

Developing an Effective Multidisciplinary Response to Serve Exploited Youth



A Toolkit for Counties, Behavioral Health Departments and Community-Based Organizations

Prepared by the Santa Barbara County
Department of Behavioral Wellness with funding
from the Mental Health Services Act.

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www.countyofsb.org/behavioral-wellness

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Preface

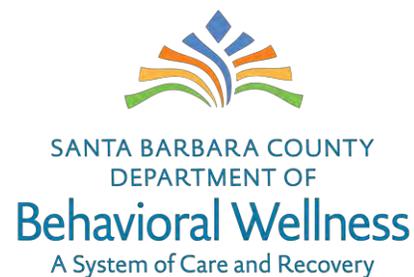
Early in 2016, the Department of Behavioral Wellness embarked on a journey to provide innovative targeted services to youth who had experienced the trauma of exploitation. This care was made possible through utilization of Innovation funds from the Mental Health Services Act (MHSA- Proposition 63). These funds require each community to provide direct input on priorities for services, and the community behavioral health and criminal justice stakeholders in Santa Barbara County had the foresight to recognize the presence of human trafficking in the County, and the courage to call for a change in how these youth are identified and supported.

Behavioral Wellness staff, in collaboration with our partners, developed the proposal for this innovative program, and obtained approval from the state Mental Health Oversight and Accountability Commission, the local Mental Health Commission and the County Board of Supervisors. After three years of experience providing support for exploited youth, RISE staff began to compile what they had learned into a “Toolkit” for others to use in launching similar efforts.

Without the broad support of the community stakeholders and policy makers, the unique insights from this project would not be available to support this important work. We dedicate this Toolkit to the youth it was developed to serve, and to all the partners that made this program possible.

With gratitude,

Alice Gleghorn, Ph.D.
Director, Santa Barbara County Department of Behavioral Wellness



The Santa Barbara County District Attorney's Office is grateful to the Department of Behavioral Wellness and its leadership garnering MHSA funding to support therapeutic interventions for exploited youth. The RISE Project was instrumental in raising countywide awareness of CSEC youth engaged in the juvenile justice system. The dedicated staff of the RISE Project are a critical gatekeeper offering immediate and ongoing victim-centered services to youth manifesting trauma through the criminal justice system. RISE Project staff helped shift the perception of law enforcement, the District Attorney's Office and the courts, changing the lens through which we view youth engaged in one-dimensional criminal behaviors. The RISE Project opened our collective eyes to the underlying contributing factors and, more importantly, has offered hope in healing through partnerships and a creative and proactive response.

Sincerely,

Joyce Dudley
Santa Barbara County District Attorney



Methodology

Information presented in this toolkit is based on extensive data collected and the experiences of launching Resiliency Interventions for Sexual Exploitation Project (The RISE Project), a biopsychosocial, intensive intervention program of the Santa Barbara County Department of Behavioral Wellness. Behavioral Wellness staff and consultants designed the Toolkit framework and contributed much of the content based on their experiences of what worked. This Toolkit also builds upon existing available literature regarding the best and most promising practices related to sexual exploitation and trafficking of children and young adults.

To help inform the Toolkit, four ninety-minute focus groups with the RISE Project Clinical Team and 16 individual and group interviews with 25 personnel from collaborating agencies were conducted to explore survivor needs, strategies for collaboration, effective interventions, safety concerns, staff recruitment, and other important topics specific to each agency. Interviews provided multi-agency perspectives on collaborating to serve exploited youth and triangulated findings to confirm recommendations.

In addition, three survivors of commercial sexual exploitation (CSE), who were also participants of the RISE Project, were interviewed through a Zoom audio channel. Interviews focused on what the RISE Project participants appreciated about the program, what they would like to change or improve about the RISE Project, what best helped in their life overall, and what recommendations they have for various professionals (e.g., schools, law enforcement, social workers, probation officers) who work with youth who have similar experiences and needs.

The resulting Toolkit presents the best available tools for developing an effective multidisciplinary response for youth who are at risk of, have experienced, or are experiencing sexual exploitation. This Toolkit is grounded in lessons learned from practice, and provides insights into efficient and effective prevention, identification, intervention, and reintegration supports related to commercial sexual exploitation of children and young adults.

Introduction

The Commercial Sexual Exploitation of Children (CSEC) is the sexual abuse of a child under the age of 18 years, for the financial benefit of any person, or in exchange for anything of value, including monetary or non-monetary benefits. All commercially sexually exploited minors are victims, regardless of the presence of force, fraud, or coercion. CSEC includes selling/trading a child for economic gains, child pornography, child sex tourism, street prostitution, stripping, phone sex lines, interfamilial sexual exploitation of children, survival sex (e.g., exchanging sex for food or shelter), and other forms of transactional sex like arranged marriages. Trafficking means the recruitment, harboring, transportation, provision, or obtaining of a child for the purpose of a commercial sex act.

The Commercial Sexual Exploitation of Youth (CSEY) has a similar definition of sexual abuse but pertains to youth between the ages of 18 and 25. Youth 18 years and older do not have the same legal protections, resources, and reporting requirements as minors. In this document, the term Commercial Sexual Exploitation of Children and Youth (CSECY) refers to both groups, as the RISE Project served children and youth aged 10 to 24.

The International Labor Organization estimates that 1.2 million children are trafficked annually. According to a U.S. Department of Health and Human Services fact sheet, “between 244,000 and 325,000 American children are considered at risk for sexual exploitation, and an estimated 199,000 incidents of sexual exploitation of minors occur each year in the United States” ([U.S Department of Health and Human Services](#)).

The trafficking and commercial sexual exploitation of children is not new. In the United States, the first laws to protect children were passed as early as 1880. The landmark anti-human trafficking law, the Mann Act of 1910, was not amended to protect children until 1978 ([Women at Risk International](#)).

Despite the prevalence of youth sex trafficking in Santa Barbara County, it is only in recent years that initiatives have formalized responses to Commercial Sexual Exploitation of Children (CSEC). Santa Barbara County District Attorney Joyce Dudley established a human trafficking task force (HTTF) in 2013, and the first local conviction of a human trafficker occurred in 2015 (Bartos, 2016).

In Santa Barbara County, a coordinated multidisciplinary, multi-agency approach to child sexual exploitation was advanced in June 2017 when a variety of county departments and nonprofit organizations adopted a [formal memorandum of understanding](#) (MOU). Santa Barbara County has adopted a multi-disciplinary approach to CSECY, including case management, service planning, and service provision, which allows provider agencies to share confidential information to investigate reports of suspected child abuse or neglect and provide CSECY-specific, trauma-informed supports and services.

CSECY causes severe, complex, compound trauma requiring significant treatment flexibility and trauma-informed intervention beyond what is typically provided by behavioral health supports.

Despite the profound impact of sexual exploitation and childhood trauma, victims and survivors of CSECY have shown extraordinary resiliency and strengths. When victims and survivors have access to CSECY-focused biopsychosocial, individually tailored, youth-inclusive supports, their ability to heal and reintegrate improves. To address the gap in effective behavioral health services for survivors of CSECY, Santa Barbara County developed and received funding for a novel program from the Innovation component of California’s Mental Health Services Act ([MHSA](#)). The Resiliency Interventions for Sexual Exploitation (RISE) Project began serving participants in January 2016.

Overview of the RISE Project

This toolkit represents lessons learned while implementing the RISE Project, which empowered and supported youth, ages 10 to 24, who were either at risk or exposed to sexual exploitation and/or trafficking. Specifically, the RISE Project offered low barrier/no barrier services for those who are most at risk, such as youth who previously survived sexual exploitation or sexual trauma, were in foster care, resided in group homes, were experiencing homelessness, were unaccompanied minors, had unstable housing, and/or had been detained in Juvenile Hall.

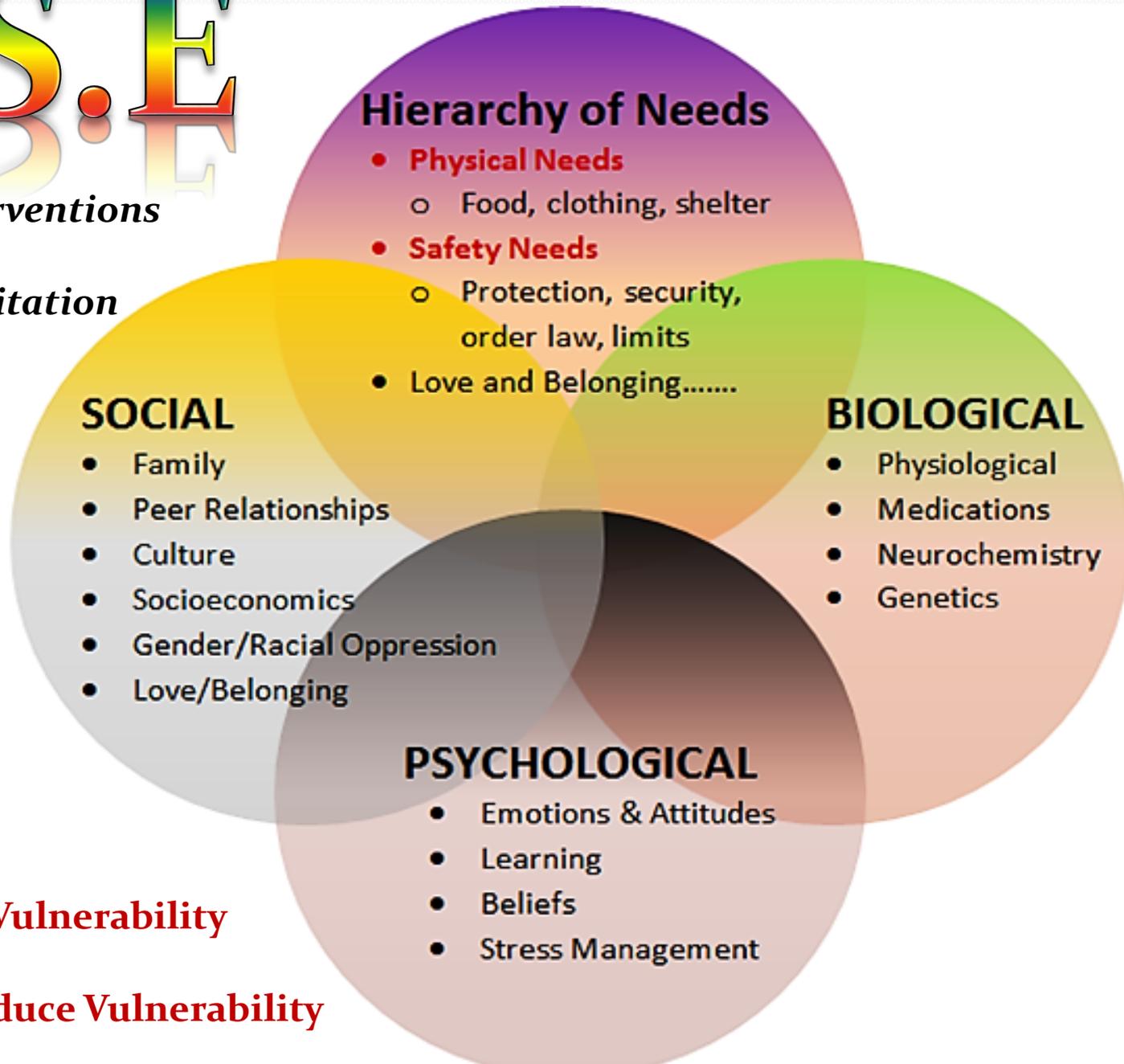
Additionally, the team intentionally designed the program to work with previously underserved populations, including youth of color and Gender or Sexual Minority (GSM) youth. The low barrier/no barrier philosophy of the RISE Project meant that youth could access services anytime, anywhere, by any method, without navigating challenging location, transportation, appointment, and assessment barriers required of standard behavioral health programs funded by Medicare, Medicaid, and the Children’s Health Insurance Program.

Through MHSA funding, the RISE Project was able to work with multidisciplinary partners to develop a comprehensive identification, screening, and assessment process to inform the referral, engagement, and treatment of youth impacted by CSECY. The First Responder Identification Tool (FRIT) helps professionals who regularly interact with children and youth (e.g., law enforcement officers, Juvenile Hall staff, probation officers, medical staff, teachers) identify the warning signs of CSECY and make a referral to Child Welfare with a Suspected Child Abuse Report (if under 18) and/or other supports (i.e., 911, mobile crisis teams, or the Behavioral Wellness Access line for service referral), depending on the urgency of concerns. Reports triggered a Multi-Disciplinary Team (MDT) meeting and a referral to the RISE Project for survivor engagement and supports.

Once youth were referred to the RISE Project, staff engaged them in formal and informal screening and assessment processes designed to identify the youth’s past traumatic experiences; trauma-related symptoms; risk and protective factors; substance use prevention and support; social, vocational and educational support; and physical health needs.

R.I.S.E

Resiliency Interventions for Sexual Exploitation



Unmet Basic Needs = Vulnerability

Basic Needs Met = Reduce Vulnerability

The screening and assessment process adapted Maslow's Hierarchy of Needs (see CSEC Hierarchy of Needs Matrix) to promote a true biopsychosocial treatment model. As such, the RISE Project attended to each girl's physiological, safety, social, and esteem needs while simultaneously providing intensive victim centered, trauma-focused and CSEC specific therapeutic interventions. Focus on the CSEC Hierarchy of Needs fulfills previously unmet necessities, which reduces the ability for exploiters to use those unmet gaps to exploit children and youth. Moreover, the RISE Project aimed to support and empower participants to advocate for their own lives to reach self-actualization and fortify/reinforce their complete exit from a life of sexual exploitation, trauma, and unbalanced relationships.

The RISE Project model differs from standard mental health provision in many key ways by incorporating innovations that were critical to engaging and sustaining relationships and healthy outcomes with participants. Children and youth with past abuse, neglect, or trauma are targeted by exploiters who take advantage of their vulnerability and cause compound, complex trauma for survivors. Survivors have been extraordinarily resilient to survive their abuse and often present as very high functioning and capable of taking care of themselves. They may have profound symptoms of PTSD and trauma but have often developed skills for coping with and adapting to stress. Thus, they may not conform to the diagnostic criteria that typically guide mental health treatment. In addition, survivors of CSEC are not "perfect victims" in that they may present as angry and aggressive instead of sad and withdrawn. Because of their externalizing symptom presentation, survivors often end up in the juvenile justice setting instead of receiving the intensive, specialized treatment they need. More information about the RISE Project may be found in the RISE Project Treatment Process section.

Core principles of the RISE Project are empowerment and restoration achieved through a non-judgmental/non-shaming, harm reduction-informed "survivor & youth-driven" community- and system-based service delivery program. Simply put, the RISE Project met youth where they were, both figuratively and literally. The RISE Project highlighted the unique needs and strengths of each participant to encourage agency, autonomy, and "voice and choice" designed to support survivors in coming up with their own solution in collaboration with RISE Project staff.

Dialectical Behavior Therapy ([DBT](#)) was integrated into treatment because it does not require participants to over-process their circumstances or reveal their past histories. DBT is grounding and stabilizing, there is coaching in between planned sessions, and the focus is on validation and radical acceptance without moral judgement. RISE Project staff worked collaboratively with participants and their social supports to identify their needs, strengths, and goals. RISE Project staff inspired and invited youth to participate by weaving lessons, coping skills, and therapy into every day social interactions rather than implementing formal and restrictive sessions. Thus, activities were often conducted in tandem with another activity focused on building the relationship such as a hike, meal, or other outdoor/community excursion.

Survivors of CSECY have experienced severe disruptions to their caregiving relationships as their exploitation often starts as abuse or neglect by parents or other caregivers. Exploiters take advantage of youth's need for love, belonging, and purpose, and provide these along with

other basic needs (e.g., food, clothing, shelter) to secure a relationship with youth who have not experienced acceptance by their families and/or communities. Youth will run from their families seeking love, acceptance, and belonging even if it puts their food, clothing, and shelter needs at risk.

Thus, exploiters recruit youth by forming a “loving” relationship with them and making the youth feel accepted. Once this relationship has been developed, exploiters start to manipulate youth by controlling their access to food, clothing, and shelter. This type of abuse causes disrupted attachments that can only be healed through restorative relationships with a new caregiver (e.g., therapist, counselor, other support person) who can remain stable. Consequently, rapport and trust-building with survivors of CSECY is of paramount importance and teams must remain stable and open to a years-long relationship with each participant to maintain the secure attachment relationship that is so critical for healing and personal development.

Survivors of CSECY are more likely to be vulnerable within their own families and communities. That is, youth with nonconforming racial/ethnic or sexual/gender identities are less likely to have needs of love, belonging, and acceptance met and are therefore more likely to be targeted by traffickers. Thus, youth who are multiracial or gender and/or sexual minorities (GSM) are disproportionately represented amongst survivors of CSECY. RISE Project programming includes social enhancements designed to help participants work through issues related to their intersecting identities and build self-awareness including classes in yoga; meditation; intentional thinking; interpersonal skill-building; artistic self-expression; self-care through hygiene, diet, exercise and cosmetology; vocational skill-building and spiritual awareness; and psychosocial education on gender oppression, the impact of cultural norms, emotional/social/biological effects of trauma, socioeconomic inequalities, racism and sexual health.

Snapshot of Santa Barbara County

“Our central coast has been identified as a natural transit corridor for trafficking activity between major metropolitan areas to the south and north. Santa Barbara County, a tourist attraction with conference venues, a transitory population, and migrant labor makes it vulnerable to trafficking activity. It is estimated that 55% of forced labor victims and 98% of sexually exploited victims of human trafficking are young girls and women.” ([Office of the Santa Barbara County District Attorney](#)).



Geography: Santa Barbara County is located on the southern coast of California, 92 miles northwest of Los Angeles. At 2,738 square miles in size, it is more than double the size of the state of Rhode Island.

Demographics: The [US Census](#) estimates there are 446,499 people living in Santa Barbara County, California (as of July, 2019); 22% of Santa Barbara County’s population is under 18 years of age; 65% of youth ages 0-17 are Hispanic and 27% are White, 3% are multiracial, 3% are Asian American, 1% are African American/Black, and less than 1% are American Indian/Alaska Native (California Department of Finance, 2018) whereas nearly 46% of all Santa Barbara County residents (youth and adults) are Hispanic or Latino, and 44% are White (not Hispanic or Latino; [US Census](#)). Almost 40% of all Santa Barbara County residents speak a language other than English in the home according to the US Census.

Education: According to [US Census data](#) (2014-2018), in Santa Barbara County, 81% of residents graduated high school and almost 34% of residents at least 25 years old have earned a bachelor's degree or higher. The four-year adjusted cohort graduation rate was 90.5% for Santa Barbara County and 88.1% for the State and the chronic truancy rate was 10.2% for Santa Barbara County and 12.0% for the State in 2018-2019 (California Department of Education [DataQuest](#)).

Foster Care: According to the [2017 Children's Score Card for Santa Barbara County](#), the number of youth in foster care dropped below 400 for the first time in 2016. Placement stability has also improved particularly for young children compared to older children and youth.

Poverty: Although Santa Barbara County is typically thought of as an affluent community, according to [2018 US Census](#), 13% of Santa Barbara County's overall population is living in poverty as defined by the Federal Poverty Level (FPL), nearly 60,000 people. Over one-quarter (26.3%) of youth live in poverty, and 61% are eligible to receive free/reduced-price lunch, compared to 58% of students in the rest of California (California Department of Education, n.d.). These statistics do not reflect the actual cost of living in Santa Barbara County: many more people experience economic hardship but do not qualify for aid. Medi-Cal—California's version of the federal Medicaid program—helps low-income uninsured people receive medical services. Of the 31% of Santa Barbara residents who are Medi-Cal beneficiaries, 55% are children ages 19 and up. Additionally, children make up 64% of the CalFresh (food aid) recipients, and 80% of the CalWORKs (cash aid) recipients (Kids Network Santa Barbara County, 2017).

Youth Homelessness: Santa Barbara County has an estimated child population (ages 0-17) just over 100,000. As of 2016, 26.3% of these children were living in poverty compared to 22.0% across the state of California. While 4.4% of public-school students were homeless¹ in the state of California, 14.0% were homeless in Santa Barbara County (kidsdata.org). There is an additional record of 145 (2017) and 93 (2019) unaccompanied homeless youth and young adults in Santa Barbara County as evidenced by the HUD-funded Point-In-Time Count (liveunitedsbc.org). Within Santa Barbara County's Child Welfare Services (CWS), 15% of foster youth are in unstable housing placements (kidscount.org). Santa Barbara County has the highest rate of student homelessness in California. To meet the high costs of living, many low-income families live in multifamily residences, where the stresses of overcrowding result in a heightened risk of youth running away or being kicked out.

¹ Homeless at any point during a school year. Students are recorded homeless if their nighttime residence is a) shared housing with others due to loss of housing, economic hardship, or similar reason; b) hotel or motel; c) temporary shelter, or d) unsheltered. The data may include duplicates due to frequent moves.

Risk for CSECY: Pilot studies with a new screening and identification tool (the CSE-IT; WestCoast Children’s Clinic) demonstrate that the state average of youth demonstrating “clear concern” for CSECY was 11.5%, the average for Santa Barbara youth was 18.9% (Basson, 2017). From December 2015 through December 2018, there were 413 child welfare clients screened for CSECY, with 78 showing a clear concern and 72 with a possible concern (36%; Child Welfare Services Data).

Federal Funding to Serve Survivors and Punish Traffickers: Santa Barbara County District Attorney’s Victim Witness Program and Santa Barbara County Sheriff’s Office received funding from the United States Department of Justice (2016-2019 & 2020-2023) to enhance their collaborative, multi-agency human trafficking task force. Funds are used to provide human trafficking training, public awareness, and outreach; conduct human trafficking investigations and prosecutions; and connect survivors with a comprehensive array of services. Grant funds ensure the position of one full-time Human Trafficking Detective for Santa Barbara County who works collaboratively with dedicated Victim Witness Advocates throughout all stages of investigations and prosecutions. Between January 2017 and June 2020, (O’Brien, 2020) 173 investigations of HT were conducted, of which 91% involved sex trafficking; 64 human traffickers were identified of whom 95% were male and 51% were Santa Barbara County residents. In addition, investigations yielded the arrests of 88 buyers.

Childhood Adversity

“Childhood adversity—such as child abuse, exposure to violence, family alcohol or drug abuse, and poverty—can have negative, long-term impacts on health and well-being. Nearly half of U.S. children have experienced at least one adverse childhood event.

“Early experiences affect brain structure and function, which provide the foundation for learning, emotional development, behavior, and health. The toxic stress associated with traumatic, and often cumulative, early adverse experiences can disrupt healthy development and lead to behavioral, emotional, school, and health problems during childhood and adolescence. It also can lead to serious behavioral, emotional, and health issues in adulthood, such as chronic diseases, obesity, alcohol and other substance abuse, and depression. The more traumatic and toxic events experienced by a child, the more likely the impact will be substantial and long-lasting.

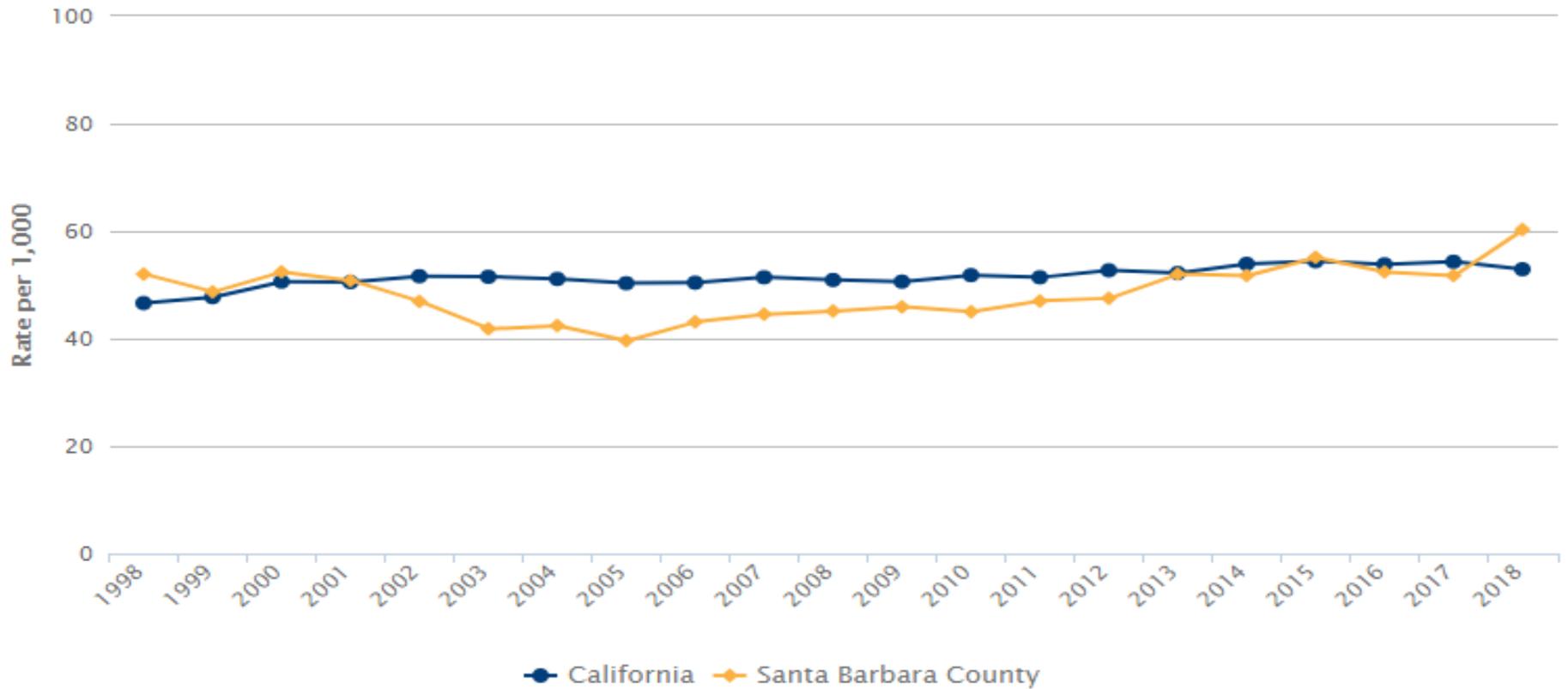
“Resilience, an adaptive response to hardship, can mitigate the effects of adverse childhood experiences. It is a process of adapting well in the face of adversity, trauma, threats, or other significant sources of stress. Resilience involves a combination of internal and external factors. Internally, it involves behaviors, thoughts, and actions that anyone can learn and develop. Resilience is also strengthened by having safe, stable, nurturing relationships and environments within and outside the family.” (retrieved from [KidsData.org](https://www.kidsdata.org/)).

Childhood Adversity: Adverse Childhood Experiences (ACEs) is a term used to describe a range of traumatic or stressful experiences that may occur during the first 17 years of life. From 2016-2018 in Santa Barbara County, 13.9% of parents reported that their child(ren) had two or more ACEs compared to 14.8% in California.

Across California, the rate of reported child abuse and neglect cases has remained mostly steady over the recent years; however, there was a notable increase in Santa Barbara County starting in 2017 after CSEC screening and intervention efforts were underway. (Please see graph on next page.)

Reports of Child Abuse and Neglect in Santa Barbara County: 1998 to 2018

Definition: Number of children with reports of abuse or neglect per 1,000 children ages 0-17 (e.g., in 2018, 52.9 per 1,000 California children were reported to have been abused or neglected) (Webster et al, 2019).



The Survivor Perspective

It is typical for survivors of sexual exploitation to use terms such as “friends,” “boyfriend,” and “family” to describe their exploiters, who train youth to say, “we are just friends” to avoid suspicion (e.g., because no 15-year-old girl should have a 30-year-old boyfriend); they also use terms of endearment that minimize abuse as part of the grooming process.

Three survivors who participated in the RISE Project provided some perspective on their life and experiences through 45-minute interviews. All three survivors are female, over 18 years old at the time of the interview and had participated in the RISE Project for several years. All three identified that it was their social environment – their “friends” and the people they spent time with – who created the most problems for them. The survivors all discussed key helpful aspects of the RISE Project and how the support they received at the RISE Project was critical for stability in their life now. None mentioned their past

“God didn’t give you a life you couldn’t handle.”

-RISE Project Participant

experiences of CSECY, which is common due to extreme stigma and shame regarding rape and exploitation. All survivors were completing school, two had children, and all reported living in stable living situations due in part to the support and advocacy of RISE Project staff. RISE Project staff also regularly invited participants to complete feedback surveys. These surveys ask participants to provide feedback about the RISE Project and related services. Results from three survivor interviews and 38 RISE Project participant surveys are integrated into this section.

Key Interventions

Being able to talk to and trust people. The one-on-one sessions with a consistent licensed therapist are critical. The survivors thought of their “therapists” (the consistent adult who worked with them, whether a trained therapist or paraprofessional), as closer than friends, someone they can talk to and really trust. They could tell the therapist all their problems without them telling someone else, being judged, or being forced to talk about it too much. They were patient; “they told me, little by little, and that’s how we did it.”

“Every day is a second chance. And there is light, if they seek it. There is no shame or embarrassment about it.”

-RISE Project Participant

Help with basic needs. RISE Project staff provided participants with unconditional access to basic needs items, which helps provide security, builds rapport, and reduces reliance on abusers to provide these items. The RISE Project provided clothes, shoes, food, personal hygiene items, blankets, and a bag.

Expressing emotions and learning coping skills. RISE Project participants enjoyed the opportunity to learn “coping skills.” Participants felt they could express distress, anger, and any

other emotion and get help instead of punishment, judgment, or shame. Participants mentioned mindfulness and yoga as activities they enjoyed to help them stay calm.

Removing evidence of abuse. RISE Project staff invited participants to share their needs including anything that made them self-conscious and help identify ways to address those needs. This included dental work and tattoo removal for branding or other marks related to their exploitation.

Housing. Survivors expressed that RISE Project staff helped them secure stable housing. This included working with participants and their social supports to address safety and security. In one case, when transitional housing was unavailable, staff helped participants navigate the Housing Choice Voucher Program from the Department of Housing and Urban Development. They also help participants develop independent living skills.

Survivor Engagement

Meet survivors where they are. Survivors noted that they heard about the RISE Project while they were in Juvenile Hall. Having the chance to meet RISE Project staff and experience some sessions in the juvenile hall helped them want to engage once they were released.

Gestures of care. Survivors appreciated that RISE Project staff would bring them gift bags with clothes, blankets, art supplies, and toiletries to show they care.

Listening and tailoring interventions. RISE Project staff listened and tailored the services to survivor needs. For example, providing one-on-one sessions when there was discomfort with group work or stressful relationships with other participants.

Persistent outreach. RISE Project staff used cell phones for calling and texting survivors regularly and allowing survivors to text and call them regularly. They were persistent to check up on participants in the manner that was the best fit for the participant.

Barriers to Treatment

Survivors mentioned that they wanted more access to RISE Project services. They wanted to have better access to their therapists or other

Key Guidance from Survivors

- Be real, it is vital that providers are authentic, transparent, and avoid jargon
- Do not judge me
- Help me get what I need
- Do not force me to talk about what happened to me
- Earn my trust, it will take time
- Be there for me even if I need time away
- Cheer me up, make me laugh
- Listen to me
- Teach me coping skills
- Take me to do fun things
- Help me with a plan to meet my goals
- Be persistent, reach out to me
- Guide me towards independence
- Be patient with me
- Keep giving me chances
- See me for who I am becoming not what happened in my past
- I am strong and I can do this

RISE Project staff whenever they needed it. This included more groups, more in person advocacy in court, for example, and having a physical location in all parts of the county.

Survivors of sexual exploitation often run away as part of their coping mechanisms. RISE Project participants reflected diverse perspectives on how to help. Some mentioned helping others understand why they run or want to run away. It is important to have unconditional support for survivors, so they feel safe returning to services and are always welcomed back. Others noted that assisting with food, shelter information, and basic goods helped them stay safe and avoid being exploited for their survival needs. Participants also noted the importance of safety planning while working on coping mechanisms and that identifying a safe living situation can help survivors replace the need to run with safer options.

“Don't stop walking. Even if the path you're on is the very one bruising your soles on your feet. Because there's always another way no matter how long and lonely the road you're taking looks like.”

- RISE Project Participant

Advice for Other Agencies

Law Enforcement. From the survivors' perspective, law enforcement officers were often disrespectful and rude. The survivors stated that they want law enforcement to listen instead of making assumptions and judging. They would like to be asked questions and to be listened to. They want to be calmed down instead of provoked. “We just need some help.” At the same time, survivors recognized the need for monitoring and help getting into programs and activities. This feedback was addressed by county partners in multiple ways understanding that the law enforcement job is complex, and they get called to deal with stressful situations in which youth appear to be transgressing and may be a safety risk. Implementation of the First Responder Identification Tool (FRIT), CSECY training for officers, and pairing special operations detectives with a Victim Witness team from the District Attorney's office all helped equip law enforcement with the knowledge and resources to engage survivors in treatment rather than the justice system.

Probation. Survivors expressed mixed feelings about Probation. They wanted to be treated fairly and for their voices to be heard. They wanted Probation to be more understanding, learn what they went through, show they care, and not talk about youth “behind their back.” Some noted that Probation helps make sure they are in a safe environment and are on track with their programs. Others hoped for less frequent violations and lockups and more encouragement and rewards. Survivors appreciated getting referrals to programs like the RISE Project and drug counseling.

Juvenile Court. Survivors expressed that they wanted juvenile court to be more understanding of their upbringing and experiences and to learn what they went through. They wanted to be recognized for how hard they are trying to improve and to be sensitive to their individual needs. They wanted helpful programs instead of house arrest and more chances to succeed rather than “getting me for little things.” They wanted to be allowed to speak at court to explain their perspectives, “listen to what I need, not what you think.”

Schools. Survivors expressed that teachers would have been more helpful if they were more aware of what things are going on in their lives and offered more programs that help youth. RISE Project survivors wanted teachers to proactively check in with them and offer support when they missed assignments or were getting bad grades. When survivors missed school, they wanted teachers and counselors to reach out to them and persist until they connected with them and could help engage them back at school. Survivors had dreams of going to college and wanted support towards those dreams.

Myths

The commercial sexual exploitation of children and youth is cloaked in many mistaken beliefs. Dispelling myths will contribute to better community understanding and improved survivor outcomes.

Myth: Sex trafficking does not occur in my community.

Trafficking is facilitated by the internet and social media. Reports are filed in *every state* in the US.

Myth: During a rescue operation, children are always happy to be helped.

“Not always, but sometimes. However, ‘rescue’ can be an incredibly disorienting experience for a victim. Many youth caught up in commercial sex live in fear of law enforcement and do not readily trust strangers. One youth was told by rescuers, ‘We have a safe place for you with help and services,’ to which the youth responded, ‘Last time someone said that it didn’t turn out so well.’ Repeatedly (and understandably) we hear from survivors that when they were rescued, they didn’t know they were being helped until *much* later.” Source:

<https://love146.org/slavery/common-myths/#most>

Myth: Trafficked girls choose the life they are living.

Sadly, many children and youth experience enormous physical and emotional damage from a variety of factors, such as sexual abuse, physical violence, social isolation, family dysfunction, mental illness, disability, addiction and poverty. Their need for love, belonging, and esteem has made them vulnerable to a grooming process that may include manipulation, coercion and fraud. To suggest that these children made a rational choice to become victims of sex trafficking and do not require behavioral health and other supports is incorrect and inhumane.

Myth: Only girls are trafficked for sex.

“While it’s true that the majority of children trafficked for sex are girls, boys are not immune to abuse and commercial exploitation.” Source: <https://love146.org/slavery/common-myths/#most>

Myth: Sexually exploited youth have freedom of movement and can escape if they want to.

“Victims of commercial sexual exploitation are often subjected to ongoing physical, sexual, and psychological abuse, threats and intimidation. The trauma bond is a powerful and salient reason for individuals remaining with their exploiter/trafficker/pimp.” Source:

<https://multco.us/sextrafficking/sex-trafficking-children-myths-and-facts>

Myth: Only pedophiles have sex with minors.

“In many cases, those buying, selling, and abusing children appear to live ordinary, respectable lives. In fact, perpetrators often seek out positions of trust and power to gain access and maintain exploitative situations.” “... it is often ‘normal’ folks in our communities who buy sex from trafficked youth.” Source: <https://love146.org/slavery/common-myths/#pedo> Trafficking can be facilitated by family members, family friends, neighbors, or school children who recruit as part of their exploitation.

Myth: It is easy for professionals who interact with minors to recognize victims, survivors, and youth at risk of commercial sexual exploitation and sex trafficking.

“Many teachers, doctors and nurses, child welfare workers, and others who interact with youth are unaware that commercial sexual exploitation and sex trafficking of minors occur in their communities or lack the knowledge or training to identify and respond to them.” Source:

https://www.nap.edu/resource/18358/sextraffickingminors_mythsfacts.pdf

Myth: Sex trafficking requires crossing state or national borders

Trafficking is the act of recruiting, transporting, transferring, harboring, or receiving a person by means of vulnerability, coercion, deception, or abuse. Trafficking is a domestic and global crime and, within the U.S., is most prevalent in Texas, Florida, New York, and California.

Guiding Principles, the Building Blocks to Recovery

Experiences of the RISE Project in Santa Barbara County and its counterparts throughout the country suggest that following a specific set of principles can maximize success. The following core principles are based on the literature and are fundamental to the success of the CSECY Program:

Recommendations for Commercial Sexual Exploitation of Children

- **Understand that CSEC is child abuse and a mandated report** – CSEC is child abuse, thus, all mandated reporters must complete a Suspected Child Abuse Report (SCAR) for any suspected CSE of a youth under the age of 18 years old.
- **Victims/survivors of CSEC should not be criminalized** – Children experiencing CSEC are often coerced or forced to engage in behaviors that put them in trouble with the law such as running away, using substances, assault, and recruiting other children. They may be arrested for prostitution and related behaviors, detained or incarcerated, and subject to permanent records as offenders. Instead, survivors need intensive wraparound services and treatment to support their resilience.

Recommendation for CSECY Responses

- **Survivor-centered** - Many survivors experience four phases on the road to recovery: stabilization, coping, maintenance, and leadership. For many, the journey is not linear; relapse may occur. Within this recovery framework, services and supports address six stages of change: pre-contemplation, contemplation, preparation, action, maintenance, and relapse.
- **Trauma-informed and strengths-based** - [The Westcoast Children's Clinic](#) advises that care should be delivered through a strengths-based framework grounded in understanding the impacts of trauma, which emphasizes physical, psychological and emotional safety for survivors and providers; rebuilds a sense of control and empowerment; and, above all, avoids re-traumatization. A strengths-based perspective supports youth in knowing they are strong and capable with a variety of resources that will help them achieve positive outcomes.
- **Developmentally appropriate** – Services and resources are developmentally appropriate for youth. All supports and services should consider each survivor's age and individual need.
- **Culturally, linguistically, and GSM competent and affirming** - Culturally sensitive work respects gender, sexual orientation, ethnicity, immigration status, class, age, education, etc. Understand and respect the diverse perspectives of survivors and family members. An empowerment framework helps restore the survivors' power and lives. Survivors are included in the creation and implementation of their treatment plan.
- **Persistently engaging** - Survivors often relapse many times before they permanently leave their exploiters. Providers need to provide persistent outreach and engagement focused on relationship building. Addressing the extreme physical, psychological, emotional, and social harms associated with CSEC requires a range of services across

multiple agencies and a continuum of care model to fully address the needs. Continuum of care services include crisis intervention, stabilization, comprehensive assessment, case management, and support for social reintegration.

- **Address the unique physical and emotional safety considerations of CSECY** - A safe environment for survivors is always prioritized and includes interviewing the survivor alone, approaching each survivor with empathy and without judging, and avoiding topics that could retraumatize.
- **Multidisciplinary** - Multidisciplinary teams (MDT) provide collaborative support in coordination with team members representing the full breadth of agencies needed to meet the real needs of survivors. Interventions and services are multidisciplinary, flexible, data-driven and individualized, combining Integrated services, case management and advocacy.

Recommendations for Agency Policies & Procedures

- **Ensure and monitor cross-system collaboration** - Establish a reliable and comprehensive system for data collection. Reliable data will help identify what is working, what needs to be modified, and will support sustainability. Appropriate data collection tools and methods allow for accurate and ongoing data tracking and system improvements to better serve CSECY. Outcome Measures and ongoing multi-agency CQI/QA (Continuous Quality Improvements/Quality Assurance) should be implemented to collect data on service delivery fidelity and outcomes to test for programmatic efficacy.
- **Screen for and assess CSECY at key decision points** - Cross-system screening tools identify exploited children and children at risk of exploitation, improving service delivery and placement decisions.
- **Address vicarious trauma of staff and caregivers** – Staff and other providers would benefit from supervision related to vicarious trauma and unique impacts of providing support to survivors of CSECY. Clinicians may offer psychoeducation to survivor’s family members to help them better understand how challenging behaviors are responses to trauma.
- **Ensure confidentiality** - CSECY need to feel confident that any discussions about them are for the purpose of providing care and support while improving their circumstances. They must trust that information will not be shared beyond those “who need to know” for purposes of providing the services.

Establishing an Effective Framework

Building and Maintaining a Great Team

Staff Recruitment, Training, and Supervision

Effective staff recruitment is grounded in an understanding of the core competencies required of individuals serving survivors of CSECY. According to the *Improving California's Multi-System Response to Commercially Sexually Exploited Children: Resources for Counties (2005)*, the following are the core competencies in which RISE Project staff/collaborators were proficient:

- **Competency 1:** Understanding of the risk factors, indicators, and dynamics of commercial sexual exploitation.
- **Competency 2:** Understanding of child-serving systems and how various agencies intersect.
- **Competency 3:** Understanding of child abuse and neglect and its application to commercial sexual exploitation.
- **Competency 4:** Understanding of complex trauma, poly-victimization, and toxic stress, how they impact children, and their application to commercial sexual exploitation.
- **Competency 5:** Understanding of how trauma impacts providers serving commercial sexual exploitation.
- **Competency 6:** Application of the skills for working with children who have experienced the trauma of child commercial sexual exploitation.

We asked staff members with the RISE Project and other CSECY-serving programs what it takes to be an effective team member serving survivors of commercial sexual exploitation. This checklist is based on their feedback. A checklist such as this could be used for a person to self-assess their fit for a career with CSECY-serving programs or for program managers to identify factors they may want to seek in new employees. A person would not need to respond “yes” to all items to serve as an effective staff member. However, they should understand that these skills are helpful and worth striving for, particularly when providing support for survivors of CSECY. Moreover, program managers may want to offer training and professional development in these areas to support the functioning and well-being of their staff.

Are You A Good Fit for a CSECY Team?		
	YES	NO
I enjoy working with teens.	<input type="checkbox"/>	<input type="checkbox"/>
I want to make a difference by helping people cope with trauma. (You may be motivated by a personal experience, or those of a friend, family or community member. Some people consider trauma-focused work a calling.)	<input type="checkbox"/>	<input type="checkbox"/>
I am interested in working with challenging youth.	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy a collaborative, multidisciplinary, and team-based environment.	<input type="checkbox"/>	<input type="checkbox"/>
I appreciate the complex needs of survivors of sex trafficking and want to provide them effective services.	<input type="checkbox"/>	<input type="checkbox"/>

I maintain a healthy respect for boundaries and will continually work to keep countertransference out of therapy.	<input type="checkbox"/>	<input type="checkbox"/>
I am open to feedback and self-improvement. (Traumatized youth tend to be hyper-vigilant and adept in identifying shortcomings of others. One RISE Project clinician observed that “youth are very honest and can dish it out.”)	<input type="checkbox"/>	<input type="checkbox"/>
I have a good sense of humor, which helps me maintain a healthy perspective during intensive trauma.	<input type="checkbox"/>	<input type="checkbox"/>
I can work with survivors non-judgmentally and view them as whole people. (One RISE Project staff member remarked, “Survivors want to get out of the life. They want to feel like a normal human, not an object.”)	<input type="checkbox"/>	<input type="checkbox"/>
I can communicate effectively with both staff and youth.	<input type="checkbox"/>	<input type="checkbox"/>
I am humble enough to admit when I make a mistake.	<input type="checkbox"/>	<input type="checkbox"/>
I can remain calm with a peaceful demeanor when presented with emotional reactions (e.g., anger, sadness) or while listening to severe traumatic experiences.	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of the dangers of burnout and have developed strategies to cope with it.	<input type="checkbox"/>	<input type="checkbox"/>
I am not expecting a conventional 9-5 workday and understand that client service sometimes requires late or irregular hours.	<input type="checkbox"/>	<input type="checkbox"/>

Once a team is established, ongoing and relevant training is critical to success. Professional advances and changes in the law and society occur all the time. Ongoing trainings and support ensure that staff members have the tools to meet difficult challenges and avoid burn and self-care. Moreover, continuous investment in staff training boosts morale and contributes to low turnover.

Self-Care and Burnout

Maintaining self-care and taking measures to prevent burnout are essential practices, especially for line staff and supervisors handling heavy caseloads and/or exceptionally challenging clients. According to stakeholder input, “burnout in this field is high. Long careers in this field don’t usually happen.” The continual need to recruit and train new staff can be quite costly and disruptive to organizational stability and client care.

Service providers should place great emphasis on staff retention, including the encouragement and promotion of self-care. Ideas for supporting staff include providing reflective supervision, creating opportunities for staff feedback and advocacy regarding their needs, reducing caseloads, and providing adequate breaks and vacations.

Incentives that may help with staff recruitment and maintenance include paying for graduate education or licensing, providing opportunities to advance, providing time off, offering housing on site, and including excellent benefits. For example, Hope Refuge in Santa Barbara County

provides a unique schedule of 3.5 days on site with a half day of training and 3.5 days off site to provide ample time for self-care and recovery between shifts.

Here are a few additional helpful resources:

1. [Good Self-Care for Therapists](#) (PsychCentral.com, retrieved 2/24/21)
2. [How Clinicians Practice Self-Care & 9 Tips for Readers](#) (PsychCentral.com, retrieved 2/24/21)
3. [Burnout Response for Leaders](#) (WorkplaceStrategiesforMentalHealth.com, retrieved 2/24/21)

Implementing a Multidisciplinary Approach

A 19-year-old female, whom we call “Sofia,” came to the RISE Project in Santa Barbara County after eight years of significant sexual exploitation. Sofia did not graduate from high school and had no income outside of exploitation, no positive community supports, a parent in recovery who could not help her, and an exploiter who isolated her and controlled her friends. Sofia’s self-esteem was extremely low, and she expressed feelings of helplessness and isolation. She had numerous unserved physical and behavioral health needs. By the time she was recovered in a law enforcement sting, she was highly suspicious of “helping” professionals based on a long history of failed system involvement.

Sofia needed safe housing and as an adult she was ineligible to receive supports from Child Welfare Services. Regular shelter care and low-income units are unsafe for vulnerable exploitation survivors. Safe housing requires costly 24/7 supports and safety accommodations. Sofia’s case required the intensive multidisciplinary, collaborative, team-based, whatever-it-takes approach coordinated by the RISE Project.

Within two hours after she was recovered by law enforcement, Sofia began to receive RISE Project supports. After developing a trusting relationship with Sofia and learning more about her needs and goals, the RISE Project helped Sofia secure safe housing in a women’s shelter with an exploitation case worker on site 24/7. Sofia was given access to food, clothing, phone, shoes, grooming/hygiene needs, bus passes, and transportation to appointments. In addition, a RISE Project nurse assisted and advocated for her medical concerns, and she received help obtaining identification and social security cards.

Within three months, with support of the RISE Project, Sofia secured a full-time job at a grocery store and registered at a community college. She opened a bank account, accessed food and financial resources, and had a facial tattoo removed. Sofia was reunited with her child, moved out of a shelter into an independent living apartment, and learned healthy coping skills to manage symptoms of PTSD. Her vulnerability to exploitation was reduced, and her self-esteem substantially increased. Her parenting skills improved, resulting in a feeling of greater competence.

Sofia’s success was facilitated by a multidisciplinary collaboration encompassing case management, service planning, and delivery Services were offered by multidisciplinary teams (MDTs). Provider agencies shared confidential information and investigated reports of suspected child abuse or neglect. This framework is essential because no single department or agency is likely able to provide all the services needed by CSECY. Whether a community is urban or rural, large or small, MDTs are essential because they create collaboratives of multiple agencies sharing common principles and commitment.

County-wide collaborations involving law enforcement, behavioral health, and community-based organizations have been an effective way to leverage limited resources and expertise while better supporting the multi-faceted needs of CSECY. In June 2017, the Santa Barbara County Departments of Social Services Child Welfare Services, Probation, Behavioral Wellness, Public Health, District Attorney Victim Witness Program and community-based organizations entered into a formal memorandum of understanding (MOU). The following section details the process Santa Barbara County used in developing an Interagency Protocol MOU.

Developing a CSECY Inter-Agency Protocol MOU

The need to develop a CSECY protocol in Santa Barbara County arose, in part, when it was discovered that many youth impacted by CSECY were being arrested and detained in Juvenile Hall because they were considered to be engaging in prostitution and because this was the only place where they could be kept safe from their exploiters. Simultaneously, the Department of Behavioral Wellness (Behavioral Wellness) decided to apply for Mental Health Services Act (MHSA) Innovation funding to create a program dedicated to serving the unique mental health needs of youth that had been sexually exploited, reflecting the findings at Juvenile Hall. To substantiate what was mostly anecdotal at that time, Behavioral Wellness began conducting mental health assessments of all Juvenile Hall female inmates, and the assessments determined that a high percentage of survivors had been sex trafficked/ sexually abused. Potential CSECY victims were identified through Juvenile Hall or through reports to Child Welfare Services. Less often, youth first would come to Behavioral Wellness for children's services, where it was determined that they had been sexually abused or exploited. Fortunately, the MHSA Innovation funding was awarded, and the RISE Project was implemented.

In addition, the work of the District Attorney's Office (DA) and its Victim Witness Unit helped coordinate the Human Trafficking Task Force, a joint effort between law enforcement, the DA's Office, Victim-Witness Unit, and Child Welfare Services to proactively investigate and prosecute those engaging in sex trafficking activities. Recognizing the overlap of these efforts was the first step in determining that a systematic, coordinated effort to combat CSECY was needed in Santa Barbara County.

MOU Partner Organizations

California Welfare & Institutions Code section 16524.7 provides guidance for Counties who want to develop protocols for training and support services for youth that have been subject to trafficking. Section 16524.8 specifies the County departments that should be included as parties to the interagency protocol to be utilized in serving sexually exploited children. These Departments are:

- Department of Social Services
- Probation
- Mental/Behavioral Health
- Public Health
- Juvenile Court
- County Office of Education
- Sheriff's Office

Steps to Developing an MOU

Representatives from the core departments met to develop the MOU protocols. When there was disagreement as to how to proceed, or which department should be responsible for which duties, each party gathered and wrote a list of what the department does when a survivor comes to their attention. Then the group shared and discussed these duties to better understand areas of overlap, duplication, and possible collaboration.

The next task was to decide how to create multi-disciplinary teams (MDTs), determine how many there should be, and define their roles in addressing and support CSECY. In California, Welfare & Institutions Code section 18961.7 provides for the development of child abuse multi-disciplinary teams that are authorized to share and discuss confidential information with the goal of coordinating action. Santa Barbara County created four MDTs. As of the publication of this toolkit, all four MDTs remain, although some are activated more frequently than others.

- Triage Response MDT – assesses risk factors and determines what level of MDT is needed for the youth;
- Immediate Crisis MDT (as needed) – responds within two hours to address immediate safety and placement needs, and may remain operational for up to 72 hours to ensure CSECY stability;
- Initial MDT – manages non-urgent situations and coordinates services within a period of 10 days;
- Ongoing MDT – offers ongoing and individualized support with regular scheduled meetings based on situations.

Barriers and Challenges

A key to overcoming impasses in creating an MOU was to assure each participating department that they would not have to do more than they already did in providing support to survivors. Establishing robust inter-department communications facilitated trust, a key operational change.

Regular meetings between the parties, including the Triage Team meetings, provided a platform to discuss specific cases, learn how to problem solve together, and build relationships. Each time a CSECY survivors was provided support by these collaborative efforts, parties gained more trust in the process. A common phrase for characterizing the development of this program was “trying to fly the plane while building it.” The parties to the MOU learned that they did not have all of the answers, but by collaborating, they could reach a better decision for the youth than they could alone. Willingness to discuss how to continue to improve the program led to trust.

Successes

The Santa Barbara County Protocol MOU was executed in 2016 and has undergone a number of revisions. Although some of the initial members of the effort continue to support the CSECY Program, there has been significant turnover on the CSECY Steering Committee. With department responsibilities clearly outlined in the protocol MOU, the departments remain clear on their respective performance expectations to sustain the MDTs. Consequently, the collaborative work continues as new staff step into defined roles.

The protocol MOU called for the development of a Steering Committee composed of representatives from each of the member departments. The role of the Steering Committee is to provide oversight and leadership for the CSECY Program and to ensure that the MDTs and other collaborative efforts are working as intended. This Steering Committee meets quarterly

with an agenda dedicated to updates, addressing challenges and determining priorities. Action items are assigned after each meeting so that progress can be tracked at the next regular meeting.

Santa Barbara County Department of Behavioral Wellness had to establish that multidisciplinary work added value to the team. It did this by taking responsibility for some of the difficult and uncomfortable work tied to bringing the survivors in to care, coordinating the services that the survivors needed, initiating necessary MDTs, and by reaching out to the various agencies, asking them for their respective supportive services, as needed. Santa Barbara County Department of Behavioral Wellness took the lead on amending the CSECY MOU and working toward building trust.

After the first year of operations, the Steering Committee agreed that it would be a wise investment to hire a CSECY Coordinator, employed by the Department of Social Services. The job of the Coordinator is to facilitate the implementation of MDTs and assist with linking survivors to recommended services and supports; provide outreach to other CSECY related organizations such as community-based organizations, advocacy groups, and families; participate in various County CSECY meetings; monitor program performance; and plan and implement CSECY related trainings. Designating an individual dedicated to these functions relieved other CSECY department members from doing these tasks. This decision further improved trust between the parties, since state funds had been invested in a manner that benefited all CSECY partners, not just one or two.

Lessons Learned

- Multi-agency collaborations span disparate geographical regions, personalities, and organizational cultures. The single greatest impediment to success is a lack of consistent protocols, policies, and procedures.
- Even though all the legally specified parties were unable to join the initial protocol MOU, the group created the MOU with all interested parties. By launching the MOU with the engaged parties, the effort is more likely to succeed. Once the other parties understand how the MOU works, and that the collaboration is effective, they will be more willing to join. Trying to get everyone to the table initially would have resulted in the MOU effort being scrapped.
- Organizing department representatives around their tasks was an effective way to gain buy-in, since it provided departments with assurances that they were not being asked to take on more work than they already were doing.
- Define departmental responsibilities in a clear, detailed manner that will ensure that as program and staff changes occur, the key responsibilities under the protocol MOU may be maintained.
- Meet regularly to discuss MDT cases, what is working, and what may be done better. Regular meetings with an agenda and clear purpose help improve working relationships, leading to increased trust among the parties.
- Don't wait to finalize the protocol MOU simply because every detail is not in place. It is better to keep things simple at the outset, knowing operations can expand later. In fact,

the MOU should be considered a living document that is reviewed regularly and updated as needed. The work being performed by the group will change, and the MOU should be kept up to date to reflect those changes.

- Invest in the collaboration overall and not just in one Department. Come to consensus and invest in solutions that help all the departments.
- To the fullest extent possible, all first responders should be on the same page regarding key issues like confidentiality, release of information, and information-sharing.

Promoting Collaboration

Central to the RISE Project success was the pre-planning process and ongoing collaboration between all partners, including law enforcement, juvenile Probation, juvenile courts, Public Defender, District Attorney, Rape Crisis, Department of Social Services, Victim Witness, Santa Barbara County Human Trafficking Task Force, Department of Behavioral Wellness, local schools, University of California, Santa Barbara (UCSB), medical community, EMTs, community-based organizations, guardians, foster parents, peers/mentors/survivors, faith-based community and others. These collaborative partnerships have been key in shifting the community toward a CSECY or trauma-informed lens and changing the culture from criminalization to treatment and support.

Survivors were referred to the RISE Project primarily through Child Welfare Services (CWS) based on suspected child abuse reports and/or survivor *Commercial Sexual Exploitation-Identification Tool* (CSE-IT) screening. Identification of risk or experience with CSECY results in a referral. The RISE Project also received referrals from the Juvenile Hall through the Probation Department's screening process with the First Responder Identification Tool (FRIT). The Probation Department also completes a Suspected Child Abuse Report (SCAR).

Multidisciplinary Teams (MDTs) are staffed by CWS to engage various agencies in youth treatment. MDTs may result in a referral from CWS or Probation to the RISE Project. MDT meetings are conducted over the phone to problem solve. MDT agreements include multiple half-hour slots open every week for any case that comes up. There is an open invitation to all partners including Sheriff, Probation, police departments and nonprofits focused on rape crisis.

TRIAGE & EMERGENCY CSEC MDT FLOWCHART- SANTA BARBARA COUNTY

① 1st Responder Identifies Child with CSEC "Red Flags" and Concerns

② 1st Responder Contacts CWS Hotline and/or Law Enforcement

③ Lead Agency Determined and Notifies Rapid Response Team Members

④ Lead Agency Notifies MDT Triage Members Within 24 Hours

New or Unreported Abuse

- Self or other report
- Picked up in motel or known area of prostitution
- Identified as at-risk based on First Responders ID Tool

New or Unreported Abuse

- 1st Responder:
- Completes 1st Responder ID Tool
 - Calls CWS Abuse Hotline immediately.
 - Within 24 hours, completes and submits SCAR to CWS

CWS will cross report all CSEC reports to LE immediately or ASAP

Determine Lead Agency

No history = CWS
300 Dependent = CWS
600 Ward = Probation

Imminent Risk To Safety

- Lead agency responds to child's location w/in 2 hrs to stabilize risk
- Lead agency contacts Rapid Responders i.e. Rape Crisis, trained CSEC counselors
- If in secured detention facility lead agency to contact CSEC Rapid Responders and notify facility admin

No Imminent Risk

- Lead agency contacts Rapid Responders

Regardless of status, imminent risk or placement, Rapid Responders should be deployed

MDT Triage Members collectively decide:

- 1) Which partner agencies will participate based on client's specific needs
- 2) What immediate interventions and supports are needed
- 3) If warranted, how quickly to convene Emergency MDT meeting

Emergency MDT meeting attended by all mandatory MDT members or other agreed upon members. Can be convened within first 24-48 hours, but no later than 72 hours.

Previously Identified with New Concerns

- Active threats
- Placement issues or AWOL return
- Recent overdose/ acute medical issues (e.g. pregnancy)
- Suicide attempt
- Recent SART exam
- Cooperating with law enforcement

Previously Identified with New Concerns

No SCAR needed

1st Responder contacts lead agency and/or MDT POC (point-of-contact); proceed to Step ③.

Crisis stabilization may include:

- Rape Crisis: Rapid Responder
- Law Enforcement: Protective custody and safety
- CWS: Investigation, safety & placement
- Probation: Safety & placement
- 24/7 Crisis Hotline: Emotional crisis stabilization
- PHD: SART/ medical exam
- County Mental Health: Rapid Responder

Potential 1st Responders

- Law Enforcement
- Hospital/Medical
- Behavioral Wellness
- Rape Crisis
- CWS/Probation
- Education
- CBO's

MDT Triage Members

- CWS and/or Probation
- PHD
- Behavioral Wellness
- Rape Crisis
- Victim Witness
- Other agreed upon members

Sierra Goes to HART Court - Helping to Achieve Resiliency Treatment

A probation officer reported that Sierra is detained on a violation of Electronic Monitoring (EM) because she was missing for several hours on a Saturday. The probation officer noted that she had been jogging without permission and is not following the rules at home or school. The conflict attorney there on Sierra's behalf stated that Sierra made a moving statement in court, has been testing clean, and says there is no reason to think she is not clean.

Although she shows immaturity and anger at school, she is attending every day and hasn't been suspended. The probation officer expressed concerns that she has been tested only four times and that Sierra is difficult to track down. RISE Project staff noted that Sierra has just started engaging in services for the first time and hasn't run away in a long time. RISE Project staff also noted that Sierra has significant, complex trauma and a serious diagnosis of post-traumatic stress disorder.

The RISE Project sees a lot of progress in that Sierra is trying harder than ever before, is not using drugs, and is not self-medicating. The probation officer asked if she was safer at home or another environment because at home Sierra is emotionally abused by dad. The conflict attorney noted that being on EM is bad because the reasons behind some of her violations are not being understood. For example, her jogging was legitimate because she needed to escape home conflict. The probation officer added that Sierra really wants to try boxing, but that is a bad idea.

A discussion ensued with the public defender requesting boxing be approved. The district attorney requested it be approved with a medical evaluation. The group agreed that the outlet of working out seemed healthy. The team mentioned that 163 wraparound services might be helpful. In the end, the probation officer agreed to request home supervision with a 7:00 p.m. curfew instead of EM or 163 services and allow her parents to sign her up for boxing.

The Helping to Achieve Resiliency Treatment (HART) Court for Commercially Sexually Exploited Children was established in November 2015 to increase strategic collaboration and ongoing communication between all stakeholder agencies working directly with children who have been commercially sexually exploited. The HART Court was developed to address the needs of the youth instead of detaining them. The District Attorney, Public Defender, Probation, Behavioral Wellness, and North County Rape Crisis, and Standing Together to End Sexual Assault staff the HART Court, designed for survivors in the criminal justice system who have experienced CSECY. HART requires mandatory treatment, and RISE Project participants occasionally declined HART Court services and worked directly with a probation officer. Survivors have two incentives to accept the HART Court: access to a treatment team regularly reviewing their cases and avoidance of detention at Juvenile Hall.

Department of Behavioral Wellness Collaborative Partner Roles

The RISE Project worked in collaboration with numerous diverse agencies to coordinate screening, identification, and treatment opportunities for survivors of CSECY. Each collaborative partner had a distinct role to play in these key processes, as described in this section.

District Attorney

The District Attorney (DA) was a crucial partner for the RISE Project. As the lead of the Human Trafficking Task Force, the DA was in a strong position to include RISE Project staff in case conferences, support MDTs, and ensure that survivors received the care and support they needed through the RISE Project. The lead clinician/supervisor of the RISE Project developed a strong working relationship with one of the DA leads on the Task Force, so there was mutual support between these two programs.

In addition, the DA applied for, and was awarded, two three-year federal grants to support a partnership with the Sheriff in conducting proactive investigations alongside Victim Witness professionals, who were able to engage victims of CSECY while detectives detain the exploiters. As such, the DA and Sheriff were key partners in identifying and referring survivors to the RISE Project. In

For Law Enforcement, Collaboration is a “Game Changer”

Training has helped transform many law enforcement professionals’ misconceptions about CSECY. Detectives describe a 2-day intensive training on human trafficking led by survivors as particularly impactful.

With a federal grant, Sheriff’s detectives characterize the ability to work with the District Attorney’s Victim Witness Unit “a game changer.” Detectives explained that they don’t have the intel necessary to help survivors of CSECY access a variety of services; a Victim Witness advocate who joins them on CSEC operations can immediately begin to make connections for identified victims of CSECY. In addition, representatives from Victim Witness can bond with survivors and help law enforcement build trust.

Efforts are made to avoid re-traumatization. In Santa Barbara County, minors are taken to a Sexual assault Response Team (SART) counselor or a “soft” room designed to be quite and comfortable. Girls and young women are treated as victims, not suspects.

addition, countywide law enforcement partners (e.g., Santa Maria Police Department) were also crucial to these efforts. The Task Force grant allowed for other agencies to partner with the DA and the Santa Barbara County Sheriff's Office on proactive operations.

Probation

Probation dedicated a case manager to the HART Court with a small and specialized caseload of female survivors. The caseload requires around the clock on call responsiveness. Goals were that survivors graduate from high school, avoid placement outside the home, not reoffend, and not become a teenage mother. The caseload included home visits, office visits, building rapport with families and social supports, representing them in court, and taking the girls on prosocial activities out in the community. This position takes a unique person who must commit to a long-term caseload (approximately two years before staff turnover) and genuinely have a heart for youth and understand the family dynamics or traumatic experiences that have brought the girls to probation.

An important role the officer has is to network with other colleagues to make connections when identifying and locating victims and to provide training and education to other probation officers. In addition, this probation officer benefits from making strong relationships with community partners including hotels/motels to provide her with intel regarding possible exploitation. As services for survivors evolve and there is better recognition that survivors of CSECY do not belong on probation, youth are more likely to be referred to community partners for diversion than be served primarily on a probation caseload.

Child Welfare Services

In June 2014 California passed [SB855](#), which created a CSEC Program that provides funding to participating counties for training, prevention, and intervention within a multidisciplinary approach to CSEC. Social workers and probation officers must identify children receiving child welfare services who are, or are at risk of becoming, victims of child sexual exploitation. To participate, counties are required to develop an Interagency Protocol. Child Welfare Services (CWS) is mandated to have a steering committee and participate in an MOU made up of community partners and department heads (e.g., public health, behavioral wellness, victim witness, law enforcement, education, non-profit organizations). This group meets quarterly and identifies service needs in the community to address CSECY. CWS adopted the CSE-IT tool for screening all open cases and referrals for risk or involvement in CSECY.

Through this process, CWS has identified that approximately 35-38% of children in their system are at-risk for or confirmed CSECY. CWS may use dedicated funding to help families make their homes safe and they make referrals to outside agencies for CSECY-specific services. CWS is responsible to pay for out-of-home care or extra services needed for a resource family. CWS also provides training to their staff, probation, and community partners and had developed and produced informational fliers for schools, law enforcement, and other first responders. CWS maintains a foster care liaison with the County Education Office who advocates for the needs of

foster youth within the schools. The biggest challenge to providing services to survivors of CSECY identified by CWS is identifying safe and secure housing.

Nonprofit Agencies

Several nonprofit agencies participate in the CSECY MOU and are key experts and partners. These agencies have deep knowledge and experience working with survivors and understand some of the unique features including the need to build trust, offering to address basic needs, listening to understand each survivor's goals, keeping the survivor's interests at the forefront, not adding pressure to disclose or make a certain amount of progress, and meeting youth where they feel comfortable including out in the community. Other nonprofit agencies, even those with high quality mental health or substance use services, are still learning that CSECY is a problem and how to build the identification, screening, referral, and/or treatment services that are most supportive of survivors. Mental health practitioners do not regularly receive training about CSECY. Many models of treatment, even trauma-informed therapy, are not effective for survivors. Thus, there is a great need for training in this area in both degree and licensing programs as well as in professional development.

Survivor Mentors

A substantial benefit was identifying existing experts in the CSEC field and establishing relationships with them to support survivors. Carissa Phelps and her company Runaway Girl were key advisors throughout this process. Carissa provided direction and other contacts to the RISE Project from the outset. In addition, multiple partners have expressed how important it is for survivors to have access to survivor mentors who can relate to their experiences and help them get through difficult transitions in their development. Identifying and recruiting survivor mentors may take time, even years, as communities ramp-up their CSECY identification, referral, and treatment protocols and successfully graduate survivor mentors who have the skills to lead others in a professional capacity.

Consequently, [other types of mentoring](#) may want to be considered until survivor mentors are ready for this critical role. Connecting survivors with mentors who have had similar lived experience, such as frequently the case with rape crisis or drug and alcohol counselors, may be another way to help survivors experience the benefit of mentorship. In the broader mental health field, there is evidence for the practice of peers with similar mental health conditions sharing their experiences and helping provide understanding and acceptance. Peers may also have unique expertise on community resources and supports that help. However, implementing peer support would need to be approached with extra caution for survivors of CSECY. The peer mentor would need to be advanced in their healing journey and able to identify and help repair harmful relationship patterns and coercive behavior learned by survivors through their exploitation. Regardless of the type of mentoring, financial compensation, training, and ongoing supervision are necessary components. All mentor services should be trauma-informed and victim-centered.

Schools

Schools are a critical partner in prevention and identification of CSECY. However, there are many possible barriers to schools' participation in a multidisciplinary approach to CSECY. Schools are overburdened with responsibility for a myriad of youth development factors and are in demand for numerous child-serving committees. The school representative who joined the Santa Barbara MDT meetings had expertise in child development but did not have the administrative authority to ensure that schools met the legal mandate to require CSECY education for principals, faculty, and students. In addition, there was a narrative that the school curriculum was already too full and there wasn't enough time or money to add a CSECY curriculum to the calendar. Health curricula are often controversial and community stakeholders tend to resist content related to commercial sexual exploitation.

Engaging with school. To overcome these barriers, the RISE Project Director developed connections with various educational offices to advocate for school involvement including training and identification. As leadership turned over and awareness about CSECY grew, schools became more interested to provide training. As counselors and other leadership officials in the schools learned that this training was available, demand started to increase.

In addition to advocacy with school leaders, RISE Project team members began to join Student Attendance Review Board (SARB) meetings, which are multidisciplinary teams dedicated to increasing attendance for students who have been chronically truant. As truancy is a risk factor and a warning sign for CSECY, having a RISE Project representative at the SARB meetings helped

them engage youth before students become system-involved or further engaged in CSECY. RISE Project participation helped orient the SARB teams to the risks and warning signs of CSECY. Over time, the referral of students to the RISE Project from schools has slowly started to increase.

Legislation for schools. Legislation may help promote attention to CSECY in schools. In October 2017, AB 1227, Human Trafficking Prevention Education and Training Act was passed making California the first state to require human trafficking prevention education training for teachers and students. In addition, this legislation includes educational agencies as eligible to serve on multidisciplinary teams serving

What Can Schools Do?

1. Look for warning signs.
2. Make a suspected child abuse report with *any* suspicion.
3. Provide education to school administrators, teachers, parents, and students on the risks and warning signs of exploitation.
4. Place informational fliers with accessible and supportive hotlines in bathroom stalls.
5. Activate a network of well-trained professionals to intervene in any case where CSECY is suspected.
6. Actively network with child welfare social workers, law enforcement, and CSECY-serving nonprofit organizations.
7. Screen for CSECY within student attendance review boards.
8. Provide unconditional support for youth impacted by CSECY through trusted relationships and provision of basic needs.

CSECY. [PROTECT](#) represents a non-profit collaborative that developed materials for teachers of students in grades 5, 7, 9, and 11 to incorporate human trafficking education.

Engaging parents. School professionals highlighted the need to educate and engage parents, especially for monolingual Spanish-speaking families who are unaware of the presence of CSECY and how to protect their children from exploitation. At the same time, exploitation can be facilitated by family members. An “uncle” may befriend the family and provide critical financial or transportation support in exchange for child access. Parents may traffic their children for financial gain. A parent may be trafficking their child due to intergenerational trafficking experiences. If parents actively hide truancy or repeatedly transfer their child to other schools, especially alternative schools with limited in person engagement, a parent may be involved in the exploitation. However, it is important to gather information before making such an allegation as many other factors including undocumented status, poverty, and family obligations may explain parenting behavior.

Unique warning signs. Across interviewees in the schools, there was a common experience that CSECY trainings do not provide the full range of possible warning signs of CSECY that educators may be able to notice in the schools. Common warning signs, as documented in the First Responder Identification Tool, include unexplained shopping trips, new clothes, expensive jewelry or accessories, and a new cell phone. However, these warning signs failed to account for the personal experiences of school staff. Two key categories of warning signs were identified through stakeholder interviews: patterns of failure and new resources. While these warning signs are not always indicative of CSECY, they warrant further investigation and student support. As recognizing signs of CSECY is relatively new to school personnel, more work needs to be done to uncover the variety of warning signs for CSECY that may be visible within a school context.

Warning Signs – Patterns of Failure

- If a student isn't on track to graduate and seems to be waiting until they are 18 years old to drop out of school, that may be a signal that they are being trafficked. Once a youth turns 18, they have far fewer protections and less scrutiny than when they were a minor.
- A sudden change in attendance for a student who otherwise has demonstrated great relationships in school with trusted teachers or other adults may indicate some crisis or traumatic event including the onset of CSECY.

Warning Signs – New Resources

- Some youth and their families may rely on an adult who befriends the family and starts providing financial and transportation resources. This adult could be related or not. The family may be benefitting from or threatened by the trafficker to build the grooming process and maintain sexual exploitation of the targeted student.
- The youth gains access to resources they otherwise wouldn't be able to afford. Counterintuitively, this may include a new backpack or laptop for a student who is excited to do well in school. Although these items appear to be supporting the student in achieving their educational goals, a trafficker will indebted a potential victim through a coercive process that can include supporting the victim's interests.

Boys and exploitation in schools. School professionals identified types of exploitation students may experience that is often not acknowledged in the formal definition of CSECY. For example, boys may be recruited by adults to be the "pretty face" to sweet talk and recruit girls within the school context. Boys may be underrepresented in identification and treatment in part because it is not culturally acceptable for boys or young men to admit being exploited, coerced, or abused.

Outreach and Communication

Outreach can meet a variety of objectives, including educating the public about CSECY, promoting awareness among first responders and other providers and increasing program referrals. Reaching out to people beyond your program or team may yield many benefits, such as strengthening coalitions, improving survivor outcomes through increased public understanding, and building credibility with potential funders.

Communicating on an ad hoc basis is unlikely to be as impactful a structured program. In its simplest form, this involves four steps:

1. Establish realistic and measurable objectives consistent with your mission.
2. Identify the specific audiences you want to influence and summarize your major messages.
3. Select the best available tools to reach specific audiences, such as members of at-risk communities, doctors, public health professionals, teachers, students, faith-based leaders, law enforcement, business, and charitable foundations.
4. Evaluate your progress periodically and make adjustments as needed.

Example Objectives

- Build morale among current partners.
- Support efforts to expand your coalition.
- Educate community members about sex trafficking warning signs, resources and solutions.
- Create greater public understanding of, support for, survivors.
- Recruit staff members.
- Exchange information with professionals in other regions.
- Enhance credibility among potential funding sources.

Tools

- Brochures and fact sheets
- Posters, advertisements in buses, etc.
- Feature articles in newspapers and magazines
- News releases
- Presentations at professional conferences.
- Expert speakers (community forums, television, radio and online)
- Public service announcements (PSAs)
- Letters to the editor
- Guest editorials
- Newsletters
- Online advertisements
- Hard copy posters
- Social media
- Videos
- Websites
- Literature tables at health fairs and community events

One of the main goals of the RISE Project was to increase public support for CSECY. This included increasing public awareness and support, providing training and resources for prevention and identification, and documenting and disseminating an innovative model of intervention. All RISE Project activities were tracked to meet grant objectives and all trainings provided by any member of the Human Trafficking Task Force (HTTF) were given a standardized evaluation that was tracked by an evaluation subcommittee.

Strategies implemented included:

- RISE Project staff partnered with other HTTF members to provide CSEC 101 training tailored to a variety of different groups and thousands of individuals to help first responders understand depth and scope of the problem along with how to implement the First Responder Identification Tool. Trainings were also developed for HTTFs in other regions (e.g., Ventura County).
- RISE Project partners provided consultation to the Texas Governor's Office, including a site visit in January 2017.
- Lisa Conn Akoni, RISE Project Developer and Supervisor, consulted with the Westcoast Children's Clinic and helped provide information necessary to designate [The RISE Project as a promising practice](#).
- Ms. Conn Akoni worked with the District Attorney and other law enforcement partners to produce a documentary entitled: [Our Kids: Sexual Exploitation in Santa Barbara County](#), which they screened to audiences across the County.
- Ms. Conn Akoni worked with RISE Project Team partners to present at conferences including the Human Exploitation and Trafficking ([HEAT](#)) Conference and the Advancing Criminal Justice Research, Policy, and Practice Conference hosted by the Association for Criminal Justice Research.
- Ms. Conn Akoni, Dr. Sharkey (RISE Project Evaluator), and two additional researchers developed a peer-reviewed manuscript about the RISE Project for a special issue of *Child Abuse & Neglect* on counter-trafficking programs.
- RISE Project staff and other HTTF members developed press releases to highlight issues, programs, and successes related to CSECY in Santa Barbara County. Some examples are:

Media Coverage of the RISE Project

- [Rose, R.](#) (March 15, 2019). Junior League of Santa Barbara Honors Lisa Conn Akoni as its Woman of the Year. *Noozhawk*.
- [Payne, J.](#) (September 7, 2016). Out of the shadows: As human trafficking becomes more visible on the Central Coast, authorities are collaborating in an unprecedented way to prosecute abusers, help victims, and end the cycle. *Santa Maria Sun*, 17(27) Cover Story.
- [Bartos, L.](#) (August 23, 2016). Confronting child sex trafficking on the Central Coast. *California Health Report*.

Related Media Coverage of Child/Youth Sex Trafficking

- [Wood, L.](#) (May 20, 2018). Fighting for survival: Santa Barbara County closing ranks on human trafficking. *Lompoc Record*.
- [McKinniss, K.](#) (May 29, 2018). Junior League Opens S.A.F.E. House Shelter for Exploited Children. *Noozhawk*.
- Briggs, A. (March 13, 2017). Hustlers for Humanity vows to fight sex trafficking. *Santa Barbara Independent*.
- HOPE Refuge. (September 13, 2016). Group Offering Refuge from Sex Trafficking to Screen Documentary on Friday. *Noozhawk*.
- Scully, J. (July 21, 2016). Men sentenced to more than eight years prison in sex-trafficking case. *Noozhawk*.

Planning for Safety

CSECY expert Leslie Briner cautions that “rather than focusing on a primary relationship or leaving an abuser, safety planning with this population requires navigating a multitude of harms and threats as well as physical and psychological barriers to establishing safety” (Responding to the Sexual Exploitation and Trafficking of Youth Toolkit, 2018).

Safety is a major concern for this population, and regular safety training should be incorporated into programming.

- Teach participants to develop safe and healthy relationships and to recognize coercive or unhealthy relationships.
- Provide safety equipment for residences, including an alarm system and video monitoring. Teach residents how to use the alarm system and empower them to take part in their own safety, rather than feeling trapped.
- Develop strong working relationships with law enforcement officers who can train survivors in alarm systems, safety protocols, and self-defense. The officers should gain the residents’ trust and maintain healthy relationships with boundaries. Ideally, female officers would be available.
- Officers should patrol the neighborhood and be responsive to emergency calls.

Survivor Safety

According to experts interviewed for this toolkit, survivor environments should emphasize structure, consistency, love, purpose, belonging, and safety. One of the first steps in creating safety is to build a self-care safety plan. RISE Project staff members helped each survivor identify safe, natural supports that exist in their lives.

Staff members identify the principal individuals in each survivor’s life -- family members, peers, and anyone involved in their trafficking – and assess the survivor’s immediate safety. Are they in danger from a particular person? Is somebody after them? Is a family member or neighbor abusing the survivor emotionally, physically, or sexually?

Survivors may have deep and active connections with gangs. If they get into fights or commit crimes, they may be working for gangs. Thus, attention may need to be given to the gang culture and expectations considering how to navigate safety within this context.

Staff members also help survivors address the security regarding threats coming from outside the home. RISE Project staff have worked with Child Welfare Services (CWS) to provide cameras, alarms, and any other safety precautions needed. If a survivor is unsheltered on the streets, RISE Project staff worked with the survivor to identify the safest places to sleep, ensure adequate blankets and supplies, and implement strategies to minimize harm.

RISE Project survivors often presented with risky behavior and self-harm. Some survivors sought an adrenaline rush by stealing cars and engaging in high-speed chases with police, for example. RISE Project staff worked on introducing replacement or coping behaviors. The adrenaline rush may be gained safely through physical activity (e.g., running, swimming, boxing, dancing), performing in front of others (e.g., karaoke, choir, theatre) or jumping in cold water (e.g., shower, ocean, lake, pool). As for coping with adrenaline urges, survivors are taught self-soothing skills through art, hiking, and talking about feelings. Therapy helps raise survivor awareness of behavior and its impact on well-being.

Social media may pose a significant risk. Adult males pretend to be young men and reach out to vulnerable girls. However, in many cases RISE Project survivors did not want to give up their cell phones and social media due to the sense of belonging, even though it may facilitate exploitation and disastrous outcomes. Some residential programs do not allow survivors to access to social media.

Staff Safety

Experts interviewed for this toolkit note that staff need to follow guidelines to protect their own safety as well. Often a survivor's boyfriend, not the survivor herself, may pose the greatest potential threat. Staff members may choose to see survivors only during the day. It is recommended that staff meet survivors in public places, not private houses.

When meeting at a home, do not enter unless it has been cleared. Staff members should always communicate to colleagues where they are going and who they are seeing and keep their phones on and charged. Entering locations and addresses in shared calendars lets others know your location. Always maintain situational awareness and look out for someone following you. When meeting a survivor, know where the exit is and be positioned close to it to avoid being trapped. When transporting a survivor, use a company car.

Maintain awareness of the survivor history, current status, and family history, especially regarding drugs, guns, and criminal activities.

Practitioners cannot compel survivor compliance with treatment. When girls run away from either outpatient treatment or residential placements, staff members should avoid potentially unsafe situations. It is not the job of staff to find survivors and return them to a program. Staff should maintain boundaries and use care in selecting what personal information is shared.

RISE Project Treatment Process

The RISE Project conceived of a treatment process that proceeded through a number of steps for youth who either had been or were at risk for being sexually trafficked. The first step, Identification, entailed collaboration with stakeholders on a process to identify warning signs to enable referrals for RISE Project services. The second step, Engagement, involved reaching out to survivors to elicit their interest in RISE Project services. Once youth were engaged and open to assistance, a more formalized Assessment provides information necessary to guide a treatment plan. Then, the RISE Project envisioned an Intervention process consisting of four phases—*Stabilization, Coping Strategies, Maintenance* and *Leadership*. The Leadership phase facilitates participants' ability to provide mentorship and support to other survivors. For many of survivors, the process was non-linear, as it was common for youth to drop in and out of treatment. However, the model proved to be a good conceptualization for how to approach treatment with survivors.

Identification

To identify and treat CSECY survivors as early as possible, it is necessary to have screening tools that can be implemented by multiple agencies and professionals. At the outset of the RISE Project, the most readily available tool was [The WestCoast Children's Clinic Commercial Sexual Exploitation Identification Tool \(CSE-IT\)](#). The CSE-IT is evidence-based and was developed with input from both survivors and treatment providers. It contains multiple items across several risk domains. We found that while the CSE-IT was effective for clinicians with access to a moderate amount of information about a youth, it was not as well adapted for use by "first responders"—law enforcement, probation officers, child welfare workers and medical providers. These individuals complained about the length of the CSE-IT and at times had trouble completing the tool. Further, the CSE-IT did not provide information specific to local stakeholders as to what to do next when a youth is identified as being at risk for sexual exploitation.

CSECY Warning Signs

- Chronic truant / runaway / homeless youth
- Excess cash
- Hotel room keys
- Multiple cell phones
- Signs of branding (tattoos, jewelry)
- Having expensive items with no known source of income (especially hair, manicures, cell phone, clothes)
- Lack of knowledge of a given community or whereabouts
- Lying about age / false identification / inconsistencies in information being reported
- Dramatic personality change, evasive behavior especially around a "new boyfriend", talk about being "taken care of", disengagement from school, sports and community
- Provocative clothing, sex toys, multiple condoms, lube or other sexual devices

Source: National Council of Juvenile and Family Court Judges

Because of our experiences with the CSE-IT, the RISE Project collaborated with the Santa Barbara County Human Trafficking Task Force and other local stakeholders² on development of a First Responder ID Tool (FRIT; included on **page D-13** in the documents section at the end of this report) to more rapidly screen for CSECY risk factors and provide direction on what to do when a youth is identified as being at risk.

In deciding on which items to include in the FRIT, the RISE Project used a variety of references, such as a list of warning signs developed by the National Council of Juvenile and Family Court Judges (see dialog box). The goal was to create a brief tool that could be easily utilized and consistently implemented across agencies and stakeholders. The FRIT contains some items that trigger automatic referrals, such as being picked up in a hotel known for sex trafficking, as well as several less subtle risk items. This resulted in a one-page tool that could be completed by any first responder and includes instructions for how to complete a Suspected Child Abuse Report (SCAR).

The Department of Behavioral Wellness also created protocols for clinician's staffing its 24/7 ACCESS phone line, which processes referrals for behavioral health and substance use services, to screen for CSECY risk factors. When an ACCESS worker suspects sexual exploitation, they administered an adapted FRIT, completed a SCAR and notified the RISE Project to expedite outreach and engagement for services. Additionally, the Santa Barbara County Department of Social Services (DSS) has trained its hotline workers with regards to CSECY risk factors. Since reporters of suspected child abuse might not be aware of the warning signs for sexual exploitation, hotline workers know to listen carefully for information that might suggest a youth is also at risk for sexual exploitation so that this can be incorporated into the investigation.

² Also involved in developing the FRIT as the Santa Barbara County Departments of Social Services, Probation, Public Defender, and District Attorney, as well as the Sheriff's Office and several non-profit organizations (e.g., Grateful Garment, Rape Crisis, Salvation Army, Noah's Anchorage). The Human Trafficking Advocate Program and Superior Court also assisted with the FRIT development.

Engagement

Individuals who recruit children and young adults for commercial sexual exploitation often do so by taking advantage of vulnerabilities such as sexual abuse history, poverty, runaway status, domestic violence, parental neglect and substance abuse which they use to exert control over the youth. The RISE Project clinicians discovered early on that many of the youth it worked with required a great deal of outreach and engagement, often over long periods of time, before agreeing to accept formalized services. They were often actively engaged in sexual trafficking and not immediately ready to “end the game” and cease contact with their traffickers. These were complex situations, as traffickers had learned to manipulate their basic needs to make them dependent on them for food, clothing, shelter and self-esteem.

The RISE Project sought to counter this by addressing these basic needs in a positive, survivor-centered manner, to establish an attractive and healthy alternative to being trafficked. Services were provided in a warm, homelike environment, where youth had access to snacks, beverages and a closet with donated clothes and toiletries. “To-go” bags with clothes, blankets, toiletries and art supplies were also available for survivors who were unsheltered and/or “on the run.” RISE Project clinicians reported the following engagement strategies were useful to their work with Survivors:

Take Time to Build Rapport

Youth who experience CSECY typically have long histories of disrupted attachments which undermine their ability to form healthy, trusting relationships, particularly with helping professionals. RISE Project clinicians allotted ample time and considerable patience to establishing trust and found that rapport building generally unfolded slowly and on each survivor’s terms. Initial contacts with survivors often included discussions about music, television shows, and favorite activities, rather than emotionally charged topics. The RISE Project also found it useful to introduce youth to each member of the treatment team and to describe their role on the team. In addition, youth were told they were welcome to reach out to any staff member at any time.

Demonstrate Consistency, Persistence, and Patience

While consistency, persistence and patience are important in many clinical contexts, the RISE Project found these to be particularly relevant for survivors. Few limits were placed on the number of times staff members could conduct outreach and engagement and staff sought to be as flexible as possible when seeking to meet each survivor’s needs. The RISE Project found that survivors responded well to this approach, as it seemed to foster trust and reinforce the notion that RISE Project staff were available to help survivors.

Conduct Outreach to Parents/Family

The RISE Project found it important to foster positive relationships with the parents and family members of survivors, particularly during the engagement period. Coordinating outreach appointments with survivors was often a challenge, as survivors were often away from home and difficult to locate. Parents and family members often have inside knowledge about their

children's comings and goings and could help schedule sessions at times convenient to the youth.

Conduct Outreach in Juvenile Hall

Many survivors exhibit externalizing behaviors that result in contact with the juvenile justice system. Many referrals for RISE Project services came from staff working at the Juvenile Hall, and this also proved to be a useful venue for outreaching to youth. The RISE Project found that youth were often more open talking about themselves while in custody and separated from their traffickers. In addition, as many survivors experience substance abuse problems, the forced sobriety of being in custody seemed to increase their willingness to accept engagement visits. In-custody visits also seemed to facilitate trust and increase the likelihood that a youth would accept services following their release.

Assessment

The youth RISE Project staff worked with experienced a wide range of problems with varying degrees of acuity and impairment. While all participants had significant histories of traumatic stress, many exhibited relatively mild symptoms and minimal distress. The RISE Project also encountered some youth with greater degrees of impairment, such as developmental disabilities or psychotic disorders, which increased their vulnerability to exploitation. In addition, substance use was common among survivors, and many had developed chemical dependencies which were also caused and/or exploited by their traffickers. The heterogeneity of problems, acuity and impairment among survivors meant that a comprehensive assessment was key to ensuring services were tailored to each youth's unique needs.

RISE Project clinicians often experienced some challenges completing the assessment process with survivors. As an outreach and engagement program, the RISE Project worked hard to increase survivor interest and willingness to accept services. The assessment and treatment planning process, which adhered to Medi-Cal guidelines, was lengthy and at times required multiple sessions to complete. Some survivors became impatient with the process and others appeared defensive and unable to discuss traumatic events. Like other forensic programs, the RISE Project experienced challenges developing survivors' motivation to participate in treatment when ordered to do so by the juvenile court. Finally, RISE Project clinicians experienced challenges with the behavioral patterns of many participants, in that they might voice some interest in engaging in services only to drop out of contact, sometimes returning months later. While Medi-Cal guidelines for assessments and treatment plans assume a linear, sequential process, this was not often feasible for many of our survivors. However, over time RISE Project clinicians found ways to work with these dynamics and managed to integrate careful, comprehensive assessment and treatment planning into the program.

Treatment

The RISE Project envisioned four phases to treatment with Survivors: Stabilization, Coping Strategies, Maintenance and Leadership. The RISE Project conceptualized a biopsychosocial model that integrated Maslow's Hierarchy of Needs—physiological, safety, love/belonging,

esteem and self-actualization (Maslow & Lewis, 1987) into each. For example, when working with youth in the Stabilization phase, clinicians tended to focus on more basic needs—physiological, safety, love/belonging—to build a foundation for addressing higher level needs in later phases of treatment. This overall approach seemed to fit well with survivors given their extensive histories of trauma and the behavioral instability they often exhibited. The following is a list of treatment strategies RISE Project clinicians found useful when working with Survivors:

Identify and Address Negative Beliefs

RISE Project clinicians often found it useful to help their survivors identify negative thoughts and beliefs they experienced about themselves. These may include physical, sexual, mental and other thinking that impaired their ability to cope. As many of the survivors they worked with experienced very low self-esteem and shame, clinicians encouraged them to talk about positive and/or neutral thoughts and feelings. Eye Movement Desensitization and Reprocessing (EMDR) and cognitive behavioral therapy (CBT) were often helpful in these instances; RISE Project clinicians were trained in both treatment modalities.

Address the Survivor's Particular Phase of Treatment

RISE Project staff monitored and discussed each survivor's stage of treatment in triage meetings. Stages of treatment were often quite fluid, as survivors often vacillated between Stabilization and Maintenance phases. Some survivors progressed quickly only to destabilize and return to an earlier phase of treatment. It was not uncommon for a youth to run away and reconnect with their trafficker for a period before returning and resuming treatment with the RISE Project. These dynamics were disruptive to the treatment process and required clinicians to resume engagement and rapport building.

The final phase of treatment, Leadership, typically took time and some youth experienced multiple setbacks. Not all youth were able to reach this phase of treatment, but some were able to do so, graduating from the program and attending college or securing jobs. It seemed that for many of the youth served by the RISE Project, it took many years to recover from their trafficking experiences and it was only after three-four years that the team began to see participants graduate into the Leadership phase.

Treatment is Strengths-Based and Survivor-Driven

The RISE Project found that a strengths-based and survivor-driven approach helped to increase survivor engagement. For example, a survivor might say that her reason for participating in the program was to obtain a job. The RISE Project supported her in achieving her goal, knowing that addressing the survivor's self-identified need would strengthen rapport and survivor engagement in treatment. This approach helped to create the conditions for survivors to explore deeper issues, such as traumatic experiences.

Link Survivors to Outside Services

RISE Project clinicians found it helpful to connect their survivors to additional services to advance their recovery and allow them to build roots in the community. RISE Project survivors were frequently referred to the Department of Rehabilitation for job assistance. Many of the youth also needed practical guidance with obtaining basic documentation, such as

identification, birth certificates, or Social Security cards, which were necessary for them to achieve their employment goals.

Offer Activities that Reinforce Therapy and Match Survivor Interests

The RISE Project sought to provide a broad array of interventions, targeted to individual survivors' needs, to enrich the therapeutic experience. For example, RISE Project clinicians sometimes scheduled sessions outside of the clinic, walking or hiking with their survivors or meeting over lunch. The RISE Project focused on each youth's interests to facilitate the therapeutic relationship and reinforce rehabilitation, psychoeducation, and therapy goals. For example, if a survivor was fond of animals, their clinician might take them to visit dogs and cats at a nearby animal shelter.

Offer Side-by-Side Therapy

Face-to-face therapy may at times be overwhelming to survivors because it requires strong eye contact and focus. RISE Project clinicians found that some survivors responded well to engagement and treatment interventions provided while positioned to side-by-side, for example, when driving, walking, eating, or drawing. Some survivors seemed more comfortable with this arrangement and the overall sense was that it helped them to manage their emotions while discussing potentially stressful subjects.

Work in the Community

The RISE Project found that some survivors had not developed comfort when interacting with others in "everyday" situations, for example, in stores or restaurants. These basic skills were necessary to helping survivors achieve success in their longer term vocational and educational goals. Clinicians sought to build these functional communication and social skills by modeling such behavior while in the community with their survivors, for example, while ordering a snack at a café or conversing with others.

Offer Flexible Communication

As survivors often benefited from a great deal of outreach to obtain their engagement in treatment, communication became an important consideration. Many survivors preferred to communicate via text messaging, which created challenges for clinicians due to privacy concerns. The Department of Behavioral Wellness revised its survivor communication policy and established helpful protocols for balancing survivors' desire to communicate via text messaging and the inherent privacy risks that texting raised.

Maintain Structure without Rigidity

RISE Project clinicians discovered that many survivors had poor interpersonal boundaries, which at times created challenges. This dynamic was likely a product of the trauma and instability many survivors experienced. Clinicians found survivors benefited from structure and clearly articulated expectations, and they learned to reinforce boundaries and rules in a positive, non-punitive manner.

Use Humor

Research suggests that humor can help relax the body, boost the immune system, release endorphins, and reduce threat-induced anxiety. It can also help build relationships and defuse conflict. Survivors responded well to humor, and clinicians often used it in their engagement and treatment sessions.

Initiate Therapy at the Right Time

RISE Project staff were mindful about initiating therapy at the right time and learned not to move too quickly into interventions that had the potential to trigger anxiety and distress. The timing of the introduction of therapy varied from one survivor to another, depending on their readiness to move into this phase of treatment. Following a period of engagement, clinicians would typically focus their stabilization efforts on the participants' basic needs. Then, as rapport and trust improved, they might gradually introduce and integrate rehabilitation and psychotherapy services. This consideration was also important for group-based interventions with youth who felt uncomfortable around others. Clinicians learned to be mindful that many survivors needed assistance managing the anxiety and tension often associated with psychotherapy, and often sought to do so by modeling basic stress management skills. Many youth responded well to cognitive interventions, mindfulness or breathing exercises.

Provide Continuous Psychoeducation

RISE Project clinicians often needed to provide psychoeducation to survivors regarding an array of topics, including sexual exploitation, safe sex, healthy relationships and reproductive health. There are many areas of knowledge that teenagers and young adults are assumed to have, and the RISE Project discovered many of its survivors possessed significant gaps in their understanding of these topics. Clinicians learned not to assume their survivors possessed this knowledge and took steps to educate them.

Model Healthy Boundaries

RISE Project survivors were supported in sharing to the degree and pace with which they were comfortable. Clinicians learned that for some survivors, even after extensive treatment, past traumatic events could not be discussed without triggering much distress. They became especially sensitive to these boundaries and were careful to maintain their own boundaries when working with survivors. Clinicians recognized the give and take of building rapport and were careful to limit self-disclosures. In so doing, they modeled appropriate boundary setting for survivors.

Practice Harm Reduction

RISE Project clinicians recognized the challenges associated with working with survivors, many of whom struggled to change maladaptive behavioral patterns that often placed them at risk for victimization and trauma. If clinicians moved too quickly or took too directive a stance, they risked damaging rapport and alienating survivors. Clinicians embraced the concept of harm reduction, praising participants for each improvement no matter how small it might be.

Arrange Transportation as Needed

Access to services must be easy for survivors to participate. RISE Project staff would travel to a survivor's home to pick them up for a session when a survivor lacked transportation and would also assist parents as needed. To improve accessibility, sometimes therapy sessions were scheduled at community sites instead of the program site.

Whatever It Takes

Survivors have unique treatment needs that often go beyond what is typical in programs for transition-age youth. Not only do they require trauma-informed, survivor-centered approach to care, but the treatment must also be provided with a "whatever it takes" approach to service delivery. According to the [California CSEC Action team](#) these services may include:

- Dental
- Vision
- Tattoo removal
- Reconstructive medical treatment
- Physical therapy
- Occupational therapy
- Transgender-related health care
- Screening/intervention for eating disorders
- Screening/intervention for self-harming behaviors
- Crisis intervention, including a crisis safety and response plan
- Psychoeducation
- Medication assessment and management
- Caregiver support
- Housing and placement
- Linkage to support networks
- Skills development
- Education
- Vocational and Life skills
- Civil legal advocacy
- Child welfare advocacy
- Reentry legal services
- Long-term community-based treatment
- Mental health assessments
- Psychotherapy
- Clinical case management
- Individual Rehabilitation
- Sexual health examination and treatment
- Counseling
- Sexual assault support groups
- Substance abuse treatment

Biopsychosocial Therapy Enhancements

Coercion Resiliency

Ending the Game™ (ETG) is a trauma informed, psychoeducational curriculum aimed at helping Survivors reduce feelings of attachment to traffickers and/or the lifestyle associated with sexual exploitation. ETG was created by survivors and is administered in a structured manner. It provides survivors with information about psychological coercion associated with sexual trafficking to increase “coercion resiliency.” RISE Project clinicians worked closely with Carissa Phelps, a co-author of the ETG curriculum to implement this into their programming.

Adjunctive Therapies

- Activities that enhance health and decrease stress may be particularly critical for the healing and well-being of CSECY survivors; these therapies may need to be put in place before deeper therapy can have an impact.
- Adjunct therapies were scheduled 5-6 hours weekly and included activities such as dance, yoga, exercise, art, life skills, financial management, photography, self-defense, [Celebrate Recovery](#) and equine therapy.
- Classes can be established based on volunteer skills and availability.

Alcohol and Other Drug Use

Alcohol and other drugs are often used by exploiters to recruit and control victims; they may also be used as coping tool by survivors to numb the pain associated with past trauma. Most the RISE Project participants used some type of substance, and many reported using marijuana, methamphetamine, and Xanax. Some survivors also reported mixing street and prescription drugs. Their use of these substances, particularly for those who developed drug dependencies, placed them at risk for bartering and exploitation. Some survivors returned again and again to their traffickers to exchange sex for drugs.

For survivors with significant substance use problems, the RISE Project sought to help them get clean and avoid relapse. Working within a harm reduction framework, clinicians understood not everyone would be capable of achieving complete abstinence. However, while abstinence was not a requirement of treatment, the RISE Project did require that participants attend treatment sober. Clinicians adopted a *Motivational Interviewing* approach to working with substance involved youth, taking into consideration each person’s readiness to work on their substance use problems.

The RISE Project was fortunate to have a certified Alcohol and Other Drug Counselor on the team to provide more specialized services for youth with substance use problems. By maintaining a staff with the breadth of training and skills required to support the most common needs of survivors, such as unhealthy alcohol and drug use, The RISE Project was able to maintain a continuity of care within a relatively small number of staff and, as a team, build strong lasting relationships with their survivors.

For survivors with more significant substance use needs, The RISE Project had access to the county’s [Drug Medi-Cal Organized Delivery System waiver](#), which went live in December 2018

and provides access to a wide array of treatment options for folks with substance use disorders, including outpatient services and residential treatment.

Cultural Competence

Cultural competence has been defined as “the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities” (U.S. Department of Health and Human Services, Office of Minority Health). A provider’s lack of understanding of a survivor’s culture or language can be a barrier to effective treatment. The RISE Project understood that, for survivors, cultural competence is a critical factor for creating safety and recovery. Youth who feel marginalized might be at greater risk for exploitation.

In collaboration with the evaluator, The RISE Project created two “smart tools” to help clinicians work with participants to understand and honor their racial/ethnic and gender/sexuality identities. The Lesbian, Gay, Bisexual, Queer, Gender Non-Conforming, Transgender (LGBTQ/GNCT) tool was designed to help clinicians understand youth gender identity, sexual orientation, and related topics. The Race, Ethnicity, Culture, and Discrimination Tool was designed to help clinicians open these topics for discussion and provide psychoeducation to their participants, many of whom expressed that they are not sure what race, ethnicity, and culture mean.

RISE Project clinicians participated in a broad range of trainings regarding cultural competency to enhance their ability to work with youth from diverse backgrounds. Staff proactively offered psychosocial education on gender oppression, the impact of cultural norms, emotional/social/biological effects of trauma, socioeconomic inequalities, and racism and sexual health.

Lesbian, Gay, Bisexual, Queer, Gender Non-Conforming, Transgender (LGBQ/GNCT) Youth

A recent national survey of youth housed in detention halls across the United States found that 20% of respondents identified as LGBQ/GNCT (Irvine & Canfield, 2017). Youth of color and White youth were equally likely to report identifying as LGBQ/GNCT. However, girls were more likely to report being LGBQ/GNCT (39.9%) than boys (13.7%). Youth who identified as LGBQ/GNCT were more likely to have a history of running away and homelessness prior to entering the justice system. In combination with prior research that has found that LGBQ/GNCT are more likely to have experienced neglect, abuse, and rejection from family and to be stopped by police, arrested, and adjudicated (Irvine & Canfield, 2017), it is important for CSEC interventions to adjust their programs and procedures to be sensitive to the needs of LGBQ/GNCT youth. Irvine and Canfield (2017) provide several recommendations that can be implemented to help better respond to LGBQ/GNCT youth. These include:

- Adopting anti-discrimination policies,
- Establishing grievance procedures for reporting and addressing abuse,
- Considering LGBQ/GNCT status when placing youth in units, and considering gender identity instead of sex in assignment of personnel for supervision,
- Collecting and reporting LGBQ/GNCT data about participants,
- Advocating for LGBQ/GNCT-specific interventions, and
- Working to increase the LGBQ/GNCT knowledge and skills of collaborating partners.

Placement and Housing

Currently few housing models effectively meet the needs of survivors of CSECY. Housing needs are a frequent concern for survivors, and thus, a common concern for the RISE Project staff in supporting them. Once someone is over 18, they are expected to navigate housing independently. RISE Project staff conducted extensive case management to support adult survivors in securing housing. This may include assisting in paperwork and applying for low-income apartments. The RISE Project operated within the hierarchy of needs framework and implements a biopsychosocial treatment model.

Thus, the RISE Project recommends placement and housing with a “needs first” philosophy, which prioritizes the participants’ physical and safety needs. House rules and incentive structures should be designed to foster the well-being of the individual, as well as the collective group of residents. At no time and for no reason is a zero-tolerance approach warranted. Rather, program levels should be designed to meet each individual participant’s needs at any given time.

A helpful resource for finding shelter for survivors of CSECY is the [Safe Shelter Collaborative](#). This allows survivors to contact a sheltering agency, who logs into the collaborative to find shelter for the youth. This includes a simultaneous request to many agencies in a region and potentially the use of hotels or motels funded by supporters who make a tax-deductible donation.

A helpful resource for finding an appropriate residential program is the [National Trafficking Sheltered Alliance](#). This Alliance is a network of service providers who are “committed to enhancing services and increasing access to care for survivors of human trafficking and sexual exploitation.” In addition to training and support, the Alliance has an application for housing that survivors can complete and be matched to a residential program that may meet the survivor’s requirements.

The goal of the remainder of this section is to describe the best aspects of existing programs and suggest safe housing innovations that are recommended to be implemented based on a compilation of information from interviews, the experiences and expertise of the RISE Project Team in navigating effective housing supports for their survivors, information available in the literature, and input from survivor mentors.

Youth Shelter/Homeless Prevention Center

[California Assembly Bill No. 1235](#) renamed runaway and homeless youth shelters to be named “youth homelessness prevention centers.” These centers are licensed to operate a program of voluntary, short-term, shelter, and personal services to youth who are homeless, at-risk of being homeless, exhibiting status offender behavior, or runaway youth. This is a short-term solution where additional needs can be assessed and referrals to more permanent living situations identified and can be a valuable option for youth at-risk for CSECY.

Santa Barbara County is fortunate to have a Youth Homelessness Prevention Center, [Noah’s Anchorage](#), umbrellaed under the Channel Islands YMCA. The Youth Homelessness Prevention Center provides access to shelter and counseling 24-hours per day 365 days per year to youth under the age of 18 years old for up to 21 days. After 21 days, staff help youth implement transition planning to connect the youth with more stable housing and aftercare. The Youth Homelessness Prevention Center is licensed to operate residential services for eight beds, four bedrooms, and two youth bathrooms along with a variety of common areas including kitchen, living room, study room, recreation room, counseling rooms, and outdoor yard space. Youth can go to the Youth Homelessness Prevention Center for temporary, emergency, shelter or safe and stable temporary housing as well as individual, family, and group counseling.

Individualized assessments and service plans are tailored to the needs and special circumstances of each youth and family. Staff operate from a harm-reduction standpoint and ground their individualized treatment approaches in being trauma-informed and with a positive youth development (PYD) framework. Counseling techniques include DBT, family dynamics, art and play approaches, holistic interventions, as well as education and practice approaches to support youth developing necessary independent living skills necessary to transition to adulthood successfully. The Youth Homelessness Prevention Center promotes a strengths-based approach emphasizing youth’s self-determination and strengths. This approach is critical in supporting youth and young adults in identifying their innate strengths and resilience as well as realize the opportunities for support.

Transition Planning

The Youth Homelessness Prevention Center recognizes that participating youth are often in need of more than crisis intervention services and temporary shelter, therefore a safe transition plan is established with youth within seventy-two hours (three days) of entering shelter services. The exit plan includes permanent placement planning to help ensure the youth can make informed decisions about the support and services they need to receive, to develop a plan for permanency, and identify and achieve their personal goals. Safe permanency planning is always at the root of the individualized interventions created with RHY. The transition plan seeks permanency by prioritizing safe family reunification or safe alternative placements and increasing protective factors.

Residential Services

Santa Barbara County has access to several Short-Term Residential Therapeutic Programs (STRTP) and other residential services for survivors. [Good Samaritan Shelter](#) provides emergency shelter and residential treatment services designed to address homelessness as well as alcohol and substance abuse for youth and adults over age 18. [4 Kids 2 Kids](#) and [Hope Refuge](#) are STRTPs in Santa Barbara County specifically dedicated to providing safe housing and therapeutic supports for survivors of CSEC who are under the age of 18 years old. Casa Pacifica is a 28-bed STRTP in Ventura County that provides intensive short-term treatment for children under age 18 years including those who are survivors of CSEC. These residential service providers are key partners with Behavioral Wellness in the provision of housing support for survivors of CSECY. Executive Directors and Supervisors from 4 Kids 2 Kids, Hope Refuge, and Casa Pacifica provided input for this section of the Toolkit.

Residential placements may require survivors to be certified as needing a particular level of care. The first step for a survivor is for the referring agency (Child Welfare Services, Probation)

Recommendations for Residential Treatment

Choice and Freedom: Survivors need choice and freedom to benefit from treatment; these should be built into the program as much as possible.

Elopement/Right to Leave Policies: Survivors are prone to running away as a coping strategy or due to pressures of exploiters. Elopement and leave policies should be carefully considered. Maintaining an open bed treatment slot for as long as possible is helpful to welcome the youth back.

Recruitment: CSECY recruitment may occur in residential facilities, thus, staff should be vigilant to this possibility and actively monitor for harmful relationships between residents.

Healthy Relationships with Staff. Staff develop healthy relationships, get to know youth, and model healthy prosocial behavior such as apologizing when they make a mistake or forget to follow through and always being honest. This allows youth to build healthy attachments for healing. If youth do leave the facility, they are more likely to return and continue to progress if they feel connected to staff.

Staff support: To avoid burnout, features such as flexible or tailored schedules, opportunities for advancement, professional development, and supervision for vicarious trauma are helpful strategies.

to present the case to an interagency placement committee, which meets weekly. At the meeting, mental health, child welfare, probation, and other key providers offer input on whether the youth qualifies for a particular level of care. Everyone must agree, and a clinical assessment must support the decision. While all youth served in residential treatment facilities have experienced trauma and are at-risk for CSECY, not all have been commercially sexually exploited unless the facility is specifically designed for survivors of CSECY. Many of the recommendations for residential treatment generally are also effective for survivors of CSECY; however, there are unique considerations that will be integrated into the following guidance.

Residential Directors

24/7 live-in residential directors are critical. The presence of live-in residential directors, coupled with a clear set of guidelines and resident agreements (house rules), create a safe and supportive environment. Directors should be well-trained and well-compensated, with plenty of built-in breaks and vacations. The ability to solve problems is crucial, and training in crisis response necessary.

Staff Training and Recruitment

At many residential treatment facilities, staff are only recently beginning to understand the prevalence of youth who have experienced CSECY. All staff should receive training about CSECY and critical aspects of intervention that are harmful or successful. Ongoing professional development, creative work schedules, and excellent benefits are key to recruiting and maintaining these specialized professionals.

Comprehensive Intake Process

The admissions process should entail referring paperwork along with an interview process with the youth. This conversation gives the youth an opportunity to ask questions while developing a relationship with staff. This also allows the youth to understand the residence rules (e.g., cell phone access) to make an informed choice about whether they want to participate, which helps build rapport and engagement. Youth may express legitimate concerns about their fit with the residential facility. They can also express their own interests, strengths, talents, and goals. If not already known, during the intake, staff look for warning signs for CSECY based on relationship history, exposure to other traumatic experiences, things they may share about their technology use, substance use, and what they share about their social relationships. Implementing the CSE-IT would be an option for a structured and consistent way to identify CSECY risk or experiences. Regardless of whether CSECY is suspected or confirmed, a youth should never be told that they are a sex trafficked minor as this is not how youth experience their exploitation.

House Guidelines and Resident Agreements

Goals of the housing agreement should be to keep residents safe, motivated, supported, and collaborative. Housing rules should be flexible to meet the current residents' needs and give them buy-in as to how they would like to protect themselves and their housemates.

Unique Considerations for Survivors of CSECY within a Homeless Prevention Center

The same protocols are used for most clients, including survivors of CSECY, within the homeless prevention center. However, there are a few considerations that should be carefully attended to and integrated into an Individualized Service Plan (ISP) after consideration of how accommodations may support each youth. All staff should review and consistently implement the ISP.

1. Cell phones. Most youth are reliant on access to their cell phones; for survivors of CSECY cell phone access and social media use may put them at risk for further exploitation. At the same, removing use of the cell phone may place them at-risk for retaliation. The Youth Homelessness Prevention Center restricts cell phone use by requiring that phone chargers be locked away during certain hours. This naturally limits phone use without taking away the phone.
2. Leaving. Homeless prevention centers are voluntary; however, if a youth signs in and then leaves they should understand that parents/guardians and/or law enforcement need to be notified. If youth are tempted to run from the Youth Homelessness Prevention Center, staff don't stand in the way but remain warm, caring, and help them reconsider with offers of support.
3. Triggers. Safety planning includes understanding trauma triggers such as certain songs, words, or times of year. These are incorporated into the safety plan. Moreover, youth are asked to share what their bodily response is if they get triggered so staff can be aware and responsive.
4. Safety. Staff conduct property checks of the facility and make sure staff are aware of their surroundings when they come and go. Staff are made aware of a youth's CSECY status and who their visitors are. The goal is to always have at least two staff in the home at all times, 24/7 with additional on-call staff available.
5. Focus on healthy relationships. Therapeutic groups may focus on healthy relationships without jumping to conclusions about what someone has experienced. It is important for survivors to explore and experience what it means to care for someone and to be cared for in a healthy and supportive way. In addition, staff should help youth experience a caring relationship that is not transactional where nothing is expected in return.

Example Resident Agreements	
<i>Substance Use Policy</i>	Substances of all kinds (including alcohol and marijuana) are not allowed in the house, except for cigarette smoking on the property. Residents may choose to use legal substances offsite, depending on their individual well-being, and the ability to use substances responsibly. Legal substances include alcohol and marijuana by users over the age of 21.
<i>Guest Policy</i>	Guests may be approved after a rigorous background check. Guests will be welcomed to meals and certain activities. Residents must be informed about policies concerning the number of guests allowed and the frequency of visits.
<i>Curfew</i>	The curfew may differ by earned levels within the housing unit. A curfew is necessary to establish a healthy routine that includes adequate sleep to participate in the required activities. A curfew of 10:00 p.m. helps residents get eight hours of sleep.
<i>Required Activities</i>	Weekday activities should be required. For example, from 9:00 to 3:00 residents could participate in therapy and educational, vocational, and adjunct activities.
<i>Optional Activities</i>	Residents should have a menu of optional activities that occur in the afternoons and evenings. These activities may include gardening, cooking, homework/tutoring, etc.
<i>Social Events</i>	Resident responsibilities could include hosting evening activities such as a movie night, game night, or a dance party.
<i>Weekly Meetings</i>	Weekly group meetings should be mandatory. Confidential suggestion and feedback boxes should be available for residents to provide input prior to meetings. Meetings should focus on bonding with fellow residents, planning fun activities and events and addressing concerns that arise.
<i>Chores</i>	Residents should help with chores, including meal preparation, meal cleanup, living area cleanup, etc. A chore chart could facilitate the rotation of chores among residents.
<i>Safety</i>	Safety protocols should be addressed in the housing policies and taught to the residents

<i>Consequences</i>	Violating the house rules will result in a case review with interventions designed to help the individual succeed in the house. Privileges may need to be removed to protect the individual and/or the housemates. Alternative living arrangements, particularly designed to provide more intensive treatment, may be arranged.
<i>Interpersonal Conflict</i>	Interpersonal conflict will be prevented through weekly house meetings. Conflict will be addressed more immediately through participation in restorative circles.
<i>Graduation</i>	Regular ceremonies should be held to acknowledge residents when they move up a level within the house, achieve an educational milestone, etc.

Step/Level System

A level system should be used carefully in a group living setting for survivors of sexual exploitation. If a survivor comes into a house and sees levels, it could be very triggering. Being treated equally creates a healthier and realistic environment. However, an incentive system may be needed to encourage full engagement in the program. The system should mirror real living situations as much as possible, with incentives tied to increasing independence and freedom, and consequences limited to what the person needs to function better. One documented incentive that is common across youth treatment courts is the graduation ceremony. Such ceremonies are consistent with the hierarchy of needs and the desire for self-actualization.

Behavioral incentive/management programs, such as those used in residential facilities, psychiatric inpatient units, or juvenile halls, may be followed. Additionally, the phasing of substance abuse treatment courts or mental health treatment courts may serve as a guide to devise a step/level system of reinforcement and behavior management. It would be helpful to work alongside current residents to determine what they would find motivating at each level.

The step/level approach is likely most effective in facilities that focus on a single population with the same level of needs, rather than those serving multiple populations with different levels of needs.

Harm Reduction

Substance use and other risky behavior by one individual may put other residents at risk. Proactive efforts such as therapy, medication management, house agreements, live-in residential directors, alcohol and drug counseling, and individual interventions should be designed to help address substance use and other risk-taking behavior. Alternative activities that replace the desire for substances should be included within the programming. Examples include treatment for substance use disorders; treatment for anxiety, depression, and other mental health disorders; fun social activities within and outside the house; and endorphin-

inducing activities such as exercise, zip lines, and rock climbing. Residents who violate dry house policies should be assessed for what they need for the issues they are facing. They may need to go to detox or another stabilizing housing unit prior to joining the main living core. This is not a punishment, but an intervention designed to help the individual while protecting the interests of the group.

Conflict Resolution

Weekly house meetings should be held to address any concerns and to keep a sense of connection within the home. House guidelines and agreements can be reviewed at the meetings. Residential director may act as facilitator. Conflict resolution training can be given to the residents so they can eventually facilitate under supervision.

Restorative circles should be considered for conflicts that need to be addressed outside the house meetings. Restorative justice circles may be used in the event of a conflict. One RJ approach is Restorative Circles (RC), which provide a space for those involved in conflict to repair harm through a facilitated dialogue process. In a qualitative study of restorative justice in schools, researchers spoke with 35 youth and 25 school administrators (Ortega et al., 2016). Positive outcomes included improved peer relationships, prevention of destructive conflict resolution, meaningful dialogue, and academic/social achievement, which is promising for this population. Negative outcomes included frustration and disappointment, which may be processed in therapy (Ortega et al., 2016).

Peer Support

Peer support is critical for success. Substantial focus should be placed on a sense of sisterhood among survivors. Towards this end, removing opportunities for hierarchy and exploitation within the house should be a priority. Providing survivor-oriented groups led by paid survivor mentors/leaders has been successful in other residential treatment facilities.

House projects should be implemented that teach skills while contributing to the collective well-being of the house. Community gardening or training a dog to be a therapy dog (Britton & Button, 2005; Van Der Linden, 2015) are examples that have been successful. These activities work on many levels, as the participant is calmed by the gardening or the presence of the dog, gains skills through gardening or through dog training, provides a resource for the house and gives back to the community through donating food or meals or volunteering with the trained dogs.

Sample Programming

Programming should be held consistently; e.g., from 9:00 to 3:00 daily Monday through Friday in a separate building designed specifically for these activities. All activities should be rigorous and guided by thorough and regular needs assessment.

Academics

- Each resident's educational level should be assessed upon entry.
- A tailored academic program should be created and delivered (GED, high school diploma, trade school, college depending on individualized assessment and preferences).
- A credentialed teacher should instruct academic classes at least 10–15 hours a week or the youth should be enrolled in local educational programs.
- Volunteer tutors may be recruited to assist participants one-on-one as needed.

Therapy

- Group therapy should be provided for five hours weekly with the focus on the trauma of the sex trade. Examples include "Ending the Game" (Hassan, Miller, Phelps, & Thomas, 2015) and "X Girls" (Dust, 2013).
- Other effective group psychotherapy may include Seeking Safety groups, Dialectical Behavior Therapy groups, and Trauma-Focused Cognitive Behavior Therapy groups (Clawson & Goldblatt, 2007).
- Individual therapy would likely consist of dialectical behavioral therapy (DBT) and trauma-focused cognitive behavioral therapy (TF-CBT). It is important to highlight adjunctive therapies for this group due to somatic hyperarousal, as they may not benefit from traditional psychotherapy immediately.
- Due to high rates of dual diagnosis, relationships should be made with local detox and rehabilitation facilities, and county alcohol and other drug (AOD) counseling should be offered, but not mandatory. If residents struggle with substance use, they might benefit from Connections Curriculum.

Adjunct Therapies

- Activities that enhance health and decrease stress may be particularly critical for the healing and well-being of survivors and may need to be put in place before therapy can have an impact.
- Adjunct therapies are scheduled five-to-six hours weekly and include activities such as dance, yoga, exercise, art, life skills, financial management, photography, self-defense, Celebrate Recovery, and equine therapy.
- Classes can be established based on volunteer skills and availability.

Job Training

- Residents might enjoy and benefit from training in a trade or skill; e.g., horticulture or jewelry making. Consider collaborating or adopting a model of teaching entrepreneurial skills and giving youth a small salary.
- One study of a facility for survivors of sex trafficking in Italy (Casa Rut) taught women job skills, including making and selling tote bags, with generalized effectiveness. Case managers then helped them transition into jobs in the community: "25 women have become caregivers for older people, and 35 have become domestic workers in the city of Caserta or the surrounding area." (Caretta, 2015).

Safety Skills

- Safety is a major concern for this population, and regular safety training should be incorporated into programming.
- House rules should include protocols for inviting family members into the house. These policies should be strict and require extensive background checking and vetting.
- Participants should be taught to develop safe and healthy relationships and how to recognize coercive or unhealthy relationships, including violent and abusive relationships.
- The residence should be equipped with safety equipment, including an alarm system and video monitoring. Participants should be taught how to use the alarm system and be empowered to take part in their own safety, rather than feeling trapped.
- The house may want to develop a relationship with law enforcement officers who can train the girls in alarm systems, safety protocols, and self-defense. The officers, ideally female, could gain the resident's trust and maintain healthy relationships with boundaries.

Other Components/Considerations

Identifying resources in the community to help with the house can help reduce costs and build important collaborative efforts. [GenerateHope \(GH\)](#), a faith-based organization serving San Diego's sex trafficking victims, established the following:

- Groceries via the Supplemental Nutrition Assistance Program (SNAP), otherwise referred to as food stamps or Electronic Benefits Transfer (EBT).
- Medical needs covered by Medi-Cal/Medicaid and addressed by a physician with whom GH has a relationship to ensure trauma-informed treatment.
- Psychiatric services are provided by a caring, trauma-informed psychiatrist.
- Dental services are provided pro bono.
- For residents with tattoos or "brands" from the sex trade, tattoo removal is also offered pro bono by a partner program.
- Legal services are offered in collaboration with community law firms and nonprofits.

Length of Stay

Length of stay cannot be predetermined and must meet each individual's needs. If space becomes an issue, the program may want to consider incentivizing leadership programs that move residents to independent living or reaching out to other facilities to create a flow to programs that focus on launching independence. The first six months appear to be the most critical and most susceptible to drop-out. Participants who participate in programming for more than six months have significant decreases in PTSD and depressive symptoms and significant increases in self-confidence.

Juvenile Hall

Juvenile Hall is not an optimal placement for youth impacted by CSECY, yet many, if not all, of the girls who are booked into juvenile hall are at-risk for or have been victims of CSECY. Thus, it is important to screen youth for risk of CSECY and link them to programs in the community as soon as possible. The RISE Project-Juvenile Hall collaborations were facilitated by a CSECY-trained mental health staff member working in Juvenile Hall. She coordinated CSECY screening, referrals, interventions, and community reentry. All youth entering Juvenile Hall are now screened for CSECY. During weekly conferences with the RISE Project, the Juvenile Hall CSECY coordinator provided updates on youth who screened at risk. Once a referral to the RISE Project was made, the Juvenile Hall coordinator facilitated contact from the Hall to the RISE Project.

Innovative CSECY treatment in Juvenile Hall was initiated by the RISE Project and transitioned to Juvenile Hall mental health staff. A girls' group met weekly to provide gender-specific therapeutic services while the girls waited for reentry into the community. The girls were typically very motivated to participate in the group, which used the Seeking Safety model. In addition, the Juvenile Hall has adopted a positive behavior system, added more programming, reduced punishment including isolation, and shortened the average length of stay to avoid the negative impacts of institutionalization on all youth.

The Juvenile Hall staff have learned to remain vigilant to identify possible risk for recruitment or remote exploitation within the hall. Mental health staff can make recommendations such as limiting contact between two youth, if they know of possible harmful connections.

As a result of the RISE Project and collaborative efforts designed to better serve survivors and youth as a whole, the population of girls incarcerated in Juvenile Hall has plummeted to near zero. Youth have often already been screened and identified as survivors of CSECY, which helps avoid booking and expedite linkages to services outside detention.

Follow-Up and Community Re-Entry

Transition to community re-entry should be the goal of all placements. It is important to establish a care coordinator, someone at the placement who can establish a team and provide communications that ensure continued meetings and transitions. Continuity of care is particularly important for survivors of CSECY due to the disrupted attachments that have occurred earlier in their lives. Thus, when survivors are in placement, including out-of-county, the RISE Project continues to provide services. The RISE Project stays in touch to maintain a relationship with youth, even if survivor services are provided through the placement. This may be as simple as an occasional phone call or visit. Optimally, the RISE Project or other continuity of care staff maintains involvement for reentry into the community and assists with linkages in other programs, warm handoffs and discharge planning.

For short-term stays such as a homeless prevention center, it is important to identify and develop safety nets to create the plan (reunification, detainment, extend stay) actively working with the youth and guardian. The Youth Homelessness Prevention Center connects youth back

to their social worker to get them an escort back home while encouraging them, we are so glad you are here and that you asked for help. The Youth Homelessness Prevention Center prepares for a close and warm handoff to make sure are taken care of. After a youth leaves the homelessness prevention center, staff follow-up 1 day, 1 week, and 1 month later so even when they leave there is still a safety line and connection to support them wherever they might be. Their situation can change quickly, and it is possible the youth will need shelter services again; maintaining a connection helps encourage the youth to return for more support.

Within longer-term residential facilities, programming should be designed to transition out of the required daily activities and into full time college or work while still in placement. It is critical for individuals to gain exposure and confidence with the “real world” and make social connections that are outside the world of sex trafficking survivors. The goal should be to develop skills to join the workforce, develop healthy external social connections, and have a connection to the broader community. Therapy should help with successive approximations to independent living and tackle issues such as social anxiety. Staff should assess the survivor’s readiness to exit with a case manager and have a documented strategy/plan in place that focuses on securing housing and a job before the survivor leaves the facility. Proactive follow-up contact along with an open-door contact policy helps provide support from that consistent caring adult the survivor needs in their life.

Sustainability

Funding

Whether you work for a government agency or non-governmental provider, networking is essential to identifying potential funding sources and collaborators. Formal and informal intra-county department networks, coalitions of community-based organizations, state associations of county behavioral health, public health, law enforcement and social service directors -- are all sources of information about new CSECY funding.

Grant Funding

Statewide awareness of the need to support specialized programs serving the needs of survivors of sex trafficking is growing. According to an April 2017 report of the National Conference of State Legislatures, “At least 25 states have created funds in their treasury to pay for anti-trafficking efforts. Funding is used for many purposes, including to arrest and prosecute child sex traffickers, to provide services to survivors and at-risk youth, and to fund training for state personnel.” To make the biggest impact, it is critical that grant funds be allocated to prevention and early identification efforts to best support children and youth who are vulnerable to CSECY.

In recent years counties have begun to understand the importance of collaboration in serving survivors of commercial sexual exploitation. For example, in 2015 the National Center for Youth Law reported that “Counties Across California Explore Multi-Agency Responses to CSEC.”

Funding models are evolving, as well. Some county departments are pooling their resources to better serve CSECY survivors. Some county departments choose to contract services to local nonprofits, which can pursue private foundation and corporate funding typically unavailable to government agencies.

An even more innovative approach has been initiated in Washington State. SAFE – the Strategic Alliance to Fight Exploitation is a group of businesses, people, and organizations united to combat commercial sexual exploitation. Rather than form a new nonprofit that could duplicate existing efforts, SAFE has created a fund to help unify and support prevention, intervention and restoration initiatives already underway. SAFE programs have also started in Colorado and Florida.

As funding opportunities constantly change, networking is essential to keep on top of potential new funding sources. Formal and informal networks of county agencies, coalitions of community-based organizations, state associations for county behavioral health, public health, law enforcement and social services are good venues for information exchange.

RISE Project Funding and Sustainability

The MHSa Innovation Grant was instrumental to launching the RISE Project, but its time-limited nature meant that the Department of Behavioral Wellness would need to identify longer term sources of funding to sustain RISE Project services. RISE Project leadership decided this could be accomplished in two ways. First, some of the RISE Project services are reimbursable under Medi-Cal, including assessments, treatment planning, psychotherapy, case management and medication services. Nearly all the youth the RISE Project encountered were Medi-Cal beneficiaries who were eligible for treatment in our system of care. However, the challenge here was that most of our youth required a great deal of outreach and engagement before they would agree to services, and these activities are not generally reimbursable under Medi-Cal.

Second, as the Department was also in the process of launching a Transition-Aged Youth (TAY) Full-Service Partnership (FSP) program under MHSa funding. Behavioral Wellness determined this would provide another source of funding to sustain RISE Project services. FSP programs provide intensive, often field-based services, and have low client to staff ratios and 24-hour availability. Many of the youth served by the RISE Project would qualify for this level of services, and the FSP structure provides funding for much of the outreach and engagement that is necessary to link survivors to longer term care. The RISE Project transition to a TAY-FSP program began in FY 2019-2020.

Sustainability Challenges

As a TAY FSP, the RISE Project equivalent will be partially funded by MHSa, which allows a “whatever it takes” approach. This funding source allows money to be used for emergency hotel/accommodation charges, clothes, food, and other basic needs. Moreover, FSPs provide many of the same services offered through the RISE Project (e.g., counseling and psychotherapy, medication and physical care, educational opportunities, treatments for

addiction, transportation) and can also provide these services in the youth's home or community.

However, FSP is an enrollment-based program and clients must be referred to the program. To receive these benefits, survivors will need to be admitted to the program, consent to treatment, and receive mental health services (assessment, treatment plan, rehabilitation, case management, etc.). In addition, if the youth qualifies for Medi-Cal, they will need to be enrolled so that qualified services can be billed to Medi-Cal.

What is unknown is how many identified survivors of CSECY will engage in mental health services without the intensive period of rapport and trust-building that was found necessary with the RISE Project team. As part of the Innovation program, Behavioral Wellness and the RISE Project were able to invest a lot of time in non-clinical activities. The RISE Project team focused on outreach and engagement and were not always able to determine whether the youth would qualify for or consent to mental health services. Some youth who engaged with the RISE Project and benefited from the outreach efforts of the program (food, clothes, housing, mental wellness services (yoga, meditation, group counseling, and access to the RISE Project space) without ever enrolling in Behavioral Wellness.

California State Legislation

[SB 1193](#) requires a wide variety of businesses to post fliers informing survivors of human trafficking of phone numbers they can call to access help and services, such as the National Human Trafficking Resource Center at 1-888-373-7888. Compliance and the impact for survivors needs to be investigated.

[AB 629](#) provides compensation to survivors of human trafficking for the loss of income and/or loss of support they incur as a result of the deprivation of liberty they experienced while being trafficked. The total compensation is up to \$10,000 per year for a maximum of two years. Applications for this compensation are detailed and thus, support for survivors to complete the paperwork is recommended.

[The Federal Runaway and Homeless Youth Program](#) provides key supports for community-based programs designed to support youth at-risk of running away or becoming homeless. As youth who runaway or are homeless are at-risk for CSEC and frequently exploited, this source of funding may be useful for public (state and local) and private non-profit organizations.

Moving forward, a key to engaging all survivors of CSECY, regardless of their readiness for participation in a TAY FSP, will be coordinating across the county with other agencies and nonprofit organizations to develop continuum of care to efficiently prevent, identify, engage, house and fully support CSECY. The MHSA Innovations funding accelerated Santa Barbara County's understanding of what innovations it takes within the mental health system of care to accomplish this and found that a) specialized training in CSECY is required to perform this work and b) no one agency can tackle this alone. Institutional partners, including the district attorney, department of social services, schools, law enforcement, and nonprofit agencies must

work together to establish a continuum of care and build capacity until it is possible to eradicate CSECY and identify and serve all children and youth survivors of CSECY.

Evaluation

Conducting an evaluation of services for CSECY-impacted youth is critical yet challenging for many reasons:

- The needs of CSECY-impacted youth are diverse and ever changing. Thus, no participant receives a standard protocol.
- As programs build capacity, they are likely to build on services and add partnerships to meet the evolving needs of their participants.
- As CSECY-impacted youth often come in and out of treatment, adhering to regular assessment protocols at standard intervals is challenging.
- Survivors may need three-five years of treatment before progress stabilizes, thus, longitudinal tracking of participants is critical.
- Survivors rarely have stable housing and may move frequently.

Thus, multi-tiered evaluation strategies can allow for progress monitoring, continuous program feedback, and, over time, a long-term assessment of program impact.

A nimble database that can link data to participants over time, includes a participant portal for collecting self-reports, and has access levels based on ability to access personal health information (PHI) is optimal for any evaluation and particularly due to the unique challenges posed by programs that serve CSECY-impacted participants. The RISE Project invested in [Vertical Change](#). Although using Vertical Change added another data entry platform for RISE Project staff to use that required a steep learning curve, the goal was to reduce workload due to the ease of collecting data from participants remotely, the availability of immediate reports and data dashboards, the ability of the external evaluator to access the data directly without staff assistance, and the ability to upload data from other sources and have the data linked to participants with a unique identifier.

Types of Evaluation

Descriptive Research

A descriptive research design shows whether a program is operating as planned, provides feedback about services, and determines if desired outcomes are being addressed and accomplished. Any CSECY program needs to consistently document program services provided to participants and track their progress through regular assessment. This is particularly important for programs supporting survivors of CSECY because there is a dearth of evidence-based practice in this area. Moreover, each individual survivor may need a different set of supports; understanding what services are commonly needed can help with programming and staffing as well as in process and outcome evaluations. Outcomes to track include a focus on building participant strengths as a priority focus while also addressing needs and risks. CSECY programs should consider what additional activities need to be tracked outside Medi-Cal

requirements as many of the engagement and rehabilitation activities may fall outside those parameters and require partnerships with other youth-serving agencies.

Treatment Goals

A key aspect of understanding the impact of a program is determining if survivors are meeting their goals. Extracting an indicator of treatment goal success from treatment plans may be a useful metric for understanding program success.

Action Research

Action research is designed to continually improve the quality of implementation and effectiveness of the programming. By collecting regular feedback directly from participants about their experiences with various agencies and programs, CSECY programs can make immediate program adjustments and advise other agencies to do the same. The RISE Project developed a Consumer Survey. The tool should be implemented regularly along with other program measures and periodically reviewed to address results. Feedback to other organizations based on the results should also be scheduled proactively.

Another way to take immediate action with youth participant feedback is to conduct regular focus groups with participants. While program staff or external evaluators could conduct these focus groups (Whaling et al., 2020), an innovative approach that includes youth leadership development is to teach survivor leaders or survivor mentors to run participant focus groups themselves. These survivor leaders/mentors would be trained in focus group methodology and develop the questions they would want to ask. After running focus groups with current youth participants, the leader/mentors would write up the results and provide the feedback to staff in aggregate to keep individual responses private. This provides valuable training to the leader/mentor in giving feedback while allowing the youth participants to potentially feel more secure than they would with a staff member or evaluator.

Youth Participatory Action Research

Youth Participatory Action Research (YPAR) is a method of research that centers the youth participants as the researchers. YPAR includes youth researchers in every step of the research process and therefore brings forward youth voices and youth expertise to inform the research process (Ozer, 2016). At the same time, YPAR empowers participants and equips participants with valuable knowledge about the research and evaluation process. Youth build skills in research, teamwork, and communication skills. [The Institute for Community Research](#) has provided YPAR curriculum.

Experimental Design

A more advanced research design is the quasi-experimental design. This approach comes closer to the gold standard experimental design in providing an answer to the question was *my program* specifically responsible for the improvements we see in our participants?

The challenge with quasi-experimental design is that a comparison group is required. When working with young adults with such unique experiences and tremendous resilience in the face

of challenging obstacles, finding an adequate comparison group ranges from extremely challenging to impossible. The following table lists potential comparison groups and challenges with each one. If the challenges for any one idea are overcome, a CSECY program might be able to implement quasi-experimental design.

Comparison Group	Challenges	Possible Solution
Random Assignment to 1) the RISE Project or 2) treatment as usual	1) Unethical if the RISE Project is a superior treatment and 2) other intensive treatment programs would need to collect the same data for comparison	If other CSECY-specific intensive programs are developed and implement the same evaluation protocol, results can be compared.
Historical Comparison	Typically, unavailable as this population went unidentified in the past	Start tracking CSECY status of youth in programs as soon as possible, even if CSECY-specific programming isn't available.
Groups with Different Levels of Service within the RISE Project	1) Bias in who is in the groups of participants who did not engage 2) Inability to collect data from participants who did not engage	Rigorous adherence to collection of intake data as a prerequisite to participating in the RISE Project and extreme efforts to collect a basic level of follow-up data for all participants including those who did not engage in services. Statistical techniques can control for bias if the data are available.
Comparison to other groups of clients in Behavioral Wellness or Probation	1) Characteristics of each group (the RISE Project versus others) that differ (e.g., CSECY) might fundamentally impact their success. 2) Need for consistent data protocols for the different groups	1) Identification of key characteristics to collect for all populations and to control for statistically 2) Development of a consistent data protocol across agencies so results can be compared.

Example Tools and Assessments

When the RISE Project began, there were few to no assessments validated for use with CSECY-impacted youth. The RISE Project and Santa Barbara County partners developed and implemented a variety of valuable tools.

First Responder ID Tool

The RISE Project collaborated the Santa Barbara County Human Trafficking Task Force and other local stakeholders³ on development of a First Responder ID Tool (FRIT) to rapidly screen for CSECY risk factors and provide direction on what to do when a youth is identified as being at risk. The FRIT contains some items that trigger automatic referrals, such as being picked up in a hotel known for sex trafficking, as well as several less subtle risk items. This one-page tool may be completed by any first responder and includes instructions for how to complete a Suspected Child Abuse Report (SCAR). The First Responder ID tool appears on **page D-13** of the RISE Documents section at the end of this toolkit.

Commercial Sexual Exploitation Identification Tool (CSE-IT)

WestCoast Children’s Clinic developed the [CSE-IT](#) as an in-depth screening and identification tool. The CSE-IT must be completed by a professional trained in its administration and is completed based on information gleaned from an interpersonal interaction between the trained professional and a participant. There are ten categories of questions (e.g., relationships, finances and belongings, use of technology) that are rated on a scale of 0=no concern, 1=possible concern, and 2=clear concern. Item scores are added together and are considered No Concern if they total 0-4 points, Possible Concern if they total 5-10 points, and a Clear Concern if they total 11-20 points. The tool provides ten possible actions to take (e.g., mandated report to authority, develop a safety plan, refer to mental health services). The CSE-IT is an open domain tool for use in service delivery systems that serve children and youth.

Social Emotional Health Survey (SEHS)

The [SEHS](#) (Furlong, You, Renshaw, Smith, & O’Malley, 2013) was developed to assess *CoVitality*, which represents core building blocks of adolescent positive psychosocial development. Research suggests that adolescents’ CoVitality levels are highly predictive of their subjective well-being and self-reported quality-of-life outcomes including academic achievement, school safety, depressive symptoms, and substance use. Bringing participant attention to their own strengths may help them recognize their own resilience and potential.

Child and Adolescent Needs and Strengths (CANS)

The CANS is a multi-purpose tool developed to identify youth strengths and needs. Strengths are the youth’s assets, which are the areas of life where they are doing well or have interest or ability. Needs are potential areas that the youth requires intervention or care. Domains include life functioning, strengths, cultural factors, behavioral/emotional needs, and risk behaviors. Service providers can use these markers to inform decision-making and to monitor outcomes of services.

The RISE Project Consumer Survey

³ Also involved in developing the FRIT as the Santa Barbara County Departments of Social Services, Probation, Public Defender, and District Attorney, as well as the Sheriff’s Office and several non-profit organizations (e.g., Grateful Garment, Rape Crisis, Salvation Army, Noah’s Anchorage). The Human Trafficking Advocate Program and Superior Court also assisted with the FRIT development.

A consumer survey was developed by the RISE Project to obtain detailed information from RISE Project participants about their perspectives about themselves and the services they are receiving. In addition to open-ended feedback, the RISE Project Consumer Survey asked participants questions designed to quantify their satisfaction with the RISE Project and related services. The first set of questions asked RISE Project participants several questions about the RISE Project and how well they feel supported by various aspects of their treatment. The second set of questions asked the RISE Project participants if they had received a particular service and if so, how supported they felt on a five-point scale from Strongly Disagree to Strongly Agree.

Outcomes for Human Trafficking Survivors (OHTS)

As another resource, RTI International has a focus on [human trafficking research and prevention](#). Published in 2020, they developed an easy to use and freely available evaluation instrument called Outcomes for Human Trafficking Survivors (OHTS). This tool is designed to be completed by service providers about their clients and measures safety, well-being, social connectedness, and self-sufficiency. A [webinar](#) about implementing this tool to measure outcomes for survivors is available at the Center for Victim Research.

Data Collection Procedures

The following data collection procedures should be considered:

1. Update parental consent and youth assent to include participation in research/evaluation.
2. Collect release of information forms at intake so staff may share information between participating agencies. Update the form as new collaborations are built.
3. Assign all participants a unique program identification number at program intake. Pair this number with other agency identification numbers (e.g., Probation, Schools) for data sharing. This is optimized for protecting personal health information by using a secure database.
4. Develop and implement a method to track and categorize each youths' participation in various aspects of programming.
5. Complete intake assessments with youth as soon as possible after engagement. Require that intake assessments be completed within one month of intake, if possible, given each participant's engagement needs.
6. Complete regular follow-up assessments at 3, 6, 12 months and yearly thereafter. Track intake date and require staff to complete follow-up assessments *within one month* of their follow-up date, which should be calculated as the date intake assessments were completed. Timing of assessments can be facilitated by using a database program with a client portal and the ability to automate survey requests (messaging, email) directly to clients who can complete them on their device such as a smart phone.
7. During the intake process, develop participant-specific SMART goals with each participant. Track progress towards and accomplishment of each goal formally at each follow-up assessment. Staff should help participants develop new goals as goals are accomplished or priorities change.

8. Maintain item-level results of all assessments in the database for easy tracking and reporting.
9. Train staff regularly on the evaluation protocol to make sure data are consistently collected and tracked.

Responding to COVID-19

The COVID-19 crisis has provided unique challenge and opportunities related to CSECY. While COVID-19 has increased freedom (e.g., lack of jail time) and access to children and youth for exploiters (e.g., exponential use of unsupervised social media use), policy and service delivery changes make some supports easier than in the past. In this section some key concerns and solutions identified by stakeholders are summarized.

Concerns

- Children and youth are relying on the internet more than ever before due to necessary connections to schoolwork and friends. There is concern that there will be a spike in exploitation as children and youth access the internet on devices that are not blocked to inappropriate contact. Many youth are also left unsupervised while parents juggle work and other obligations.
- Traffickers use online platforms, but arrests are made in person. Restrictions to sting operations combined with a movement to limit incarceration, traffickers and exploiters have more freedom and access than ever before.
- Support services for survivors are typically provided face-to-face. It is more difficult to build rapport through telehealth service provision. Moreover, videoconferencing and electronic communication may be triggering because these are often used in sex trafficking.
- Sheltering and residential treatment are even more limited than ever before.
- COVID-19 may feel particularly stressful for survivors of CSECY (see [A Guide for Survivors of Sex Trafficking During COVID-19](#) for more detailed information and support).

Solutions

- Schools may want to equip their devices with software, such as [Bark](#), that can monitor device content for concerning material. In addition, schools or other agencies may want to invest in education for youth and parents about the risks of internet use and how to protect themselves.
- Pay close attention to any warning signs of exploitation including absence from school or home. Proactively develop connections with vulnerable youth to reduce isolation and provide a sense of love, belonging, and esteem. Report any suspicion of CSEC, per the First Responder Identification Tool, to child welfare services.
- Provide education to survivors about COVID-19 and how to protect themselves as there is a lot of inaccurate information in the media.

- Use online platforms for therapy, social support, and other service provision but be cautious about videoconferencing. Provide psychoeducation to survivors and actively work with them on their triggers. Make sure providers do not videoconference from an obvious bedroom workstation and orient the camera so the provider is looking up, not down, at the survivor.
- Work to find transportation services. For example, facilitate home delivery of medications, food, diapers, and other necessary items. Adjust modes of transportation and options for housing.
- Help survivors take advantage of stimulus and unemployment benefits as well as any other funding that emerges to support vulnerable populations during this crisis.

Glossary

163 Wraparound Services -- a process of working with children and youth with substantial behavioral health challenges. Community-based services and supports “wrap around” a child or youth and their families in their homes, schools, and communities.

AOD – Alcohol and other drugs

CBT – cognitive behavioral therapy, a structured form of psychotherapy that creates awareness of negative thinking to help cope with challenging situations more effectively.

CSE – Child sexual exploitation

CSE-IT – Commercial Sexual Exploitation Identification Tool

CSEC – Commercially sexually exploited children or commercial sexual exploitation of children. CSEC is the sexual abuse of a child under the age of 18 years, for the financial benefit of any person, or in exchange for anything of value, including monetary or non-monetary benefits. All commercially sexually exploited minors are victims, regardless of the presence of force, fraud, or coercion. CSEC includes selling/trading a child for economic gains, child pornography, child sex tourism, street prostitution, stripping, phone sex lines, interfamilial sexual exploitation of children, survival sex (e.g., exchanging sex for food or shelter), and other forms of transactional sex like arranged marriages.

CSEY – Commercially sexually exploited youth or commercial sexual exploitation of youth. CSEY has a similar definition as CSEC but of youth between the ages of 18 and 25. Youth 18 years and older do not have the same legal protections, resources, and reporting requirements as minors.

CSECY – Commercial sexual exploitation of children and youth or commercially sexually exploited children and youth

DBT – Dialectical Behavioral Therapy, a type of cognitive behavioral therapy first used to treat borderline personality disorder and subsequently used to treat other behavioral disorders.

EM – Electronic monitoring

EMDR – Eye Movement Desensitization and Reprocessing, a psychotherapy treatment designed to alleviate the distress from traumatic memories.

FRIT – The First Responder Identification Tool (FRIT) helps professionals who regularly interact with children and youth (e.g., law enforcement officers, juvenile hall staff, probation officers, medical staff, teachers) identify the warning signs of CSECY and make a referral to Child Welfare with a Suspected Child Abuse Report (if under 18) and/or other supports (i.e., 911, mobile crisis teams, or the Behavioral Wellness Access line for service referral) depending on the urgency of concerns.

FSP – Full Service Partnership, a program funding category of California Mental Health Services Act (MHSA) established in 2005 to provide clients a full spectrum of community behavioral health services and supports.

GSM – Gender or Sexual Minority, which is inclusive of anyone who does not identify as cisgender or heterosexual.

Harm Reduction - Policies and practices aimed at reducing the negative consequences of drug and alcohol use.

HART Court – The Helping to Achieve Resiliency Treatment (HART) Court for Commercially Sexually Exploited Children was established in Santa Barbara County in November 2015 to

increase strategic collaboration and ongoing communication between all stakeholder agencies working directly with children who have been commercially sexually exploited.

Hierarchy of Needs – Maslow’s Hierarchy of Needs comprises a five-tier framework of human needs. Basic needs include physiological needs (food, water, shelter) and safety needs (security, safety). Psychological needs include love needs (friends and belongingness) and esteem needs (feeling of accomplishment). Self-fulfillment involves self-actualization, which is achieving full potential. Youth are at-risk for CSECY if their love needs are not being met; youth will leave food and shelter to seek love and belonging.

HTTF – [Santa Barbara County Human Trafficking Task Force](#) (HTTF) was founded by the Santa Barbara District Attorney in 2013 in recognition that an interdisciplinary, collaborative, and victim-centered effort is needed to combat human trafficking.

Human Trafficking – Human trafficking involves the use of force, fraud, or coercion to obtain a labor or commercial sex act. Traffickers use force, fraud, or coercion to lure victims and force them into labor or commercial sexual exploitation.

ISP – An Individualized Service Plan is the written details of the supports, activities, and resources required for an individual to achieve personal goals.

LGBTQ – Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning.

MDT – A multidisciplinary team includes a range of professionals from one or more organizations working together to provide comprehensive care to clients/patients.

MHSA – California’s Mental Health Services Act ([MHSA](#)). The MHSA is funded by a one percent income tax on personal income in excess of \$1 million per year and is designed to expand California’s behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families.

MOU – A memorandum of understanding is an agreement as to the roles and responsibilities of and between two or more parties outlined in a formal document.

PYD – Positive Youth Development Framework focuses on strengths and positive outcomes, values youth perspectives and input, and provides ongoing, long-term, developmentally appropriate support.

The RISE Project – Resiliency Interventions for Sexual Exploitation, a Project of the Santa Barbara County Department of Behavioral Wellness.

Runaway Girl – Carissa Phelps’s 2012 memoir that cast light on sex trafficking in the United States.

SCAR – A suspected child abuse report

STRTP – Short-Term Residential Therapeutic Program. As of January 1, 2017, [STRTPs were established](#) in California as a new community care facility that provides an integrated program of specialized and intensive care and supervision, services and supports on a 24-hour basis for short-term periods.

Survival Sex – Exchanging sex for basic subsistence needs like food, clothing, and shelter.

TAY – Transition-Age Youth, defined by the California Mental Health Services Act as individuals between the ages of 16-25.

TF-CBT – Trauma-focused cognitive behavioral therapy.

Trafficking – Trafficking means the recruitment, harboring, transportation, provision, or obtaining of a child for the purpose of a commercial sex act.

Victim Witness – Victim witness programs provide comprehensive and coordinated services to victims of crimes.

Wraparound Services – see “163 Wraparound Services”

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Selected Documents from the RISE Project

- D-1** RISE Project Summary
- D-2** Handout for Clients
- D-4** CSEC Hierarchy of Needs
- D-8** Referral Form
- D-10** Santa Barbara County Triage & Emergency MDT Flowchart
- D-11** Identification and Referral Flowchart
- D-12** Juvenile Hall CSEC Flowchart
- D-13** First Responder ID Tool (FRIT)
- D-14** Community Self-Care Support Plan
- D-18** CSEC Interagency MOU

RISE Project



Mission Statement:

R.I.S.E (Resiliency Interventions for Sexual Exploitation) is committed to the restoration and empowerment of young females exposed to, or at risk of, sexual exploitation and trafficking. Through trauma-specific services, collaborative partnerships and community outreach, RISE works to restore and reintegrate survivors, eradicate sexual exploitation and reduce the stigma surrounding sexual trauma in Santa Barbara County. RISE is committed to promoting hope and resiliency in girls and young women, guiding them to be leaders in their pursuit of meaningful and enriching lives.

Who RISE Serves:

The RISE Project will serve females aged 10-19 and their families; specifically targeting our underserved African-American, Asian/Pacific Islander, Latino, Native American/Tribal, and the LGBTQ girls/young women who are “at risk” and vulnerable to exploitation. RISE also provides sexual exploitation specific consultation, psycho-education and linkage to rehab/therapy supports for **all individuals** exposed to or at risk of sexual exploitation and trafficking.

Risk factors: Runaway, incarceration, school expulsion, multiple caregivers, addiction, associations with others involved in exploitation, family history of sexual exploitation, domestic violence, gang involvement, past sex trauma/child abuse/neglect/abandonment and out of home placement.

Please note, we also serve girls and young women who have not experienced sexual exploitation, but could be at risk for sexual exploitation

The RISE Project will be composed of integrated elements:

1. Initial Intake and Exit Screenings, Survey's & Assessments to collect/evaluate data to ensure program efficacy as well as provide compatible treatment interventions
2. Comprehensive & Inclusive Treatment Planning and Development including treatment team, youth, family/caretakers and other support persons.
3. Trauma Informed Crisis Interventions 24/7 crisis interventions & referrals will be available through RISE & Community Partners
4. Biopsychosocial-Hierarchy of Needs supports focusing on wellness, resilience and recovery through evidenced based and best practice supports that attend holistically to the individual through a biological, social, psychological, spiritual, cultural, basic needs and environmental supports approach:
 - Yoga
 - Dance/Music Classes/Workshops
 - Animal Therapy
 - Writing Workshops
 - Artistic/Self Expressive/Hygiene/Gender Positive Activities
 - Meditation/Mindfulness/Intentional Thinking
 - Pro-social opportunities through positive peer and resiliency building activities and vocational training
 - Trauma-Informed/Female-Specific Counseling Groups
 - Trauma-Focused Individual Therapy/Counseling/Supports
 - Peer Mentor Program
 - Physical Wellness/Reproductive Treatment through trained nursing staff
 - Spiritual awareness/focus
 - Culture and Gender Specific awareness and psycho-education
 - Female Specific Addiction Treatment linkage and psycho-education
5. Medication Support through a trauma-informed Psychiatrist
6. Linkage to strength and trauma based support and peer-driven resources
7. Advocates assisting youth in navigating legal, CWS, School, Immigration and Mental Health systems etc.
8. Monthly Multi-Disciplinary Treatment Team meetings with youth and family to review progress and problem-solve
9. Incentive Program (*Outreach, Welcome & Success Packs*) to celebrate effort/goal attainment, keep youth engaged and assist them in reaching their goals
10. Weekly Treatment Team Review Committee where youth are presented to a trained multi-agency team to determine appropriate Tx and supports, and assess progress/efficacy of treatment

For questions or consultation, please contact Lisa Conn, MFT & Supervisor of the RISE Project at lconn@sbcbbwell.org

RISE Project

Wellness-Mind, Body & Spirit = Bienestar-Mente, Cuerpo y Espiritu

STABILIZATION:

"Out of the Fire"

- During this stage we will work together with you to identify your needs & strengths, helping you put out any "fires" or urgent issues you may be facing.
- We will develop a Self-Care Support Plan with you & identify someone from our RISE team to be your "Navigator", your "go to person" that will walk with you through your process of healing or achieving goals.

ESTABILIZACIÓN:

"Fuera del fuego"

- Durante esta etapa trabajaremos juntos contigo para identificar tus necesidades y fortalezas, ayudándote a eliminar cualquier "incendio" o problemas urgentes que puedas estar enfrentando.
- Desarrollaremos un Plan de Seguridad y identificaremos a alguien de nuestro equipo de RISE para ser tu "Navegador", tu "ir a la persona" que caminará contigo a través de tu proceso de curación o logro de metas.

COPING STRATEGIES:

"Rise and Shine"

- During this stage, your "Navigator" will introduce other potential supports and support persons.
- You will identify short and long term goals/dreams & then together we will develop a plan of action with you to achieve your goals and dreams.
- You will help us to put together and identify your "Support Team."
- Your "Team" will help you develop your "tool box" that allows you to manage obstacles or challenges that come your way.
- You are always in the driver's seat and direct the way you reach your goals; RISE is simply here to "walk with you" on your journey!

ESTRATEGIAS PARA LIDIAR

PROBLEMAS:

"Levántate y brilla"

- Durante esta etapa, tu "Navegador" presentará otros potenciales apoyos y personas de apoyo.
- Identificarás metas/sueños a corto y largo plazo y luego juntos desarrollaremos un plan de acción contigo para lograr tus metas y sueños.
- Nos ayudarás a reunir e identificar tu "Equipo de Apoyo."
- Tu "Equipo" te ayudará a desarrollar tu "caja de herramientas" que te permite gestionar obstáculos o desafíos que vienen a tu manera.
- Tu siempre estás en el asiento del conductor y diriges la manera en que alcanzas tus metas; RISE esta simplemente aquí para "caminar contigo" en tu viaje!

MAINTENANCE:

PRACTICE BEING THE REAL ME

"Walking in My New Shoes"

- During this stage, you will have your "Team" of people supporting you as you Rise Up to reach the life you want.
- Now that you have put out your fires and learned basic skills to better manage whatever challenges come your way, there is more room for growth and new learning.
- You are now ready to deepen your understanding of yourself & others. This will strengthen your resiliency and healthy relationships, making you less vulnerable to negative influences, people or experiences.
- RISE provides a variety of opportunities and services in the "Maintenance" stage. We can assist you in education, vocational school, art, dance, employment **or social opportunities so you can be successful and enjoy your life!**
- At this stage you are willing to try new things, fully engaged in your treatment, trust your team and start to explore what it means to move from "Victim" to "Survivor."

MANTENIMIENTO:

PRÁCTICA SER EL VERDADERO

"Caminando en Mis Nuevos Zapatos"

- Durante esta etapa, tendrás tu "Equipo" de personas que te apoyaran para alcanzar la vida que deseas.
- Ahora que has apagado tus fuegos y has aprendido las habilidades básicas para manejar mejor los desafíos que vienen en tu camino, hay más espacio para el crecimiento y el nuevo aprendizaje.
- Ahora estás lista para profundizar tu comprensión de sí misma y de los demás. Esto fortalecerá tu resiliencia y relaciones saludables, haciéndola menos vulnerable a influencias negativas, personas o experiencias.
- RISE proporciona una variedad de oportunidades y servicios en la etapa de "Mantenimiento." Podemos ayudarte en la educación, la escuela vocacional, el arte, la danza, el empleo o las oportunidades sociales para que puedas tener éxito y disfrutar de tu vida!
- En esta etapa estás dispuesta a probar cosas nuevas, totalmente comprometida en tu tratamiento, confías en tu equipo y comienzas a explorar lo que significa moverse de "Víctima" a "Superviviente."

LEADERSHIP:**"Don't Talk About it...Be About It!"**

- During this stage, you have mastered your skills, built up your strengths, developed and maintained healthy supportive relationships and achieved many of your long and short term goals.
- You have shown "leadership" in your own life by using skills, healthy supports and making choices that best lead you toward your life goals and happiness.
- You have explored why and how you went from "Victim" to "Survivor" and now redefine yourself as a "Thrifer".
- You now understand how trauma impacts every aspect of your life, including thoughts, actions, education, feelings, opportunities, relationships and your physical wellbeing.
- You understand the difference between a healthy and nurturing relationship and one that is not.
- You have learned that you are exceptionally resilient and regularly use your strengths to create your own happiness.
- You are your own "leader" and are ready to go live the life you have worked so hard to create!

LIDERAZGO:**"No Hable de Ello ... Ser Sobre él!"**

- Durante esta etapa, has dominado tus habilidades, desarrollado tus fortalezas, desarrollado y mantenido relaciones de apoyo saludables y has logrado muchos de tus objetivos a corto y largo plazo.
- Has mostrado "liderazgo" en tu propia vida usando habilidades, apoyos saludables y tomando decisiones que mejor te llevan hacia tus metas de vida y felicidad.
- Has explorado por qué y cómo pasaste de "Víctima" a "Superviviente" y ahora redifines tu mismo como un "Thrifer."
- Ahora entiendes cómo el trauma afecta cada aspecto de tu vida, incluyendo pensamientos, acciones, educación, sentimientos, oportunidades, relaciones y tu bienestar físico.
- Entiendes la diferencia entre una relación saludable y de consolidación y una que no es.
- Has aprendido que eres excepcionalmente resistente y usas regularmente tus fuerzas para crear tu propia felicidad.
- Eres tu propio "líder" y estás lista para vivir la vida que has trabajado tan duro para crear!

A lo largo de tu viaje con RISE te apoyaremos para descubrir y vivir tu "verdadero yo"; El TU que siempre ha estado allí sabiamente esperando un espacio seguro para ser el "Real Yo". Había razones por las que necesitabas protegerte y sobrevivir como lo hiciste. Esas elecciones que hiciste se basaron en lo que creías que necesitabas hacer para sobrevivir en el momento ... tú estás aquí ahora y segura para que esas opciones funcionaran. Ahora te invitamos a practicar "Ser el verdadero yo" para que puedas asumir la parte de "Liderazgo" en tu propia vida y romper las cadenas de abuso, explotación, dolor, relaciones rotas, encarcelamiento y adicción que te impidieron crear la vida que quieres ... conviértete en un "Thrifer"!

RISE Project



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Phone: (805) 346-1488

RISE Project Phases-CSEC Hierarchy of Needs

BIOPSYCHOSOCIAL MODEL

¹ Physiological needs: food, clothing, shelter, water, and homeostasis.

² Safety needs: security of body, employment/education, resources, morality, family, health, environment.

³ Love and Belonging needs: friendship, family, intimacy, connections to others or group.

⁴ Esteem needs: purpose, confidence, self-efficacy, positive self-regard and self-esteem.

⁵ Self-Actualization is the need to “become the most one can be” through mastering how to meet all previous levels of need.

	PHYSIOLOGICAL ¹	SAFETY ²	LOVE/BELONGING ³	ESTEEM ⁴	SELF-ACTUALIZATION ⁵	TOOLS
<p><u>STABILIZATION:</u> “Out of the Fire”</p>	<ul style="list-style-type: none"> • Food and clothing • Hygiene • Immediate medical care • Gynecological care • Immediate sexual trauma support Rape Crisis and/or SART exam • Substance abuse intervention • Immediate placement and planning 	<ul style="list-style-type: none"> • Self-care safety plan • Suicide intervention • Daily check-ins • 24/7 Crisis Response information • Trauma-informed DBT Crisis Interventions • Self-soothing supports and tools • Short-term goals and initial treatment planning • “Warm handoffs” • Moving On: Am I ready for the next step? 	<ul style="list-style-type: none"> • Rapport building with first responder • What Makes Me Shine? • Assign systems Navigator • Welcoming intake process into RISE program • Begin to create sense of belonging • Identify primary care providers (i.e., therapist, counselors, peer advocate, family, teacher, friends, etc.) • “Warm handoffs” 			<p>First Responder CSECID Tool, SEHS Self Care Safety Plan</p>

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	PHYSIOLOGICAL ¹	SAFETY ²	LOVE/BELONGING ³	ESTEEM ⁴	SELF-ACTUALIZATION ⁵	TOOLS
<p><u>COPING STRATEGIES:</u> “Rise and Shine”</p>	<ul style="list-style-type: none"> • Long-term placement • Assign Health and Wellness Advocate • Mind/Body/Spirit Wellness 	<ul style="list-style-type: none"> • Triggers and coping strategies plan • Accepting reality • Short and Long-term goals • Client driven Treatment Plan • Interact with Peer/Survivor Advocate. • “Warm handoffs” 	<ul style="list-style-type: none"> • Continued rapport building with treatment team • Outreach to families and community supports • Reconnect with primary care providers • Social/emotional skills building • “My Social Inventory” • Identifying therapy interfering behaviors • Challenging thought distortions • “Warm handoffs” • Moving On: Am I ready for the next step? 	<ul style="list-style-type: none"> • Social/emotional skills building • Short Term Goal Attainment • Improved relationships • Returning to baseline sooner • Building trust in others and self • Gaining knowledge through Ending the Game • Resiliencies are building 		<ul style="list-style-type: none"> • CANS • SEHS • Identify Needs and Strengths • Short- and Long-Term Goals • Client Driven Treatment Plan • Begin Ending the Game Curriculum

- ¹ Physiological needs: food, clothing, shelter, water, and homeostasis.
- ² Safety needs: security of body, employment/education, resources, morality, family, health, environment.
- ³ Love and Belonging needs: friendship, family, intimacy, connections to others or group.
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	PHYSIOLOGICAL ¹	SAFETY ²	LOVE/BELONGING ³	ESTEEM ⁴	SELF-ACTUALIZATION ⁵	TOOLS
<p><u>MAINTENANCE</u></p> <p>Practice Being the “REAL ME”:</p> <p>“Walking in my new shoes”</p>	<ul style="list-style-type: none"> • Psychosocial education: Reconnecting with the body • Assign Health and Wellness advocate • Mind/Body/Spirit Wellness 	<ul style="list-style-type: none"> • Meditation • Trauma-informed group therapy activities • Family therapy • “warm handoffs” • Individual and group counseling • Emotional regulation skills development 	<ul style="list-style-type: none"> • Interpersonal skills building and repairing relationships • Group and individual counseling • Group therapy activities • “warm handoffs” • Trauma-focused family therapy 	<ul style="list-style-type: none"> • Practice being the REAL ME • Building positive self-regard • Reframing life story • Radical acceptance • Psychosocial education: gender oppression, racism, socioeconomic inequalities, effects of trauma, coercion • Resiliency • Sharing testimonies • Group therapy activities • Reproductive/ wellness education and consultation • Short- and Long - term goal attainment • Moving On: Am I ready for the next step? 	<ul style="list-style-type: none"> • Self-efficacy and advocacy • Self-Acceptance • Starting to experience internal validation 	<ul style="list-style-type: none"> • CANS • SEHS • Complete Ending the Game Curriculum

¹ Physiological needs: food, clothing, shelter, water, and homeostasis.

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⁵ Self-Actualization is the need to “become the most one can be” through mastering how to meet all previous levels of need.

	PHYSIOLOGICAL ¹	SAFETY ²	LOVE/BELONGING ³	ESTEEM ⁴	SELF-ACTUALIZATION ⁵	TOOLS
<p><u>LEADERSHIP:</u></p> <p>“Don’t talk about it, be about it”</p>	<ul style="list-style-type: none"> • Mind/Body/Spirit Wellness 	<ul style="list-style-type: none"> • Ongoing trauma-focused counseling • Seeking Safety 	<ul style="list-style-type: none"> • New healthy and markedly improved relationships • Increased opportunities to participate in the facilitation of RISE services • Strong rapport with treatment team • Has specific leadership role within RISE and the community 	<ul style="list-style-type: none"> • Leadership roles within RISE and own life • Mentoring other survivors or those in need • Vocation/ Education/ Skills • Financial Life Skills • Employment/ Education attainment • Fine tuning coping strategies and skill development • Life Skills • Wellness-Mind-Body-Spirit 	<ul style="list-style-type: none"> • Automatic pilot • Living the authentic self • Moved from external validation to internal validation • Reality testing and revisiting goals • Identifying skills that need strengthening or patch work • Discharge Planning/ Referrals • Graduation Certificate • Moving On: Am I ready for the next step? 	<ul style="list-style-type: none"> • CANS • SEHS

Resiliency Interventions for Sexual Exploitation Referral and Eligibility Screening Form

CLIENT INFORMATION:			PARENT/LEGAL GUARDIAN INFORMATION:		
First and Last Name:		Current Location (address):		First and Last Name:	Address (if different from youth):
DOB:	Phone number:	On Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to Youth:	Aware of youth's CSEC status? <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN:	Primary Language:	In Child Welfare? <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact phone number:	Primary language:
Ethnicity:		Race:			

REFERRING PARTY:			
<input type="checkbox"/> Probation <input type="checkbox"/> Social Services <input type="checkbox"/> Defense Counsel <input type="checkbox"/> DA <input type="checkbox"/> BWELL <input type="checkbox"/> CBO/Group Home/Other, please specify:			
Name of referring party:	Contact phone number:	Email:	Date of Referral:
Who has established rapport and can facilitate an in person introduction with youth and RISE staff?			
PO or Social Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Contact #:	Email:

LIST IDENTIFYING CSEC FACTORS (please provide comprehensive details)				
<input type="checkbox"/> Identified as at-risk based on First Responder ID Tool Please describe specific CSEC risk factors:				
IS YOUTH IN IMMEDIATE DANGER OR NEED CRISIS SERVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Recent suicide attempt	<input type="checkbox"/> Active threats against youth	<input type="checkbox"/> Placement instability, AWOL	<input type="checkbox"/> Cooperating w/law enforcement re exploitation
	<input type="checkbox"/> Active plan to run	<input type="checkbox"/> Being groomed or recruited	<input type="checkbox"/> Use of opiates/heroin	<input type="checkbox"/> Recruiting others
	<input type="checkbox"/> Recent SART exam	<input type="checkbox"/> Recent sexual assault	<input type="checkbox"/> Acute medical issues (i.e. OD pregnancy, hep c)	<input type="checkbox"/> Other: _____
Describe any special needs, medical, cognitive or language issues:				

BRIEFLY describe youth's history re: probation/legal, court dispositions, child welfare, out of home placements, restraining & no contact orders, incarcerations, upcoming court dates, and release dates, etc.):

Instructions:

- Attach relevant supporting documents (e.g. First Responder ID Tool, CWS SCARs, ROIs, Assessments, Dx, Tx Plans, Med Orders etc.).
- Email completed screening form and supporting documents to bwell.rise.sm@sbcbbwell.org. Email subject line should read:
 - "[Secure] client initials RISE Referral date." Example – [Secure] X.Y. RISE Referral 5/2/2016.
- Referring party will assist in the facilitation of an in person introduction between client and new treatment team when possible

For Office Use ONLY:	Intake Appointment (date): _____
Contact attempt dates: _____ Attended appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No Client agreed to services? <input type="checkbox"/> Yes <input type="checkbox"/> No	

INSTRUCTIONS CHECKLIST

- If possible and therapeutically indicated, please inform youth that you will be staffing their case to determine appropriate services.
Sample script: "We/I/Our Department would like to talk to you about services we believe may be helpful for you. We understand that this may be an uncomfortable discussion; however, we care about your well-being and feel this program may help you. We would like to refer you to the RISE Project, which is specifically designed for female and LGBT/GNC youth that may be at risk for school failure, placement instability, legal issues & relationship problems that can lead to exploitation and sexual abuse. Here is a copy of their program curriculum for additional information. (Provide client with copy of rise project referral handout).

"This means that we will talk with RISE to determine appropriate support services for you. If you are eligible & willing to learn more about RISE, one of their staff will meet with you to discuss your goals and the supports the program can provide. Then you can decide whether or not you want to participate. RISE is an empowerment program so services will be provided only if you choose them and would never be mandatory."
- If client is not open to discussing the referral with you and you would like assistance, please contact the RISE Clinical Team at BWELL.RISE.SM@co.santa-barbara.ca.us
- Attach relevant supporting documents (see below).
- Email completed screening form and supporting documents to Lisa Conn, RISE Team Supervisor, at BWELL.RISE.SM@co.santa-barbara.ca.us. Subject line should read: "[Secure] client initials RISE Referral date." Example – [Secure] X.Y. RISE Referral 5/2/2016.
- Referring party is requested to assist in facilitating of an in person introduction with youth and RISE staff. Please assign a staff whom youth trusts and has established rapport with, to facilitate introduction.

*Please note that the RISE serves females and LGBTQ/GNC youth aged 10-24. For non LGBT/GNC male clients or all other clients who are 25 and above, RISE provides specialty consultation and linkage services.

Please attach or provide all relevant supporting documents/information (items with an * are required).

- *Completed referral form
- *First Responder ID Tool (if exploitation happened in SB Co)
- *Any other CSEC Identification/Screening Tool
- *ROI
- Court Report(s) – i.e. Disposition, Jurisdiction, etc.
- School Records (IEP, 504 plans, SST etc)
- Police Report(s)
- CWS Tracer Form
- Prior mental health reports/assessments
- Diagnosis
- Treatment plans
- Med Orders
- Other (specify): _____

TRIAGE & EMERGENCY CSEC MDT FLOWCHART- SANTA BARBARA COUNTY

D-10

① 1st Responder Identifies Child with CSEC "Red Flags" and Concerns

② 1st Responder Contacts CWS Hotline and/or Law Enforcement

③ Lead Agency Determined and Notifies Rapid Response Team Members

④ Lead Agency Notifies MDT Triage Members Within 24 Hours

New or Unreported Abuse

- Self or other report
- Picked up in motel or known area of prostitution
- Identified as at-risk based on First Responders ID Tool

New or Unreported Abuse

- 1st Responder:
- Completes 1st Responder ID Tool
 - Calls CWS Abuse Hotline immediately.
 - Within 24 hours, completes and submits SCAR to CWS
- CWS will cross report all CSEC reports to LE immediately or ASAP

Determine Lead Agency

No history = CWS
300 Dependent = CWS
600 Ward = Probation

Imminent Risk To Safety

- Lead agency responds to child's location w/in 2 hrs to stabilize risk
- Lead agency contacts Rapid Responders i.e. Rape Crisis, trained CSEC counselors
- If in secured detention facility lead agency to contact CSEC Rapid Responders and notify facility admin

No Imminent Risk

- Lead agency contacts Rapid Responders

Regardless of status, imminent risk or placement, Rapid Responders should be deployed

MDT Triage Members collectively decide:

- 1) Which partner agencies will participate based on client's specific needs
- 2) What immediate interventions and supports are needed
- 3) If warranted, how quickly to convene Emergency MDT meeting

Emergency MDT meeting attended by all mandatory MDT members or other agreed upon members. Can be convened within first 24-48 hours, but no later than 72 hours.

Previously Identified with New Concerns

- Active threats
- Placement issues or AWOL return
- Recent overdose/ acute medical issues (e.g. pregnancy)
- Suicide attempt
- Recent SART exam
- Cooperating with law enforcement

Previously Identified with New Concerns

No SCAR needed

1st Responder contacts lead agency and/or MDT POC (point-of-contact); proceed to Step ③.

Crisis stabilization may include:

- Rape Crisis: Rapid Responder
- Law Enforcement: Protective custody and safety
- CWS: Investigation, safety & placement
- Probation: Safety & placement
- 24/7 Crisis Hotline: Emotional crisis stabilization
- PHD: SART/ medical exam
- County Mental Health: Rapid Responder

Potential 1st Responders

- Law Enforcement
- Hospital/Medical
- Behavioral Wellness
- Rape Crisis
- CWS/Probation
- Education
- CBO's

MDT Triage Members

- CWS and/or Probation
- PHD
- Behavioral Wellness
- Rape Crisis
- Victim Witness
- Other agreed upon members

Identification & Referral Flowchart for Potential CSEC Victims

START

Possible CSEC Victim is Suspected

1st Responder
CSEC IDENTIFICATION TOOL

- ◆ Broad, short screening tool
- ◆ Can be used by any discipline or first responder (teachers, nurses, law enforcement, Juv Justice etc.)

WESTCOAST CSEC IDENTIFICATION TOOL

- ◆ In-depth interview and analysis
- ◆ Applied by trained CWS staff
- ◆ Identifies risk factors and risk level

CSEC MDT (Multi-Disciplinary Team)

- ◆ Comprised of multiple agencies and disciplines
- ◆ Reviews risk factors, needs & strengths
- ◆ Collaboratively determines best course of supports & services
- ◆ Refers & Links youth to recommended services/supports

Referrals

- ◆ Increase in service referrals as a result of outreach, training and education efforts

Outreach, Training & Education

- ◆ CBOs
- ◆ Clinics & Hospitals
- ◆ Schools
- ◆ Community Centers
- ◆ Law Enforcement
- ◆ Juvenile Justice

Possible Concern

Clear Concern*

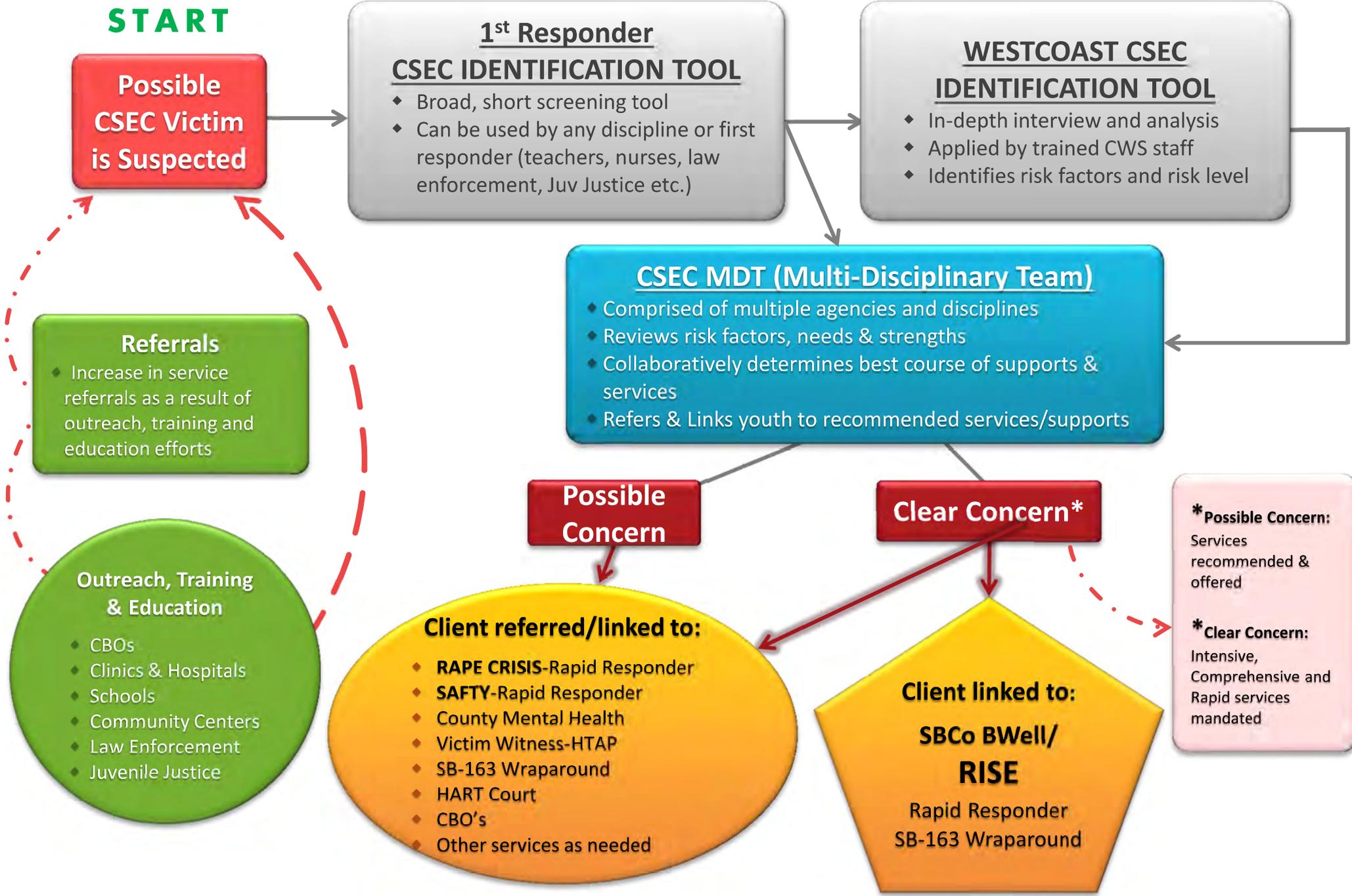
Client referred/linked to:

- ◆ RAPE CRISIS-Rapid Responder
- ◆ SAFTY-Rapid Responder
- ◆ County Mental Health
- ◆ Victim Witness-HTAP
- ◆ SB-163 Wraparound
- ◆ HART Court
- ◆ CBO's
- ◆ Other services as needed

Client linked to:
SBCo BWell/ RISE
 Rapid Responder
 SB-163 Wraparound

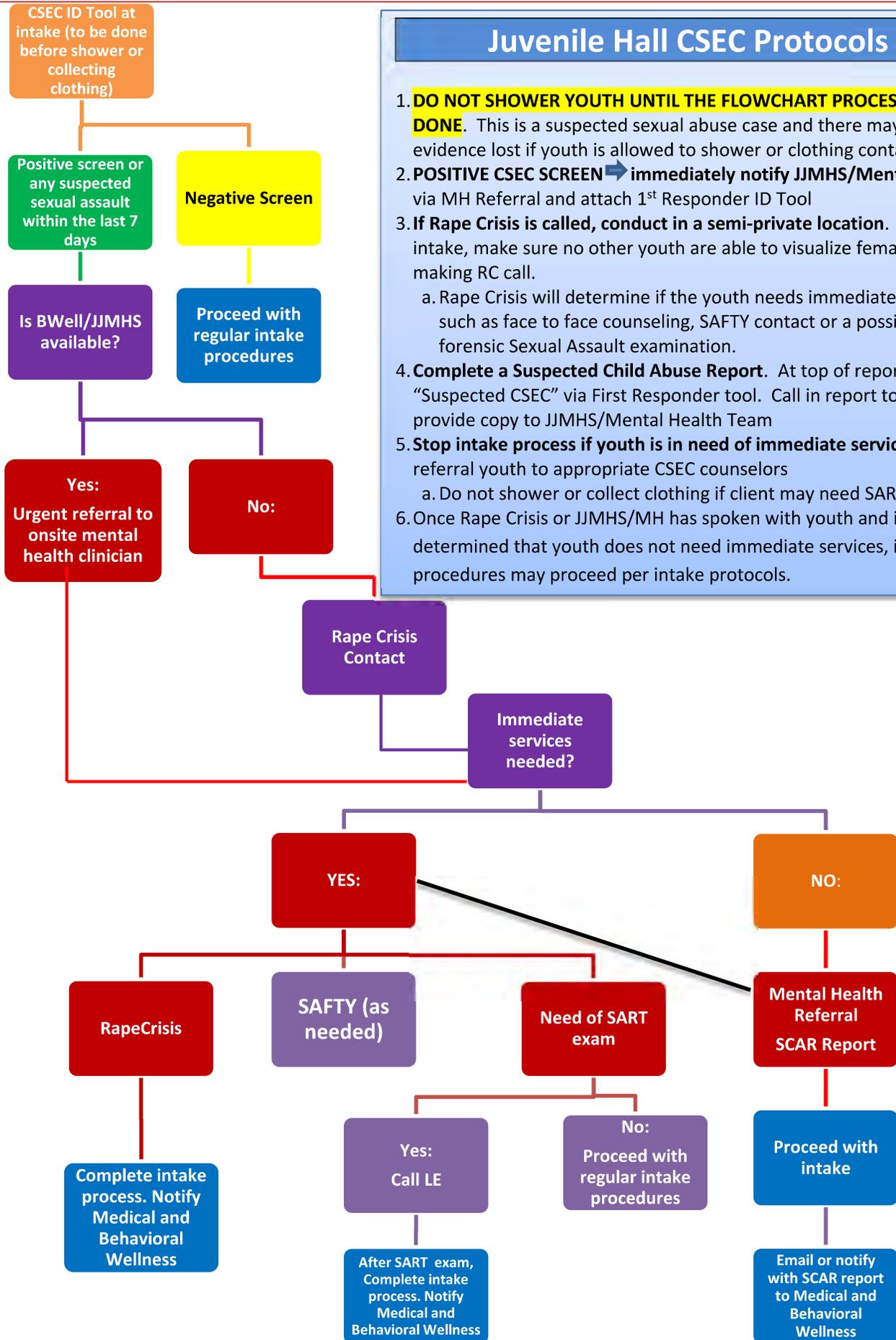
*** Possible Concern:**
 Services recommended & offered

*** Clear Concern:**
 Intensive, Comprehensive and Rapid services mandated



Juvenile Hall CSEC Protocols

1. **DO NOT SHOWER YOUTH UNTIL THE FLOWCHART PROCESS IS DONE.** This is a suspected sexual abuse case and there may be evidence lost if youth is allowed to shower or clothing contaminated.
2. **POSITIVE CSEC SCREEN** → immediately notify JJMHS/Mental Health via MH Referral and attach 1st Responder ID Tool
3. **If Rape Crisis is called, conduct in a semi-private location.** If done in intake, make sure no other youth are able to visualize female when making RC call.
 - a. Rape Crisis will determine if the youth needs immediate services such as face to face counseling, SAFTY contact or a possible forensic Sexual Assault examination.
4. **Complete a Suspected Child Abuse Report.** At top of report, write "Suspected CSEC" via First Responder tool. Call in report to CWS and provide copy to JJMHS/Mental Health Team
5. **Stop intake process if youth is in need of immediate services,** and referral youth to appropriate CSEC counselors
 - a. Do not shower or collect clothing if client may need SART Exam
6. Once Rape Crisis or JJMHS/MH has spoken with youth and it is determined that youth does not need immediate services, intake procedures may proceed per intake protocols.



Youth's Name:	DOB:	Reporter's Name:	Date:
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**FIRST RESPONDER ID TOOL for
COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN & YOUTH (CSECY)**

- This tool is **NOT** to be given to the youth or the family to complete
- To be completed in private by reporting party (*not with youth present*)
- Do **NOT** to conduct lengthy interviews w/youth to gather information--all you need is **SUSPICION** of sexual exploitation

Automatic Referral Identifiers (*Only 1 is needed for referral*):

<input type="checkbox"/> Self or other report of commercial sexual exploitation--includes survival sex (<i>sex acts in exchange for basic necessities, drugs, travel, protection etc.</i>)
<input type="checkbox"/> Picked up, reports or found in motel or known area of prostitution & exploitation
<input type="checkbox"/> Using lingo associated with sexual exploitation (<i>see below</i>)
<input type="checkbox"/> Older person engaging in "grooming" or "recruiting" tactics (<i>purchasing items, making promises of job/money, offering place to stay/rides/drugs/alcohol, inappropriate social media contact/pictures etc.</i>)
<input type="checkbox"/> Listed on Backpage, Craigslist, Tinder, "dating" sites or other social media for purpose of sex acts
<input type="checkbox"/> Has been officially reported as a "Missing Person", BOL and/or has a Special Pop CSEC Flag within the last 12 months
<input type="checkbox"/> Has been missing for extensive periods (<i>more than 24 hours</i>) or traveled out of county without guardian consent or knowledge (<i>even if youth states they went willingly</i>)
<input type="checkbox"/> §653.22 PC - type behavior (<i>Law Enforcement only</i>)

Referral Identifiers (*3 are needed for referral*):

<input type="checkbox"/> Associating with others involved in sexual exploitation (<i>exploitation victims or traffickers/perpetrators/pimps</i>)
<input type="checkbox"/> Brands or tattoos representing CSEC/Exploitation
<input type="checkbox"/> Runaway History for shorter periods of time (<i>under 24 hours & runs to a non-familial home or unknown/unsafe place</i>)
<input type="checkbox"/> Homeless w/o parent/guardian (<i>couch surfing</i>)
<input type="checkbox"/> Under the influence of or known to use controlled substances (<i>meth, cocaine, heroin, prescription pain medication, etc.</i>)
<input type="checkbox"/> Allegations of current or past sexual abuse, physical abuse or neglect (<i>regular reporting mandates apply here--also report any suspicions of non-CSEC related abuse to CWS immediately</i>)
<input type="checkbox"/> Has money or items that guardians or family did not purchase or give to youth
<input type="checkbox"/> In a controlling relationship with an older partner or domestic violence
<input type="checkbox"/> Bruises/unexplained marks
<input type="checkbox"/> Chronic Truancy
<input type="checkbox"/> In relative placement, foster or group home care
<input type="checkbox"/> Possession of more than 1 cell phone
<input type="checkbox"/> Charges for survival crimes or youth has engaged in the following behaviors:
<input type="checkbox"/> Shoplifting/theft of basic necessities (food, clothing, hygiene items, health items etc)
<input type="checkbox"/> Trespassing
<input type="checkbox"/> Panhandling

You must complete a Suspected Child Abuse Report if:

- **If youth is under 18yo**
 - You identified at least one of the criteria noted in section 1 and/or;
 - You identified three or more criteria noted in section 2
 - Please identify that you suspect CSEC when making the report and list any statements made by youth, known history or identifiers above that lead to suspected CSEC: **Child Welfare Hotline: (800) 367-0166**
- If you feel youth is in **immediate danger**, please call 911 and request a Welfare Check then complete steps above

Terminology/Warning Signs of Sexual Exploitation:

<ul style="list-style-type: none"> • Out of pocket • Bottom B*tch/Girl • Quota • Stable 	<ul style="list-style-type: none"> • Daddy • Ho • Square • Track/Blade • Seasoning 	<ul style="list-style-type: none"> • Duck • Grooming • P.I.=Pimp • Lay down to rise up • In pocket 	<ul style="list-style-type: none"> • Brandings/Burns • Wifey/The Family/Sister Wife • "The Life" or "The Game" • Trade Up/Trade Down • Automatic 	<ul style="list-style-type: none"> • Reckless eyeballing • Knock • Turn out • Kiddie or Runaway Track 	<ul style="list-style-type: none"> • Choosing fee • Choose up • Swan • Diamond/dollar sign, crown, "property of" tattoos
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REMEMBER, ALL YOU NEED IS SUSPICION!



COMMUNITY SELF-CARE SUPPORT PLAN

For: _____ Date: _____

SAFETY PRECAUTIONS:

- Remove any potential SIB items (ropes, belts, razors, knives, meds, etc.)
- Supervised access to all sharps
By? _____
- Meds to be administered by guardian
- Lock box for all over the counter and prescription medication
- Remove or lock up all alcohol or any other mood altering substances
- Supervised only access to cell phone/internet
By? _____
- Supervised social media only
By? _____
- No access to social media
- Room door to remain open
- Room door to remain unlocked
- Check-in's to guardian/provider every _____ via _____
- Avoid being around individuals that trigger me, are unsafe, or who are not living a balanced life.
- Guardian to closely monitor via arm's length or earshot (circle)
- Guardian to conduct room checks for self-injury items every _____ (with youth present if possible)
- Any time I am emotionally over a 6, I will immediately inform: _____
- If I have any thoughts of self-harm suicide I will immediately inform: _____
- If I feel like running I will immediately inform: _____

Circle of Support:

Support/People _____

Safe/Areas? _____

Safe/Curfew? _____

Safe/Transportation? _____

Supportive Social Media: _____

If I feel like running I will do my best to stay within my Circle of Support

Signature: _____

My Coping Skills (I will do my best to practice these):

- Be aware** of my body...Is there tension in my body? Am I showing "anger" in my body (closed fists, pacing, punching walls etc)? Am I acting in a way that is respectful, non-threatening and safe?
- Advocate** for needs in a positive and collaborative way, avoid demands, use neutral tone etc
- Break it Down:** "This is only temporary", "It's ok to try and not be perfect", "Little steps", "I am only responsible for me", "I can't control others", "I can try again tomorrow" etc.
- Practice Distress Tolerance:** Sitting in my vulnerable feelings, not running away from things, allowing myself to process emotions without getting reactive
- Acceptance:** "Things are what they are whether I like them or not". "I can only control me". "You can't argue with a cold wind; only accept it and deal with it". "This may be uncomfortable, but I only have control over how I react to this situation".
- Distract:** Read book, watch a funny movie, sing a song, listen to positive music, play cards, write a letter, exercise, clean my room, talk to a positive friend, do chores, do homework, draw, dance, work on a project etc
 - Name 5 things you can see, 4 things you can feel, 3 things you can hear, 2 things you can smell and 1 positive thing about yourself
- Imagine** a peaceful, safe or happy place...close my eyes, breathe slowly and imagine a nice place like a river, ocean, beach, grass, warm sun, my bed, bath etc
- Get Low:** lay or sit down,
- Breathe:** Inhale slowly for 4 seconds through the nose. Pretend you are blowing up a balloon in your belly. Hold breath for 2 seconds, then slowly exhale through mouth for count of 5. Breathe normally for 5 count and repeat 4x's.
- Challenge & Change** my negative thinking--"I can't do this" to "I have done this before & can do it again"--"Nothing ever changes" to "I can't change others, but I can change what I choose to do"--"I am never going to feel better" to

"Nothing lasts forever"—"It doesn't matter" to "I do matter" etc.

- Read Letter to the **REAL ME**
- Write** in my journal
- Remember** times when I used my coping skills and made things better
- Compare and Contrast:** review positive and negative consequences of my choices to help me make healthy decisions
- Count** from 100-1 backwards
- Other: _____

What are your trauma reminders or emotional triggers? (Please check all that apply)

Please indicate areas where you have a significant negative response which causes more than moderate distress.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Being touched | <input type="checkbox"/> TV/shows/movies/music: _____ | <input type="checkbox"/> Being around men |
| <input type="checkbox"/> Time of year (When):
_____ | _____ | <input type="checkbox"/> Being around women |
| <input type="checkbox"/> Particular time of day (When):
_____ | <input type="checkbox"/> Topics: _____ | <input type="checkbox"/> Seeing others out of control |
| <input type="checkbox"/> Room door open | <input type="checkbox"/> Not having input | <input type="checkbox"/> Specific person (Who): _____ |
| <input type="checkbox"/> Room door closed | <input type="checkbox"/> Being in large groups | <input type="checkbox"/> Anniversaries (What):
_____ |
| <input type="checkbox"/> Night time | <input type="checkbox"/> Being isolated | <input type="checkbox"/> Room checks |
| <input type="checkbox"/> Lights off | <input type="checkbox"/> People in uniform | <input type="checkbox"/> People being too close |
| <input type="checkbox"/> Showering | <input type="checkbox"/> Yelling | <input type="checkbox"/> Certain Smells _____ |
| <input type="checkbox"/> Adults not following through | <input type="checkbox"/> Fighting | _____ |
| <input type="checkbox"/> Waiting for long periods of time | <input type="checkbox"/> Loud noise | <input type="checkbox"/> Being told "NO" |
| <input type="checkbox"/> Court dates | <input type="checkbox"/> Raised voices | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Racial slurs | <input type="checkbox"/> Being forced to talk | _____ |
| | <input type="checkbox"/> Being alone | |

My Warning Signs (Please check all that apply)

How your body feels when you are losing control and what other people can see changing?

- | | | | |
|---|---------------------------------------|---|--|
| <input type="checkbox"/> Sweating | <input type="checkbox"/> Pacing | <input type="checkbox"/> Eating more | <input type="checkbox"/> Swearing |
| <input type="checkbox"/> Red faced | <input type="checkbox"/> Isolating | <input type="checkbox"/> Clenching teeth | <input type="checkbox"/> Nauseous |
| <input type="checkbox"/> Rocking | <input type="checkbox"/> Eating less | <input type="checkbox"/> Sleeping a lot | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Racing heart | <input type="checkbox"/> Can't sit still | <input type="checkbox"/> Biting nails |
| <input type="checkbox"/> Sleeping Less | <input type="checkbox"/> Loud voice | <input type="checkbox"/> Being rude or agitated | <input type="checkbox"/> Raised voice |
| <input type="checkbox"/> Breathing hard | <input type="checkbox"/> Squatting | <input type="checkbox"/> Clenching fists | <input type="checkbox"/> Pressured speech |
| <input type="checkbox"/> Wringing hands | <input type="checkbox"/> Hyper | <input type="checkbox"/> Bouncing legs | <input type="checkbox"/> Other: _____ |
| | | | _____ |

24/7 Contact Information and Support

24/7 SUPPORT (Name): _____	(Phone Number): _____
24/7 SUPPORT (Name): _____	(Phone Number): _____
MY NAVIGATOR (Name): _____	(Phone Number): _____

1-2 Short Term Goals (something that is *easier to achieve*)

- **GOAL 1** (within 24-72 hrs): _____
- **GOAL 2** (within 4-14 days): _____

My Follow Up Appointments & Services:

<input type="checkbox"/> Ind or Family Therapy Where? _____ When? _____ Who? _____ How Often? _____	<input type="checkbox"/> Medication Where? _____ When? _____ Who? _____	<input type="checkbox"/> Intake/Assess/Tx Plan Where? _____ When? _____ Who? _____	<input type="checkbox"/> Support Check-In's Where? _____ When? _____ Who? _____ How Often? _____
<input type="checkbox"/> Transition Plan Where? _____ When? _____ Who? _____	<input type="checkbox"/> AOD Where? _____ When? _____ Who? _____	<input type="checkbox"/> Voc-Ed-Soc Supports Where? _____ When? _____ Who? _____	<input type="checkbox"/> Health/Wellness Supports Where? _____ When? _____ Who? _____

When?			
Who?			

By signing below, I agree to practice using my coping skills and become aware of my trigger.

Client Name (Print)

Signature

Date

Mental Health (Printed)

Signature

Date

Guardian/Caretaker (Printed)

Signature

Date

PLEASE KEEP A COPY OF THIS PLAN WITH YOU

Memorandum of Understanding

Between

SANTA BARBARA COUNTY DEPARTMENT OF SOCIAL SERVICES, CHILD WELFARE SERVICES

Herein referred to as "CWS"

AND

SANTA BARBARA COUNTY PROBATION DEPARTMENT

Herein referred to as "Probation"

AND

SANTA BARBARA COUNTY DEPARTMENT OF BEHAVIORAL WELLNESS

Herein referred to as "Behavioral Wellness"

AND

SANTA BARBARA COUNTY SHERIFF'S OFFICE

Herein referred to as "Sheriff"

AND

SANTA BARBARA COUNTY JUVENILE COURT

Herein referred to as "Juvenile Court"

AND

SANTA BARBARA COUNTY PUBLIC HEALTH DEPARTMENT

Herein referred to as "Public Health"

AND

SANTA BARBARA COUNTY DISTRICT ATTORNEY VICTIM WITNESS PROGRAM

Herein referred to as "Victim Witness"

AND

SANTA BARBARA COUNTY EDUCATION OFFICE

Herein referred to as "Education Office"

AND

STANDING TOGETHER TO END SEXUAL ASSAULT

Herein referred to as "STESA"

AND

NORTH COUNTY RAPE CRISIS AND CHILD PROTECTION CENTER

Herein referred to as "NCRCCPC"

FOR

Santa Barbara County Commercially Sexually Exploited Children (CSEC) Program

WHEREAS, an individual who is a commercially sexually exploited child (CSEC) or who is sexually trafficked, as described in Section 236.1 of the California Penal Code, or who receives food or shelter in exchange for, or who is paid to perform sexual acts described in Penal Code Section 236.1 or 11165.1, and whose parent or guardian failed to, or was unable to protect the child, is a commercially sexually exploited child and may be served through the Santa Barbara County Child Welfare System pursuant to California Welfare and Institutions Code (WIC) Section 300(b)(2); and

Santa Barbara County CSEC Interagency Protocol MOU

WHEREAS, Santa Barbara County Child Welfare Services elected to participate in the CSEC Program as described in WIC Section 16524.7 in order to more effectively serve CSEC youth by utilizing a multidisciplinary approach for case management, service planning, and the provision of services; and

WHEREAS, the parties to this Memorandum of Understanding (MOU) (hereinafter, the “Parties”), have developed the following MOU to guide Santa Barbara County’s approach to serving CSEC; and

WHEREAS, WIC Sections 18960-18964 provide that a county may establish a child abuse multidisciplinary personnel team (MDT) within the county to allow provider agencies to share confidential information in order for provider agencies to investigate reports of suspected child abuse or neglect pursuant to Penal Code Sections 11160, 11166, or 11166.05, or for the purposes of child welfare agencies making a detention determination; and

WHEREAS, the Parties agree to form a multidisciplinary team (MDT), incorporating existing collaborative structures including the Sexual Assault Response Team (SART) protocols, pursuant to WIC Section 16524.7(d)(2) for CSEC, to build on a youth’s strengths and respond to his/her needs in a coordinated manner; and

WHEREAS, this MOU defines the mutually agreed upon responsibilities of each of the Parties under the CSEC Program pursuant to WIC Section 16524.7, but is not intended to establish legal duties or otherwise alter the respective responsibilities of the Parties;

NOW, THEREFORE, the Parties set forth the following as the terms and conditions of their understanding:

I. Steering Committee

A. Purpose. To ensure that Santa Barbara County effectively implements the CSEC Program, the Parties agree to form a Steering Committee to provide oversight and leadership for the CSEC Program and to ensure that the First Responder Interagency Protocol is operating effectively.

B. Steering Committee Membership: The Steering Committee will be comprised of the Parties and other representatives of agencies that play key roles in the County’s effort to eliminate sex trafficking, such as Law Enforcement, the Public Defender’s Office, Court Appointed Special Advocates staff, private attorneys representing children in the Foster Care system, and a CSEC Survivor. As the State designated agency lead, Child Welfare Services staff will serve as the Chair of the Steering Committee, and will be responsible for:

1. Convening regular Steering Committee meetings;
2. Providing staff to prepare agendas, take minutes and chair the meetings; and
3. Gathering data from the MDTs to present and analyze with Steering Committee members.

C. General Steering Committee Member Responsibilities. Steering Committee members will fulfill the following responsibilities:

Santa Barbara County CSEC Interagency Protocol MOU

1. Ensure that an agency representative with decision making authority, or designee, is assigned to participate in Steering Committee meetings, and attends meetings regularly;
2. Oversee the implementation of the MOU;
3. Conduct de-identified case review to track trends, gaps in the services, resolve issues raised by the individual MDTs, and serve as a consultant to case carrying staff as needed.
4. Report on respective successes, barriers to providing services, the sufficiency of CSEC-specific resources in the county, and areas for improvement, including recommendations for adapting the MOU;
5. Identify appropriate and necessary training, including training in the identification and assessment of youth who are, or are at risk of becoming, commercially sexually exploited;
6. Collect and analyze aggregate data on the numbers of identified CSEC including the response time for providing CSEC specific/Trauma-Focused services and the actual services accessed by those youth; and
7. Prepare an annual report on the CSEC Program for the State in compliance with State and Federal requirements.

II. Coordinated Response to Reports of CSEC

The Parties agree to respond to reports of identified CSEC in a systematic and collaborative manner that ensures that the needs of the youth will be addressed sensitively and efficiently. Although responses will depend on the circumstances of each case, the Parties generally agree to approach each case in the manner set forth below.

- A. First Responder Interagency Protocol.** In addition to routine screenings and assessments, CSEC youth may be identified through contact with law enforcement and other mandated reporters such as schools, medical facilities, youth shelters and clinics. To ensure that the Parties are alerted to the existence of a CSEC case, a First Responder Interagency Protocol is hereby established to serve as a guide on appropriate steps to take within the first 72 hours of interfacing with an identified or suspected CSEC. The Parties agree that children who are suspected or identified victims of sexual exploitation, and where a serious safety risk is present, require an immediate trauma-informed crisis response within 2 hours and intensive CSEC specific-Trauma Focused services through the first 72 hours to stabilize them.
- B. Assessment.** The Parties agree that an assessment of CSEC's needs and strengths must take place upon identification and on an ongoing basis. Further, the Parties agree that it is in the youth's best interest to limit unnecessary and/or duplicative assessments. To ensure that assessments are streamlined and limited when appropriate, in most circumstances, the Department of Behavioral Wellness will utilize its clinical staff from the RISE program, Juvenile Hall, and/or the Children's Clinic to conduct this initial assessment of youth who have been identified as victims of or at risk of commercial sexual exploitation.

C. Roles and Responsibilities: The Parties will fulfill the following respective responsibilities as part of their First Responder role:

1. Child Welfare Services, Social Services Department

- a) Assess all reports of suspected abuse and neglect, to include the identification of any commercial sexual exploitation of a minor, and inform Behavioral Wellness, District Attorney, Sheriff and City Law Enforcement of the determined CWS response time on a case by case basis;
- b) Determine if child is under the jurisdiction of CWS or Probation: if Probation, the CWS Hotline staff will contact the Probation Department to provide information as to the youth's status and to which Child Welfare Worker the youth is assigned;
- c) Work collaboratively with the Probation Department and Juvenile Court to include participation in a WIC Section 241.1 Report if ordered, and to consider the need to file a Juvenile Court WIC 300 petition as it relates to CSEC youth.

2. Probation Department

- a) Complete a preliminary screening of all new out of custody referrals received or youth booked into the juvenile hall to identify those at risk of meeting CSEC criteria;
- b) Complete screenings of all youth under the supervision of probation whenever a suspicion arises that a youth is at risk of meeting CSEC criteria;
- c) Interface with CWS hotline or designated staff to provide information regarding a youth's status on probation and who is assigned as the Probation Officer;
- d) Ensure transportation to medical or therapeutic services necessary for any detained youth if those services are not available in the custodial setting;
- e) Consider elements of the CSEC matter in determining whether to request the filing of a WIC Section 602 petition.

3. Public Health Department

- a) Initiate a Sexual Assault Response Team (SART) response through contracted trained forensic examiners who perform examinations per protocols when a sexual assault or sexual abuse has occurred;
- b) As part of the SART exam, provide information, services, and medication related to reproductive and sexual health, including access to contraceptives, HIV prophylaxis, and treatment for Sexually Transmitted Infections/Sexually Transmitted Diseases (STIs/STDs);
- c) Link the potential CSEC to medical treatment and follow-up medical services based on the type of insurance coverage within 72 hours of identification;
- d) Provide medical witness if needed, in cases that go to trial.

4. Behavioral Wellness Department

- a) Contract with Casa Pacifica's SAFTY program for the provision of mobile crisis response services seven days a week, including holidays, from 8:00 a.m. to 8:00 p.m. for sexually exploited minors (17 and under) in need of emotional crisis stabilization, safety planning and rapid support, and possible assessment for psychiatric hospitalization; Behavioral Wellness' Crisis Services staff will provide this support seven days a week for the hours not covered by the SAFTY program;

- b) Follow policies for temporary involuntary hospitalization under the Lanterman-Petris-Short Act if, at any point, the minor presents as a danger to self or others due to a mental disorder;
- c) Conduct an assessment of the minor to determine immediate mental health needs and when indicated, refer CSEC specialized trauma-informed, female-specific services and treatments via the RISE Project (Resiliency Intervention for Sexual Exploitation). Program services primarily include:
 - i. Stabilization and advocacy;
 - ii. Attention to basic, immediate needs (e.g. outreach packages w/ hygiene/self-care items);
 - iii. Medical/OBGYN consultation and services;
 - iv. Assessment (i.e. CSE-IT, Clinical Assessment, CANs);
 - v. Treatment Planning (i.e. Self-care Safety Plan);
 - vi. Trauma-focused treatment modalities (i.e. CBT, DBT, Seeking Safety);
 - vii. Groups and therapies focused on biopsychosocial wellness;
 - viii. Peer supports and mentoring;
 - ix. Vocational development.

5. Sheriff's Office

- a) Commit to participate in CSEC Steering Committee meetings;
- b) Provide law enforcement support for MDTs related to criminal investigations involving CSEC;
- c) Provide information to the CSEC Steering Committee on system related issues related to pending and planned cases;
- d) Facilitate the training of law enforcement officers in the identification of potential CSEC victims, procedures for referral of victims to service providers, and the techniques for successful investigation of complex CSEC cases;
- e) Cross refer identified victims of CSEC to CWS, Victim Witness, Behavioral Wellness, Public Health, STESA and NCRCCPC for direct services, as appropriate.

6. District Attorney's Office/Victim Witness

- a) Provide a CSEC-trained advocate for the child;
- b) Provide resource and referral counseling;
- c) Provide an orientation to the criminal justice system;
- d) Provide court accompaniment and support;
- e) As appropriate, provide emergency financial assistance;
- f) Assist the youth and/or family apply for victim compensation benefits;
- g) Provide transportation assistance.

7. Rape Crisis Centers

North County Rape Crisis and Child Protection Center (NCRCCPC) and Standing Together to End Sexual Assault (STESA) intend to work together toward the mutual goal of providing maximum available assistance for sexual assault survivors and their significant others residing in Santa Barbara County, as follows:

- a) Respond to calls from Sheriff and other law enforcement;
- b) Accompany sexual assault survivors and their significant others during sexual assault related meetings or appointments, 24-hours a day, 7-days a week to hospitals, law enforcement agencies, the District Attorney's office, court proceedings, and to other agencies as indicated by the needs of the client (survivor or significant other);
- c) Advocate and intervene with agencies or individuals on behalf of sexual assault survivors and their significant others as requested by the client or as deemed appropriate;
- d) Provide counseling in-person to individuals, couples, and families as well as facilitate support groups for survivors of sexual assault and their significant others;
- e) Offer case management if clients (survivors or significant other) choose to receive case management services.

8. Education Office

- a) Assign a representative to serve as a liaison between the local school districts and the CSEC Steering Committee;
- b) Disseminate information from the CSEC Steering Committee to the local school districts;
- c) Keep the CSEC Steering Committee informed on instruction provided by Education Office to school administrators, educators and students on topics that include sexual abuse and exploitation, and human trafficking, specifically information on the prevalence, nature and strategies to reduce the risk of human trafficking, techniques to set healthy boundaries and how to safely seek assistance.

9. Juvenile Court

- a) Serve in an administrative/advisory role to the CSEC Program;
- b) Participate on the Steering Committee and at general meetings in the discussions of/in the development of policy and procedures, to include making administrative recommendations on how to serve this high risk population and ensure coordinated response for CSEC youths;
- c) Will not participate in a CSEC MDT to avoid the appearance of a conflict of interest.

III. Development of the MDTs

The Parties agree that the information they receive from other entities and individuals concerning a child that is identified and detained during the identification and assessment process or during a multidisciplinary team meeting shall be used solely for prevention, identification, and treatment purposes and that such information shall otherwise be confidential and retained in the files of the entity performing the screening or assessment. Such information shall not be subject to subpoena or other court process for use in any other proceeding or for any other purpose pursuant to WIC Section 18961.7(c). For purposes of this section IV of the MOU, the Juvenile Court shall not be included in the term "the Parties," consistent with Section III.C.7, above.

A. Multi-Disciplinary Response

Once it is determined that a youth is a victim, or is a **potential victim**, of commercial sexual exploitation, the Parties will invoke a multi-disciplinary response based on the circumstances of the case. The Parties agree to serve as core members of the MDTs pursuant to WIC Section 16524.7.¹

To immediately engage and stabilize the child and address immanent safety and placement needs in a coordinated manner, CWS and/or Probation, Behavioral Wellness, and Public Health will serve as the core members of the Triage and Immediate Crisis MDTs. These agencies must:

- a) designate a point of contact qualified and trained in CSEC, to participate in the MDT via phone or in person to develop a service plan that addresses issues relating to:
 - i. safety planning;
 - ii. placement if needed;
 - iii. transportation; or
 - iv. other case management related services; and
- b) work collaboratively to:
 - i. ensure the consistent implementation of the First Responder Interagency Protocol; and
 - ii. communicate and resolve issues related to rapid response, service triage and placement of the CSEC.

The types of MDTs and their objectives are described below.

1. Triage Response Multidisciplinary Team

The purpose of the Triage Response MDT is to assess risk factors and determine what level of MDT is needed for the youth. This MDT will also identify other entities and individuals, as appropriate, to serve on the other MDTs to most effectively meet the unique needs of the child. These agencies or entities may include, but are not limited to, the following:

- a) Youth
- b) Caregiver/placement provider
- c) Children's Dependency Attorney
- d) Victim Advocate
- e) Rape Crisis counselor/advocate
- f) Public Defender
- g) Law enforcement
- h) Education provider/Foster Youth Liaison
- i) Mental Health Provider
- j) Survivor Advocate or mentor
- k) Legal service providers
- l) Court Appointed Special Advocates

¹ Note that not all required parties will need to participate in all tiers of the response

2. Immediate Crisis Multidisciplinary Team

The purpose of the Immediate Crisis MDT is to address the immediate safety and placement needs of the child. This MDT may involve both a rapid response within 2 hours as well as intensive, ongoing support through the first 72 hours post-identification.

a) The following circumstances will require that an Immediate Crisis MDT be convened by phone or in person within 2- 24 hours when a high risk youth has been identified in the following circumstances:

- i. Youth leaves, is missing, runs away, or is otherwise absent from placement/home/shelter;
- ii. Youth's placement changes or is becoming compromised;
- iii. A new urgent issue, additional exploitation or abuse emerges in child's life;
- iv. Youth's service needs change, including preparation for step-down to a lower level of care;
- v. Youth prepares to testify in court case against exploiter;
- vi. Youth's behavioral health services needs change, including improvement or need for hospitalization;
- vii. Contact with Law Enforcement;
- viii. Violation of Probation;
- ix. Change in court disposition;
- x. 90 days prior to dismissal of dependency or completion of probation terms;
- xi. A member of the MDT identifies a need requiring a case review or other response.

b) The goals of this MDT will be:

- i. Providing trauma-informed CSEC specific rapid response in the field or over the phone within two (2) hours to identified or suspected CSEC requiring immediate crisis stabilization supports and services;
- ii. Determining the need for a forensic interview via the SART Protocol or addressing other immediate medical and mental health needs;
- iii. Ensuring basic needs are met, such as food, shelter, and clothing;
- iv. Providing individual case-by-case collaboration with multiple child-service agencies as needed;
- v. Engaging with youth and family/caregiver(s), if appropriate;
- vi. Actively participating in all stages of the interagency response model by (1) attending all MDT meetings, (2) ensuring notification of Core MDT members on a timely basis and (3) completing and submitting all required documentation to proper authorities.

3. Initial Multidisciplinary Team

Not all youth who are suspected or identified victims of sexual exploitation or trafficking will be in imminent danger and require an Immediate Crisis response. For these non-urgent situations, the Parties agree to coordinate and participate in an Initial MDT.

a) The Initial MDT is a team of individuals connected to the child's life. The purpose of the MDT is to plan for the child's placement, safety, and ongoing service needs. The initial MDT will:

- i. Assemble within 10 days;
- ii. Provide individual case-by-case collaboration with multiple child-serving agencies;
- iii. Assess and address the child's short and long-term needs;
- iv. Develop and coordinate a service plan;
- v. Develop a safety plan that addresses the following:
 - a. Potential safety risks for the youth, the family, and/or providers;
 - b. Identifying trauma triggers that may cause youth to engage in unsafe behavior;
 - c. Identifying coping skills the youth can use to de-escalate;
 - d. Actions team members will take to prevent triggers from occurring;
 - e. Documenting responsibilities of team members in the event a youth exhibits unsafe behavior (e.g. if a youth is missing from placement, the parent/care provider will notify law enforcement and the social worker and the advocate and social worker will text the youth to maintain communication).

b) An Initial MDT is an appropriate response when there is not an immediate safety risk, but when an adult suspects or identifies that a youth is a CSEC.

4. Ongoing Multidisciplinary Team/Child Family Team

The Parties agree that children who are identified victims of sexual exploitation or trafficking require ongoing multidisciplinary team support to monitor the youth and ensure his/her needs are adequately addressed.

- a) Individualized Ongoing MDTs will be held with each identified CSEC to monitor and support the youth and his/her family as the youth stabilizes. During the Ongoing MDT, members will review the case plan and safety plan, and amend as needed.
- b) In addition to regularly scheduled Ongoing MDTs, a meeting should be called when any of the following circumstances or events occur:
 - i. The youth leaves, is missing, runs away, or is otherwise absent from placement/home/shelter;
 - ii. The youth's placement changes;
 - iii. The youth is preparing to testify in a court case against exploiter/purchaser;
 - iv. The youth's behavioral health service needs change;
 - v. A change in Court disposition;
 - vi. A member of the MDT identifies a need requiring case plan review or other response.

B. Engagement of the Youth

The Parties recognize that CSEC often cycle through the stages of exploitation many times before they are able to maintain a life outside of exploitation; it is also recognized that in order to be effective, interventions and services must be victim-centered. On this basis, the Parties

are committed to take the steps necessary to engage the youth as a participant in his or her MDT meetings with the goal of identifying strengths and to best position the CSEC to meet his or her needs in a culturally sensitive and trauma informed way. The MDT will function in a manner that builds rapport with the youth and encourages his or her participation in developing a safety plan and deciding on placement, as appropriate to age and development.

IV. Confidentiality

The Parties to this MOU agree to comply with the following confidentiality practices:

- A. Maintain the confidentiality of all records pursuant to WIC Sections 827 and 10850-10853, the State Protocol, and all other provisions of law and regulations promulgated hereunder relating to privacy and confidentiality, as each may now exist or be hereafter amended.
- B. Maintain the confidentiality of all records with respect to Juvenile Court matters, in accordance with WIC Section 827, all applicable statutes, case law, and in accordance to Santa Barbara County Juvenile Court Policy regarding confidentiality, as it now exists or may hereafter be amended.
- C. No access, disclosure or release of information regarding a youth who is the subject of Juvenile Court proceedings shall be permitted except as authorized. If authorization is in doubt, no such information shall be released without the written approval of a Judge of the Juvenile Court.
- D. Obtain prior written approval of the Juvenile Court before allowing any youth under the age of eighteen (18) years old, (and to make their best efforts to obtain prior written approval for youth over the age of eighteen (18) years old), to be interviewed, photographed or recorded by any publication or organization or to appear on any radio, television or internet broadcast or make any other public appearance. Such approval shall be requested through the child's social worker.
- E. CSEC information and statements obtained via the identification, assessment and MDT processes will be maintained, disclosed and used only as stated within this MOU and in accordance with all applicable state and federal laws and regulations. The Parties acknowledge that there may be times when CWS will need to include information received through the CSEC process in a dependency report to the Court.
- F. Inform every member of the youth's MDT's who receives information or records on children and families served under this MOU that he/she shall be under the same privacy and confidentiality obligations and subject to the same confidentiality penalties as the person disclosing or providing the information or records. Further, all MDT members shall be required to complete a CSEC Confidentiality Agreement form.
- G. Comply with mandatory reporting guidelines as defined by California Penal Code Sections 11164-11174.3 and report known or suspected child abuse and neglect, including sexual exploitation. These reporting requirements shall be extended to non-mandated parties who are

signatories to this MOU; however, nothing in this MOU shall be intended or have the effect of increasing or expanding the scope of mandatory reporting requirements as set forth in Penal Code Sections 11164-11174.3 with respect to judicial officers.

- H. Youth provided services under this MOU shall be informed that all information obtained is confidential, with the following exceptions:
1. Incidences of abuse or neglect that are reportable to the Child Abuse Registry;
 2. information will be shared with members of the MDT in order to develop an appropriate plan for services, including medical and psychological care;
 3. information shared among the MDT and all identified members during assessment may be shared with other agencies/programs to ensure the youth's safety and the safety of others and/or to coordinate care;
 4. information may be shared with the Juvenile Court in order to better assess the youth's safety and intervention needs;
 5. the MDT and all identified members will use its screening to complete psychosocial assessments and identify and report to DSS/Law Enforcement any instance of sexual exploitation in accordance with mandated reporting laws; and
 6. the MDT and all identified members will maintain records of its screening results as well as any information collected and statements made during the screening including information regarding sexual exploitation.

V. Amendment to Add Parties to the MOU

The Steering Committee may invite other parties, agencies or entities to participate in this MOU. Such new parties, agencies or entities shall execute a signature page to this MOU in the same manner as original signatories.

VI. Termination

Any one of the Parties may terminate this MOU without penalty at any time but will attempt to provide thirty (30) calendar days' written notice. Notice shall be deemed served on the date of mailing to the following address:

Deputy Director
 Child Welfare Services
 2125 S. Centerpointe Parkway
 Santa Maria, CA 93455

VII. Signatures in Counterpart

The Parties agree that separate copies of this MOU may be signed by each of the Parties, and this MOU will have the same force and effect as if the original had been signed by all the Parties.

Wherefore, the Parties hereto have executed the MOU in the County of Santa Barbara, California and this MOU shall be continuous until terminated by the Santa Barbara County CSEC Steering Committee.

VIII. Signatures by Department Heads or Authorized Designees:

Dated: _____ By: _____
Daniel Nielson, Director
Santa Barbara County Department of Social Services

Dated: _____ By: _____
Tanja Heitman, Chief Probation Officer
Santa Barbara County Probation Department

Dated: _____ By: _____
Alice Gleghorn, Ph.D., Director
Santa Barbara County Alcohol, Drug, and
Mental Health Services

Dated: _____ By: _____
Arthur A. Garcia, Presiding Judge, Juvenile Court
Santa Barbara County Presiding Judge

Dated: _____ By: _____
Van Do-Reynoso, Ph.D., Director
Santa Barbara County Public Health Department

Dated: _____ By: _____
Joyce Dudley, District Attorney
Santa Barbara County District Attorney's Office

Dated: _____ By: _____
Elsa Granados, Executive Director
Standing Together to End Sexual Assault

Dated: _____ By: _____
Ann McCarty, Executive Director
North County Rape Crisis and Child Protection Center

Santa Barbara County CSEC Interagency Protocol MOU

Dated: _____

By: _____

Bill Brown, Sheriff
Santa Barbara County Office of the Sheriff

Dated: _____

By: _____

Susan Salcido, Ed.D., Superintendent of Schools
Santa Barbara County Education Office

CSEC GUIDING PRINCIPLES**A. Commercial Sexual Exploitation of Children**

1. Must be understood as child abuse and reported as such, and
2. Should not be criminalized.

B. Responses to CSEC should be:

1. Victim-centered,
2. Trauma-informed,
3. Strengths-based,
4. Developmentally appropriate,
5. Culturally, linguistically, and LGBTQ competent and affirming,
6. Committed to active efforts that engage CSEC early and often,
7. Multidisciplinary, individualized, flexible, and timely, and
8. Data and outcome driven.

C. Agency Policies & Procedures should:

1. Ensure and track cross-system collaboration at the system and individual case level,
2. Incorporate mechanisms to identify and assess CSEC at key decision points,
3. Address the unique physical and emotional safety considerations of CSEC, and
4. Address unique physical and emotional safety considerations, including vicarious trauma of staff, caregivers, and other relevant support persons.