



2023 IN-PERSON

PACT CONVENING

Redefine

APRIL 17-18TH, 2023
SACRAMENTO, CA

THE HYATT REGENCY
1209 L ST,
SACRAMENTO, CA
95814



Child & Family Policy Institute of California



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All Conference
Materials can be found
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accessed using the
QR Code.

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sustainable and save paper!



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slido



**Join at slido.com
#Redefine**

ⓘ Start presenting to display the joining instructions on this slide.

Agenda April 17th



9:00 am - 10:30 am **Registration Foyer of Regency F Ballroom** (Coffee, Tea and Pastries available)

10:30 am - 12:00 pm **Morning Plenary: Welcome and Opening Message “Redefine”**

12:00 pm - 1:00 pm **Lunch**

1:30 pm - 3:00 pm **Session I Building Resilience Through Harm Reduction: Working with Sexually Exploited and Trafficked Youth People, Regency F Ballroom**

3:00 - 3:30 pm **Break**

3:30 pm - 5:00 pm **Session II Breakouts**

Option 1: Transforming Child Welfare Through Youth Engagement – Regency E Ballroom

Option 2: Breaking the Silence: Understanding and Addressing Trafficking of Boys and Males – Regency D Ballroom

Option 3: Flipping the Script: How Advanced Recovery Planning Can Increase Survivor Engagement – Regency F Ballroom

5:30 pm - 6:30 pm **Optional PACT Network Reception**, Capitol View Room, 15th Floor
(Appetizers and non-alcoholic beverages provided, No Host Bar)

All sessions will be held in the Regency F Ballroom unless otherwise noted



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Morning Plenary

April 17th, 10:30 am – 12:00 pm



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Housekeeping

Self-Care & Resource Table

Anything else... or add the image on the back?



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Self Care Reminder



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Land Acknowledgement



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Welcome

Melissa Gomez, PACT Project Director, Child and Family Policy Institute of California



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PACT Convenings create space for an interactive forum:

Opportunities to share ideas, lessons learned, challenges, and future steps; with other leaders and stakeholders.

Together we create meaningful ways to address child trafficking and improve services to children and youth.



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Celebrating Who's in The Room... 36 Counties!

Alameda, Alpine, Butte, Calaveras, Contra Costa, Fresno, Kern, Los Angeles, Madera, Marin, Monterey, Napa, Nevada, Orange, Plumas, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Trinity, Tulare, Tuolumne, Ventura, Yolo.



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Preventing and Addressing Child Trafficking (PACT)

Engaging child welfare agencies and their partners, to support implementation of a coordinated – cross system and statewide model.

Our mission is to improve services to children and youth at risk of or experiencing sex or labor trafficking in California.

Contact Us:

www.pact.cfpic.org

pact@cfpic.org





48
Counties
participate in the
PACT Network

**Contact & Program
Capacity Matrix**

**Bi Monthly Regional
Meetings**



4
Regional
PACT Cohorts

**Bi-Annual Statewide
Gatherings**

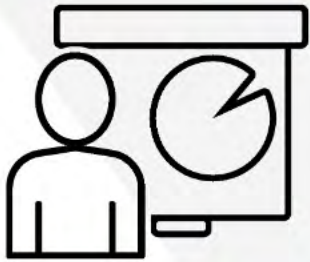
"WE ARE ABLE TO COORDINATE SERVICES IF OUR YOUTH IS PLACED IN A DIFFERENT COUNTY. IT OPENS THE DOORS FOR US AND OUR YOUTH."

Capacity Building

PACT Staff & Consultant Network

Training & Learning
Opportunities

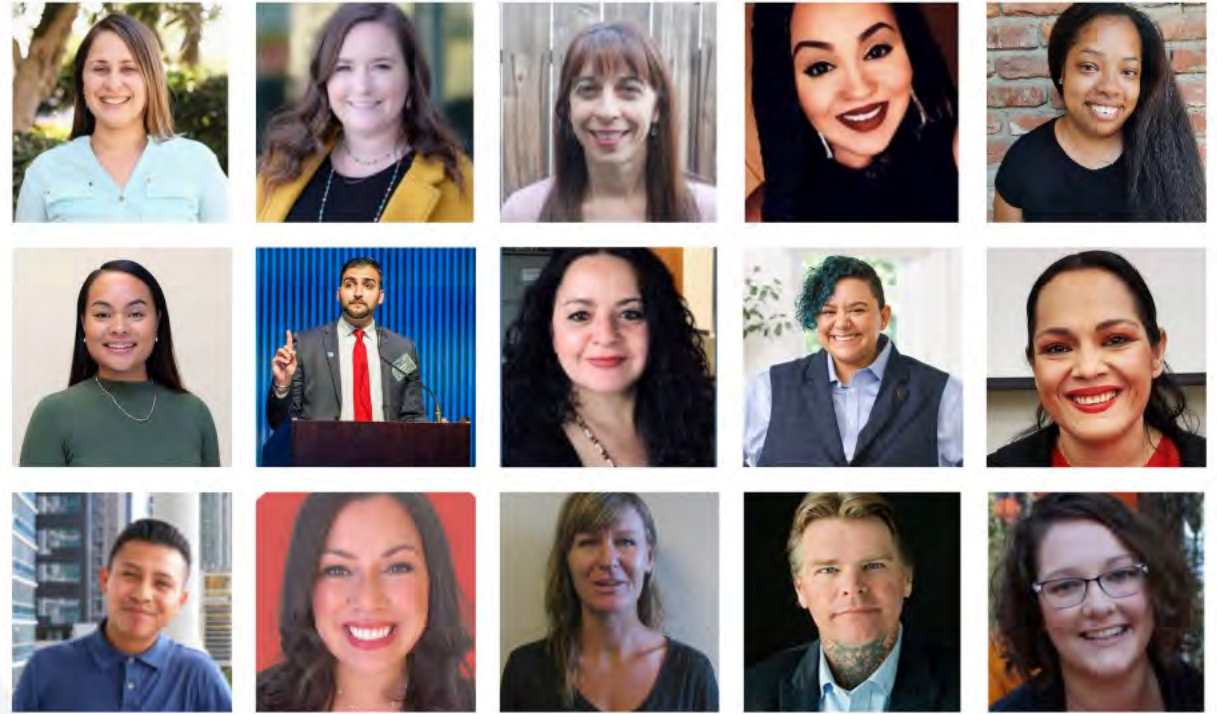
Linkages



Technical Assistance
and Coaching



Online Resource Hub



"PACT'S BIGGEST STRENGTH IS THEIR
CONSULTANT TEAM AND THE WAY THAT
THEY BRING THEIR LENS TO SUPPORT US."

<http://pact.cfpic.org>

“A few things we’re hearing about the value of PACT”

- A place to come together
- Strategies and successes
- Connection and networking
- Staff and Consultant support
- Imagining the possibilities
- Knowledge of new resources
- Interventions and ideas
- Collaboration
- Case Coordination
- Training and Technical Assistance
- The Convening
- Program contracts that benefit all
- Linkages & Feedback Loop with the CTRT, CDSS



The Power of Connection

“Even though there is not always a solution to a problem, it is important for us to feel like we are not alone in this work...”

“Wonderful to hear what other counties are doing and figuring out if it’s a possibility to do that in my county”

“It's very reassuring to know that I can be connected to a counterpart in another county through PACT.”

“We reached out to neighboring contact from a different region to assist with resources through PACT. The child is now separated from their trafficker/harmful environment and is engaged in services for the first time in several years!”

“PACT is the thread that weaves us all together, participation has helped improve our practice and grow our local program”

“We are not in this tough work on our own.”

“It was very cathartic, knowing we are all facing some of the same challenges.”

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“A sustainable path is one that appreciates the journey – and recognizes we’re in it for the long haul. Let’s not lose our “why” in the winds and turns ... instead re-define what success may look like.”



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Redefine...

- Local program design and how we view opportunities for collaboration
- Leveraging existing resources & coordination across the PACT Network
- Listening & actively responding to young people and lived experience experts in how we implement this work.
- Sustainability in the compassionate caring of self and others.

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Redefine

Redefine...

Local program design and community collaboration

Leveraging existing resources & coordination across the PACT Network

Listening & actively responding to young people and lived experience experts in how we implement this work.

Sustainability in the compassionate caring of self and others

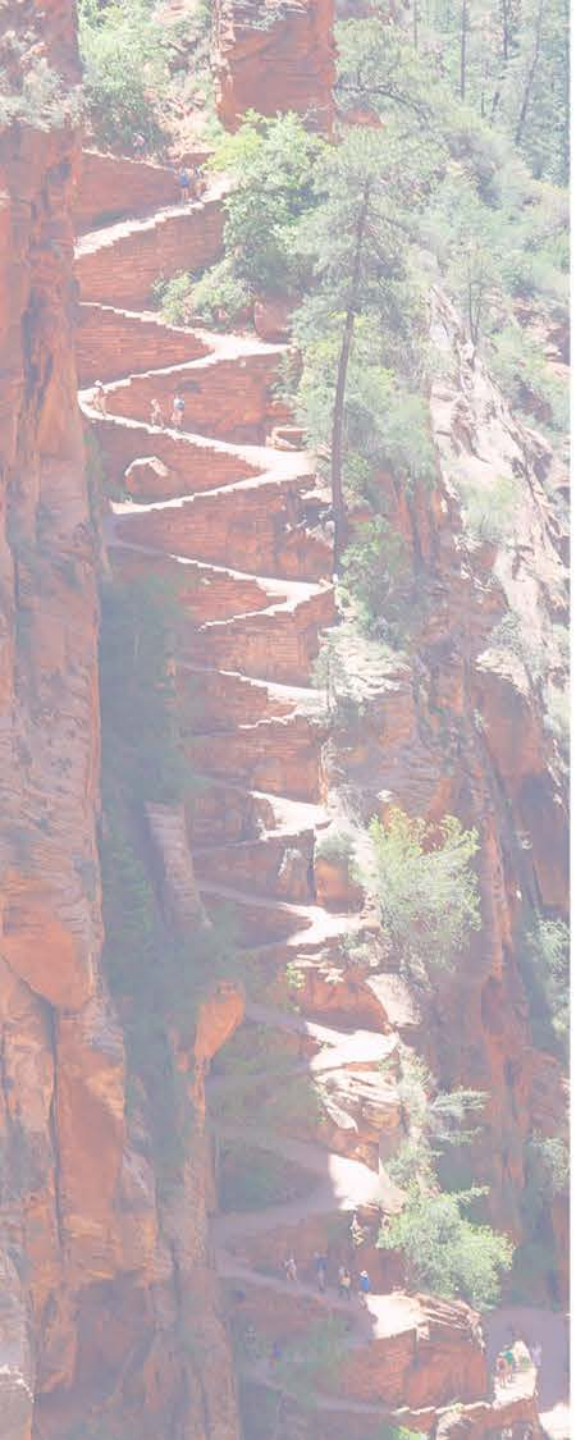


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Imagine:
What could we accomplish
should we redefine our work not
by what we are lacking but
through our resilience &
opportunity for progress?



**Take a Moment to Reflect... What
Would You Like to Redefine?**



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Keynote

Kathy Givens, Cultural Inclusion & Human Trafficking
Consultant



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Submit ?'s: [Slido.com](https://www.slido.com)
#REDEFINE

Want to connect:

Email: Kathy@risingworldwide.org



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Lunch

12:00 pm – 1:00 pm

We will reconvene at 1:15 pm with our large group session



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Building Resilience Through Harm
Reduction: Working with Sexually
Exploited and Trafficked Young People

1:30 pm – 3:00 pm



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Building Resilience Through Harm Reduction

Brandi D. Liles PhD, Dawn M. Blacker, UC Davis Children's Hospital CAARE Center, Trauma Training Academy



Child & Family Policy Institute of California

Building Resilience Through Harm Reduction: Working with Sexually Exploited & Trafficked Young People

Brandi D. Liles, PhD

Dawn M. Blacker, PhD

UC Davis Children's Hospital CAARE Center
Trauma Training Academy

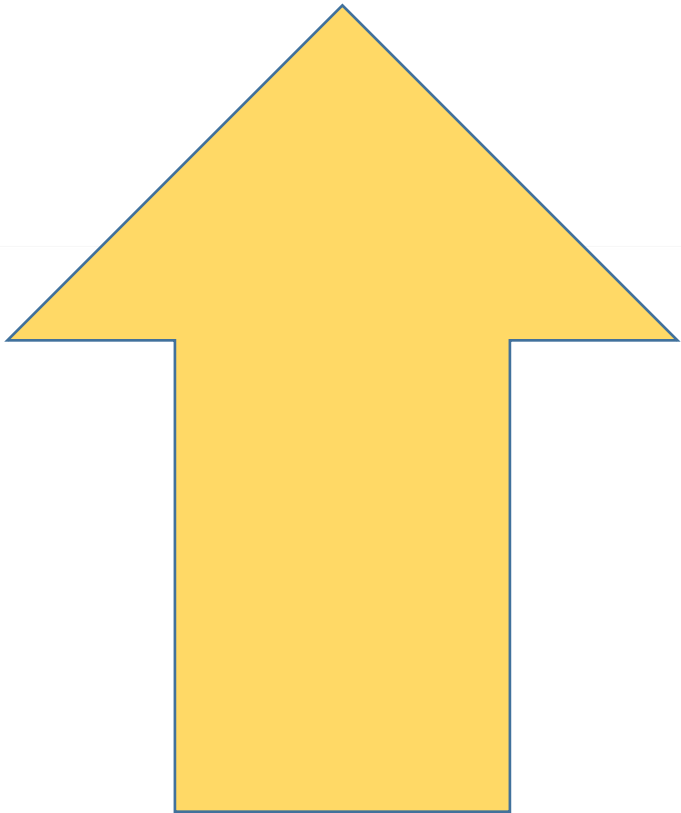
PACT Conference, April 2023



UC DAVIS | **CHILDREN'S**
HEALTH | **HOSPITAL**

CAARE Center
Trauma Training Academy

Why use harm reduction for Youth who are SE/Trafficked?



- Risk for violence (Hickle & Roe-Sepowitz, 2018)
- Risk for unwanted or early pregnancy/STIs (Hallet, Verbruggen, Buckley, & Robinson, 2019)
- Leaving care behavior (Hickle & Roe-Sepowitz, 2018)
- Substance use and abuse behavior (sometimes) (Hickle & Roe-Sepowitz, 2018)
- Distrust of the system
- Risk of psychological coercion/core identity disturbance

What is harm reduction?



Dr. Nolan Zane



Dr. Nzinga Harrison



Dr. G. Alan Marlatt

What is harm reduction?



“both an attitude and a set of compassionate, pragmatic approaches designed to reduce harm stemming from high risk behaviors and increase the quality of life of those who are engaging in high risk behaviors.”



Wh



“It’s a very controversial topic but basically my position is...We’ll help you, whatever your goal is. You want to quit, We’ll help you. You want to cut back, We’ll help you. We are not going to shut you out. ”

What is harm reduction?



Ryan Walker, MD, MPH @road_tosuccess · Apr 2

Reframing Harm Reduction as “Compassion, Relationship, and Sawubona
“I see you.”” The humanism of connection in medicine @NzingaMD
#ASAMAnnual2022 #AddictionMedicine #MedTwitter



History of Harm Reduction

- Began to be discussed more frequently in the 1980s in the substance abuse culture after the increase of HIV (Bonomo & Bowes, 2001)
- Countries like Portugal have applied Harm Reduction strategies to address substance misuse in their countries
- Became popular also among professionals working in sexual health education programs and teen pregnancy

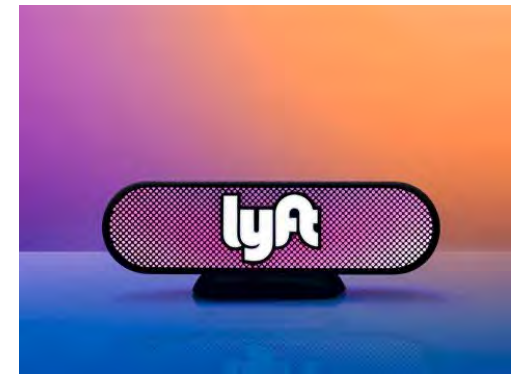


Stop risky behavior(s)

<Harm Reduction>

Engage in risky behavior(s)

Harm Reduction we already engage in.....



Harm Reduction Is:

- An approach based on a strong commitment to public health and human rights
- Targeted approach that focuses on specific risks and harms
- Evidence based, practical, feasible
- Incremental in nature
- Requires that one accepts youth how they are and avoid being judgmental
- Recognizes the value of all persons regardless of behavior
- Acknowledges ANY positive change an individual makes

Runaway and Homeless Youth Training and Technical Assistance Centers

WHO can implement HR?

Social
workers

Mental
Health
Professionals

Substance
Abuse
Counselors

Caregivers

Placement
Workers

Advocates &
Mentors

WHEN to Use Harm Reduction Strategies

- A youth is actively being exploited or trafficked or engaging in sex trade and is not ready, willing, or able to stop or is ambivalent about stopping at this moment in time
- A youth leaves care without permission
- Youth is misusing substances and/or has a dependence
- Youth is in a violent relationship with trafficker and/or partner
- Youth is having unsafe behaviors associated with cell phone and social media use

Harm Reduction Philosophy

The 5 Keys

Key #1: HR is Congruent with Overall Goals



- HR is not in conflict with our overarching goal to stop child sexual exploitation
- You can utilize HR while still making a plan with the youth to get out and stay out
- HR increases safety and health and decreases death, serious injury, etc.

Key #2: Risk and HR exists on a continuum



- Risky behavior is not an all or nothing concept
- Having a clear understanding of the severity of risk can help create nuanced HR plans
- This also helps us evaluate “success”

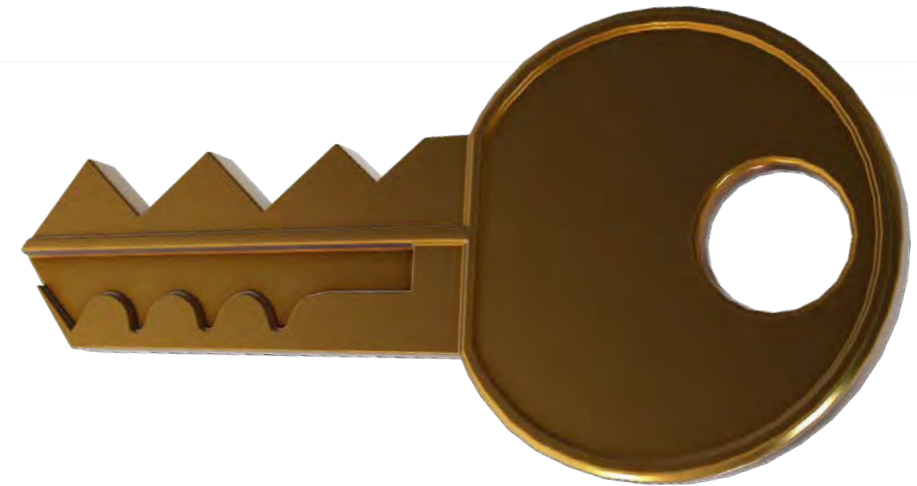
Key #3: Risk and Risky behavior is a part of the human experience

- Avoid pathologizing youth for risky behavior
- Remember adolescent and the frontal lobe dilemma
- Experiences that cause us harm can also have benefits



Key #4: Contextual risk is important to evaluate

- Risk related to exploitation is not just about an individual's behavior
- Systems also need to focus on the risks of demand, systemic barriers, systemic harms, etc.
- Experiences that cause us harm can also have benefits



Key #5: Humans make healthier choices in the context of compassionate relationships

- Support, empowerment, human connection and education are key
- All people deserve respect and dignity even if you don't agree with their behaviors
- Receptiveness to change increases when wellbeing is prioritized



Last thought on HR philosophy

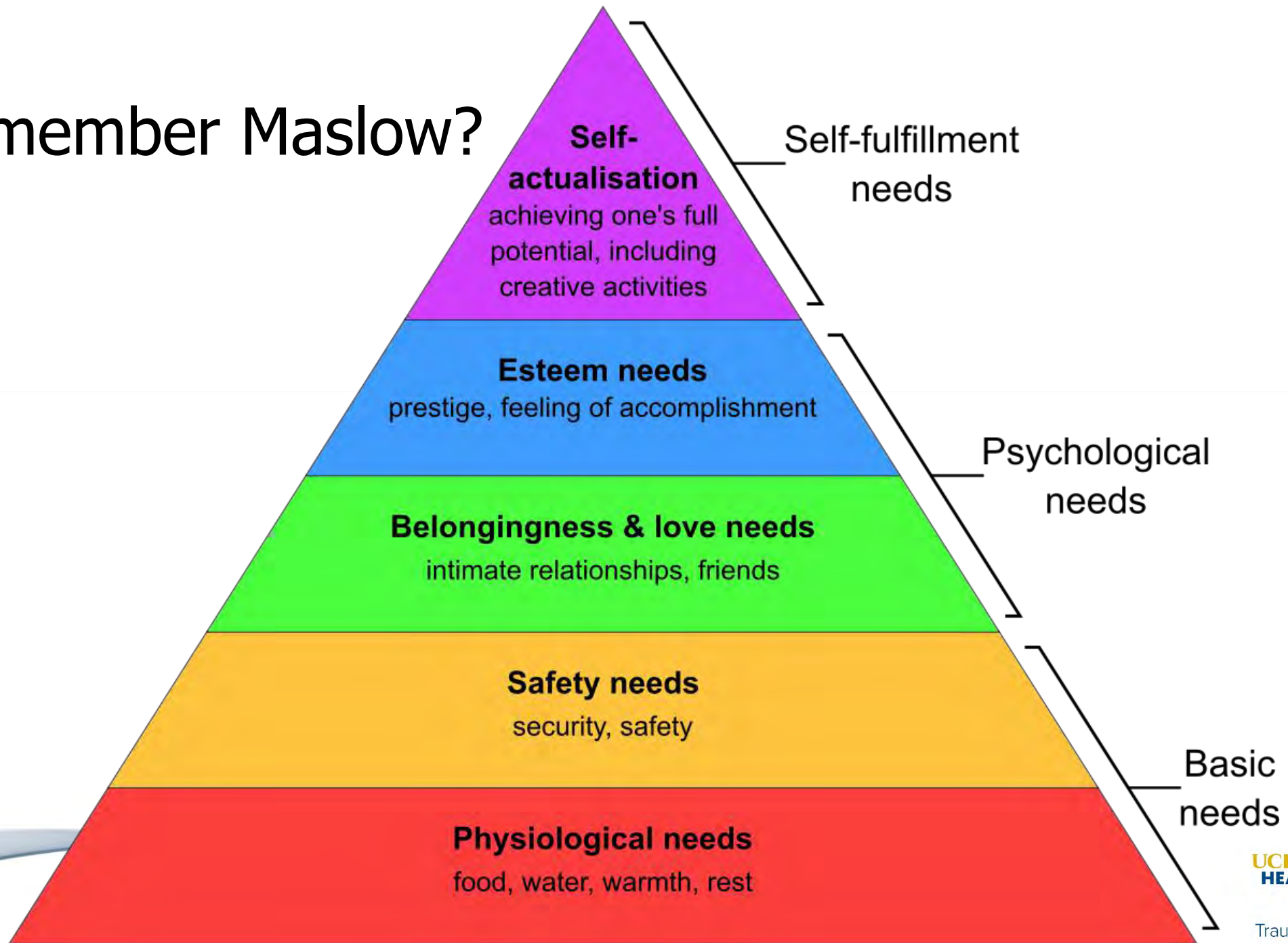
- Effective HR takes quite a bit of self-reflection (see example reflective questions)
 - What are your biggest fears and worries about this particular youth?
 - How will HR strategies be received by your agency? Field?
 - Do we have any other implicit or explicit bias or moral judgement that may get in the way of our work?

Example Reflective Questions

- Do you believe humans, even youth, deserve respect and dignity regardless of their behavior or experiences?
- Do you believe risky behaviors including drug use and sexual exploitation happen in a larger societal and cultural context or are primarily a flaw or issue with an individual person?
- Do you believe that despite our best efforts we cannot force people to change behavior?
- Do you believe we can help youth be safer even if they are currently engaging in sexual exploitation, problematic drug use, or other risky behaviors?

Assessment of Risks & Needs

Remember Maslow?



Assessment Strategy: Risk, Set, Setting

Risk

- What is the most pressing/riskiest issue?

Set

- What is the current mindset (thoughts, moods, expectations)

Setting

- What setting is the risky behavior occurring in?

Harm Reduction Practical Strategies

Harm Reduction Strategies for Active Exploitation

Tip #1-Have honest and open conversations about sexual health

- Youth may be getting sex ed from traffickers and sex buyers

Comprehensive Sexual Health includes:

- 1) Sexual orientation, gender identity, gender expressions
- 2) Consent – legal and ethical concept
- 3) Exploitation vs non-exploitative sexual exchanges
- 4) Protection from STIs and HIV
- 5) Pregnancy – prevention and reproductive health
- 6) Values in sexuality and relationships
- 7) Pleasure – both giving and receiving; emotional and physical

HR for active exploitation, cont.

Tip #2: Discuss safety exchanges with sex buyers

- Condom negotiation
- Clear expectations about pricing, time limits, sex acts, payment arrangement
- Bad “date” lists

Tip #3: Promote physical safety

- Clothing and jewelry options
- Escape plans (from trafficker or sex buyer)
- Ways to meet basic needs without trafficker

HR for active exploitation, cont.

Tip #4: Promote Emotional Safety

- Utilizing MI strategies to find focus and enhance change talk
- Encourage less “traditional” therapy styles – self-help books, Ending the Game, phone applications

Tip #5: Increase empowerment and quality of life behaviors

- Focus on values, interest, and identity
- Have discussion of “life worth living”
- What brings them joy?
- Reminder – they have agency to make their own decisions about their lives

Harm Reduction for Leaving Care Behaviors

Tip #1-Openly talk about urges to leave care and create a comprehensive safety plan targeting leaving care

- Reduce stigma and shame
- Reduce impulsivity when leaving care
- Allows for consistent evaluation of risks

Tip#2-Pack an emergency bag with the youth

- Water, snacks, clean clothes, copies of identification, safe sex supplies, crisis contact numbers
- Small amounts of psychiatric medication
- Cell phone and cell phone charger

HR for leaving care behaviors, cont.

Tip#3-Problem solve “safer” places to go

- Can they leave placement and also avoid the trafficker?
- Can they reduce their time being away?

Tip #4-Discuss how to get their basic needs met

- Are they familiar with the area? Do they know where food banks and shelters are? Where will they be sleeping?

Tip #5-Address specific concerns (e.g., drug use, active exploitation, staying safer in violent relationship)

HR Strategies to Address Substance Misuse

Tip #1-Discuss alcohol and drug use in an open and non-judgmental manner

- Assessment of what, how, when, etc. they are using
- Have they tried to quit or cut down before?

Tip #2-Help Youth increase knowledge about their drug use

- How a drug is made; How it affects the brain
- Risk of overdose; mixing drugs

Tip #3-Problem solve safer ways to ingest/inject drugs

- Not using alone
- Sterile supplies; disposal
- HIV, Hep C prevention

HR for Substance Misuse, cont.

Tip #4-Discuss overdose prevention strategies

- Especially is youth is using opiates (but may be useful to all)
- Warning signs of overdose
- Narcan/Naloxone Training
- Knowing tolerance, avoid mixing, quality/strength of drug

Tip #5-Apply Motivational Interview strategies to assess ambivalence, and a youth's readiness, willingness and ability to participate in substance abuse treatment

- Seven Challenges is a HR treatment model

HR strategies for Violence in Relationships

Tip #1-Have an open, non-judgmental conversation about the relationship (assessment of the level of risk/harm/severity of the violence and perpetrator's behavior)

- You care about their safety even if they are in this violent relationship
- Get a sense of coercive control; access to weapons; other behaviors related to lethality

Tip #2-Help the youth to recognize the violent partner's warning signs of violence

Tip #3-Discuss potential safer escape plans if and when they are ready/can leave

- Validate fear and discuss the reality of the situation
- Scheduling a weekly appointment, copies of identification, turning off location tracking, emergency bag, safety people

Tip #4-Discuss and increase the sense of control over the youth's own life

- Therapy, career, interests,
- Recognizing strengths and resiliency
- Plan activities for sense of competence, self-esteem, and wellbeing

Tip #5-Apply Motivational Interviewing strategies to reduce ambivalence and assess readiness, willingness, and ability to leave abusive/violent relationship and/or be connected to other services/resources

Harm Reduction for Cell Phone/Social Media Use

Tip #1: Evaluate values and rules

- Make sure youth know the rules, why the rules are created, and when more freedom will occur
- Consider a nuanced vs. blanket response

Tip #2: Engage the youth in conversations around cell phones/social media

- Benefits of use; preferred modes of communication; previous rules or expectations

Tip #3: Help increase benefits of cell phone and social media use

- Help program in numbers, apps, positive content creators
- Discuss privacy and programming protective codes and passwords
- Risk vs benefits of sharing location online

Tip #4: Openly discuss urges for utilizing cell phone and social in risky ways

- Triggers, warning signs, safety planning for trafficker or sex buyer contact

Tip #5: Increase knowledge and awareness about social media safety tips

Harm Reduction Resources

FIND NALOXONE

FIND SYRINGES

DONATE

NATIONAL
HARM REDUCTION
COALITION

THE MOVEMENT ▾ WHO WE ARE ▾ WHAT WE DO ▾ RESOURCE CENTER ▾ TAKE ACTION ▾ 🛒





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Reducing recidivism by breaking bonds of attachment to traffickers and “The Game” lifestyle



[WATCH ETG INTRODUCTION VIDEO](#)



The Cool Aunt
**SEX TRAFFICKING TALK
WITH AUNTIE RACHEL**

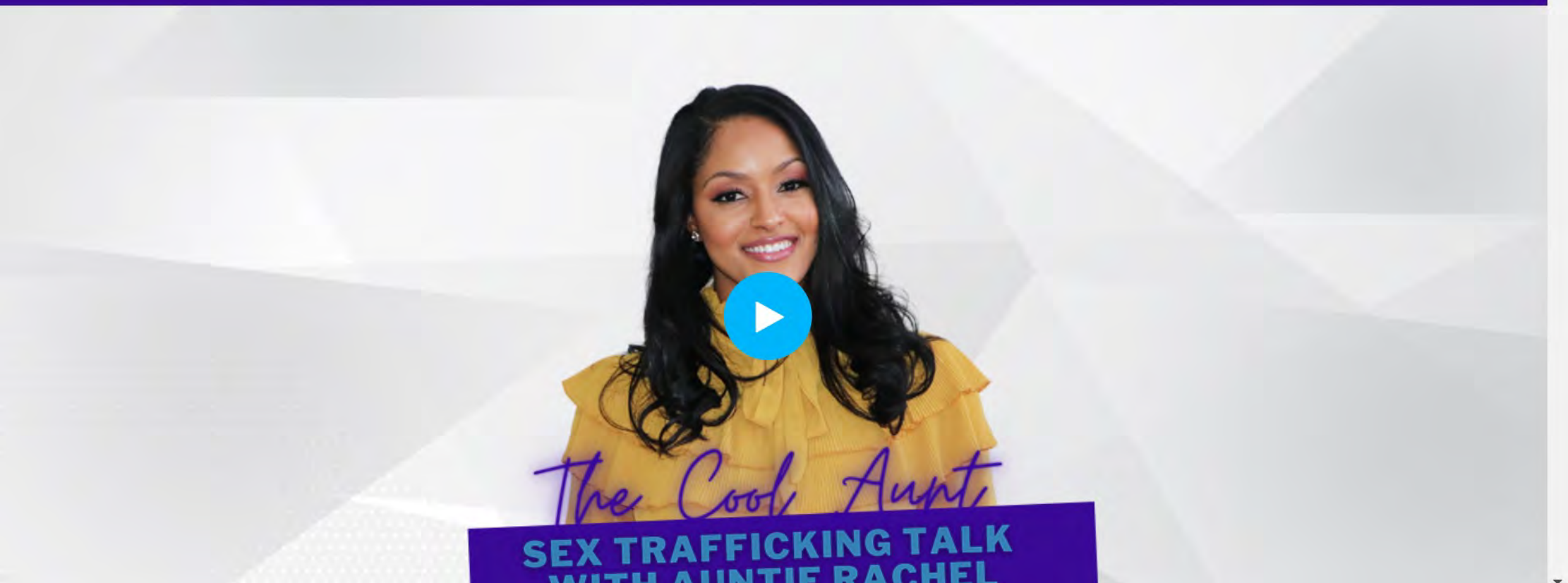
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The Cool Aunt
**SEX TRAFFICKING TALK
WITH AUNTIE RACHEL**



https://www.checkyourthinking.org/about-us/



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UC DAVIS
HEALTH

CHILDREN'S
HOSPITAL

CAARE Center
Trauma Training Academy

Motivational Interviewing - Foundational





Sexual Health and Trauma

Positive Thoughts

Every young person counts

Every young person deserves a place in the world where they matter

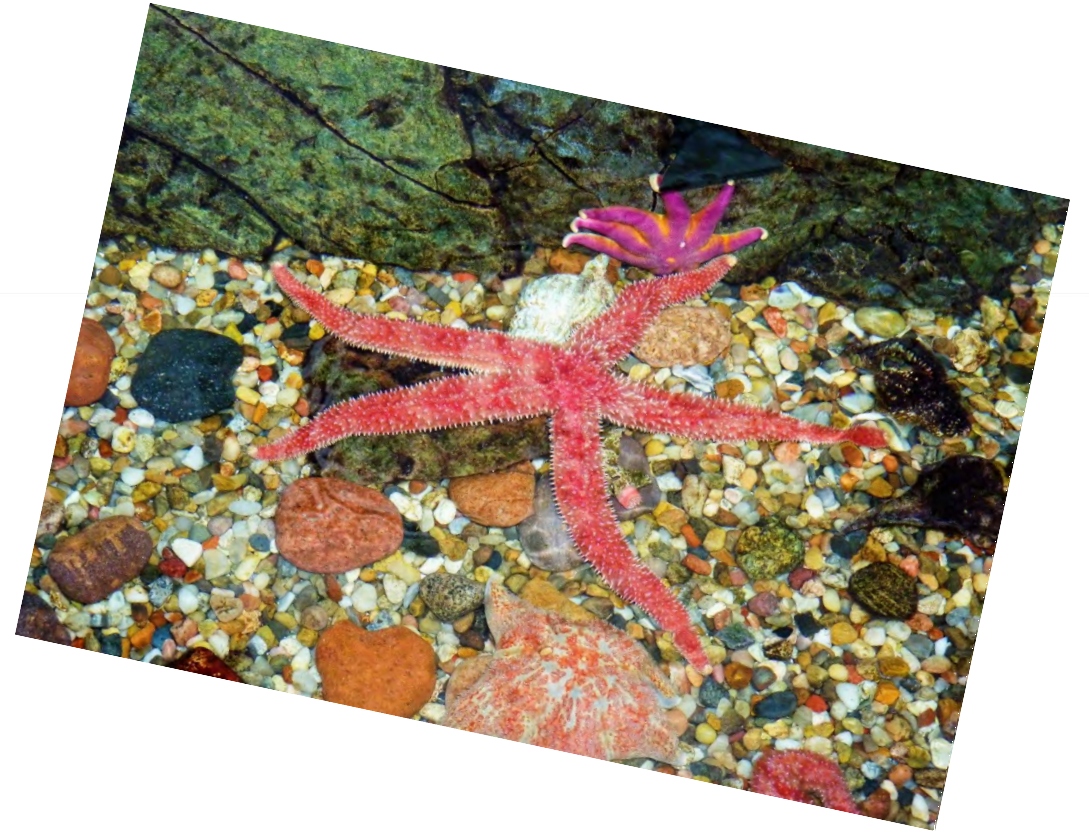
Every young person has a purpose

Every young person has something to give

Physical, mental, emotional and spiritual development is important to all people

Everyone has the capacity to learn and make positive choices

Changing and growing is a part of a life-long process



Questions & Reflections

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Our Expert Panel:



Brandi D. Liles PhD, UC Davis Children's Hospital
CAARE Center, Trauma Training Academy



Dawn M. Blacker PhD, UC Davis Children's
Hospital CAARE Center, Trauma Training
Academy



Leeland Turner, California Department of Social
Services, Child Trafficking Policy and Research
Unit

Angelica Zuniga, PACT Consultant,
CEO/Founder Redeemed Home,
Kern County



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Networking Break

3:00 pm – 3:30 pm

We will reconvene at 3:30pm with our break-out sessions

Thank you for allowing space for hotel staff to close off the walls.



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Please join us for our PACT Network Reception

5:30 pm – 6:30 pm

Capitol View Room, 15th Floor

*We will reconvene at 9:00 am tomorrow morning, with breakfast from
8:00 am – 9:00 am.*



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Break Out Sessions

3:30 pm – 5:00 pm

Option 1: Transforming Child Welfare Through Youth Engagement – Regency E Ballroom

Option 2: Breaking the Silence: Understanding and Addressing Trafficking of Boys and Males – Regency D Ballroom

Option 3: Building Practical Placement Plans for Commercially Exploited Youth - Regency F Ballroom



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Please join us for our PACT Network Reception

5:30 pm – 6:30 pm

Capitol View Room, 15th Floor

*We will reconvene at 9:00 am tomorrow morning, with breakfast from
8:00 am – 9:00 am.*



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Agenda April 18th



8:00 am - 9:00 am **Breakfast (Provided)**

9:00 am - 10:30 am **Morning Plenary: Where We're At Now - History and Evaluation of the CSEC Program**

10:30 am - 10:45 am **Break**

10:45 am - 12:15 pm **Session III Collective Cafe - SB 855 Table Talks**

- Group Photo-

12:15 pm - 1:15 pm **Lunch**

1:45 pm - 2:45 pm **Session IV Breakouts**

- Option 1: *Discussion on Placement Barriers, Strategies, and Support with the Child Trafficking Response Team – Regency D Ballroom*
- Option 2: *Where do We Start? Initial Steps to Address Child Labor Trafficking – Regency E Ballroom*
- Option 3: *An Integrated Approach to Trauma Stewardship and Self-Care – Regency F Ballroom*

2:45 pm – 3:00 pm **Break**

3:00 pm - 4:00 pm **Closing Plenary: Informing Policy Through the Lens of Lived Experience**

All sessions will be held in the Regency F Ballroom unless otherwise noted



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Thank you for helping us stay
sustainable and save paper!



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Rescue, Remove, Recover and Redeem Art Exhibit

Angelica Zuniga, Redeemed Home
Founder, Consultant, Advocate,
Department of Human Services, Kern
County



Child & Family Policy Institute of California



UNSEEN



Affiliated



SOLD

To **99**
Sacramento
LEFT LANES

Union Ave
To **178**
RIGHT LANE

25
YEARS
Caring
for you!

Hustle

BAIT





USE S

TRADE

EXHAUSTED



ALONE





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Where We're At Now – History and Evaluation of the CSEC Program

9:00 am – 10:45 am



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Where We're At Now – History and Evaluation of the CSEC Program

Cheryl Treadwell, Chief,
Safety, Prevention and Early Intervention Branch, CDSS

Kelly Winston, Chief,
Family Centered Safety and Support Bureau, CDSS

Members of the Child Trafficking Response Team, CDSS



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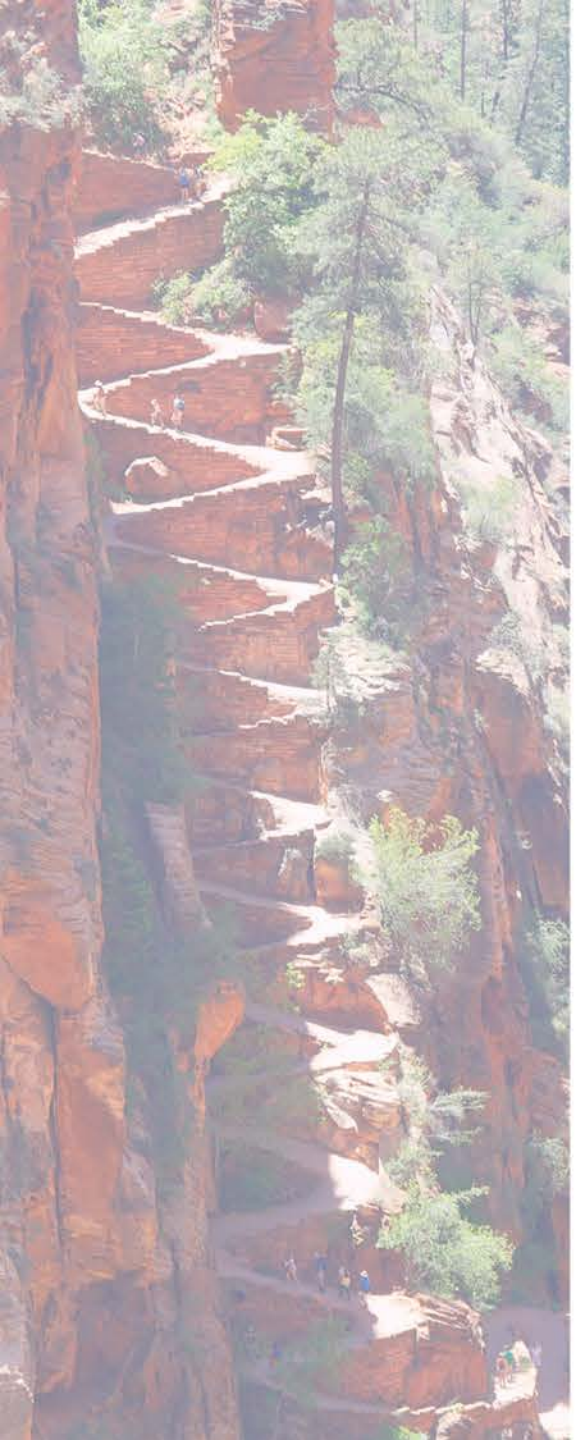
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Reflections on the SB 855 Commercially Sexually Exploited Children (CSEC) Program

CDSS

CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES



Where We Started

Senate Bill 855 was passed in 2014 implementing the CSEC Program

Optional funding for county child welfare agencies to implement a CSEC Program within their agency

Establishment of the PACT Grant to serve a pilot 10 county child welfare agencies

Formation of the Child Trafficking Response Unit to provide technical support and assistance

Partnership with the CSEC Action Team





Where We Are Currently

47 counties opted in to receive CSEC Program funding
\$19M allocated annually

Additional \$25M granted in FY 22-23 to both continue and implement placement pilots and additional training

Shift to biannual county calls

5 statewide training contracts/curriculums with 1 pending

2 Placement Pilots with 1 pending

3 Subvention Contracts to provide additional TA and support

Nearly completed SB 855 Evaluation via UCB



What's Coming

Prevention and the intersection with FFP
SA

Improving identification practices

Next steps for MDT's

Targeted multidisciplinary harm reduction
implementation

CSEC Program evaluation findings

CDSS

CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

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Where We're At Now – History and Evaluation of the CSEC Program

Ivy Hammond, UC Berkeley Child Welfare Indicators Project

Jaclyn Chambers, Urban Institute

Kia Dupclay, CSEC Action Team Advisory Board Member



Child & Family Policy Institute of California

Evaluation of California's Commercial Sexual Exploitation of Children (CSEC) program

Agenda

1. History of SB 855
2. Description of SB 855 evaluation
3. Initial findings from process study
4. Initial findings from outcome study
5. Survivor involvement in research and evaluation
6. Discussion

CDSS – SB 855 HISTORY

Description of SB 855 Evaluation

Process Evaluation: Whether the Intervention Is Operating as Planned

- Process evaluation:
 - Monitor intervention activities
 - Understand how the context affects service delivery
 - Identify practice barriers and facilitators
 - Help explain why outcomes are or are not being produced

Research questions

1. What are the **components** of SB 855 in terms of: Services; Staffing; Organizational Structure?
2. Are counties implementing SB 855 as **expected**?
3. To what extent did agencies within counties **collaborate** to implement SB 855?
4. Do counties have the **capacity** to meet the needs of CSEC?
5. What were the **barriers** and **facilitators** to implementing SB 855?
6. How did the implementation of SB 855 **vary** across counties?
7. What have been common **challenges** in implementing SB 855?
8. What are **best practices** for implementing local CSEC response programs?
9. Did the pandemic **disrupt** or **facilitate** CSEC services or protocols? And if so, how?

Process evaluation

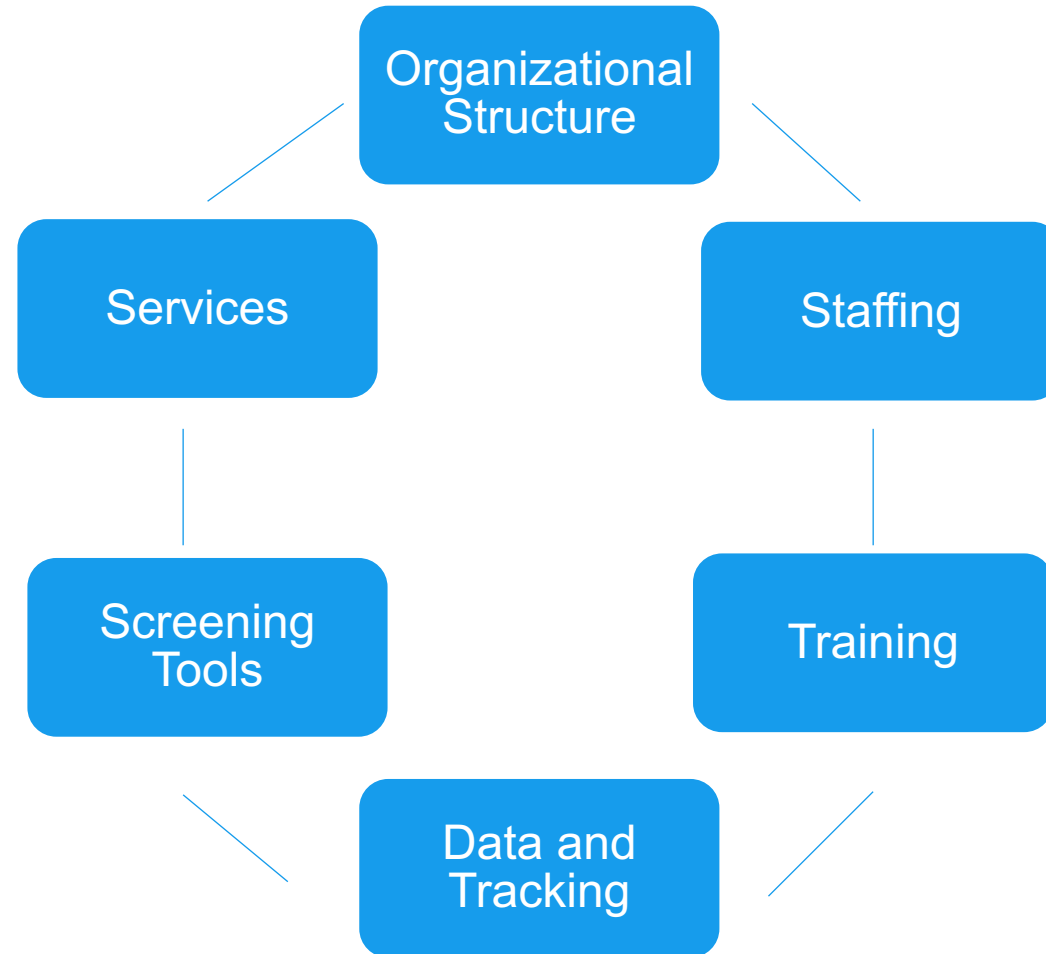
- Three cascading primary data sources:

1. **County plans**

2. **Staff survey**

3. **Site visits**

SB 855 Program Components



Environmental Scan – County Plan Analysis

- We first conducted a document review, **analyzing the county plans** and other documentation submitted to CDSS for counties to participate in SB 855.
- The over **200 county plans** from **SFY15-16 to SFY19-20** helped us understand how counties collaborated and implemented SB 855
 - Over **time**
 - **Variance** from county to county
 - **Barriers and facilitators** to implementation



Staff survey

- Built upon the knowledge gained from the county plan analysis.
- **Online survey** designed to broadly capture the **process/quality/capacity changes and cross-system collaboration** that took place during SB 855 implementation across **all participating counties**.
- Target responders: **CSEC program coordinators**
- Survey response rate: **98%** (46 out of 47 counties)

Site visits

- Built upon the knowledge gained from the county plan analysis and staff survey.
- Chose **12 counties** to reflect a **variety of geography, population, and implementation factors and context**.
- In each site, held **informant interviews** with **key staff** involved in SB 855 implementation.
- In many sites, also held **focus groups** with individuals who could speak more directly about CSEC experience (e.g., **adults with lived experience**).

Collaboration Components

Cross- System Collaboration (CSC) Framework	
Collective Impact	Coordinated Community Response
Common Agenda	Involvement of all essential systems
Shared Measurement	Mechanism for assigning clients to services
Mutually reinforcing activities	Functioning feedback mechanism
Continuous Communication	Mechanism for ongoing and future planning
Backbone support	Paid project manager/ coordinator

To what extent did agencies within counties collaborate to implement SB 855?

Agencies included in interagency protocols*

Agency	N respondents	Included	Required by SB 855
Juvenile probation	37	100%	Yes
Mental health	37	97%	Yes
Public health	37	84%	Yes
Juvenile courts	35	83%	Yes
Law enforcement	36	92%	No
Other	32	91%	No

*This table reflects agencies that were required in the interagency protocol by SB 855. The statute was amended to mandate the Sheriff's Department and County Office of Education to be included in interagency protocols in 2017 via AB 1227.

MDT participation rates by agency

Agency	N respondents	Mean MDT participation*
Juvenile probation	37	77%
Mental health	37	74%
Survivors/advocates	32	71%
Law enforcement	33	51%
Public health	33	50%
Substance abuse	29	36%
Juvenile courts	29	24%

*How often does someone from each agency participate in the CSEC MDT process? Slider from 0 (none) to 100 (all)

Quality of collaboration

Question	N respondents	Agree	Neither agree nor disagree	Disagree
My agency and other collaborating agencies are aligned in our efforts to support and serve children at risk for or experiencing CSE.	44	84%	14%	2%
Agencies in my county are able to work together to support youth at risk for or experiencing CSE.	46	89%	11%	0%

Do counties have the capacity to meet the needs of youth experiencing CSE?

Staffing capacity

- **Staffing shortages** identified as a challenge by many site visit counties
- On the survey, counties reported having enough staff to adequately serve youth who are at risk for or experiencing CSE *less than half of the time*
- County plans indicated that **staff turnover**:
 - reduced institutional CSE knowledge, and
 - negatively affected trust between youth experiencing CSE and the county, thereby reducing the chance of youth accepting services

Service capacity

Question	N respondents	Mean
There are waitlists for CSE-specialized services.	34	21%
We are able to match youth who are at risk for or experiencing CSE to the best service to meet their needs, rather than refer them to the first available program slot.	43	51%
There are enough family-based placements for all children who experience or are at risk for CSE.	42	11%
There are enough CSE-specialized providers to meet the needs of all children in our county.	44	29%
We have to send youth who are at risk or experiencing CSE out-of-county to receive specialized services.	42	54%

What were the barriers and facilitators to implementing SB 855?

Examples of common barriers

- **Delays with day-to-day coordination:**
 - Difficulties in scheduling MDTs
 - Service accessibility
 - No DSAs to share pertinent information.

Examples of common barriers

- **Building rapport and engaging youth in services:**
 - Youth often leave placement without permission (AWOL) either before or during service provision
 - Staff often do not have enough time to build rapport with youth and get them connected to services

Examples of common barriers

- **Tension between different agencies' philosophies or mandates that impacts collaboration:**
 - Disagreement among staff on the merits of a harm reduction approach

Examples of common barriers

- **Cross-county collaboration:**
 - Cross-county MOUs often do not exist
 - Agencies are unable to receive all pertinent information about youth

Examples of facilitators

- **Steering committees** and **stakeholder meetings** help counties to understand the range of services available to youth experiencing CSE and how to best coordinate them.

Examples of facilitators

- **MDTs** are very effective at quickly coordinating service provision, but only when they are regularly attended by county agencies and partners.

Examples of facilitators

- **MOUs and CSEC protocols** set counties up for success regarding service integration, as they specifically lay out agency and partner roles and coordination activities.

Examples of facilitators

- Many counties said that **universal screening** (especially CSE-IT) helps quickly identify youth who are being exploited or at risk and begin the process of CSEC service provision.

How did the implementation of SB 855 vary across counties?

Region / urbanicity

- Counties in Southern California and the Bay Area were more likely to report **having all required agencies involved in their interagency protocol** compared to counties in Northern California and the Central Valley.
- **CSEC Coordinators** were less common in rural areas.
- Rural counties were less likely to **employ CSEC-specific staff.**
- Rural counties reported having **fewer available services**, and **fewer specialized services.**

What have been common challenges in implementing SB 855?

Examples of common challenges

- **Staff turnover / shortages**
- **Placement availability**
- No mechanism to serve youth experiencing / at risk for CSE who are **not under the jurisdiction of child welfare**
- Need **updated training** that looks at current CSE trends (e.g., cyber recruitment)
- Enthusiasm for the CSEC program was high at the beginning but has waned over time – **need for re-evaluating goals and future directions**

What are some best practices for implementing local CSEC response programs?

Examples of best practices

- Having a **unit/workers specifically designated to respond to CSE**, but not *exclusively* responding to CSE
- **24/7 dual response from child welfare and CSE advocate** (voluntary non-profit) when going out for investigations
- **Specialized CSE-specific staff** (e.g., CSEC mental health clinician, missing persons liaison)
- Weighting CSE cases more heavily when **calculating caseloads** with the acknowledgment that they are more intensive

Outcome Study: Child Welfare Metrics

What is a performance measure?

A quantifiable indicator used to assess how well an organization or program is achieving its desired objectives.

Also Called...

- Key Performance Indicators (KPIs)
- Metrics
- Goals



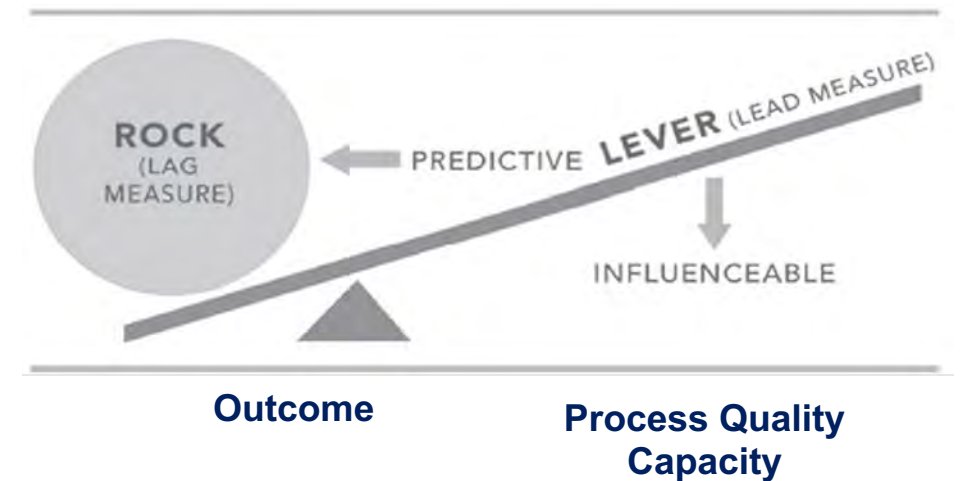
Selecting Measures that Move the Needle

LAG measures tell you if you achieve the goal:

- Measures the goal
- Tells you what already happened

LEAD measures tell you if you are likely to achieve the goal:

- Predictive – measures something that leads to the goal
- Influenceable
- Find actions with more leverage



Selecting Measures that Move the Needle

LEAD measures tell you if you are likely to achieve the goal

LAG measures tell you if you achieve the goal



SMART Measures

- ✓ **Specific**
- ✓ **Measurable**
- ✓ **Attainable**
- ✓ **Relevant**
- ✓ **Time-bound**

NUMBER OF GOALS (in addition to the whirlwind)	2-3	4-10	11-20
	↓	↓	↓
GOALS ACHIEVED WITH EXCELLENCE	2-3	1-2	0

Attainable Goals

How many goals can staff be expected to achieve while keeping up with their daily work?

Which are *most* important?

What kinds of support will staff need to succeed?

Before setting attainable goals, we'll need to establish baselines...

A baseline is a point of reference (either a historical or current level of performance) against which future performance is compared.

What do we want to know?	How will we look at it?
CSE Reporting and Assessment	CSE Reports - Investigated Referrals - Substantiations
CSE Reporting and Assessment	CSEC Risk and Victimization entered on Client pages
Case Factors	Already in a case – Time to case opening – Diversion - Dual status
Placement	Already in placement – entries/reentries – episode length by setting
Service Receipt	Services available vs. Services referred vs. Services received
System Exit	Case closure type? Transition to AB12? Reentry as Nonminor Dependent?



CPS Reports of CSE

Client Services - Referral [L. MARTINE] - Allegation [L. SUSIE]

File Edit Search Action Associated Attach/Detach Window Help Tools

ID Conclusion

Conclusion

Current Conclusion

People Involved

Alleged Victim: L. Susie

Abuse Category: General Neglect

Alleged Perpetrator:

Conclusion Date: 04/12/2016

Allegation Conclusion: Substantiated

Abuse Information

+ Abuse Subcategory

Select Abuse Information

Abuse SubCategory

- Fail/Unable to Protect from CSE
- Failure to Provide Adequate, Safe Shelter
- Failure to Provide Clothing
- Failure to Provide Food
- Failure to Provide General Medical Care
- Lack of Supervision
- Prenatal Exposure to Drugs/Alcohol

OK

Cancel

Help

Allegation

No

Client Services - Referral [L. MARTINE] - Allegation [L. SUSIE]

File Edit Search Action Associated Attach/Detach Window Help Tools

ID Conclusion

Conclusion

Current Conclusion

People Involved

Alleged Victim: L. Susie

Abuse Category: Exploitation

Alleged Perpetrator:

Conclusion Date: 04/12/2016

Allegation Conclusion: Substantiated



- Between Fiscal Years (FY) 2015 and 2021, a total of **71,865** reports were made to the child protection system due to concerns of CSE.



- About **two-thirds** (62.4%) of CSE reports were screened in for investigation.



- Approximately **one in seven** CSE reports (13.7%) were substantiated.



- However, we know that some youth are identified in multiple CSE reports...



CPS Reports of CSE

The **71,865** CSE reports made between FY 2015-2021 identified a total of **39,819 children**.

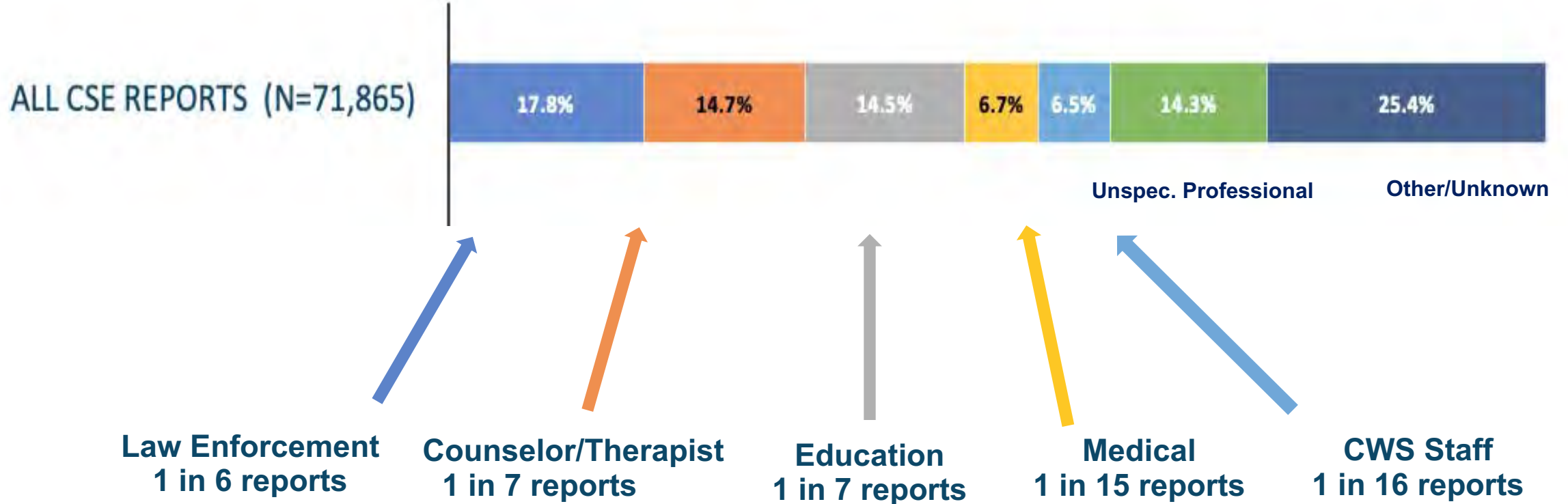
Within this population:

- **13.7%** (N = 5,457) of these children had their initial CSE reports substantiated.
- **23.2%** had a second CSE report screened-in for investigation within a year of the initial CSE report.
- **16.4 %** (N = 6,626) of referred children had a CSE report substantiated within a year of the initial CSE report.



CPS Reports of CSE

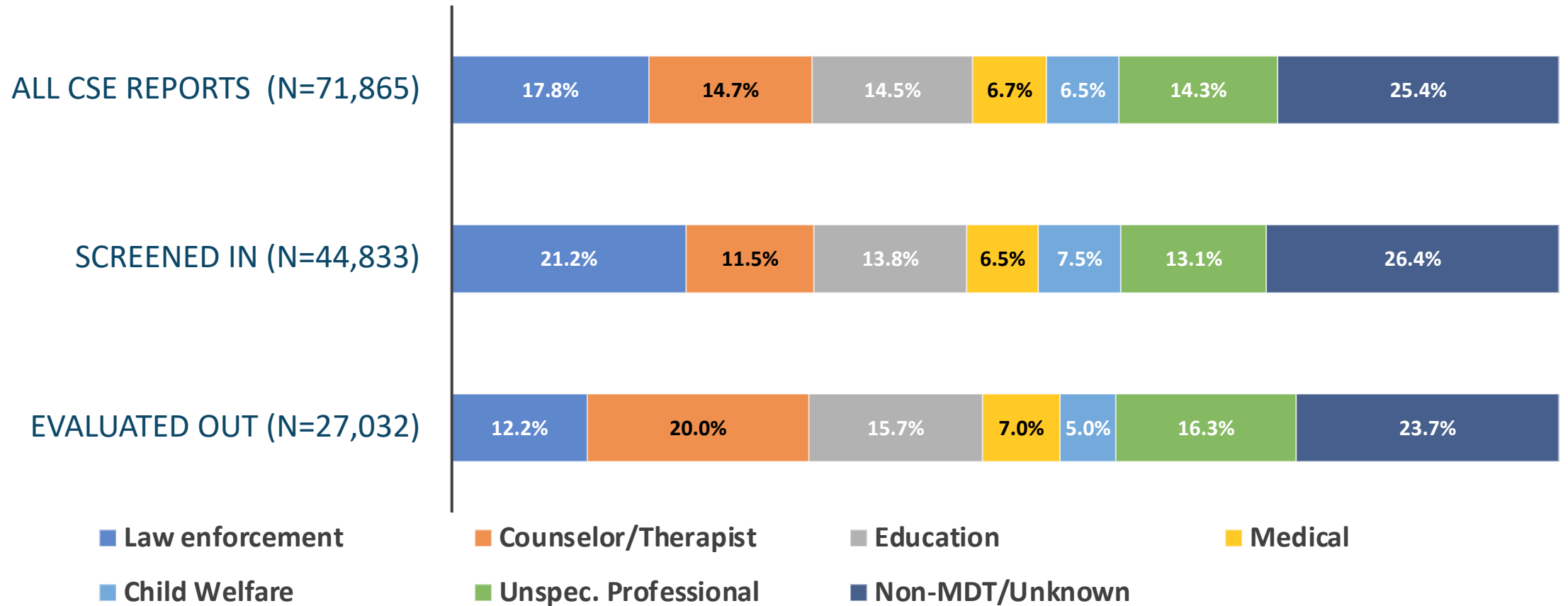
Reporter type by multidisciplinary team (MDT) participants





CPS Reports of CSE

Reporter Type by CPS Response (FY 2015-21)





Client Notebook CSE Data

Search Log | AFDC-FC | Attorneys | Service Providers | I.C.W.A. | Adoption Info | AAP Eligibility

CSEC Data

CSEC Type	Start Date	End Date
1		

CSEC Type: [None] Start Date: [] End Date: []

At Risk
 Victim Before Foster Care
 Victim During Foster Care
 Victim in Open Case not in Foster Care
 Victim while Absent from Placement
 Victim with Closed Case, Rev ILP Svcs

Other Ethnicity: [] Unable to Determine: Unable to Determine - Reason: []

Instructions for entering the CSEC Special Project Codes

Client Services - [Case [E, Benjamin]]

File Edit Search Action Assogated Attach/Detach Window Help Toolz

ID Svc Comp Assignment Trans Req ICPC-100A ICPC-100B Doc Tracking Spec Proj

Special Project

Special Project Name	Start Date	End Date	County

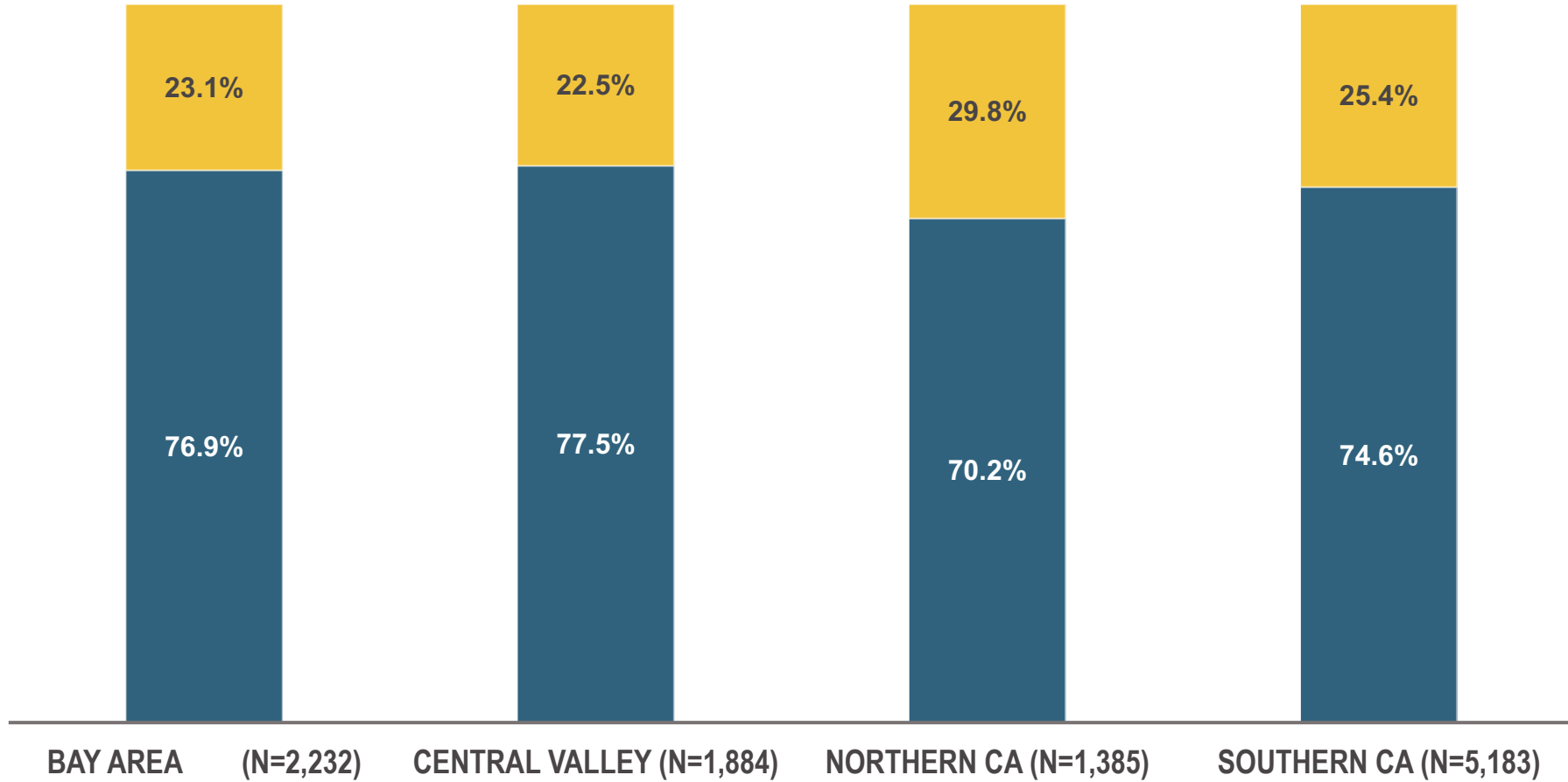
Special Project Name Start Date End Date County Description



Client Notebook CSE Data

- **10,684 youth** had concerns of CSE documented on their client notebook (risk or victimization)
- **1 in 4** had documented experiences of CSE victimization
- Across opted-in counties, the percentage of children with CSE concerns who had a “Victim” entry ranged from **5% to 70%**

CSEC Grid: Victimization versus Risk

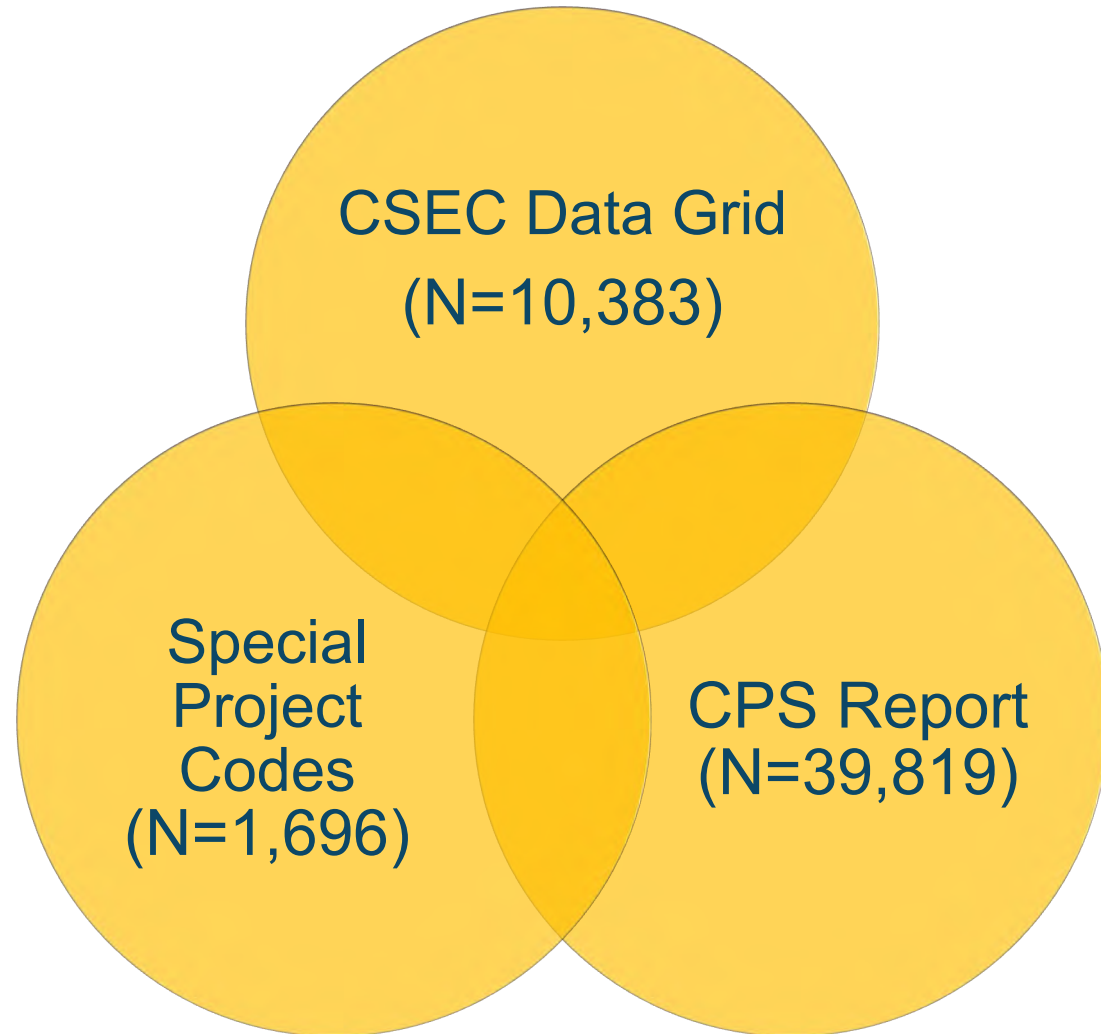


■ Children with Risk ■ Children with Victimization

Between Fiscal Years 2015 and 2021, a total of **47,745** minors had CSE concerns identified by or reported to the CWS.

After excluding children that only had evaluated out CSE reports, **40,389** minors had CSE concerns identified by or reported to the CWS.

- **24.5%** (N=9,366) had CSE victimization documented.





Case & Placement Status

- Of the 40,389 children with CPS reports, CSEC grid entries and special project codes indicating concerns of CSE:
 - **About one-third (N=13,266)** had a CWS case open during or following CSE identification
 - **14.2%** (N=5,750) had a case already open at CSE Identification
 - **12.0%** (N=4,848) were in an open placement episode
 - **15.5%** (N=6,273) had a placement opened after CSE was identified



Takeaways

- About 4,000 fewer CSE reports were made during FY 2019-2021 as compared to FY 2015-2018
- The percentage of CSE reports substantiated remained about the same (13-14%)
- Considerable differences in counties' data collection practices emerged, particularly with regard to the use of the "at-risk" field on Client notebooks.
- A minority of youth were in care when CSE concerns were first documented.



Next steps

- Placement experiences during/after CSE concerns
- Placement exits
- Case closures
- Extended foster care entry

Survivor Involvement in Research and Evaluation

Why should evaluators of CSE-relevant programs engage individuals and communities with relevant lived experiences in the research process?

- ✓ **Provide first hand experience**
- ✓ **Facilitate deeper understanding of CSE- related issues**
- ✓ **Provide solid, actionable solutions**
- ✓ **Offer context and concrete examples for learning**

Experts with lived experiences should be included in the process every step of the way in order to:

- ✓ **Promote research activities that are trauma-informed**
- ✓ **Ensure language and content are appropriate**
- ✓ **Bridge qualitative data and quantitative data**
- ✓ **Aid in interpreting findings and identifying implications**

How should contributors with lived experiences be identified and compensated?

- ✓ **Compensation should be equivalent to consultants with commonly recognized expertise (PhDs, etc.)**
- ✓ **Compensation should be monetary unless survivor favors an alternative**
- ✓ **Full transparency regarding workload, payment and sharing findings**

Successes

- ✓ **Communication throughout the process**
- ✓ **Adaptability and flexibility**
- ✓ **Treated as equal collaborators**

Challenges

- ✓ **Providing adequate time for feedback/input**
- ✓ **Ensuring that survivors feel validated, heard, and seen**

Acknowledgements

Our work was made possible by the California Department of Social Services' Child Trafficking Response Team

This presentation represents the collaborative efforts of:



Discussion

Discussion



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PACT CONVENING

Redefine



Where We're At Now – History and Evaluation of the CSEC Program

Ivy Hammond, UC Berkeley Child Welfare Indicators Project

Jaclyn Chambers, Urban Institute

Kia Dupclay, CSEC Action Team Advisory Board Member



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Break

10:30 am – 10:45 pm

We will reconvene at 10:45 am for our next session.



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Collective Café

10:45 am – 12:15 am



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Collective Café

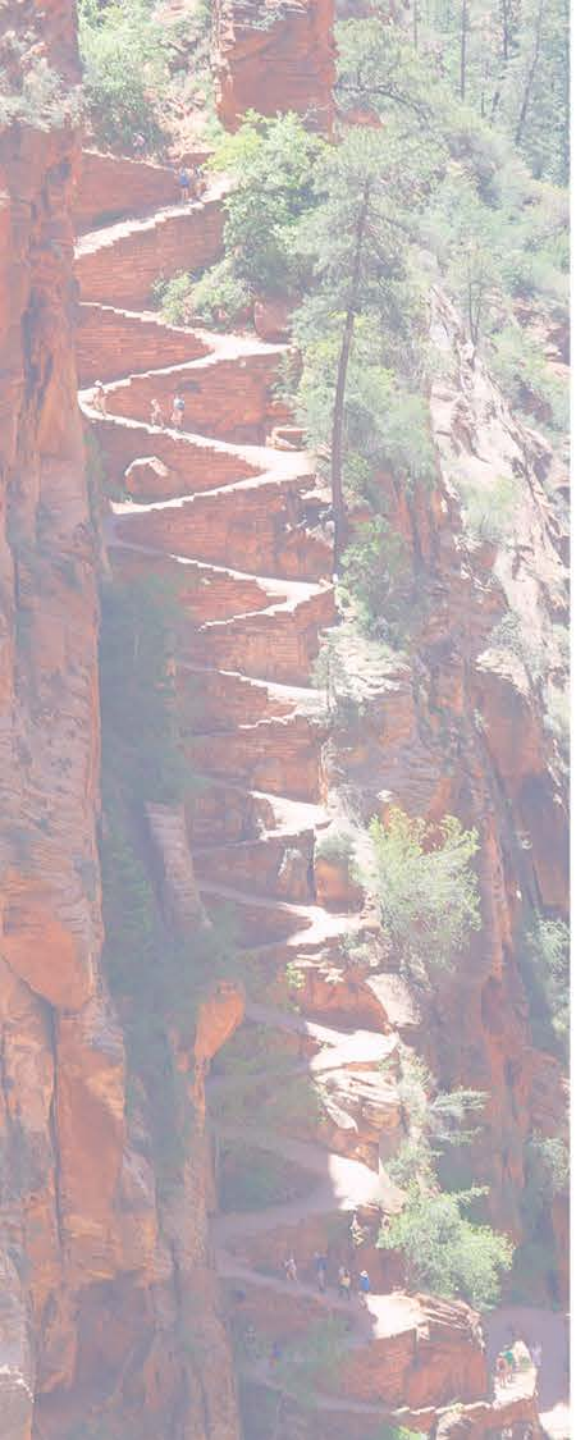
The purpose is:

Uncover collective wisdom and inspiration for action!
Gain from and celebrate the diversity of person,
context and experience in the room
Active engagement and exploration of what could be...

The purpose is not:

To build a plan
Create action immediate solutions
Monopolize the groups time by brainstorming the
project you've been dying to get feedback on





Café Etiquette – Celebrate Diversity...

- Focus on what really matters
- Speak your mind and heart with humility
- Connect your ideas to others
- Listen to understand, to what is unsaid as well as what is said
- Play, doodle and draw - Have fun!

Collective Café Activity

Bluebird

- Navigating Harm Reduction Implementation



Bear

- Steering Committees and Multidisciplinary Collaboration



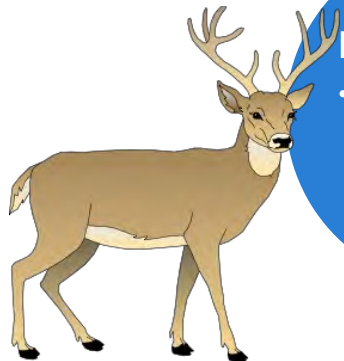
Squirrel

- Data Collection Strategies and Challenges



Deer

- Secondary Trauma, Trauma Stewardship and Self Care



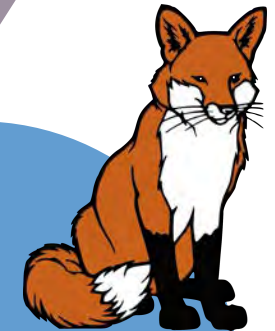
Rabbit

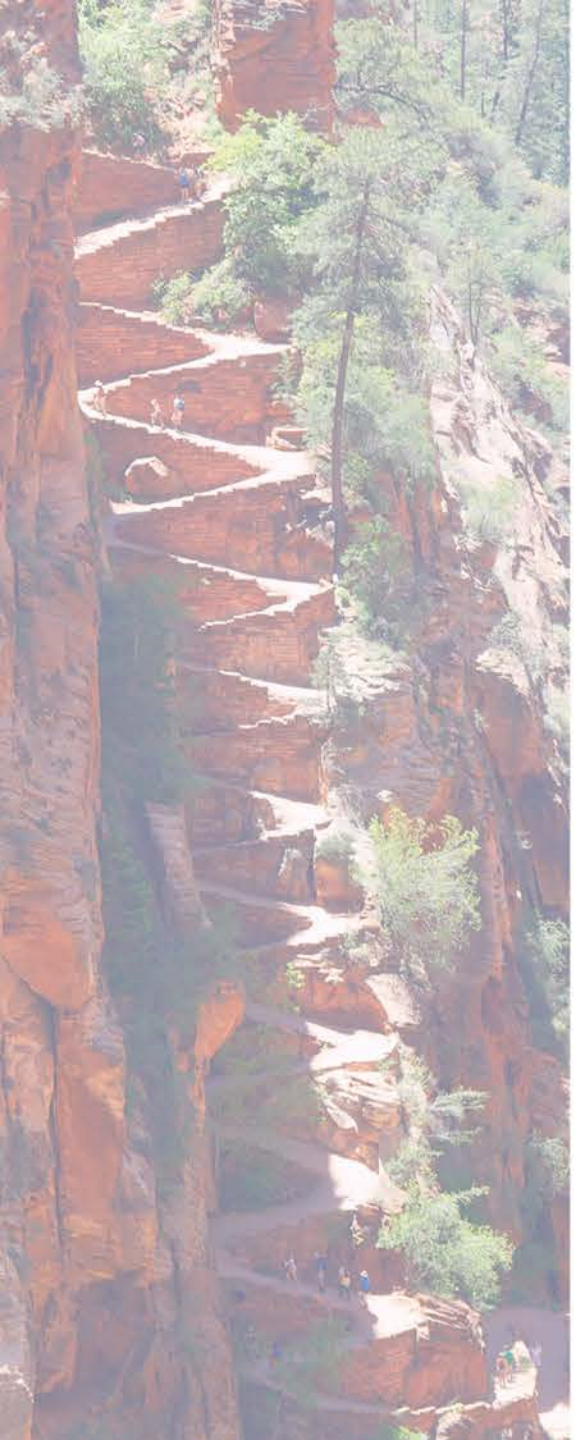
- Expending your CSEC Allocation



Fox

- Substance Use and Intersectional Services





3 Guiding Questions

- What's working?
- What should be shared?
- What could be scaled up?

Time To Move!

Bluebird

- Navigating Harm Reduction Implementation



Bear

- Steering Committees and Multidisciplinary Collaboration



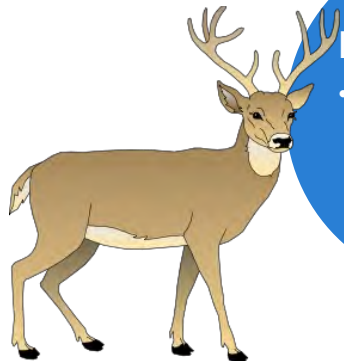
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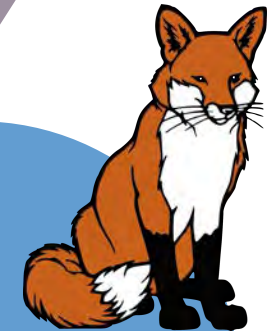
Rabbit

- Expending your CSEC Allocation



Fox

- Substance Use and Intersectional Services





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Group Photo Time 😊



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Lunch

12:00 pm – 1:00 pm

We will reconvene at 1:30 pm with our break-out sessions

Thank you for allowing space for hotel staff to close off the walls for our breakout sessions.



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Break Out Sessions

1:45 pm – 2:45 pm

Option 1: *A Discussion on Placement Barriers, Strategies, and Support with the Child Trafficking Response Team – Regency D Ballroom*

Option 2: *Where do We Start? Initial Steps to Address Child Labor Trafficking – Regency E Ballroom*

Option 3: *An Integrated Approach to Trauma Stewardship and Self-Care – Regency F Ballroom*



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Networking Break

2:30 pm – 3:00 pm

We will reconvene at 3:00 pm for our closing plenary

Thank you for allowing space for hotel staff to open up the walls.



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Closing Plenary

3:00 pm – 4:00 pm



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Informing Policy and Practice Through the Lens of Lived Experience

Facilitator: Sarah Johnston, PACT Regional Coordinator, CFPIC

Maria Contreras, Community Policy Associate, Collaborative Responses to Commercial Sexual Exploitation Initiative, National Center for Youth Law

Panelists: Tekeyah (Kia) Dupclay, Ummra Hang, Jess Torres, Russell Wilson, Angelica Zuniga

Members of: PACT's Consultant Network and the CSEC Action Team Advisory Board



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PACT Consultant Network

- Lived Experience and Subject Matter Experts
- Provide Customized TA, Training and Linkages through a survivor informed approach
- Diversity of lived experience voice and geographic representation
- Ethical Compensation



"PACT'S BIGGEST STRENGTH IS THEIR CONSULTANT TEAM AND THE WAY THAT THEY BRING THEIR LENS TO SUPPORT US."

CSEC Action Team Advisory Board

- Established in Spring 2016; Third cohort began 2021
- First state-funded board established to collaborate with state and local agencies on child sex trafficking policy
- Ten adult survivors/lived experience experts from across CA
- External consultations on policies and practices impacting CSE and at-risk youth
- Workgroup policy initiatives driven by own interests and expertise
- Professional development opportunities for Board members



What the Board Does

- Consultations all over CA and beyond
 - Sb 855 evaluation
 - Housing pilots
 - Panels
 - Caregiver Trainings
- Projects
 - Training caregivers
 - Centering youth voice, utilizing harm reduction, and caring for youth impacted by CSE
- Upcoming
 - Live event January 12, 2023
- Importance of a diverse Board and lived experiences



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Redefine

Informing Policy and Practice Through the Lens of Lived Experience

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Redefine

Acknowledgements

Thank you to our PACT Consultants and Advisory Board Members, the CDSS, county champions and partners, speakers, program/event staff who made this year's convening possible!

See you all next year! 😊



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Convening Feedback Survey

<https://www.surveymonkey.com/r/PACTCONVENING>



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