



CDSS

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DEPARTMENT OF SOCIAL SERVICES

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REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

November 20, 2017

ALL COUNTY INFORMATION NOTICE NO. I-57-17

TO: ALL COUNTY CHILD WELFARE DIRECTORS
 ALL COUNTY PROBATION OFFICERS
 ALL COUNTY BOARDS OF SUPERVISORS
 ALL CHIEF PROBATION OFFICERS
 ALL TITLE IV-E AGREEMENT TRIBES
 ALL CHILD WELFARE SERVICES PROGRAM MANAGERS
 ALL GROUP HOME PROVIDERS
 ALL OUT-OF-STATE GROUP HOME PROVIDERS
 ALL FOSTER FAMILY AGENCIES
 ALL COUNTY MENTAL HEALTH PLANS

SUBJECT: RECOMMENDED PRACTICES FOR PROVIDERS SERVING
 COMMERCIALY SEXUALLY EXPLOITED CHILDREN (CSEC)

REFERENCES: [ALL COUNTY LETTER \(ACL\) NO. 17-14 DATED FEBRUARY 3, 2017](#)

The purpose of this All County Information Notice (ACIN) is to inform county child welfare agencies and probation departments of the attached "Recommended Practices for Providers Serving CSEC" information piece. The California Department of Social Services, in collaboration with the County Welfare Directors Association of California, the Commercially Sexually Exploited Children (CSEC) Action Team and the California Alliance of Child and Family Services composed an information piece addressing promising services and strategies for providers serving CSEC or interested in serving CSEC.

The document builds upon [ACL NO. 17-14](#), which outlines the requirements for Short Term Residential Therapeutic Programs (STRTPs) applicants to maintain a current program statement that is culturally relevant, trauma-informed, and age and developmentally appropriate for the population(s) being served.

Recommended Practices for Providers Serving CSEC

The attached document marks the start of a series of communication pieces that will focus on harm reduction informed policies, protocols and strategies to support youth engagement throughout the Stages of Change.

The document is a resource for county providers who are drafting Program Statements as required for establishing STRTPs; and also informs other foster care placement types including Resource Families and Intensive Services Foster Care providers.

Contact Information

If you have any questions, please contact the Child Trafficking Response Unit, within the Child Welfare Policy and Program Development Bureau, at CSECProgram@dss.ca.gov or at (916) 651-6160.

Sincerely,

Original Document Signed By:

MARY SHEPPARD, Chief
Child Protection and Family Support Branch

Attachment

c: County Welfare Directors Association of California
Chief Probation Officers of California

Recommended Practices for Providers Serving Commercially Sexually Exploited Children (CSEC) Meeting the Placement Needs of CSEC

Promising Practices¹

Meeting the service needs of commercially sexually exploited children is an emerging field and researchers and practitioners are collaborating to identify the most appropriate approach to providing services and supports to CSEC. The California Child Welfare Council CSEC Work Group and multiple CSEC service providers have identified six components of promising practice and strategies:

- Safety and support planning for the youth, caregivers, and the staff serving them
- Collaboration across the multiple systems and agencies
- Trust and relationship building to foster consistency
- Culturally competent and appropriate service provision
- Trauma-informed programming
- Survivor involvement in the development and implementation of programming

Identified treatment and holistic needs for CSEC includes: Basic care and supervision, medical services, mental health services, substance abuse treatment, legal advocacy, long term housing, transportation, job training, independent living skills, mentoring, educational support and childcare in some instances.

Preliminary Vision for CSEC Providers

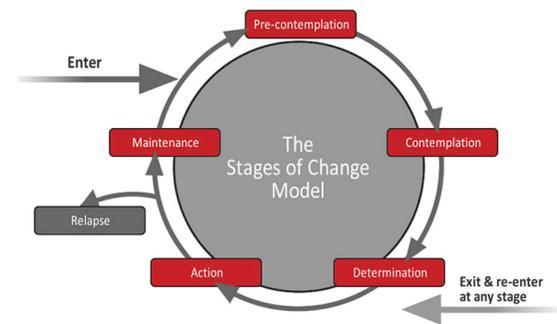
The California Department of Social Services, in collaboration with stakeholders, developed a shared vision for the services that will be helpful in providing adequate housing and treatment options for CSEC. Exploited youth often come in and out of placement, and at every touch point providers should focus on being that youth’s stable and trusted adult. The table below is not meant to be an all-inclusive list and many of the listed services are fluid and can cross over between Home Based Foster Care and Short-term Residential Therapeutic Programs.

Foster Care Placements: Resource Families, Intensive Services Foster Care, Short-term Residential Therapeutic Program	Models/ Approaches	Treatment Types²
<ul style="list-style-type: none"> • Training: commercial sexual exploitation, grief and loss, trauma informed care and triggers, Stages of Change • Alarm systems • Behavioral specialist identified for 24/7 intervention response • Caregivers trained in trauma-informed mental health services to be available 24/7 • Support system centered around family and youth. • Survivor/Peer/Youth advocate/support • CSEC specific therapy • Wraparound and Aftercare services • Collaborative partnership with local law enforcement and Community Care Licensing regional office partners • Legal services- victim advocacy, expungement, immigration relief, family court, restitution 	<ul style="list-style-type: none"> • Mental health and substance abuse services • Family Education & Support services • Career planning and vocational skills • Trauma-informed treatment • Independent Living Skills • Recreational programming • Survivor-led mentoring • Individual counseling • Qualified caregivers and intensive staffing 24/7 • Positive engagement strategies including youth participation incentives • Treatment and intervention for sexual assault • Open bed policy for youth to come in and out of care • Protocols that support the continuity of services • Mentor families'/Parent partners • Family finding/efforts to support permanency 	<ul style="list-style-type: none"> • Relationship Based Approach • Trauma Informed Care • Harm Reduction Strategies • Trauma-Focused Cognitive Behavioral Therapy • Dialectical Behavior Therapy • Talk Therapy • Individual Psychotherapy • Exposure Therapy • Group Therapy • Eye Movement Desensitization and Reprocessing • Positive Energy Processing • Neuro-Linguistic Programming • Somatic Therapy • Wellness Recovery Action Planning • Pet or Equine Therapy

Recommended Models and Approaches for Providers

Relationship-Based Approach

A relationship-based approach involves developing and sustaining supportive professional relationships in unique and challenging situations and necessitates providers to re-evaluate their disciplinary methods³. Punitive disciplinary methods may not be appropriate when working with CSEC because the healing process for CSEC often involves behavior relapse and resistance to services. A relationship-based approach is necessary to provide a comforting and welcoming experience or help intervene. Positive relationships create feelings of trust and security that can assist in the recovery of CSEC.



Trauma-Informed Care

Individual trauma results from circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. A trauma-informed approach recognizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures and practices and seeks to actively resist re-traumatization⁴. Providing care in a trauma-informed manner promotes positive outcomes for CSEC, whom have experienced multifaceted levels of trauma, including trauma prior to exploitation.

Trauma-informed care acknowledges the role that trauma has played in patients' lives, shifting the question from "What is wrong with you?" to "What happened to you?"

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Harm Reduction Strategies

Harm reduction strategies (HRS) focus on the prevention of harms associated with a particular behavior rather than prevention of that behavior and the individuals who continue to engage in the problematic behavior despite the harms. In the context of commercial sexual exploitation, the strategies are used with the idea that youth may continue to be exploited, may be unable or unwilling to leave the exploitative relationship and that any positive change in behavior is useful. In essence, "Harm reduction services are designed to meet people's needs where they currently are in their lives."

The strategies may assist to educate CSEC about the common myths regarding safe sex and protection. The strategies may assist on building the sexually exploited children's own approaches, values their distinctive differences, does not conflict with their culture and tradition, and increases their options for self-determination, autonomy and control. The harms associated with exploitation can be lessened by empowerment or self-assertion. Preventative measures should be integrated in order to reduce potential harm associated with diseases, infections and pregnancies. If any harm does occur, CSEC must have access to adequate medical and mental health care. Exploited youth who advocate for the implementation of a harm reduction model argue that it "would allow them to care for each other safely and empower them to make safe choices." In addition, the strategies encourage collaboration between local Community Care Licensing offices, placement staff, and local law enforcement. The goal is to create a supportive environment and reduce harm in order to improve quality of life, fostering self-empowerment⁵.

¹ The promising practices were adapted from California Child Welfare Council- CSEC Work Group http://www.courts.ca.gov/documents/BTB_XXII_IIIH_9.pdf

² The SAMHSA-HRSA Center for Integrated Health Solutions <http://www.integration.samhsa.gov/clinical-practice/Trauma-infographic.pdf>

³ Ruch, G. Relationship-based practice and reflective practice <https://goo.gl/hkDyMP>

⁴ The SAMHSA-HRSA Center for Integrated Health Solutions <http://www.integration.samhsa.gov/clinical-practice/trauma>

⁵ The suggested use of harm reduction model is adapted from Ending the Commercial Sexual Exploitation of Children: A Call for Multi-System Collaboration in California <https://youthlaw.org/wp-content/uploads/2015/01/Ending-CSEC-A-Call-for-Multi-System-Collaboration-in-CA.pdf>