Executive Summary

The California Governor's Office of Emergency Services (Cal OES) partnered with the California Department of Social Services (DSS) and the Alameda County District Attorney's Office (ACDAO) to secure grant funding from the U.S. Department of Justice's Office for Victims of Crimes (OVC) to support the implementation of two pilot projects and to conduct a cross-pilot evaluation of outcomes. The focus of the overall project was to improve outcomes for non–systems-involved transition-age (NSITA) youths[1] who are victims of or at risk for human trafficking. The Improving Outcomes project defies NSITA youths as being aged 14 to 24 and not currently involved in the juvenile justice or child welfare systems or who may be in transition from foster care or other form of court jurisdiction. The pilot projects focused on this specific underserved population because these young people are not connected to any systems of support and services, and most services are typically only available to individuals up to ages 18 or 21 at most. The system-level barriers the project aimed to address were:

- Need for improved coordinated responses to serve these victims,
- Lack of effective placement for identified victims, and
- Absence of meaningful evaluation and outcome measures to drive successful programs for these victims.

Through a competitive process, the grant partners selected two pilot sites: San Diego Youth Services (SDYS) in San Diego County and WestCoast Children's Clinic (WCC) in Alameda County. As part of their funding, WCC provided a subgrant to Motivating, Inspiring, Supporting, and Serving Sexually Exploited Youth (MISSSEY) to focus on career development. The pilot sites were charged with identifying gaps in the identification, engagement, and provision of services to NSITA youths who are victims of or at risk for human trafficking. The pilot sites chose to employ multidisciplinary teams (MDT) and provide direct client services to meet these gaps. Pilot sites received subgrant funding from January 1, 2019 through May 31, 2021. Wendt, Russo, Lam, and Zimiles (2021)[2] includes a comprehensive description of the external evaluation and findings.

Multidisciplinary Teams

The pilot sites focused on developing and establishing MDTs focused on identifying NSITA youths and providing streamlined services. The development of the MDTs in Alameda County, led by WCC, is a project highlight. WCC's process to build the MDTs included multiple phases to

[1] Although "TAY" – the acronym for transition-age youth – is commonly used and may be familiar to readers, this report separates the "Y" from that abbreviation and refers to people in this category as "youths" in order to maintain a focus on their humanity (although the report does use the abbreviation "TAY" if it is included in the name of a program).

[2] Wendt, S. J., Russo, S., Lam, A. C., & Zimiles, J. (2021). *Evaluation of the Improving Outcomes Pilot Projects: Final report.* WestEd.

ensure a high functioning team which included the formation of a Steering Committee to guide the development process and a Service Coordination Team to provide referrals to services (see Russo & Wendt, 2020a, Russo & Wendt, 2020b, and Russo & Lam, 2021[3]). WCC also ensured that the MDTs included outreach to partners in healthcare and education settings that had not previously been involved in similar MDT efforts. During the development of the MDTs, the team found that there were many barriers to accessing housing programs and gaps in services within the housing continuum for NSITA youths. To address this challenge, the MDTs recruited housing organizations to the MDTs.

WCC engaged other service providers and agencies throughout the MDT development process. When surveyed, the majority of MDT members said that the development process would lead to an engagement of NSITA youths with services in Alameda County. Further, all MDT members agreed that the MDT included goals, views, and priorities of organizations that served trafficked transition-age youths in Alameda County.

The work of the MDTs included collaboratively coordinating services and continued care amongst service providers from diverse fields, which resulted in a common referral system. Memorandum of understandings among MDT member agencies, consistency in MDT membership, and routine MDT meetings facilitated this process.

The following example describes the impact a coordinated and successful MDT can have for a NSITA youth at risk for human trafficking. It also demonstrates training and partnership with a healthcare organization. Healthcare organizations were one of the new partner types identified as key to identifying and engaging NSITA youths.

Example of Multidisciplinary Team Serving Non–Systems-Involved Transition-Age Youths At Risk for Human Trafficking

"RJ" was a 17-year-old African American female-identified transition-age youth residing in Oakland. During a hospital visit, her doctor used the Commercial Sexual Exploitation Identification Tool (CSE-IT)[4] and determined that RJ had several of the indicators increasing her risk for sexual exploitation. The doctor referred RJ's case to the Service Coordination Team and requested linkage support to housing, education, employment, medical, and mental health services.

[3] Russo, S., & Wendt, S. J. (2020a). *Implementing a landscape analysis to identify partners in improving outcomes for transition-age youth victims of human trafficking.* WestEd. Russo, S., & Wendt, S. J. (2020b). *Implementing a multidisciplinary oversight body to improve outcomes for transition-age youth victims of human trafficking*. WestEd. Russo, S., & Lam, A.C. (2021). *Improving outcomes for transition-age youth victims of human trafficking – Steering Committee survey brief*. WestEd.

[4] The CSE-IT is a validated, evidence-based, universal screening tool used for all youths in Alameda County entering the child welfare system or changing foster care placements. It is used to screen for indicators of exploitation. WCC developed the CSE-IT in 2014 to address the need for research-based universal early identification and preventative screening for youths. The tool was developed based on input from over 100 survivors and service providers and was validated in 2016 to ensure that it accurately identifies youths with clear indicators of exploitation. The tool was already fully developed before the Improving Outcomes grant. However, as part of the pilot program, WCC planned to train 200 staff from at least six partner healthcare or education service providers.

During intake with RJ, she too expressed wanting to focus on obtaining stable housing, enrolling in medical assistant school, and developing independent life skills as well as needing some support in navigating insurance issues that she was having. However, she did not feel ready to engage in therapy at the time. During the intake process, RJ expressed feeling stressed and overwhelmed by the number of referrals and providers engaging her in intensive supports.

With RJ's consent, they encouraged service providers that were serving in areas specific to RJ's identified needs to attend the Service Coordination Team meeting. During the meeting, they identified that RJ was connected to multiple medical organizations and providers, already connected to intensive case management, and that counseling was available to her through a youth clinic. Thus, instead of making new referrals, the team participated in coordination around RJ's specific needs. Through this process, the team learned that there were still gaps to support RJ in her educational goals. This was an opportunity where short-term case management could step in and support.

The Service Coordination Team focused on identifying who and how they would approach RJ and reducing the feeling of being overwhelmed that she had expressed. Because RJ was already connected to the hospital, the case managers connected her to an eligibility worker to support her insurance needs. Independent living skills were planned to be supported by her current intensive case manager. RJ was able to secure placement at a transitional housing program with the help of the Service Coordination Team.

Through short-term case management, the Service Coordination Team was able to link RJ to resources to obtain a free laptop and support her enrollment in medical assistant school and applying for financial aid. Mental health services were available through WCC's C-Change program or youth clinic when she was ready.

With these interventions and collaboration, RJ reported a reduction in her symptoms of anxiety and presenting stressors. Ensuring successful linkage, the case manager engaged in frequent provider meetings and coordinators followed up with all involved parties so that providers were following through and able to connect successfully with RJ. The Service Coordination Team also ensured that they followed up with the doctor that referred her and with all Service Coordination Team members that participated in coordination efforts.

RJ had a successful surgery in November, was able to finish her medical assistant program, and is still housed through a transitional housing program. She is happily interning full time at a youth clinic where she hopes to obtain full-time employment.

One important piece of feedback from an MDT member who was a healthcare provider was that there was some frustration with navigating the various eligibility criteria and requirements of other resources and MDTs. The pilot program's NSITA eligibility criteria contributed to perceived barriers and fragmentation of services based on age and system involvement. She knew of pilot programs conducting care coordination for any-age individuals and it was difficult for her to know to which pilot program to refer clients and when to stop, as many programs come and go with funding streams. To avoid confusion and streamline efforts to quickly

connect youths to services, she suggested a system for which there would be a single phone number to call for serving youths who are at risk or victims of human trafficking. This was a member's observations of the current landscape of services and MDTs for serving youths who are at risk or victims of human trafficking.

MDT members also noted that one challenge to an NSITA youth-specific MDT was the risk that there were too many meetings and conversations. Attempts to streamline service coordination and MDT meetings should be considered when developing MDTs. Additionally, some members noted that the MDTs successfully identified NSITA youths in need of referrals but that there were some limitations in capacity to serve every NSITA youth and linking them with correct resources.

Direct Client Services

The pilot sites served a total of 100 NSITA youths. The pilot sites served clients in various ways based on the agencies' expertise. WCC provided short-term service linkages and referrals, SDYS provided long-term case management services with a focus on housing needs, and MISSSEY provided career readiness supports through a workshop-format for cohorts of NSITA youths.

The following example describes the direct client services an NSITA youth received through the pilot project.

Example of Direct Client Services

"Nicole" was a 20-year-old cisgender female referred to SDYS's TAY Academy for housing supports by another community-based organization. She was experiencing domestic violence and homelessness. Nicole was employed but had a reduction in work hours due to COVID-19. She was also enrolled in community college classes. Upon enrollment in the pilot program, staff worked to address her immediate goals to find safe and stable housing as well as obtaining new employment. The Connections Coach immediately assisted in completing a housing assessment, and Nicole was quickly and successfully placed into transitional housing. The Connections Coach supported the client through a job transition and linked her to emergency financial assistance to make needed car repairs in order to allow her to continue to commute to work. Throughout her enrollment in the pilot program, Nicole was impacted by unhealthy dynamics in her interpersonal relationships as well as feelings of anxiety and depression. The focus of her sessions with SDYS staff became centered around identifying effective coping skills, developing healthy boundaries, and increasing independence. Nicole reported making significant progress towards these goals.

Nicole was actively engaged in programming for approximately eight months. Upon closing of services, she reported, "Learning what I could and couldn't control brought me peace." Additionally, she stated that in learning to honor her boundaries, "I feel more capable now, and I'm creating who I want to be, and I feel more powerful." The client

reported that through working with the pilot program, she learned skills such as "how to problem solve." Nicole successfully completed her school year and plans to continue to work toward a Bachelor's degree. She retained her previous part-time job and was hired for a second job providing peer support in a social services agency. She now reports current and long-term goals of continuing to focus on her interests, engaging in job shadowing to identify the career path she wants to pursue, and eventually becoming a homeowner.

Through this grant, the pilot sites learned that identifying and enrolling NSITA youths required a different approach than serving systems-involved transition-age youths. For example, the pilot sites found that the NSITA youths were more likely to engage for a specific need or a single service, rather than engage in longer-term services. The pilot sites also found age-based differences in engagement and available resources. Older transition-age youths were more engaged in services, which the pilot sites attributed to differences in their stages of exploitation, openness to receive services, and/or higher sense of urgency for obtaining employment. Despite the high engagement and need, through this grant, pilot sites discovered that NSITA youths, particularly those over age 18, had less access to resources that addressed basic needs (e.g., housing, employment, and daycare). Furthermore, the lack of resources had a ripple effect; each barrier often created an additional barrier to accessing available resources. When clients reported how they were referred to the pilot programs, they most commonly reported being referred by schools or educational institutions, highlighting that education partners are key partners in the work of identifying NSITA youths. The pilot sites noted that basic needs, specifically housing, must first be met before other needs can be addressed.

Recommendations and Conclusions

The pilot sites shared that the Improving Outcomes grant's focus on serving NSITA youths prompted them to explore new territories. Given that traditional services are eligible for only youths who are younger than 21, the grant's focus on youths through age 24 provided the pilot sites with meaningful experiences to learn more about transition-age youths' level of participation, their level of ability to receive services, and at what point they are free to make choices and have the capacity to make supportive relationships. Although the pilot sites worked to bridge gaps in services, this project underscored the lack of services for older NSITA youths. The experiences, challenges, and successes of the pilot projects may serve as the beginning of a blueprint for other agencies, organizations, and partnerships who seek to serve NSITA youths. In summary:

- It is important to build a streamlined, team-based MDT that includes partners from healthcare and education settings, as well as housing partners to efficiently coordinate services to meet the complex needs of NSITA youths who are victims of or at risk of human trafficking. MDT members' shared knowledge of available resources in the community and the eligibility requirements can help streamline referral processes, more quickly connect NSITA youths to needed services, and minimize service providers' time and frustration navigating various referral pathways.

- Serving NSITA youths is different than serving systems-involved transition-age youths because engagement is shorter term, has more of a focus on meeting basic needs, and requires developing partnerships and communication outside of typical or known partners and referral pathways.
- Programs should take into account age-based differences in needs and available resources. It can be particularly difficult to identify resources for older NSITA youths due to their not being connected to any systems of supports and being outside of the typical age range eligible for services.
- Programs should take into account age-based differences in how NSITA youths engage in services, as older NSITA youths may be more likely to engage and participate in services than their younger peers.