINS UP. We commend these agencies for taking the risk and initiative to try something new; and we acknowledge the staff for their commitment to SFC, and for their cooperation and diligence in the evaluation efforts. Without this, we would have little knowledge about the efficacy of shared family care.

We are also extremely grateful to all the mentors who not only opened their homes and lives to families in need, but filled out weekly paperwork for the evaluation, and willingly and honestly responded to surveys every three months. We also greatly appreciate the cooperation of the participants who, despite having many professionals in their lives already, were willing to share their stories with us and participate in surveys every three months. Further, we extend our thanks to the child welfare workers who referred families to SFC and shared their honest thoughts about the program with our evaluation team.

Additionally, special thanks go to Cassandra Simmel and Jean Cornish for their commitment to shared family care, their support over the years, and their comprehensive reports on the Whole Family Placement Program and A New Life Program. We also extend our thanks to the staff, mentors, graduates and child welfare workers who shared their honest thoughts about those programs. The information they provided supports and enhances our knowledge about the potential uses and efficacy of SFC.

We also extend our deepest gratitude to the Zellerbach Family Fund and the Stuart Foundation for their commitment to shared family care, for recognizing the importance of innovation and evaluation, and for their support of the SFC evaluation project without which, this report would not exist.

Finally, thanks to the AIA Resource Center staff for their technical, logistical and emotional support, and to all of the graduate students who have assisted with the evaluation efforts, often going out on weekends and evenings to interview families. Their support, assistance and commitment are greatly appreciated.

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EXECUTIVE SUMMARY

Shared family care (SFC) is an innovative approach to helping families achieve permanency for their children and move toward self-sufficiency. Unlike traditional child welfare services, SFC involves the placement of whole families in the homes of community members who mentor the families and help them to obtain the skills and resources they need to achieve these goals. The following report summarizes findings and lessons learned from the first four years of SFC demonstration projects in three California counties—Alameda, Contra Costa and San Francisco—and in Colorado Springs, CO. Two of the sites were initiated by county child welfare agencies that have contracted with private agencies to implement the program. One site is a collaborative between a public and private agency, and one is administered by a private agency with limited monetary support from the local public child welfare agency. Additionally, the report includes comparative information from two whole family placement programs—A New Life Program in Philadelphia, PA, and the Whole Family Placement Program in St. Paul, MN—that have been implemented by private agencies since 1991.

Findings include quantitative and qualitative information about the development, implementation, efficacy, and cost of SFC. The report begins with an update on each of the programs, followed by a report on the number, characteristics and success rate of families who apply to and participate in the programs. It then discusses the feasibility of SFC in terms of funding, mentor availability and ability, and sufficiency of appropriate client referrals; the services provided to families; client outcomes; and the cost of SFC compared to traditional foster care. The report concludes with a summary of lessons learned and recommendations for the successful development and implementation of SFC.

Overall, we have learned that the development of a SFC program requires a considerable amount of time and resources, as well as agency commitment, interagency collaboration, and a willingness to try something different. Primary challenges include funding, mentor recruitment, and housing for families who graduate from SFC.

Despite these challenges, however, experience suggests that SFC can be a cost-effective strategy for helping families reunify, remain intact, or make other permanent arrangements for their children, and move toward self-sufficiency. In general, SFC appears to be more cost-
effective than treatment foster care, and *may be* more cost-effective than basic foster care in the long run *if* families successfully complete the program. Looking only at placement costs and average length of stay, the cost of SFC is comparable or slightly more than basic foster care (depending on how many children are in placement), but significantly less than treatment foster care. Although SFC involves many additional costs (e.g., for start-up, mentor recruitment and support, and intensive services), it also appears to result in cost-savings. For instance, upon graduation, families who successfully completed SFC generally had a greatly increased income and were much more likely to live independently than when they entered the program. Further, children from families who graduated from SFC were less likely to re-enter foster care than children who reunify after regular foster care or children in families who did not graduate from SFC.

Clearly, SFC is not for all families; experience suggests that families most likely to succeed generally are motivated, committed to their children, and willing and ready to make changes in their lives. Careful screening of families, therefore, is critical to ensure a more successful and, ultimately, more cost effective program. Further, because the mentor/mentee relationship is so important to a family’s success in SFC, programs must recruit a solid pool of effective and committed mentors. While this remains challenging, experience suggests that it is possible. Moreover, program staff, mentors, graduates, and child welfare workers involved with shared family care, all believe that it is a viable, effective, and much needed alternative to traditional child welfare services.
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OVERVIEW

The following report documents progress, findings and lessons learned from the shared family care (SFC) demonstration projects in three California counties (Alameda, Contra Costa, and San Francisco) and in Colorado Springs, Colorado. The data reflects activity from March 1997 (when the first family was placed in Alameda County) through May 2001; however, the report highlights progress made during the past year (June 2000 through May 2001). Additionally, qualitative and cost information from a one-time only study of Shared Family Care programs in St. Paul, MN and Philadelphia, PA are included.

Data in this report are based on information collected by staff and contractors from the National Abandoned Infants Assistance (AIA) Resource Center at the School of Social Welfare, University of California at Berkeley, with cooperation from SFC program and county agency staff, mentors, and program participants. Lessons learned in the development and implementation of SFC are based on the collective wisdom of all of these individuals.
SUMMARY OF SFC PROGRAM ACTIVITY DURING THE PAST YEAR

Following is a summary of the successes and challenges of each of the SFC programs encountered during the past year.

Alameda County

Family Support Services of the Bay Area (FSSBA) spent a considerable amount of time recruiting mentors. Although they received a lot of interest, individuals either did not meet the agency’s criteria or they were not ready to commit to the program. FSSBA’s aggressive and persistent recruitment efforts, however, paid off; this spring they had a solid pool of mentors and actually started a waiting list.

In the meantime, administrative changes and decisions at Alameda Social Services Agency made it difficult and, ultimately, impossible to move forward with the program. For example, the county liaison, who had been assigned to SFC and pre-screened all clients referred from child welfare workers, resigned from her position with the county. Because the county did not replace her, and was extremely short-staffed in general, FSSBA stopped receiving new referrals. Once FSSBA informed child welfare workers (and other agencies, e.g., drug treatment programs) that they could refer families directly to the program, more families were referred. Unfortunately, just as the number of referrals started to pick up, the county made an administrative decision to discontinue the Shared Family Care program. This decision, made by a new administration, was apparently based on a simple look at the amount of money put into the program compared to the number of families served, as well as the high rate of subsequent child welfare involvement among family participants. At face value, in Alameda County, these figures might have suggested a program that is not cost-effective. On the other hand, one could argue that (1) the county never committed sufficient resources to make
it an effective program; and (2) we will never know if the program could ultimately have been successful since it was forced to shut its doors just when it was beginning to stabilize (in the expected amount of time it takes a program to reach this point). In any case, FSSBA developed excellent mentor and mentee program manuals, as well as extensive mentor and mentee screening procedures, which will be useful to others implementing SFC.

**Contra Costa County**

Families First and the Center for Human Development (CHD) worked diligently and collaboratively at expanding the program county-wide. While the established site in West County continued to place families at or near capacity, the two new sites in Central and East County focused most of their efforts on mentor recruitment. In fact, to date, they have only placed one family in East County (which happened approximately 14 months after that site opened), and they just placed the first family in Central County.

Client referrals to the program have been regular and plentiful. Families First developed fairly stringent (although flexible) screening guidelines in order to ensure that families placed in shared family care would realistically be able to live independently after 6 months in placement (a time frame imposed by the County Employment and Human Services Department). While a sufficient number of families have met this criteria, the program has received an increasing number of referrals for families completing residential treatment with no where to go. Because many of these families are continuing with intensive outpatient treatment (and, therefore, are often unable to work or seek employment), it is unrealistic to expect them to live independently within the SFC timeframe (6 months). Therefore, at this point, the program is having to turn away these families.

In the meantime, the Housing Specialist has worked very successfully with all the families in placement, beginning 30 days after they are placed, to help them secure housing upon graduation.
from the program. She also began to establish relationships with local landlords, which is paying off as they begin to call her with information about vacant units. Additionally, the training coordinator has developed mentor and mentee training curricula and, due to the uneven flow of incoming mentors, has often provided individual training to new mentors. These two positions appear to be critical to the success of the program in Contra Costa County, and reflect the commitment of the County Employment and Human Services Department to allocate sufficient resources to make the program effective.

In order to minimize the administrative overhead cost, however, the County decided to consolidate the program under one agency. Therefore, as of July 1, 2001, the Center for Human Development will no longer operate the East County site, and Families First will administer the program county-wide.

San Francisco

During the past year, confusion around roles, responsibilities and accountability, and the ubiquitous problems of housing and mentor recruitment, remained challenging to the programs in San Francisco. The Epiphany Center and the Department of Human Services (DHS) continued to operate separate but linked programs which proved inefficient and confusing, particularly when neither had a sufficient pool of mentors or client referrals. Additionally, the few families that were placed in San Francisco stayed in care much longer than the anticipated time due to the lack of affordable housing, as well as the complexity of issues facing the families. While the SFC staff continue to try to make linkages with housing agencies and resources in San Francisco, they do not have enough staff to adequately address this daunting issue.

Currently, DHS and the Epiphany Center are in the process of consolidating the two SFC programs into one, although it remains to be seen how this will play out. Will DHS attempt to fully
implement the program internally or will they continue to collaborate with the Epiphany Center or some other community-based organization (CBO)? If they choose the latter option, will it be through a contract with the CBO or through some form of collaborative arrangement? If DHS continues to operate the program (or even a part of the program) internally, it will remain the only SFC program that we know of to be implemented directly through a public child welfare agency.

**Colorado**

The CHINS UP program in Colorado Springs, CO (El Paso County), which remains the only active SFC program in Colorado, differs from the California programs in several ways. First, the program was initiated (and is implemented) by a private non-profit agency as opposed to a public agency. Second, although there is a dearth of affordable housing nationwide, Colorado Springs does not have as significant a housing problem as the Bay Area. Third, CHINS UP’s client eligibility criteria are much looser than the California programs. For instance, they accept referrals from County Child Protective Services, the courts, and other agencies, as well as self-referrals, and, unlike other programs, participants do not have to be involved in the child welfare system. When the County refers a family, however, they pay the child portion of the placement. CHINS UP uses private funds to pay for the parent portion and for the full placement of families who are not involved in the child welfare system.

On the other hand, like the programs in California, CHINS UP continues to struggle with mentor recruitment. Part of their challenge is that they have one staff person to run the entire program, which leaves little time for recruitment. Additionally, during this past year, the program experienced significant administrative changes, and it remains to be seen if the new administration
will be as committed to SFC. At the same time, CHINS UP recently submitted a proposal for a large federal grant to continue and expand SFC.

Although no other SFC programs currently exist in Colorado, the state recently passed new regulations providing for the use of state funds to pay the child portion of SFC if the child is in the legal custody of a county agency or if there is a voluntary placement agreement. As noted, El Paso County is already taking advantage of this. At least one additional county (Trinidad) is in the process of developing a SFC program using an old group home facility. The hope is that the new state regulations will encourage further development of SFC in other counties.

**St. Paul**

The Whole Family Placement Program (WFPP), operated by Growing Home (formerly Human Service Associates) in St. Paul, MN, began in 1990 as a transitional housing program to help homeless families transition to self-sufficiency. In 1992, the program began to accept referrals by public child welfare departments for families who would otherwise have their children removed and placed in foster care. The program was used, with considerable success, to help families reunify and to prevent out-of-home placements. With the passage of ASFA (Adoption and Safe Families Act of 1997, P.L. 105-89), workers began to use WFPP to address concurrent permanency planning requirements, i.e., helping families to reunify while exploring alternative permanent plans. Increasingly, however, WFPP has been used as a “last ditch effort” to demonstrate reasonable efforts before terminating parental rights. Essentially, mentors were being asked to provide the courts with documentation to be used as a basis for terminating (or continuing) parental rights. As a result of this unintended and undesired shift in the program use, along with increasing budgetary constraints and dwindling referrals, Growing Home currently is in the process of redesigning the program to specifically target adolescent mothers with extreme emotional disturbances.
Philadelphia

Since 1991, A New Life Program (ANL) in Philadelphia, PA, has been providing intensive outpatient and inpatient services to substance addicted pregnant and/or parenting mothers. Mentor homes are used as an optional component of this program for families receiving outpatient services. Although involvement with child welfare is not a specific requirement for entry in the program, most of the clients currently are involved, have been involved, or are at risk of involvement in the system.

Initially, the program was funded by a National Child Abuse and Neglect Demonstration Grant. Although it has received local public funds and remained fairly stable since the grant expired in 1994, the mentor component of the program has not operated at capacity in recent years. This is primarily due to a shortage of mentor homes as well as fewer client referrals. Nonetheless, the program continues to place an average of 17 families in mentor homes each year. However, it will be interesting to see if A New Life’s parent agency (Crime Prevention Associates) remains committed to the program given that the person who developed and directed it since 1992 recently left the agency.

Milwaukee

During the past year, Innovative Family Partnerships, Inc.(IFP), in collaboration with the state department of human services and several other private organizations, developed a shared family care program in Milwaukee, WI. Although this program is not included in our evaluation (the state is conducting its own 5-year evaluation), the program design is noteworthy. They are taking a two-pronged approach: half of the mentor homes will be for whole families; the other half will be for
children only, although the parents will spend at least 15 hours per week working with
the foster parents. Families in both components will receive a comprehensive array of
services through several other community-based organizations that have formal
arrangements with IFP.
OVERVIEW OF PARTICIPANT FAMILIES

Between the spring of 1997 and May 2001, a total of 220 families were referred to the SFC programs, with 161 of those families completing an application to participate (see Figure 1). Of the total number of families who applied, 11 are currently in placement, 7 are pending placement, 38 successfully graduated from the program, 26 terminated early from the program, and 79 were never placed in the program. Most families who were never placed chose not to participate or were determined inappropriate for the program for a variety of reasons (e.g., relapse into drug use, unwillingness to work on goals).

Figure 1: Status of Participants

<table>
<thead>
<tr>
<th></th>
<th>All Programs</th>
<th>Alameda County</th>
<th>Contra Costa County</th>
<th>San Francisco County</th>
<th>El Paso, County Colorado</th>
<th>Other Colorado Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Referrals</td>
<td>220</td>
<td>80</td>
<td>72</td>
<td>24</td>
<td>27</td>
<td>17</td>
</tr>
<tr>
<td>Number of Applicants</td>
<td>161</td>
<td>64</td>
<td>56</td>
<td>9</td>
<td>27</td>
<td>5</td>
</tr>
<tr>
<td>Current Mentees</td>
<td>11 (7%)</td>
<td>1 (2%)</td>
<td>6 (11%)</td>
<td>2 (22%)</td>
<td>2 (7%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Graduated Mentees</td>
<td>38 (24%)</td>
<td>6 (9%)</td>
<td>16 (29%)</td>
<td>2 (22%)</td>
<td>12 (44%)</td>
<td>2 (40%)</td>
</tr>
<tr>
<td>Terminated Mentees</td>
<td>26 (16%)</td>
<td>8 (13%)</td>
<td>7 (13%)</td>
<td>0 (0%)</td>
<td>8 (30%)</td>
<td>3 (60%)</td>
</tr>
<tr>
<td>Pending Placement</td>
<td>7 (4%)</td>
<td>0 (0%)</td>
<td>5 (9%)</td>
<td>1 (13%)</td>
<td>1 (4%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Never Placed Mentees</td>
<td>79 (49%)</td>
<td>49 (76%)</td>
<td>22 (39%)</td>
<td>4 (44%)</td>
<td>4 (15%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

* These counties have not been active since 1999.

1 Throughout this report, the terms “participants”, “clients”, and “mentees” are used interchangeably to denote the families who have participated in the SFC program.
2 Families are considered successful if they complete (or make substantial progress toward) their placement goals or voluntarily relinquish their parental rights. We refer to these families as “graduates”. Families who do not progress toward their goals or comply with program rules are referred to as terminated.
The past year reflects a dramatic increase in the use of SFC. Indeed, since June 2000, one-hundred families were referred to the four SFC programs. It is interesting to note, however, that only 61 (61%) of those families ultimately applied to the program, compared to 83% of referred families in previous years. Additionally, of the 23 families who were placed and left the program in the past year, only four were terminated, with 19 successfully graduating. This suggests an 83% success rate of participants in the past year, compared to 50% in previous years, and an average success rate of 60% overall. This past year’s increase in success may be partially due to the programs’ more refined screening criteria and procedures and, thus, their improved ability to select more appropriate mentees. In the WFPP, approximately 75% of families placed through June 2000 successfully completed the program, with roughly 25% leaving the program early or leaving their children in care.

**Demographic Information on Participants**

Since the beginning of SFC, nearly all participant families have been single women with one or more children (see Figure 2). Applicants and participants have had an average of 1.9 children with an average age of 4.4 years; and, since March 1997, six pregnant women have participated. Although, to date, no couples have been together in placement, several participants have been married. Additionally, three single men participated with their children during this past year (two graduated and one is still in placement). The mean age for all of the applicants was 26 years; however, nearly one-third of all applicants were 18 years or younger. Further, the number of teen parents who applied to the program increased dramatically in the past year, representing 60% of all applicants compared to only 13% in the previous three years. Approximately one-third (34%) of all applicants reported a criminal history, and over one-half (54%) of the applicants had a history of
substance abuse. Although all groups had a wide range of time in recovery, overall, terminated and never placed clients had spent less time in recovery compared to graduated clients. In fact, approximately 17% of terminated and never placed families with a history of substance abuse had spent no time in recovery.

Levels of educational achievement were notably low among all applicants, with just under half reporting less than a high school diploma/GED at intake. Interestingly, 25% of terminated and never placed participants graduated from high school or earned a GED, compared to only 18% of the SFC graduates. However, more of the graduated SFC participants had some college experience, compared to the terminated and never placed groups.

Although we have only demographic data on the never placed group, some noteworthy differences continue to exist between this group and SFC participants. For instance, a greater percentage of individuals in this group reported having substance abuse and (to a lesser degree) criminal histories. Also, although the mean number of children was similar for all of the groups, the range for the never placed group continues to be the widest (1 to 6). One possible factor in not placing more families from this group into SFC is the lack of mentors with homes large enough to accommodate more than two children. However, data reveal that the majority of families not placed were deemed inappropriate for the program, possibly due to substance abuse in some cases. The other most common reason for not placing families was that they ultimately chose not to participate.

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3 For purposes of this report, teen parents are defined as being 18 years or younger at the time of giving birth.
Figure 2: Demographics of all Applicants & Participants (1997-2001)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>All Applicants (n=159)*</th>
<th>Current Mentees (n=9)*</th>
<th>Graduated Mentees (n=38)</th>
<th>Terminated Mentees (n=26)</th>
<th>Never Placed Applicants (n=79)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>70.6%</td>
<td>77.7%</td>
<td>63.3%</td>
<td>84.2%</td>
<td>70%</td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td>15.1%</td>
<td>11.0%</td>
<td>13.3%</td>
<td>15.8%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>14.3%</td>
<td>11.0%</td>
<td>23.3%</td>
<td>0%</td>
<td>15.7%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>94.4%</td>
<td>85.7%</td>
<td>93.9%</td>
<td>95%</td>
<td>95.2%</td>
</tr>
<tr>
<td>Male</td>
<td>5.6%</td>
<td>14.3%</td>
<td>6.1%</td>
<td>5%</td>
<td>4.8%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than H.S. diploma</td>
<td>49.1%</td>
<td>42.9%</td>
<td>53.5%</td>
<td>56.3%</td>
<td>45.6%</td>
</tr>
<tr>
<td>HS diploma/GED</td>
<td>23.1%</td>
<td>28.6%</td>
<td>17.9%</td>
<td>25%</td>
<td>24.6%</td>
</tr>
<tr>
<td>Trade/Vocational School</td>
<td>10.2%</td>
<td>28.6%</td>
<td>3.6%</td>
<td>6.3%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Some college</td>
<td>13.9%</td>
<td>0%</td>
<td>21.4%</td>
<td>12.5%</td>
<td>12.3%</td>
</tr>
<tr>
<td>College graduate</td>
<td>3.7%</td>
<td>0%</td>
<td>3.6%</td>
<td>0%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Mean age in years (Range)</td>
<td>26.3 (16 to 52)</td>
<td>28.4 (19 to 44)</td>
<td>26.3 (18 to 56)</td>
<td>23.8 (16 to 38)</td>
<td>29.2 (16 to 52)</td>
</tr>
<tr>
<td>Mean number of children</td>
<td>1.9 (1 to 6)</td>
<td>1.86 (1 to 3)</td>
<td>1.8 (1 to 3)</td>
<td>1.89 (1 to 4)</td>
<td>1.9 (1 to 6)</td>
</tr>
<tr>
<td>Mean age of children (Range)</td>
<td>4.1 (0 to 20.0)</td>
<td>5.3 (.5 to 16)</td>
<td>4.2 (.5 to 17)</td>
<td>3.8 (.5 to 20)</td>
<td>5.2 (0 to 17)</td>
</tr>
<tr>
<td>Single parent</td>
<td>91%</td>
<td>100%</td>
<td>87.5%</td>
<td>97%</td>
<td>90%</td>
</tr>
<tr>
<td>Teen parent</td>
<td>31%</td>
<td>50%</td>
<td>30%</td>
<td>50%</td>
<td>25.9%</td>
</tr>
<tr>
<td>Median monthly income (Range)</td>
<td>$505 ($0 to $2,400)</td>
<td>$635 ($0 to $2,400)</td>
<td>$456 ($0 to $1,500)</td>
<td>$412.50 ($0 to $1,600)</td>
<td>$535 ($0 to $1,700)</td>
</tr>
<tr>
<td>Has substance abuse history</td>
<td>54.4%</td>
<td>54%</td>
<td>46.7%</td>
<td>38.9%</td>
<td>62.9%</td>
</tr>
<tr>
<td>Length of time in recovery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>none</td>
<td>18.2%</td>
<td>0%</td>
<td>0%</td>
<td>16.7%</td>
<td>17.3%</td>
</tr>
<tr>
<td>less than 6 months</td>
<td>25.6%</td>
<td>66%</td>
<td>25%</td>
<td>33.3%</td>
<td>26.9%</td>
</tr>
<tr>
<td>6 months to 1 year</td>
<td>35.0%</td>
<td>33%</td>
<td>50%</td>
<td>16.7%</td>
<td>26.9%</td>
</tr>
<tr>
<td>1-3 years</td>
<td>17.9%</td>
<td>0%</td>
<td>8.3%</td>
<td>33.3%</td>
<td>21.1%</td>
</tr>
<tr>
<td>more than 3 years</td>
<td>2.6%</td>
<td>0%</td>
<td>16.6%</td>
<td>0%</td>
<td>5.7%</td>
</tr>
<tr>
<td>relapse</td>
<td>1.3%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Has criminal history</td>
<td>34.2%</td>
<td>37%</td>
<td>25%</td>
<td>29.4%</td>
<td>39.7%</td>
</tr>
<tr>
<td>Currently on probation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n=22)</td>
<td>19.1%</td>
<td>22%</td>
<td>19.2%</td>
<td>12.5%</td>
<td>21.2%</td>
</tr>
</tbody>
</table>

* Although there are 11 current mentees and 161 total applicants, these data reflect the nine mentees and 159 applicants for whom we have complete data.
Sources of Income

As a whole, the overwhelming majority of applicants had monthly incomes notably below the poverty rate, and less than 20% entered the program with a job. Interestingly, 22% of graduated mentees were employed upon entry into SFC, compared with only 15% of participants who would eventually terminate from the program. In the past year, 57% of mentees were employed upon entry into the program.

In terms of reliance on public support at intake, graduates and terminated participants were nearly equal, with approximately 47% of families receiving various types of public support (TANF, WIC, food stamps, SSI). A few of the graduated group (7%), compared to none in the terminated group, also reported receiving some support from friends or family. Overall, however, these data seem to indicate that, as a whole, participants remain isolated from their families, which is especially problematic given their young age and lack of education, employment, and housing.

Placement Duration

Duration of program participation continues to vary between graduated and terminated clients, and among regions. As can be seen from Figure 3, participants in San Francisco are in placement an average of slightly more than one year, which is much higher than East Bay participants. Affordable housing continues to dwindle in the Bay Area, especially in San Francisco, making it harder for mentees to transition into independent living in a shorter time period. As a
result, mentees are often in placement longer than otherwise necessary because they have nowhere else to go. In contrast, placement duration in Colorado is strikingly shorter than in all of California. This discrepancy may partially reflect the different housing markets, as well as the greater number of participants in Colorado who relinquish their parental rights (thereby completing the program more quickly).

Among all SFC programs, graduates stayed in placement more than twice as long as terminated families (6.5 months & 2.9 months, respectively). In terms of the range of placement duration, terminated family placements ranged from 1 week to 9.5 months, and graduated family placements ranged from 2 weeks to 14 months. Average placement duration is similar among the Philadelphia and Minnesota programs. In the WFPP, placements last an average of 5.8 months, with a range of 1-24 months. In A New Life Program, placements last an average of 5.5 months, although families continue in the treatment program after leaving the mentor home.

Some graduates, staff, and child welfare workers feel that six months is not enough time for families to address their multitude of issues. On the other hand, some mentors indicated that they would not want a family to stay much longer than that; and some staff noted that, after six months, families either get too comfortable and start to regress, or start “itching” to get out on their own.

Additionally, mentors and staff in the WFPP & ANL Programs described very similar phases of placement, beginning with a brief honeymoon period, followed by several weeks of “testing” before settling in. After this 1-2 month period, families generally decide to either work on their issues, relinquish their parental rights, or leave the program. For parents who decide to “stick it out”, the working phase can take anywhere from 3-9 months, depending on their issues.
Reasons for Termination

Of the 26 participants who have terminated thus far, non-compliance with the program or house rules continues to be the most frequent reason cited by program staff (40%); however, the same proportion of terminated families chose to leave prematurely (see Figure 4). A child’s removal from a parent’s custody, and other non-specified reasons were also cited, although more than one reason was cited for several families.
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 a healthier manner.

5. 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.

6. Community members who mentor participant families have an opportunity to contribute to their community and acquire new skills, thereby improving their self-perception.

7. 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 SFC programs 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?

Both research findings and anecdotal information suggest that shared family care should be available to families involved, or at risk of involvement, in the child welfare system. Although it is clear that this model does not work for all families, it appears to fill a service gap for those who are ready to make a change and are capable of caring for themselves and their children with some guidance, support and structure. In fact, both CHINS UP and the WFPP have illustrated that SFC can be effectively used for concurrent planning by providing families and child welfare agencies with an opportunity to assess the parent’s desire and ability to parent. Indeed, in the past year, three families from Colorado decided to relinquish their parental rights, which was considered a successful outcome because it expedited permanency for their children.

In any case, SFC requires considerable start-up time and resources, 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 cannot just be lumped in with traditional foster care or family preservation services or added on to the existing responsibilities of child welfare staff, who often are overburdened with their regular duties.

Further, experience thus far suggests that SFC may work best when implemented by a private agency with the support of public agencies. Private agencies tend to have more experience and expertise in the development and implementation of innovative, service-rich programs, whereas public child welfare agencies often do not have the staff or time to commit to such efforts, which traditionally have been beyond their scope. Bureaucratic policies and procedures of public agencies,
as well as the stigma often associated with child protective services, can also hamper their implementation of community-based efforts like SFC.

An ideal situation may be one in which a public agency contracts with a private agency to implement the program. However, in order for this to work effectively, the private agency must have experience managing a full-service program, expertise in child welfare and, ideally, mentoring, and knowledge of the community. Likewise, a public agency must (1) provide sufficient support for the program; (2) work closely with the private agency throughout program development and implementation to provide guidance without micromanaging; (3) closely monitor the program and hold the private agency accountable; and (4) allow sufficient time for start-up. This seems to be working in Contra Costa County, whereas a similar set-up in Alameda County was not as successful. Perhaps one of the problems in Alameda was that, although a county worker and supervisor worked closely with the private agency, there appeared to be no commitment from top-level management when the administration changed during this past year.

To date, the San Francisco Department of Human Services (DHS) is the only public agency, to our knowledge, that has attempted to implement shared family care internally. Although, thus far, it has not proven very successful, this may be because they only devoted one full-time staff (on a contractual basis) to the program. Currently, DHS is working closely with the Epiphany Center—a private agency who has been operating a parallel and linked SFC program—to consolidate the two programs into one, and to determine the most effective way to implement SFC in San Francisco.

In contrast, A New Life Program, the Whole Family Placement Program, and the CHINS UP SFC program in Colorado Springs were initiated and are implemented by private agencies. A New Life started with a federal grant and currently receives funding from several local public agencies, including the Department of Human Services. The WFPP started with a HUD grant and private
funds, and currently receives reimbursement from each referring public agency. The CHINS UP program operates on private funding but receives state child welfare dollars (through the county) to cover the child portion of placements for families referred by the county.

Regardless of who initiates or implements SFC, it is imperative that top level administrators (with decision making authority) be fully committed to the program. Without a commitment of time, resources, and support, SFC is unlikely to become a standard service option for families in the child welfare system.

At the same time, some 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, particularly one that challenges “business as usual.” Conflicting policies, disparate goals, turf battles, and different perspectives, philosophies and priorities present ongoing obstacles to successful collaboration, both on an administrative and direct service level.

This has been particularly challenging for the San Francisco programs, partially because the exact roles and relationship between the two agencies have never been clearly defined, creating conflict and confusion around program design (e.g., who is responsible for recruiting, training and supporting mentors?), as well as at the service level. Indeed, all of the programs have experienced some challenges at the direct service level. These range from disagreements between SFC staff and child welfare workers about what is best for the client, to frustration of the workers when their clients are not accepted into the program, and basic logistics, e.g., scheduling meetings. The CHINS UP program, for instance, recently had a situation where the child welfare agency recommended to the court that a parent’s rights be terminated, while the SFC program (and mentor) strongly advocated for reunification of the family (which was the ultimate outcome). Likewise, despite an informal but healthy collaborative relationship with the Philadelphia Department of Human Services, A New Life
Program staff sometimes find themselves at odds with child welfare workers. The workers tend to lean toward the protection of children, which they sometimes perceive as contrary to ANL’s emphasis on family stability and the mother’s recovery.

Economic conditions (e.g., housing) also greatly impact the implementation of SFC on several different levels. Housing, for instance, remains a considerable obstacle to all of the SFC programs (especially those in California) in terms of finding safe, affordable homes for families who graduate from SFC. Programs have attempted to address this in various ways. A New Life Program 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. Two California programs enhanced their efforts to increase housing options for their graduates through arrangements with the local housing authority (Alameda County) and hiring of a housing specialist (Contra Costa). However, San Francisco families continue to stay in the program considerably longer, in great part due to the lack of housing. 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. Indeed, it is a concern for many families involved in the child welfare system.

Despite these obstacles, however, a survey of program staff and affiliated child welfare workers and administrators reflected unanimous belief 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. Further, of 24 responses to a survey of county child welfare directors in California, all but one stated that SFC would definitely (75%) or possibly (21%) be helpful in meeting the needs of families involved, or at risk of involvement, in the child welfare system. Although all respondents thought that funding is definitely (66%) or possibly (33%) a barrier to implementing SFC, all but one (a very rural county with no foster homes) expressed interest in seeing SFC implemented in their county. Interestingly,
however, only 79% said they would definitely (25%) or possibly (54%) be interested in taking a lead role in planning/implementing SFC; yet all but one said that, if it were available, they would definitely (62%) or possibly (33%) consider applying for state money to provide SFC.

In summary, there is general consensus, among those aware of shared family care, that it should be available to families in the child welfare system. Further, experience thus far suggests that SFC *can* effectively meet the needs of some families in the system. However, experience also indicates that it will not be effective without the commitment of those with decision making authority, sufficient resources, a minimum of one-year start up time, interagency collaboration, and a systemic approach to housing.

**Is there public money available to fund SFC?**

Although there is general agreement among California child welfare directors that funding is a barrier to implementation of SFC, and there is still no dedicated source of federal (or state) funding for SFC, public resources are available. San Francisco, for example, received a Federal Title IV-E (foster care) waiver to pay for SFC, and Milwaukee, WI, applied for the same. While this is not a permanent solution, or one that is available to all states or counties, it may set a precedent for use of these dollars for SFC. Other public sources that have been used to fund various parts of SFC include: TANF incentive funds; Title IV-B (family support); local and state general, discretionary, child welfare, and foster care funds; local alcohol and drug treatment funds; and local emergency shelter services (for transitional housing). The WFFP, which is operated by a private agency and receives referrals from various public agencies in several counties, charges each referring agency a fee that covers the placement costs of the family and a portion of the agency’s operating expenses. This has worked successfully until recently when high placement costs and budget shortfalls experienced by the referring agencies have resulted in a significant decrease in the number of referrals
to the program. Consequently, Growing Home (the WFPP’s parent agency) is exploring alternative funding sources, e.g., Medical Assistance and MN Family Investment Program (TANF), to cover the cost of some services such as training, crisis assistance, therapy, transportation, parenting, and child care, thereby reducing the cost to the referring agencies. Additionally, they recently redesigned the WFPP to specifically target teen mothers with development disabilities, most of whom will be eligible for federal foster care (Title IV-E) funds.

In a different approach, during the past year, the Colorado Department of Social Services revised its state regulations to allow the use of state reimbursement for the child portion(s) of a SFC placement if the child is in the legal custody of a county child welfare agency, or if there is a voluntary placement. Although this provision does not allocate any money specifically for SFC, the expectation is that it will create an incentive for more counties to provide this service. The California programs, along with the AIA Resource Center also have initiated discussions with state legislators about the possibility of creating SFC legislation that would include an appropriation of state dollars for the creation or expansion of SFC programs.

Finally, as illustrated by A New Life Program, 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. In fact, given the strong emphasis on self-sufficiency and independent living skills, SFC appears to be an appropriate use of TANF dollars, as well as community development, housing, and homeless funds. At the same time, it may be necessary to look for private funding for program start-up and development expenses, which seem to be more difficult for public agencies to fund, especially given that they will likely not see direct results for at least 12-18 months. Nevertheless, while it may require creativity, aggressive advocacy, education, and, perhaps, a shift in priorities, public funds are available for SFC.
Are there families in the community interested and qualified to be mentors?

Mentor recruitment remains a challenge for all programs. However, in the past year, 82 individuals applied to become mentors, and a total of 146 individuals have applied over the course of the program. Further, in the past year, the number of active mentors doubled, from 18-37, while only four mentors resigned from SFC. The increase in mentor activity in the past year is particularly evident in Contra Costa County, where the number of applicants and active mentors tripled (from 21 to 63 and 7 to 23, respectively). To date, there are 37 active mentors, 22 former mentors, and 87 non-active mentors (those who left the program without ever having a placement or who are in the middle of the application/training process) in all of the programs (see Figure 5).

Eight of the mentors have had more than one family consecutively placed with them, and six have had three or more placements. Former mentors left the program primarily of their own choosing, citing personal reasons such as conflicts with time, family members moving back into the mentor’s home and thus having no more room to host a family, and beginning a new family of their own.
While the number of mentors in the program increased significantly over the past year, the
effort to recruit those individuals should not be underestimated. To get 146 applications, staff made
presentations about SFC to 1245 individuals, and conducted orientations for 306 individuals.
Further, in the past year, only 21 of the 82 applicants actually completed the mentor training and
became certified (although some additional applicants may currently be in the certification process).

Figure 5: Mentor Status by County

<table>
<thead>
<tr>
<th></th>
<th>Mentor Applicants</th>
<th>Active Mentors</th>
<th>Former Mentors</th>
<th>Non-Active Mentors</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Programs</td>
<td>146</td>
<td>37</td>
<td>22</td>
<td>87</td>
</tr>
<tr>
<td>Alameda</td>
<td>43</td>
<td>4</td>
<td>6</td>
<td>33</td>
</tr>
<tr>
<td>Contra Costa</td>
<td>63</td>
<td>23</td>
<td>10</td>
<td>30</td>
</tr>
<tr>
<td>San Francisco</td>
<td>25</td>
<td>7</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Colorado</td>
<td>15</td>
<td>3</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

*Mentor applicant interviews: 146 (82) 43 (14) 63 (43) 25 (19) 15 (6)

While the number of mentors in the program increased significantly over the past year, the
effort to recruit those individuals should not be underestimated. To get 146 applications, staff made
presentations about SFC to 1245 individuals, and conducted orientations for 306 individuals.
Further, in the past year, only 21 of the 82 applicants actually completed the mentor training and
became certified (although some additional applicants may currently be in the certification process).

Figure 6: Mentor Recruitment

<table>
<thead>
<tr>
<th></th>
<th>All Programs</th>
<th>Alameda</th>
<th>Contra Costa</th>
<th>San Francisco</th>
<th>Colorado</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentors attending</td>
<td>1245</td>
<td>512</td>
<td>671</td>
<td>34</td>
<td>28</td>
</tr>
<tr>
<td>recruitment meetings</td>
<td>(1043)*</td>
<td>(397)</td>
<td>(618)</td>
<td>(21)</td>
<td>(7)</td>
</tr>
<tr>
<td>Mentors attending</td>
<td>306</td>
<td>177</td>
<td>110</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>orientation</td>
<td>(239)</td>
<td>(155)</td>
<td>(76)</td>
<td>(4)</td>
<td>(4)</td>
</tr>
<tr>
<td>Mentor applicant</td>
<td>146</td>
<td>43</td>
<td>63</td>
<td>25</td>
<td>15</td>
</tr>
<tr>
<td>interviews</td>
<td>(82)</td>
<td>(14)</td>
<td>(43)</td>
<td>(19)</td>
<td>(6)</td>
</tr>
</tbody>
</table>

*Mentor applicant interviews: 146 (82) 43 (14) 63 (43) 25 (19) 15 (6)

*Mentor recruitment methods that have been used thus far include: newspaper ads,
presentations at community meetings, displaying flyers in public libraries, communication with
churches, booths at community fairs, radio PSA’s, advertising at community centers and civic
organizations, and attending foster parent recruitment meetings. In addition, the California projects

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4 Active mentor is defined as: (1) currently having a placement; (2) recently completing a placement and awaiting a new
participant family; or (3) recently completing training and awaiting a placement. Former mentors are those who have
previously hosted a family but are not currently interested in hosting another family. Non-active is defined as those
mentors in the process of completing requirements to become a mentor or who dropped out of the mentor pool before
completing the process.
are currently printing a SFC bookmark that will be available at public libraries and bookstores. Despite these efforts, the vast majority of mentors who have actually had a placement reported that they heard about the program through friends or, less frequently, through staff at county social service agencies or private agencies (e.g., CHINS UP). In contrast, many of the mentors in WFPP were already licensed foster care providers who had an interest in working with families.

It is useful in developing recruitment strategies to understand why people choose to become mentors. Figure 7 indicates that a large proportion of mentors in the demonstration sites were drawn to the SFC program because of their desire to improve their community, or because they enjoy working with people. Many mentors expressed a commitment to reuniting families and/or concern for their children, while still others were drawn to mentoring due to similar life experiences. Most of the mentors in WFPP mentioned the opportunity to work with mothers and their children together as the primary reason for becoming a mentor.

**Mentor Demographics**

Data on specific demographic characteristics that comprise a successful mentor have not yet been captured, although there are some notable differences between those applying to become mentors and those who ultimately participate (review Figure 8).
Figure 8: Mentor Demographics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>All Mentors (n=146)</th>
<th>Active Mentors (n=37)</th>
<th>Former Mentors (n=22)</th>
<th>Non-active Applicants (n=87)</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>74.8%</td>
<td>73.1%</td>
<td>83.3%</td>
<td>73.2%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>4.3%</td>
<td>7.7%</td>
<td>0%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td>7.0%</td>
<td>3.8%</td>
<td>0%</td>
<td>9.9%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>13.0%</td>
<td>15.4%</td>
<td>16.7%</td>
<td>11.3%</td>
</tr>
<tr>
<td>Native American</td>
<td>.9%</td>
<td>0%</td>
<td>0%</td>
<td>1.4%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>89.2%</td>
<td>86.1%</td>
<td>90.5%</td>
<td>90%</td>
</tr>
<tr>
<td>Male</td>
<td>10.8%</td>
<td>13.9%</td>
<td>9.5%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Mean Age in Years (Range)</strong></td>
<td>46.41 (22 to 74)</td>
<td>46.4 (28 to 52)</td>
<td>45.2 (26 to 70)</td>
<td>47.4 (22 to 74)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than H.S. diploma</td>
<td>7.7%</td>
<td>7.1%</td>
<td>5.9%</td>
<td>8.3%</td>
</tr>
<tr>
<td>HS diploma/GED</td>
<td>19.7%</td>
<td>10.7%</td>
<td>11.8%</td>
<td>25%</td>
</tr>
<tr>
<td>Trade/Vocational School</td>
<td>6.0%</td>
<td>0%</td>
<td>11.8%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Some college</td>
<td>31.6%</td>
<td>25%</td>
<td>35.3%</td>
<td>33.3%</td>
</tr>
<tr>
<td>College graduate</td>
<td>29.1%</td>
<td>42.9%</td>
<td>29.4%</td>
<td>23.6%</td>
</tr>
<tr>
<td>Advanced Degree</td>
<td>6.0%</td>
<td>14.3%</td>
<td>5.9%</td>
<td>2.8%</td>
</tr>
<tr>
<td><strong>Household Composition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single adult</td>
<td>36%</td>
<td>29%</td>
<td>48%</td>
<td>40%</td>
</tr>
<tr>
<td>Single with children*</td>
<td>27%</td>
<td>27%</td>
<td>15%</td>
<td>37.5%</td>
</tr>
<tr>
<td>Married, no children</td>
<td>21%</td>
<td>18.9%</td>
<td>20%</td>
<td>15%</td>
</tr>
<tr>
<td>Married with children*</td>
<td>16%</td>
<td>25%</td>
<td>17%</td>
<td>7.5%</td>
</tr>
<tr>
<td><strong>Employment Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full time</td>
<td>66.2%</td>
<td>82.4%</td>
<td>55.6%</td>
<td>62.2%</td>
</tr>
<tr>
<td>Part Time</td>
<td>8.5%</td>
<td>2.9%</td>
<td>16.7%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Retired</td>
<td>3%</td>
<td>0%</td>
<td>11%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Not-working</td>
<td>22.3%</td>
<td>14.7%</td>
<td>16.7%</td>
<td>26.7%</td>
</tr>
<tr>
<td><strong>Median Monthly Income (Range)</strong></td>
<td>$3,374 ($456-$9,000)</td>
<td>$5,000 ($1,382-$9,000)</td>
<td>$2,500 ($1,200-$8,300)</td>
<td>$2,980 ($456-$8,333)</td>
</tr>
<tr>
<td>Experience as Foster Parent</td>
<td>23%</td>
<td>27%</td>
<td>28%</td>
<td>20%</td>
</tr>
<tr>
<td>Experience in Human Services</td>
<td>60%</td>
<td>69%</td>
<td>42%</td>
<td>60%</td>
</tr>
<tr>
<td>Has History of Substance Abuse</td>
<td>6.5%</td>
<td>3.0%</td>
<td>5.3%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Time in Recovery</strong></td>
<td>(n=7)</td>
<td>(n=1)</td>
<td>(n=2)</td>
<td>(n=4)</td>
</tr>
<tr>
<td>None</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>&lt; 1 year</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>25%</td>
</tr>
<tr>
<td>1-2 years</td>
<td>16%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3-5 years</td>
<td>19%</td>
<td>0%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>6-9 years</td>
<td>27%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
</tr>
</tbody>
</table>

*These data reflect only children under 18 years of age who are currently living in the mentor’s home. It does not account for mentor’s children over 18 or those not currently living with the mentor.
As can be seen from the data in Figure 8, the majority of mentors have been African American women, with over half identifying themselves as single. Interestingly, a greater percentage of active mentors are married (with or without children) compared to former and non-active mentors (who are mostly single), although the percentage of active married mentors has decreased since last year. It is likely that in a coupled situation, there is more time, money, and space available, all of which affords more support to the participant family. Further, although the percentages of active and non-active mentors living with children are fairly similar (52% and 45%, respectively), a greater percentage of non-active mentors are single parents.

The mean age of all of the mentors is 46 years, and the majority work full-time. Currently, none of the active mentors are retired; indeed, the percentage of active mentors working full-time has increased since last year (from 76-82%) and is higher than the other groups of mentors. In contrast, although demographic data is not available for mentors on the WFPP or A New Life Program, anecdotal information suggests that most stay at home or work part-time. One partial explanation for this variation among programs may be the high cost of living in the Bay Area, i.e., mentors can’t afford not to work. Additionally, mentors in the WFPP are compensated at a higher rate and, indeed, assume greater responsibility for the care of the children in placement; and mentors in ANL tend to be older and are often retired and/or widowed. ANL mentors are also expected to “shadow” clients and transport them five days a week to and from treatment at least for the first 30 days of placement, making this work very much like a full-time job. Finally, given that a primary goal of the California SFC programs is self-sufficiency, mentees are expected to be working, looking for work, or attending school or job training. Therefore, it may be desirable to have a mentor model the responsibilities and realities of going to work.

In terms of educational attainment, some noticeable differences exist between active mentors
and former and non-active mentor applicants. Most notably, over half (57%) of active mentors have at least a bachelor’s degree, with 14% having an advanced degree. In contrast, only 35% of former mentors and 26% of non-active applicants have a bachelor’s degree. Another demographic difference, perhaps related to educational achievement, is income level. This year, active mentors have noticeably higher incomes compared to former and non-active applicants. Finally, it is interesting to note that approximately one-quarter of mentors have been foster parents, and more than half have experience working or volunteering in the human services.

**What Makes a Good Mentor?**

Despite the aforementioned differences, experience suggests that there are no specific demographic characteristics that can predict an effective SFC mentor. At the same time, staff from the SFC programs in California, Colorado, Minnesota and Philadelphia all identified similar qualities of successful and unsuccessful mentors. Generally, successful mentors tend to be individuals (or families) who are:

- Flexible and adaptable;
- Direct Communicators;
- Clear about expectations;
- Team players;
- Respectful;
- Able to set boundaries and structure, and to let go when necessary, and;
- Compassionate, caring, and supportive.

Depending on the particular mentee, some of these characteristics may be more important than others. For instance, one graduate from ANL program noted the importance of the structure imposed by her mentor, while another emphasized the nurturance she received from her mentor. Most staff also agreed on characteristics of unsuccessful mentors. These included:
• Rigidity (having to have things their way);
• Not team members (respond negatively about the number of meetings);
• Difficulties with boundaries;
• Take things personally; and
• Regard mentee as a boarder.

**Will Participants be Referred to SFC?**

As noted earlier, the number of families referred to the programs increased significantly during the past year. This increase may be attributable to enhanced outreach efforts to child welfare agencies, and to the fact that the SFC programs have become more established in the community. Referrals come from increasingly varied sources (see Figure 9). Child welfare departments remain the primary source for referrals, particularly the family preservation and family reunification units. The majority of non-child welfare referrals were from community based organizations (CBO). However, during the past year the number of referrals from CBO’s decreased. This likely reflects a policy change in the Contra Costa County program, which now requires referrals to come through the county child welfare department.

Other referral sources included: drug treatment agencies, self-referrals (mostly from the early years in Contra Costa County), treatment programs (mostly from San Francisco), mentors, and the courts. This is the first year any of the demonstration programs has had any court-referred
families; one court referred family (from Colorado) successfully graduated from the program, one family is currently in placement in Contra Costa County, and two court-referred families from Alameda were never placed.

Although at least one child welfare worker commented on the ease of referring families to the program, others expressed the following concerns:

- Some families are not interested;
- Many families have drug or domestic violence issues and therefore do not want the structure and supervision of SFC (and may not be eligible); and
- Many families have leases or stable living arrangements that they cannot give up.

Despite these barriers, families are clearly being referred to the program. With the rapid turnover in child welfare workers, however, making repeated presentations at child welfare agencies may be necessary in order to maintain a regular stream of referrals.

**Why are Participants Referred?**

Although referral sources vary, family reunification (31%), homelessness (25%), and family preservation (21%) remain the most frequently cited reasons for referring families (see Figure 10). Other reasons included desire for independent living skills, transition from treatment program, and “needs mentoring.” The most notable change in the past year is the greater number of families referred to SFC to learn independent living skills (from 9 to 14%). These varying reasons for referral suggest that SFC can be used effectively as both a
prevention and an intervention service. Also, as noted earlier, families are often referred to the WFPP for documentation purposes to justify termination of parental rights. However, while arguably effective, this can be a very costly way to document behavior, as well as demoralizing for the mentors. For these reasons, it is not recommended.

**Who is appropriate for SFC?**

All programs have developed (and continue to refine) client screening criteria. Although these criteria vary among programs, there are many commonalities. In an effort to identify qualities and situations of families that are most appropriate for SFC, we surveyed staff from all the SFC programs (including ANL and WFPP) and child welfare workers that have referred clients to these programs, about their views on the qualities of a successful family. We also compared demographic information for families who have successfully graduated from SFC with those who left without completing the program. The findings are summarized below.

Families who are homeless or marginally housed (in an unstable living arrangement) are appropriate for SFC because it is counterproductive to ask a family to give up stable housing in order to move in with another family for an extended period of time. The appropriate age of mentees is less clear. Some child welfare workers and program staff indicated that young parents with little parenting experience would benefit most from SFC, whereas other workers and staff felt that parents 25 years of age or older are more likely to succeed in SFC. Although age may not be as important as other more intrinsic qualities that are discussed below, some of these qualities (e.g., motivation and readiness to change) may be a function of age. Indeed, experience suggests that mentees as young as 18 and as old as 56 have successfully graduated. On the other hand, mentees younger than 18 have not been successful in the SFC demonstration programs; and half of the terminated mentees have been 18 years of age or younger, compared to only one-third of the graduated mentees.
Despite these findings, demographic differences between families who have graduated from SFC and those who have not are not significant enough to make any predictions about who is successful in SFC. Child welfare workers and SFC staff, however, generally agree upon several more intrinsic qualities of families who are more (and less) likely to succeed in SFC. Regardless of the mentee’s age or the specific circumstances (e.g., reunification or preservation), the qualities that seem to be predictors of success include the following:

- Motivated to change and emotionally/mentally ready for change;
- Belief in self and ability to change;
- Willingness to help self;
- Open to learning new things and able to accept support and feedback;
- Ability to own mistakes;
- Resourceful;
- Have support system; 
- Concern for/enjoyment in/commitment to their children; and
- Strong in their recovery (if applicable).

Conversely, staff and workers identified the following qualities or behaviors of individuals who are not likely to succeed in SFC:

- Actively using drugs, failure to complete treatment or comply with a treatment plan, or demonstrating addictive behaviors (regardless of current drug use);
- Severely mentally ill or noncompliant with treatment plan;
- Generally unresponsive;
- Hopeless about ability to change;
- Resistant to structure; and
- Denies problems (e.g., “see themselves as invincible and don’t see the need to change”)

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5 A few workers felt that SFC is appropriate for families who are isolated in that SFC can provide them with social support and extended family. However, staff generally observed that families with some social support are more likely to succeed in the program.
Additionally, staff generally believe that SFC should be a voluntary program, and that families who are forced (court-ordered) into the program are less likely to succeed. A few staff and workers also noted that families with a long history of child abuse or neglect are not appropriate for the program. In fact, several staff and workers felt that SFC should be available to families, who are at risk of child welfare involvement, before they actually enter the system.
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?

The following chart summarizes programs’ time invested in mentor training/support during the past year. On average, these data reflect a significant increase in the number of training hours from previous years.

**Figure 11. Mentor Training and Support**

<table>
<thead>
<tr>
<th>County</th>
<th>Average Number of Training Hours Per Quarter</th>
<th>Average Number of Support Groups Per Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>Contra Costa</td>
<td>14.5</td>
<td>3</td>
</tr>
<tr>
<td>San Francisco</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Colorado</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

Generally, mentors must complete foster care training, and/or specialized SFC training before becoming certified/licensed. ANL program, for example, provides mentors with 16 hours of pre-service training, whereas the WFPP requires mentors (who are licensed as foster parents) to complete 18 hours of specialized training in addition to regular foster parent training. Mentors and staff in the California programs have expressed some concern that regular foster parent training does not apply to SFC mentors. In response, the Contra Costa program has tailored the foster parent PRIDE training to more effectively meet the needs of mentors.

In addition to initial training, all the programs provide monthly or quarterly support.
groups for mentors. The Alameda and CHINS UP programs were the only ones that provided respite care to active mentors during the past year, although Contra Costa also offers it. On average, the two programs provided 8 hours per quarter.

During the past year, approximately 88% of the mentors reported a high level of satisfaction with the training and supervision they received (see Figure 12). However, more than a few mentors commented that additional training on substance abuse would be helpful, as would training on conflict resolution strategies and more knowledge on the needs of families involved with the child welfare system (e.g., understanding TANF & WIC benefits).

Mentors in the California programs continued to enjoy the quarterly regional meetings (provided through the AIA Resource Center), as it is an opportunity for them to meet one another and discuss effective mentoring strategies, build community liaisons, and get additional training. Overall, mentors also remained satisfied with SFC case managers; most commented positively about the case manager’s availability and support. However, a few mentors noted that the case manager didn’t know enough about housing, or didn’t do enough to assist the mentee in procuring housing during placement, leaving the mentor to assist in this task.

In terms of financial compensation, the majority of mentors expressed that they do not get enough money to be a mentor (see Figure 12), primarily because many families move into a mentor’s home unemployed, with little or no public assistance, causing the mentor to initially absorb
all living expenses (although this is clearly not the intent of the program). This has been an especially salient comment among California mentors during the past year, as utilities (especially electricity) have sky-rocketed. Mentors also commented that although household items invariably get destroyed during placement (usually by participant children), the program does not have the means for financial compensation when such destruction occurs. Lastly, California mentors commented that the amount of money they receive should increase as the number of family members in placement increases, as is the case in Colorado and WFPP.

Are participant and mentor families being matched appropriately?

There is an overwhelming sentiment among program staff that the relationship between mentee and mentor is critical to the success of a placement. Therefore, the programs continue to work hard to place mentees with the most suitable mentors. To this end, several meetings occur between mentor and mentee and, in some cases, a trial overnight visit is arranged prior to making a placement. If the match does not seem suitable, placement is delayed until a more suitable match is found. Likewise, if the situation is not working out during placement, every effort is made to relocate the mentee to another home. To date, eight of the 64 mentees placed have moved from one mentor home to another (three occurred during the past year). Of these three in the past year, two mentees graduated successfully, and one is still in placement with her new mentor. No mentee has moved more than once.

Mentor-mentee Relationship

Each month, mentees are asked to rate themselves on how well they communicate, follow program/house rules, and receive constructive feedback from their mentor. Their mentors rate them on these issues concurrently. Overwhelmingly, mentees rate themselves as very proficient in these
areas, and improving over time. Conversely, mentors rate their mentees as much less proficient in these areas, with mentors giving the poorest ratings on mentees’ ability to follow program and house rules.

Nevertheless, as shown in Figure 13, both mentors and mentees reported having generally positive relationships with one another. At three months in placement, 90% of both mentors and mentees reported getting along either well or very well with one another. At six and nine months into placement, the relationships were very positive between mentor and mentee, with 100% reporting at least getting along well. Interestingly, at termination, both mentor and mentee had very similar relationship ratings, all of which were less positive than previous months, with 20% of both mentors and mentees reporting not getting along well at all. Perhaps some of the reason for this dip in positive ratings at the end of placement reflects the mentees’ fear of leaving the program and transitioning into independent living. It may also support the views of some program staff—that after six months, some families become anxious to get out on their own.

In contrast to the up and down relationship between mentors and mentees, nearly 90% of mentors reported excellent relations with the mentees’ children over the entire course of placement. Indeed, many mentor families have stayed in close contact with participant families after placement. Several mentors report a strong desire to keep the bond created with participant children as the main reason for continued contact, and they often refer to them as their “children” or “grandchildren”.

Figure 13: Mentee-Mentor Relationship

![Figure 13: Mentee-Mentor Relationship](image-url)
Mentees’ Satisfaction with Living Situation

In the first three months of placement, mentees reported some dissatisfaction with certain aspects of the living arrangements. At three months, 11% of the clients were very dissatisfied with their living arrangements, 15% were unhappy with the house rules, and 12% were somewhat dissatisfied with the Rights and Responsibilities Agreement (R&R Agreement). However, levels of satisfaction with house rules and the R&R Agreement improved at six and nine months (100% feeling “somewhat” to “very satisfied” with both of these categories). Levels of dissatisfaction with living arrangements did not change between three and six months. This may suggest that the house rules and R&R Agreement were revised to better accommodate the participant, or, perhaps, that they were more lenient as the placement progressed. It could also be that some of the mentees who were dissatisfied at three months left the program early.

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

Information about services mentees receive 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 agencies; and (2) the Mentor Weekly Logs, completed by the mentors, indicate the amount of time mentors spend on various activities with the mentees.

Information reported in the Monthly Reports and Weekly Logs (see Figures 14 & 15) indicate that mentors spent most of their time on the following activities: providing mentees with
transportation and respite care; helping mentees locate post-placement housing; spending recreational time with the mentees and their families; and teaching life and parenting skills to the mentees⁶.

The figures indicate that in the beginning months of placement, the mentors were slightly more actively involved with the mentees than in the final months of placement, although mentors continued to provide a considerable amount of transportation to mentees even through the last months of placement. This is not surprising, as so few mentees have their own transportation, and not all of the mentors live close to public transportation. Recreation time spent with mentees was also quite significant throughout placement, which may reflect mentors’ eagerness to create and maintain a bond with the participant family, and their willingness to accept a new family into their lives.

Overall, decreases in all activities were apparent during the latter months of placement, with the exception of locating housing, which, not surprisingly, increased as families neared the end of their placements and moved toward independent living.

In comparison, less than half the mentors reported spending some or a lot of time teaching parenting skills to mentees (see Figure 15). This may reflect the fact, which has been supported

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⁶ The category of “Life Skills” includes 3 items: food/clothing preparation, nutrition education, and household management.
anecdotally, that some of the families have adequate parenting skills but need more assistance around household management and independent living skills. It may also reflect under-reporting on the part of the mentors. That is, they may not consider modeling good parenting techniques as parenting training. In any case, the amount of time mentors spent teaching parenting skills decreased by the ninth month of placement. This may suggest that mentors felt increasingly confident in their mentees’ parenting skills and abilities. However, it may also reflect the fact that families in the Bay Area often stay in placement longer than necessary (indeed, longer than 6-9 months) because they have no where else to go. In this case, one would expect mentors to spend less time on parenting in the later months.

In addition to services provided by mentors, Figure 16 provides an overview of the four services most frequently provided by the implementing agencies (IAs). These agencies provided case management for almost all of the families in placement. They also provided permanency planning, transportation, life skills, and housing assistance. However, after six months, the IAs provided these services less frequently, with a significant decrease in provision of life skills assistance.

Nevertheless, most child welfare workers commented on the usefulness of the services and the support provided through the SFC agencies and mentors. In fact, one worker indicated that county family preservation workers drop out when SFC became involved. At the same time, the linkage with child welfare agencies was noted as critical because of their access to resources (e.g., Section 8). Child welfare
services to mentees consisted of case management, permanency planning, and assistance with locating housing.

Lastly, adjunct agencies provided mentees with other valuable services, most notably mental health treatment, drug treatment, financial assistance, childcare, and educational services. Given that one goal of the program is to link mentees to community resources, it is not surprising that mentees’ use of these services increased over placement duration. Increased use of these specific services by mentees over the course of placement further suggests that as they settled into the program, they began to work on their placement goals, which for many involved working on mental health and substance abuse issues, as well as earning a GED. In contrast to the demonstration projects’ reliance on adjunct agencies, ANL Program provides intensive outpatient treatment which includes drug treatment and counseling, parenting education, child care, life skills and job readiness training, and case management.

*Are families progressing toward their goals?*

Although it is difficult to ascertain the exact timepoint at which mentees realize their program goals, we can presume that graduated participants did reach most or all of their goals while in placement, as this is the primary criterion for graduation. Review of placement goals identified by graduated and terminated mentees may provide some insight into why some families are more likely than others to complete their goals and graduate from the program successfully (see Figure 17). For instance, a larger percentage of
graduated mentees (67%) identified as a goal improving or acquiring positive parenting skills, compared to terminated mentees (44%). This finding may indicate that graduates have a greater commitment to, and interest in, one’s children, or perhaps they don’t think they need to improve in this area.

Housing also continues to be a goal cited more often by graduates (83%) than terminated mentees (56%). Given the housing support offered by some of the programs, it may be that this goal was more attainable than some of the goals more frequently cited by terminated mentees (e.g., employment and education). However, it may also be the case that more terminated clients had other housing options and therefore were less likely to “stick it out” in SFC.

Overall, graduated mentees, more often than terminated mentees, identified other family-oriented goals such as working on family relationships and procuring childcare, as well as intrinsically motivated goals, such as communication, spirituality, personal growth and life skills. These goals, in combination with their desire to improve their parenting techniques and work on family relationships, may suggest that graduated mentees may have been more ready than terminated mentees to take on the challenge of parenting and personal change. To more fully understand the process mentee’s experience while in placement, several case studies of mentees’ experiences in SFC are included at the end of this report.
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 throughout their placements, peaking at nine months and then decreasing significantly at termination (see Figure 18). The decrease in mentees’ perceived support at termination may be due to the fact that, as mentees transition out of the mentor home and into independent living situations, they may be anxious about losing support acquired while in placement, especially the day-to-day, live-in support provided by mentors.

Mentees’ perceptions of their access to community resources (Figure 19) follow a pattern similar to that of perceived social support. Indeed, mentees’ perceptions of available community resources increased over time, and peaked at about six months. Given that most mentees enter the program rather isolated from their
communities, that a high percentage of mentees are reporting increases in community resources is an indication that they are becoming less and less isolated and more adept at finding valuable resources needed to support themselves and their families. The decrease in mentees’ perceived access to community resources after six months, while still relatively high, may again, be attributable to their anxiety about independent living.

Post-graduate Services

Many mentees continued to receive services after they completed their placement. Along with continued case management and in-home support services, other needs most utilized by mentees upon graduation were: employment services, housing, child care, sustained reunification, recovery services, financial assistance, and transportation. Secondary services needed after program participation included: infant services, mental health services, and food and clothing. Most of the primary and secondary services were provided by the implementing agency and auxiliary agencies. Additionally, in many cases, child welfare agencies continued to provide services similar to those they provided during placement, primarily case management and family preservation and reunification. Nevertheless, the fact that auxiliary agencies were heavily involved with the graduates indicates a healthy reliance on community resources.

Update on Graduates

To date, the Resource Center has remained in contact with 22 graduates from the California programs (90%). Limited efforts to locate the terminated families have been unsuccessful, so we have no post-program information on them. We also have no post-graduation information on the Colorado graduates, although we hope to in the coming year.

As in years’ past, all recent SFC graduates felt that the SFC program was either “somewhat
helpful” or “very helpful.” When asked if they would recommend SFC to others in similar life circumstances, all of the mentees replied positively. Many recent graduates, especially those from Contra Costa County, noted that the program was “very good” at locating housing and assisting them with transitioning to independent living situations. Several mentees commented that, to get the most out of SFC, “you have to be willing to take constructive criticism” and “be honest about your shortcomings.” Most graduates had very positive feelings about their mentors, and nearly all graduated mentees (92%) remain in contact with their mentor family, many of whom meet weekly and talk daily.

Graduates were also asked to reflect on the positive and negative aspects of SFC. Graduates from the various programs shared their views about how SFC has helped them:

♦ “SFC helped me build more confidence”
♦ “SFC helped me learn to budget and save money”
♦ “SFC helped me to establish a good relationship with my child”
♦ “SFC helped me to learn to be independent”
♦ “SFC helped financially by matching my savings”
♦ “Having a mentor to turn to was the most important and helpful aspect”
♦ “Without SFC I would not have gotten my kids back”
♦ “Case management was great – very organized and knowledgeable”
♦ “My mentor became one of my best friends – I am so grateful she is in my life”
♦ “SFC provided the shelter I needed so that I could concentrate on my kids”
♦ “I still have my kids, know a trade, and can get a good paying job, and have extended family to help me when I need it”
♦ “I reestablished bonding with my child”
“I have more confidence in who I am as a person. The experience gave me an opportunity to like myself and then show it to other people”

Graduates also offered some criticisms of SFC:

- “SFC could have been better with getting Section 8 vouchers.”
- “Time limit (for participation) could have been extended.”
- “Too many weekly meetings – cut down on the amount of time spent in meetings.”
- “I didn’t feel as though my case manager really understood my situation”
- “I felt like I had too many house rules and I was under surveillance.”

**Income/Employment & Housing**

Figure 20 illustrates the dramatic increase in average income attained by graduates of the SFC program. Before program participation, graduates earned an average monthly income of $456. Although the range was quite wide ($0 to $1,500), the modal income equaled $0. After program participation, average monthly incomes among graduates rose to $1,099. The range remained large, yet the modal monthly income rose to $1,400. While this increase in graduates’ income is quite substantial, it is still at or below the poverty level.

Sources of graduates’ financial support before and after program participation are highlighted in Figure 21. As can be seen from these data, employment rose roughly 10% among graduates from pre-to-post placement.

There were also significant increases in the number of families receiving public benefits such
as TANF, WIC, and foodstamps. While this increase may be partially explained by better linkage to community resources, it more likely reflects changes in family make-up and situations. That is, parents who are reunifying with their children in SFC would not have been eligible to receive TANF or foodstamps while their children were in foster care. Likewise, the increase in WIC support may reflect those women who gave birth while in the program. Nonetheless, these data do suggest some improvement in support and movement towards self-sufficiency.

More striking is the improved housing situation of participants when they graduate compared to when they entered the program. For instance, the number of families with Section 8 certificates increased dramatically (from 0 at placement to 40% at graduation). With or without Section 8, data presented in Figure 22 shows that, overwhelmingly, participants transitioned into independent living situations upon graduation from the mentor home. Furthermore, in California, among those who graduated from SFC at least one year ago, 100% are living independently, including those who initially moved in with family upon graduation.
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?

Both mentors and mentees were asked to rate mentees’ parenting skills each month in the following areas: talking with their children; setting time aside for their children; using consistent and appropriate discipline techniques; encouraging their children; displaying affection toward their children; and showing approval of the children when they behaved well. Figure 23 illustrates mentors’ and mentees’ perceptions of mentees’ parenting skills (based on a self-rated scaled questionnaire) at various timepoints during placement.

The highest score attainable is 30 (the survey is based on a 5-point scale). As can be seen from this graph, mentees’ self-reports of parenting skills were quite high throughout placement, and always higher than mentors’ ratings. However, mentors’ ratings were also quite high throughout the placement.

More telling, perhaps, is the extent to which children in families who successfully complete SFC stay out of the child welfare system. To date, we have data on 32 families, with a total of 58 children, who were placed in SFC in California between July 1998 and January 2001. We have not yet been able to obtain this information from Colorado.
these families, with a total of 33 children, successfully completed SFC (with the majority graduating in or before May 2000). As of May 2001, five of those 33 children (15%), from three families in Alameda County, re-entered foster care. However, none of the 18 children from the 15 families who graduated in San Francisco and Contra Costa County had returned to care as of May 2001. Although a referral of general neglect was made on two of these children, no further action was taken in either case.

In comparison, 11 of the 25 children (44%) from families who terminated from SFC returned to foster care; and an estimated 20% of children in California who go home from foster care return to care within three years.8 These findings suggest that children of families who successfully complete SFC are less likely than children in regular foster care or in families who do not complete SFC to re-enter the system. We will continue to follow the children that we have reported on for at least one more year in order to learn more about the long-term outcomes of SFC.

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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. While perceptions of their physical health remained generally the same throughout placement, Figure 24 shows that mentees’ ratings of their emotional well-being increased over placement duration, becoming quite strong by the end of the program. It is not surprising, though, that at termination a few mentees reported lower levels of emotional health, given the stresses involved with transitioning out of such a well-structured and insulated program.

Mentees were also asked to rate their children’s emotional and physical health throughout placement and up to one year post-placement. Overall, mentees rated their children’s physical health slightly higher than their children’s emotional health at all time points, but overwhelmingly, parents perceived their children as very healthy physically and emotionally. These ratings, however, should be interpreted with caution given the natural bias in self-reporting.

![Figure 24: Perceptions of Emotional Well-Being](chart.png)
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 positive beliefs about their abilities to provide support to families in need, and about their value as individuals and members of their communities. Based on mentors’ reports every three months during a mentees’ placement, however, beliefs about their abilities to provide support did increase, suggesting that mentors were gaining confidence in their perceived ability to work with this population. Mentors also reported a slight increase in their perceptions of themselves as being valuable members of their communities; indeed, at placement end, more than one mentor commented that, as a result of the mentoring experience, she felt as though she truly did “make a difference.”

At the close of every placement, mentors were asked about the impact of SFC on their self-perceptions. Mentors had the following comments about what SFC taught them:

♦ “SFC helped me learn to become more patient”
♦ “SFC gave me more confidence in working with disadvantaged families”
♦ “I really feel as though my mentee gained (better) parenting skills as a result of my support”
♦ “I feel really good knowing I helped keep a family together”
♦ “I like the fact that I have built a relationship (that will continue) with my mentee”
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?

Although SFC requires considerable resources, data suggests that it can be more cost-effective than traditional out-of-home placement, and may, in fact, result in cost-savings in the long run. Yet, this analysis is not simple given that SFC provides intensive services to both parents and children; whereas foster care provides (often very limited) services primarily for the child.

When looking simply at monthly placement costs, SFC is considerably more expensive than basic foster care, but slightly less expensive than treatment foster care, for one child (see Figure 25). Although these costs vary among programs and localities, the accompanying charts solely reflect Contra Costa County because it is the only county for which the Resource Center had complete information for all types of care. However, among all the SFC programs, the average monthly placement cost for a family with one child is $1,280, with a range from $1,000 in San Francisco to $1,728 in Minnesota.\(^9\) In contrast, Contra Costa’s monthly placement cost for one child under five years of age is $400 in basic foster care and $1,496 for treatment foster care. It should be noted that, in the SFC program with the highest placement rates (WFPP), the mentor is expected to pay for the basic necessities of the family in care,

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\(^9\) The programs in Alameda and Contra Costa Counties pay mentors a flat monthly rate of $1,200. The San Francisco program pays a flat monthly rate of $1,000. ANL program pays a flat monthly rate of $1,350 ($45/day). The CHINS UP program pays a monthly rate of $800 for the parent and $400 for each child in placement. The WFPP pays a monthly rate of $978 ($32.60/day) for the parent and $750 ($25/day) for each child in placement.
much like regular foster care; whereas, families in other programs (e.g., in California) are expected to pay for their own food.

Given that, on average, two children are placed in each SFC home, we also looked at the comparative cost for a family of three (one parent and 2 children). Because the SFC program in Contra Costa County (like the other programs in California and ANL program) pays a flat placement rate ($1,200) regardless of the number of children, the difference between the monthly cost of basic foster care and SFC decreases when two children are placed, while treatment foster care for two children is more than double the placement cost of SFC (see Figure 25). Where SFC programs pay an incremental increase for each child in placement (e.g., CHINS UP and WFPP), the difference between the placement costs for foster care and SFC remains the same when larger families are placed.

In order to understand the cost-effectiveness of SFC, however, it is necessary to consider placement duration. In Contra Costa County, for instance, the average length of stay is 11 months for basic foster care, 19 months for treatment foster care\textsuperscript{10}, and 6 months for SFC\textsuperscript{11}.


\textsuperscript{11} These timeframes differ considerably among localities. The average placement duration in all of California, for instance, is 13 months for basic foster care and 23 months for treatment foster care, while it is 9 months in Minnesota and Pennsylvania, and ranges from 9-29 months nationwide. Similarly, the average duration of SFC placements ranges from 3.5 months in Colorado to more than 12 months in San Francisco.
Based on these average placement durations, as illustrated in Figure 26, the total cost of a SFC placement for a family with one child ($7,200) is still more expensive than basic foster care ($4,400) but a third of the cost of treatment foster care ($8,400). Moreover, when a family with two children is placed in SFC, the total cost ($7,200) is slightly less than basic foster care for two children in Contra Costa County ($8,800), and a fraction of the cost of treatment foster care ($58,848).

Placement costs, however, only paint a small part of the full picture. Experience suggests, for instance, that it costs at least $200,000 to develop a SFC program before even beginning to place families. Additionally, SFC case management costs average approximately $500 per family per month (with an average caseload of six). Other expenses include mentor recruitment, training and support; housing assistance; mentor insurance; respite; aftercare services; and administrative overhead. Factoring all of these expenses into the program, SFC costs approximately $25,000 per family in Contra Costa County. This includes the placement costs, case management, housing assistance, mentor training and support, and administrative overhead. As one of the costliest SFC programs, the total per family cost is still less than just the placement cost of one child in treatment foster care ($29,400).

In comparison, the overall monthly administrative and case management cost for a family with one child in the WFPP is $723. With a placement cost of $1,728 and a 5.8 monthly average stay, the total cost of placing one family is roughly $14,215. In the ANL program, the monthly administrative cost is $2,550 per family, which includes intensive outpatient treatment. With a monthly placement cost of $1,350 and an average stay of 5.5 months, the total average cost is $21,450 per family.
Given these costs, it is also important to consider cost savings that result from SFC. For instance, SFC houses the child—who, in many cases, would otherwise be in foster care—as well as the parent—who might otherwise be living in a homeless shelter. Also, as indicated in this report, experience suggests that families are more stable when they leave SFC than when they enter the program—both in terms of housing and employment—and that families seem to stay out of the child welfare system after completing SFC. Finally, the emotional cost that is avoided by keeping families together, and giving them an opportunity to learn how to live together and become self-sufficient, cannot be quantified or underestimated.
CASE EXAMPLES

Every family who has participated in SFC has a unique and moving story to tell. The few case examples that follow document the experiences of a select group of families who participated in the Contra Costa SFC Program, the WFPP Program, and the ANL Program. Although unique in many aspects, these life stories are remarkably similar to those of many others who have participated in these programs. All of the names are fictitious in order to protect the anonymity of the participants.

Roxie

When Roxie entered the Shared Family Care program in Contra Costa County, her three young sons were in therapeutic foster care, where they had been, for over a year. A self-proclaimed addict for 25 years, Roxie describes herself then as “teetering on the verge of insanity”, consumed by her daily use of methamphetamine and alcohol.

Prior to SFC, Roxie was homeless, unemployed, and addicted. Pregnant with her fifth child and still using drugs daily, Roxie lived in a station wagon with her three sons, their father, and the family’s german shepherd. She had already given her fourth child up for adoption, and planned to relinquish her fifth to adoption. A positive tox screen at the birth of her fifth child prompted CPS to take custody of the newborn and her three sons. Roxie describes the shock she felt as her children were taken from her at the hospital, as a “wake-up call” to deal with her addiction.

Roxie quickly took action and voluntarily entered a residential drug treatment program, where she maintained three months of sobriety. Almost immediately after discharge, however, Roxie relapsed. For the next several months, both Roxie and the father of her children continued to use methamphetamine and alcohol daily, while her three sons remained in unstable and separate homes. Roxie admits to hitting “rock bottom” after an especially tearful meeting with her youngest son. At
that moment she realized that she had to make a change immediately, or forever lose the chance to reunify with her children.

Roxie again entered a drug treatment program (this time outpatient), and remained diligent about keeping her supervised visits with her sons. While waiting to attend a supervised visit with her children at Families First, Roxie noticed a pamphlet describing the SFC program. Roxie states that she knew this program was what she and her family needed; Roxie had lived for almost 37 years without knowing how to live independently, having lost every job and every stable living situation to her addiction. The opportunity to be paired with a mentor, someone who could support her in gaining the important living and parenting skills she so badly needed, was what Roxie cites as giving her the most hope for the program.

Upon entering the SFC program, Roxie was reunited with her youngest son. Although Roxie was living in sobriety, she was aware of the challenges she would face – she had not completed high school, had not held a job in nearly 10 years, had not truly been a parent, and her self-esteem was further compromised by the damage to her physical appearance resulting from years of drug use. Roxie states that upon meeting her mentor, a 56 year-old mother of seven and grandmother of 20, she realized that she had a long journey ahead. However, she felt confident that she would have the support, stability, and emotional safety necessary to reach her destination of parenthood, self-efficacy, and wholeness.

Roxie and her mentor immediately developed an intense bond, one that extended to the mentor’s entire family, who included Roxie and her son in many family gatherings. Roxie’s visits with her other two sons gradually increased. Roxie also developed positive relationships with her sons’ foster parents, teachers, and therapists, and began working on plans for reunification. After three months in SFC, Roxie got dentures, boosting her self-esteem and confidence. She also began
taking classes in preparation for the GED. She continued to work hard in therapy, and maintained her sobriety throughout. Roxie’s partner was not so fortunate; he continued his drug use, and, eventually, dropped out of her and her children’s lives completely. But Roxie forged ahead, determined to be a parent to her children.

After nine months in SFC, Roxie graduated from the program, and she and her youngest son moved into their own apartment – the first stable, independent living situation her son has ever known. Since that time, Roxie has continued to progress as a parent and independent woman. She recently earned her GED and is employed for the first time in almost a decade. Overnight visits with her other two boys occur almost weekly, and the closeness between the family continues to grow. Roxie remains very involved in her sons’ lives and has plans to reunify with them once she becomes more financially and emotionally solvent. Roxie continues to grow in her understanding and acceptance of herself, as evidenced by her ability to mediate her desire to regain custody of her two children in foster care, with her acceptance of her own realistic circumstances and limitations.

Roxie is also proud to boast that recently she received a chip from NA honoring her for 21 months of sobriety. Roxie states, however, that the accomplishment that makes her most proud is the fact that she has earned the right to lawfully parent her youngest son. Just two months ago, the state closed his case, and Roxie was awarded the right to officially parent her youngest son – a role that Roxie has learned to honor, respect, and enjoy.

**Amanda**

Amanda, who is in her early 40’s, has three young children under the age of ten. With a 20-year history of substance abuse, and several failed attempts at getting “clean,” Amanda had alienated herself from her family and friends. One of her sisters finally got involved and
contacted DHS out of concern for Amanda’s children which eventually led Amanda to seek drug counseling.

After 11 months of sobriety, Amanda entered A New Life Program on the recommendation of her social worker. Although initially hesitant about the program due to its proximity to neighborhood drug dealers, she enrolled in the program and successfully completed the requirements. According to Amanda, the primary reason she enrolled in ANL was to “stay clean”. She further states that she viewed ANL as a viable option because it offered a “real life environment (not) the artificial environment of other treatment programs.”

Immediately after meeting her mentor, Amanda reports that they really hit it off, and Amanda states that her mentor was able to “fill the void” apparent in her recovery process. Amanda states, “I was clean, but still missing a spiritual aspect of my recovery. My mentor was so caring and made us (she and her children) feel welcome.” Amanda lived with her mentor for 4 ½ months.

Amanda described her experiences in ANL as very positive. Although initially unclear about what to expect from the program, she comments that, overall, the program exceeded her wishes. Through the program and mentor placement, Amanda further feels that she “got in touch with a lot of things” and reports that the closeness with her children is different, more positive. Amanda successfully graduated from ANL and is currently in her own three-bedroom apartment with all of her children, attending college, and working part-time doing administrative work.

Ginger

Ginger was a 22 year old mother of two and pregnant with her third child when she was referred to the Whole Family Placement Program. At that time, Ginger had three complaints of abuse and neglect filed against her, and her children were in relative foster care. In January 1998, Ginger was court-ordered to the WFPP program as a condition of reunification with her children.
Ginger admits that she was never a good parent. Further, Ginger has stated that her mother never parented her and was not a stable influence in her life.

Ginger spent nine months in WFPP and was able to turn her life around with the help of her mentors, Lois and Dave. Lois became the parent and female role model that Ginger had never had. She taught Ginger how to value herself, develop her talents and capabilities, parent her children, and make better choices in her life. Dave modeled for Ginger a positive male relationship and took on the father role to her children, who, up to that point in their lives, had experienced only abusive and harmful male relationships in their family of origin.

After the official placement ended, Lois continued to work with Ginger to support her in the community as Ginger became connected with needed services. Furthermore, Ginger soon became employed. Ginger’s case is now closed and there have been no new reports of abuse or neglect in the past two years. Ginger states that she feels self-sufficient, and is excited and proud that she has full custody of all three of her children (co-parenting with the father of the two eldest), and is in a positive relationship with a man she plans to marry.
SUMMARY AND LESSONS LEARNED

Shared family care appears to be a cost-effective and sensible way to help families move toward self-sufficiency and achieve permanency for children in a more timely manner. It is not, however, appropriate for all families, and there seem to be intrinsic qualities rather than demographic characteristics that help predict a family’s likelihood of succeeding in this program. It also is an expensive program that takes a considerable amount of time, commitment and perseverance to develop.

In the past year, although many of the existing SFC programs went through various administrative, policy and/or programmatic changes, and one program closed its doors, the number of families referred to the programs increased dramatically. Empirical evidence suggests that families enter the program in need of skills and resources to become self-sufficient as much as, if not more than for assistance with parenting. Of the 23 families who left a placement during the year, 83% graduated successfully after an average of six months, while, for a variety of reasons, the remainder chose or were asked to leave the program before completing their goals. Further, families who graduated from the program in the past few years have greatly increased their income, almost all have moved into (and remain in) independent living, and the vast majority have had no further involvement with child protective services following their placement.

The biggest challenges facing the programs continue to be housing, funding, mentor recruitment and, in some areas, inter-agency collaboration. Nevertheless, experience suggests that there are individuals in the community that are interested and qualified to be mentors, and that they play a critical role in supporting families and helping them achieve their goals. Further, the experiences of the SFC programs in Minnesota and Philadelphia generally support the findings from the demonstration projects, and there is overwhelming sentiment among related staff and child
welfare workers involved in all of the programs that SFC should be continued. Finally, a new SFC program was just launched in Milwaukee, WI, and almost half of the county child welfare directors in California expressed a need for, and interest in, SFC. As we continue to learn more about the development and efficacy of this model, the following collective experiences of the existing shared family care programs should aid others in the development of new programs.

**General Lessons Learned**

1. **Conduct a community needs assessment** before beginning to develop a program. This will help to determine (or document) the general and specific need for the program, and to identify some of the barriers (e.g., housing, licensing).

2. **Assess the agency’s resources, readiness, experience (in child welfare, mentoring, and interagency collaboration), capacity (e.g., should it be done internally or contracted out), and commitment from top level staff with decision-making authority.** Thus far, SFC appears to work best when implemented by a private agency with support from public agencies. The private agency, however, must have the fiscal and administrative infrastructure to manage a complex program.

3. **Explore alternative funding sources.** This may include local, state and federal child welfare programs (e.g., IV-E, IV-B); TANF; local and state programs for substance abuse and mental health; local, state and federal programs for the homeless, housing and community development; and Medical Assistance (to reimburse for certain services such as therapy, training, crisis intervention and case management). Additionally, private funds may be necessary for program development and to fill in certain funding gaps.

4. **Allow at least 12-18 months for start-up/program development.** This includes the following:
   - Determine where the program will be housed, establish collaborative relationships, determine staffing needs, and clarify roles and responsibilities. These decisions should reflect the agency’s capacity and experience. Furthermore, whenever possible, collaborative relationships should be formalized through contracts or Memorandums of Understanding (MOUs).
• Identify goals and anticipated outcomes. These should be developed based on a needs assessment.

• Design the program based on the identified goals and outcomes. For instance, identify the target population; determine a length of placement that is realistic for the targeted population; determine whether or not mentors will be licensed and, if so, how and by whom; develop an aftercare plan; determine if and how the program will insure mentors against damage to person or property; develop a plan for addressing the housing needs of graduates.

• Develop program policies and procedures, which should be formalized before implementing the program, but remain flexible in order to accommodate changes as necessary.

• Establish clear mentor and client screening criteria and procedures.

• Conduct focus groups to help target mentor recruitment.

• Recruit and train a solid pool of mentors. Although this is an ongoing process, it is recommended that, before accepting client referrals, programs have a pool of certified/licensed mentors in order to effectively match families.

• Educate potential referral sources (e.g., child welfare workers and supervisors, judges, attorneys, drug and alcohol counselors, etc.) about the program, the eligibility criteria, and the referral process. Distributing clear, written eligibility criteria to these sources may help to minimize the number of inappropriate referrals. Also, given the enormous caseloads of most child welfare workers, it helps to make the referral process as clear and simple as possible.

**Other Recommendations**

Although there may not be overall consensus around the following recommendations, they were often cited by SFC program staff, child welfare workers, mentors and graduates.

1. Although SFC can effectively be used for concurrent planning (particularly if the mentors are willing to adopt children when necessary), it should not be used as a “last-ditch effort” or with the sole intent of providing documentation necessary to terminate parental rights.

2. The length of the program should be based on individual need. There is general agreement that
placements should last for at least six months. However, for example, families who need basic help with self-care in addition to life skills, parenting, employment and housing, or parents who are participating in intensive outpatient treatment, will generally need longer.

3. Housing is a critical need that should be addressed up front. Different SFC programs have addressed this issue in various ways, e.g., by developing transitional housing, hiring a housing specialist, or working with the Housing Authority to obtain Section 8 certificates for graduates. These are just a few strategies. In any case, programs should start discussing housing issues with families 30 days after they enter the placement. Further, these discussions should address housing options as well as “housing readiness” (e.g., credit rating).

4. The mentor/mentee relationship is critical to a family’s success. Therefore, mentors must be carefully screened, well-trained, matched appropriately, and supported sufficiently. Additionally, there is some consensus that staff should be assigned specifically to work with mentors in order to provide ongoing training, support and crisis management.

5. Although mentors play a critical role in assisting and supporting families, a wide array of services must also be available to families in the program in order to address their complex needs.

By following these lessons and recommendations, there is strong reason to believe that SFC can help families remain intact (or expedite permanency for children with other families) and move toward self-sufficiency.