

**ANNUAL REPORT ON SHARED FAMILY CARE:
PROGRESS & LESSONS LEARNED
(JUNE 2001 TO MAY 2002)**

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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 work with a team of professionals to help the families achieve these goals. Over the last five years, the Resource Center has had the opportunity to evaluate six SFC demonstration programs in California and Colorado. The following report summarizes cumulative, descriptive data from all these programs. However, it focuses on the qualitative and quantitative findings from the program in Contra Costa County, California, highlighting activity during the past year.

Specifically, the report presents the number, characteristics and success rate of families who applied to and participated in all of the programs since 1997. It also discusses findings related to mentor availability and ability; sufficiency of appropriate client referrals; types and quantity of services provided to families; client outcomes; and the cost of SFC compared to traditional foster care. The report concludes with a brief summary of lessons learned, and suggestions for future directions in the field.

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, recruitment and retention of good mentors, identification and referral of appropriate participants (clients), and housing for families who graduate from SFC.

The experience of Contra Costa County suggests that it is possible to overcome these challenges, and 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. Looking only at placement costs and average length of stay, the cost of SFC is more (with one child) or slightly less (with 2 or more children) than basic foster care, but significantly less than treatment foster care. SFC becomes even more economical when one considers the additional avoided cost of placing a parent in a homeless shelter. Further, data thus far suggest that SFC may result in cost-savings

in the long run. For instance, families that successfully complete SFC are less dependent on the system because, upon and beyond graduation, they are more likely to be employed, have a higher income, and live independently than when they entered the program. Further, children from families that graduate from SFC are less likely to re-enter foster care than children who reunify after regular foster care. Therefore, although SFC involves many additional costs (e.g., for start-up, mentor recruitment and support, intensive services), it may be worth the up-front investment.

Clearly, SFC is not for all families; experience suggests that families most likely to succeed generally are motivated, open to feedback and a mentoring relationship, 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. 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 addition to traditional child welfare services. It also shows great promise in helping homeless or other struggling families move toward self-sufficiency and independent living.

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OVERVIEW

The following report documents progress, findings and lessons learned from shared family care (SFC) demonstration projects in California and Colorado. It highlights activity during the past year (June 2001 through May 2002), most of which took place in Contra Costa County, CA, and the reported outcomes primarily reflect activity in Contra Costa County over the past five years. However, the report also presents cumulative, descriptive data that reflects activity from March 1997 through May 2002 in Contra Costa County and Colorado Springs, CO (both of which were active during this past year), and Alameda and San Francisco Counties in California (both of which were discontinued in June 2001).

Data in this report are based on information collected by staff 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. Specifically, information was collected through Participant Intake Forms, Mentor Applications, Mentor Weekly Logs, Monthly Reports of Services Provided, Individualized Family Plans and Monthly Updates, Termination Reports, and regular interviews with mentors (during each placement) and participants (during and after placement). The interviews were conducted by AIA staff using program-specific questionnaires and an adapted version of Abt Associates' (1995) *Family Well-Being Survey*. All of these forms are available through the AIA Resource Center.

Although the evaluation plan was designed, with input from program staff, during the development of the SFC programs in California, it took a few years before data were reported completely, accurately, and consistently. Therefore, there is some missing data from the first few years of the program. Additionally, due to difficulty maintaining contact with participants

after they complete or terminate from the program, we have little follow-up information on families who terminated from the program without completing it, and incomplete follow-up data on families who successfully completed the program. Nonetheless, there is sufficient information to better understand some of the effects of SFC and who benefits from these programs. Further, lessons learned in the development and implementation of SFC are based on the collective and cumulative wisdom of the staff, mentors, participants and child welfare workers who have been involved with SFC demonstration projects over the last several years.

SUMMARY OF SFC PROGRAM ACTIVITY DURING THE PAST YEAR

Following is a summary of the SFC projects in Contra Costa County, California, and Colorado Springs, Colorado. As noted above, the projects in Alameda and San Francisco Counties, California, were discontinued in June 2001. Although the San Francisco Department of Human Services was attempting to restructure, and expressed intent to continue, the program last summer, they did not have the resources or, more importantly, the commitment to make that happen. The program in Alameda County was becoming increasingly stable when a new county administration came on board and discontinued several programs that did not appear to be cost-effective.

Conversely, the program in **Contra Costa County** expanded and matured during the past year. In July 2001, FamiliesFirst took over the administration of the East and Central sites of the program. During the previous year, they had subcontracted with The Center for Human Development to begin expanding the program into those two sites (it began in the western part of the county). However, in order to minimize the administrative overhead cost, the county consolidated the program under one agency. Thus, FamiliesFirst hired two additional case managers who primarily focused on mentor recruitment during the first several months of this past year. By December 2001, there was a sufficient pool of mentors throughout the county, enabling the program to solely rely on word-of-mouth for ongoing mentor recruitment.

Although they continue to receive referrals for clients on a regular basis, the referrals are not always appropriate for the program as it is currently designed. For instance, the program continues to receive numerous referrals for women who are just leaving residential drug treatment programs and expected to participate in intensive outpatient treatment. However these women typically do not have any income (particularly if they are just in the process of

reunifying with their children and are not receiving TANF) to provide for their own basic necessities (a requirement of the program). Further, because of the intensive time commitment of their outpatient programs, these women typically are not able to participate in job training, education, or employment, which is a requirement of the program based on the expectation of independent living after six months. Despite ongoing discussions among program staff, treatment providers and the County EHSD about this concern, current budgetary constraints make it impossible for the program to serve this population at the present time.

In the meantime, the housing specialist continued to work successfully with all the families in placement, beginning 30 days after they were placed, to help them secure housing upon graduation from the program within six months. In addition to helping them locate appropriate housing, she helped families prepare for independent living by, for example, helping them clear their credit and understand basic tenant rights and responsibilities. Further, the program established relationships with a few local churches and organizations to provide “welcome baskets” to graduates moving into their new homes. The program has also established a relationship with Rubicon, a local agency, to provide paid job training for SFC participants. Finally, they were able to access a new county program that provides a landlord database and move-in funds to clients who participate in a tenant workshop. In light of the training the housing specialist provides, she was able to develop a waiver to enable SFC graduates to access the funds without taking the tenant workshop.

The **CHINS UP program in Colorado Springs, CO** (El Paso County) remained active during the past year, but on a very small scale. Unlike the program in Contra Costa County, which was initiated and is contracted out by the County Employment and Human Services Department, CHINS UP, a private non-profit agency, initiated and continues to operate the

program in El Paso County. Although the county pays the child portion of the placement when they refer a family to the CHINS UP SFC program, they have not committed any ongoing, operating funds. Therefore, CHINS UP depends on private funds to maintain the program. As a result, SFC is incorporated into CHINS UP's other foster care programs and does not have its own dedicated staff. Thus, it has been functioning more as a service option for families rather than a discrete program, and they frequently have a waiting list due to a lack of mentors.

Despite the fact that Colorado state regulations provide 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, to our knowledge, there is only one other county (Trinidad) that has considered taking advantage of this. They are attempting to develop a SFC program using an old group home facility. Additionally, the Division of Health and Human Services in Larimer County, CO, recently funded a non-profit-operated program to provide "host homes" to homeless newborns and their families up to three months post-partum. The intent is to provide the families with a role model and a safe home in which to recover after childbirth, as well as assistance in obtaining their next living situation. They plan to recruit host families on a volunteer basis. It will be interesting to see how this program will take shape over time. Finally, the University of Colorado Health Sciences Center is working with the CO Department of Human Services to develop a statewide plan for using SFC to help expedite permanency for substance affected families with young children.

OVERVIEW OF ALL PARTICIPANT FAMILIES

Between the spring of 1997 and May 2002, a total of 289 families were referred to the SFC programs in California and Colorado. Of this group, 87 families (with 129 children) were placed in mentor homes (see Table 1)¹. Six families were in placement at the time of this report, 50 successfully graduated from the program, 31 were terminated early from the program, and 129 were never placed in the program². Most families that were never placed chose not to participate or were determined inappropriate for the program for a variety of reasons (e.g., active drug use, demonstrated unwillingness to work on goals or comply with program rules, too many children).

Table 1: Status of Participants

	All Programs	Alameda County	Contra Costa County	San Francisco County	All Colorado Counties *
Number of Referrals	289	73	116	25	75
Number Placed	87	15	44	4	24
<i>Current Mentees</i>	6 (7%)	0 (0%)	5 (11%)	0 (0%)	1 (4%)
<i>Graduated Mentees</i>	50 (57%)	7 (47%)	25 (57%)	3 (75%)	15 (63%)
<i>Terminated Mentees</i>	31 (36%)	8 (53%)	14 (32%)	1 (25%)	8 (33%)

* Includes, El Paso, Alamosa, Morgan, and Yuma Counties; the latter three have not been active since 1999.

As noted, the only programs that remained active this past year were the CHINS UP program in Colorado Springs, CO (El Paso County) and the FamiliesFirst Program in Contra Costa County, CA. Since June 2001, although 27 families were referred to the CHINS UP

¹ The referral process involves two steps. Families are first referred by county child welfare workers to the Shared Family Care program. Then the program further evaluates appropriateness through its own intake process, which involves completing an intake application form on the family being referred. Not all families initially referred by child welfare workers make it to this point in the process. The data in this report is only collected on those families who completed an intake application form.

²Families 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 that are asked or choose to leave the program before completing their goals are referred to as “terminated.”

program, only three were placed, primarily due to a lack of mentor homes. Of the three families, two terminated early and one was still in placement as of June 2002. Since 1999, CHINS UP has placed a total of 19 mentees, 13 of whom graduated and 5 of whom terminated (one is still in placement). This is the only demonstration project in which graduated mentees (3 of the 13 graduates) relinquished their parental rights while they were in the program. Though these families did not technically complete the program and graduate, they are deemed a success because their relinquishment helped to expedite permanency for their children.

During the past year, out of 43 families that were referred to the Contra Costa County program, 16 were placed in mentor homes. Of the 11 families that were placed and left the program during this past year, 6 graduated and 5 terminated. This indicates a 54% success rate, which is slightly lower than the cumulative average success rate of all programs (62%) and in Contra Costa (64%) between 1997-2002.

Demographic Information on Participants

Since the beginning of SFC, applicant and participant families from all of the SFC programs typically have been single women with two children approximately four years of age (see Table 2). Since March 1997, six pregnant women have participated. Although, to date, no couples have been together in placement, eight participants have been married or with a significant other. Additionally, five single men have participated with their children; two graduated from the program and three were terminated early (two for noncompliance and one for parental relinquishment). The mean age for all of the applicants was 28 years. Nearly 12% of all applicants were 18 years or younger; however, approximately one third of all applicants, and nearly 40% of placed families, were, or had been, teen parents (18 years of age or younger).

Moreover, parents who terminated were, on average, slightly younger than other applicants and more likely to be teen parents.

Approximately one-third (38%) of all applicants reported a criminal history, and 63% of the applicants had a history of substance abuse. This reflects an increase from previous years when only 54% of applicants had a substance abuse history. Most applicants with a history of substance abuse had spent some time in recovery, but few had spent more than one year.

Levels of educational achievement were notably low among all applicants, with almost half reporting less than a high school diploma/GED at intake. Interestingly, of the 26 terminated participants for whom we have data, 42% had a high school diploma or GED at intake, compared to only 22% of graduated clients and 27% of all applicants.

Table 2: Demographics of all Applicants & Participants (1997-2002)

Characteristic	All Applicants (n=216)*	Current Mentees (n=6)*	Graduated Mentees (n=50)*	Terminated Mentees (n=31)*	Never Placed Applicants (n=129)*
Ethnicity	(n=187)	(n=6)	(n=44)	(n=30)	(n=107)
African American	58% (108)	17% (1)	61% (27)	67% (20)	56% (60)
Latino/Hispanic	13% (25)	17% (1)	14% (6)	13% (4)	13% (14)
Caucasian	26% (49)	50% (3)	25% (11)	17% (5)	28% (30)
Other**	3% (5)	17% (1)	0%	3% (1)	3% (3)
Gender	(n=207)	(n=6)	(n=50)	(n=31)	(n=120)
Female	94% (194)	83% (5)	96% (48)	90% (28)	94% (113)
Male	6 (13)	17% (1)	4% (2)	10% (3)	6% (7)
Education	(n=166)	(n=5)	(n=41)	(n=26)	(n=94)
Less than H.S. diploma	46% (77)	20% (1)	54% (22)	12% (3)	43% (40)
HS diploma/GED	27% (44)	40% (2)	22% (9)	42% (11)	31% (29)
Trade/Vocational School	8% (14)	20% (1)	5% (2)	15% (4)	7% (7)
Some college	16% (26)	20% (1)	17% (7)	15% (4)	15% (14)
College graduate	3% (5)	0%	2% (1)	15% (4)	4% (4)
Mean age in years	(n=185) 28 (16 to 56)	(n=6) 30 (20 to 39)	(n=42) 28 (18 to 56)	(n=28) 25 (16 to 38)	(n=109) 28 (16 to 52)
Mean number of children	(n=190) 1.9 (1 to 6)	(n=6) 2.2 (1 to 4)	(n=42) 1.7 (1 to 3)	(n=28) 2.0 (1 to 4)	(n=114) 1.9 (1 to 6)
Mean age of children	(n=176) 4.1 (0 to 20)	(n=6) 5.1 (2 to 11)	(n=40) 4.4 (1 to 12)	(n=25) 3.0 (.5 to 16)	(n=105) 5.0 (.5 to 16)
Single parent	(n=201) 90% (181)	(n=6) 100%	(n=45) 89% (40)	(n=31) 90% (28)	(n=119) 83% (107)
Teen parent	(n=172) 35%	(n=6) 17% (1)	(n=40) 35% (14)	(n=25) 52% (13)	(n=101) 32% (32)
Median monthly income	(n=153) \$569 (\$0 to \$2,400)	(n=6) \$400 (\$302 to \$548)	(n=37) \$500 (\$0 to \$2,400)	(n=23) \$425 (\$0 to \$1,712)	(n=88) \$542 (\$0 to \$1,700)
Substance abuse history	(n=182) 63% (116)	(n=6) 83% (5)	(n=42) 50% (21)	(n=28) 57% (16)	(n=106) 68% (72)
Length of time in recovery	(n=173)	(n=6)	(n=40)	(n=26)	(n=101)
<i>no substance abuse history</i>	39% (68)	17% (1)	53% (21)	46% (12)	34% (34)
<i>no time in recovery</i>	4% (7)	0%	3% (1)	8% (2)	4% (4)
<i>less than 6 months</i>	24% (41)	33% (2)	20% (8)	12% (3)	28% (28)
<i>6 months to 1 year</i>	19% (33)	33% (2)	15% (6)	15% (4)	21% (21)
<i>1-3 years</i>	10% (17)	0%	5% (2)	12% (3)	12% (12)
<i>more than 3 years</i>	4% (7)	17% (1)	5% (2)	7% (2)	2% (2)
Has criminal history	(n=178) 38% (67)	(n=6) 50% (3)	(n=41) 32% (13)	(n=27) 33% (9)	(n=104) 40% (42)
Currently on probation	(n=152) 25% (38)	(n=6) 0%	(n=40) 25% (10)	(n=26) 12% (3)	(n=104) 24% (25)

* The total N for each demographic variable represents the response rate and thus is often smaller than the sample size.

** Includes biracial, Asian/Pacific Islander, and Native American.

Sources of Income

The majority of families placed over the past 5 years had monthly incomes notably below the poverty rate, and only one-quarter entered the program with a job. A majority of families (although not as many as expected) were receiving some form of public assistance (e.g., TANF, SSI, food stamps) both at intake and graduation. Although anecdotally, most families were receiving CALWorks (TANF) when they entered the program, only 36% reported it. A greater percentage of graduated families (33%) than terminated families (21%) had employment upon placement in SFC, whereas a greater number of terminated families (69% versus 60%) were receiving some form of public support (e.g., TANF, SSI, WIC, food stamps) upon placement. Only four participants (two graduated and two terminated) reported receiving some financial support from friends or family. This suggests that, although some participants reported living with friends or family, the majority were isolated from their families and community.

Placement Duration

The median length of stay for all participants in all programs from 1997 through June 2002 was 5.25 months³. This accounts for regional/programmatic differences; the median stay was slightly more than one year in San Francisco, 2 months in Colorado, 5.25 months in Alameda, and 6 months in Contra Costa. It also accounts for differences between graduated and terminated clients. On average, among all SFC programs, graduates stayed in placement three times longer than terminated families (a median of 6 months & 2 months, respectively). Terminated family placements ranged from 1 week to 9.5 months, and graduated family placements ranged from 2 weeks to 14 months.

In Contra Costa alone over the past five years, the median length of stay was 6 months

³ Median, rather than mean, length of stay is reported so as to be compatible with foster care statistics that.

(ranging from 3 to 12 months) for the 25 graduated families, and 2.5 months (ranging from one week to 9 months) for the 14 terminated families. Just this past year in Contra Costa, the 6 graduated families' median length of stay was 5.75 months (ranging from 5 to 6 months), while the 5 terminated families' median length of stay was 2 months (ranging one week to three months). Thus, although the median length of stay in Contra Costa decreased very minimally from previous years, there was a much smaller range reflecting greater consistency within the program.

Some graduates, staff, and child welfare workers feel that six months is not enough time for families to address their multitude of issues. As one program staff observed, although many families graduate after six months, most of them need a lot of aftercare. Additionally, with a six-month time-limit, programs are not able to effectively serve certain clients (e.g., those just leaving a residential treatment program and participating in intensive outpatient treatment) who need more than six months to address employment and housing issues, for example. Thus, several program staff suggested that the program be extended, on an as-needed basis, to 9-12 months. On the other hand, some mentors indicated that they would not want a family to stay longer than six months; and some staff noted that, after six months, families start losing patience for each other or mentees start to become dependent. In any case, almost all of the mentors and program staff indicated that families need at least six months to build necessary skills, obtain an appropriate level of income, and secure housing.

Reasons for Termination

We have data on 30 of the 31 participants that have terminated from all programs thus far. Of them, non-compliance with the program or house rules was the most frequent reason that program staff cited for termination (18). Other reasons included: the mentee choose to leave the

program (6); the child was removed from custody (3); the mentee relapsed (although this only was cited as the primary reason for termination in 1 case, 4 mentees had a reported relapse while in placement); a parent was terminated after one week due to never obtaining custody (1); and a mentor had to leave the program when another replacement was not available (1). Contra Costa County reported similar termination reasons over both the past five years and this year alone.

PROGRESS IN MEETING ANTICIPATED OUTCOMES OF SFC 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.

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 capable of caring for themselves and their children with some guidance, support and structure. Further, CHINS UP (and the Whole Family Placement Program in St. Paul, MN) has illustrated that SFC can be used effectively for concurrent planning by providing families and child welfare agencies with an opportunity to assess the parent's desire and ability to parent, and providing parents with an opportunity to voluntarily relinquish their parental rights in order to expedite permanency for their children.

Despite its promise as an effective child welfare service, 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. Although Contra Costa County illustrates that this is possible, it was not so effective in Alameda or San Francisco Counties. Perhaps the most tangible factor distinguishing Contra Costa from the others is a strong commitment from the public agency director in terms of ideology *and* resources. Additionally, FamiliesFirst, the private, non-profit implementing agency has extensive experience in foster care, a strong track record working with the community and the county, and exceptional administrative skills necessary to develop and implement an innovative program.

Thus, while child welfare workers overwhelmingly support SFC and appreciate having it as a resource for their clients, it only can become a standard child welfare service if there is public funding available and public agencies make the commitment to allocate the financial and personnel resources necessary to develop and implement it effectively. This may require policy changes (e.g., regarding licensing regulations and funding streams) as well as paradigmatic and ideological shifts. It also will require public and community based organizations to collaborate with each other to develop common goals, address turf battles and philosophical differences,

define roles and responsibilities, and determine procedures for referring and working with families to ensure continuity and consistency of services.

Further, SFC by its nature moves beyond the limits of the child welfare system and involves housing, employment and community. Because its focus is on stabilizing whole families, SFC programs must collaborate with housing organizations (e.g., landlord associations), job training and employment agencies, drug treatment agencies, and other community resources (e.g., churches) that can help to stabilize families as they move on from the mentor homes. Finally, although SFC clearly is the best service option for some families involved or at risk of involvement in the child welfare system, public agencies must have realistic expectations about the number of families that such a program can effectively serve.

Is there public money available to fund SFC?

The current economic climate makes this a very difficult time for all child welfare programs. Because there remains no dedicated source of federal (or state) funding for SFC, existing (and developing) SFC programs are forced to compete for funds with other traditional and innovative child welfare services. That is not to say, however, that public funds are not available. The following federal resources can be (and in some cases, have been) used to fund various parts of SFC:

- TANF funds (although these resources may be shrinking);
- Title IV-B (Safe and Stable Families Program, which is likely to expand this year);
- Title XX (Social Services Block Grant);
- Title IV-E (only with a waiver at this point);
- Drug and alcohol and mental health funds (the state block grants often are overstretched as is, but SAMHSA also administers a variety of discretionary funds, some of which may be

applicable depending on the population being served);

- Abandoned Infants Assistance grants (which are very flexible 4-year grants that the Children’s Bureau administers to serve families of young children that are at risk of abandonment primarily due to substance abuse or HIV); and
- Targeted case management funds through Medicaid (Medical Assistance), which also may cover services such as training, crisis assistance, therapy, transportation, parenting, and child care.

Additionally, there have been discussions about a federal “super waiver” which would give states flexibility to blend their foster care (IV-E), social services (XX) and TANF funds. Finally, local and state general, discretionary, child welfare, foster care, and substance abuse treatment funds all may be available to support certain aspects of SFC. However, unless or until there is a dedicated source of funding for SFC, funding will have to be patched together from various sources. In the meantime, 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.

Are there families in the community interested and qualified to be mentors?

Since 1997, from all the project sites, 180 individuals or couples applied to be mentors. In the past year, 25 individuals applied to become mentors; 24 were from Contra Costa, and one was from Colorado. Recruiting mentors requires a great deal of effort: to get 180 applicants over the years, staff contacted 1,575 individuals through recruitment meetings about SFC, and conducted orientations for 346 individuals. Of the 180 who applied, 86 potential mentors participated in training, and 56 became active mentors (current, former, or awaiting placement).

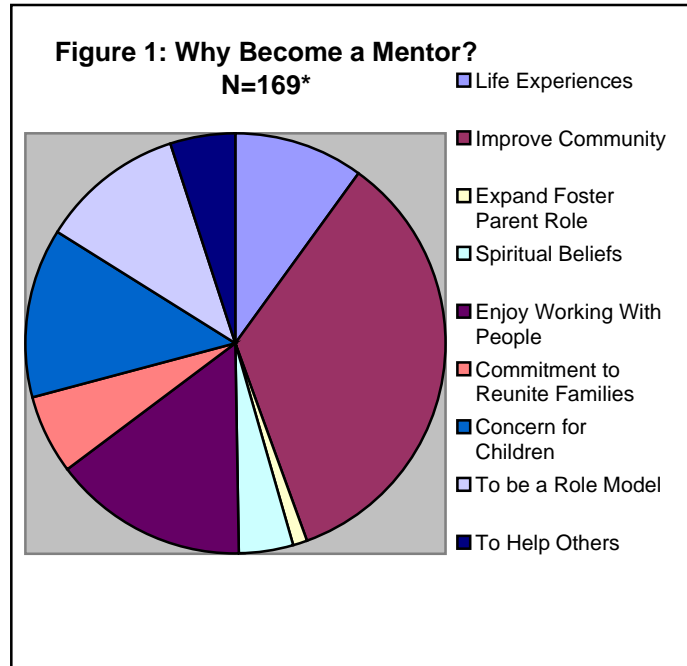
Since 1997, Contra Costa has contacted 997 individuals through recruitment meetings

(187 this past year), conducted orientations for 150 individuals (34 this past year), received 98 applications, and completed trainings for 38 mentors (11 this past year). Unlike the other SFC demonstration programs that continuously struggled with mentor recruitment, Contra Costa established a solid pool of mentors and was able to cease active recruitment in December 2001. This was a result of several years of hard work and dedication of substantial resources specifically for mentor recruitment during the first five months of this past year. For instance, from June through November 2001, FamiliesFirst staff spent an average of 118 hours per month (and a total of \$12,633 on staff time) for mentor recruitment as part of their efforts to expand the program into the Central and Eastern parts of the county. This was reduced to a monthly average of 64 hours (and a total of \$6,709) during the latter part of the year. Thus, they went from contacting 45 and 137 individuals in the first and second quarters respectively of this year, to five and zero in the third and fourth quarters once they had established a sufficient pool.

Despite their lack of active recruitment since December 2001, through word of mouth, FamiliesFirst continued to receive applications (five in the second half of the year) and interview potential mentors (six in the second half of the year). Moreover, through extensive support services and ongoing training, the program was able to retain a large number of mentors from the previous year. In fact, in all the programs, 19 mentors have had two or more families placed with them; half of those mentors were in Contra Costa. This indicates that approximately one-third of mentors have continued with the program after their first placement. Mentors who have left the various programs (i.e., “former mentors”) primarily have done so of their own choosing, citing personal reasons such as conflicts with time, family members moving into their homes and thus having no more room to host a family, and beginning a new family of their own. In Contra Costa, 34 mentors have been active since 1997, with 23 of them no longer involved with the

program, 5 currently hosting a family, and 6 awaiting a placement.

To develop recruitment strategies, it is useful to understand why people choose to become mentors. Figure 1 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.

Mentor Demographics

In an attempt to help inform future recruitment efforts, we compared the characteristics of active mentors (formerly or currently have a placement, or are awaiting one) to inactive mentors (dropped out of the mentor pool without ever having a placement). However, as can be seen from the data in Table 3, there are few demographic differences between active and non-active mentors. The mean age of all of the mentors is 46 years and the majority has been African American women. Over half (68%) identified themselves as single, and 46% (78 mentors) had their own children living with them. Although it is likely that considerably more than half of the mentors actually had children of their own, the data only reflects those who had children living with them at the time and therefore did not account for those with grown children who had moved out. Approximately two-thirds of the mentors worked full-time.

Table 3: Mentor Demographics

Characteristic	All Mentors (n=180)*	Active Mentors (n=56)*	Non-active Mentors (n=124)*
Ethnicity	(n=133)	(n=44)	(n=89)
African American	73% (97)	77% (34)	71% (63)
Asian/Pacific Islander	4% (5)	0%	6% (5)
Latino/Hispanic	7% (9)	5% (2)	8% (7)
Caucasian	15% (20)	18% (8)	13% (12)
Other**	1% (2)	0%	2% (2)
Gender	(n=178)	(n=55)	(n=123)
Female	89% (159)	89% (49)	90% (110)
Male	11% (19)	11% (6)	10% (13)
Mean Age in Years	(n=145) 46 (22 to 74)	(n=45) 46 (28 to 52)	(n=100) 46 (22 to 74)
Education	(n=146)	(n=47)	(n=99)
Less than H.S. diploma	6% (9)	6% (3)	6% (6)
HS diploma/GED	18% (26)	17% (8)	18% (18)
Trade/Vocational School	8% (12)	9% (4)	8% (8)
Some college	33% (48)	24% (12)	37% (36)
College graduate	29% (42)	34% (16)	26% (26)
Advanced Degree	6% (9)	9% (4)	5% (5)
Household Composition	(n=169)	(n=51)	(n=119)
Single adult, no children	40% (68)	33% (17)	44% (52)
Single with children***	28% (48)	22% (11)	31% (37)
Married, no children	14% (23)	20% (10)	11% (13)
Married with children***	18% (30)	25% (13)	14% (17)
Employment Status	(n=170)	(n=49)	(n=114)
Full time	64% (110)	69% (34)	67% (76)
Part Time	12% (21)	8% (4)	10% (12)
Retired	3% (5)	20% (10)	2% (2)
Not-working	21% (34)	6% (3)	21% (24)
Median Monthly Income	(n=153) \$2833 (\$456-\$15,000)	(n=48) \$3041 (\$1,200-\$8,300)	(105) \$2700 (\$456-\$15,000)
Experience as Foster Parent	(n=165) 21% (34)	(n=52) 27% (14)	(n=113) 18% (20)
Experience in Human Services	(n=175) 62% (109)	(n=52) 62% (32)	(n=123) 63% (77)
Has History of Substance Abuse	(n=169) 7% (12)	(n=52) 27% (14)	(n=116) 8% (9)

*The total N for each demographic variable represents the response rate and thus is often smaller than the sample size.

**Includes biracial and Native American.

***These data reflect only children under 18 years of age that 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.

Though the two mentor groups have different sample sizes (the non-active group is more than twice the size of the active group), there are some observable differences. For instance, a greater percentage of active mentors was married (with or without children) compared to non-active mentors (45% vs. 25%, respectively). It may be that in a coupled situation, there is more time and space available to support the participant family. Additionally, a greater percentage of active mentors was retired (20% vs. 2%), while a greater percentage of non-active mentors was not working (21% vs. 6%). Finally, a higher percentage of active mentors had experience as foster parents (27% vs. 18%) and a history of substance abuse (27% vs. 8%).

What makes a good mentor?

Despite the absence of empirical research predicting what characteristics make an effective SFC mentor, staff from the SFC programs in California and Colorado all identified similar qualities of successful and unsuccessful mentors (which are consistent with findings from SFC programs in Minnesota and Philadelphia). 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, some mentees need more of a nurturing “mother,” while others resist too much “mothering” and benefit more from a strong role model. This points to the need for a diverse pool of mentors in order to match families appropriately. The quality of mentors also is

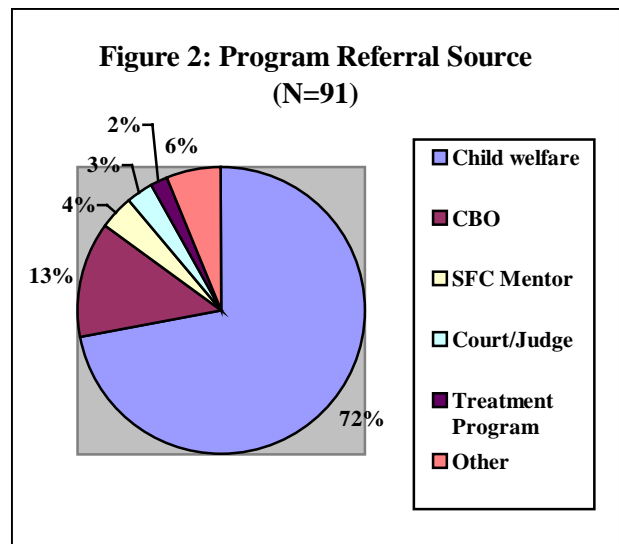
somewhat dependent on the preparation, training, and support they receive from the program. That is, they must be very clear about their roles, boundaries, and expectations; receive sufficient training; feel supported in their decisions and actions; and have resources to assist them when they are unclear how to handle a particular situation.

Even with this, however, program staff generally agree that mentors with the following characteristics are unlikely to be effective in this program:

- Rigidity (having to have things their way);
- Not team members (respond negatively about the number of meetings);
- Difficulties with boundaries;
- Taking things personally; and
- Regarding mentee as a boarder.

Will participants be referred to SFC?

Since 1997, referrals to the Contra Costa SFC program have come from various sources (see Figure 2). However, similar to other SFC programs in past years, the majority of the referrals has come from child welfare departments, particularly the family preservation and family reunification units. The majority of non-child welfare referrals, which were from



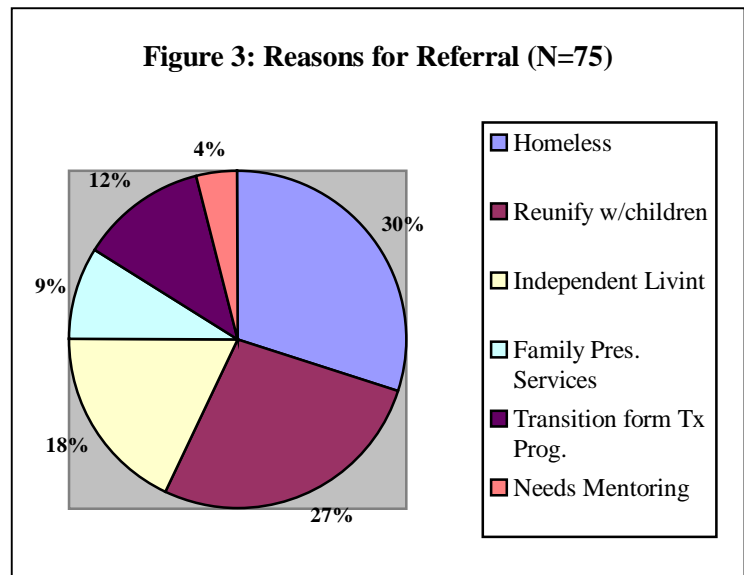
community based organizations (CBO), were made in the first few years of the program before FamiliesFirst established a policy that requires all referrals to come through the child welfare department. However, in this past year, five families were referred directly from the court as part of their court plan, which reflects an increased awareness of and respect for SFC on the part

of judges in Contra Costa County.

Throughout the past year, referrals were made to the program consistently. However, ongoing education of child welfare workers and supervisors is critical, especially given the rapid turnover of workers. In fact, despite regular communication with Contra Costa County's Child Welfare Services, approximately half of the referring workers in the past year reported that they did not have enough information about the program (e.g., specific referral criteria). Moreover, in the past year, a few workers made the bulk of referrals (e.g., two workers in Contra Costa each referred four families, and one worker referred three). Thus, it appears that those who are familiar with SFC and the referral criteria and process consider SFC as one of their standard service options. It follows, then, that broadening the base of workers that are educated about the program would increase the number and appropriateness of families referred.

Why are participants referred?

The reason for referral is documented on the *Participant Intake Form*, which is supposed to be completed for every family that is referred to the program. However, due to inconsistent referral and reporting procedures in the first couple years of the program, we only have data on 75 of the 95 families that were referred to the Contra Costa program since 1997. Thus, we do not know the reason for referral for many of the families that ultimately were not placed. Nevertheless, of 75 families (see Figure 3), most were referred



primarily because they were homeless (30%), attempting to reunify their family (27%), or interested in obtaining independent living (18%). These varying reasons for referral illustrate SFC's dual emphasis on parenting/child welfare and self-sufficiency/independent living.

Who is appropriate for SFC?

The answer to this question depends, to a large degree, on the program design. That is, SFC can be used for various populations, but it must be designed with the needs of the target population in mind. So, for instance, a mother with extensive developmental disabilities or mental illness may benefit from a shared family care situation in which the mentor assumes partial responsibility for the care of the child and the program allows sufficient time (at least one year) for the family to obtain the ongoing skills and resources they need in order to move together into a supported or independent living arrangement. Similarly, SFC can (and, indeed, has worked in NJ, IL, and elsewhere) for teen mothers if the program is long enough and specifically designed to meet the needs of this population.

However, demographic information and opinions of SFC program staff and referring child welfare workers in Contra Costa and Colorado Springs suggest that parents with the following qualities are more likely to succeed in more generic, shorter-term programs.

1. The most commonly cited characteristics of successful families are motivation and openness to feedback and a mentoring relationship. That is, parents need to not only express a desire to get their children back/keep their children, but have a realistic understanding of what that entails and the motivation and willingness to do the hard work necessary to make this possible. This involves accepting the full responsibilities of parenting, while also having the ability to accept and capitalize on suggestions and guidance from a mentor. Conversely, parents that are not motivated to make a better life for themselves, do not take responsibility

or have difficulty following through on their parenting responsibilities, or are not open to a mentoring relationship, generally do not successfully complete the program.

2. Staff and workers noted that, in general, older parents are more likely to succeed than younger parents. Specifically, they felt that older parents (i.e., older than 30) typically have more experience, are more realistic, and are more motivated to change; whereas younger parents (18-25 years of age) often are not as realistic about the responsibilities of parenthood and tend to be less open to feedback. Some staff also reported that many younger parents are reluctant to be honest with staff and mentors about feeling overwhelmed for fear that their children will be removed.

Demographic data from all the programs reflects staff feelings about the age differential and shows that, on average, terminated mentees are slightly younger than graduates (25 vs. 28), and more likely to be a teen parent (52% vs. 35%). On the other hand, some older mentees may be resistant to feedback from a mentor who is younger than they are. Nevertheless, multivariate statistical analyses (logistic regressions) reveal that neither age, nor any other demographic variable (ethnicity, level of education, substance abuse, or criminal history) predicts whether a family will successfully graduate or terminate early from the program. These findings may in large part be due to the small sample size for Contra Costa (N=39) or the effects of the screening process. However, when analysing all counties, age was also not a predictor of program completion.

3. Families that 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.

4. Parents should be mentally stable, clean and sober, and actively participating in a treatment program or recovery support.

Although some of the key criteria for appropriateness are intrinsic qualities that may be difficult to assess for, it is extremely helpful for program staff and referral sources to have written guidelines for eligibility. For example, the Contra Costa program has the following guidelines:

- An open CPS case.
- Compliance with court plan.
- Successful completion of treatment and intensive after care programs (if applicable).
- At least 6 consecutive weeks of negative drug tests with written documentation, and willingness to comply with ongoing drug tests.
- Verifiable means of support (e.g., public assistance, employment).
- Desire and ability to increase their income through gainful employment.
- Physical and mental capacity to care for themselves and their child(ren).

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?

Prior to accepting a placement, mentors in the Contra Costa program must participate in 16 hours of foster parent Pride training that has been tailored to meet the specific needs of SFC mentors. They also are required to participate in 8 hours of initial mentor training. Because the program primarily relies on word of mouth for mentor recruitment at this point, the initial training is done on both an individualized basis as new potential mentors become available, as well as in a group. In addition to this initial training, all mentors are required to participate in monthly trainings/support groups on topics that they and/or staff identify.

Since 1997, the Contra Costa program provided 331 training hours and held 47 monthly mentor and mentee support groups. The training hours this year (90) decreased from last year (158), which may reflect the decreased number of new mentors this year. However, the number of support groups held this year (21) increased quite a bit from last year (10).

Since 1997, a total of 28 mentors have had a least one family placed with them in Contra Costa County. An overwhelming majority of them has felt that they received enough training, supervision, and support to be a mentor. In past years, 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). This last year, Contra Costa mentors were extremely positive in their feedback about their training, supervision, and support. Only two suggestions were made: one mentor wished that she had had more contact and communication with the CPS worker; another felt that she required more training on working with a complex mentee that had been in the foster care system all her life.

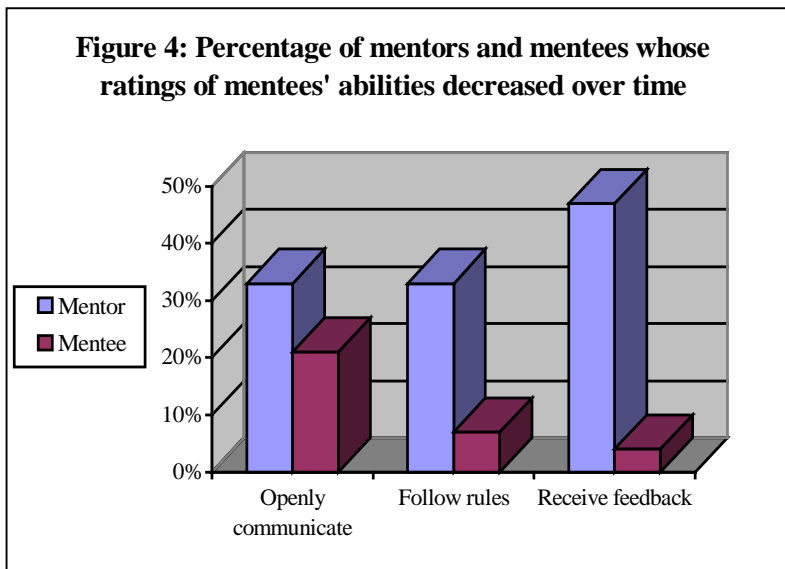
In terms of financial compensation, more than half of the 28 mentors that have had a placement since 1997 responded that they were not receiving enough financial compensation. This past year, mentors commented that although household items invariably get destroyed during placement (usually by participant children), the program does not have the means for financial compensation when such destruction occurs. Some Contra Costa mentors felt that the amount of money they receive should increase as the number of family members in placement increases. They commented that the money does not account for the increase in utilities, food, and laundry expenses that occurs with a larger family.

Are participant and mentor families being matched appropriately?

Because the relationship between a mentee and mentor appears to be critical to the success of a placement, great effort should be taken 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, 4 of Contra Costa's 39 mentees have moved from one mentor home to another, one of which occurred this past year. Three of these families were transferred due to family/personal problems experienced by the mentor who could no longer have a mentee in her home; one mentee was transferred due to unworkable communication problems between the mentor and mentee. Of the 4, two graduated successfully and two were terminated early. No mentee has moved more than once. The fact that there were 4 transfers, and only one that resulted from mentor-mentee conflict, indicates that the remaining 35 mentees found their relationship with their mentor at least good enough to continue with him/her for the duration of the program. This

may be a reflection of an effective matching process, as well as responsive case managers, who were readily available to assist with conflicts or difficulties experienced in the mentor/mentee relationship.

Over the past five years, both mentors and mentees reported having generally positive relationships with one another. Throughout placement, almost all of the mentees and mentors reported getting along with each other. In addition, throughout placement, an overwhelming majority of mentees was either satisfied or very satisfied with house rules, living arrangements, and their *Rights and Responsibilities Agreement*, reflecting further their satisfaction with the mentor home. However, despite generally high ratings of mentor-mentee satisfaction throughout placements, at the end of placement, more than half of the mentee and mentor respondents reported that conflicts in the relationship occurred during their stay. These conflicts often centered on house rules or lack of communication. Therefore, it is not surprising that, over time,



one-third of the mentors reported a decreased ability of the mentee to follow house rules or openly communicate, and almost half of the mentors reported a decrease in the mentee's ability to receive feedback from the mentor (see

Figure 4). Thus, although mentees and mentors both generally gave the mentees high ratings in these areas, the mentees' ratings of themselves were consistently higher (i.e., more proficient) than the mentors' ratings of the mentees. In addition, as illustrated in Figure 4, over time, the

mentors were more likely to indicate a decrease in the mentees' proficiencies in these areas. Interestingly, these decreasing rates were actually more frequent in the graduated than the terminated group. These findings may reflect the fact that graduates, who generally are in placement significantly longer than families that don't complete the placement, may become increasingly independent. This also may be indicative of a natural readiness for the relationship to end over time rather than difficulty in the mentor-mentee relationship.

The fact that the majority of families stayed with their mentor throughout placement suggests that both parties were able to work through and/or put aside conflicts, frustrations or disagreements during the placement. Possibly related to the mentors' willingness to continue to work with some mentees despite conflicts were mentors' excellent relations with the mentees' children over the entire course of placement. In fact, several mentors report a strong desire to maintain their bond with participant children as the main reason for continued contact with the families. Indeed, a majority of program graduates (70%) have remained in contact with their mentor family after placement, and many talk weekly or daily. Moreover, not unlike a normal adolescent-mother relationship, even some of the families who were in constant conflict with their mentors during placement maintain close contact with them after leaving their home.

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 coordinator or case manager, indicates the services provided by the social services agency, the implementing agency (i.e., FamiliesFirst or CHINS UP), 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 from the mentors' weekly logs indicates that, over the last 5 years, mentors in Contra Costa spent most of their time with mentees on the following activities: (1) providing transportation; (2) talking about program goals and house rules; (3) spending recreational time (including social and spiritual); (4) providing respite and child care, (5) assisting with parenting and child safety; and (6) teaching life skills⁴.

Overall, there was little change in mentor services throughout placements. Only two services decreased notably after the first three months: transportation (from 82% to 68% of mentors) and recreational activities (from 21% to 5%). The percentage of mentor's assisting mentees with job training and employment, on the other hand, increased from 4% in the first three months, to 100% in the last four to six months. This is not surprising as the focus at the beginning of placement is establishing relationships and connections with community resources, while in the latter months, mentees are moving towards independence and financial self-sufficiency.

In addition to services provided by mentors, FamiliesFirst staff worked with each family in placement an average of 10 hours per week. The services that they most frequently provided during this time include: case management (100% of mentees received this service), in-home services (91% of mentees), life skills (80%), permanency planning (86%), and tenant education (83%). FamiliesFirst also provided family planning, housing assistance, and family preservation and reunification services.

Most child welfare workers commented on the usefulness of the services and the support provided through the SFC agencies and mentors—particularly the continuity of care, weekly meetings, housing assistance, access to resources (including paid job training), intense

⁴ The category of "Life Skills" includes 3 items: food/clothing preparation, nutrition education, and household management.

supervision, and the role modeling provided by the mentors. At the same time, the linkage with child welfare agencies is critical for continuity, accountability, and access to resources. Child welfare services to mentees consisted primarily of case management, permanency planning, family preservation and reunification services, and in-home services. Lastly, adjunct agencies provided mentees with other valuable services, including medical and mental health treatment, drug treatment, financial assistance, childcare, food and clothing, and job training. In fact, during this past year, FamiliesFirst established a relationship with Rubicon, Inc., a community-based organization, which provides SFC participants and graduates with paid job training and employment assistance.

Are families progressing toward their goals?

The most common goals identified by mentees were employment, education, parenting skills, housing, life skills, reunification, and recovery. These goals did not differ significantly between graduated and terminated clients. Successfully meeting one's goals is a primary objective of the program, and a criteria for graduation. Therefore it is not surprising that graduates attained most or all of their goals, while very few of the terminated mentees did. Most of those who terminated attained one of their goals; four did not attain any.

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?

Throughout placement, mentees were asked if they felt they had access to social and community supports. Social supports included family, friends, mentors, etc., while community supports included social service agencies or individuals working in those agencies. On average throughout placement, the majority of Contra Costa mentees (over 80%) felt they had as much social and community supports as they needed. Only one mentee felt she did not have access to social supports; this was several years ago, and she chose to terminate from the program after seven months. Two mentees felt they did not have access to community resources; one of them was the same mentee mentioned above, the other was terminated after two weeks.

Given that one of the goals of SFC is to connect families to social supports and community resources, it is interesting to note the lack of increase in these resources over time. One obvious reason for this is that the vast majority of families reported good access to these services when they entered the program, leaving little room for improvement. It is difficult to know whether this is a function of self-reporting, confusion about the questions, or the fact that almost all of the mentees were already involved with child welfare services and/or drug treatment or other community services when they entered SFC. Also, because placement data was often collected several days or even weeks after the placement began, many mentees identified their mentors as supports even at the placement interview.

Post-graduation services

Many mentees continued to receive services after they completed their placement. Along with continued case management and in-home support services, other services most utilized by mentees upon graduation were: employment services, housing, child care, sustained

reunification, recovery services, financial assistance, and transportation. Secondary services accessed after placement completion included: infant services, mental health services, food and clothing. Most of the primary and secondary services were provided by FamiliesFirst and other community based 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. The fact that auxiliary agencies were heavily involved with the graduates indicates a healthy reliance on community resources and reflects the magnitude of these families needs.

Update on Graduates

To date, the Resource Center has remained in contact with 23 of 25 graduates from the Contra Costa program (92%) for up to one year post-placement. Limited efforts to locate the terminated families have been unsuccessful, so we have no post-program information on them. As in years past, the majority of 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 graduates replied to the affirmative. Many graduates noted that the program was “very good” at locating housing and assisting them with transitioning to independent living situations.

Graduates were also asked to reflect on the positive and negative aspects of SFC. This year’s graduates had an overwhelmingly positive response. They felt that the program helped them to budget and save money, become more stable and independent, get their children back, find housing and employment, become better parents, maintain their recovery, get back on their feet, and start a new life. Though very few criticisms were offered, one mentee felt the need for more child care, another felt a lack of privacy, and another felt she did not receive enough help

with housing.

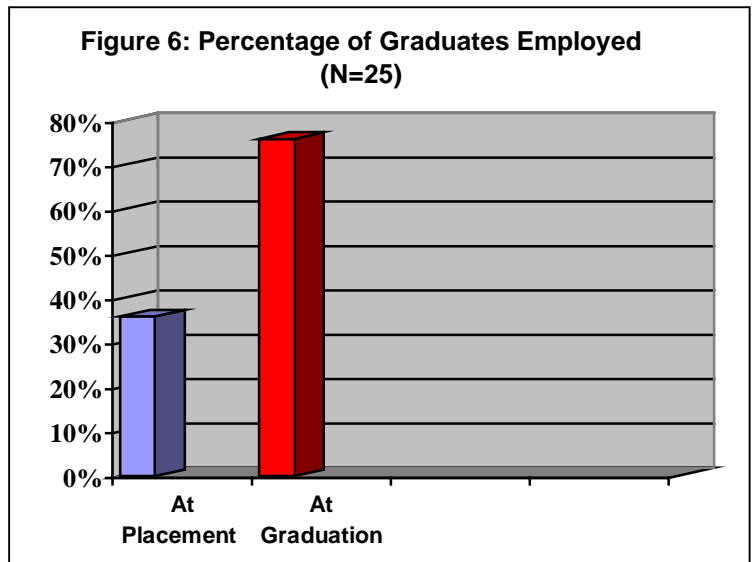
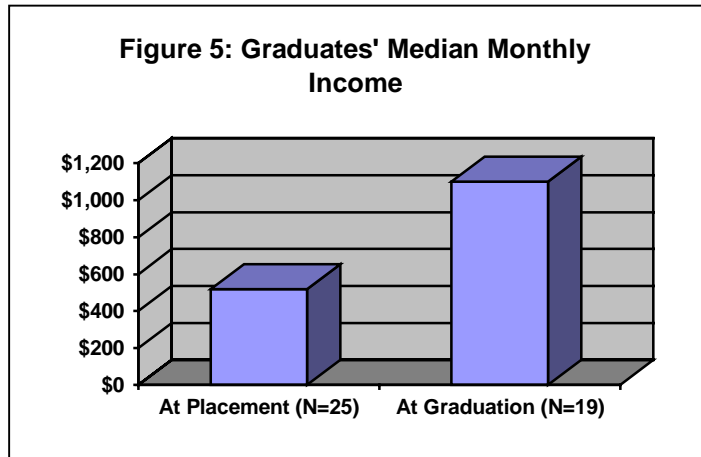
Income/Employment & Housing

Figure 5 illustrates the dramatic increase in average income attained by graduates of the SFC program. Of the 23 graduated families on whom we received income data at intake, the median monthly income was \$520. Although the range was quite wide (\$0 to \$2,400), the modal

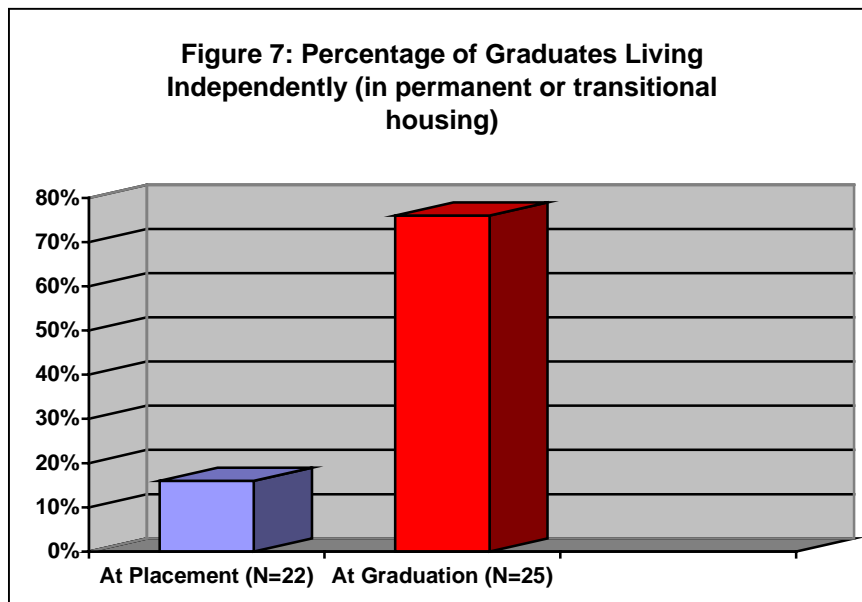
income equaled \$0. Of the 19 graduated families on whom we received data after program participation, the median monthly income rose to \$1,100. The range remained large (\$0 to \$5,000), yet the modal monthly income rose to \$1,400. While this increase in graduates' income is quite substantial, it is still at or below the poverty level.

The data reflect a significant increase in the number of families who gained employment while in the program. Whereas only nine graduates (36%) were employed at intake, 19 of the 25 families (76%) who have graduated from the Contra Costa program since 1997 were employed at graduation (Figure 6). Of the

others, one was disabled and thus unable to work, and another was reunited with her employed husband upon graduation, so she chose to be a stay-home mom.



Since 1997, despite the fact that only 4 graduates received Section 8 upon termination, 16 of the 25 Contra Costa graduates transitioned into independent, permanent living situations upon graduation from the mentor home. The remaining families went into transitional housing (3) or lived with friends or family (6). In comparison, at intake, only two families reported living independently. The remaining families were homeless (7), in residential treatment or sober housing (5), living with friends or family (6), or in transitional housing (2). Thus, SFC clearly has an impact in moving families from homelessness or unstable housing situations to independent living in either permanent or transitional housing, which is often necessary for families who are not yet ready to live on their own (see Figure 7).



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. Mentees' self-reports of their parenting skills were quite high throughout placement, and thus there was little room for improvement. Though mentors' ratings of the mentees tended to be lower than the mentees', they were also quite high throughout the placement. This might suggest that mentees' needs and focus were more in becoming stable and self-sufficient in order to adequately provide for their children, rather than improving their parenting skills. On the other hand, it may reflect the nature of self-reporting on the part of mentees, and mentors' desire to protect mentees by reporting positively on their parenting skills.

Perhaps more telling about parents' abilities to keep their children safe is the extent to which children in families who successfully complete SFC stay out of the child welfare system. To date, 25 families with 36 children have graduated from SFC in Contra Costa. As of the end of May 2002, four children (11%) from two graduated families (8%) re-entered foster care. None of the remaining children from graduated families returned to care as of May 2002, which is any where from several months to four years after graduation.

In comparison, 14 families with 24 children were terminated early from the SFC program in Contra Costa. Two of the families had children that were never returned or were removed

during placement. Thus only 12 families with 20 children left the program with their children, and two of those children from one family subsequently returned to foster care. Thus, 6 children (25%) from 3 terminated families (21%) returned to foster care either during or after the SFC placement. In comparison, an estimated 20% of children in California who go home from foster care return to care within three years.⁵ Thus, although the numbers are small, they suggest that SFC may be more effective than regular foster care options at stabilizing families and keeping children out of care after a shorter placement duration than regular foster care and without the traumatic family separation.

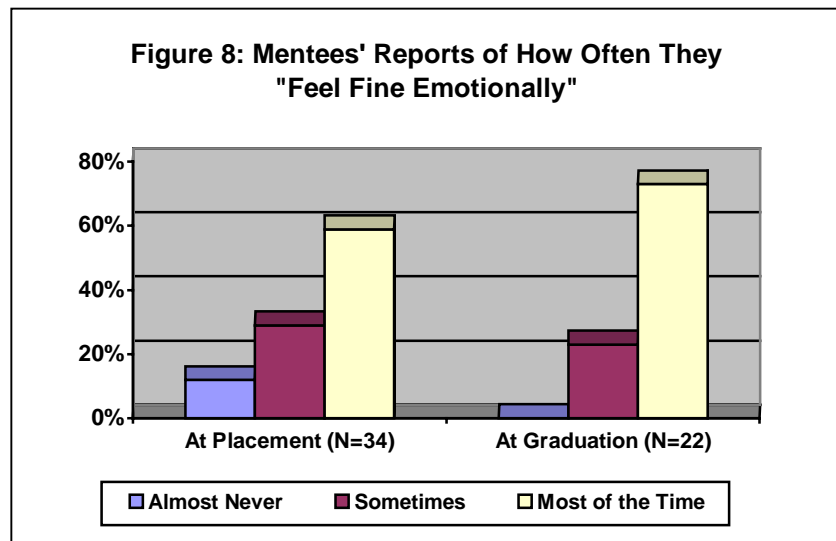
⁵ Berrick, J.D., Needell, B., Barth, R.P. & Jonson-Reid, M. (1998). *The tender years: Toward developmentally sensitive child welfare services*. New York: Oxford University Press.

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 8

shows that mentees' ratings of their emotional well-being increased somewhat 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. Overall, mentees rated their children's physical health slightly higher than their children's emotional health over time, but overwhelmingly, parents perceived their children as very healthy physically and emotionally. These ratings, however, should be interpreted with caution given the potential for bias in self-reporting.

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. Mentors also reported perceiving themselves as valuable members of their community. These beliefs remained consistent throughout placement. This is not surprising, as approximately 50% of active mentors had previous experience in the human services. Even for those who didn't, it is likely that people who become mentors do so because they are already fairly confident in taking on such a role. On-going support from the SFC agency might also have contributed. Another factor that might explain the high mentor ratings is a potential bias in self-reporting.

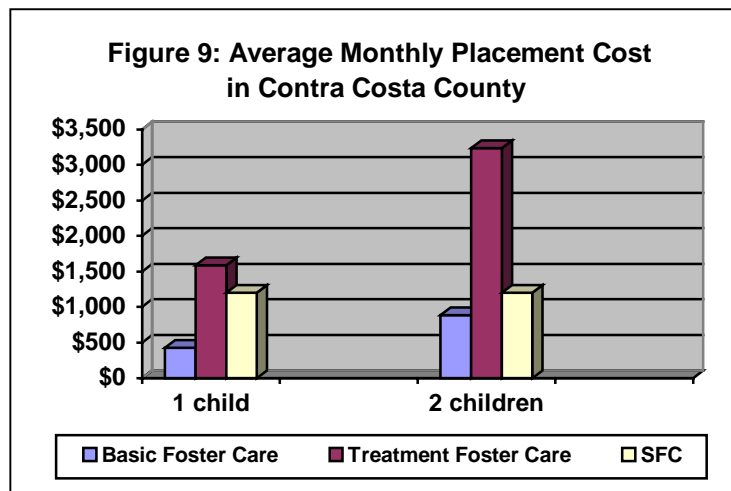
At the close of every placement, mentors were asked how they felt about their role as a mentor. As with the mentees, mentors had overwhelmingly positive feedback. This year in particular, mentors felt SFC: gave them the opportunity to be a help in someone's life, allowed them to give back and make a difference, was very rewarding, and made them feel like they were contributing to the community.

Theory: If, after 6-9 month placements, 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 a considerable amount of resources, data suggest 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 comparison is not an easy one to make given that SFC provides intensive services to parents and children, whereas foster care provides services primarily for the child. Steve Schmidbauer, Program Director of Community-Based Services at FamiliesFirst in Contra Costa County, writes that “if not for [the SFC program], about half of these children would be placed in standard foster care, and the other half would likely be in treatment foster care or some higher level of care due to their needs or their age.” Thus, we began by looking at the comparative cost of basic foster care and treatment foster care.

When looking at monthly placement costs alone (i.e., the amount of money that is paid directly to the mentor families), SFC is considerably more expensive than basic foster care, but less expensive than treatment foster care, for one child (see Figure 9).⁶ Specifically, Contra Costa’s monthly placement cost for one

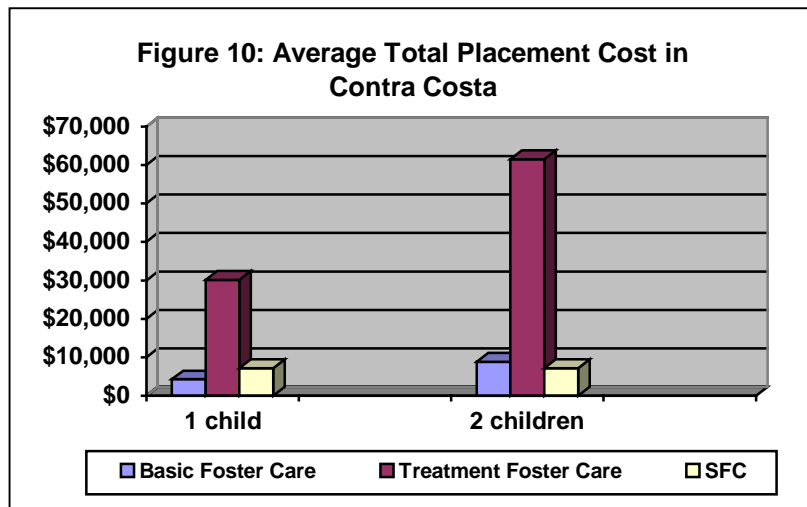


⁶ Although these SFC and foster care costs vary among programs and localities, this report reflects the rates in Contra Costa County because it is the only county for which the Resource Center had complete information for all types of care.

child under five years of age is \$425 in basic foster care and \$1,589 in treatment foster care. In contrast, the SFC placement rate is \$1,200 regardless of the number of children in a family.

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). The difference between the monthly cost of basic foster care and SFC decreases when two children are placed⁷, while treatment foster care for two children⁸ is more than double the placement cost of SFC (see Figure 9). Where SFC programs pay an incremental increase for each child in placement (e.g., CHINS UP), the difference between the placement costs for foster care and SFC remains the same when larger families are placed.

In order to better understand the comparative cost of SFC, however, one must consider placement duration. In Contra Costa County, for instance, the average length of stay is 10 months for basic foster care, 19 months for treatment foster care⁹, and 6 months for SFC. Based on these average placement durations, the total cost of a SFC placement for a family with one child (\$7,200) is still more expensive than basic foster care (\$4,250) but a fourth of the cost of treatment



⁷ The figure for two children in basic foster care, \$887, reflects the cost for one child age 0-4 (\$425), and one child age 5-8 (\$462).

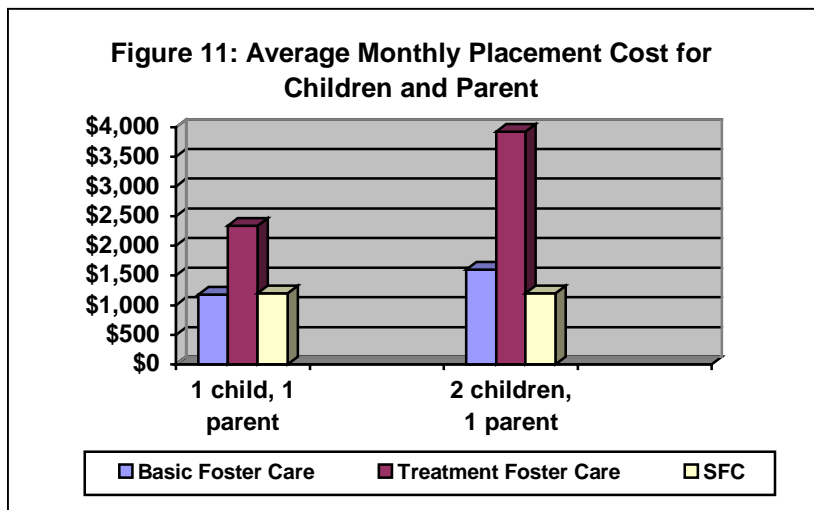
⁸ Likewise, the figure for treatment foster care, \$3,237, reflects the cost for one child age 0-4 (\$1,589), and one child age 5-8 (\$1,648).

⁹ Needell, B.N., et al., (2000). *Performance Indicators for Child Welfare Services in California*. Center for Social Services Research, School of Social Welfare, University of California at Berkeley. Data for foster care entries were collected between 1998 and 2000. http://cssr.berkeley.edu/CWSCMSreports/Cohorts/stay/data/ELI_P0_98-01_0.html

foster care (\$30,191)¹⁰ (see Figure 10). Moreover, when a family with two children is placed in SFC, the overall placement cost (\$7,200) is slightly *less* than that of basic foster care for two children in Contra Costa County (\$8,870) and a fraction of the cost of treatment foster care (\$61,503)¹¹.

Because SFC serves the whole family, the comparative cost of placing the parent should be considered as well. As noted on page 36, upon entering the program, the majority of families who participate in SFC are either homeless or likely to become homeless (e.g., exiting residential treatment with nowhere to go, or living in a tenuous situation with friends or family) without SFC. In Contra Costa, the cost to occupy one bed in a homeless shelter is \$25/night. If a parent spends one month in a homeless shelter, the cost to the county will be approximately \$750. As

illustrated in Figure 11, when this cost is added to the monthly placement costs for children being placed out-of-home, SFC becomes much more cost-effective in comparison. For example, the placement cost of one child in basic foster care *and*



one parent in a homeless shelter is \$1,175 a month—roughly the same as a SFC placement. The cost is double (\$2,339) for a child in treatment foster care with a parent in a homeless shelter.

However, this still is not the complete story. As noted throughout this report, the SFC

¹⁰ These figures are for children under the age 5.

¹¹ Both sums for basic foster care and treatment foster care reflect the costs for one child age 0-4. (\$425/month and \$1,589/month respectively), and one child age 5-8 (\$462/month and \$1,648/month).

program in Contra Costa (and elsewhere) provides an extensive and intensive array of services to families. Thus, to more accurately assess the overall comparative cost of the program, one needs to quantify the amount being spent on services for the family. To do so, we looked at the number of hours Contra Costa SFC staff reported spending on the following five aspects of the program from June 2001 through May 2002:

- Mentor Recruitment and Training: Recruitment of mentors, mentor screening and home studies, training of mentors.
- Pre-placement: Team meetings, participant screening, facilitating matching, other.
- Placement: Home visits with mentor and/or family, office visits with mentor and/or family, phone calls with mentor and/or family, team meetings, securing information and referral services.
- Aftercare: Case management, locating housing services, locating miscellaneous services, other.
- Administrative/Other: Staff meetings, paperwork, supervision, phone calls, other.

We then multiplied the reported hours by each individual's hourly salary. The findings are summarized in Table 4.

Table 4: Cost of SFC Services/Activities in Contra Costa County		
<i>Activity</i>	<i>Total annual cost</i>	<i>Average staff hours spent</i>
Mentor Recruitment and Training	\$19,342	18 hrs/wk
Pre-placement	\$23,349	22 hrs/wk
Placement	\$51,173	48 hrs/wk
Aftercare	\$18,738	18 hrs/wk
Administrative/Other	\$59,514	53 hrs/wk

Given that the Contra Costa program placed 16 families during this past year, we calculated that the direct placement services (as defined above) alone cost an average of approximately \$3,198 per family. When added to the placement payment to the mentor, the average total placement cost is \$10,398 per family (still less than the placement cost alone of

treatment foster care for only 1 child). However, recognizing that in order to place a family, mentors must be recruited and trained, families need to be screened and matched through pre-placement services, aftercare services must be offered, and administrative paperwork (e.g., team meetings) must be done, the estimated total cost of providing SFC services in Contra Costa is \$172,115 per year, \$14,343 per month, or \$10,757 per family. If one adds this figure to the placement payment to the mentor over the 6-month average stay, the data suggests that the average total cost of placing one family is \$17,957. (We were not able to obtain comparable information for foster care, e.g., cost of foster parent recruitment, training, licensing and retention.)

In addition, experience suggests that it costs at least \$200,000 to develop a comprehensive SFC program before beginning to place families. Other expenses in Contra Costa County during the past year included: a matched savings program for mentees (up to \$1,000 per graduating family); materials and program supplies (\$3,500); mentor family recruitment and training costs (\$7,000); aftercare and graduation support for mentee families, e.g., housing allowance for graduates (\$14,000); and administrative overhead (\$176,615). Combined, the annual SFC budget in Contra Costa from June, 2001 through May, 2002 was \$636,171. With this sum, the program contacted 187 potential mentors through recruitment meetings, conducted orientations for 34 potential mentors, trained 11 mentors, provided ongoing training and support for a pool of approximately 12 mentors, screened 43 families that were referred to the program, provided intensive case management and housing assistance for 16 families, and provided aftercare services for approximately 12 families.

Thus, while SFC is not an inexpensive program to develop or operate, a true cost-benefit analysis is necessary in order to understand its comparative cost-effectiveness. For instance, as

indicated on pages 37-38, children who participate in SFC appear (based on a limited sample) less likely to re-enter the system than children reunified after basic or treatment foster care. Further, the savings resulting from preventing homelessness and increasing employment earnings must be quantified and incorporated into any comprehensive analysis.

CASE EXAMPLES

Susan's Story

The following story about a Shared Family Care graduate illustrates some of the benefits of the program. It also highlights the importance of having a substantial and diverse mentor pool, and an extensive mentor-mentee matching process. That is, while some mentees, especially those who are young or have had no parenting role models, may need a very nurturing and “mothering” mentor, others, like Susan, may benefit from a mentor who is more of a role model and supports the mentee in her own decisions and activities.

Susan's addiction to drugs and alcohol started during her seventeen-year marriage. From the outside, it looked as if she were living the dream: her husband was well-known and respected in the community, they had two beautiful daughters, and they lived in a spacious house in the suburbs. Behind closed doors, however, Susan's husband began to physically and mentally abuse her. In order to better cope with her husband's abuse, Susan began to drink. In addition to alcohol, Susan began using marijuana and cocaine, and eventually became addicted to crack cocaine.

Even through the haze of her addiction, Susan realized that her husband was becoming increasingly violent. With the knowledge that he was endangering the health and safety of her and her two daughters, Susan fought for and won custody of her daughters and moved into her own place. However, when her son was born with a positive toxicity screen, she immediately lost custody of all three children and was told that she would need to attend a recovery program in order to get them back. It was at this point that Susan states she hit rock bottom – even during her years of addiction, family had always been of primary importance to her.

In her first recovery program, Susan worked extremely hard to get her life back together and work through her addiction. However, it quickly became clear that the program was not right for her: Susan felt that the program was too punitive, and that administrators never explained to participants why they were doing what they did. Full of despair but still holding

onto the hope that she would be reunified with her children, Susan entered another recovery program. There she flourished: she became a mentor to other women going through recovery and became very strong in her Christian faith. However, without a job or home, she was not yet prepared to live on her own. Therefore, when she learned about Shared Family Care from her CPS worker, Susan was excited about the variety of services it offered: housing for six months while she saved money, a case worker, access to different resources in the community, and a mentor from whom she could learn how to juggle life as a single mother.

After finishing the recovery program, Susan was placed with a mentor in the SFC program. Upon entering the program, Susan gained full custody of her younger daughter (her older one was emancipated) and was granted weekend custody of her 10-month old son. She found all the support she got in the program tremendously helpful, allowing her to balance the demands of daily life. However, she soon realized that she and her mentor were not a good match. Susan felt as if her mentor had expected and hoped for a needier mentee, whereas she was more independent and hoped for a role model who could support her as she got her life back together.

Because of their differences, Susan moved to a different mentor home, which proved to be a much better fit. From her second mentor, Susan states that she learned business sense and that "making good money is an achievable goal." Her second mentor was a strong woman, and Susan feels that she learned many important independent living skills from her.

Further, through SFC, Susan got involved with a paid job-training program in which she was placed at a mortgage bank. In a small office with five other women, Susan found her niche. Although she currently works as a receptionist, she hopes to one day become a certified loan processor. Towards this goal, Susan has begun studying the manual of mortgage banking. She

also plans on taking advantage of her job training program's offer to provide further schooling in her career of choice. She hopes to one day become an expert on government loans.

Susan believes the most invaluable aspect of SFC is the resources the program provides to women coming out of recovery who are trying to get back on their feet. Of equal importance to Susan were her relationships with her case manager and the SFC supervisor -- both of whom were "kind, professional and strong women." In addition, Susan found the savings program -- in which the money that a mentee saves is doubled by FamiliesFirst -- incredibly helpful. Overall, Susan believes the SFC program is a "jewel." "It provides women with role models, resources, and people who are there to listen. Just having someone listen to you is encouraging... It is important to feel that someone is hearing you," Susan confides.

Since leaving the program, Susan has regained full custody of her son. She now lives in a two-bedroom apartment with her 20- and 13-year old daughters, and her two-year old son. She has had no involvement with the Child Welfare System since leaving SFC -- all of the cases have been closed. About her addiction and the subsequent process of rebuilding her life, Susan believes that "the destination is not as sweet without a solid journey."

Roxie—Two Years After SFC

Since graduating from Shared Family Care two years ago, Roxie, through her consistent progress, has demonstrated the long-term benefits of the program (see the 2001 Annual Report for Roxie's full case study). As we reported last year, in Roxie's first year out of the program, she was reunified with her youngest son and got a job. This past year has brought new challenges and successes. Now two years out of the program, Roxie continues to set ever higher goals for herself.

One of Roxie's biggest accomplishments this past year was moving from transitional housing into her own, permanent, 2-bedroom apartment with her youngest son. Roxie states that their new place is much more spacious than their old one, allowing her and her son to have their own rooms. In addition, the extra space has been nice when her two older sons come to visit.

At this time, Roxie has overnight visits with her two older sons several times a month. She is in close contact with the boys' foster family, and speaks with her sons' therapists on a

regular basis. In this way, Roxie stays actively involved in their lives even though she does not yet have full custody. Although Roxie's ultimate goal is to gain full custody of the two boys in the next few years, she stays aware of her limitations. She is currently in the process of gaining full custody of her 8-year old son. After having had her youngest son with her for the past two years, Roxie now feels prepared to resume full parental responsibility for her middle child. Additionally, she states that she and her sons continue to benefit from therapy, and she continues to attend NA meetings.

Roxie maintains a close relationship with her mentor, who provides childcare for her son while she is at work. Both families also go to church together and spend holidays with each other. Roxie still feels very close to her mentor and her mentor's family. She has also recently reunified with distant cousins from the Humboldt area who are her only living relatives. Through these strengthening ties with her mentor's family and her own relatives, Roxie has created a healthy and nurturing support system for herself and her boys.

Roxie continues to motivate people through telling her story at different speaking engagements. Recently she was asked to deliver a graduation speech at the outpatient treatment program where she participated. As she hopes to one day become a drug treatment counselor, Roxie was particularly honored by this request. In August, she spoke at a national symposium on the role of partners in women's recovery, and at a statewide child welfare conference.

In addition to working at the same job for the past year, Roxie has started to do some volunteer work at her son's school in his special education class. Because of her commitment, she was recently elected as an alternative to the school's site council. In this role, Roxie will oversee how money is spent at the elementary school. With her involvement in school politics, Roxie feels that she is able to get to know and keep in touch with the faculty at her son's school.

Through her tenacity, spirit and hard work, Roxie is a shining example of how Shared Family Care can help families turn their lives around.

James' Story

James' story illustrates that SFC is not just for mothers, and that it can be effective at reunifying families with older children who have been separated from their parents for a long time.

James enrolled in SFC with his 11-year old son, Travis. Travis had been living with his grandmother for years while his mother was in and out of jail and on drugs. James had missed the first five years of his son's life because he, too, was using drugs. Clean for six years and at the same job for several years, James wanted to become the father he had never been, but he was afraid.

When Travis' grandmother became ill, James realized that he needed to step in, but he didn't know how. Even with a steady job, James shared a room in a flat that couldn't house a boy, and he lacked confidence about his ability to raise a pre-teen son. So, a social worker helped him enter SFC, where he was placed in the home of a male mentor.

After a month of stability, Travis joined James in the mentor's home. The son tested his father for months, but the mentor and social worker provided round-the-clock support and encouragement. They taught James how to pick his battles, set limits, and communicate effectively with his son. The SFC housing specialist also assisted James in locating independent housing. Gradually, Travis began to trust his father and, after a few months, for the first time, he told his father, "I love you."

After six months in the mentor home, Travis and James moved together into an independent home. A few months after that, Travis' older sister joined them.

SUMMARY, LESSONS LEARNED, AND FUTURE DIRECTIONS

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 seems to be intrinsic qualities (e.g., motivation) 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.

Nevertheless, over the past five years, Contra Costa County in California has demonstrated that, with strong leadership, commitment, interagency collaboration, sufficient resources, and patience, SFC can be implemented effectively. Not only can it help promote safety and stability for children, it also helps to stabilize families and, in many cases, creates extended family for those who have none or are estranged from their own. As a result, data suggest that, after participating in SFC, children are less likely to reenter foster care, their parents are more likely to be employed and to have increased their income, and the family is more likely to move together into stable independent living situations. Even for those who do not successfully complete the program, SFC gives them a chance to try to live together as a family and the opportunity to determine (from the perspective of the family and the child welfare system) if they are ready and willing to do so on their own. This should not be underestimated.

Therefore, after five years of demonstrating SFC in various localities, experience suggests that this model should be available to families involved (or at risk of involvement) with the child welfare system. Following are some of the lessons learned in developing and implementing a SFC program.

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 will 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; social services block grant; 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). Explore potential waivers that may be available and necessary to access some of the aforementioned federal funding streams for SFC. 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, and design a program that reflects these. For instance, identify the target population; determine a length of placement that is realistic for the targeted population; identify what services will be needed and who will provide them; 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; and develop a plan for addressing the housing needs of graduates. Note that some state regulations may not allow mentor homes to be **licensed** as foster homes. However, they should be held to the same standards so that they can receive an emergency license over night in the event the parent takes off without her child(ren). Also, if **post-placement housing** needs are not addressed programmatically, families may be set up for failure. Establishing relationships with local landlords (e.g., through landlord associations) has proven to be one of the most effective ways to secure housing opportunities for graduates. However, it is also important to help prepare families for independent living, e.g., by helping them to clear their credit and educating them about tenant rights and responsibilities. Further, the **length of the program** should be based on the needs of the target population and the expectations of the program. 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. Further, most families will need **aftercare** services for at least 6 months to help them transition to independent living.

- 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 community 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. Experience suggests that, during program development or expansion, this requires the full commitment of at least 1 FTE staff person. Once a program has a stable pool of mentors, depending on the size of the program and the number of mentors, a minimum of one-quarter or half-time staff person is needed to maintain this pool and conduct on-going orientations or trainings as needed.

- 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.
5. Allow sufficient time and resources for **ongoing client screening and mentor-mentee matching**. In Contra Costa, for example, an average of 3.5 families were referred to the program each month. For these families, staff spent an average of 109 hours/month (28 hours per week or 3/4 FTE staff) on pre-placement activities, e.g., screening families, working with the child welfare worker and the family to establish an individualized plan, meeting with the family to discuss goals and determine an appropriate match, and facilitating “get to know you” meetings between mentors and mentees.
 6. 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. Similarly, although SFC provides a safe temporary home for families as they address their various needs, it should not be used solely as a housing program for families that are not interested or ready to work toward changing their situation.

Future Directions

Evaluation of the SFC demonstration projects over the last five years has taught us a great deal about what is involved in developing a shared family care program, and how families can benefit from it. We believe that this is sufficient information to justify more widespread implementation of this model. However, more research is needed in order to better understand the following issues.

1. What effect does SFC have on participating children? Research thus far suggests that children are more likely to remain with their parents and have a stable place to live after

SFC. However, we have no empirical information about their emotional well-being.

2. Anecdotal information suggests that SFC can help to prevent family separation and to reunify families. However, in order to better understand how best to use SFC and the ultimate cost to the system, it would be helpful to know (1) if children are in out-of-home care prior to entering SFC, (2) if so, for how long, and (3) are the outcomes for families the same regardless of whether or not families were separated prior to entering the program.
3. Some families who do not successfully graduate from SFC have their children removed while in placement. However, our limited data suggest that, of those families that leave the program before completing it, the majority of their children do not re-enter care within the first couple years after their involvement with the SFC program. Further research would be helpful to determine if this is because they were not really in need of the program to begin with (e.g., they were adequately caring for their children) or because, even though their involvement with the program was relatively brief, it had some impact on their parenting abilities. This information may have implications for client screening criteria as well as for determining the most effective length of stay.

Experimental research (e.g., random assignment with control groups) is difficult with such a small-scale program. However, ongoing evaluation involving pre-post placement comparisons and comparisons to other types of child welfare services is critical in order to better understand how best to use SFC, the cost-effectiveness of this model, and the long term impact of it. Finally, because SFC is an intensive and complex program to implement, the model piloted over the past several years may not be viable in all localities. However, key elements of this model and lessons learned from its implementation can and should be applied to other service models in order to more comprehensively and effectively serve families in need.