

**MEMORANDUM OF UNDERSTANDING
BETWEEN
SONOMA COUNTY HUMAN SERVICES DEPARTMENT, SONOMA COUNTY PROBATION
DEPARTMENT, SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES, SONOMA COUNTY
DISTRICT ATTORNEY'S OFFICE, SONOMA COUNTY SHERIFF'S OFFICE, THE CITY OF SANTA
ROSA POLICE DEPARTMENT, AND VERITY – COMPASSION. SAFETY. SUPPORT, A CALIFORNIA
CORPORATION
FOR
AN INTERAGENCY PROTOCOL FOR SERVING
COMMERCIALY SEXUALLY EXPLOITED CHILDREN**

This Memorandum of Understanding (hereinafter "MOU"), dated as of October 1, 2015 (hereinafter "Effective Date"), is by and between the Sonoma County Human Services Department (hereinafter "HSD"), the Sonoma County Probation Department (hereinafter "Probation"), the Sonoma County Health Services Department (hereinafter "DHS"), the Sonoma County District Attorney's Office (hereinafter "DA"), the Sonoma County Sheriff's Office, (hereinafter "SCSO"), the City of Santa Rosa Police Department (hereinafter "SRPD"), and Verity – Compassion. Safety. Support, a California Corporation (hereinafter "Verity").

WHEREAS, the California State Legislature established the Commercially Sexually Exploited Children (CSEC) Program which became operative on January 1, 2015; and

WHEREAS, the Sonoma County Human Services Department, acting through its Family, Youth, and Children's Services Division, was authorized to create a team of multi-disciplinary, county-wide community agencies committed to identifying and serving commercially sexually exploited children who have been exposed to severe violence, threats, and trauma, as victims of child abuse and human trafficking; and

WHEREAS, the Family, Youth, and Children's Services Division established a subcommittee of the Sonoma County Human Trafficking Task Force called the Commercially Sexually Exploited Children (CSEC) Interagency Protocol Framework Committee (hereinafter "CSEC IPF Committee") made up of designated agency leaders as required by an All County Letter (ACL) from the California Department of Social Services (CDSS); and

WHEREAS, the CSEC IPF Committee created a permanent committee called the CSEC Protocol Steering Committee (hereinafter "Steering Committee"), which will be an on-going committee, responsible for creating the Sonoma County CSEC Multi-Disciplinary Team (MDT) and implementing cooperative activities including the CSEC Protocol for Sonoma County (hereinafter "Protocol"), attached hereto and incorporated herein as Exhibit A, that is to be utilized when serving commercially sexually exploited children; and

WHEREAS, this MOU is not intended to establish legal duties nor otherwise alter the respective responsibilities of the parties; and

WHEREAS, the purpose of this MOU is to establish the collaboration among the parties in agreeing to and implementing the Protocol; and

WHEREAS, this MOU underscores the mutual understanding of the principles underlying the relationship between the parties in matters concerning the planning and delivery of law enforcement investigations, victim-centered services, and public awareness promotion regarding CSEC;

Now, therefore, the parties agree as follows:

I. GENERAL PROVISIONS

A. Term of MOU

1. The term of this MOU shall be from October 1, 2015 through June 30, 2018 unless terminated earlier in accordance with the provisions in A.2.
2. Any party may terminate their participation in this MOU by giving HSD thirty (30) days advance written notice of the effective date of termination.

B. Compensation

For the services rendered pursuant to this MOU, no party shall receive financial compensation from any other. The cooperative activities under this MOU shall be implemented at no additional cost to the parties.

C. Modification

This MOU may be modified or amended at any time by the mutual written agreement of the parties.

D. Confidentiality

All parties agree to maintain confidentiality of participant information in accordance with all applicable federal, state, and county requirements and applicable laws and regulations.

E. Mandatory Reporting

1. All participating agencies must comply with mandatory reporting laws as set forth in the Child Abuse and Neglect Reporting Act.
2. Mandatory reporters are required to report abuse or neglect when they know or have reasonable suspicion that the abuse or neglect has occurred.
 - a) Sexual exploitation is a form of sexual abuse and must be reported by mandated reporters. Sexual exploitation includes: "Conduct involving matter depicting a minor engaged in obscene acts... Any person who knowingly promotes, aids, or coerces a child or any person responsible for a child's welfare, who knowingly permits or encourages a child to engage in, or assist others to engage in, prostitution or a live performance involving obscene sexual conduct..."

F. Dispute Resolution

If any conflicts or disputes arise between the parties, involved staff shall meet in a timely manner to resolve the conflict or dispute. It is acknowledged by all parties that the purpose of such meeting is to come to a resolution that is in the best interest of all parties.

G. Merger

This writing is intended both as the final expression of the MOU between the parties hereto with respect to the included terms and as a complete and exclusive statement of the terms of the MOU. No modification of this MOU shall be effective unless and until such modification is evidenced by a writing signed by the parties.

II. ROLES AND RESPONSIBILITIES

The parties agree to adhere to the roles and responsibilities detailed in the Protocol and use the Protocol as a guide for action when serving commercially sexually exploited children.

IN WITNESS WHEREOF, the parties hereto have executed this MOU as of the Effective Date.

HUMAN SERVICES DEPARTMENT

By:

Jerald C. Dunn
Director

Date: _____

PROBATION DEPARTMENT

By:

Robert Ochs
Chief Probation Officer

Date: _____

HEALTH SERVICES DEPARTMENT

By:

Name:
Title:

Date: _____

DISTRICT ATTORNEY'S OFFICE

By:

Jill R. Ravitch
District Attorney

Date: _____

SHERIFF'S OFFICE

By:

Steve Freitas
Sonoma County Sheriff

Date: _____

VERITY – COMPASSION. SAFETY. SUPPORT,
A CALIFORNIA CORPORATION

By:

Christine Castillo
Executive Director

Date: _____

CITY OF SANTA ROSA POLICE DEPARTMENT

By:

Robert Schreeder
Chief of Police

Date: _____

REVIEWED FOR CONTENT

By:

Oscar Chavez, Assistant Director,
Human Services Department

By:

Ellen Bauer, Division Director,
DHS Public Health Division

By:

Michael Kennedy, Division Director,
DHS BH and SUD Division

By:

Santa Rosa City Attorney

By:

David Koch, Deputy Chief
Probation Officer, Probation Dept.

By:

William Brockley, Assistant
Deputy District Attorney,
District Attorney's Office

By:

Heidi Keith, Administrative
Services Director,
Sonoma County Sheriff's Office

EXHIBIT A: CSEC Protocol for Sonoma County

{This page is intentionally blank. The Protocol is attached.}



Sonoma County Human Trafficking Task Force

Commercially Sexually Exploited Children (CSEC) Subcommittee

CSEC Protocol for Sonoma County

September 2015

Acknowledgements

The CSEC Protocol Framework Committee acknowledges that the Sonoma County CSEC Protocol Framework could not have been written without significant work and collaboration of the agencies, partners, and individuals listed below. We would like to thank the persons listed below for their substantive guidance, expertise, participation, and commitment to improving the lives of CSEC victims.

Amber Twitchell – Program Director -VOICES; Voice Our Independent Choices for Emancipation

Angie Tate – Supervisor - Sonoma County Human Services Department; Family, Youth, and Children’s Division

Chris Castillo – Executive Director - Verity: Compassion, Safety, Support

Debra Van Vleck – Program, Planning, and Evaluation Analyst – Sonoma County Human Services Department; Division of Planning, Research, Evaluation, and Engagement

Diane Madrigal – Section Manager – Substance Use Disorders Section – Behavioral Health Division; Sonoma County Department of Health Services

Jane Wilson – Section Manager - Sonoma County Human Services Department; Family, Youth, and Children’s Division

Joan Risse – Clinical Coordinator – Redwood Children’s Center - Sonoma County Public Health Division

Leslie Winters – Section Manager - Sonoma County Human Services Department; Family, Youth, and Children’s Division

Linda Morrisey - Sonoma County Human Services Department; Family, Youth, and Children’s Division - Supervisor

Mignon Evans - Sonoma County Human Services Department; Family, Youth, and Children’s Division – Section Manager

Nick Honey – Director - Sonoma County Human Services Department; Family, Youth, and Children’s Division

Ruben Martinez – Sergeant - Sonoma County Sheriff’s Office

Shannen Fraley – Social Worker IV - Sonoma County Human Services Department; Family, Youth, and Children’s Division

Sheralynn Freitas – Deputy Chief Probation Officer - Sonoma County Department of Probation

Sonoma County Family Justice Center

Susan Castillo – Community Mental Health Section Manager - Sonoma County Department of Health Services; Behavioral Health Division

Terry Anderson –Sergeant - Santa Rosa Police Department

William Brockley – Assistant Deputy District Attorney - Sonoma County District Attorney’s Office

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1) Purpose Statement

Reduce the number of child sexual trafficking victims and provide streamlined, consistent, child-centered service delivery in all protective systems.

2) Legislative and Operational History

The United States passed its first comprehensive human trafficking bill in 2000, the Victims of Trafficking and Violence Protection Act. In 2003 when the ongoing appropriations were approved it was renamed the Trafficking Victims Protection Reauthorization Act (TVPA or TVPRA). In 2008 it was renamed the William Wilberforce Trafficking Victims Protection Reauthorization Act and in 2013 was authorized as Section XII of the Violence against Women Reauthorization Act. Each of these reauthorizations added new protections, such as making human trafficking a federal crime, giving victims the right to sue, offering protections for victims from other countries by allowing them to receive T Visas, and establishing laws against purchasing goods that were made by children who had been trafficked.

The TVPA continues to utilize the "3-P" approach which provides for:

- Prosecution of perpetrators of trafficking by establishing the crimes of trafficking and listing the punishments,
- Protection of victims of trafficking by creating a bill of rights for victims, including the right to medical care, shelter, restitution, civil remedy, residency status, work permit, access to information, and
- Prevention of trafficking by allowing for programs and grants to increase awareness on human trafficking.

In 2009, Secretary of State Hillary Rodham Clinton added a 4th P, Partnership, to serve as a "pathway to progress in the effort against modern-day slavery."

The TVPA considers sex trafficking a severe form of human trafficking, carrying increased penalties for perpetrators. The TVPA also provides that **the trafficking of a minor does not require proof of force, fraud, or coercion of the minor.**

California contains 3 of the FBI's 13 highest child sex trafficking areas in the nation: Los Angeles, San Francisco and San Diego. In 2005, California passed the first legislation on Child Sexual Exploitation, the California Trafficking Victims Protection Act – AB22.

Legislation in California continues to be amended to keep up with the ever-changing landscape that is Child Sexual Exploitation (CSE). Recently, transnational and domestic gangs have expanded from trafficking guns and drugs to trafficking human beings. A pimp can make \$150,000 to \$200,000 per year, per child and “keeps” 4 – 6 children.

Recent legislation, AB 2035 was passed in February of 2014; Sexually Exploited and Trafficked Minors. This bill also amended section 16003 of the California Welfare and Institutions Code (WIC). In addition, “SB 855, Chapter 29, Statutes of 2014 amended the Welfare and Institutions Code (WIC) section 300 by way of ACL 14-62 to clarify that under existing law, commercially sexually exploited children (CSEC) whose parents or guardians failed or were unable to protect them may fall within the description of 300(b) and be adjudged as dependents of the juvenile court.”

SB 855, which passed in June, 2014 added WIC section 16524.6 and authorized appropriations from the California Department of Social Services to counties that elected to opt-in to the CSEC program. One requirement of opting –in is to create a county-wide CSEC Protocol. Sonoma County has chosen to opt-in to the CSEC program.

On January 27, 2015, 11 new laws addressing human trafficking were passed by the 114th Congress.

Historically, Law Enforcement has been the first agency to interact with and respond to information regarding a potential CSEC. In many California counties, as well as other states, this is still the protocol: Law Enforcement determines whether to release or arrest the minor. Once arrested, the Deputy District Attorney files charges directly to the court or the CSEC is sent to probation. Probation determines if proceedings in the juvenile court should proceed.

When appropriate, Law Enforcement would contact Family, Youth, and Children’s Services (FY&C), and complete a Suspected Child Abuse Report (SCAR). In Sonoma County, Child Welfare Services is known as Family, Youth, and Children’s Services (FY&C) and is a division of the Sonoma County Human Services Department (SCHSD or HSD).

Currently, Sonoma County benefits from a history of building and sustaining a collaborative work environment. Agencies work together and focus on providing services that are in the best interests of each child. Within this environment, the County recognizes the need for a more-structured and coordinated service approach in addressing the needs of victims of human trafficking and in establishing prevention protocols.

3) Sonoma County Policy

The Sonoma County Human Trafficking Task Force – CSEC Protocol Team; a sub-committee of the Sonoma County Human Trafficking Task Force is taking a victim-centered, trauma-informed, and strengths-based approach to ensure that youth who are sexually exploited are able to access the support and services they need. Sonoma County is committed to actively engaging in and promoting practice to reduce or diminish the presence and occurrence of Commercial Sexual Exploitation (CSE) activities of both children and adults in Sonoma County. The primary goal of the sub-committee is to create a protocol that will help youth victims of Commercial Sexual Exploitation (CSE) heal, address their trauma, and build skills to enter adulthood and contribute to society, regardless of race, citizenship, sexual orientation, religion, gender, or age. Further, the County is committed to collaborating with our state, regional, and county partners to protect all youth from CSE and human trafficking.

The purpose of this protocol is to ensure the CSE youth are successfully placed in a protective environment that offers therapeutic services specific to their trauma in order to best stabilize them during this critical time.

It is the County's desire to strategically respond to existing gaps in knowledge and practice around CSEC in order to assist all partner agencies who have direct contact with CSE youth to understand the extreme physical, psychological, emotional, and social harms associated with CSEC. This will include utilizing best practice assessment in order to provide an appropriate range of victim services across a number of agencies that will provide a continuum of care model to fully address the CSE youth's needs. In addition, an interagency collaborative approach will continue to be utilized to reach out to the CSE and at-risk youth population so they can better protect themselves from CSEC and recognize risky situations. Sonoma County will ensure continued support and advocacy to these youth, will make every effort to prosecute the target suspect, and will at all times protect victim privacy and identification.

4) Glossary

Advocacy: Advocacy is the process that enables people, particularly the most vulnerable; to have their voices heard and represented when decisions are being made about their lives. They are supported in their right to access information and services and are assisted in understanding the choices they are entitled to make regarding their circumstances.

All County Information Notice (ACIN): An ACIN provides information only and does not direct a county to take specified action.

All County Letter (ACL): An All County Letter (ACL) is a directive from the state that is provided to counties in the form of a letter outlining actions that must be taken in order to be in compliance with new or existing laws.

Family, Youth, and Children's Division (FY&C): A division of the Sonoma County Human Services Department that provides family-centered programs and services designed to ensure safe, permanent, nurturing families for the County's children while strengthening and attempting to preserve the family unit. FY&C protects children from intentional physical or mental injury, sexual abuse, exploitation and/or neglect by a person responsible for a child's health or welfare in accordance with the California Welfare and Institutions Code Section 300. FY&C strives towards goals of reducing risks to children, improving parenting skills and strengthening social support networks for families.

Commercial Sexual Exploitation of Children (CSEC) Interagency Protocol Framework Steering Committee: A collaborative group made up of various County agencies including: Family, Youth, and Children's Services (FY&C), the Sonoma County District Attorney's Office (DA), Sonoma County Department of Behavioral Health (DBH), Sonoma County Department of Public Health (DPH), Sonoma County Department of Probation, (Probation), the Sonoma County Sheriff's Office (SCSO), the Santa Rosa Police Department (SRPD), the Juvenile Courts of Sonoma County, and Verity, a victim support program. The CSEC Protocol Framework Steering Committee was developed by representatives from FY&C and department representatives, law enforcement, and community agencies whose goal was to form a working group to explore and address sexual exploitation of children. The development of an interagency protocol was a directive from the State of California via ACL 14-62 as a requirement for participation in CSEC funding.

Child Welfare Services (FY&C): The State of California refers to the collection of divisions that work with children's services as Child Welfare Services. CWS may encompass adoptions, foster care, child protective services, etc. Individual counties may utilize different agency names and acronyms and may use the terms interchangeably. In Sonoma County, CWS is known as Family, Youth, and Children's Services (FY&C).

CSEC (Commercially Sexually Exploited Children) or CSE (Commercial Sexual Exploitation): Terms used when sexual abuse of a minor is either primarily or entirely used for financial or other economic reasons. Economic exchanges could be monetary or non-monetary (i.e., for food, shelter, drugs, etc.).

CWS/CMS (Child Welfare Services/Case Management System): CWS/CMS is a statewide database that supports an effective Child Welfare System of services. CWS/CMS improves the lives of children and families by giving service workers information to improve case work services and freeing them from repetitive tasks, provides policy makers with information to design and manage services, and fulfill State and Federal legislative intent.

Department of Health Care Services (DHCS): The California Department of Health Care Services provides oversight of statewide public mental health services through the Mental Health Services Division. Its responsibilities include: providing leadership for local county mental health departments, evaluation and monitoring of public mental health programs, administration of federal funds for mental health programs and services, care and treatment of people with mental illness, and oversight of Mental Health Services Act service implementation.

District Attorney's Office (DA): The District Attorney is responsible for the prosecution of criminal matters for adults and juveniles in Sonoma County. Deputy District Attorneys are responsible for the review of criminal reports - submitted by law enforcement agencies, filing of criminal charges in court, jury trials, preliminary hearings, and any other matters relating to criminal prosecution. The District Attorney's Office also advises the County Grand Jury and has a staff of investigators who conduct criminal investigations otherwise not handled by local law enforcement.

Forensic: The word forensic means "pertaining to the law." The term may be used in reference to a certain type of medical exam (forensic medical exam) or behavioral evaluation (forensic mental health services). Forensic evaluation may be utilized when the child is also involved with a crime or in the case of a perpetrator being charged with a crime.

Holistic: Holistic treatment principles are characterized by the treatment of the whole person, taking into account physical, mental and social factors. It is the concept that concern for health requires a perception of the individual as an integrated system rather than one or more separate parts.

Katie A. vs. Bontá: Katie A vs. Bontá refers to a class action lawsuit filed in federal district court in 2002 concerning the availability of intensive mental health services to children in California who are either in foster care or at imminent risk of coming into care. Katie A., as it is called, was settled in 2011

Law Enforcement: Law enforcement may be the first on the scene when a commercially sexually exploited youth is identified. Depending upon the location of the youth, the agency may be the Sonoma County Sheriff's Office or a city police department, such as Santa Rosa Police Department (SRPD). Their role is to investigate, make any arrests and contact the proper agencies as needed, i.e., FY&C, Verify, Redwood Children's Center (RCC), etc. Each law enforcement agency will follow their policy or protocol when investigating or dealing with a commercially sexually exploited youth.

Multi-Disciplinary Team (MDT): Experts representing a range of providers who offer collaborative services through a single source. In this instance, the law requires that a county opting into the CSEC Program form an MDT to coordinate the case planning, case management, and services for each CSE youth. Promising practices suggest that an MDT be formed and individualized for each youth that is strengths-based and prioritizes the youth's voice in the decision-making process. Youth should have the option of

participating in the MDT as appropriate. Other public agency partners may be required to participate. Some of the activities the MDT may utilize are:

- Convening emergency meetings upon identifying a CSE youth
- Addressing the child's basic needs
- Making a recommendation about where to place the child
- Developing a safety plan for the child
- Reconvening should a triggering event occur (such as running away or another arrest).
- Providing a venue for the legal exchange of confidential information (see Appendix A).

Probation Department: The Probation Department works in association with treatment providers, mental health, law enforcement, and social services as well as related agencies to intervene, guide, influence and bring accountability to the conduct of probationers in our community. A primary focus of Probation is to promote public safety by guiding individuals to make sustainable, productive lifestyle changes. Probation investigates, evaluates, supervises and through progressive intervention provides structure to individuals with the goal of having them meet their court obligations and become responsible contributing members of society.

Public Defender: The Sonoma County Public Defender protects the interests of criminal and civil commitment defendants by providing skilled legal counsel and passionate advocacy. The office enjoys a solid reputation for integrity, diligence and professionalism, and plays a key role in the County's administration of justice.

Redwood Children's Center: Sonoma County Human Services Department operates The Redwood Children's Center (RCC). Redwood Children's Center is an accredited child advocacy center providing forensic interviews, medical exams, and advocacy services to children and families involved in criminal and/or child welfare investigations. It is one of the programs provided at the Family Justice Center in Santa Rosa.

Risk Factors: Risk factors include biological, psychological/behavioral, and social/environmental characteristics, such as a family history of substance use/abuse, depression or antisocial personality disorder, and/or residence in neighborhoods where substance use and violence are tolerated. Research indicates that the more risk factors a child or youth experiences, the more likely it is that she or he will experience a behavioral health condition and related problems in adolescence or young adulthood. Researchers have also found that the more the risks in a child's life can be reduced, for example, by effectively identifying and serving mental health disorders, improving parents' family management skills, and stepping up enforcement of laws regarding sales of illicit drugs to minors and drinking and driving the less vulnerable that child will be to subsequent health and social problems.

SART (Sexual Assault Response Team): SART is an acronym for Sexual Assault Response Team. The SART is a survivor-sensitive program designed to provide a team approach to responding to sexual assaults in the community.

Sonoma County Department of Health Services:

- **Behavioral Health Division:** Sonoma County Department of Health Services Behavioral Health Division (SC-BHD) provides specialty mental health services and administers contracts for Drug MediCal treatment services.

SC-BHD Mental Health Services is responsible for providing specialty mental health services to Sonoma County MediCal beneficiaries who meet Specialty Mental Health Services (SMHS) criteria contained in Title 9 CA Code of Regulations Chapter 11, MediCal Specialty Mental Health Services Section 1830.210. Twenty-four hour crisis intervention services at the Crisis Stabilization Unit are available to all persons presenting with a psychiatric emergency regardless of payor source.

SC-BHD Substance Use Disorders Services (SUDs)*, by authority of the State, administers the contracts to community based organizations who provide publically funded SUD treatment services which includes Drug MediCal to Sonoma County residents. SUDs provides limited direct case management services to individuals who have been released from jail, to pregnant women and/or women with children and educational classes to individuals who have received a DUI and to individuals who are currently incarcerated.

**Beginning in 2016, SC-BHD SUD Services will be authorized to administer and directly provide expanded drug treatment services through the Drug MediCal program. These expanded SUDs services are outlined in the Affordable Care Act.*

- **Public Health Division:** The Sonoma County Department of Health Care Services Public Health Division works to prevent epidemics and the spread of disease, protect against environmental hazards, prevent injuries, promote and encourage healthy behaviors, respond to disasters and assist communities in recovery, and assure the quality and accessibility of health services throughout the county. To achieve this goal, the department places a high value on strong working alliances with local community groups representing the diverse populations who live in all areas of Sonoma County.

Stages of Change Model: The Stages of Change Model (SCM) was developed in the context of working with addicts. The model lays out sequential steps to achieve lasting change: Pre-contemplation, contemplation, preparation, action, and maintenance. SCM is now used in a range of fields. SCM also acknowledges that relapse occurs and is a necessary step to full recovery and maintenance.

Strengths-based: A strengths-based approach refers to “policies, practice methods, and strategies that identify and draw upon the strengths of children, families, and communities.

Strengths-based practice involves a shift from a deficit approach, which emphasizes problems and pathology, to a positive partnership with the family. The approach acknowledges each child and family's unique set of strengths and challenges, and engages the family as a partner in developing and implementing the service plan."

Suspected Child Abuse Report (SCAR): Pursuant to Penal Code Section 11169 Form SS 8572 should be completed and sent to FY&C when there is suspicion of child abuse or neglect.

Superior Court of California – County of Sonoma, Juvenile Court Division (Dependency Court): Juvenile Dependency Court handles matters involving minors under the age of 18 and non-minor dependents between the ages of 18 and 21, who have been victims of abuse or neglect by their parents or guardians. FY&C investigates a complaint and decides whether or not the child is in immediate danger. If the child is removed from the home, FY&C has 48 hours to file a petition with the Juvenile Court.

Trafficking and Violence Protection Act (TVPA): An Act to combat trafficking in persons, especially into the sex trade, slavery, and involuntary servitude, to reauthorize certain Federal programs to prevent violence against women, and for other purposes. The TVPA was established October 28, 2000. In May, 2013, this act was reauthorized under the Violence Against Women Act.

Trauma-Informed: A program, organization or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery. In addition, signs and symptoms of trauma in clients, families, staff, and others involved with the system are acknowledged. Knowledge about trauma is integrated into policies, procedures, and practices that actively resist retraumatization.

T-Visa: A T visa is a type of visa allowing certain victims of human trafficking and immediate family members to remain and work temporarily in the United States if they agree to assist law enforcement in testifying against the perpetrators.

Vicarious Trauma: Vicarious trauma can occur when an individual who was not an immediate witness to the trauma absorbs and integrates disturbing aspects of the experience into his or her own functioning. Symptoms of vicarious trauma are similar to Post Traumatic Stress Disorder (PTSD).

Victim-Centered: A victim-centered approach places the victim at the heart of the planning and implementation of services in a meaningful way. This approach requires effort to engage and inform the victim so that she/he is empowered throughout the process.

Violence Against Women Act (VAWA): The Violence Against Women Act of 1994 (VAWA) is a United States federal law (Title IV, sec. 40001-40703 of the Violent Crime Control and Law Enforcement Act of 1994, H.R. 3355) signed as Pub.L. 103-322 by President Bill Clinton on September 13, 1994 (codified in part at 42 U.S.C. sections 13701 through 14040).

The Act provided \$1.6 billion toward investigation and prosecution of violent crimes against women, imposed automatic and mandatory restitution on those convicted, and allowed civil redress in cases prosecutors chose to leave un-prosecuted. The Act also establishes the Office on Violence Against Women within the Department of Justice.

5) Identifying Commercially Sexually Exploited and At-Risk Children and Youth

In order to understand the scope and nature of the problem in Sonoma County and provide the appropriate level of services, professionals will screen youth and assess their related needs on an ongoing basis.

The following risk factors have been identified by a multi-disciplinary team of professionals in Sonoma County who have worked in conjunction with and on behalf of CSE youth.

- History with the Child Welfare System
- Cutting/Self-Harm
- Developmental delays
- Drug or Substance use
- Entertainment and Modeling Professions (interest or participation or have been contacted by)
- Gang affiliation
- High number of moves in placement
- History of Criminal Record/Arrest History/Probation or experience with the Juvenile Justice system.
- History of pregnancy or child birth
- Immigration to the U.S that may result in lack of cultural norms and values in a new life situation
- Knows someone who has had sex for drugs, shelter, goods, or money
- Lack of permanency – No adult or mentor they trust in their life
- Lesbian, Gay, Bi-Sexual, Transgender, Questioning, Queer, Intersex (LGBTQQI)
- Low school attendance or truancy
- Low self-esteem
- Multiple incidents of running away
- Poor school performance
- Prior sexual assault
- Probation
- Suicidal thoughts or actions
- Tattoos
- Witnessing Violence, Sexual Assault, or Domestic Violence

Some of the above risk factors do not have to apply to the child, but may have a generational history such as experience with the child welfare system, gang affiliation, and probation.

6) Review of Memorandum of Understanding

The Memorandum of Understanding (MOU) for the Commercially Sexually Exploited Children Protocol is between the Sonoma County Human Services Department, the Sonoma County Sheriff's Office, Santa Rosa Police Department, Sonoma County Department of Health Services; - Behavioral Health Division and Public Health Division, Sonoma County Probation Department, Sonoma County District Attorney's Office and Verity, a California non-profit and The MOU stands as evidence that all parties agree to participate in an exchange of services by coordinating the Commercially Sexually Exploited Children Protocol.

The crime of human trafficking requires a comprehensive and collaborative response between child welfare services, law enforcement, service providers, and the community. The MOU sets out the mutual understanding of the principles underlying the relationship between the parties in matters concerning the planning and delivery of law enforcement investigations, victim-centered services and promoting public awareness. All parties have agreed to the Articles listed and signed by their directors.

On September 3, 2014 the Sonoma County Human Services Department, led by the Family, Youth, and Children's Services Division, was authorized to create a team of multi-disciplinary county-wide community agencies that was committed to identifying and serving commercially sexually exploited children who have been exposed to severe violence, threats, and trauma, as victims of child abuse and human trafficking.

In October 2014 the Family, Youth, and Children's Services Division established a committee of designated agency leaders as required by ACL 14-62 to create an official document named "The Sonoma County Human Trafficking Task Force; Commercially Sexually Exploited Children (CSEC) Subcommittee; CSEC Protocol for Sonoma County."

The MOU stands as evidence that all parties agree to participate in an exchange of services by utilizing the CSEC Protocol for Sonoma County. The executed MOU can be obtained by contacting the Sonoma County Human Services Department's Contracts Unit at contracts@schsd.org

A. Sonoma County Human Trafficking Task Force- CSEC Interagency Protocol Framework Committee Responsibilities

Required Members as described by California Welfare and Institutions Code §16524.8

- Child Welfare, Probation, Mental Health, Public Health, and Juvenile Courts

Commercially Sexually Exploited Children Committee; Subcommittee of the Sonoma County Human Trafficking Task Force has included the following agencies as partners in the CSEC Protocol Framework Interagency Committee

- Child Welfare, Probation, Behavioral Health (Mental Health), Public Health, Juvenile Courts, Law Enforcement, and CSEC-trained advocates/case managers (Verity).

Responsibilities

- 1) *Build consensus and determine project objectives towards the CSEC Protocol Framework through a majority vote*
- 2) *Assess the sufficiency of CSEC specific resources in the county*
- 3) *Establish a coordinated, interagency response and identify mechanisms to identify and assess CSEC at key decision points*
- 4) *All Parties, as required by law, shall observe and adhere to all federal, state, and county requirements, and applicable law(s) concerning the confidentiality of client information.*

B. Sonoma CSEC Protocol Steering Committee

Purpose: To establish a coordinated, interagency response among county agencies and partners to ensure commercially sexually exploited children (CSEC) and children at risk for exploitation are identified and served through a multidisciplinary teaming approach.

Required participants:

- Child Welfare
- Probation
- Mental Health
- Public Health
- Juvenile Court
- Substance Abuse

Suggested participants:

- Education
- Children's Dependency Attorneys
- District Attorney
- Public Defender
- Law Enforcement
- Survivors
- CSEC-trained advocates/case managers
- Community-based organizations

- Court Appointed Special Advocates (CASAs)
- Direct Service Providers

Steering Committee Responsibilities

- 1) *Ensure identification of funding necessary to support victims of commercial sexual exploitation.*
- 2) *Provide input to the county on how to utilize CSEC Program funding from the State*
- 3) *Implement the Protocol, overseeing implementation, and revising as needed*
- 4) *Overseeing education, training and capacity building activities of County and contractor staff, and other stakeholders and/or relevant agencies. Additionally, all Parties agree that it is the responsibility of each department to ensure respective staff attends appropriate training(s).*
- 5) *Ensuring all materials and services developed through the CSEC Program are culturally and linguistically appropriate in addressing all diverse communities, including unserved, underserved and inappropriately served populations within Sonoma County; Ensuring that these materials are utilized and that training takes place.*
- 6) *Establishing mutually satisfactory methods for the exchange of information that may be necessary in order for each Party to perform its duties and functions under this MOU. Additionally, all Parties will establish appropriate procedures including roles and responsibilities to ensure all information is safeguarded from improper disclosure in accordance with applicable State and Federal laws and regulations. This includes ensuring victim privacy and identification.*
- 7) *All Parties, as required by law, shall observe and adhere to all federal, state, and county requirements, and applicable law(s) concerning the confidentiality of client information.*
- 8) *Maintain and strengthen a collaborative strategic plan consisting of outreach and education, and prevention and intervention initiatives.*
- 9) *Providing an annual report to the state on the number of children serviced, the services received, promising practices utilized, and any identified gaps in services and resources.*
- 10) *Collect and analyze aggregate data related to the Protocol.*

C. Sonoma CSEC Multidisciplinary Team (MDT)

Purpose: Provide a multidisciplinary team with CSEC training to each identified CSEC to more effectively build on a youth's strengths and respond to his/her needs in a coordinated manner.

When to convene an MDT:

- 1) Upon initial identification to meet immediate needs (must convene);
 - i) Initial identification may require an Immediate Crisis Response that engages a youth within 1 and 48 hours, with the goal of stabilization. An Immediate Crisis Response can be distinguished from the Initial and Ongoing Responses in the speed and intensity of the response as well as the purpose. **(See Appendix D)**
- 2) Post identification at regularly scheduled intervals for case review and management (must convene);
- 3) When there is a need to change the case plan or place due to a change of circumstances such as completing high school, identification of previously unknown service need, or safety concerns (may convene);
- 4) In the event of a triggering event like a runaway or contact with law enforcement as per the safety or other urgent circumstances necessitate (may convene).

MDT Responsibilities:

- 1) *Providing individual case-by-case collaboration with multiple child-serving agencies*
- 2) *Engaging with child and family/caregiver(s), if appropriate*
- 3) *Ensuring basic needs such as food, shelter, and clothing are met*
- 4) *Assessing and addressing immediate and long-term needs*
- 5) *Coordinating, monitoring, and adjusting service plan to achieve desired outcomes for individual CSEC*
- 6) *Advising on appropriate placement*
- 7) *Conducting safety planning to proactively plan for triggering events*
- 8) *Involving youth in meaningful ways in planning and decision-making*

Required participants:

- Child Welfare
- Probation
- Mental Health
- Public Health
- Substance Abuse

Suggested participants:

- Education
- Children’s Dependency Attorneys (both Dependency and Delinquency)
- Caregiver/Placement Provider
- Youth
- CSEC-trained advocates/case managers
- Community-based organizations
- Survivors/Mentors

Confidentiality (See Appendix A): Any person or agency who participates in the MDT will be bound by the confidentiality agreement as put forth by the Family, Youth, and Children's Division of Sonoma County Human Services.

Roles and responsibilities of required and suggested agencies:

The following agencies are identified as either the CSEC Steering Committee or the CSEC Multi-Disciplinary Response Team:

1) Family, Youth, and Children's Services

- a) Required to convene and lead the development of the inter-agency protocol*
- b) Required to participate in both the Steering Committee and the MDT – required lead for Steering Committee and chosen lead for MDT*
- c) Maintain the child abuse hotline to receive CSEC referrals*
- d) Develop mechanism for tracking CSEC referrals*
- e) Provide case management*
- f) Recognizing the unique challenges to engagement, establish trusting relationship with CSEC*
- g) Develop a service plan to fit CSEC needs in collaboration with other provider agencies*
- h) Connect child to crisis prevention and intervention services that meet the needs of CSEC*
- i) Provide aggregate child welfare data on identified CSEC to steering committee including, but not limited to, the current status of each youth, (e.g. placement type, AWOL, etc.), the placement type, and services received*
- j) Provide court reports pertaining to victim's case as needed, if confidentiality allows*

2) Sonoma County Probation Department

- a) Required to participate in the development of the interagency protocol*
- b) Required to participate in both the Steering Committee and the MDT*
- c) Develop mechanism for tracking CSEC*
- d) Perform juvenile intake investigations and make recommendations for appropriate action if CSEC has an open case or has been arrested*
 - i) Investigate and evaluate circumstances of victim's exploitation, including interviewing offender(s), parents, relatives, collateral sources, witnesses, victims, and law enforcement*
- e) Provide case management*

3) Sonoma County Behavioral Health Division

- a) Required to participate in the development of the interagency protocol*
- b) Required to participate in both the Steering Committee and the MDT*
- c) Perform assessment of CSEC victim's mental health and recommend services*
- d) Coordinate specialized mental health services for victim*
- e) Provide guidance about mental health supports in placement that may be particularly helpful for CSEC (e.g. respite, mobile crisis response)*

4) Sonoma County Substance Abuse Disorders Division

- a) *Participate in the development of the interagency protocol*
- b) *Required to participate in the MDT*
- c) *Suggested to participate in the Steering Committee*
- d) *Perform substance abuse assessment of CSEC recognizing that some exploited children use substances as a coping mechanism*

5) Sonoma County Public Health Division

- a) *Required to participate in the development of the interagency protocol*
- b) *Required to participate in both the Steering Committee and the MDT*
In addition: For victims booked into Juvenile Hall or admitted to Valley of the Moon Children's Center;
- c) *Perform medical evaluation of CSEC victim when appropriate*
- d) *Coordinate appropriate response and services specific to CSEC*
- e) *Provide information related to reproductive and sexual health including access to contraceptives, HIV prophylaxis, and treatment for STIs/STDs to CSEC*

6) Sonoma County District Attorney's Office

- a) *Suggested to participate in the development of the interagency protocol*
- b) *Suggested to participate in the Steering Committee*

7) Children's Dependency and/or Delinquency Attorneys

- a) *Suggested to participate in the development of the interagency protocol*
- b) *Suggested to participate in both the Steering Committee and the MDT (may be attorney or representative including an investigator);*
- c) *Recognizing the unique challenges to engagement, establish trusting relationship with CSEC*
- d) *Maintain frequent communication with each client to ensure frequently changing needs are addressed as the child moves through the states of exploitation*

8) Civil Legal Advocates/Direct Service Providers

- a) *Suggested to participate in the development of the interagency protocol*
- b) *Suggested to participate in the Steering Committee*
- c) *Suggested to participate in MDT as appropriate or when desired by youth*
- d) *Assess the holistic legal needs of the client*

9) Education

- a) *Suggested to participate in the development of the interagency protocol*
- b) *Suggested to participate in both the Steering Committee and the MDT*
- c) *Assess CSEC's educational needs, recognizing that these children may be behind in school or school may be a trigger because they were recruited from school*
- d) *Coordinate appropriate response to meet victim's educational needs, including but not limited to, assisting in enrolling youth, addressing truancy issues, ensuring credits have been gathered and applied, etc.*

10) Law Enforcement

- a) *Suggested to participate in the development of the interagency protocol*

- b) *Suggested to participate in the Steering Committee*
- c) *Report known or suspected child abuse/neglect to Family, Youth, and Children's Services*

11) Sonoma County Counsel

- a) *Suggested to participate in the development of the interagency protocol*
- b) *Suggested to participate in the Steering Committee*
- c) *Ensure compliance with all state and federal information sharing, confidentiality and self-incrimination protections*

12) Sonoma County Juvenile Court

- a) *Suggested to participate in the development of the interagency protocol*
- b) *Required to participate in the Steering Committee and suggested that these be either or both Dependency and/or Delinquency attorneys*
- c) *Recognizing the unique challenges to engagement, establish trusting relationship with CSEC*
- d) *Maintain frequent communication with each client to ensure frequently changing needs are addressed as the child moves through the states of exploitation*

13) Sonoma County Public Defender

- a) *Suggested to participate in the development of the interagency protocol*
- b) *Suggested to participate in the Steering Committee*
- c) *Recognizing the unique challenges to engagement, establish trusting relationship with CSEC*
- d) *Maintain frequent communication with client to ensure frequently changing needs are addressed as the child moves through the stages of exploitation*

14) Survivors/Mentors

- a) *Suggested to participate in the development of the interagency protocol*
- b) *Suggested to participate in both the Steering Committee and the MDT*
- c) *Participate in MDT as appropriate or when desired by youth*
- d) *Provide advocacy and mentorship as needed to the youth*
- e) *Engage youth and develop relationship with key adults outside of the public agencies*

7) Processes, Procedures, Data Collection, and Documentation

A. Sonoma County Flow Chart (see Appendix B)

A diagram is being utilized as an at-a-glance method that provides the appropriate steps each agency is to take when they have first contact with a victim of child sexual exploitation. The flow chart is meant as a guideline, realizing that each child's circumstances will be unique and should be dealt with as such.

In addition, each individual agency will have internal protocols to follow. As these internal protocols are developed each agency representative will share it and any updates that follow with the steering committee.

B. Sonoma County Service Providers, Community Partners, and other Agency Roles (See Appendix B)

Just as every child is unique, so too are the circumstances that may lead them to the first person or agency that can help them find a better life. Every person, whether a mandated reporter or not should immediately report suspected child sexual trafficking or any type of suspected child abuse to the 24-hour Hotline at Sonoma County Family, Youth, and Children's Services. That number is **(707) 565-4304 or (800) 870-7064**. Every person who answers the phone will be trained in CSEC identification.

C. Sonoma County Identification of Victim and Use of Screening Tool (See Appendix C)

Sonoma County Human Services Department's Division of Family, Youth, and Children's Services has chosen to participate in the pilot program of the Commercial Sexual Exploitation Identification Tool (CSE-IT) as the screening tool to assist in identifying CSE or at-risk youth. The CSE-IT was developed by the WestCoast Children's Clinic (WCC) in Oakland, California and will be in its pilot stage until October, 2016. Initially, 3 training classes will be offered to staff at Valley of the Moon Children's Center (VOMCC), the Emergency Response (ER) and Permanency Planning (PP) units at FY&C, staff at Redwood Children's Center (RCC) and community partners and interagency partners that are involved with CSEC, such as Public Health nurses, Behavioral Health staff, advocates such as Verity, Probation, Law Enforcement, and staff at Voice Our Independent Choices for Emancipation Support (VOICES). During the pilot period only VOMCC and selected participants from the Emergency Response Unit at FY&C will be required to use the screening tool and submit data to WCC. Other trained staff or agencies may use the tool once trained, but will not be required to submit data. Additional training may occur during the pilot period ensuring that all FY&C staff is trained on use of the screening tool. After the pilot period, there will be train the trainer sessions so that HSD Staff Development will be able to continue training new staff in the use of the tool.

Use of this screening tool will provide a universal way to determine the level of risk the youth is at based on the number total from the questions that were asked by the screener. Some of the risk factors have a higher ranking number than others, but it is up to the screener how they are answered. The screener can then refer the youth to services in the community that will meet their needs or continue providing services for them. There are certain questions on the screening tool that if marked yes, will require an immediate Suspected Child Abuse Report (SCAR) to Sonoma County Family, Youth, and Children Services called into the 24- hour Hotline - **(707) 565-4304 or (800) 870-7064**.

In order to use the CSE-IT during the pilot period, Sonoma County must agree to complete certain forms that will be utilized to transmit data back to WCC. WCC will gather data from all counties utilizing the tool and disseminate it back to the counties. Their objective is to

create a universal, evidence-based tool that can be used by counties to identify CSEC. The pilot has four main goals:

1. Improve identification of victims, which will expedite access to services and care.
2. Improve prevalence estimates and cross-system communication regarding the number of CSEC in a jurisdiction and across California by providing a scientific measure of the scope of child exploitation that is not available from current measures.
3. Facilitate data-driven decision-making. Policymakers and public system leaders need valid, reliable, and timely information on the scope of a problem in order to set funding priorities and make data driven decisions about where and how to allocate public resources.
4. Ensure that multiple child-serving settings have the capacity to screen youth by integrating mental health and primary care considerations and including the expertise of child welfare, juvenile justice, and education leaders. Doing so will help to ensure we reach victims who come into contact with human service providers in different settings.

The CSE-IT, whether sent electronically to WCC or sent in paper version, can be saved into the CWS/CMS system for a permanent record or kept in paper version in the case file.

D. County Jurisdiction

When CSEC victims are taken into protective custody by Law Enforcement or Family, Youth, and Children's Services, FY&C will determine the county of origin. If the county of origin is Sonoma, the Social Worker will investigate the situation and assess the youth and will determine whether he/she falls within W&I Code 300 (b) (2). If so, a petition may be filed with the Juvenile Dependency Court. Subsequently, FY&C will determine their need for placement and ongoing services. If the youth has come from another county or state and that county or state has jurisdiction, the social worker from Sonoma County will communicate with the other county or state or jurisdiction while transportation and placement arrangements are made. The social worker from the county of jurisdiction will attempt to have services in place for the youth when they return to their county or state of residence.

E. Housing and Placement

Family, Youth, and Children's Services will establish safe and secure emergency transitional placements for CSE youth. Based on the situation, emergency placement may include the hospital, parents/guardians, VOMCC or appropriate foster placement. The department is committed to providing the youth with services during their placement based on the youth's needs.

- Stable placement is critical to therapeutic treatment. A key factor is the caregiver that will be in charge of the care of the CSEC victim. Is the caregiver:

- 1) *A friend or relative?*
 - 2) *Involved either implicitly or explicitly in the exploitation of the child?*
 - 3) *Trained to parent CSEC?*
 - 4) *Understanding that CSEC is victimization and appreciating the complexity and challenges they will face?*
 - 5) *Able to provide adequate support? Will they be at home during the day or do they work outside the home?*
- Potential risk factors which must be evaluated:
 - 1) *Is there any safety risk to the child? For example; is the housing located in an area known for exploitation and/or recruitment?*
 - 2) *Does the child's exploiter have access to the placements?*
 - 3) *Are there necessary community supports within a reasonable distance?*
 - 4) *Does the child pose a risk for other children in the home? Is the CSEC victim also a recruiter?*

If a child must transition between placements, special care must be taken to support this process. A poor transition can undermine the progress a child has made. Inadequate support may cause a child to return to his/her exploiter.

- Types of housing placements may also vary depending on the circumstances. Housing for CSEC may include:
 - 1) *Foster homes*
 - 2) *Group homes*
 - 3) *Intensive therapeutic foster homes/safe houses*
 - 4) *Voluntary protective/secure placement (community treatment facilities)*
 - 5) *Residential treatment/specialized residential treatment centers*
 - 6) *Shelters that may be specified to work with certain needs:*
 - a) *Emergency housing with family*
 - b) *Domestic/Intimate Partner Violence*
 - c) *Child-specific*
 - d) *Pregnant and parenting*
 - e) *Sexual orientation and gender identity affirming*
 - 7) *Transitional housing and services*
 - 8) *Witness protection services housing/placement*
 - 9) *Psychiatric hospitalization*
 - 10) *Drug/alcohol treatment programs*
 - 11) *Out-of-county placement*
 - 12) *Out-of-state houses/placement*
 - 13) *Respite care*

F. Holistic Needs of CSEC and Best Practices

CSEC victims present a multitude of complex needs that require interaction with varying levels of government as well as local, county, state and federal agencies and community based organizations.

Multi-sector collaboration is vital in order to prevent, identify, intervene, and provide victims of CSE the range of services they require.

Sonoma County is committed to provide victim-centered, trauma-informed, culturally relevant and empowerment building services that have been identified as best practices through evidenced based and/or evidence informed research. Because the needs of victims vary considerably, a uniform method of treatment and services is difficult to identify.

Some factors that may be relevant when planning services and intervention for a CSEC victim include:

- a) Prior abuse and/or neglect*
- b) Mode of exploitation*
- c) Stage of exploitation*
- d) Stage of change (based on the Stages of Change Model)*
- e) Developmental age*
- f) Chronological age*
- g) Learning differences of cognitive abilities*
- h) Relationship with exploiter(s)*
- i) Attachments and community support system*
- j) Familial connections*
- k) Pregnancy or parenting status*
- l) Housing status*
- m) Immigration status*
- n) Alcohol/drug abuse or other types of addiction*
- o) Sexual orientation, gender identity, and gender expression*
- p) Socioeconomic status*

Differences may also arise based on the way a CSEC first comes to an agency's attention.

Currently, many promising treatment models have arisen from evidence based research with victims of other types of trauma. The collection of data that can be obtained through the collaboration of agencies is vital to the ongoing research into CSEC. While additional services and supports are needed, California has made dramatic strides in the past several years and is on the path to continue.

G. Training and Core Competencies

CSEC Protocol Steering Committee will arrange for the initial training of professionals working with youth in child-serving systems, as well as provide annual training. Agencies to be trained will include, but are not limited to, Family, Youth, and Children's Services, Law Enforcement agency representatives, Probation, Behavioral Health, Public Health and other community service partners such as Verity. Training will bring awareness to help identify sexually exploited and at-risk youth and provide service and supports for CSEC as well as educate on the use of culturally competent and trauma-informed practices.

In collaboration, identified agencies will develop a standardized curriculum that includes the most current research in order to provide ongoing training and mentoring for all staff. In addition, CSEC training should be infused into existing training curricula.

Many of the core competencies that are necessary to work with CSEC victims are the same as those for child welfare in general. The California CSEC Action Team has outlined six core competencies that fall under three general categories:

1. Core Knowledge

Competency 1: Basic understanding of the risk factors, indicators, and dynamics of commercial sexual exploitation

Competency 2: Basic understanding of child-serving systems and how various agencies intersect

2. Impact and dynamics of abuse, neglect, and trauma

Competency 3: Basic understanding of child abuse and neglect and its application to victims of commercial sexual exploitation

Competency 4: Basic understanding of complex trauma, polyvictimization, and toxic stress, how they impact children, and their application to victims of commercial sexual exploitation

Competency 5: Basic understanding of how trauma impacts providers serving victims of commercial sexual exploitation

3. Informed application of skills

Competency 6: Application of the skills for working with children who have experienced trauma to child victims of commercial sexual exploitation

Having a multi-disciplinary team in place is a required element of the state-funded CSEC program. While each team member will bring their own set of strengths and abilities to the group, as a whole, the MDT should possess the full range of competencies. Training for those who will be working with CSEC should focus on gaining skill in these outlined areas.

H. Prevention and Outreach Efforts

Prevention efforts are designed to utilize outreach and education. Prevention begins with identifying youth who are at risk for exploitation and connecting them with services and support before victimization occurs.

I. CSE and At-Risk Youth Holistic Continuum of Care

The expectation is that community partners as a whole will collectively stress the importance of providing a continuum of care to CSE youth which will include public health harm reduction and trauma care. CSEC-specific case management must remain active and flexible in order to keep the child engaged and care coordinated. Ongoing support allows a child to develop trust and establish rapport with service providers.

When operating in the child's best interest, it is important to note that a locked treatment facility, or juvenile hall, may trigger issues surrounding confinement and may add an additional barrier to treatment.

Whether or not an emergency MDT has occurred, the appropriate agencies will need to continue to meet and coordinate, perhaps in breakout groups, to provide the best case management.

As indicated in the Sonoma County CSEC Response Team Flow Chart (**Appendix C**) there will be the need to plan for those identified ongoing needs; Substance Abuse, Health Needs, Housing, Food and Income, and Permanency.

CSE children are often exposed to environments and situations that pose significant health risks, including: sleep deprivation, malnourishment, prolonged drug use, and forced sexual activity. Survivors will likely require medical attention that addresses reproductive health, screening for STD's, HIV, and pregnancy.

Physical Health

In a holistic care environment, ongoing physical care should be performed by practitioners who are also trained in and employ trauma-informed approaches to treatment and service delivery and have expertise in child abuse, human trafficking, and/or sexual assault and domestic/intimate partner violence.

The following physical/medical services should be considered when planning ongoing care:

- Dental
- Vision
- Tattoo removal
- Reconstructive medical treatment (for burns or facial disfigurement)
- Physical therapy
- Occupational therapy
- Transgender-related health care (such as hormone therapy)
- Screening and intervention for eating disorders
- Screening and intervention for self-harming behaviors
- Sexual/reproductive health and/or abuse
- Substance use or abuse

Behavioral Health

All CSEC require access to behavioral or mental health services related to issues regarding their exploitation and other traumatic experiences from earlier childhood. The behavioral health provider will be an integral part of the ongoing MDT for each child. Children may require:

- Medication assessment/management
- Caregiver support and psycho-education
- Additional assistance prior to, during, and after high-risk retriggering events such as court proceedings

There may be entitlements to certain mental health services through the Katie A. vs. Bontá settlement terms which the service provider should explore.

J. Data Collection and Documentation

All County Letter (ACL) No. 15-49 released May 28, 2015, provided instructions regarding how to properly document CSEC within CWS/CMS. These instructions explain when and how to use the existing “Exploitation” abuse category and the new statewide Special Project Codes (SPCs) to capture the information. SPCs were developed for interim use until necessary system changes can be made.

Through the use of the program “Business Objects” specific data can be culled from CWS/CMS. Because CSEC will be given specific codes, reports can be generated that can provide information regarding the circumstances of the abuse. Any agency that has access to CWS/CMS will be able to view the information and pull reports. It is the intent that one of the responsibilities of FY&C will be to provide such reports to the CSEC Steering Committee at either designated intervals or ad-hoc, if necessary. The CSEC Steering Committee may provide this information to other outside agencies if needed.

8) Ongoing Work of the CSEC Steering Committee

The ongoing work of the CSEC Steering Committee was outlined in Section B of the Review of the Memorandum of Understanding. Once the protocol has been written and submitted, this committee will decide how often to meet and review their responsibilities. In addition, this committee will be responsible for maintaining contact with the state in order to receive and disseminate the most current information to the CSEC MDT and any other break-out groups that may commence.

Appendix A- Confidentiality Statement

Sonoma County Division of Family, Youth & Children's Services
Commercially Sexually Exploited Children (CSEC)
Multi-Disciplinary Team (MDT)
 Statement of Confidentiality and Sign-In Sheet
 (Must be signed by all participants)



Child's Name: _____

Facilitator: _____ Date: _____

I have been advised and understand that the information provided by Family, Youth & Children's Services (FY&C) as well as any other participating agency or person at this CSEC MDT is confidential under Federal and California law. This means that the information shared is private and cannot be discussed or shared outside of this meeting. Confidentiality in California is established by Sections 827 and 10850 of the Welfare and Institutions Code and is designed to protect the privacy rights of the child.

I understand and agree that by signing this Statement of Confidentiality and attending this meeting, I will maintain the confidentiality of the information shared. I will not discuss or repeat information from this meeting with other individuals unless authorized by law or the information is deemed necessary by the court to make appropriate orders in this case. I understand that the Juvenile Court can order me to disclose information shared at the MDT meeting. I also understand that if I do not sign this Statement, then I will not be permitted to participate.

Note regarding confidentiality of information shared during CSEC MDT meetings:
 Generally, information shared during the CSEC MDT meetings is confidential. In some circumstances, this information may be utilized for the creation of a case plan or presented to the Juvenile Court for the development of court orders. All participants need to be aware that any information such as new allegations of child abuse and neglect, threats of death or harm to oneself or another, or new allegations of elder abuse will be reported.

| Name | Organization / Relationship |
|------|-----------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Appendix B- CSEC Response Team Flow Chart

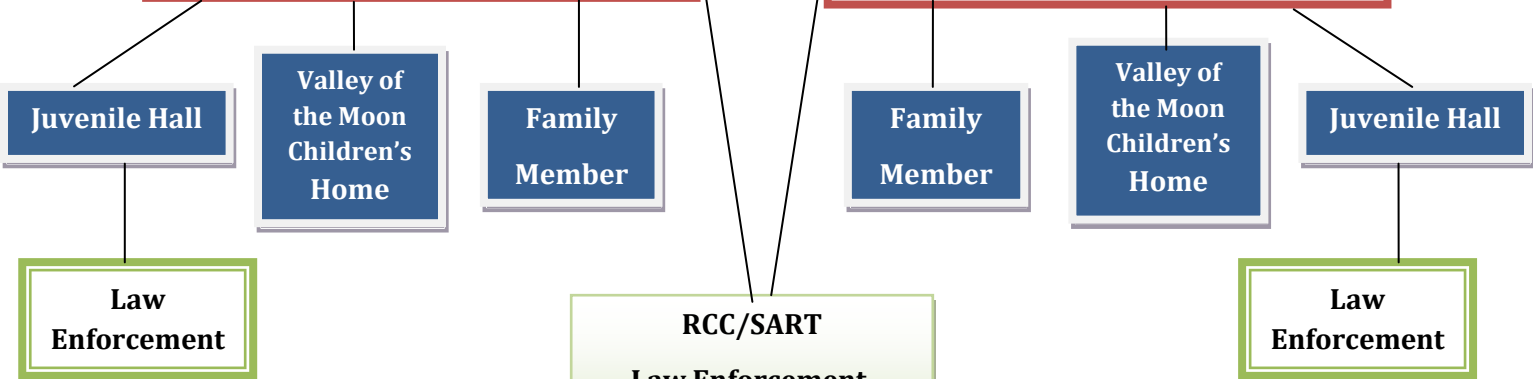
Human Trafficked Sexually Exploited Youth is identified

Law Enforcement

- Primary Investigators
- Cross Report to FY&C-Hotline and Social Worker
- Contact Verity

FYC - HOTLINE

- Create referral if CSEC risk factors identified
- Automatic Supervisor Consult
- Phone and written cross report to Law Enforcement in appropriate jurisdiction
- Phone and written cross report to CSEC Social Worker
- CSEC Social Worker coordinates response with ER Unit
- Phone call to Verity



RCC/SART
Law Enforcement, District Attorney, Social Worker, Verity

MDT scheduled within 1 - 48 hours of CSEC Identification
SUDS, Behavioral Health, FYC, SW, Probation, CBOs

Substance Abuse

Health Needs

Housing

Food and Income

Permanency

Appendix C- Screening Tool

CSE-IT Pilot Data Entry

Today's Date _____

Location: **ENTER**

Youth ID _____

The client's four-digit birth year + last four of internal case id (**ENTER TYPE**)

Service provider ID _____ (**ENTER TYPE**)

What is the youth's gender identity?

- Male
- Female
- Other

What best describes the youth's race/ethnicity? Please check all that apply.

- African American or Black
- Asian
- American Indian or Alaska Native
- Hispanic or Latino
- White or Caucasian
- Do not know
- Other (please specify) _____

What is the youth's age? _____

What is the youth's sexual orientation?

- Heterosexual
- Gay
- Bisexual
- Lesbian
- Unknown

Does the youth identify as transgender or transsexual?

- Yes
- No
- Unknown

Does the youth have any of the following? Please check all that apply.

- Physical disability or impairment
- Intellectual disability or impairment
- Unknown
- None

WestCoast Children's Clinic
Commercial Sexual Exploitation Identification Tool (CSE-IT) – Pilot Version

| | | | |
|--|--------------------|--------------------------|-----------------------|
| 1. Instability in Life Functioning. The youth lacks access to basic needs, including stable shelter and is unable to engage in activities expected of her/his age (e.g., school). | No Concern 0 | Possible Concern 1 | Clear Concern 2 |
| Note: Item ratings ≥ 1 indicate Possible Concern. Item ratings ≥ 2 indicate Clear Concern. | | | |
| a. Does the youth have a history of running away from home, AWOL, being thrown out of the home? | 0 | 1 | 2 |
| b. Does the youth experience unstable housing, including multiple foster care placements? | 0 | 1 | 2 |
| c. Does the youth experience periods of homelessness, including living on the street or couch surfing? | 0 | 1 | 2 |
| d. Does the youth access social services or community resources to meet basic needs (e.g., hygiene, shelter, food, medical care)? | 0 | 1 | 2 |
| e. Does the youth miss a lot of school? | 0 | 1 | 2 |
| f. Has the youth had involvement (currently or in the past) with law enforcement, juvenile justice, or child welfare? | 0 | 1 | 2 |
| 2. Relationships. The youth's relationships are concerning, placing him/her at risk or in danger. | No Concern 0 | Possible Concern 1 | Clear Concern 2 |
| Note: Item ratings ≥ 2 indicate Possible Concern. Item ratings ≥ 4 indicate Clear Concern. | | | |
| a. Does the youth spend time with people (including family members or peers) known to be involved in the sex trade? | 0 | 1 | 2 |
| b. Is the youth's parent/caregiver unable to provide adequate supervision? | 0 | 1 | 2 |
| c. Does the youth have unhealthy or inappropriate relationships (including inappropriate boundaries) with someone much older/an adult? | 0 | 1 | 2 |
| d. Is the youth in a romantic relationship with someone much older/an adult? | 0 | 1 | 2 |
| 3. Finances and Belongings. The youth has money or materials goods that are incongruent with his/her life circumstances. | No Concern 0 | Possible Concern 1 | Clear Concern 2 |
| Note: Item ratings ≥ 1 indicate Possible Concern. Item ratings ≥ 2 indicate Clear Concern. | | | |
| a. Does the youth receive or have access to large amounts of cash, credit cards, pre-paid cash cards, hotel keys, gifts, cars? | 0 | 1 | 2 |
| b. Is the youth's dress or appearance atypical of his/her age or peer group? | 0 | 1 | 2 |
| c. Is the youth's dress or appearance inconsistent with the weather or situation? | 0 | 1 | 2 |
| 4. Use of Technology. The youth's use of internet, cell phone, or social media involves social or sexual behavior that is atypical for his/her age. | No Concern 0 | Possible Concern 1 | Clear Concern 2 |
| Note: Item ratings ≥ 3 indicate Possible Concern. Item ratings ≥ 5 indicate Clear Concern. | | | |
| a. Does the youth use online sites or apps to find sex partners? | 0 | 1 | 2 |
| b. Does the youth describe meeting his/her long-term, adult boy/girlfriend on the internet? | 0 | 1 | 2 |
| c. Does the youth describe meeting in person with a contact developed over the internet? | 0 | 1 | 2 |
| d. Are there explicit photos of the youth posted on the internet? | 0 | 1 | 2 |
| e. Does the youth have explicit photos of him/herself on his/her phone? | 0 | 1 | 2 |
| f. Does the youth have several cell phones, and/or does the youth's cell phone number change frequently? | 0 | 1 | 2 |
| 5. Physical Health. The youth has significant health problems related to sexual activity and lack of access to basic needs | No Concern 0 | Possible Concern 1 | Clear Concern 2 |
| Note: Item ratings ≥ 3 indicate Possible Concern. Item ratings ≥ 5 indicate Clear Concern. | | | |
| a. Has the youth had repeated testing for pregnancy and/or STIs? | 0 | 1 | 2 |

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| | | | | |
|---|--|--------------------|--------------------------|-----------------------|
| b. | Has the youth been treated repeatedly for STIs? | 0 | 1 | 2 |
| c. | Does the youth describe health problems or complaints that are related to sleep problems or not getting enough sleep (e.g., sleep deprived, unable to get a full night's sleep, sleep is often disrupted)? | 0 | 1 | 2 |
| d. | Does the youth describe health problems or complaints related to poor nutrition or not having access to regular meals? | 0 | 1 | 2 |
| e. | Does the youth have scarring, bruises, burns, etc. that indicate physical trauma? | 0 | 1 | 2 |
| 6. Risk Behaviors. The youth engages in dangerous or risky behaviors. | | No Concern 0 | Possible Concern 1 | Clear Concern 2 |
| Note: Item ratings ≥ 1 indicate <i>Possible Concern</i>. Item ratings ≥ 3 indicate <i>Clear Concern</i>. | | | | |
| a. | Does the youth engage in a dangerous level of risky sexual behaviors, or with partners who are abusive or otherwise physically dangerous? | 0 | 1 | 2 |
| b. | Does the youth spend time where exploitation is known to occur? | 0 | 1 | 2 |
| c. | Does the youth have a history of running away from home, staying away at least overnight? | 0 | 1 | 2 |
| d. | Does the youth's use of substances interfere with his/her ability to function in any area of life? | 0 | 1 | 2 |
| 7. Trauma Exposure. The youth has been exposed to traumatic experiences. | | No Concern 0 | Possible Concern 1 | Clear Concern 2 |
| Note: Item ratings ≥ 1 indicate <i>Possible Concern</i>. Item ratings ≥ 2 indicate <i>Clear Concern</i> and require a mandated report. | | | | |
| a. | Has the youth been sexually abused/assaulted? | 0 | 1 | 2 |
| b. | Has the youth been physically abused/assaulted? | 0 | 1 | 2 |
| c. | Has the youth been emotionally abused? | 0 | 1 | 2 |
| 8. Trauma Signs and Symptoms. The youth exhibits physical signs and emotional symptoms that can result from his/her exposure to trauma. | | No Concern 0 | Possible Concern 1 | Clear Concern 2 |
| Note: Item ratings ≥ 1 indicate <i>Possible Concern</i>. Item ratings ≥ 3 indicate <i>Clear Concern</i>. | | | | |
| a. | Does the youth have bruises, black eyes, cigarette burns, broken bones, or other signs of physical trauma? | 0 | 1 | 2 |
| b. | Does the youth appear <u>constantly</u> on edge and/or wound up, easily startled, or hypervigilant? | 0 | 1 | 2 |
| c. | Does the youth have difficulty detecting and/or responding to danger cues? | 0 | 1 | 2 |
| d. | Does the youth engage in self-destructive or reckless behaviors, beyond what is expected from youth his/her age? | 0 | 1 | 2 |

| | | No Concern 0 | Possible Concern 1 | Clear Concern 2 |
|---|--|--------------------|--------------------------|-----------------------|
| 9. Coercion and Grooming. The youth exhibits behaviors or otherwise indicates that she/he is being controlled or coerced by another person. | | | | |
| Note: Item ratings ≥ 1 indicate <i>Possible Concern</i>. Item ratings ≥ 7 indicate <i>Clear Concern</i>. | | | | |
| a. | Does an adult the youth doesn't know well offer the youth housing, a place to stay, gifts, money, cell phones, transportation, alcohol or drugs? | 0 | 1 | 2 |
| b. | Do adults (not caregiver) take the youth on travels or places she/he is not familiar with? | 0 | 1 | 2 |
| c. | Does the youth use language, terminology or statements that suggest involvement in exploitation? | 0 | 1 | 2 |
| d. | Is the youth's communication/contact with family or friends controlled by someone else to the point of social isolation? | 0 | 1 | 2 |
| e. | Does the youth have to earn a quota and/or is forced to give the money they earn to another person? | 0 | 1 | 2 |
| f. | Is the youth coerced (by someone other than caregiver) to get pregnant, have an abortion, or use contraception? | 0 | 1 | 2 |
| g. | Does the youth have tattoos or scarring that suggest they are someone's property, or is the tattoo/scar common among other youth known to be sexually exploited? | 0 | 1 | 2 |
| h. | Is someone not allowing the youth to sleep or to sleep in a safe place, to go to school, to eat, and/or meet other basic needs? | 0 | 1 | 2 |
| i. | Does the youth report receiving threats to him/herself or to friends, family, or other acquaintances? | 0 | 1 | 2 |
| j. | Is the youth asked to lie about his/her age, whereabouts, residence, or relationships? | 0 | 1 | 2 |
| 10. Exploitation. The youth has been exposed to sexual exploitation or victimization. | | No Concern 0 | Possible Concern 1 | Clear Concern 2 |
| This includes any situation, context or relationship where the youth receives something (e.g., food, accommodation, drugs and alcohol, cigarettes, affection, gifts, money, etc.) as a result of performing, and/or others performing sexual activities on them. If there is an individual who is selling/profitting from or coercing the youth's exchange, this should be rated <u>Clear Concern (2)</u> . | | | | |
| Note: Item ratings ≥ 1 indicate <i>Possible Concern</i>. Item ratings ≥ 2 indicate <i>Clear Concern</i> and require a mandated report. | | | | |
| a. | Does the youth have a prior history of sexual exploitation? | 0 | 1 | 2 |
| b. | Has the youth been watched, filmed or photographed in sexually explicit activities? | 0 | 1 | 2 |
| c. | Has the youth or someone beside the youth stated that he/she is considering or currently exchanging sex for money and/or material items including food, shelter and care for his/her family? | 0 | 1 | 2 |

Rating
Summary

- 1. Stability in Residential Status & Life Functioning
- 2. Relationships
- 3. Finances & Belongings
- 4. Use of Technology
- 5. Physical Health
- 6. Risk Behaviors
- 7. Trauma Exposures
- 8. Trauma Signs & Symptoms
- 9. Coercion and Grooming
- 10. Exploitation*

**If this item is Clear Concern, then total is automatically 20 points.*
**If this item is Possible Concern and no other item has a rating, then total is automatically 10 points.*
**If this item is Possible Concern and other items are rated, add the rating ('1') to other rated items for a total score.*

Total Score

Other Considerations:

Appraisal of Youth's Risk for Exploitation

(draw a line indicating level of risk)



Has the child ever been involved with the child welfare system (e.g. in foster care or supervised by Child Protective Services)?

- Yes
- No
- Unknown

Is the youth performing labor or services (not including sex) induced by force, fraud, or coercion? This question addresses the possibility that a child is being labor trafficked.

- Yes
- No
- Unknown

Regardless of the outcome of the CSE-IT, based on your professional judgment, do you believe the youth is being commercially sexually exploited?

- Yes
- No
- Unknown

If NO, why do you believe the youth is not being commercially sexually exploited?

END HERE. Thank you for completing the form.

If YES or UNKNOWN, please continue.

Please describe when the exploitation began.

- Exploitation began in the last three months.
- Exploitation began in the past year.
- Exploitation has been intermittent for more than two years.
- Exploitation has been ongoing for more than two years.
- Unknown.

What age was the onset of the exploitation?

- After the age of 16.
- Between ages 14 and 16.
- Between ages 12 and 14.
- Prior to the age of 12.
- Unknown.

Please describe the youth's perception of the dangerousness of his/her situation.

- Youth is fully aware of the dangerousness of his/her situation and behavior. Youth may take precautions to reduce dangerousness, such as using protection for intercourse or avoiding conflicts.
- Youth is partially aware of the dangerousness of his/her situation and behavior. Youth generally fails to take precautions.
- Youth is unaware of the dangerousness of his/her situation and behavior.
- Youth actively minimizes the dangerousness of his/her situation and behavior.
- Unknown.

Please describe the youth's understanding of the situation.

- Youth understands he/she is currently being exploited.
- Youth has some understanding that he/she might currently be exploited, however, he/she is unsure.
- Youth is unaware of his/her exploitation.
- Youth actively denies and/or rationalizes his/her exploitation.
- Unknown.

Is the youth's residence outside of your geographic region? This question is about whether the youth traveled or was coerced to travel for reasons related to their exploitation.

- Yes
- No
- Unknown

Was the youth moved from another _____?

- County
- State
- Country

How did you determine that this youth is being sexually exploited (as described in Penal Code 236.1 or 11165.1; Welfare and Institutions Code 300 (b)2)? Please check all that apply.

- Child Protective Services (CPS) investigation
- Law enforcement investigation
- Other (please describe) _____

Appendix D – Immediate Crisis Response Upon Identification

Children who have been commercially sexually exploited come to the attention of agencies and providers a number of different ways. In some cases, at the time of identification, the child is still in imminent danger and requires immediate stabilization and safety measures put in place. For example, a child identified by an emergency room nurse during hospital treatment for conditions from physical abuse by an exploiter would require an Immediate Crisis Response. A child encountered during a law enforcement prostitution raid is another example of a youth in need of an Immediate Crisis Response.

An MDT should meet within 1-48 hours to address the child's time sensitive needs including;

- 1) Basic needs such as emergency housing/shelter/placement, food, clothing, and rest/sleep.
- 2) A child abuse investigation and evaluation to determine whether the child falls within the jurisdiction of the child welfare system under Welfare and Institutions Code Section 300. This may include a forensic interview by a trained social worker at the Redwood Children's Center.
- 3) A short-term safety plan. Due to a history of trauma, when a child is triggered, the situation can quickly escalate into a crisis. This could happen at any point during a child's recovery, and could potentially be ongoing until the child feels ready, safe and supported to sever his or her ties to the exploiter.
- 4) Medical coverage such as Medi-Cal, if appropriate, and emergency health needs such as:
 - i. Acute medical needs
 - Physical health care that results from violence, trauma, abuse, and/or neglect must be addressed immediately. There may be injuries, pain, sexually transmitted infections and/or HIV, post-exposure prophylaxis, pelvic inflammatory disease, malnourishment, drug and/or alcohol dependency, and pregnancy. Recent sexual assault may also require forensic examination (see below).
 - ii. Acute mental/behavioral health needs
 - There should be immediate care for Post-Traumatic Stress Disorder (PTSD), psychosis, depression, anxiety, acute mania, delusions, agitation, violent outbursts, suicidal ideation, or other behaviors presenting risk of harm to self or others that may require hospitalization.
 - iii. Forensic medical needs
 - There will need to be evaluation and documentation of injuries related to sexual violence. A forensic medical exam, which includes a sexual assault evidence kit, may be necessary to gather and preserve evidence of sexual assault. The child must consent to the

examination. In Sonoma County these exams take place at the Redwood Children's Center.

iv. Acute dental needs

- Children may need immediate care for dental issues such as pain, broken or extruded teeth, and broken braces or wires poking the cheek, tongue, or gums.

v. Substance abuse treatment

- Screening and initiation of intervention/treatment for alcohol or drug dependency.

- 5) Identify the legal custodian of the child
- 6) Build rapport with the child and encourage his or her participation in developing a safety plan and deciding on placement
- 7) Provide a CSEC-trained advocate or survivor-mentor for the child
- 8) Seek a restraining order against the trafficker(s), if appropriate and necessary for the child's safety.
- 9) Provide interpretation/translation services as needed
- 10) Ensure emotional/therapeutic support is provided by a clinical psychotherapist or other mental health professional that is trained to assist exploited children or other vulnerable populations, such as victims of sexual assault.