

Evaluation of the Improving Outcomes Pilot Projects: Final Report

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Project Background

Overview of California's Improving Outcomes Project

The California Governor's Office of Emergency Services (Cal OES) in partnership with the California Department of Social Services (DSS) and the Alameda County District Attorney's Office (ACDAO) partnered to secure federal 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) youths¹ who are victims of or at risk of human trafficking. The Improving Outcomes project defines 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 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.

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. 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 (MISSEY) to focus on career development. Pilot sites received subgrant funding from January 1, 2019 to May 31, 2021.

San Diego Youth Services

SDYS has over 50 years of experience providing shelter for homeless youths. SDYS offers a continuum of care for children and youths through age 25. With more than 100 community and school locations, SDYS provides intensive services to more than 20,000 youths annually. SDYS

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).

provides trauma informed mental health care, case management and other support services to youths who are at risk or have experienced sex trafficking or other commercial sexual exploitation through their STARS (Surviving Together, Achieving and Reaching for Success) and CARE programs. SDYS's pilot program was based out of SDYS's TAY Academy, a drop-in center located in central San Diego that serves transition-age youths ages 14–25 from diverse backgrounds and experiences. SDYS integrated the pilot program into the TAY Academy's services to address NSITA youths' needs. The primary focus of the pilot program was providing direct case management services to NSITA youths who were experiencing or at risk for human trafficking, with an emphasis on housing and employment services. Staff also engaged with regional service providers and community leaders to share resources about the pilot program, learn about available resources provided by other organizations, and participate in advocacy.

WestCoast Children's Clinic

WCC has 40 years of experience providing mental health services to over 1,700 children annually, including over 100 sexually exploited youths and hundreds of transition-age youths. WCC's Transition Age Youth Services Department includes specialized programs for transition-age youths, including their Foster Youth Development Program, Youth Advocate Program, and C-Change Program. WCC's pilot program served NSITA youths in Alameda County through their multidisciplinary team (MDT), Commercial Sexual Exploitation Identification Tool (CSE-IT) training and technical assistance and supporting MISSEY's Career Readiness Program. WCC worked with key partners and stakeholders to develop referral paths and identification and service protocols for NSITA youths. WCC's pilot program specifically targeted healthcare settings, schools, and other organizations serving young adults to identify and engage NSITA youths. WCC developed and led an MDT to coordinate referrals from partners and other agencies and connect NSITA youths to recommended services. WCC also engaged providers who serve NSITA youths to participate in free CSE-IT training and technical assistance. MISSEY's Career Readiness Program supported NSITA youths in developing their career goals and skills, including work-related hard skills and social and emotional skills.

Overview of Evaluation

WestEd was selected as the evaluator and charged with conducting site-level evaluations as well as providing a comprehensive statewide evaluation. WestEd grounded the evaluation in principles of a utilization- and equity-focused evaluation (Inouga, Yu, & Adefin, 2005; Patton, 2008). That is, WestEd designed and conducted evaluation activities for and with the specific intended primary users to inform decision making and improve outcomes. This utilization-focused approach entails understanding the needs and interests of the primary intended users of the data, prioritizing evaluation questions, selecting design plans and data collection tools, and communicating new information. Our team's approach was guided by the following principles:

- **Engage with Partners.** Our approach involved co-developing evaluation plans with the pilot sites and the statewide partners. We have found that authentic partnership with

funders and intended primary users is key to ownership of the evaluation process, ensuring cultural and contextual relevance, honing questions, and better understanding of the data and uptake of the findings and recommendations.

- **Incorporate Multiple Evaluation Methods.** We wove together qualitative and quantitative data sources to produce more varied kinds of information that can be used to convey a broader and more detailed perspective.
- **Share Information as it is Generated.** Our approach to the evaluation was to encourage individual and organizational learning by ensuring multiple and regular feedback loops. Feedback loops allowed for the co-interpretation of data to guide and inform the evaluation and to provide perspective about local implementation, outcomes, and recommendations for improvement.

Following these principles, WestEd **engaged partners** by hosting kickoff meetings, scheduling routine check-ins, and involving partners in the development of the evaluation plans and implementation of evaluation activities. WestEd **incorporated multiple evaluation methods** by creating a mixed methods approach to the evaluation and by drawing on extant data already collected by the pilot sites. WestEd **shared information as it was generated** by hosting two joint learnings, providing quarterly progress reports, providing interim briefs, and by participating in the virtual convening. The following sections outline and describe these strategies and activities in more detail. Appendix A includes a complete technical description of the evaluation data collection and analysis strategies.

Kickoff meetings

WestEd held kickoff meetings with the statewide partners and with each pilot site individually. These in-person meetings focused on relationship building, structured reflection, learning and problem-solving, and drafting the evaluation plans. Each kickoff meeting also included a discussion of current data sources (type, format, timing, unit of analysis) and gaps in data collection that could be filled by new data sources. During the kickoff meetings, WestEd presented preliminary logic models for both pilot sites based on the pilot sites subgrantee applications. WestEd provided these logic models as a foundation for understanding the subgrant activities at each pilot site.

Regular Meeting Schedules

Following the kickoff meetings, WestEd established routine meetings with the statewide partners and with each pilot site. The meeting frequency ranged from biweekly to monthly throughout the project depending on need. The meetings were primarily held virtually, but also included some in-person meetings.

Development of Evaluation Plans

Following the kickoff meetings, WestEd developed an evaluation plan for each pilot site. The evaluation plans outlined the focus of each pilot site and the plan for data collection, data

analysis, and reporting. Each evaluation plan included an evaluation timeline. Data collection strategies included a mix of utilizing extant data and creating new data sources. Data collection methods and analysis are further discussed in Appendix A.

Joint Learnings

WestEd hosted two joint learnings during the evaluation. Because of COVID-19, both joint learnings were hosted virtually using Zoom (the original plan was to host the meetings in-person). During the joint learnings, both pilot sites participated in a discussion led by a WestEd team member. The purpose of the joint learnings was to share accomplishments and challenges related to common foci. The first joint learning focused on sharing information about the MDTs; the second joint learning focused on direct client services. Information learned through both of these joint learnings are further discussed in the respective sections on MDTs and direct services.

Virtual Convening

WestEd participated in the statewide virtual convening hosted by the statewide partners. WestEd's role was to present background information on the evaluation of the two pilot sites. WestEd also served as the moderator for a discussion at the end of the pilot site session. Information learned from the virtual convening are discussed in the respective sections on MDTs and direct services.

Quarterly Reporting

WestEd provided quarterly reports summarizing quantitative data and providing updates on pilot site activities and evaluation activities. The quarterly reports identified successes and challenges. In addition to the quarterly reports, WestEd also collated and submitted the required quantitative data (Trafficking Information Management System [TIMS]) to meet OVC reporting requirements.

Interim Briefs and Final Reporting

One of the pilot sites had an in-depth multi-step process for creating their MDT. WestEd documented the key steps as they occurred throughout the evaluation and provided briefs outlining the processes. These briefs are included in Appendices B-D and discussed in more detail in the MDT section. WestEd is also providing this final report as a final summary of evaluation activities and evaluation findings.

Overview of the Report

The purpose of this report is to provide a summary and evaluation of the activities completed by the pilot sites during the Improving Outcomes project. The first three sections of the report align with the main components of the Improving Outcomes pilot projects: *Multidisciplinary*

Teams, CSE-IT Trainings, and Direct Client Services. Because the pilot sites operated independently, we discuss each pilot site’s activities separately under each section. The fourth section is *Client Outcomes* where we present aggregated findings. *Client Outcomes* is followed by *COVID Challenges and Adaptations*, which describes innovations to pilot implementation due to the COVID-19 pandemic. The final section discusses *Lessons Learned* throughout the pilot projects and serves as suggestions for other organizations or programs who want to provide services for NSITA youths. Appendix A includes the research methods used to gather and analyze all evaluation data.

Multidisciplinary Teams

SDYS’s and WCC’s pilot programs utilized MDTs to inform and enhance services to NSITA youths. SDYS engaged in preexisting MDTs in Southern California that served or advocated for transition-age youths as part of their work. SDYS leveraged these opportunities for resource sharing and networking with other agencies. WCC developed and led an MDT specifically for NSITA youths, composed of agencies who serve young adults in Alameda County. Their MDT developed identification and referral pathways, received referrals, and coordinated services for NSITA youths in Alameda County. Similar to SDYS’s MDT experience, WCC also leveraged their MDT for resource sharing and networking among agencies who serve transition-age youths.

San Diego Youth Services

SDYS’s pilot program staff participated in meetings held by various collaborative entities in the Southern California region. Staff presented information regarding the pilot program to external service providers and community leaders. For example, one SDYS staff member served on the Steering Committee for the San Diego Youth Homeless Consortium, an MDT that focuses on resource sharing, coordination, and advocacy for youths experiencing or at risk of experiencing homelessness. Another staff member was nominated and accepted to serve on the San Diego County’s Transitional Age Youth Behavioral Health Services Council. SDYS, as an agency (i.e., not just the pilot program), also signed an agreement to work with the Safe Shelter Collaborative, a national group focusing on increasing access to shelter for survivors of human trafficking, domestic violence, and sexual assault. SDYS is the only primary youth provider in Southern California working with Safe Shelter Collaborative. Safe Shelter Collaborative will be sharing out resources provided by SDYS. SDYS’s participation in several MDTs provided opportunities for networking and resource sharing.

WestCoast Children's Clinic

WCC utilized a multifaceted approach to developing and implementing an MDT to serve NSITA youths. WCC began the process by conducting a landscape analysis to identify and collect information on the existing service providers serving NSITA youths, focusing on agencies in the education and healthcare settings. WCC then used the information to engage agencies and organizations in the pilot program activities, specifically, the Commercial Sexual Exploitation Identification Tool (CSE-IT) trainings and Service Coordination Team meetings. WCC also created a Steering Committee, a multidisciplinary oversight body, to facilitate in the development of the Service Coordination Team and to provide high-level support in the development of the Service Coordination Team throughout the pilot project.

Landscape Analysis

Beginning in July 2019, WCC conducted a landscape analysis to identify and document information on existing service providers serving NSITA youths in Alameda County, with a special focus on providers in the education and healthcare sectors. The landscape analysis document was also used as a tool to inform WCC outreach. The *Implementing a Landscape Analysis to Identify Partners in Improving Outcomes for Transition-Age Youth Victims of Human Trafficking Brief* in Appendix B describes the Landscape Analysis process in detail. The following section describes the key learnings from the Landscape Analysis.

Tips, tools, and successes for the landscape analysis

WCC conducted an internet search for organizations in Alameda County that serve transition-age youths. Although WCC targeted their search to find organizations in education and healthcare settings, they also included other organizations that serve NSITA youths. When an organization was found and documented, WCC would then look for the partners of that organization to help expand the search, following somewhat of a snowball sampling approach to identify organizations. During the online research process, WCC found an online list of providers serving transition-age youths experiencing homelessness; WCC used this list to cross-check against and add new organizations to the landscape analysis list. WCC described that finding this list of NSITA youth services online was a useful resource. No barriers were reported during this process, and WCC described the online search engines and websites as “very helpful.” WCC also identified the practice of asking for and receiving input from partners as a key success strategy for the landscape analysis. WCC explained that this input fostered the expansion of the network of contacts.

Following the identification of organizations through the landscape analysis, WCC engaged organizations by offering CSE-IT training and technical assistance or by engaging the organization in the Service Coordination Team. In some instances, an organization was engaged in both strategies.

Steering Committee

The Steering Committee is a multidisciplinary oversight body composed of service provider partners who serve NSITA youths in Alameda County. WCC selected Steering Committee members from their own network before conducting the landscape analysis. All of the Steering Committee members had personal and/or organizational relationships with WCC prior to their participation. The Steering Committee ensures that identification and response protocols are established for NSITA youths. Steering Committee members represent one mental health organization, one legal services organization, three healthcare organizations, one housing organization, one homeless services organization, and one county-level government agency. Representatives from each organization were individuals in organizational leadership positions within their organization. The Steering Committee is described in more detail in the *Improving Outcomes for Transition-Age Youth Victims of Human Trafficking–Steering Committee Baseline Interview Brief* in Appendix C and in the *Improving Outcomes for Transition-Age Youth Victims of Human Trafficking–Steering Committee Survey Brief* in Appendix D. The following sections will provide high-level highlights of the Steering Committee development and learnings.

The Steering Committee developed a multiagency protocol that establishes identification, referral, and intervention pathways for the Service Coordination Team

The main role of the Steering Committee was to develop the identification, referral, and service coordination protocol for the Service Coordination Team, which was composed of members from the organizations who sit on the Steering Committee. The process of developing the Service Coordination Team protocol began with identifying the gaps in the community to troubleshoot any potential challenges, needs for resources, and work in the community that would help serve NSITA youths.

The Steering Committee worked together to define the Service Coordination Team’s NSITA youth identification and referral processes. The development of these processes took place both during and outside Steering Committee meetings. Over the course of five months, the Steering Committee addressed aspects of data sharing, memoranda of understandings (MOUs), referral pathways, and protocol development. By the fourth Steering Committee meeting, approximately seven months after the first meeting, the Steering Committee had developed a service coordination flow chart. Upon approval of the flow chart, the meetings shifted to focus on addressing the needs of individual youths and the impact of COVID-19 on youths and services.

The Steering Committee shifted to providing higher level oversight and supports to the Service Coordination Team to meet the needs of non–systems-involved transition-age youth

Earlier in implementation, the Steering Committee focused on developing a multiagency protocol for serving NSITA youths and developing the Service Coordination Team. Upon completion, the Steering Committee shifted to provide high-level thought partnership, problem solving, guidance mentorship, and other supports. The Steering Committee helped to guide and discuss the overall vision and goals of the Service Coordination Team and provided basic needs items to organizations that did not have those resources. Steering Committee discussions

surrounded coordination of efforts to maximize impact, serve as many youths as possible, and plan for when grant funding ended.

Steering Committee members and roles were consistent and their understanding of individual roles solidified over time

At the beginning of implementation, Steering Committee members' perceived roles aligned with the intended roles shared by WCC. Most members were aware of the purpose of the Steering Committee and their role within the committee. Most described their role as a thought partner or having an advisory component while representing and coordinating their services and/or the youths they served. By the end of implementation, Steering Committee members had a better understanding of their roles and noted they were generally consistent throughout the project. Most members at the end of implementation described their roles on the Steering Committee as helping to provide higher level or "bird's eye view" approaches to issues surrounding serving NSITA youths and that their roles did not change much over the course of the project. Members noted that many aspects of their roles that were impacted by the COVID-19 pandemic were already in place early in Steering Committee implementation and thus had not changed over time.

Membership participation was also generally consistent. Nearly all members maintained active in their membership throughout implementation.

Recruiting Steering Committee members was methodical and purposeful

To recruit Steering Committee members, WCC sent tailored email invitations to individuals with whom they had existing relationships through previous work. The invitation emails followed a general outline that: (1) introduced the pilot program, (2) introduced the Steering Committee, (3) briefly described its purpose, (4) invited the invitee to join, and (5) asked the invitee to respond as soon as possible.

Steering Committee members were consistently satisfied with membership representation, while also noting areas of need for increased capacity and perspective

Early in implementation, Steering Committee members were satisfied with the collection of organizations represented on the Steering Committee. In interviews, members reported that the group successfully represented different areas of services and resources and the distribution among service areas was "balanced." WCC was intentional about bringing in partners with diverse resources and perspectives related to serving NSITA youths and brainstormed with members during meetings about needs for additional representation.

Throughout implementation, Steering Committee members maintained high levels of satisfaction about the types of organizations represented on the Steering Committee. A survey administered to Steering Committee members 13 months into implementation revealed that the majority of Steering Committee members (88 percent) agreed with the following statements about Steering Committee membership: (1) the Steering Committee was cohesive (e.g., members share similar goals, similar commitment to the goals); (2) the members of the Steering Committee were aware of the needs of NSITA youths, who are victims of human trafficking, in Alameda County; and (3) members of the Steering Committee were

knowledgeable about the needs of NSITA youths, who are victims of human trafficking, in Alameda County. Seventy-five percent of respondents agreed or strongly agreed that the Steering Committee represented organizations in Alameda County that serve trafficked youths.

While there was strong agreement about the current Steering Committee members, most respondents (71 percent) reported that there were other organizations who serve trafficked youths whose participation would benefit the Steering Committee. Suggested representation included: Bay Area Women Against Rape (serves sexually exploited minors), Progressive Transitions (serves survivors of domestic violence and sexual exploitation), Hope Intervention Project (provides case management services), another housing provider, and an organization that provides bedside advocacy/support [e.g., Survivors Healing, Advising and Dedicated to Empowerment (SHADE) Movement]. Another member suggested integrating more survivor voices in the Steering Committee.

The Steering Committee included survivor voice

The Survivor Consultant served a flexible role, engaging in multiple aspects of the pilot program. The Survivor Consultant assisted with outreach to youths and participated in the Steering Committee, providing ongoing feedback and suggestions. The Survivor Consultant raised questions that providers might not consider from a provider's lens. The Survivor Consultant was involved in discussions between the Steering Committee and Service Coordination Team to communicate feedback and facilitate any changes to better serve NSITA youths. The Survivor Consultant reviewed WCC's youth outreach tools and led efforts to collect youth feedback for improvement, such as conducting focus groups with youths. WCC emphasized the importance of engaging a Survivor Consultant in the pilot program work to obtain ongoing feedback and have multiple perspectives.

To hire a Survivor Consultant, WCC developed a position description which described WCC and its mission, the pilot program and the Steering Committee, the Survivor Consultant position, consultant responsibilities, qualifications and experience, compensation and working conditions, contractor expectations, and information to apply. WCC distributed the job description widely through their networks, leveraging a state-level child welfare commercially sexually exploited children (CSEC) task force (which only focuses on child welfare and juvenile justice involved youth) as a recruiting resource.

The Steering Committee had consistent and organized structure

WCC's development of the Steering Committee followed the phases of developing group dynamics: forming, storming, norming, and performing. WCC noted that the forming phase "took a while," during which the first couple of meetings and emails between meetings involved assessing how the group was going to work together. WCC emphasized that the process of creating a shared understanding was a necessary step in the development process.

Steering Committee members described meetings as following a consistent and well-organized structure. The *Improving Outcomes for Transition-Age Youth Victims of Human Trafficking—Steering Committee Baseline Interview Brief* in Appendix C and in the *Improving Outcomes for Transition-Age Youth Victims of Human Trafficking—Steering Committee Survey Brief* in Appendix D discuss the structure in more detail.

The Steering Committee impacted the network of non–systems-involved transition-age youth service providers

The Steering Committee served as a catalyst for outreach, collaboration, and partnership among service providers who serve NSITA youths in the county. Both WCC and Steering Committee members highlighted that some of their most impactful work on the Steering Committee was strengthening existing networks and creating new partnerships between providers.

Discussing and defining service provider roles in the community reinvigorated relationships between WCC and other organizations. WCC reported that the process of developing and implementing the Steering Committee revitalized longstanding relationships between providers and agencies that had been previously stagnant. Specifically, the process of mapping resources and defining service roles within the community initiated and fostered relationship rebuilding. For example, through the Steering Committee, WCC revived a relationship with a local sexual violence crisis response organization. WCC and this organization participated in conversations that clarified each other’s specific roles in the community and for what purposes each organization would be called for services. Communicating and understanding who does what in the community was a key factor in renewing relationships between service providers who serve NSITA youths.

The Steering Committee served as a referral source and brought awareness of available resources

Some members mentioned that the Steering Committee served as another source for referrals to their organizations. The Steering Committee created a space for members to share resources and increase visibility for available services in the county. Many Steering Committee members appreciated the increased visibility of services for NSITA youths. In an interview, one member noted that although she was aware of many organizations involved in the Steering Committee through their work, she was grateful to learn about new services they provided. For a few organizations, the increased visibility and referrals from the Steering Committee brought to light some of their own organization’s challenges and shortcomings. Information about these challenges is included in the *Lessons Learned* section.

The Steering Committee created plans for outreach and created intentional partnerships with service providers who serve non–systems-involved transition-age youths

Steering Committee members organized efforts and conducted outreach within their own networks to engage partners in the pilot program. Members utilized their unique connections within their service provision field to engage diverse providers who serve NSITA youths. One Steering Committee member who represented a healthcare organization connected the Steering Committee to a network of school-based health centers in Alameda County. WCC conducted virtual training to share their available services with the health centers. Through another member’s outreach, the Steering Committee also connected with a survivor service provider organization and worked together to find common ground to collaborate. One Steering Committee member described that the Steering Committee’s outreach role “creat[ed] more coordination and collaboration with [organizations] in the county.” For most Steering

Committee members, the organizations with which the Steering Committee connected were already known as providers in the county; however, the Steering Committee created the intentional opportunity to create new or reinvigorate prior personal connections with individuals at the organizations. The Steering Committee also reinvigorated relationships between organizations through their outreach and collaboration efforts. For example, a healthcare services organization on the Steering Committee reestablished a partnership with a local school through the efforts of the pilot program. A Steering Committee member emphasized that organized resource sharing, openness to serving clients in any capacity, and their culture of collaboration were crucial aspects to their success in connecting and strengthening the network of service providers who serve NSITA youths in Alameda County.

The Steering Committee also developed and strengthened the infrastructure to serve NSITA youths. For example, through protocol development, resource sharing, outreach, and collaboration, the Steering Committee sought to develop and strengthen the infrastructure to serve NSITA youths. Results of a survey of Steering Committee members suggest that members believed the Steering Committee was successful in this capacity and that the Steering Committee helped develop infrastructure that serve NSITA youths (Russo & Wendt, 2020). In an interview, one Steering Committee member, who participated in both the Steering Committee and the Service Coordination Team, described this further, attributing the success of the Service Coordination Team to the work of the Steering Committee. The Steering Committee provided high level strategy, assessed how to use time and money effectively, coordinated other projects, and planned for when the grant ended, which provided the overall structure and support for the Service Coordination Team to focus on their clients.

Interviews with the Steering Committee members also revealed effective, successful, and increased collaboration as a primary outcome of participation in the Steering Committee, resulting in more available services, more efficient service delivery, and ultimately better outcomes for the NSITA youths the Steering Committee served. One Steering Committee member noted that the intentional focus on NSITA youths for this working group brought to light the resources available for these youths specifically.

Steering Committee members perceived the Committee's work as valuable

Steering Committee members' perceived value of the Steering Committee was high. Almost all respondents also agreed that they would continue their membership in the Steering Committee (Russo & Lam, 2021; Russo & Wendt, 2020). 75 percent agreed or strongly agreed that the Steering Committee process will lead to an increase in engagement of NSITA youths with services in Alameda County; the remaining 25 percent responded, "don't know." All respondents agreed or strongly agreed that the Steering Committee included the goals, views, and priorities of organizations that serve trafficked youths in Alameda County.

Tips and successes of the Steering Committee

WCC and Steering Committee members shared strategies and resources that were beneficial in the development and implementation of the Steering Committee, which facilitated successful engagement, collaboration, protocol development, and support for the pilot program.

Prior experience working with MDTs doing similar work was helpful. WCC has ten years of experience and leadership in working with MDTs to respond to sexually exploited youths in Alameda County. For example, WCC is an active member of the MDT, SafetyNet. In addition, WCC has prior experience developing multiagency protocols. WCC facilitated the development of an interagency CSEC protocol in Alameda County and Sacramento County to leverage state funding dedicated for a CSEC program in child welfare. For this CSEC program, WCC facilitated a multiagency process with the Department of Children and Family Services (DCFS), the Alameda County Probation Department, MISSSEY and 10 other stakeholder agencies to develop a protocol for a DCFS-led multidisciplinary response to sexually exploited youths. When interviewed, WCC reported that their prior experience with MDTs benefited the development and implementation of the Steering Committee.

WCC's prior close relationships with organizations also facilitated engagement. WCC relied on existing relationships to develop the Steering Committee. WCC had prior relationships with many of the Steering Committee members and those relationships were a defining factor in the successful engagement of the Steering Committee. The only organization that did not initially engage with the Steering Committee was the only organization with which WCC did not have a prior relationship; however, later in implementation, WCC developed a relationship with this organization and engaged them in the Service Coordination Team.

The development and function of the Steering Committee benefited from members' knowledge and resources, but also from the commitment of its leadership and members to the work and to collaboration. WCC emphasized that organizations that were only focused on their individual role or work did not contribute to a committed culture of collaboration. From the beginning, bringing individuals and organizations to the table who upheld a culture of collaboration was important for the success of the committee. WCC's leadership reflected and supported a culture of collaboration. WCC practiced strategies that fostered engagement from Steering Committee members. The facilitation of meetings prioritized clarity and follow-up emails to encourage more input and feedback from Steering Committee members. Whether or not the requests for feedback resulted in comments or responses, these intentional practices of engagement contributed to the collaborative atmosphere.

By the end of implementation, Steering Committee members identified a culture of collaboration as a key component to the success of the Steering Committee and the overall pilot program. There were many instances when members did not have the organizational resources for a specific need related to NSITA youths; those Steering Committee members would be a part of the brainstorming, resource collection, and documentation processes to create solutions. One Steering Committee member described that when one agency could not assist in a particular capacity, "we would collectively be able to think of another agency that would be able to assist, and we would collect the resources and document that."

One critical component of the Steering Committee was to establish MOUs between all members. MOUs between the Steering Committee members' organizations were necessary to efficiently facilitate referrals for individual cases to the Steering Committee. WCC was successful in developing MOUs with all Steering Committee members for the pilot program. At the third Steering Committee meeting in February 2020, WCC shared an MOU outline with

attendees and received verbal affirmation that members understood the MOU. Revisions were made to the MOU documents through July 2020. WCC included time to collectively review MOU updates during Steering Committee meetings. WCC finalized the MOUs in July 2020.

Another key to the Steering Committee's success was that early in protocol development, WCC prioritized the integration of the Steering Committee's multiagency protocol with other MDTs in the field, including DCFS and SafetyNet. Proper integration minimized duplication and ensured effective county-wide coordination. WCC began this process at the first Steering Committee meeting. WCC sent members copies of existing protocols, MOUs, and confidentiality agreements and together identified areas of overlap to avoid any gaps where WCC's Steering Committee could contribute.

WCC also worked with Steering Committee members to clarify the purpose of their developed referral pathway and what processes to follow. If a member had a question regarding whom to send a referral to, WCC identified which pathways were appropriate, while providing the Service Coordination Team services as a catch-all net for any NSITA youth referrals that were in question. WCC emphasized to the Steering Committee that members should not worry about determining the "correct" referral pathway. WCC was open to receiving any referral for NSITA youths and would determine how to refer the youths.

Another Steering Committee success was improving awareness and knowledge of challenges in the County, including housing gaps. Initially, WCC and Steering Committee members were under the assumption that there were ample housing programs in Alameda County. Through the Steering Committee's work, WCC and members learned that there are many barriers to accessing these programs and gaps in services within the housing continuum. The housing organizations on the committee provided other members insights into these challenges.

Finally, the multidisciplinary oversight body streamlined an efficient referral process. Prior to the implementation of the Steering Committee, many referrals for clients were based on the general knowledge of an organization's services that sometimes lacked specific details about eligibility for services. For example, an organization may have referred a youth to a housing organization with the general knowledge that the housing organization served exploited youth; however, the housing organization may have had specific service requirements, such as only serving youths who were trying to exit trafficking. The Steering Committee developed a referral process that is faster and prevents the misplacement of client referrals due to misunderstanding of services.

Service Coordination Team

WCC formed the multidisciplinary Service Coordination Team for NSITA youths, composed of representatives of the Steering Committee's core member organizations. WCC and the Steering Committee engaged agencies that could refer NSITA youths and attend meetings as needed for consultation. The Service Coordination Team used the Steering Committee's multiagency protocol to ensure NSITA youths received the services they needed. WCC and the Service Coordination Team began accepting referrals in April 2020. WCC planned to accept referrals and discuss NSITA youths as a team, but due to the COVID-19 pandemic, WCC temporarily

coordinated services individually with organizations. In August 2020, WCC shifted the Service Coordination Team back to a team-based model and began facilitating bi-weekly Service Coordination Team meetings to collaboratively coordinate services for referred NSITA youths, provide consultation, and share resources. WCC also facilitated linkages between clients and providers/resources for NSITA youths who were not already connected to a service provider. While the Steering Committee members were individuals in organizational leadership positions within their organization, Service Coordination Team members were staff whose positions were more client facing. Service Coordination Team membership included healthcare providers, social workers, attorneys, and youth program staff. Due to limited capacity and staff changes for some organizations, staff members rotated attendance with other staff members from their organizations. There were also staff who participated in both the Steering Committee and the Service Coordination Team.

The following sections outline the roles of WCC staff on the Service Coordination Team, the roles of other Service Coordination Team members, how the Service Coordination Team engaged and onboarded members, how the Service Coordination Team engaged other providers, the structure of the Service Coordination Team, and key methods WCC and partners used to manage the Service Coordination Team.

WCC roles on the Service Coordination Team

The Service Coordination Team was primarily implemented by three WCC staff members: the TAY Program Director, the TAY Service Specialist, and a case manager.

- **The TAY Program Director** had been a part of WCC for 10 years and has 20 years of experience working with transition-age youths. Her roles included general oversight, administration, facilitation of transition-age youth service coordination when needed, and outreach. She oversaw the overall service coordination of the project, including the direct services. Her administrative roles included setting up and coordinating WCC's administrative and documentation systems to record all services. She supervised the TAY Service Specialist and the project's case manager. She also assisted in the development of Service Coordination Team meeting agendas, meeting facilitation, and outreach to promote services to partners or new organizations for NSITA youth referrals.
- **The TAY Service Specialist** was the primary contact and coordinator for the Service Coordination Team. She had worked with WCC for three years and with transition-age youths for seven years. She participated in some of the provider outreach, letting other community providers know about the pilot program, and was the primary point of contact for referrals. She received all the Service Coordination Team referrals and completed the initial intakes and assessments with providers and clients. She was also the point of contact for any consultation needs for external providers. Her consultation included sharing resources available to providers and helping providers navigate working with NSITA youths who may be impacted by sexual exploitation or have it as part of their trauma history. For the bi-weekly Service Coordination Team meetings, she coordinated the meetings and co-facilitated with the TAY Program Director. She and the TAY Program Director created the meeting agendas, which focused on specific

clients. Her role for building agendas included reviewing their client waitlist at the end of the week, assessing the needs and their plan to support linkages, or identifying other avenues to address client needs. Most of the time, the TAY Service Specialist and the TAY Program Director worked collaboratively, but there were times when one had to take on the roles individually when the other was not available.

- **The case manager** supported the Service Coordination Team by facilitating the linkages for referred clients. According to WCC, approximately 10–15% of her time was allocated to the pilot program. When she began her work with the pilot, she was new to WCC and working with NSITA youths, but had experience with probation and foster care systems. She conducted outreach to clients who were referred to the Service Coordination Team and supported them in identifying their immediate resource needs and goals. She assisted in connecting clients to resources and checking in with clients to ensure referral follow-through. She began her role after the start of the pandemic. By then, WCC had implemented many adjustments related to the pandemic and had more clarity on what service coordination looked like. Thus, the case manager’s role remained consistent throughout implementation.

Role of Service Coordination Team members

Service Coordination Team members played several roles, including referring clients and engaging in collaborative service coordination and safety planning. Using their knowledge of their own organizations’ resources and county services, Service Coordination Team members engaged in brainstorming and collaboration to help develop a service plan for NSITA youths. Service Coordination Team members noted that many NSITA youths have interfaced with various clinics and systems; members shared case updates and progress as NSITA youths connected with systems and services. Members also connected with the TAY Program Director and TAY Service Specialist individually between meetings with questions and updates about certain NSITA clients. Members used time outside of meetings to connect with other members and to access services for their NSITA clients.

Engaging and onboarding Service Coordination Team members

Most members of the Service Coordination Team were brought into the work by their supervisors, who were active members of the Steering Committee. These members recalled that their supervisors suggested they participate in the Service Coordination Team because the pilot work aligned with their professional roles and would advance their organization’s goals.

In a focus group, Service Coordination Team members shared the reasons they were interested in participating in the Service Coordination Team. Members mentioned that the Service Coordination Team filled a gap of resources and coordination for NSITA youths. Members shared that they had previously participated in similar groups focused on serving youths at risk for or victims of human trafficking, but that the groups were primarily focused on younger youths.

Other members mentioned they were interested in being in a community with other providers to learn about other organizations, build networks, and support each other through resource sharing. This opportunity not only benefited the NSITA youths they served through the pilot but

their own clients as well. One Service Coordination Team member who works as a school social worker mentioned that although the clients may not be her students, connecting with providers and sharing resources helped her understand the limited access to resources for NSITA youths in general. Another member from a youth services organization was new to her organization and wanted to use the opportunity to network with other providers as she started her new role.

Engaging providers in the Service Coordination Team and building referral streams

In early April 2020, WCC used the landscape analysis document to describe the process of building referral streams. WCC began outreach with an email announcement. To avoid receiving too many referrals at once, WCC announced the launch of the Service Coordination Team in rounds. The first round of outreach was sent to the Steering Committee and anyone that WCC had already communicated with about the pilot project. WCC reported the responses from the organizations were positive and that “people [were] excited about the project and want[ed] to participate.” After the first announcement round, the Steering Committee met to review referrals that were already received, and based on that information, who to contact next, when that would take place, and next steps for those WCC had already contacted. The subsequent outreach was based on the decisions of the Steering Committee to manage referral flow.

Example of Engaging Services Providers in the Service Coordination Team

WCC received a consultation request from a case manager from another community-based organization who was supporting a youth who had a high intensity of needs. The case manager lacked resources to help her client because she was new to the community and the county.

The case manager was invited to attend the Service Coordination Team. At the Service Coordination Team, the case manager was provided resources relevant to her client’s needs and was able to engage in conversation about boundary setting and navigating some of the pulls she was experiencing with this client. The case manager also engaged in coordination with other service providers that were supporting this same youth. Prior to attending the Service Coordination Team, the case manager was not aware that the youth was also receiving services from other providers.

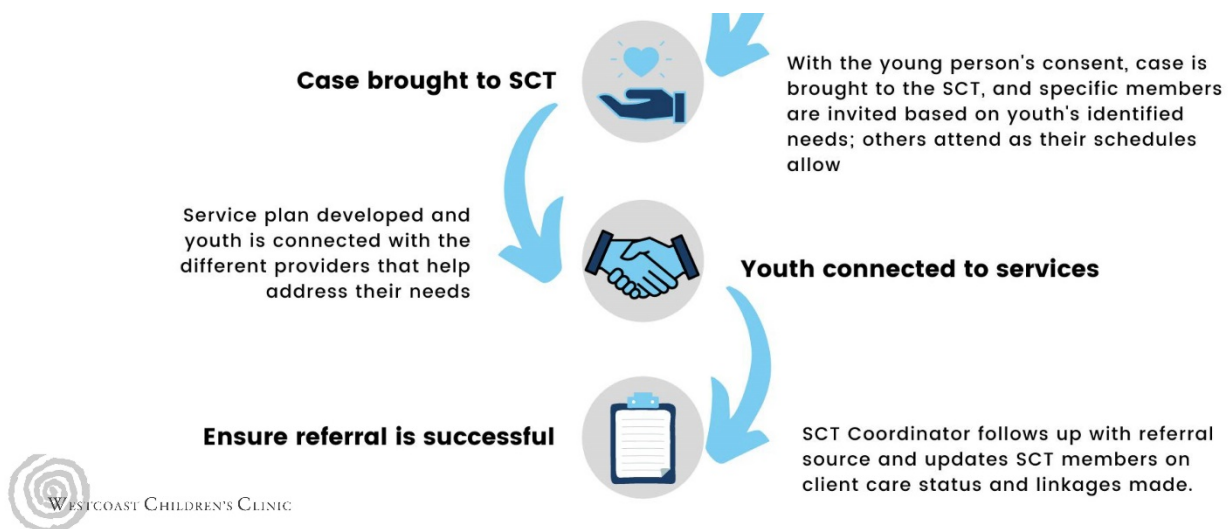
Service Coordination structure and protocols

Prior to the pandemic, WCC envisioned the Service Coordination Team to function as a team-based model, meaning once WCC developed the team, partners would share responsibility in the service coordination processes. Upon the beginning of the pandemic, WCC shifted the Service Coordination Team to a model where WCC acted as a central hub for referrals, service coordination, and follow up. Starting in April 2020, WCC received referrals directly and worked

with Service Coordination Team members individually to make linkages to services. In August 2020, WCC was able to shift the Service Coordination Team to more of a team-based model, where members met to collectively make case decisions, but WCC remained a centralized entity for referrals, linkages, and follow up. All meetings were conducted virtually to comply with CDC guidelines.

The Service Coordination Team completed the following steps to intake NSITA youth referrals, coordinate services, and connect NSITA youths to services and resources.

Exhibit 1. Service Coordination Flow Chart



WCC manages the Service Coordination Team's referrals and avoids duplication with SafetyNet and the Department of Child and Family Services (DCFS).

To refer an NSITA client to the Service Coordination Team, referral sources completed a Service Coordination Team intake form and submitted the form to WCC's intake line. WCC requested the referral source to obtain consent from the NSITA youth prior to making the referral and inform the NSITA youth of the Service Coordination Team's purpose. The TAY Service Specialist then followed up with the referral source to clarify information prior to the next Service Coordination Team meeting. If during the process of gathering information about a referral or discussing a case with the Service Coordination Team, it becomes clear that a young person was currently involved with SafetyNet or DCFS or should be, the referral was transferred to the appropriate contact person for those bodies. The Service Coordination Team kept the NSITA youth referral if the scope of SafetyNet or DCFS did not meet every need the NSITA youth had (e.g., coordinated with the other body to complement services), or the NSITA youth was eligible

for child welfare services but was not involved and needed case coordination related to benefits eligibility (e.g., making an allegation, providing information to investigators, re-enrolling in extended foster care, etc.)

WCC also coordinated with SafetyNet and DCFS to receive referrals. SafetyNet forwarded referrals to the Service Coordination Team when youths involved with SafetyNet were approaching a transition out of juvenile probation services or when a youth was referred to SafetyNet but was not receiving juvenile probation services. Examples include:

- Youths receiving juvenile probation services who were approaching the termination of those services and needed ongoing support related to exploitation (this includes youths approaching their 18th birthday, but who may not be eligible for SafetyNet's support)
- Referrals made to SafetyNet by a community member for youths not involved with juvenile probation
- Youths and young adults (16–24) who were working with the H.E.A.T. Watch² as a victim witness

WCC coordinated with DCFS to forward referrals to the Service Coordination Team when:

- An eligible youth came to the attention of child welfare services (e.g., hotline, Emergency Response Unit, Dependency Investigations) but did not subsequently become a dependent.
- An eligible youth receiving AB 12 foster care benefits approached termination of those benefits and needed additional support.

Team-based Service Coordination Team meetings

The week prior to a Service Coordination Team meeting, the TAY Program Director and the TAY Service Specialist met to review the active clients and their presenting needs, indicated on the Service Coordination Team intake form. For each NSITA youth, they decided, based on urgency of needs, who should be discussed, and which providers needed to be present at the Service Coordination Team meeting. WCC did not require Service Coordination Team members to attend a meeting if their services were not required for the NSITA youth being discussed. Sometimes, members would attend a meeting to discuss an NSITA youth with whom they were familiar, and then leave the call when they could no longer contribute to the discussion. Members appreciated flexible participation. In a focus group, members shared that the flexibility allowed them to participate at their capacity, respected their limited time available, and helped them to prioritize meetings.

WCC emailed the agenda in an encrypted file to Service Coordination Team members a week before the meeting. The Service Coordination Team client agenda did not disclose NSITA youth names; WCC used initials and date of birth to identify NSITA youths to members. The Service

² H.E.A.T. (Human Exploitation and Trafficking) Watch is a nationally recognized, award-winning program created by the Alameda County District Attorney's Office to combat human trafficking on a collaborative, multidisciplinary, and regional basis. HEAT Watch seeks to prevent and combat human trafficking in all its forms with a five-point strategy designed to support victims and those at-risk; engage community members and raise awareness; train law enforcement and other first responders; prosecute traffickers and purchasers; and change legislative policy and identify best practices.

Coordination Team agenda also included each referral source, referral needs (e.g., housing, education, mental health, employment, education, legal, and community), and the Service Coordination Team members who should attend the client discussion. Service Coordination Team members would join the virtual meeting via the Zoom link included in the scheduled calendar invite. Meetings started with a check-in and provided space for providers to share programmatic updates, including any changes to service capacity. Then the meetings transitioned to discuss clients on the agenda. WCC intentionally limited the number of NSITA youths discussed per meeting, the maximum being eight NSITA youths, to allocate enough time to discuss each NSITA youth and to be thoughtful about their service coordination. After discussing clients, if time allowed, WCC opened the last 20–30 minutes for group consultation. WCC created this opportunity within the meetings after having received a request for consultation from a Service Coordination Team member. During this time, members asked questions or shared issues they experienced serving clients and other member offered insights, solutions, and resources.

The Service Coordination Team coordinates services and continued care collaboratively.

WCC and Service Coordination Team members emphasized that the Service Coordination Team truly worked as a collaborative and made decisions about service coordination collectively. When an NSITA youth was discussed at a Service Coordination Team meeting, if a Service Coordination Team member represented the NSITA youth, the member presented the NSITA youth to the Service Coordination Team and shared how they had been working with the NSITA youth within their organization. Otherwise, WCC would present the information they obtained from the referral source to the Service Coordination Team. Then the Service Coordination Team members worked back and forth with each other to help coordinate their care. The Service Coordination Team had a strong culture of active brainstorming and jumping in to share ideas. The collaborative process helped ensure continuity of care until the NSITA youth's case closure. Before case closure, the Service Coordination Team discussed whether the NSITA youth was still in need of services and whether or how they should plan to transfer services to the appropriate service provider(s). The Service Coordination Team also shared updates for NSITA youths that had previously been served and would continue service coordination for youths when there was still work to do.

WCC established an MOU with all Service Coordination Team members.

The first section of the MOU describes the purpose of the Service Coordination Team for serving NSITA youths, defines the NSITA criteria, and provides background information on the pilot project. The second section describes the Service Coordination Team structure, including membership of the Steering Committee, the standing members of the Service Coordination Team, and ad hoc attendees. The third section breaks down how the Service Coordination Team operates, including the meeting schedule, the role of WCC, and the referral process. The final section of the MOU describes information sharing procedures, including confidentiality, privacy, and consenting practices.

Service Coordination Team meetings served as a critical opportunity for resource sharing.

At the beginning of implementation, Service Coordination Team members informally shared resources and services that they currently offered for NSITA youths in the form of a check-in. Through this process, organizations, even those who already had established partnerships with each other, learned about new services available. WCC recognized the importance of allocating time to resource sharing. Later in implementation, they began inviting providers outside of the Service Coordination Team to present their services for the first 30 minutes of meetings. For example, WCC invited a community partner who worked closely with several of the Service Coordination Team members. This organization requested to present to the group some changes and updates in their organization to keep the community updated on the services being offered. The opportunity to share resources allowed WCC and providers to benefit from the wealth of knowledge that exists within the MDT and larger community. Through these opportunities, WCC was able to become better educated about services for NSITA youths over 18, an age range for which services were lesser known to WCC.

WCC's case manager and Non-systems-Involved Transition-Age Youth Services Specialist worked together to connect non-systems-involved transition-age youths to services.

Before the WCC case manager contacted each client, the TAY Service Specialists collected information from the client's referral source, including the client's identified needs, current supports, and capacity for receiving services. The case manager and TAY Service Specialist conducted this preparatory work to prevent NSITA youths from having to repeat information they had already shared with the referral source. The case manager then used the information to prepare resources in advance of her contact with the client. The TAY Service Specialist usually made the first contact with NSITA youths. The conversation included an introduction of Service Coordination Team services and notifying NSITA youths that WCC's case manager will be contacting them. In an interview, the case manager shared that this initial step was a crucial component to begin building a relationship and trust with NSITA youths. The case manager then contacted NSITA youths and continued the process of relationship building to the point where NSITA youths felt safe enough to want to work with WCC and support the linkage to resources. The case manager and NSITA youths had conversations to learn what services they were interested in, what services they were eligible for, and what services they had already tried. Then the case manager shared which services may fit within the NSITA youth's criteria and needs.

After speaking with the client, the case manager often conducted independent research to find additional resources that may more appropriately match the client's requests. Over several weeks, the case manager checked in with the client at least weekly. The case manager noted that some NSITA youths wanted to connect with the recommended services on their own. When this happened, the case manager followed up with the client to discuss and support their progress. The case manager emphasized that a significant aspect of her role is to listen to clients' experience and provide affirmation and validation. The case manager also noted the significance of offering interim supports. She explained that interim supports served as steppingstones for clients to have immediate access to supports before ultimately connecting to longer term services.

WCC adjusted their internal intake systems to cater to NSITA youths and grant requirements.

Before the pilot program, the majority of WCC's clients were systems-involved. The change in client demographic focus prompted WCC to shift internal systems to serve NSITA youths and meet the goals of the pilot. WCC's TAY Program Director met with the TAY Service Specialist to develop the system. Most of WCC's services were covered through Medi-Cal, and their internal system for individual therapy, family therapy, and case management were built with that billing source. The pilot program was not Medi-Cal billing, not ongoing, and included short term linkage and an MDT, which WCC had never previously hosted as part of a deliverable service for a contract. WCC adjusted their electronic health platform to document services and meet the goals of the contract. WCC also created an intake form to capture the deliverables specific to the pilot program. The form captured MDT discussions and one-on-one services. The form included fields for referral information, parent/caregiver information (for minors), services requested, presenting concerns, client goals, family history, safety concerns, medical history, academic and vocational functioning, recent services, and history with WCC.

WCC also reoriented and trained their staff to adjust to serving a different type of client, which affected how staff presented services and engaged with NSITA youths. The TAY Program Director described that for their long-term clients, staff were able to serve clients at a slower pace and ask more questions. The pilot program's service model did not focus on long-term services and the staff's role shifted to transitioning NSITA youths to other services, unless they were referred to WCC for mental health services. WCC worked with staff to ensure they were equipped to serve youths in this different capacity.

Findings from the Implementation of the Service Coordination Team

WCC and Service Coordination Team members shared patterns and needs they learned from serving NSITA youths. Findings related to age-based differences in engagement, efficient communication, building buy-in and trust, serving as a critical resource for NSITA youths, and uncovering a need for more training in identifying NSITA youths.

Non-systems-involved transition-age youths over 18 were more likely to engage in and accept services compared to younger non-systems-involved transition-age youths.

Through the work of the Service Coordination Team, WCC learned about patterns of NSITA youth engagement in services. WCC's TAY Program Director noticed that older NSITA clients, specifically ages 19 and 20, were more willing or able to accept services, compared to their younger NSITA peers. She attributed this finding to possible differences in their stages of exploitation. She also noticed a difference in older NSITA youths' engagement and participation compared to WCC's clients in their other programs. She noted that the older NSITA youths were more willing to do an intake and receive services virtually.

It is important to efficiently communicate Service Coordination Team roles and scope of support to referral sources.

WCC prioritized transparency with referral sources regarding each of their roles and the Service Coordination Team's services for NSITA youths. When an NSITA client was referred to the Service Coordination Team, WCC spoke to the referral source to understand what was already

being done to support the client. WCC noted that NSITA youths were often referred for services that were within the scope of the referral source's services. WCC then took the opportunity have a conversation with the referral source about their capacity issues, including layoffs related to the pandemic, staff going on leave, and lack of resources for programs/providers. WCC's TAY Service Specialist described a particular interaction with a referral source where deeper conversations about the provider's capacity proved beneficial. WCC's TAY Service Specialist met with a referral source from Los Angeles and learned that she needed help understanding available resources in the Bay Area. The TAY Service Specialist then offered her knowledge to increase her capacity within her own scope of services.

Building buy-in and trust were crucial elements to building relationships with referral sources and other providers.

WCC shared that the purpose of the pilot was for agencies to connect services together, not taking away any provider's NSITA clients, but offering providers opportunities to enhance their NSITA clients' access to services. Using this language avoided misunderstandings from providers and built trust. WCC reported that WCC's communication that their specialization was working with clients who experienced trauma also assured providers and added to their buy-in. WCC's transparent communication and follow-through consultation kept providers aware of progress with their NSITA client and solidified trusting relationships with WCC. WCC highlighted that building trust with the provider is the first step to building trust with their NSITA clients.

The Service Coordination Team served as a crucial source of knowledge regarding resources for non-systems-involved transition-age youths within the county.

While the Service Coordination Team offered a wealth of knowledge for its members, WCC's case manager found that through her collaborations with other agencies' case managers, the Service Coordination Team offered a wealth of knowledge of resources that other agencies relied on. In an interview, she described, "I feel like there has been a lot of leaning on us to support follow through or access resources. I don't know that we're holding anything more than other people have access to or have capacity for, but somehow naturally we have acted as that source of support." The Service Coordination Team's significant role as a source of knowledge revealed the need for other agencies to be aware of and connected to resources for NSITA youths.

Working with providers in the county further revealed a need for training to identify and serve non-systems-involved transition-age youths.

WCC found that within the community, providers are being trained by different organizations. WCC suspected that there may be some gaps in terms of who is able to receive trainings and how often. When new hires join, they may have missed the training provided to the rest of the organization staff. The TAY Service Specialist noted that this was problematic because they worked with a population without feeling equipped with a knowledge base of indicators to identify and resources to address the presenting indicators. To help address this need, WCC committed to work diligently to encourage collaboration and partnership to provide their training services.

Service Coordination Team Successes and Tips

The Service Coordination Team had many successes throughout the course of the pilot project. First, they were able to identify available services and create and collect resources for NSITA youths. The Service Coordination Team also shared many tips for agencies or other partners wanting to establish a similar team. The tips include assigning one person to be a coordinator and point of contact for referrals, and ensuring partners have a desire and ability to work collaboratively. The following section outlines the successes and tips shared by the Service Coordination Team.

According to WCC and Service Coordination Team members, the Service Coordination Team was particularly successful in sharing resources and knowledge to better identify available services and gaps for NSITA youths. A Service Coordination Team member explained, “It has been helpful for there to be communication about who is trying to do what.” She further described the Service Coordination Team success in providing “context and connections and sense of community forged in the Service Coordination Team meetings and the helpful resources we shared.” One Service Coordination Team member noted that through the Service Coordination Team’s communication and community, the Service Coordination Team was successful in identifying services for clients, particularly around emergency needs (e.g., housing, healthcare, etc.) and mental health. Another member recalled her NSITA clients having difficulties connecting to ongoing mental health services, especially during the pandemic. Through the Service Coordination Team, she was able to connect these clients to WCC’s mental health providers and case management services.

WCC’s original resource guides were catered to systems that involved NSITA youths because that was the demographic they traditionally served. WCC learned quickly that their NSITA clients could not access many of the resources from those guides. WCC spent time researching resources to respond to the NSITA youths’ needs indicated on their referral forms. WCC’s case manager developed a comprehensive living guide to serve as a quick reference when working with clients. WCC emphasized that this comprehensive guide had a significant positive impact on serving NSITA youths. Because it was so successful, they adapted the guide to larger programs across their agency. In addition to a comprehensive resource guide, WCC compiled resources for NSITA youths for the Service Coordination Team. The Service Coordination Team were provided access to an internal Google Drive folder of resources. In a focus group, one member mentioned she used this folder to find information about MISSEY’s mother circle and other parenting resources.

WCC’s TAY Service Specialist’s role as the Service Coordination Team’s primary point of contact and service coordinator benefited Service Coordination Team’s ability to successfully connect NSITA youths to services and provide continuity of care. As mentioned before, the TAY Service Specialist’s role included facilitating NSITA youth linkages to recommended services and conducting additional follow up with NSITA youths and service providers. Many Service Coordination Team members’ perceived successes of the Service Coordination Team were related to the impact of the TAY Service Specialist’s role. For example, one Service Coordination Team member commended the Service Coordination Team’s warm hand offs when connecting NSITA youths to services and having a specific point person for communication. She claimed

this method reduced barriers for NSITA youths and providers, compared to the model that does not include a designated point of contact. Another Service Coordination Team member, who also sat on the Steering Committee, described that the Service Coordination Team's system, in addition to their culture of collaboration, resulted in the continuity of care for NSITA youths. She emphasized that the continuity of care was the "most valuable piece" of the Service Coordination Team.

Both WCC and Service Coordination Team members believed that the high level of collaboration and partnership was a significant success of the Service Coordination Team. WCC explained that for some MDTs, the culture of collaboration is not always strong. WCC described previous experiences with MDTs where their approach was simply "talk[ing] about a client and check[ing] them off a list" and that "follow up and coordination [was] missing." In comparison, WCC developed the Service Coordination Team's approach to include more time and energy invested for each NSITA youth, follow through care to case closure, and follow up with NSITA youths and referrals sources to confirm linkages and offer continued support. It was the Service Coordination Team's high level of partnership and collaboration that encouraged deeper engagement to support NSITA youths. Members were able to engage in difficult and transparent conversations about NSITA youths and the limitations and gaps in supports for NSITA youths in their community. In an interview, WCC's TAY Service Specialist shared her pride in the connection and synergy among the Service Coordination Team members. "It's been wonderful to partner with other providers who are really committed to supporting young people in our community and to have built this wonderful space where everyone really values and sees the need for collaboration." A Steering Committee member also described the Service Coordination Team "synergy" as a significant success.

Interviews with Service Coordination Team members revealed that the Service Coordination Team's culture of collaboration and partnership helped members serve NSITA youths. In an interview, a Service Coordination Team member noted that Service Coordination Team's collaborative culture created opportunities to better serve youths even when members had previously established partnerships. She described an example where a Service Coordination Team member learned of a new housing resource available within her organization and reached out for assistance with an urgent client case. The two Service Coordination Team members and law enforcement worked together outside of the Service Coordination Team to find a missing minor NSITA youth, and once the NSITA youth was found, the NSITA youth was connected to housing through the newly available housing service. Another Service Coordination Team member shared that she was able to enhance one of her organization's programs after learning about a similar program within another Service Coordination Team member's organization. Her organization provided a support group for mothers. During a Service Coordination Team meeting, she learned that another member began offering a support group for mothers as well. Upon learning this information, she reached out to the other member to collaborate across and within programs to enhance their programming and identify any gaps.

In a focus group, Service Coordination Team members identified characteristics that were most successful for participating on an MDT serving NSITA youths. Many of the characteristics supported a culture of collaboration and commitment to serving this population. First,

members emphasized the primary importance of having experience working with transition-age youths and being willing to work as a team community member. To support a team dynamic where members openly shared ideas and resources, members should actively brainstorm during meetings, think outside the box, and jump in with suggestions. Additionally, members needed to be aware of services and updates within their own organizations so they could share that information with the team. Service Coordination Team members also noted that it was necessary for other members to contribute ideas and resources even when the NSITA youths being discussed is not their client. Members also highlighted qualities that reflect high levels of commitment to the team, including consistent attendance, showing up to meetings on time, continuity of participation, and being available to members outside of meetings.

WCC and the Steering Committee developed the Service Coordination Team 2.0 to continue serving youths after the grant period.

WCC and a subgroup of Steering Committee and Service Coordination Team members developed the second iteration of the Service Coordination Team, known as the Service Coordination Team 2.0 (Service Coordination Team 2.0), to continue the Service Coordination Team work after the grant period. The Service Coordination Team 2.0 will serve youths using an expanded client criterion, including youths though age 26 (no minimum age), youths who are at risk of or victims of labor trafficking, and system-involved young people who are not served through SafetyNet.

The Service Coordination Team 2.0's first meeting was scheduled for July 7, 2021.

Example of Service Coordination Team Serving Non–Systems-Involved Transition-Age Youth

RJ was a 17-year-old African American female-identified youth residing in Oakland. During a hospital visit, her doctor used the CSE-IT tool 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.

During intake with RJ, she too expressed wanting to focus on obtaining stable housing, enrolling in medical assistant school, needing some support in navigating insurance issues that she was having and continuing to develop independent living skills. However, therapy was not something that she felt ready to engage in at the time. During the intake process, RJ expressed feeling very stressed and overwhelmed in 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. So 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 communicating around the who and how they would approach RJ and reducing some of those feelings 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 intensive case manager. RJ was able to secure placement at a transitional housing program.

Through the short-term case management, they were able to link RJ to resources to obtain a free laptop and support her enrollment into medical assisting school and applying for financial aid. Mental health services were available through C-changes program or the youth clinic when she was ready.

With just 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 assisting program, and is still living in transitional housing program. She is happily interning full time at a youth clinic where she hopes to obtain full-time employment.

CSE-IT Trainings for Healthcare and Education Service Providers

As part of their pilot program, WCC offered free training and technical assistance on implementing the CSE-IT for organizations who serve NSITA youths in Alameda County. 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 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 off input from over 100 survivors and service providers and was validated in 2016 to ensure it accurately identifies youths with clear indicators of exploitation. The tool already fully developed before the Improving Outcomes grant. However, as part of the pilot program, WCC planned to train 200 staff of at least six partner healthcare or education service providers. NSITA youths identified by these organizations as victims or at risk of trafficking would be referred to the Service Coordination Team.

WCC wanted to use the opportunity to expand the reach of their CSE-IT: Healthcare to more healthcare settings. WCC's focus on education settings was a deliberate strategy to access the largest number of professionals who serve NSITA youths. A WCC staff member shared that a lot of young people who are victims of exploitation are engaged in school or are being recruited into CSEC activities while at school. Staff may witness indicators of exploitation but are neither educated nor equipped to identify them as exploitation. WCC developed a version of the CSE-IT training tailored to providers working in education settings (see "WCC Tailored CSE-IT Trainings to Health and Education Settings" section). Compared to their traditional CSE-IT training, this version took a more preventative approach so staff could know what to look for at all stages of exploitation for all children.

Due to COVID-19, many planned CSE-IT trainings, and CSE-IT implementations for agencies in education and healthcare settings were cancelled or postponed. More information about the challenges and adaptations related to the pandemic are included in the "*COVID-19 Challenges and Adaptations*" section.

WCC Tailored CSE-IT Trainings to Health and Education Settings

CSE-IT trainings for healthcare settings differ from the general CSE-IT trainings. The training was two hours rather than the original three hours, and much of the training content catered to professionals providing healthcare or working in healthcare settings. The training also used WCC's healthcare version of the CSE-IT, CSE-IT: Healthcare. WCC trainers' clinical service background served as a benefit when administering the CSE-IT training for healthcare settings; the trainers were able to leverage their clinical experiences to enhance the training quality. WCC also provided resources for implementing the CSE-IT that were tailored for healthcare providers. One of these resources included a guide on how healthcare providers can gather information for each indicator.

WCC also tailored their CSE-IT training for education settings, catering it to an audience of education professionals and service providers. While the CSE-IT itself is the same, the training included content about the importance of screening in schools, specific examples in education settings, and research about young people impacted by exploitation at school. The training also included a video that specifically addressed CSEC in education.

WCC also leveraged input from professionals in education settings and knowledge of the specific site to inform the CSE-IT training and tailor implementation strategies. Input from education professionals informed WCC about where the CSE-IT should be generally used within the education system and which staff were likely to screen students. WCC leveraged information about specific education sites to determine who to train and how the CSE-IT should

be implemented at the site. This process included identifying school-based health centers and its staff members, who were usually the individuals who conduct screenings. WCC also considered whether the school had a health clinic or a mental health school psychologist, as these would be additional staff likely to conduct screenings. While these strategies were helpful, WCC noticed a lack of engagement from school-based staff. WCC shared that a strategy moving forward would be to begin with administering a general CSEC training with staff and then identifying who would be using the screening tool. WCC would then conduct a subsequent CSE-IT training with the identified staff members.

The CSE-IT operates on the principle of universal screening to help understand risk across the population. In addition to helping identify risk for young people, the CSE-IT provides crucial quantitative data for policy and advocacy work. WCC's focus on bringing the CSE-IT to schools and healthcare settings advanced their goal to access more youths to better understand CSE in a broader youth context, beyond the traditional juvenile justice and child welfare settings. When an agency uses the CSE-IT, the CSE-IT scoring data are sent to WCC's CSE-IT database. WCC uses the data to better understand the distribution of concern (no concern, possible concern, and clear concern) of CSE. Upon request, WCC's research team provided agencies with their agency's CSE-IT data. WCC analyzed the data so agencies could use it to inform their own services. WCC also uses CSE-IT data across partnered organizations to inform policy and advocacy work.

WCC Offered Other CSEC Trainings as a Gateway to Implementing the CSE-IT

Healthcare agencies shifted their focus to rolling out vaccines, and education agencies shifted to adapting to COVID-19 related school closures and preparing for potential school re-openings. These shifts severely limited the agencies' capacity to implement universal screening. In response, WCC developed a shorter introductory training on the issue of CSEC (known as "CSEC 101") as a way of engaging organizations and providing some foundational knowledge about identification and the importance of universal screening. Ideally, this one-hour training served as a precursor to implementing the CSE-IT. The CSEC 101 training catered to a broader audience compared to the CSE-IT training. Over the course of the pilot, WCC offered 14 trainings to local service providers, including the CSEC 101 training as well as trainings that focused on vicarious trauma, LGBTQ+ and CSEC, and the CSE-IT.

Successes and Impacts

Training outreach and engagement with organizations set the groundwork for continued partnership and future CSE-IT implementation in healthcare and education settings.

WCC's CSE-IT training facilitated broader engagement with organizations that had not yet worked with WCC or had not received training on CSEC. Their outreach and training laid the groundwork for agencies to potentially use the CSE-IT and as well as built a foundational knowledge and awareness of trauma and mental health. Although the pandemic limited their work with schools, WCC believes that they were still able to create a path for future CSE-IT

implementation. WCC was able to connect with the California School-Based Health Alliance, which served as an effective entryway to working with schools, federally qualified health centers, and other education settings. When schools have more capacity after reopening, WCC plans to continue the conversation about CSE-IT training and implementation. WCC is also confident that their established connections with Alameda Family Services, Children’s Hospital of Oakland, and other non-profit organizations likely to conduct screenings in healthcare settings will result in future CSE-IT implementation.

Targeted school outreach that was adaptable to each site was critical.

Through CSE-IT and CSEC-related trainings, WCC navigated large education systems and built new relationships with appropriate staff, a significant feat. WCC developed and strengthened their relationships with the Alameda County Office of Education, Oakland Unified School District, San Lorenzo School District, and Castro Valley School District, particularly with their student support services teams and special education departments and coordinators. WCC emphasized the importance of learning the landscape of each school system, especially identifying who serves young people, to inform their targeted outreach. WCC noted that school districts can be vastly different from one another. For example, Oakland Unified School District has approximately one counselor for every 500 students. This counselor may not have the capacity to screen. Thus, WCC considered targeting school resource officers because there are more of them and may be more likely to be able to screen students. WCC highlighted the importance of being adaptable to each school site and homing in on the school sites that have the highest need.

WCC was aware of the inequity across which agencies receive training. WCC shared that many sites in deep east Oakland and west Oakland that serve more students of color and students facing extreme poverty were less likely to be trained. WCC targeted these sites by offering free training and being amenable to staff schedules with the goal of ensuring that the staff at these sites—especially those working in special education departments—have the information they need to support their students.

As part of their targeted outreach, WCC noted significant success in leveraging CBOs in schools for CSE-IT training and implementation.

WCC recommended accessing the school-based CBOs and other groups who are tangentially related to schools because they serve youths and are likely to have greater capacity than teachers or other staff to receive training and implement universal screening. CBO staff, particularly the providers in school-based health centers, also serve as a useful connection to school administration. WCC found that school-based CBO staff were generally interested in receiving training, and school districts were eager to have them trained. WCC worked with Lincoln School Based Programs, a CBO whose staff work in various schools in Alameda County, to provide training to their afterschool providers. Lincoln School Based Program services sit at the intersection between education and health, serving as a critical point of access to youths for screening. WCC developed this relationship from their general contacts and facetime during collaborative meetings where WCC conducted general outreach.

Covering costs associated with training removed organizations’ financial barriers and expanded

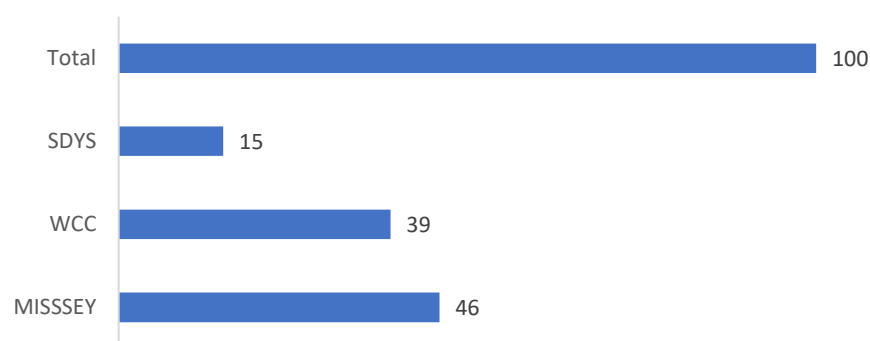
access to the CSE-IT.

Access to free training and a free universal screening tool were major incentives to organizations. WCC found that removing the barrier of training costs allowed many organizations that would not be able to afford the training otherwise to access the training and thus implement the CSE-IT. Thus, the CSE-IT was able to expand its reach within the county. One of the Steering Committee members who worked in healthcare emphasized that her agency had been trained in the CSE-IT in previous years, but at times had been unable to train staff to use the CSE-IT because of the training cost.

Direct Client Services

The pilot sites collected data on the duration and types of services provided to clients using OVC's TIMS client service provision form (for more information about the TIMS data collection forms, see Appendix A). The TIMS forms allowed for a uniform data collection process across the pilot sites as well as obtaining unduplicated counts of clients served by each pilot site. SDYS began providing direct services to clients in November 2019, WCC in April 2020, and MISSEY in June 2020. In total, the pilot sites served 100 clients throughout the grant period (SDYS = 15, WCC = 39, and MISSEY = 46; Exhibit 2). Detailed information on the services each pilot site provided are in each pilot site's section.

Exhibit 2. Total Number of Clients Served by Pilot Sites



San Diego Youth Services

At the beginning of the pilot program, SDYS recruited staff for two new positions: Permanency Navigator and a Connections Coach. The staff were hired in the first few months of the pilot and served as the primary providers of direct services to clients, with 100% of their time dedicated to the pilot program. The new staff were supervised by the Program Manager. The Program Manager had worked with SDYS for seven years and transition-age youths for ten years. The Permanency Navigator and Connections Coach partnered and worked with NSITA youths to provide housing navigation and develop goals, employment readiness skills, social-emotional skills, and a level of independence. They also functioned as safe people NSITA youths can turn to. While each client was assigned to a primary case manager, the staff worked collaboratively to serve client needs. The Connections Coach is a Master's degree level staff member with six years of experience in case management. The Coach assessed incoming NSITA youths for eligibility and planned for services with enrolled clients. The Coach provided a therapeutic component, reflected and processed with the NSITA youths some of their higher-level needs, and provided crisis intervention and emotional support. The Permanency Navigator focused on more task-oriented goals around housing and employment, such as building resumes, looking for jobs, and walking through the process for finding and applying for housing. Bachelor's degree level social work students also assisted with enrollment and case management during several months of the pilot period. At the end of the pilot period, SDYS transitioned the Connections Coach and Permanency Navigator to other programs within the agency, where they will continue to serve clients from the pilot program.

TIMS Data

Throughout the grant period, SDYS provided a total of 180 hours of direct services to 15 clients, with a majority of hours focused on ongoing case management (110.75 hours or 62 percent) followed by emotional/moral support (40.75 hours or 23 percent). Other time-based services provided included protection/safety planning, housing/shelter advocacy, client intake and orientation, crisis intervention or 24-hour hotline, social service advocacy/explanation of benefits, criminal justice system-based victim advocacy, employment assistance, and family reunification (Exhibit 3).

Exhibit 3. SDYS Time-Based Services and Number of Clients Served

Service	Number of Clients	Total Hours
Ongoing Case Management	13	110.75
Emotional/Moral Support	11	40.75

Protection/Safety Planning	7	7.00
Housing/Shelter Advocacy	9	6.50
Client Intake	10	5.00
Crisis Intervention or 24-Hour Hotline	≤ 5 [†]	4.00
Client Orientation	8	2.75
Social Service Advocacy/Explanation of Benefits	≤ 5 [†]	1.75
Criminal Justice System-based Victim Advocacy	≤ 5 [†]	1.00
Employment Assistance	≤ 5 [†]	0.25
Family Reunification	≤ 5 [†]	0.25
Total	15	180.00

[†] Client confidentiality was protected by redacting the number of clients served when cell sizes were 5 or lower.

For incident-based services, SDYS provided 37 incidents of transportation support to seven clients (e.g., provision of bus passes or tokens, payment of taxi fare, personal transportation by case managers for clients to attend interviews or appointments). SDYS provided 12 instances of mental health and treatment to six clients (e.g., referrals or appointments for individual therapy and in-patient or out-patient psychiatric evaluation; accompaniment to counseling appointment, psychiatric care, or support group; payment for prescriptions or assistance with filling prescriptions; payment for bill related to mental health treatment). Further, SDYS provided 10 incidents of housing/rental assistance to seven clients (e.g., payment for a client's rent, shelter stay, hotel/motel stay, or portion thereof; direct housing/shelter assistance). SDYS also provided clients incident-based services related to education (e.g., payment for or provision of public education, personal health classes, driving classes, assistance with enrolling in GED programs) or other services (e.g., check exchange, independent living skills, gas gift cards; Exhibit 4).

Exhibit 4. SDYS Incident-Based Services and Number of Clients Served

Service	Number of Clients	Number of Incidents
Transportation	7	37
Mental Health Service	6	12
Housing/Rental Assistance	7	10
Other incident services provision	≤ 5 [†]	6
Education	≤ 5 [†]	4

[†] Client confidentiality was protected by redacting the number of clients served when cell sizes were 5 or lower. Other incident services provision included check exchange, independent living skills, and gas gift cards.

Finally, SDYS provided a total of \$8,486.00 in financial assistance to six clients and 24 units of personal items to approximately five clients. The financial assistance and personal items included clothing items, food and groceries, grocery gift cards, hygiene items, household items to assist with clients' move-in, work uniform items, and a gas gift card to support travel for family reunification.

CSE-IT Screening

Staff received introductory and/or refresher trainings on using the CSE-IT to determine eligibility for the pilot program. Potential clients were assessed on eight indicators of trafficking (e.g., coercion and exploitation) with scores indicating no concern, possible concern, and clear concern. A total score was calculated for each individual based on their indicator scores. Individuals with total scores indicating possible or clear concern were considered eligible for the program. Clients interested in ongoing services completed intake forms upon enrollment in the program. SDYS staff completed the CSE-IT for 36 NSITA youths. The vast majority (94.5 percent) of the NSITA youths screened were eligible for the pilot program, with almost two thirds of NSITA youths (63.9 percent) demonstrating clear concern (Exhibit 5). Fewer than half of eligible NSITA youths (41.7 percent) chose to participate in ongoing client services (Exhibit 6).

Exhibit 5. CSE-IT Indicator Scores of Screened NSITA Youths (n=36)

Indicator	No Concern	Possible Concern	Clear Concern
Housing and Caregiving	13.9%	13.9%	72.2%
Prior Abuse or Trauma	16.7%	16.7%	66.7%
Physical Health and Appearance	33.3%	27.8%	38.9%
Environment and Exposure	33.3%	13.9%	52.8%
Relationships and Personal Belongings	33.3%	33.3%	33.3%
Signs of Current Trauma	17.6%	41.2%	41.2%
Coercion	19.4%	38.9%	41.7%
Exploitation	52.8%	8.3%	38.9%
Total Score	5.6%	30.6%	63.9%

Exhibit 6. Client Enrollment by Level of Concern

Level of Concern	Number Screened	Number Enrolled
No Concern	2	0 (0.0%)
Possible Concern	11	6 (54.5%)
Clear Concern	23	9 (39.1%)
Total	36	15 (41.7%)

Referrals

SDYS made 16 referrals for 8 clients to external services or to receive additional services within its organization. The majority of referrals were made to provide housing supports for NSITA youths experiencing or at risk of homelessness (50 percent) and to address NSITA youths' mental health needs (44 percent). One referral was for legal services for homeless court.

An Example of San Diego Youth Services Direct Client Services

"Nicole" was a 20-year-old cisgender female referred to SDYS's TAY Academy for housing supports by another CBO. 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 the client's 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.

WestCoast Children's Clinic

The focus of WCC's pilot project was more on developing and establishing the MDT, and less so on providing direct services. However, WCC did provide some direct services. Specifically, WCC provided short-term direct client services through their Transition Age Youth Services Department, which includes specialized programs for transition-age youths, including Foster Youth Development Program, Youth Advocate Program, and C-Change. For WCC, the direct services primarily focused on developing rapport quickly and providing a warm hand off to longer-term services.

TIMS Data

Throughout the grant period, WCC provided a total of 161.75 hours of direct services to 39 clients, with a majority of hours focused on ongoing case management (94.25 hours or 58 percent), followed by housing/shelter advocacy (15.75 hours or 10 percent), client intake (15.00 hours or 9 percent), and client orientation (10.67 hours or 7 percent). Other time-based services provided included social service advocacy/explanation of benefits, employment assistance, emotional/moral support, protection/safety planning, criminal justice system-based victim advocacy, and crisis intervention or 24-hour hotline (Exhibit 7).

Exhibit 7. WCC Time-Based Services and Number of Clients Served

Service	Number of Clients	Total Hours
Ongoing Case Management	25	94.25
Housing/Shelter Advocacy	10	15.75
Client Intake	24	15.00
Client Orientation	15	10.67
Social Service Advocacy/Explanation of Benefits	8	8.00
Employment Assistance	7	7.75
Emotional/Moral Support	6	5.75
Protection/Safety Planning	≤ 5 [†]	2.33
Criminal Justice System-based Victim Advocacy	≤ 5 [†]	2.00
Crisis Intervention or 24-Hour Hotline	≤ 5 [†]	0.25
Total	39	161.75

[†] Client confidentiality was protected by redacting the number of clients served when cell sizes were 5 or lower.

For incident-based services, WCC provided 84 incidents of housing/rental assistance to 15 clients (e.g., payment for a client's rent, shelter stay, hotel/motel stay, or portion thereof; direct housing/shelter assistance). WCC provided 64 instances of mental health and treatment to 17 clients (e.g., referrals or appointments for individual therapy; in-patient or out-patient psychiatric evaluation; accompaniment to counseling appointment, psychiatric care, or support group; payment for prescriptions or assistance with filling prescriptions; payment for bill related to mental health treatment). WCC also provided 37 incidents of education support to 13 clients (e.g., payment for or provision of public education, ESL classes, personal health classes, driving classes, assistance with enrolling in GED program). WCC provided 29 incidents of medical care (e.g., referrals or appointments made on the client's behalf for initial medical evaluation or follow up care with a clinic, general physician, or specialist; accompaniment to medical

appointment; payment for prescriptions or assistance with filling medical prescriptions; payment for medical bill). WCC also provided incident-based services related to other services (included basic needs, coordinating services, forms completion, support network, and general support), transportation (e.g., provision of bus passes or tokens, payment of taxi fare, case managers provided transportation for a client to attend interviews or appointments), dental care (e.g., referrals or making appointments with dental providers on behalf of a client, accompaniment to a dental appointment), and child care (e.g., use of grant funds to pay for babysitting services during a client’s counseling appointment; Exhibit 8).

Exhibit 8. WCC Incident-Based Services and Number of Clients Served

Service	Number of Clients	Number of Incidents
Housing/Rental Assistance	15	84
Mental Health Service	17	64
Education	13	37
Medical (Emergency/Long-Term)	7	29
Other Incident Services Provision	7	16
Transportation	≤ 5 [†]	8
Dental (Emergency/Long-Term)	≤ 5 [†]	4
Child Care	≤ 5 [†]	2

[†] Client confidentiality was protected by redacting the number of clients served when cell sizes were 5 or lower. Other incident services provision included basic needs, coordinating services, forms completion, support network, and general support.

MISSEY

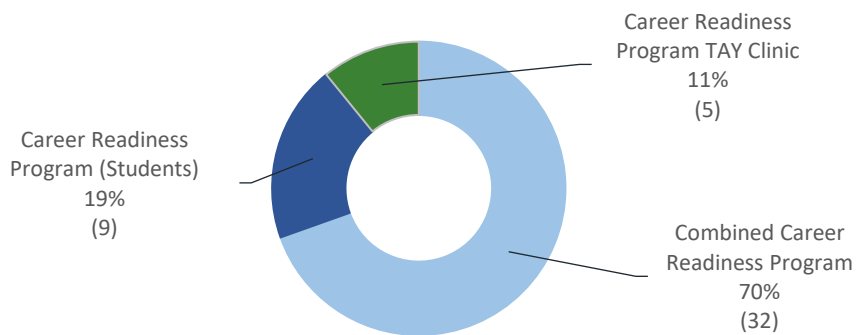
Throughout the grant period, MISSEY implemented five cohorts of the Career Readiness Program and served a total of 46 clients. The first two cohorts included both high school students and older transition-age youths who were not enrolled at the partner high school (“Combined Career Readiness Program” in Exhibit 9). The Combined Career Readiness Program was administered virtually during school hours and was hosted using the high school’s Zoom

link. Starting in Cohort 3, MISSEY created two separate but parallel programs — one program for high school students only and another program for older transition-age youths — to better accommodate the older transition-age youths’ work schedules that conflicted with the high school’s schedule.

TIMS Data

Overall, 70 percent of clients participated in Combined Career Readiness Program, 19 percent in the Career Readiness Program for high school students, and the remaining 11 percent in the Career Readiness Program TAY Clinic.

Exhibit 9. Career Readiness Program Participation



Percentages may not sum to 100 percent due to rounding.

MISSEY provided a total of 344 hours of Career Readiness Workshops to the 46 clients (an average of 7.48 hours of Career Readiness Workshops per client). The workshops covered topics and activities such as the difference between hard and soft skills and their importance in the workplace, workplace etiquette, the benefits and drawbacks of code switching, the difference between a job and a career, cover letter and resume writing, mock interviews, informational interviews, career panels, goal setting for life and career goals, and creating a career vision board.

Career Readiness Program

MISSEY’s Career Readiness Program engaged NSITA youths in their career aspirations through activities and workshops and developed their technical and soft skills to build career goals, apply for employment, and maintain long-term employment. The program included a workshop-based curriculum that was administered to NSITA youths in one-hour sessions twice a week for four to six weeks. NSITA youths participated in informational interviews and mock interviews, wrote cover letters and resumes, and engaged in career panels. NSITA youths also participated in workshops to learn about social and emotional skills related to navigating the

workspace, such as potential triggers, conflict and anger management, and confidence. MISSEY hired a Career Readiness Specialist to help develop the program curriculum and administer the program. There were two program groups depending on the age of the NSITA youths: The Career Readiness Program for students and the TAY Clinic. MISSEY ran the Career Readiness Program for students informally with a local high school, which was located near an active sex work area. This partner high school issued laptops to youths and built the Career Readiness Program into the school's structure with the help of their school social worker. MISSEY administered the program to a class of students at a time. MISSEY developed the TAY Clinic to serve transition-age youths who were not enrolled in high school. The curriculum was the same for both program groups. The program began implementation during the pandemic. All program sessions were administered virtually.

The following sections discuss the Career Readiness Program staff and roles, the focus and development of the program, and finally the Thrive Internship Program, which was a critical piece of the Career Readiness Program.

Career Readiness Program Staff and Roles

MISSEY used grant funding to hire the Career Readiness Specialist to lead the Career Readiness Program. The Career Readiness Specialist developed the program curriculum, facilitated the program sessions, and built partnerships with local employers and education providers. For the Career Readiness Program, MISSEY focused on building partnerships with local businesses that hired individuals from the community. The Career Readiness Specialist engaged these businesses and had conversations about the issue of CSEC in the community and what would it take for employers to hire the NSITA youths participating in the Career Readiness Program. The Career Readiness Specialist also connected with local colleges and other higher education institutions to ensure that there were educational pathways available to NSITA youths. The Career Readiness Specialist also was a member of the Service Coordination Team in order to provide those clients supports and linkages to the Career Readiness Program if they needed career readiness support. Other Career Readiness Program staff included MISSEY's Training and Prevention Manager, who provided CSEC training to partners, and MISSEY's drop-in center case managers, who served NSITA youths individually and supported program participation, such as providing access to transportation and child care services.

When implementing the Career Readiness Program, MISSEY emphasized the importance of having a committed and cohesive team, both within the program and the larger agency. MISSEY shared that staff must hold NSITA youths accountable to the programs they chose to participate in. Staff should utilize the same methods around supporting NSITA youths when challenges occur, identifying opportunities to support NSITA youths, and adjusting services to best meet the NSITA youths at their capacity. In an interview, MISSEY shared that, "It is important for an agency to have one voice in different languages... different ways of saying the same thing." MISSEY also emphasized the importance of program staff having a strong understanding and professional background in working with transition-age youths who have experienced trauma and the needs associated with trauma.

Focus of the Career Readiness Program

In an interview, MISSEY's Career Readiness Specialist described that her goal for the Career Readiness Program was simply to get participants to think about what it means to be career ready. Additionally, she noted that a personal goal for the program was to have participants engaged and reaching out for personal coaching. For participants who were more career ready, the Career Readiness Specialist's goal was to get them to look and apply for work outside of the places they personally frequent. Through the program's workshops, participants wrote a resume and cover letter and participated in mock interviews. The workshops also guided participants to think about their ideal career and develop a career map to achieve it. Workshop topics touched on college, apprenticeships, and trade school. The Career Readiness Specialist also provided one-on-one support to NSITA youths who were obtaining employment. For example, the Career Readiness Specialist helped an NSITA youth to write a cover letter for a specific job application. The Career Readiness Specialist described that the NSITA youths were inspired by the program's conversations and exercises. She believed that all the workshops were useful to the NSITA youths.

Career Readiness Program Development

MISSEY utilized multiple strategies and engagement tools to develop the Career Readiness Program. First, MISSEY included youth and human trafficking survivor voice. Second, they developed a career mapping tool. They leveraged other key partners to develop programming and services. And finally, they developed a dynamic and innovative curriculum. The following sections discuss each program development aspect.

Youth and survivor voice informed the development and implementation of the Career Readiness Program

MISSEY's development of the Career Readiness Program began with obtaining feedback from youths who already engaged in workshops and services through MISSEY's drop-in center. MISSEY assessed youths' needs by asking youths why they came to MISSEY and what they hoped to gain through MISSEY's services. MISSEY found that for youths who were looking for employment and housing, their conversations usually centered around skills youths have and skills they want to learn. MISSEY also assessed youths' current education level and the education level needed to achieve their career aspirations. MISSEY also spoke with youths who were enrolled in their paid internship program, which engaged youths in career development around leadership and advocacy. The interns provided MISSEY feedback about what they needed in terms of educational tools and career skills to further develop professionally.

MISSEY integrated youth and survivor voice during various stages of program development and implementation. When developing the curriculum, MISSEY asked youths for their thoughts on what career readiness looked like to them and their feedback on tools, activities, and strategies for meeting their needs. MISSEY then applied their feedback to the program. For example, based on youth feedback on the program's career mapping tool, MISSEY made changes to the tool to make it more visual and engaging. MISSEY also obtained youth input to

inform the hiring of the Career Readiness Specialist. MISSEY asked youths what they would like to see in a program leader and facilitator. Youths also attended a portion of the interviews for the Career Readiness Specialist position. After the candidate left the interview, MISSEY invited the youths to share their thoughts. In an interview, MISSEY explained that the inclusion of youth voice in the curriculum development and staff hiring process not only informed the creation of programs that catered to the youths it serves, but it also encouraged youth buy-in and retention. MISSEY's Director of Engagement Programs, who spearheaded the development of program, shared, "There's no way to get buy-in without having them at the table." She highlighted the integration of youth voice as one of the biggest successes of the Career Readiness Program.

MISSEY developed a career mapping tool, a central pillar of the Career Readiness Program

Client feedback about their career readiness needs inspired MISSEY to create a career map template for NSITA youths to use in the program. MISSEY had used mapping in the past for their other services, such as providing clients with safety maps as part of their drop-in services. The career map was a comprehensive tool unique to each NSITA youth and helped identify the skills and resources the NSITA youth already had and what skills they could eventually bring to their careers of choice. The career map also helped identify the NSITA youths' existing networks and supports around their education and career goals. MISSEY emphasized the importance of including visual components in the map. MISSEY's Director of Engagement Programs revealed in an interview that NSITA youths were more engaged with career maps that resembled a vision board compared to maps that were presented in a worksheet format. MISSEY used the career map concept as a central pillar of the Career Readiness Program. NSITA youths developed their own career maps at the beginning of the program, revisited the document throughout the program, and kept the map for continued use after program completion. MISSEY found the career maps successful with the NSITA youths. The NSITA youths showed pride in creating the map and shared updates as they moved through different stages. Career maps were dynamic and changed over time to reflect the NSITA youths' career development.

MISSEY leveraged key partners to develop programming and pipeline services

MISSEY developed the Career Readiness Program in collaboration with key partners in Alameda County that provide career readiness and employment services for NSITA youths. First, MISSEY engaged with existing partners to understand their programs' pipelines to other services related to career readiness. MISSEY then used this information to identify any gaps where the Career Readiness Program could address to better serve NSITA youths. For example, MISSEY worked closely with a local education and employment services organization to learn about their programs and the NSITA youths they serve. MISSEY learned that there was a portion of NSITA youths who connected with the organization for services but were either waitlisted or identified as not yet ready for their services. MISSEY and the organization discussed how the Career Readiness Program could engage this group of NSITA youths and created a pipeline from the Career Readiness Program to the organization's education and employment programming. Upon completion of the Career Readiness Program, the local education and employment organization offered wraparound services to NSITA youths to help

them progress within their career map. This was the first time MISSEY had conversations with partners about career readiness service pipelines.

When describing ideal partners for their Career Readiness Program, MISSEY emphasized the importance of engaging agencies that have a strong background in transition-age youth development and an understanding of what it takes to engage and retain transition-age youths in program services. Organizations should ideally also have background knowledge about, experience with, and investment in CSEC to ensure that NSITA youths are served appropriately. MISSEY understood that many employers do not have a lot of CSEC knowledge and are generally not interested in training. MISSEY offered training on CSEC to employment partners through their Training and Prevention Manager.

MISSEY developed a dynamic and innovative Career Readiness Program curriculum

The curriculum was a central piece of the Career Readiness Program. The Career Readiness Specialist utilized her expertise and knowledge of the existing resources and transition-age youths' developmental stages to inform the curriculum.

- The Career Readiness Specialist used existing resources and her prior professional experiences to build the Career Readiness Program curriculum. The Career Readiness Specialist began the curriculum development process by researching existing career readiness programs in the state that targeted high school-age and transition-age youths as formative guidance. The Career Readiness Specialist also had prior experience working with MISSEY's clients in a group setting. She used her previous experience working with transition-age youths and transition-age youths who experienced trauma to customize the curriculum to ensure it was relevant and trauma informed. The Career Readiness Specialist also previously taught at a community college, which gave her the experience needed for developing and implementing the Career Readiness Program curriculum for older NSITA youths with limited resources. The Career Readiness Specialist presented the developed curriculum to MISSEY leadership and, upon approval, worked with partners to enroll participants.
- When developing the curriculum, the Career Readiness Specialist considered NSITA youths' emotional barriers, developmental stages, and limited access to resources. In an interview, the Career Readiness Specialist emphasized that NSITA youths who are coming out of the life experience a lot of emotional barriers and accessibility needs. Many NSITA youths did not have access to a laptop. When developing the curriculum, the Career Readiness Specialist had to consider what NSITA youths were capable of, based on their emotional and developmental stages. The developmental stages of the NSITA youths varied; the Career Readiness Specialist revealed that while some NSITA youths were able to show up and fully participate, some did not have the same capacity and were inexperienced. Thus, she developed the curriculum to be more inclusive and flexible for emotional and functional abilities. The curriculum's language had to be easily understood by the NSITA youths, while also preparing them to be work-ready. The Career Readiness Specialist also ensured activities were interactive to account for variations in attention spans and to keep the NSITA youths engaged and interested.

- **Social and emotional learning was a crucial component for the Career Readiness Program.** The Career Readiness Program included workshops that focused on hard and soft skills related to career readiness. In an interview, the Career Readiness Specialist revealed that participants' highest needs were related to social and emotional learning and soft skills. She explained that most of the program focused on soft skills because most of the NSITA youths who obtained employment and internships often lost the positions because of their lack of soft skills. The Career Readiness Program activities stressed the importance of soft skills for employment and taught NSITA youths which soft skills employers were looking for. The Career Readiness Specialist recognized the need to spend more time on social and emotional learning in the workplace and planned to include more social and emotional components in the program curriculum. The social and emotional curriculum pieces would focus on navigating the workspace, employment retention, triggers, managing emotions at work, and self-confidence. Other topics would also include discrimination, diversity, and other challenges NSITA youths may face in work environments.
- **The Career Readiness Program included 30-day aftercare services for NSITA youths who completed the program.** Aftercare services involved post-program completion check-ins with the Career Readiness Specialist. During the 30-day aftercare period, the Career Readiness Specialist checked in 1-4 times with the NSITA youths to make sure they were on track with their individualized career plans that they developed in the Career Readiness Program, such as providing additional support for applying to new positions. MISSEY also partnered with a local community center to develop tools for vetting employers to ensure that the employers NSITA youths were applying to were safe for them.

Non-systems-involved transition-age youths' engagement

To bring NSITA youths to the program, MISSEY advertised the Career Readiness Program to their partners. Most referrals came from MISSEY's case managers, MISSEY's partners, and word of mouth. For the high school age group, MISSEY worked closely with the school's social worker to enroll NSITA youths into the program. MISSEY found it easier to enroll NSITA youths in the program using the school social worker and experienced more challenges enrolling NSITA youths outside of a school setting. For instance, the school social worker already had a relationship with the school and students, the Career Readiness Program was integrated into the students' school schedules, and students received school credit for attending the Career Readiness Program.

MISSEY assessed NSITA youth engagement using attendance and achievement of career map milestones. As mentioned previously, NSITA youths' career maps were unique to their individual career aspirations and were likely to change over time. MISSEY noted it was important that they accepted changes and provided resources the NSITA youths needed so they felt empowered to continue their path. MISSEY also assessed NSITA youth engagement from their participation in career readiness workshops, such as completing a mock interview or asking a question to an employer during the career panel. MISSEY suggested that small cohorts (about 10-12 NSITA youths) better fostered engagement; it was easier to cater the

curriculum to NSITA youths' interests and, in small groups, NSITA youths felt more comfortable to take risks and engage in program curriculum. MISSEY included material and monetary incentives to support NSITA youth engagement in the program. MISSEY provided NSITA youths clothing for interviews as well as a \$180 stipend for completing the program. In an interview, the Career Readiness Specialist emphasized the importance of competitive incentives for enrollment and retention. She explained that incentives were a point of interest for both NSITA youths and referring organizations and could be the critical determining factor for an NSITA youth's attendance. Her ideal incentive system would include access to laptops, referral incentives, incentives for completing half of the program, a higher monetary incentive for completing the whole program, and a paid internship after program completion. The Career Readiness Specialist explained that higher and frequent incentives communicate to NSITA youths that their time is valued. Incentives also alleviate the difficult choice NSITA youths often face: attend the program or work a job to earn a wage.

Thrive Internship Program

As part of the pilot program, MISSEY supported two interns through their Thrive Internship Program. The Thrive Internship Program provided the opportunity for two young people who completed the Career Readiness Program to engage in the organization and develop their professional skills. The internship lasted one year, March 2020 through March 2021. Over the course of the year, MISSEY rotated the interns through various programs and departments within the organization. MISSEY planned for the Thrive interns to experience a different MISSEY department each quarter: Leadership & Advocacy, Drop-in Center Facilitation, Drop-in Center Events, and Training & Prevention. Interns worked at MISSEY full time and were paid \$21 per hour.

Interns were predominantly involved in outreach, including outreach targeting NSITA youths, street outreach to MISSEY alumni, and general outreach. Interns conducted outreach to NSITA youths primarily through social media. The interns also facilitated workshops with high school youths and contributed to MISSEY's advocacy efforts. MISSEY's Director of Engagement Programs supported the two Thrive interns until October 2020. In late October, MISSEY's Career Readiness Specialist stepped in to support the interns for the remainder of the internship.

Thrive interns were former MISSEY clients interested in pursuing a career in nonprofit work

The Thrive interns were 21 and 27 years old. In an interview, one of the interns³ reported she had been a client with MISSEY for 6-7 years, beginning at age 13. She heard about the Thrive internship from MISSEY's Executive Director, who contacted her parent directly to share the opportunity. The intern was interested in the position because of her personal and professional dedication to MISSEY and nonprofit work. When she was a client, she wanted to learn more about how she could work for MISSEY or other nonprofits, including any age and education requirements. She was interested in the field of work and hoped the internship opportunity would provide some direction to start her career. She emphasized, "This is a career, not a job,

³ Of the two Thrive interns, only one agreed to participate in an interview with WestEd.

for me.” During her internship at MISSEY, she also worked for another survivor services organization as a youth residential counselor. At the end of the internship, she planned to attend school in the fall to pursue a career as a therapist.

“This is a career, not a job, for me.” – Thrive intern

Thrive interns’ roles and responsibilities included outreach, group facilitation, and advocacy

One intern was assigned to support the Career Readiness Program, conducting outreach and facilitating groups. The other intern was assigned to conduct general outreach for MISSEY, which also included outreach for the Career Readiness Program. As mentioned above, the interns rotated quarterly through different departments. At the start of the internship, the interns were assigned to MISSEY’s Leadership & Advocacy department. Their work within the Leadership & Advocacy department focused on conducting outreach to engage survivors in programming and contributing to MISSEY’s advocacy efforts. The interns hosted an Instagram Live session every Friday, March through September 2020. The Instagram Live session topics included coercion vs. consent, psychological abuse, co-dependency, and boundaries. The Instagram Live targeted females of all ages. One of the interns noted that their Instagram Live sessions were successful in that they consistently had viewers who were also engaged in the live discussion, providing feedback in the Instagram Live comments. She noted that this was her favorite activity of the internship. The interns also contributed to MISSEY’s advocacy efforts, specifically on the Department of Violence Prevention’s spending plan for 2021. The other intern also assisted in MISSEY’s other advocacy efforts, which included storytelling to city officials and contributing to campaign organizing.

The interns also supported MISSEY’s Drop-in Center Facilitation department. MISSEY’s goal for this experience was for the interns to sharpen their facilitation skills and run workshops for youths. MISSEY’s social worker connected one of the interns to the local high school where MISSEY implemented the Career Readiness Program to conduct a 3-part workshop discussing “reality vs. fantasy.” The workshop was first vetted by staff at the high school. Teachers and administration staff watched a demonstration and organized a group of students that they thought would benefit from the workshop series. The intern administered the workshop in late November and early December 2020.

MISSEY provided Thrive interns with training

MISSEY’s Thrive interns participated in various trainings, such as CSEC 101 training, MISSEY training about therapy and licensing and A Better Way⁴ training. In an interview, one intern

⁴ A Better Way is a comprehensive foster and adoption services agency, providing adoption, community training, parent advocacy, and behavioral health services to children and families at risk or involved with the foster care system. A Better Way provides community training topics including: (1) strengthening families, parent education, and family relationships; (2) mental health, trauma, and special needs; (3) staff development and support; and (4) caregiver tools and resources.

shared that the trainings were very educational. She learned about CSEC, pronouns, how to work with youths with trauma, group facilitation skills, and how to deescalate situations. The trainings aligned with her professional goals of becoming a therapist. She was interested in shifting from being a client to becoming a mental health professional that works with various types of clients such as those undergoing through trauma, transgender people, etc.

Client Outcomes

Various outcome measures were used for each of the pilot programs due to the inherent differences in their programming. WCC provided short-term service linkages and referrals, whereas SDYS provided long-term case management services with a focus on housing needs. MISSEY's pilot program focused specifically on career readiness supports, and their services were delivered to cohorts of NSITA youths in a 6-week workshop format. As such, the evaluation employed four sources of outcome data for NSITA youths who participated in the pilot programs: 1) TIMS data for demographic information, 2) two separate surveys created by WestEd that SDYS and MISSEY administered to their clients, 3) SDYS goal data collected in the SDYS data collection system to track NSITA youths' individualized goals and progress towards goal attainment, and 4) TIMS housing data to capture changes in SDYS clients' housing statuses. The evaluation also originally planned to examine a client satisfaction survey that WCC administers to all of their clients (not just the pilot program clients). However, the WCC client satisfaction survey did not yield any responses (see the *Data Collection Challenges* section for more detail). We describe the results for each of the four outcomes below.

Client Demographics

Information on client demographic characteristics and reasons for case closure were obtained from the TIMS client intake and case closure forms. As noted in the *Direct Client Services* section, the pilot sites served a total of 100 clients throughout the grant period.⁵ Across the three pilot sites, almost all clients (approximately 88 percent) were female (Exhibit 10).

⁵ There were eight additional NSITA youths who underwent the intake process but did not return for services after the initial intake. Thus, 7 percent of NSITA youths (8 of 108) did not engage in the pilot program's services.

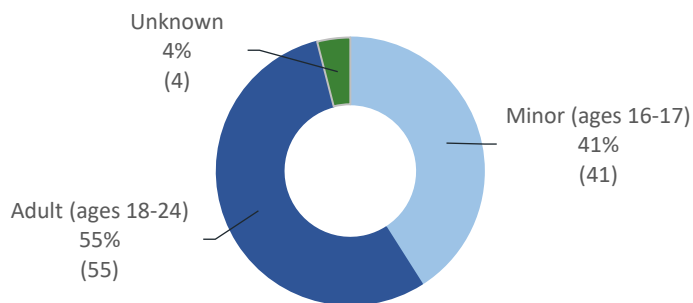
Exhibit 10. Client Gender



[†] Client confidentiality was protected by rounding cell sizes to at least 5, and subsequently rounding another category down to ensure that readers cannot mathematically deduce the number of clients in the small group(s).

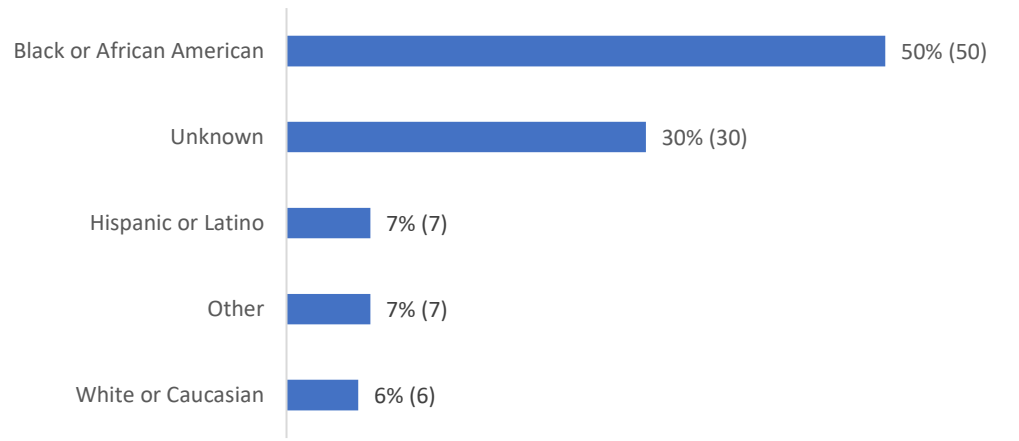
Across the pilot sites, 55 percent of clients were adults (ages 18-24) at intake, 41 percent were minors (ages 16-17), and 4 percent were missing age information (Exhibit 11).

Exhibit 11. Client Age



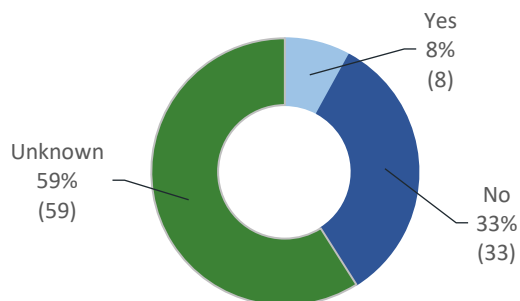
Half of the clients (50 percent) served by the pilot sites were Black or African American, followed by Hispanic or Latino (7 percent), Other race/ethnicity (7 percent), and White or Caucasian (6 percent). Note that almost one-third of clients (30 percent) were missing race/ethnicity information (Exhibit 12).

Exhibit 12. Client Race/Ethnicity



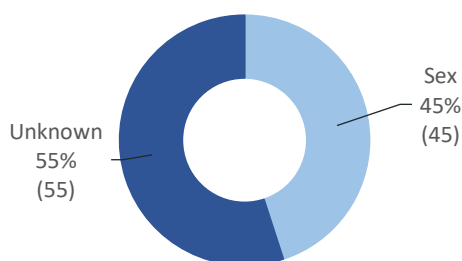
Less than half of clients provided information on their sexual orientation. However, of the 41 clients who provided information, 80 percent (n = 33) of respondents did not identify as lesbian, gay, bisexual, or queer/questioning (LGBQ) whereas 20 percent of clients identified as LGBQ. Exhibit 13 shows the responses for all clients, including those who did not provide information.

Exhibit 13. Whether Clients Identified as LGBQ



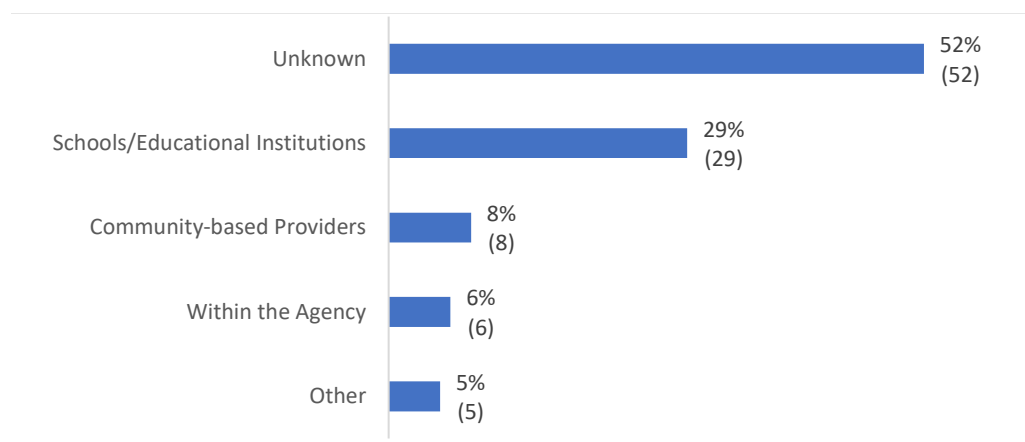
Almost half of the clients (45 percent) were victims of sex trafficking. For the other half of clients (55 percent), service providers believed that the clients were or might be trafficking victims ("Unknown" in Exhibit 14). No clients reported being victims of labor trafficking.

Exhibit 14. Primary Type of Trafficking



Approximately half of the clients had information on how they were referred to the pilot programs. Of the 48 clients who had referral information, schools/educational institutions were the most frequent referral source for clients (60 percent; n = 29). Additional sources of client referrals included community-based providers (17 percent; n = 8), other programs within the same agency as the pilot programs (13 percent; n = 6), and other sources (self/word of mouth and housing/shelter agencies; 10 percent; n = 5). Exhibit 15 shows the responses for all clients, including those who did not provide information.

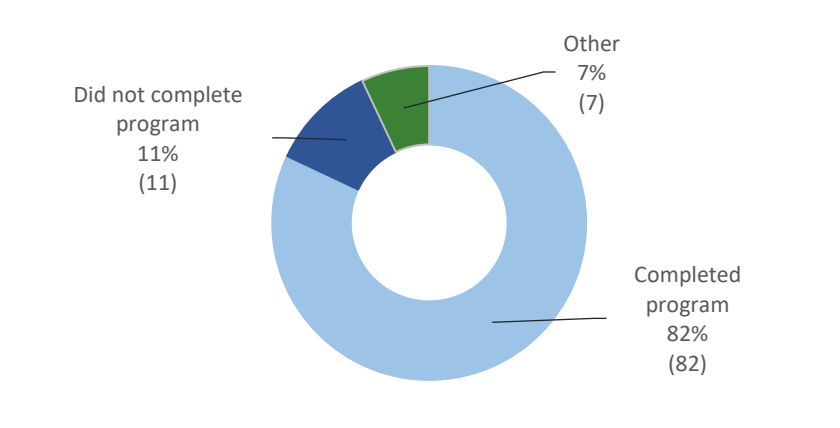
Exhibit 15. Sources of Client Referrals to Pilot Program's Services



Other referral sources include self/word of mouth and housing/shelter agencies.

Of the 100 clients served throughout the grant period, the majority of clients (82 percent) completed the program, 11 percent did not complete the program, and the remaining 7 percent had their cases closed for other reasons (eligible for another grant, client aged out of the program, and client moved out of service jurisdiction; Exhibit 16).

Exhibit 16. Case Closure Reasons



Case closure reasons include client eligible for another grant, client aged out of the program, and client moved out of service jurisdiction.

Client Survey Data

SDYS aimed to administer a baseline and follow-up survey to clients participating in the pilot program. The survey included the following research-validated scales: Patient-Reported Outcomes Measurement Information System (PROMIS), General Self-Efficacy Short Form (Salsman et al., 2019), PROMIS Emotional Support Short Form (Cella, et al., 2010), Brief COPE Inventory (Carver, 1997), and the Rosenberg Self-Esteem Scale (Rosenberg, 1989). Although four clients completed the baseline survey and four clients completed the follow-up survey, no clients completed the survey at both baseline and follow-up. Given the small sample size, we do not provide the exact survey results to protect confidentiality; however, we provide the following general summary. At follow-up, all clients demonstrated self-esteem within the normal range (total score above 15; Isomaa, et al., 2013), and average levels of emotional support (T-score between 40 and 60; HealthMeasures, 2020). However, self-efficacy scores ranged from very low to high (T-score between 10 and 70; HealthMeasures, 2017). The normative response ranges were research based. Clients most frequently reported using planning as a coping mechanism, followed by self-distraction, active coping, venting, and acceptance. The least frequently used coping mechanisms included behavioral disengagement, religion, humor, denial, and use of emotional support.

Clients participating in MISSEY's Career Readiness Program were asked to complete a survey before and after completing the program, which included some of the survey scales that were also in the SDYS survey. The first Career Readiness Program cohort was asked to complete the PROMIS General Self-Efficacy Short Form, PROMIS Emotional Support Short Form, the Rosenberg Self-Esteem Scale, as well as questions about knowledge of job skills (from MISSEY's extant survey) and satisfaction with the program (modified items from WCC's client satisfaction survey). Due to low response rates and concerns about relevancy to the program, MISSEY removed the two PROMIS forms and Rosenberg Self-Esteem Scale from the survey for cohorts two, three, four, and five. Following the second cohort, MISSEY included additional

survey items related to career choice uncertainty (subset of scale items from the My Vocational Situation [MVS] scale; Holland et al., 1980), uncertainty of strengths and weaknesses (subset of items from MVS scale), and leadership (subset of items from the Leadership Skills Inventory; Rutherford et al., 2002).

Results from the first cohort showed that NSITA youths had levels of self-esteem and self-efficacy in the normal range as well as average to above average levels of emotional support. Overall, survey results at follow-up demonstrated that while the NSITA youths were generally satisfied with the Career Readiness Program and have knowledge of skills necessary for applying for a job, they were less confident about their prospects of finding a job that was right for them. The NSITA youths expressed the need to figure out what kind of career they should follow, but often lacked clarity about which occupations to pursue. Almost all agreed that the jobs they can do may not pay enough to live the kind of life they want.

Survey items related to leaderships, knowledge of job skills, and satisfaction with services were rated on a 5-point Likert scale (1=Strongly Disagree; 5=Strongly Agree). In general, clients “agreed” that they were satisfied with services and staff (M=3.93; Exhibit 17). Example items include “Staff spoke with me in a way that I understood,” “I got as much help as I needed,” and “The panel discussion was useful to me.” Clients also “agreed” that they had knowledge of various job skills (M=3.85). Example items include “I understand how to prepare for an interview,” “I understand the different steps necessary to develop a career,” and “I know what a cover letter is and what its purpose is.” Clients also “agreed” that they have leadership skills (M=3.67). Example items include “I can lead a discussion,” “I feel responsible for my actions,” and “I consider all choices before making a decision.”

Exhibit 17. MISSEY Follow-up Survey Responses by Category (n=26)

Category	Mean	Std. Dev.
Satisfaction with services	3.93	0.78
Knowledge of job skills	3.85	0.76
Leadership	3.67	0.86

Survey items were administered to Cohorts 1 through 5.

Survey items related to career choice uncertainty (1=True, False=0 or 1=Yes; 0=No) and uncertainty of personal strengths and weaknesses (1=Yes; 0=No) were rated on a dichotomous scale, with “true” or “yes” responses indicating more uncertainty of their career choice or personal strengths and weaknesses. On average, clients agreed with approximately half (56

percent) of the items assessing career choice uncertainty (Exhibit 18). Example items include “I am not sure that my present occupational choice of job is right for me,” “The jobs I can do may not pay enough to live the kind of life I want,” and “I am uncertain about which occupation I would enjoy.” Clients also agreed with approximately half (52 percent) of the items assessing strengths and weaknesses, indicating uncertainty about their personal strengths and weaknesses ($M=0.52$). Example items include, “My estimates of my abilities and talents vary a lot from year to year,” “I don’t know what my major strengths and weaknesses are,” and “I am uncertain about the occupations I could perform well.”

Exhibit 18. MISSEY Follow-up Survey Responses by Category (n=11)

Category	% Agree
Career choice uncertainty	56%
Uncertainty of strengths and weaknesses	52%

Survey items were administered to Cohorts 3, 4, and 5. Table results indicate the percentage of respondents that agreed with the items.

Goals

SDYS encouraged clients to develop individualized goals. Clients’ goals were related to life or transition domains that would enable them to increase their self-sufficiency and independence. SDYS staff provided guidance and strategies for NSITA youths to accomplish their goals, while still empowering clients to make their own decisions. Fourteen clients created at least one goal; seven clients developed two or more goals (Exhibit 19). More specifically, NSITA youths aimed to obtain or maintain stable housing, enroll in or complete high school or college, and had other goals (included obtaining employment or receive employment certifications, enrolling in therapy, substance cessation, and developing an art therapy curriculum). Of these 14 clients who developed goals, over a third of them (43 percent) completed at least one goal. Six clients completed at least one goal and three additional clients made progress toward at least one goal but did not complete them by the end of the grant.

Exhibit 19. Number of Clients by Goal Type

Type of Goal	Clients who Developed a Goal	Clients who Completed at Least One Goal
Housing	11	5 (45%)
Education	5	0 (0%)
Other	8	4 (50%)
Total number of clients	14	6 (43%)

Clients can develop multiple types of goals. Thus, the sum of the number of clients per type of goal is greater than the total number of clients.

The 14 clients developed 29 goals altogether (Exhibit 20). The most common goals were related to housing (12 goals or 41 percent) and employment (7 goals or 24 percent). Clients had the most success with achieving their housing goals. Of the 12 housing goals developed by clients, 6 (50 percent) were completed.

Exhibit 20. Number of Goal Types

Type of Goal	Goals Developed	Goals Completed
Housing	12	6 (50%)
Employment	7	3 (43%)
Education	5	0 (0%)
Other	5	1 (20%)
Total number of goals	29	10 (34%)

Housing

Staff documented changes in clients' housing status throughout enrollment in the pilot program. Clients supported by SDYS were in a range of housing situations. At intake, most clients were in emergency and transitional or permanent housing (Exhibit 21). At case closure, the proportion of clients in emergency and transitional housing decreased, the proportion of clients in permanent housing increased, and the proportion of clients who were experiencing homelessness remained the same compared to intake (Exhibit 21).

Exhibit 21. Client Housing Status at Intake and Closure

Housing Status (n=15)	Intake		Closure	
	n	%	n	%
No shelter/homeless	< 5	< 33%	< 5	< 33%
Emergency and transitional housing	> 5	> 33%	< 5	< 33%
Permanent housing	> 5	> 33%	> 5	> 33%

Client confidentiality was protected by rounding cell sizes to at least 5, and subsequently rounding another category down to ensure that readers cannot mathematically deduce the number of clients in the small group(s).

While the majority of clients did not report any changes to their housing type during their enrollment, several clients experienced multiple changes to their housing status (Exhibit 22). Almost all clients who experienced changes in their housing type were living in transitional or permanent housing at the end of the program, an improvement from their housing status from program enrollment.

Exhibit 22. Changes in Client Housing Type

Change in Housing Type (n=15)*	#
No reported change	> 7
Became homeless	< 5
Moved into emergency or transitional housing	> 5
Moved into permanent housing	< 5

Client confidentiality was protected by rounding cell sizes to at least 5, and subsequently rounding another category down to ensure that readers cannot mathematically deduce the number of clients in the small group(s).

* The 15 clients experienced multiple changes in housing type over the course of their enrollment, thus the total number of housing changes is greater than the number of clients.

COVID-19 Challenges and Adaptations

The global COVID-19 pandemic started in the middle of pilot program implementation (March 2020). Because of public health orders and restrictions, it was necessary to make adaptations to program implementation to ensure the safety of program and participant health, and to address novel needs that arose because of the pandemic. The following sections describe the challenges and adaptations the pilot sites made to address service delivery during COVID-19. In many instances, COVID-19 had broader challenges for WCC's pilot due to the focus of the WCC pilot. The experience of COVID-19 challenges, or lack of challenges, is not a reflection of quality, but rather a reflection of the types of activities being implemented.

Challenges

Challenges related to virtual and remote services

While stay-at-home orders were in place during the pandemic, SDYS was limited in their capacity to provide services. Face-to-face contact and use of facilities were both reduced due to

safety concerns and guidelines for both clients and staff. In-person case management was transitioned to a by-appointment-only basis. SDYS attempted to maintain contact and services with clients remotely but found that remote access was particularly difficult with the NSITA youth population. Staff lost touch with several of the NSITA youths they were working with as clients frequently changed phone numbers and would have periods without a working phone.

MISSEY administered the Career Readiness Program virtually in response to the pandemic. The Career Readiness Specialist noted challenges associated with implementing a virtual program with NSITA youths and working with partners. With partners, the Career Readiness Specialist experienced challenges working around schedules while everyone was adjusting to using Zoom. NSITA youths also experienced challenges with connecting to and using Zoom. Many NSITA youths did not have regular access to the internet, were learning how to use Zoom, or did not have access to a laptop. In an interview, MISSEY's Career Readiness Specialist shared that older NSITA youths who participated in the Career Readiness Program's TAY Clinic experienced more challenges in obtaining resources to participate in the program. High school students were provided laptops and mobile hotspots for internet access by the local public school. Often, older NSITA youths neither had access to a laptop nor consistent or internet access. The Career Readiness Specialist shared that older NSITA youths who did not have a laptop used their cell phones to participate in the program, but they often had their calls dropped and would miss portions of the program by the time they were able to call back. Using their cell phones with unstable internet connections posed challenges connecting to the program virtually.

Administering a virtual career readiness program presented challenges with engagement. The Career Readiness Specialist highlighted that this demographic is particularly difficult to engage online. The Career Readiness Specialist explained that to maintain engagement, she found herself acting more as an entertainer than an educator. She noted that in this digital age, forms of entertainment are shorter in length than ever before and she had to keep topics and activities short and stimulating to maintain engagement. She found that the NSITA youths were more likely to turn their cameras off and disconnect with the program session because it was virtual.

When developing the Career Readiness Program, MISSEY envisioned that they would take the NSITA youths on field trips to businesses and workplaces related to their career interests. In an interview, MISSEY's Director of Engagement Programs described her plan for the NSITA youths to have the opportunity to explore various work environments and learn more about employment in various fields or industries. For example, NSITA youths would visit restaurants to learn about the different positions in the food service and culinary industry. MISSEY planned for the NSITA youths to interview employees, executive directors, and other individuals in the line of work they were interested in pursuing. MISSEY also wanted to host a career fair to bring employment opportunities to the NSITA youths and to create opportunities for them to experience a fast-paced environment and learn how to make professional first impressions. Unfortunately, due to the pandemic, all Career Readiness Program activities were virtual. MISSEY organized career panels via Zoom but could not organize a career fair for the NSITA youths.

Overcoming challenges with sites experiencing limited resources and capacity

COVID had a deep impact on WCC's vision and plan for outreach to education and healthcare settings for CSE-IT training. Staff at sites experienced significant changes in their everyday work and organizations had limited capacity. When conducting outreach to sites, WCC altered their approach to remain sensitive to the circumstances and impacts of the pandemic. WCC's general presence as a mental health service provider in Alameda County allowed for them to remain in contact with organizations and help in that capacity. They also provided opportunities for agencies to be made aware of the CSE-IT training and that they could engage when it worked for them. For example, WCC has a long-standing relationship with a local youth shelter, but WCC knew that the shelter did not have capacity to engage in screening. WCC instead worked to ensure that staff knew about WCC's programming and referral process. In an interview, WCC highlighted the importance of serving as a source of stability, leading outreach, and constant communication to build relationships with organizations. In conversation with organizations to implement the CSE-IT, WCC prioritized being reliable and attentive. WCC took the lead to provide consistent communication and deep involvement to help organizations determine what their screening process would look like and to make sure the CSE-IT was adapted to fit their workflow.

Adaptations

Changes in Steering Committee meeting modality

Prior to the COVID-19 pandemic, Steering Committee meetings were hosted in person at WCC's facilities and the facilities of a partner organization. Upon California's state-wide shelter-in-place order beginning in March 2020, WCC shifted to conducting meetings virtually, using the video conferencing platform Zoom, until the CDC and shelter-in-place guidelines allow for in-person meetings. WCC's Service Coordination Team also conducted meetings virtually using Zoom.

Changes to the development of the Service Coordination Team to meet non-systems-involved transition-age youths' needs that emerged because of the pandemic

The COVID-19 pandemic had known and anticipated effects on NSITA youths and the organizations that serve them. In response to COVID-19, an additional task for WCC and the Steering Committee was to prepare a temporary model of the Service Coordination Team that was compliant with the Center for Disease Control (CDC) guidelines and prioritized health and safety. California's stay-at-home order prompted the shift from the initially planned team-based model to a more one-on-one model, in which WCC staff served as a hub, working with individual Service Coordination Team members to process referral requests and service coordination. WCC communicated and organized this change with the Steering Committee with the intention of returning to the team-based model, following the end of the shelter-in-place order and changes to CDC guidelines that support in-person group meetings.

WCC and the Steering Committee also planned for the effects of COVID-19 after the shelter-in-place order ended. WCC emphasized the importance of internal planning regarding this matter before engaging with other organizations for service coordination. WCC worked internally and

with the Steering Committee to address what had changed since the shelter-in-place order, how the changes affect their work, and any new needs that developed as a result of COVID-19. Through the COVID-19 pandemic, WCC and the Steering Committee continued with their development of the one-on-one hub model for the Service Coordination Team, providing support to meet NSITA youths' needs, and completing MOUs to prepare for the start of the Service Coordination Team's team-based model.

Changes to the Service Coordination Team's structure

WCC had originally planned to implement the Service Coordination Team using a team-based model; members would share hosting and facilitation responsibility and meet in person to discuss NSITA youths collaboratively. Due to the pandemic, WCC shifted to begin Service Coordination Team implementation using a model where WCC served as the central hub, collecting referrals, hosting all Service Coordination Team meetings, and coordinating linkages after meetings. In April 2020, when the Service Coordination Team began accepting referrals, WCC coordinated services individually with organizations. In August 2020, WCC shifted the Service Coordination Team to more of a team-based model but continued their role in serving as the centralized keeper of referrals and coordinator of service linkages and follow up. Service Coordination Team meetings were biweekly and virtual throughout implementation. Service Coordination Team members reported that the virtual meeting modality facilitated members to attend more meetings and removed barriers related to travel; however, members also noted the prevalence of "Zoom fatigue," due to multiple Zoom meetings in their daily schedules.

Changes to staff roles

Before the pandemic, WCC's TAY Service Specialist envisioned her role would include in-person outreach at transition-age youth shelters, schools, and other locations where NSITA youths would frequent. She had prepared for this role by meeting with directors of shelters and schools to learn how to access NSITA youths. The pandemic forced WCC to think creatively and innovatively to conduct their intake, consultations, and provider presentations virtually or over the phone. The TAY Service Specialist's level of involvement and responsibility increased in response to these pandemic-related changes. The TAY Program Director's role also shifted to help build the Service Coordination Team's virtual capacity. She worked with the TAY Service Specialist to launch and promote their services virtually and obtain provider buy-in.

The shifts related to the pandemic prompted WCC to take on more responsibility around the Service Coordination Team. Before the pandemic, WCC had initially envisioned sharing the workload and responsibility with participating members. They planned that once they established the Service Coordination Team, they would rotate hosting responsibility with each meeting being hosted at a different site in order to maintain a sense of community and collaboration. Because of the pandemic, WCC served as the only host; therefore, they were additionally responsible for member engagement, supporting challenges, improving the linkage process, and mitigating barriers providers and NSITA youths were experiencing. WCC reported that they were nonetheless successful in maintaining Service Coordination Team members' engagement. WCC's TAY Program Director shared that initially she was unsure whether WCC would be able to conduct the Service Coordination Team virtually. She questioned whether it was feasible for the Service Coordination Team members to commit to the project, given the

pandemic-related shifts in their schedules. Although she had anticipated that members would be able to commit to a monthly meeting, members proved they were committed to meeting twice a month. In an interview, the TAY Program Director expressed she was pleasantly surprised with the level of engagement.

Changes in referral sources

Before the pandemic, WCC anticipated education agencies to be the primary referral source for the Service Coordination Team. In preparation, WCC began to engage school-based partners to facilitate these referral pathways. As such, they also anticipated NSITA clients from these referral sources to be mostly age 16-18. Upon school closures due to the pandemic, WCC focused more on medical providers to provide NSITA youth referrals. WCC and three healthcare providers on the Steering Committee conducted outreach to other healthcare agencies to build additional referral streams. The Service Coordination Team connected with federally qualified health centers and primary care clinics that take Medi-Cal, because they are more likely to encounter NSITA youths. WCC reported that the majority of the Service Coordination Team referrals came from healthcare agencies who were represented on the Service Coordination Team; Children's Hospital of Oakland served as the largest referral source, followed by a community-based healthcare clinic and two youth services organizations.

SDYS expected their primary referral sources to be other programs provided by their organization as well as education agencies. Pandemic-related closures of schools and SDYS' drop-in facilities led to fewer referrals than anticipated. Both school personnel and SDYS program staff experienced difficulty connecting with NSITA youths in the virtual environment.

Changes in available resources

Through the work of the Service Coordination Team, WCC learned more about the lack of accessibility to resources for NSITA youths in the context of the pandemic. In an interview, WCC shared that the pandemic had a greater effect on the resources available to older NSITA youths compared to younger NSITA youths, specifically regarding housing, employment, and other basic needs. WCC found that connections and resources that were available to older NSITA youths pre-pandemic were no longer available or no longer being funded. WCC also noticed that during the pandemic, NSITA youths in general were less present within systems that were traditionally serving youths. WCC spoke with other partners and organizations from which they often received referrals and learned that these agencies were serving lower numbers of transition-age youths, too. WCC suggested that because schools and after school centers closed due to the pandemic, many NSITA youths did not have anywhere to go, and providers were not able to track them.

The pandemic also created additional barriers for NSITA youths to access resources, particularly around housing. WCC and the Service Coordination Team found that in general, secure housing was both the highest need and the least available to NSITA youths (see *Lessons Learned* section). Although it was difficult for WCC to assess the extent to which the pandemic had an impact on secure housing opportunities for NSITA youths, the lack of access to resources associated with permanent housing impacted NSITA youths' ability to participate in schooling and employment during the pandemic. For example, day care facilities were crucial supports for

NSITA parents without secure housing. The closure of these daycare facilities created barriers for NSITA parents to obtain and maintain employment. For NSITA youths enrolled in school, limited or lack of internet access and/or a laptop and workspace impacted their ability to participate in school virtually. SDYS also noted that COVID-19 led to many NSITA youths experiencing a loss of employment or reduced working hours. SDYS staff supported NSITA youths with rental assistance and linkages to other supportive programs to help NSITA youths maintain housing while they experienced a loss of income.

During the pandemic, SDYS' facility for operating the pilot program, the drop-in youth center, was closed or operating with reduced hours. Some client services were provided in person; however, the majority of case management was conducted remotely. In order to support basic needs, youths were able to access the facilities at limited times to receive food, take showers, do laundry, and set up case management appointments. The limited accessibility posed a barrier to NSITA youths, particularly those in unstable living situations.

Changes in CSE-IT training modality

Before the pandemic, WCC's CSE-IT live trainings were administered in person. Due to COVID-19, WCC began administering live trainings via Zoom. WCC reported that they received very positive feedback about their virtual trainings. WCC shared that the benefits to virtual trainings included reduction of travel-related barriers, the ability to administer more trainings back-to-back, and increased audience numbers due to higher accessibility, which bolstered new relationships and partnerships. Some disadvantages to virtual CSE-IT training included limited ability to assess participant engagement and understanding of the material. Virtual trainings also limited opportunities to build community among training participants to the extent to which in-person training allowed.

Changes in capacity for CSE-IT training

Due to COVID-19, many planned CSE-IT trainings and implementations were cancelled or postponed for agencies in education and healthcare settings, but especially for education settings. For example, WCC had been in conversation with a community-based clinic for over a year around implementing the CSE-IT at their site. However, due to the pandemic, the clinic had to pivot and prioritized COVID testing and vaccine roll out. Although they expressed interest in implementing the CSE-IT, they were under capacity at that time. WCC received similar messages from school districts and school staff; the focus on the pandemic was not conducive to properly implement the CSE-IT, but they were interested in doing so in the future. WCC was able to administer a CSE-IT training to a local high school's staff as well as a school-based service provider, whose staff serve a large number of youths at various school sites.

Due to school closures and other impacts of the pandemic on schools, WCC was severely limited in their ability to provide CSE-IT training to service providers and professionals in schools. WCC learned that even for schools that could engage in some degree of training, it was difficult to schedule a three-hour training as school based staff's professional development can be scheduled two years in advance. Providers preferred the shorter "Introduction to CSEC" training. Moving forward, WCC is considering breaking up the three-hour training into two

separate days, 1.5 hours each day. In response to schools' limited capacity to engage in CSE-IT training, WCC shifted to targeting healthcare agencies.

Lessons Learned

The Improving Outcomes projects was innovative in that it identified a population of youths who were currently underserved — NSITA youths who are victims or at risk of human trafficking — and sought to create and adapt services to better serve these youths. Inherent in that purpose is the ability to identify NSITA youths, which is difficult because they are non-systems-involved. The successes of the pilot projects to identify and serve NSITA youths who are victims or at risk for human trafficking are noteworthy. The pilot projects were in the formative stages of development, and it was necessary for them to be pliable to needs as they were uncovered. Thus, there were many lessons learned throughout the course of implementation. The following section discusses these lessons and provides them in hopes that future work in this field can be informed by the experiences of the Improving Outcomes pilots. The lessons learned are focused on *Serving NSITA Youths, Staffing, MDT-Related Challenges, CSE-IT Training Challenges, and Data Collection Challenges*.

Serving Non-Systems-Involved Transition-Age Youths Who Are Victims of or At Risk for Human Trafficking

One of the greatest outcomes of the pilots is the knowledge gained by the pilot sites in serving NSITA youths. The lessons learned are related to identifying and enrolling NSITA youths and retaining NSITA youths in services.

Identifying and Enrolling

SDYS anticipated identifying clients primarily through referrals from education agencies and other SDYS programs that provide housing services and supports to NSITA youths at risk of or experiencing human trafficking. During the pilot period, SDYS as an agency experienced turnover and the new SDYS staff were not as aware of the pilot program and its services (see *MDT-Related Challenges* section). While pilot program staff conducted brief program presentations during meetings with other agency staff, awareness of the program remained limited across the agency. The pandemic also limited referrals from education agencies due to school closures (see *COVID-19 Challenges and Adaptations* section).

SDYS also experienced difficulty enrolling NSITA youths who were identified as meeting eligibility requirements. NSITA youths frequently came to the drop-in center to address specific

needs, such as requesting a referral or because they needed immediate crisis management. NSITA youths often were not interested in receiving longer-term services. Further, SDYS noted that some NSITA youths did not receive a warm handoff when they were referred from other providers to the pilot program. This led to NSITA youths feeling that they were simply being passed around to more people whom they did not know or trust. SDYS staff worked to ensure that NSITA youths knew that participating in the program was voluntary and that staff were there to provide support.

Retaining Non–Systems-Involved Transition-Age Youths Who Are Victims of or At Risk for Human Trafficking in Services

To retain NSITA youths in services, the pilot providers used a trauma-informed approach and tried to adapt services to each individual. The pilot providers also found that older NSITA youths were more likely to engage in and accept services compared to younger NSITA youths. Challenges to engaging and retaining NSITA youths in services also included a lack of resources available to older NSITA youths. Finally, the pilot providers found that they must meet NSITA youths' housing needs before providing other services.

Trauma-informed care, adapting to non–systems-involved transition-age youths' needs, and building rapport

SDYS focused on building relationships and developing a strong, positive rapport with each NSITA youth. Staff found that NSITA youths who felt heard, safe, and connected engaged more consistently in the program. SDYS experienced challenges with NSITA youths who did not feel connected with staff and were not ready to set goals. Although staff wanted to immediately offer all of the available resources to NSITA youths, such as providing food and shelter, they had to keep in mind that traffickers build relationships with them in a similar way: by offering to be a provider. SDYS found success in an approach that included trauma-informed care, cultural humility, and acknowledging that each client is an expert on their life. SDYS believed that with this approach, more successful clients were able to build trust and rapport with the staff and were more likely to reach out for help when they were in crisis.

WCC and the Service Coordination Team also found that their ability to serve NSITA youths was limited unless there was trust between the individual and the service provider. For example, WCC and the Service Coordination Team's ability to serve NSITA youths depended on the information the NSITA youths shared with providers, which is then included on the intake form. WCC worked to create linkages to NSITA youths for identified needs but would later learn other information that would have been useful to know prior to being referred. WCC's TAY Service Specialist noted that especially for NSITA youths impacted by commercial sexual exploitation, providers often serve clients based on very limited information if clients do not consent to disclose. WCC and the Service Coordination Team have discussed how to mitigate or work through this ongoing challenge.

Age-based differences in participation

Through the work of the Service Coordination Team, WCC was able to learn about patterns of NSITA youth engagement in services. WCC's TAY Program Director noticed that older NSITA

clients, specifically ages 19 and 20, were more willing or able to accept services compared to their younger NSITA peers. She attributed this finding to differences in their stages of exploitation or differences in stages of openness to receive services. She also noticed a difference in older NSITA youths' engagement and participation compared to clients in other WCC programs. She noted that the older NSITA youths were more willing to do an intake and receive services virtually.

MISSEY's Career Readiness Specialist noted a similar finding among the NSITA youths who were enrolled in the Career Readiness Program's TAY Clinic. She recognized that TAY Clinic participants more often were in a later stage of career readiness and had a higher sense of urgency for obtaining employment compared to the high school students.

As mentioned in the *Direct Client Services* section, the Career Readiness Specialist developed two separate program groups who concurrently completed the Career Readiness Program curriculum—one for high school students only and another for older transition-age youths. The Career Readiness Specialist created these groups to alleviate barriers to participation for older NSITA youths. For one, NSITA youths who were not enrolled in high school could not access the virtual program for the high school students. The Zoom link provided by the local public high school did not allow users outside of their system to enter the virtual meeting room. Second, older NSITA youths were unable to attend programming during school hours because they were likely working during the day. The TAY Clinic structure allowed for older NSITA youths to complete the self-paced program according to their work schedules.

Age-based differences in available resources

WCC shared that overall, NSITA clients, particularly NSITA youths over 18, had less access to resources that addressed basic needs (e.g., housing, employment, and daycare). Furthermore, the lack of resources created a ripple effect; each barrier often created an additional barrier for NSITA youths. For example, lack of housing impacted the ability to obtain employment. Also, some NSITA youths were not able to maintain employment without access to daycare. NSITA youths over 18 were also less likely to have access to resources that younger NSITA youths have through school. The recognition of the scarcity of resources for NSITA youths was an important finding and consideration for many Service Coordination Team members. One Service Coordination Team member noted that it was important to pay attention to barriers because they inform providers what the NSITA youths were often facing alone and how to better support NSITA youths when they connect to their organizations for services.

When the Service Coordination Team worked to pull existing resources for NSITA youths, WCC found that even these existing resources had very limited capacity to serve NSITA youths. WCC shared that although the Service Coordination Team leveraged each other as resources, each respective program was still under-resourced. For example, housing services were often full and shelters' intakes were closed due to the pandemic. Because of the lack of resources, WCC described the Service Coordination Team having only one or two providers per service domain from which they accessed resources and services for NSITA youths.

SDYS also noted that housing options were extremely limited for the pilot program population, particularly minors. While they were able to provide emergency shelter for minors who were

not yet emancipated, there were limited longer-term options. SDYS has used the home-host model for NSITA youths to have a place to stay temporarily. Staff also worked with NSITA youths to rebuild relationships with family or identify other supportive adults in their lives with whom the NSITA youths may be able to double up. In the meantime, pilot program staff would help younger NSITA youths explore potential housing options and prepare applications for when they became eligible at age 18.

WCC also found a particular lack of resources for NSITA youths around education, specifically higher education and vocational programs. Most of their NSITA clients were looking for vocational programs or were actively in college but struggling to access resources to help them succeed in school. WCC consistently searched for resources for financial assistance for tuition, books, and school supplies as well as programs that support youths who have experienced trauma. This was an area for which the Service Coordination Team lacked resources and representation and thus was a challenge during their service coordination work.

Meeting basic needs before other services

WCC's TAY Service Specialist shared that in her experience, nearly every referral they received included housing as an area of need. The limited opportunities and limiting criteria for NSITA youths to obtain secure housing impacted their ability to engage in other services. WCC and the Service Coordination Team emphasized that stabilized housing was the "root of everything else," meaning if an NSITA youth did not have access to secure housing, the Service Coordination Team's capacity to engage that NSITA youth in other resources (e.g., employment, education, etc.) was severely limited. One of the Service Coordination Team members emphasized that it was understandably difficult for NSITA youths to consider other resources when their basic need for housing remained unmet.

Similar to WCC and the Service Coordination Team's learnings about housing being a large underlying challenge, MISSEY's Career Readiness Specialist shared that the lack of housing was a primary issue for NSITA youths, which impacted their ability to participate in the Career Readiness Program and achieve their career aspirations. Without the stability of housing, NSITA youths experienced barriers and challenges that barred them from basic activities required to engage in education and obtain and retain employment. For example, in an interview, the Career Readiness Specialist described a situation where an NSITA youth could not attend an interview because they did not have access to a shower. The Career Readiness Specialist emphasized that it is not feasible for NSITA youths to think about long-term career aspirations when they must immediately focus on their daily survival. The high need for housing prompted MISSEY's Director of Engagement Programs, another MISSEY co-director, and the Training and Prevention Manager to build stronger relationships with shelters and temporary housing. In an interview, MISSEY highlighted the role of partnerships in alleviating barriers, particularly with housing. MISSEY built rapport with partners about specific NSITA youths who were enrolled in the Career Readiness Program to bring awareness and provide support for their basic needs outside of career readiness and employment. MISSEY created a resource guide to address these needs.

When serving NSITA clients with identified housing needs, WCC and the Service Coordination Team worked together to navigate the available supports for NSITA youths. WCC noted that for

housing, NSITA youths were often innovative and came up with resources. NSITA youths leaned on their natural supports in the community and their own skills to meet the need when providers could not. WCC emphasized the importance of effectively communicating to NSITA youths and the referral source the extent to which they can support when it came to housing. They reminded providers and NSITA youths that WCC was not a housing resource, but they may have access to some resources that can support them in short- or long-term. WCC also assured NSITA youths that they were committed to working with them to see the service linkage process through.

Another housing barrier was that some housing opportunities were not available in the home county of the NSITA youths. Although the Service Coordination Team included local housing agencies on the team, where NSITA youths can get emergency housing or longer-term stabilized group housing, resources for independent housing were more likely to be in another county. Although the NSITA youths may qualify to access these independent housing resources, it would require them to relocate. Relocation to a new county presented additional challenges for them, including finding community, employment, and child care. Service Coordination Team members also came across limited housing opportunities for NSITA youths who were pregnant or had children, and many housing resources for them were located outside of Alameda County.

SDYS also noted the importance of housing being nearby to the NSITA youths' support systems. Staff collaborated with community partners and internal SDYS programs to explore available housing options. SDYS shared that safety was a primary concern for NSITA youths at risk or victims of trafficking, particularly those in active crisis. Staff had transparent conversations with NSITA youths to assess their level of safety and comfort with the housing options. Staff would provide a warm handoff to other housing agencies, such as accompanying them to a shelter. With longer-term housing, staff worked with NSITA youths to identify which neighborhoods and locations they felt comfortable living in and where they would have access to transportation and other supports.

Even for NSITA youths who were able to be connected with housing, SDYS emphasized that securing housing was not a fix-all solution, and that many NSITA youths who received housing experienced setbacks. For some NSITA youths, it may be their first experience with stable housing of their own, which although was a positive life change, it was nevertheless a new situation with new responsibilities to adjust to. Staff would discuss the change with the NSITA youth and ensure that they felt validated and comfortable with their housing, by saying, for example, "You have a place and that's weird. What can we do to help you feel comfortable there, to make that space your own?" Staff also worked with NSITA youths on independent living skills, such as budgeting.

Staffing and Personnel Challenges

The pilot sites experienced challenges related to recruiting and retaining staff and delays in training staff.

Challenges Hiring the Career Readiness Specialist

MISSEY had originally planned to hire a new staff member to serve as a full-time Career Readiness Specialist; however, after persistent challenges and delays in bringing on a new hire, MISSEY brought in a MISSEY program facilitator to serve the role of the Career Readiness Specialist in March 2020. This staff member assumed the new role while also maintaining her facilitation roles for other MISSEY programs. MISSEY leadership shared that hiring the full-time Career Readiness Specialist was put on hold due to COVID-19. While MISSEY searched for a candidate for the Career Readiness Specialist hire, MISSEY provided career readiness services to eligible NSITA youths, but the first cohort of the Career Readiness Program did not start until June 2020. MISSEY described this period as challenging due to their limited capacity but noted that they were able to provide a foundation for the Career Readiness Specialist upon hire.

MISSEY Staff Transitions

MISSEY's Director of Engagement Programs left the organization in January 2021. The Career Readiness Specialist assumed her position on the Service Coordination Team and other roles related to the Career Readiness Program. In March 2021, the Career Readiness Specialist also left MISSEY. Starting in April, MISSEY brought in a Drop-in Center facilitator to support the Career Readiness Program. This staff member was supervised by MISSEY's new Deputy Director, who was hired in March 2021. The Drop-in Center facilitator facilitated the final cohort of Career Readiness Program until the end of the pilot period (i.e., for two months).

SDYS delays in staff receiving CSE-IT training

SDYS used the CSE-IT as a screening tool for client eligibility in the pilot program. Staff were required to receive CSE-IT training in order to use the tool. One of the pilot program staff members was trained on the CSE-IT within the first few months of the grant. However, the other primary staff member working with the pilot program experienced difficulty scheduling the CSE-IT training. The delay in the CSE-IT training may have impacted the number of NSITA youths screened and subsequently the number enrolled in the pilot program. The single trained staff member was responsible for screening potential clients for the pilot program, with some support from another SDYS staff member (not part of the pilot program) who was already trained on the CSE-IT. The second pilot program staff member was trained on the CSE-IT in Spring 2020 and began administering CSE-IT screenings shortly thereafter.

Multidisciplinary Team-Related Challenges

Both pilot sites attempted to implement MDTs. However, the sites experienced different challenges to implementation. SDYS primarily experienced challenges related to staff turnover within the broader SDYS organization. SDYS had planned to utilize their existing organizational structure and breadth of services and departments as the MDT, thus staff turnover within the agency was a significant challenge to establishing an MDT. SDYS also connected with the REACH Coalition, but there were changes in the focus of the Coalition due to COVID-19. SDYS was intending to discuss NSITA client needs with the REACH Coalition. Typically the REACH Coalition meetings alternated in focus on case consultations/direct services meetings for direct line staff, and administrative meetings for managers and supervisors. However, due to COVID-19, the

REACH Coalition meetings became more managerial and focused on general service provision. While SDYS was able to present information about the pilot program, they did not have the opportunity to delve deeply into the specific needs of the NSITA youth population with the REACH Coalition.

WCC planned to create a completely new MDT (the Service Coordination Team). The challenges they experienced were more related to the length of the development process and overlap between the Steering Committee and Service Coordination Team and how to create space for an NSITA youth-specific MDT that did not duplicate efforts. The Service Coordination Team and Steering Committee also reported challenges related to limited capacity to serve referred NSITA youths, sustainability after the grant period, and a need to increase the geographic area covered by services. The following sections outline the MDT-related challenges experienced by the pilot sites in more detail.

Staff turnover

SDYS intended to develop an internal MDT composed of staff across their agency. In particular, SDYS planned to recruit managers from other SDYS program areas who had been involved in discussions of the development of the pilot program. However, the agency as a whole underwent a restructuring in the beginning of the pilot period and many programs experienced staff turnover. Consequently, the pilot program staff had difficulty identifying appropriate staff members to involve in an MDT. Recruitment was further stymied by several staff members being on leave during the pilot period.

Steering Committee engagement process took longer than anticipated

WCC reported that the Steering Committee engagement process took longer to begin and complete due to other project work as well as the nature of engagement taking time. The long engagement process delayed the Steering Committee development timeline by approximately two months.

Overlap among MDT members and purpose

Mainly due to the limited capacity of agencies, many Steering Committee members also participated in the Service Coordination Team. Members who served these dual roles experienced challenges related to capacity and ability to differentiate between the two bodies. Multiple members who participated in both bodies experienced confusion when differentiating the work of the Steering Committee from the Service Coordination Team. The members who experienced this confusion confirmed that it would be ideal to follow the intended structure of the two bodies—leadership attending Steering Committee meetings and client-facing staff attending Service Coordination Team meetings. Differentiating between the two bodies would have been helpful for other Steering Committee members as well. One of the Steering Committee members who assigned a different staff member to attend the Service Coordination Team meetings suggested that it would have been helpful for her to have clear roles and responsibilities set to differentiate those who would attend Steering Committee meetings and those who would attend Service Coordination Team meetings.

Limited capacity for consistent Steering Committee attendance

Multiple Steering Committee members mentioned that inconsistent attendance was a barrier. One Steering Committee member observed that while a handful of organizations were consistent in attending Steering Committee meetings, other organizations were less present. A survey of Steering Committee members revealed that three-quarters of respondents reported attending Steering Committee meetings “very often” or “always,” and the remaining quarter attended meetings “sometimes.” Of the respondents who could not attend all meetings, the majority (83 percent) had a time conflict with the meeting times. One respondent reported that someone else from their organization attended the meetings she could not attend. Interviews with Steering Committee members supported the theme that schedule conflicts prevented consistent attendance. One member mentioned that she did not have the capacity to attend meetings due to work commitments. Another member who worked in a hospital noted that she was required to cancel clinical hours and take paid time off to attend meetings.

Another barrier to consistent attendance was travel to the meeting location. As noted earlier, the Steering Committee began meeting in person, but shifted to conducting virtual meetings after the stay-at-home order in March 2020. When meetings were in person, one member mentioned that it was difficult for her to attend meetings because traveling to the meeting required an hour-long drive. She preferred online meetings with quarterly in-person meetings. Another Steering Committee member mentioned that inconsistent attendance of organizations, particularly leadership, resulted in difficulty in driving the intended changes to serving NSITA youths. Another member expressed that inconsistent attendance also hindered the progress of collaboration among members.

Desire for Streamlining Multidisciplinary Teams

WCC and their partners devoted significant time and planning to create an MDT to serve NSITA youths that was not duplicative of other efforts. In doing so, they faced challenges related to navigating specific eligibility requirements, members’ participation in multiple MDTs, NSITA youths’ involvement in multiple and sometimes duplicative services, a shared secure client information system, and a lack of funding for Service Coordination Team membership.

Navigating another resource with specific eligibility requirements to make referrals

Although the Steering Committee and Service Coordination Team members believed they successfully served as a resource for NSITA youths, members mentioned that adding another resource with specific eligibility requirements presented challenges. A healthcare provider who sat on both the Steering Committee and the Service Coordination Team noted some frustration with navigating the various eligibility criteria and requirements of other resources and MDTs. The pilot program’s NSITA youth 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 frustration, 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 not a critique of the Steering Committee specifically nor its referral process

for the Service Coordination Team, but a member's observations of the current landscape of services and MDTs for serving youths who are at risk or victims of human trafficking. When developing the Service Coordination Team 2.0, WCC considered the barriers associated with funding and eligibility criteria. As of the end of the grant period, WCC leadership described that they planned to continue conversations about how to fund the Service Coordination Team 2.0 without limiting client eligibility.

Participation in multiple multidisciplinary teams caused confusion and limited the capacity of providers

Another Steering Committee member noted that within Alameda County, there were four other official tables that work to provide services to youths who are being trafficked or exploited. Multiple Steering Committee members and WCC staff sit at these tables. While WCC was intentional to avoid duplication of client discussion and services, members mentioned concern around their ability to keep up with the multiple conversations and initiatives. One Steering Committee member reported that different MDTs discuss similar issues in different ways, which was difficult to keep track of. Additionally, another member reported that although the pilot program was unique in that it focused on NSITA youths, her staff member who attended Steering Committee and Service Coordination Team meetings believed that some conversations had recurring themes across multiple tables in the county — another opportunity to streamline MDTs in the county.

One interviewee explained that her involvement in the pilot program's Steering Committee and Service Coordination Team as well as another MDT in the county (SafetyNet) limited her capacity to attend meetings. She expressed that the number of meetings she attended was too high and was the biggest barrier for her. She explained that she would appreciate streamlined meetings if the process did not risk losing NSITA youths. Nonetheless, she emphasized that the need to serve NSITA youths was too high.

WCC is interested in supporting efforts to streamline service coordination to better support non-systems-involved transition-age youths and other youths

WCC learned that there was a lot of overlap of NSITA youths being served between their programs and programs outside of the Service Coordination Team. WCC's TAY Service Specialist shared that they want to find a way to streamline efforts to avoid duplication. WCC was interested in a county-wide MDT, where all youths who were at risk could filter through. WCC shared that the limiting criteria of system involvement and age may cause youths to slip through the cracks and create barriers to youths accessing services. WCC's TAY Service Specialist noted that youths who transitioned in and out of systems may not be reliably covered by the Service Coordination Team services and WCC may not be aware of service providers already working with NSITA clients.

A secure client information system for non-systems-involved transition-age youths could help streamlining efforts

Steering Committee and Service Coordination Team members suggested a secure client information database as a method to streamline efforts to serve NSITA youths across the county. This database would be collectively accessible and would store client information,

similar to an electronic health record system. Service Coordination Team members emphasized that with clients, it is difficult to know who is non–systems-involved. Depending on their types of services, providers have various types of relationships with their clients. For some providers, it may not necessarily be their role to investigate their clients’ history of systems involvement. Service Coordination Team members shared that it would be helpful to look up this information in an existing database rather than prying the information from the NSITA youths. Service Coordination Team members also suggested integrating the Service Coordination Team efforts with SafetyNet, which focuses on serving minors.

Lack of funding for Service Coordination Team members

Service Coordination Team members also noted that lack of funding for members’ time was a barrier to sustainable participation. In a focus group, Service Coordination Team members emphasized that they were all participating in the Service Coordination Team as volunteers. They also noted that other collaborations which focused on minors were awarded larger grants. With these funds, providers were able to fund their own time or hire additional staff to participate. Service Coordination Team members suggested that funds be allocated to members’ participation moving forward.

Limited Capacity to Serve Referred Non–Systems-Involved Transition-Age Youths Who Victims of or At Risk of Human Trafficking

The Steering Committee served as a referral source and brought awareness to additional resources in Alameda County. Some members mentioned that the Steering Committee brought referrals to their own organizations. While this was beneficial for increasing NSITA youths’ access to resources, for a few organizations, the increased visibility and referrals from the Steering Committee brought to light some of their own organizations’ challenges and shortcomings. One member expressed that their organization had limited capacity to address all the NSITA youths the Steering Committee referred. Another member expressed that their intake processes were not NSITA youth friendly and were a barrier to engaging NSITA youths into their network. Additionally, a member noted that while the Steering Committee brought awareness to additional resources and supports, the awareness of another resource caused some confusion regarding how to determine what resource was most appropriate for their referrals.

Need for training to identify and serve non–systems-involved transition-age youths who are at risk or victims of human trafficking

WCC found that within the community, providers were being trained by different organizations. WCC suspected that there may be some gaps in terms of who is able to receive trainings and how often. For example, when new hires join, they may have missed the training provided to the rest of the organization staff. The TAY Service Specialist noted that this was problematic because these staff were working with a population without being equipped with a knowledge base of indicators to identify and resources to address the presenting indicators. To help address this need, WCC committed to work diligently to encourage collaboration and partnership to provide their training services.

Sustainability After Grant Period

During implementation, Steering Committee and Service Coordination Team members mentioned the ever-existing concern of sustainability. One Steering Committee member noted early in implementation that she was already thinking about how the pilot program's work could be sustained after the grant period ends. By the end of implementation, WCC and Steering Committee partners developed the Service Coordination Team 2.0 and were in conversations about what funding sources would be the most appropriate to continue the work started by the pilot program.

Need to Increase Coverage

When considering improvements for continuing the Service Coordination Team work, Service Coordination Team members suggested to include more youth-serving organizations from other areas of the county, beyond Oakland or East Bay. WCC's landscape analysis revealed that the distribution of resources was not equal across the county with a higher concentration of resources in North County. WCC explained that this may be due to the larger population in North County and Oakland having more resources.

CSE-IT Training Challenges

WCC learned that a three-hour CSE-IT training was not feasible for the schedules of healthcare providers. WCC shortened their training to two hours; however, a Steering Committee member who worked as a healthcare provider revealed that even a two-hour training was not compatible with their schedules. She noted that healthcare provider schedules are more likely to allow for a maximum of one hour to be allocated to work outside of patient care. It is also noteworthy that the COVID-19 pandemic occurred during the pilot program, which further exacerbated healthcare providers' schedules and capacity for any work outside of patient care.

Data Collection Challenges

Data Collection challenges are specific to the evaluation and not to the pilot site implementation. The two data collection challenges were related to survey data collection activities and low sample sizes.

Engaging individuals in survey data collection was the biggest data collection challenge. A number of factors contributed to survey data collection challenges. First, we attempted to survey direct services participants at the beginning of their participation in services. Although it is beneficial to the evaluation to collect baseline information, it is difficult in practice because many youths who are seeking services are in immediate need of services and experiencing high levels of trauma or feeling unsafe. Thus, understandably, the focus must immediately be on providing support, and not on data collection activities.

A second challenge was in reaching youths for survey completion. For example, we were unable to assess satisfaction with services because of the inability to reach youths electronically via

their email. Many emails bounced back as non-deliverable. When possible, future evaluations should attempt to utilize in-person data collection or reach youths via other web-based platforms.

A final challenge to survey data collection was engaging youths to complete the survey because of disinterest or competing demands. After an initial cohort of data collection, we did offer incentives for survey completion and survey response did increase, but not substantially. Future evaluations should focus on how to engage youths in survey data collection or what amount, or type, of incentives are exciting to youths.

Survey data collection challenges contributed to low response rates. Further, the nature of the pilot projects being formative and focused more on developing programs and less on scaling programs resulted in small sample sizes. In some cases, we are unable to present findings due to confidentiality and low response rates.

Recommendations and Conclusions

The purpose of the Improving Outcomes for Victims of Human Trafficking Pilot Projects was to improve outcomes for NSITA youths. Through differing approaches, the pilot sites sought to identify gaps in the identification, engagement, and provision of services to NSITA youths who are victims of or at risk for human trafficking. The experiences, challenges, and successes of the pilot projects serve as the beginning of a blueprint for other agencies, organizations, and partnerships who seek to serve NSITA youths.

Building a streamlined, team-based MDT was the main focus of WCC. WCC approached this work through a multi-step process that first focused on identifying new partners who might be serving NSITA youths specifically. Following this process, WCC took care to build a Steering Committee that could help build an MDT that was not duplicative of other efforts both for providers and clients and was sustainable after funding ended. Through this work, WCC learned that serving NSITA youths was a bit different than serving system-involved youths. Specifically, it was necessary to engage partners outside of the typical or known partners. **For future work serving NSITA youths, partners should engage school-based and healthcare related partners.** Further, when working with transition-age youths, WCC learned that there were age-based differences in available resources. WCC and its MDT partners learned that a team-based multidisciplinary setting could be used to streamline referral efforts and decrease youths' wait time for to receive services. A multidisciplinary oversight body was also able to provide a larger knowledge base and reduce time spent learning organizations' services and requirements,

creating a more efficient referral process. **Future MDTs should work to identify services and resources for transition-age youths who are older than 18 years old and strive to serve clients in a team-based approach to reduce duplication in services.**

Both pilot sites also focused on providing client services directly serving NSITA youths. The pilot sites were able to serve 100 NSITA youths. Clients predominantly identified as female and Black or African American. When clients reported how they were referred to the pilot programs, they most commonly reported being referred by schools or educational institutions; further indicating that education partners are key partners in the work of identifying NSITA youths. Through the work with NSITA youths, the pilot sites learned that it is important to meet basic needs, such as housing, for clients before moving to other services. This is an important finding and indicates that **partners striving to serve NSITA youths should ensure a partner with housing expertise is part of the team.** Further, the pilot sites learned that there were age-based differences in participation. Older transition-age youths (i.e., those who were 19 and 20) were more likely to engage in services compared to younger transition-age youths. Interpreted in tandem with the finding that there are fewer resources available for older transition-age youths, this indicates that older transition-age youths might have to rely on services providers to help identify resources because they are not as readily available for older transition-age youths compared to their younger peers. This is an important finding for those seeking to serve transition-age youths and also for policymakers; **there is a need and demand for services, specifically housing services, for older NSITA youths.**

A final recommendation for future evaluations is to **focus on data collection methods that elevate participant voice and consider the timing of data collection.** Methods that elevate participant voice include focus groups and interviews. Although surveys can be completed more quickly than interviews or focus groups, often the information gleaned from surveys provides limited information about context. Through our focus groups and interviews, we were able to learn key challenges and successes that would not have been identified in a survey. Further, accessing and engaging NSITA youths in survey data collection was difficult. One reason for the difficulty was the timing of baseline survey data collection. For example, youths were often in crisis when they first engaged with the pilot providers. Asking youths to complete a survey while experiencing a crisis is not a trauma-informed approach. **A more appropriate method could be to engage providers, or those working directly with NSITA youths, in data collection to obtain baseline information.** It could also be beneficial for NSITA youths to engage in more qualitative-focused methods later in the service provision timeline. Further, NSITA youths should be compensated for their participation in data collection efforts through some sort of incentive.

In conclusion, the experiences of the pilot programs serve as important learnings for partners and organizations seeking to serve NSITA youths. It is more challenging to identify NSITA youths compared to their systems-involved peers because they are unconnected. To reach these NSITA youths, partners must identify other referral pathways and work with partners in education and health care settings. Once NSITA youths are identified, their basic needs must be met before they can engage in other services—and housing is the most commonly unmet basic need. Finally, older NSITA youths may be more likely to engage and participate in services compared to their younger peers and there are age-based differences in needs and available resources.

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Appendix A. Technical Methods

Qualitative Data Methods

Data Collection

Qualitative data collection methods included interview, observations, focus groups, and document reviews. The following sections outline each data collection activity.

Interviews

To learn about the landscape analysis, WestEd conducted two interviews with WCC leadership and supporting staff at the beginning of implementation in August 2019 and again in April 2020. Interviews took place virtually via Zoom. The first interview was with a WCC leadership member who oversaw the landscape analysis and a WCC research assistant who was responsible for the day-to-day implementation of the landscape analysis. The first set of interview questions surrounded the process of the landscape analysis, how needs were identified, how organizations were targeted and engaged in other pilot program activities, and lessons learned. The second interview was only with the WCC leadership member because the research assistant no longer worked for WCC. The interview questions helped identify any changes in landscape analysis processes since implementation, how changes were determined and made, the perceived responses of the engaged organizations, and the perceived successes and barriers of the landscape analysis process.

To learn about the Steering Committee, WestEd conducted an interview with the WCC staff member who led the Steering Committee; the interview occurred in April 2020, six months after implementation of the Steering Committee, which began in October 2019. WestEd also conducted baseline interviews with eight Steering Committee members in May 2020. WestEd conducted follow up interviews with five members in May 2021. Three Steering Committee members were interviewed at both baseline and follow up. Each interviewed Steering Committee member represented a unique organization. The interviewed Steering Committee members had diverse service provision backgrounds, including referral agencies, housing services, hospital services, domestic violence services, and legal services. Interview questions for both the WCC staff member and Steering Committee members addressed perceived roles, engagement and recruitment processes, experience of a typical Steering Committee meeting, perceived Steering Committee impact, outcomes, successes, and barriers to implementing the Steering Committee, and experience with other pilot program activities. Steering Committee members were asked the same questions at baseline and follow up to capture any changes over time.

To learn about the Service Coordination Team, WestEd conducted two virtual group interviews with WCC leadership and staff who led the Service Coordination Team; the first interview occurred in January 2021, approximately nine months after the Service Coordination Team began accepting referrals and approximately six months after implementing the Service Coordination Team team-based virtual meetings. WestEd conducted a second interview in March 2021 to follow up on interview questions that were yet to be addressed in the first interview and to include thoughts and experiences of WCC's case manager. Interview questions for the WCC leadership and staff addressed staff roles, the structure and function of the Service Coordination Team, findings of the Service Coordination Team work, and perceived impacts.

To learn about the Career Readiness Program, WestEd conducted two virtual interviews with MISSEY leadership and staff who led the program. WestEd interviewed MISSEY's Director of Engagement Programs in January 2020. Interview questions addressed program and curriculum development, NSITA youth recruitment, successes, challenges, and lessons learned thus far.

WestEd also interviewed MISSEY's Career Readiness Specialist in September 2020, approximately four months after implementing the first cohort (June 2020). Interview questions for the Career Readiness Specialist addressed curriculum development, program structure, program implementation, NSITA youth enrollment, NSITA youth engagement, successes, challenges, and lessons learned thus far.

To learn about the CSE-IT, WestEd conducted a virtual group interview with WCC leadership and staff who led WCC's training efforts. The interview occurred in April 2021. Interview questions addressed training history and experience, recruitment and engagement, the training process, perceived impacts, successes, challenges, and lessons learned.

To learn about the Thrive Internship Program, WestEd conducted a phone interview with one Thrive intern. The interview occurred in March 2021, at the end of the one-year internship period. Interview questions addressed intern background, intern roles and activities, internship program strengths, areas for improvement, and future plans for the intern.

Observations

WestEd observed one virtual Steering Committee meeting in May 2020, documenting meeting structure, attendance, how often members spoke, how members responded to questions and prompts, roles within the meeting, and familiarity among members. WestEd also reviewed Steering Committee agendas to understand the progression of topics discussed and to confirm the meeting structure.

WestEd also observed one virtual WCC CSEC 101 training in January 2021 and one virtual WCC CSE-IT training in March 2021. For both observations, WestEd documented training preparation and structure, implementation fidelity, quality of delivery, use of adult learning principals, content appropriateness, and participant engagement. WestEd also reviewed supplementary materials provided by trainers to participants.

Focus Groups

To learn about the Service Coordination Team, WestEd conducted one virtual focus group with eight Service Coordination Team members in February 2021, approximately ten months after the Service Coordination Team began accepting referrals and approximately seven months after implementing the Service Coordination Team team-based virtual meetings. Organizations represented in the focus group included two healthcare organizations, two youth services organization, a government agency, a legal services organization. Service Coordination Team member positions included healthcare providers, a case manager, an attorney, youth program staff, and a social worker. Focus group questions addressed member recruitment, the structure and format of the Service Coordination Team, findings from the Service Coordination Team work, and perceived impacts.

Document Review

WestEd took notes of various meetings with a specific focus on program updates, successes, and challenges encountered. A running log of notes for routine meetings with project staff from Cal OES, ACDAO, RTI (the training and technical assistance provider), SDYS, WCC, and MISSEY was maintained in folders shared with the respective meeting participants. WestEd also hosted and recorded notes for two virtual Joint Learning Sessions with Cal OES, ACDAO, SDYS, WCC, and MISSEY. The first Joint Learning Session, held on August 11, 2020, focused on multidisciplinary teams (MDTs). The second Joint Learning Session, held on March 16, 2021, focused on client services. WestEd also completed notetaking for WCC and SDYS' presentations for the virtual conference, Sharing Learned Experiences in Combatting Trafficking, led by ACDAO and Cal OES on June 8 and 9, 2021.

Data Analysis

WestEd compiled notes related to each pilot group from meetings, interviews, focus groups, and observations. The notes were reviewed for recurring themes and summarized. Codes and themes were discussed among the evaluation team and were iteratively refined.

Quantitative Data

Data Collection

Information on the pilot sites' client services and client outcomes came from multiple data sources: TIMS forms, a client survey created by WestEd, and WCC's client satisfaction survey. WestEd also provided SDYS a data collection tool to collect additional data specific to their programming (i.e., CSE-IT screening scores, referrals, and goal setting). A similar form was not provided to WCC because their data were already captured in an existing client management tool. In addition to collecting quantitative data related to clients who received services, WestEd administered a survey to WCC's Steering Committee members. We describe each of the quantitative data sources below.

TIMS Data

All OVC Improving Outcomes for Human Trafficking grantees used OVC's standardized TIMS forms to engage in data collection and reporting of required grant performance measures. The TIMS forms asked for information related to client intake and case closure, clients' demographic information, clients' housing status, service provision, grantees' collaborative partners, and community outreach activities. Grantees submitted the de-identified individual-level TIMS data to OVC bi-annually (6-month reporting periods encompassing January 1 to June 30 and July 1 to December 31).

To avoid duplicative data collection efforts, WestEd leveraged the required TIMS data collection and incorporated it as a data source for the evaluation study. WestEd translated the paper-based TIMS forms into a spreadsheet for the pilot sites to use to collect TIMS data. Each client was assigned a unique Client ID to protect client confidentiality, while still enabling unduplicated counts of clients and services. The pilot programs' staff collected and entered the data into the TIMS data collection tool and then submitted the de-identified TIMS data to WestEd for quality assurance and data processing. After the data were processed, WestEd transferred the individual-level TIMS data from the subgrantees to Cal OES (the Federal grantee) for submission to OVC.

SDYS Data Collection System

At the beginning of the evaluation, WestEd engaged in conversations with each of the pilot sites to crosswalk the pilot programs' activities with available data sources. In these conversations, SDYS and WestEd identified areas in SDYS' service delivery that were not covered by the TIMS forms. WestEd collaborated with SDYS to develop additional data collection tools to collect information on clients' CSE-IT screening scores, referrals, and goal setting.

Client Surveys

SDYS clients completed the WestEd client survey on paper or online via SurveyMonkey, MISSEY clients completed the WestEd survey online via SurveyMonkey, and WCC administered their client satisfaction survey online.

SDYS scanned and transferred client surveys completed on paper to WestEd via Box. WestEd manually entered paper survey responses into Excel. WestEd also extracted online survey responses into Excel. Online and paper survey were then appended for analysis.

As part of their agency's common practice, WCC administers a client satisfaction survey once per year for each of their programs. WCC administered an online survey for the pilot program in an effort to reach NSITA youths who may not have a stable physical address. However, WCC found that only 31 percent (12 of 39) of the survey invitations were received (i.e., email invitations did not bounce back). The small number of clients with valid email addresses combined with high client movement and the low salience of a satisfaction survey resulted in no responses. Thus, no WCC client survey outcome data were available for the evaluation.

Steering Committee Member Survey

WestEd administered a 10-minute survey to WCC's Steering Committee members in November 2020, approximately 13 months into implementation of the Steering Committee. The purpose of the survey data collection was to describe the composition of the Steering Committee membership and the members' experiences participating in the Steering Committee. The survey included 24 questions that collected information on the members' organization and position, Steering Committee functioning and format, and outcomes and value of the Steering Committee. Detailed information on the survey and findings are available in the Appendix D.

Data Analysis

Client-Level Data Tracker

Data collected in the client-level data trackers (TIMS data from MISSEY, SDYS, and WCC; CSE-IT screening scores, referrals, and goal setting data from SDYS) were analyzed separately for the pilot sites. For each site, WestEd calculated the total number of hours of each time-based service provided to clients and the total number of clients receiving each type of service. The total number of incidents of each incident-based service and number of clients per service type were also calculated.

SDYS additionally analyzed CSE-IT, goal setting, referral, and TIMS housing data from SDYS's data tracker. WestEd programmed formulas in SDYS' Data Collection System to automatically calculate screened NSITA youths' CSE-IT scores to determine if they were eligible for the pilot program. Using the CSE-IT scoring guidelines (Basson, 2017), NSITA youths who had a total CSE-IT score greater than 3 ("Possible Concern") were eligible for the program. WestEd calculated the percentage of client scores demonstrating "No concern," "Possible Concern," and "Clear Concern" for each of the eight indicators as well as a total CSE-IT score. Goal data was analyzed by calculating the number and percentage of clients developing and completing goals of each type (housing, education, and other goals). Housing data was analyzed by calculating the number and type of housing type changes (no shelter/homeless, emergency and transitional housing, and permanent housing) made by each client. Referral data were analyzed by calculating the number and type of referrals (housing supports, mental health supports, legal services) made to external services or for additional services from another SDYS program.

Client Surveys

The SDYS survey developed by WestEd included four research-validated scales: the Rosenberg-Self Esteem scale (Rosenberg, 1989), the PROMIS General Self Efficacy Short Form (Salsman, et al., 2015), PROMIS Emotional Support Short Form (Cella, et al., 2010), and the Brief Cope Inventory (Carver, 1997). Although four clients completed the baseline survey and four clients completed the follow-up survey, no clients completed the survey at both baseline and follow-up (which is necessary in order to examine change in outcomes over program participation). Thus, WestEd only analyzed the follow-up survey responses. Five negatively worded items from the Rosenberg Self-Esteem Scale were rescored, so that higher scores indicated higher self-

esteem. Response scores were summed to calculate the total score for the self-esteem scale. Client scores were compared to normative response ranges (HealthMeasures, 2020, 2017; Isomaa, et al., 2013). Individual NSITA youths' item response scores from the PROMIS General Self-Efficacy and Emotional Support Short Forms were summed to calculate the total raw scores for each scale. Raw scores were converted to T-scores using the developer's conversion table. Client T-scores were compared to the normative response ranges. Finally, the Brief Cope Inventory comprises 14 subscales, each assessing different coping mechanisms. Subscale scores were calculated by summing the items comprising each subscale. Client subscale scores were reviewed for high and low scores.

MISSEY's survey items varied across cohorts, described in detail in the *Client Outcomes* section. Survey scales distributed to all five cohorts included 25 items taken from MISSEY's extant survey and WCC's client satisfaction survey. The survey distributed to the first cohort also included the PROMIS General Self-Efficacy Short Form, PROMIS Emotional Support Short Form, and the Rosenberg Self-Esteem Scale. The survey provided to the third, fourth and fifth cohort included a subset of items from the My Vocational Situation scale (Holland et al., 1980) and the Leadership Skills Inventory (Rutherford et al., 2002).

WestEd analyzed Cohort 1 responses to the PROMIS General Self-Efficacy Short Form, PROMIS Emotional Support Short Form, and Rosenberg Self-Esteem Scale using the same methodology for SDYS survey responses as mentioned above. To verify the validity of the constructs and to reduce a large number of survey items into components, WestEd conducted a principal components analysis (PCA) in SPSS of all other survey items completed by MISSEY clients using the post-survey responses. Items originally pulled from different questionnaires were analyzed separately.

Items from the Leadership Skills Inventory were analyzed in the PCA. The Eigenvalues indicated that the first three components explained 59 percent, 12 percent, and 8 percent of the variance, respectively. Nineteen of the 21 items had a primary loading on the first component, with correlations of 0.60 or higher. The remaining two items, "I believe that group members are responsible" and "I use past experiences in making a decision," did not load onto the same component and were removed from the PCA. The 19 items were retained as the "Leadership" component.

Items from the My Vocational Situation scale were also analyzed using PCA. The Eigenvalues indicated that the first four components explained 37 percent, 13 percent, 12 percent, and 11 percent of the variance, respectively. Sixteen items had a primary loading on the first component, with correlations of 0.59 or higher. Three additional items had weak to moderate correlations above 0.44. One of those items, along with three other items, had a primary loading on the third component, with correlations of 0.65 or higher. Upon reviewing the item content of the items loading on the third component, three of the four items appeared related thematically. The unrelated item, "I am concerned that my present interests may change over the years," was removed from the PCA. The three items were retained as the "Uncertainty of strengths and weaknesses" component. The 18 items loading onto the first component were retained as the "Career choice uncertainty" component. Four items ("I don't know enough about what workers do in various occupations," "I would like to increase the number of

occupations I could consider,” “I am uncertain about my ability to finish the necessary education or training,” and “I don’t have the money to follow the career I want most”) did not load onto the same factor (correlations of 0.60 or above) and were removed from the PCA. Eighteen items were retained for the first component, Career choice uncertainty.

Items from MISSEY’s extant survey and the client satisfaction survey adapted from WCC were also analyzed using PCA. All but one of the 25 items had a primary loading on the first component, with correlations of 0.60 or higher. Upon review of the content of the items, WestEd analyzed two groupings of items that separated items related to knowledge of job skills and satisfaction with services. The first component explained 69 percent of the variance. All but one of the 17 items thematically related to knowledge of job skills had a primary loading on the first component, with correlations of 0.70 or higher. The unrelated item, “I understand the difference between a career and a job,” was removed from the PCA. Sixteen items were retained as the “Knowledge of job skills component.” Next, items related to satisfaction of services were analyzed. The first component explained 78 percent of the variance. All items loaded onto the first factor with correlations of 0.70 or higher. The 10 items were retained as a “Satisfaction with services” component.

Internal consistency for each of the five extracted components was examined using Cronbach’s alpha. The alphas ranged from moderate to very high: 0.80 for “Uncertainty of strengths and weaknesses” (3 items), 0.93 for “Career choice uncertainty” (18 items), 0.96 for “Satisfaction with services” (10 items), 0.97 for “Knowledge of job skills” (16 items), and 0.97 for “Leadership” (19 items). Composite scores were created for each of the five components by calculating the means of the items.

Appendix B. Implementing a Landscape Analysis to Identify Partners in Improving Outcomes for Transition-Age Youth Victims of Human Trafficking

Implementing a Landscape Analysis to Identify Partners in Improving Outcomes for Transition-Age Youth Victims of Human Trafficking

Authors: Sarah Russo and Staci J. Wendt

November 2020

A Landscape Analysis

A focus of WestCoast Children's Clinic (WCC)'s pilot program is to engage and work with education and healthcare agencies and organizations in Alameda County that traditionally serve non-systems-involved transition-age (NSITA) youths, who are at-risk or victims of human trafficking. WCC began this process by conducting a "landscape analysis." The landscape analysis is a process of researching and documenting agencies, organizations, and individuals in Alameda County serving this population. The purpose of the landscape analysis was to identify and collect information on the existing service providers, including those in the education and healthcare sectors, and use the information to engage agencies and organizations in the pilot program activities, particularly the CSE-IT training and technical assistance and the Service Coordination Team. WCC's Steering Committee, whose members were already identified by WCC, guide and facilitate in the development of the Service Coordination Team. After consensus with the Steering Committee, WCC engaged identified agencies and organizations from the landscape analysis to participate in the Service Coordination Team. The Steering Committee and the Service Coordination Team will be mentioned in a future brief. The purpose of this brief is to describe the landscape analysis process, including perceived successes and barriers.

To learn about the landscape analysis, WestEd conducted two interviews with WCC leadership and staff who were involved in the landscape analysis, at the beginning of implementation (August 2019) and again after some time had passed since implementation (April 2020).

Interviews took place virtually via Zoom. The first interview was with a WCC leadership member who oversaw the landscape analysis and a WCC research assistant who was responsible for the day-to-day implementation of the landscape analysis. The first set of interview questions surrounded the process of the landscape analysis, how needs were identified, how organizations were targeted and engaged in other pilot program activities, and lessons learned at that time. The second interview was only with the WCC leadership member because the research assistant no longer worked for WCC. The interview questions helped identify any changes in landscape analysis processes since implementation, how changes were determined and made, the perceived responses of the engaged organizations, and the perceived successes and barriers of the landscape analysis process.

Implementation and Process

The landscape analysis was a planned piece of the pilot program, with the purpose to inform and facilitate the engagement of necessary partners into pilot program activities. The landscape analysis began in July 2019. WCC began the landscape analysis process by identifying agencies and organizations in their current network. WCC first identified existing relationships with organizations and individuals. Because the pilot program focused on engaging and working with education and healthcare providers, WCC wanted to identify how many existing partners they had that were education and healthcare providers. Thus, WCC categorized existing relationships with agencies, organizations, and individuals as either service types “education,” “healthcare,” or “other.” These service type categories were chosen based on places where youths might receive services that are not part of formal systems, including schools, teen clinics without eligibility restrictions, and homeless youth organizations. Within the education category, WCC further categorized agencies as either “School districts/School Attendance Review Boards” or “Community Colleges and Programs”. Within the overarching “healthcare” category, WCC assigned “type of service” for each of the organizations. These service types were assigned as the organizations were identified and reflected the serviced offered to clients. Examples of these service types are “primary care,” “sexual health services,” “HIV testing,” “mental health,” etc. Multiple service types were assigned to each healthcare organization. For example, one clinic’s assigned service types were “food,” “recreation,” “counseling,” “advocacy,” and “health care.”

For each of the education, healthcare, and other organizations, WCC documented the organization’s location, main contact name, contact information, and notes. For community college programs and other transition-age youth services, WCC also documented eligibility requirements and target population when applicable.

Tips, Tools and Successes

WCC used the Internet to search for organizations in Alameda County that serve transition-age youths. Although WCC targeted their search to find organizations in education and healthcare settings, they also included other organizations that serve transition-age youths. When an organization was found and documented, WCC would then look for the partners of that organization to help expand the search, thus following somewhat of a snowball sampling

approach to identify organizations. During the online research process, WCC found an online list of providers serving transition-age youths experiencing homelessness; WCC used this list to cross-check against and add new organizations to the landscape analysis list. WCC described that finding this list of transition-age youth services online was a useful resource. No barriers were reported during this process, and WCC described the online search engines and websites as “very helpful.” WCC also identified the practice of asking for and receiving input from partners as a key success strategy for the landscape analysis. WCC explained that this input fosters the expansion of the network of contacts.

What the landscape analysis looks like so far

After a couple months of conducting the landscape analysis, at end of August 2019, WCC identified over 100 new and previously known agencies/organizations, including school-based programs. Having worked in Alameda County for over 10 years, WCC leadership reported to have had already been familiar (e.g., at least heard of the name) with approximately three quarters of the organization found via the landscape analysis. WCC reported that the school-based services serving transition-age youths are the most prolific in Alameda County due to County efforts to make school-based services available to every student. WCC also reported that there were not as many programs serving transition-age youths in healthcare settings. Additionally, WCC described that the lack of services for transition-age youths experiencing homelessness in Alameda County was evident in low numbers of providers identified in the landscape analysis. This finding confirmed prior knowledge about the lack of homeless services in the County.

During the landscape analysis, WCC found that organizations and agencies are concentrated in specific areas of Alameda County, with a higher concentration established in North County (Emeryville, Oakland, Berkeley) and fewer in South County. WCC mentioned that this may be because there is a larger population in North County. Additionally, Oakland is a more well-known city and has more resources. Thus, most of the organizations WCC planned to engage in the Service Coordination Team were centered in North County. WCC identified a couple organizations that serve transition-age youths county-wide, including one organization that serves youths experiencing homelessness.

The landscape analysis is not a static document

WCC described the landscape analysis as a living and dynamic document, meaning it changes over time, by identifying and adding new organizations. WCC revisits the landscape analysis document in meetings throughout the year to consider any additions. For example, recently, a newly opened organization was added to the landscape analysis document. It is WCC standard practice to reach out to many contacts and learn about other organizations through their partners. The document is also used as a tool to inform WCC outreach. By August 2020, WCC had collected the information of 282 individuals and organizations. Information included the first name, last name, position, organization, email address, phone number, and sector. Sectors included “health,” “homeless,” “school-based,” “law enforcement,” “faith-based,” and “other.”

WCC also included a column to identify Service Coordination Team members who had personal contacts at the organization.

Engagement in Other Pilot Program Activities

To offer CSE-IT training/ technical assistance, WCC planned to reach out to organizations identified during the landscape analysis via mass emails. The email informs the organizations that WCC's CSE-IT training is available and free. When WCC identifies large youth-serving organizations, where the youths are also likely to engage in WCC services, WCC personally reaches out to the organization to invite them to attend CSE-IT training.

To engage organizations in the Service Coordination Team, WCC planned to initially connect with organizations via email to set up phone calls and then in-person meetings. WCC described that talking to potential members on phone or in-person before attending a group meeting is helpful for engagement. WCC reports that no one has declined to participate in the Service Coordination Team upon invitation.

Lessons Learned and Barriers

During the landscape analysis, WCC realized fewer homeless shelters and services available for transition-age youths over 18 years old, emphasizing the "harsh cut off" at 18 years old. WCC also realized that there are programs within school districts specifically for transition-age youths, while this was not the case in healthcare settings. No barriers to the landscape analysis were identified by WCC.

Appendix C. Implementing a Multidisciplinary Oversight Body to Improve Outcomes for Transition-Age Youth Victims of Human Trafficking

Implementing a Multidisciplinary Oversight Body to Improve Outcomes for Transition-Age Youth Victims of Human Trafficking

Sarah Russo and Staci J. Wendt

November 2020

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The Steering Committee

As part of the pilot program, WestCoast Children’s Clinic (WCC) developed the Steering Committee. The Steering Committee is a multidisciplinary oversight body comprising service provider partners who serve non–systems-involved transition-age (NSITA) youths in Alameda County. The Steering Committee members represent one mental health organization, one legal services organization, three healthcare organizations, one housing organization, one homeless services organization, and one county-level government agency. These partners were identified prior to the Landscape Analysis WCC conducted in 2019 as part of their pilot program (see the brief titled “Implementing a Landscape Analysis to Identify Partners in Improving Outcomes for Transition-Age Youth Victims of Human Trafficking”⁶). The Steering Committee ensures that identification and response protocols are established for NSITA youths. The purpose of this brief is to describe the Steering Committee’s process, perceived outcomes, and successes and challenges.

To learn about the Steering Committee, WestEd conducted an interview with the WCC staff member who leads the Steering Committee; the interview occurred in April 2020, six months after implementation of the Steering Committee began in October 2019. WestEd also conducted interviews with eight Steering Committee members in May 2020. Each interviewed Steering Committee member represented a unique organization. The interviewed Steering Committee members have diverse service provision backgrounds, including referral agencies, housing services, hospital services, domestic violence services, and legal services. Interview questions for both the WCC staff member and Steering Committee members addressed perceived roles; engagement and recruitment processes; experience of a typical Steering Committee meeting; perceived Steering Committee impact, outcomes, successes, and barriers to implementing the Steering Committee; and experience with other pilot program activities. The April and May interviews served as baseline data collection; WestEd will conduct interviews with the same individuals six months after the baseline interviews to examine change over time.

WestEd also observed one virtual Steering Committee meeting in May 2020, documenting meeting structure, attendance, how often members spoke, how members responded to questions and prompts, roles within the meeting, and familiarity among members. WestEd also

⁶ Russo, S., & Wendt, S. J. (2020). *Implementing a landscape analysis to identify partners in improving outcomes for transition-age youth victims of human trafficking*. WestEd.

reviewed Steering Committee agendas to understand the progression of topics discussed and to confirm the meeting structure.

The following sections discuss findings from the interviews, observations, and document reviews. The brief begins with a description of the Role of the Steering Committee, followed by Recruitment of Steering Committee Members, Meeting Structure, and then Perceived Impact and Outcomes of the Steering Committee on the Network of TAY Service Providers and the NSITA Youths. Next, we discuss Members' Engagement in Other Pilot Program Activities, Tips and Successes, and finally the Lessons Learned and Barriers for developing and implementing the Steering Committee.

Role of the Steering Committee

The following sections discuss members' perceptions of the purpose of the Steering Committee, the Steering Committee's role in developing the Service Coordination Team, and the impact of COVID-19 on the Steering Committee's development of the Service Coordination Team.

Members' perceptions of the purpose of the Steering Committee

WCC's objectives for the Steering Committee were developing a multiagency protocol for serving NSITA youths and developing the Service Coordination Team. Steering Committee members' description of their roles were aligned with WCC's intended roles for the Steering Committee. In most cases, members were aware of the purpose of the Steering Committee and their role within the committee. All eight interviewed Steering Committee members understood that they were a part of the Steering Committee to serve NSITA youths. Most described their role as a thought partner or having an advisory component, while representing and coordinating their services and/or the youths they serve. A couple of members did not feel that they knew their role very well. These members were either new to the Steering Committee or felt that they needed more time on the Steering Committee to articulate their personal role. Steering Committee members also reported additional roles as part of the Service Coordination Team.

The Steering Committee develops a multiagency protocol that establishes identification, referral, and intervention pathways for the Service Coordination Team

The main role of the Steering Committee was to develop the identification, referral, and service coordination protocol for the Service Coordination Team. The Service Coordination Team comprises members from the organizations who sit on the Steering Committee. The Service Coordination Team intends to meet approximately bi-weekly to coordinate the services of NSITA youths. We further differentiate between the roles of the Steering Committee and the Service Coordination Team in the "Service Coordination Team" section later in this brief. The process of developing the Service Coordination Team protocol began with identifying the gaps in the community to troubleshoot any potential challenges, needs for resources, and work in

the community that would help serve NSITA youths. The Steering Committee capitalizes on the diverse backgrounds and perspectives of its members in addressing varying trends, resources, challenges, and solutions for NSITA youths. Each of the members' perspectives are unique in part due to the youths served by their organizations. For example, all youths served in WCC's mental health programs are enrolled in Medi-Cal, but that may not be the case for the youths served by other organizations. The multiple perspectives foster a more nuanced and inclusive understanding of what youths at risk of human trafficking experience and the available resources for these youths.

The Steering Committee worked together to define the Service Coordination Team's youth identification and referral processes. The development of these processes took place both during and outside Steering Committee meetings. At the first Steering Committee meeting, WCC introduced the pilot program, discussed the purpose of the Steering Committee and Service Coordination Team, and shared the objectives of the Steering Committee. In the next two meetings, over a period of five months, the Steering Committee addressed aspects of data sharing, memoranda of understandings (MOUs), referral pathways, and protocol development. By the fourth Steering Committee meeting, approximately seven months after the first meeting, the Steering Committee had developed a service coordination flow chart. Upon approval of the flow chart, the meeting shifted to addressing the needs of individual youth and the impact of COVID-19 on youths and services.

During in-person meetings, WCC shared physical copies of draft protocols and referral pathway documents with attendees and asked for input and feedback. WCC also used this time to have members share updates from the field and challenges related to the development of the protocol. When WCC identified Steering Committee work that needed to be completed but there was not enough time during the meetings, WCC sent draft protocols and referral pathway documents to members via email as meeting follow-up materials with identified tasks. Steering Committee members reviewed these documents and completed tasks before identified deadlines or before the next meeting.

The COVID-19 pandemic impacted the Steering Committee's development of the Service Coordination Team

The COVID-19 pandemic has known and anticipated effects on youths and the organizations that serve them. In response to COVID-19, an additional task for WCC and the Steering Committee was to prepare a temporary model of the Service Coordination Team that is compliant with the Center for Disease Control (CDC) guidelines and prioritizes health and safety. California's stay-at-home order beginning in March 2020 prompted the shift from the initially planned team-model to a more one-on-one model, in which WCC staff served as a hub, working with individual Service Coordination Team members to process referral requests and service coordination. WCC communicated and organized this change with the Steering Committee with the intention of returning to the team-based model, following the end of the shelter-in-place order and changes to CDC guidelines that support in-person group meetings.

WCC and the Steering Committee also planned for the effects of COVID-19 after the shelter-in-place order ends. WCC emphasized the importance of internal planning regarding this matter before engaging with other organizations for service coordination. WCC worked internally and with the Steering Committee to address what had changed since the shelter-in-place order, how the changes affect their work, and any new needs that developed as a result of COVID-19. Through the COVID-19 pandemic, WCC and the Steering Committee continued with their development of the one-on-one hub model for the Service Coordination Team, providing support to meet youth needs and completing the MOUs to prepare for the start of the Service Coordination Team's team-based model. More information on the Service Coordination Team will be available in a future brief.

Recruitment of Steering Committee Members

WCC reported that all Steering Committee members were individuals and/or organizations that WCC had in mind before conducting the landscape analysis. WCC considered the addition of one organization that they identified in the landscape analysis as well as through word of mouth from other organizations. WCC considered engaging this organization because of the organization's services—providing shelter to domestic violence and human trafficking victims—and the perceived alignment of their work and the work of the pilot program. Prior to convening the Steering Committee, WCC believed that the organization would bring a unique perspective to the pilot work as a housing provider for adult human trafficking victims. After several attempts to connect with the organization via email and receiving no response, this organization was not included in the Steering Committee. However, after convening the Steering Committee, WCC recognized that the perceived gap was filled by another organization that provides similar services and thus provides a perspective from that area of work. WCC noted that this one organization that did not respond to the invitation was the one organization with which WCC did not have a prior relationship. As WCC launched the Service Coordination Team, WCC reached out to this housing organization again and, this time, established a partnership and potential referral source.

To recruit Steering Committee members, WCC began the process by sending an email invitation to individuals with whom they had existing relationships through previous work; these invitations were tailored to each individual. The invitation emails followed a general outline that: (1) introduced the pilot program, (2) introduced the Steering Committee, (3) briefly described its purpose, (4) invited the invitee to join, and (5) asked the invitee to respond as soon as possible. A couple of members described follow-up phone calls, during which WCC provided more information about the pilot program. One member said that WCC personally invited her to join the Steering Committee during a group session of service providers, during which WCC took inventory of services of the group. Another member had already planned to be a part of the Steering Committee because her organization was written into the pilot program grant. A couple of members were referred to the Steering Committee by their supervisors who had received the invitation to join the Steering Committee. The newest Steering Committee member was one of said members and was also new to her organization's position. Due to her recent onboarding to her position within her organization and on the Steering Committee, at

the time of the interview she was unable to provide information about the Steering Committee and was unclear of her role.

Steering Committee members had previous relationships with WCC

Most Steering Committee members had previous relationships working with WCC. One member reported that their organization had also previously worked Motivating, Inspiring, Supporting and Serving Sexually Exploited Youth (MISSEY), which is a subgrantee of WCC for the pilot program. Multiple members reported previously working with WCC to develop and/or pilot the Commercial Sexual Exploitation - Identification Tool (CSE-IT).⁷ The individuals who were new to their respective agencies did not have previous experience working with WCC and were unaware of whether their organizations had previously worked with WCC.

Need for additional members

WCC leads the Steering Committee in collectively brainstorming members' needs during meetings. Steering Committee members described a process of having group conversations about who else to bring to the table, a process which for many members felt complete. Many members described "exhausting their list" and were unable to identify any additional members who would bring added value to the Steering Committee.

Although most Steering Committee members considered the committee to be complete, a couple of members had recommendations for additional members. One member suggested including the presence of young people. Another member recommended bringing on a young women's development and advocacy organization that has a prominent presence in the community. One member who provides housing services suggested more housing support. She reported that the need for housing identified through the Steering Committee exceeded her organization's capacity. Another member similarly anticipated the need for more housing providers at the table by the time the Service Coordination Team is implemented.

Additionally, the Steering Committee is in the process of connecting with a newly opened local community center. WCC was interested in expanding their outreach through this project and engaging the local community center in the Steering Committee.

Including survivor voice in the Steering Committee

Approximately ten months into the implementation of the Steering Committee, WCC invited a Survivor Consultant to participate in the Steering Committee. The Survivor Consultant serves a flexible role, engaging in multiple aspects of the pilot program. WCC plans for the Survivor Consultant to assist with outreach to youths and to participate in the Steering Committee as a full team member, providing ongoing feedback and suggestions. WCC intends for the Survivor

⁷ The CSE-IT is an evidence-based, universal screening tool that identifies youths with clear indicators of exploitation. The CSE-IT was created by WCC in 2014, informed by the experiences of youths and young adults. It is designed to be used in any setting serving youths and young adults, including homeless shelters, mental health agencies, juvenile or criminal justice settings, and child welfare. WCC also developed a version for medical providers, called the CSE-IT: Healthcare.

Consultant to raise questions that providers might not consider from a provider's lens, so that the pilot program includes multiple perspectives. The Survivor Consultant will also be involved in discussions between the Steering Committee and Service Coordination Team to communicate feedback and facilitate any changes to better serve NSITA youths. Thus far the Survivor Consultant has reviewed WCC's youth outreach tools and lead efforts to collect youth feedback for improvement, such as conducting focus groups with youths. WCC emphasized the importance of keeping the Survivor Consultant engaged in the pilot program work to obtain ongoing feedback.

To hire a Survivor Consultant, WCC developed a position description which described WCC and its mission, the pilot program and the Steering Committee, the Survivor Consultant position, consultant responsibilities, qualifications and experience, compensation and working conditions, contractor expectations, and information to submit an application. WCC distributed the job description widely through their networks, leveraging a state-level commercially sexually exploited children (CSEC) action team as a recruiting resource. WCC received several applications and interviewed three individuals. WCC reported that they selected the final Survivor Consultant because the individual was engaging in the interview, confident in sharing opinions and raising questions, and provided the type of feedback they were seeking for the pilot program. The individual had experience working for a community-based organization serving human trafficking survivors, had training, was perceived by WCC as "warm" and "enthusiastic," and had an interest in pursuing this line of work as a career.

Steering Committee Meeting Structure

WCC's development of the Steering Committee followed the phases of developing group dynamics: forming, storming, norming, and performing. WCC noted that the "forming" phase "took a while," during which the first couple of meetings and emails between meetings involved assessing how the group was going to work together. WCC emphasized that the process of creating a shared understanding as a necessary step the development process. After the Steering Committee completed the "forming" phase, WCC described that the Steering Committee was able to easily begin and hold productive conversations and that members were comfortable and equally informed. When Steering Committee documents were ready for members to review and provide specific areas of feedback, the Steering Committee shifted into the "performing" phase. During the "performing" phase, members engaged in more targeted and active discussions during meetings. WCC noted that the production of documents and tasks related to providing feedback facilitated member engagement.

Steering Committee members described meetings as following a "consistent" and "well organized" structure. Prior to meetings, WCC emails members with the upcoming meeting's agenda and minutes from the previous meeting. Pre-meeting emails might also include documents for members to review and edit (e.g., MOUs, protocols). WCC leads the meeting, beginning with introductions, check-ins, and updates from each of the members about trends they are noticing with the youths they serve. Then, members can share information that they feel will be beneficial to youths. WCC follows the agenda closely and facilitates any discussion

around each of the items. Most members reported that WCC facilitates meetings well and the WCC leader is “very organized” and “prepared.” WCC creates to-do lists during meetings, and members sign up to complete specific items. WCC takes notes during the meetings and minutes are sent to members prior to the next meeting. Most communication within the Steering Committee outside of meetings is via email, with phone calls used when individually preferred. The structure the members described was nearly identical to the meeting WestEd observed in May 2020. In that meeting, all eight attending members spoke at least once, indicating that members had a level of comfort with each other and were engaged.

Prior to the COVID-19 pandemic, Steering Committee meetings were hosted in person at WCC’s facilities and the facilities of a partner organization. Upon California’s state-wide shelter-in-place order beginning in March 2020, WCC shifted to conducting meetings virtually, using the video conferencing platform Zoom, until the CDC and shelter-in-place guidelines allow for in-person meetings.

Perceived Impact on Network of Non–Systems-Involved Transition-Age Youth Service Providers

Although early in implementation, the WCC staff and the Steering Committee members described the perceived impacts of the Steering Committee on the network of NSITA youth service providers. These impacts include improving professional relationships among service providers and improving access to resources. Most Steering Committee members expect additional impacts as their work together continues.

Discussing and defining service provider roles in the community reinvigorated relationships between WCC and other organizations

WCC reported that the process of developing and implementing the Steering Committee invigorated longstanding relationships between providers and agencies that had been previously stagnant. Specifically, the process of mapping resources and defining service roles within the community initiated and fostered relationship rebuilding. For example, through the Steering Committee, WCC revived a relationship with a local sexual violence crisis response organization. To reinvigorate this relationship, WCC and this organization participated in conversations that clarified each other’s specific roles in the community and for what purposes each organization would be called for services. Communicating and understanding who does what in the community was a key factor in renewing relationships between service providers who serve NSITA youths.

The Steering Committee serves as a referral source and brings awareness to additional resources

Some members mentioned that the Steering Committee serves as another source for referrals to their organizations. While this is beneficial for increasing youth access to resources, for a few

organizations, the increased visibility and referrals from the Steering Committee have brought to light some of their own organization's challenges and shortcomings. One member expressed that their organization has limited capacity to address all the youths the Steering Committee refers. Another member expressed that their intake processes are not NSITA youth friendly and are a barrier when engaging NSITA youths into their network. Another member noted that the Steering Committee brings awareness to additional resources and supports, but this causes some confusion regarding how to determine what resource is most appropriate for their referrals.

A few months of Steering Committee implementation is too early to for members to assess perceived impact

Given that these were baseline interviews conducted in the early stages of implementation, most of the members believed it was too early to assess impacts. Nearly half of the Steering Committee members reported uncertainty as to the impact of the Steering Committee on the network of service providers who serve NSITA youths. One member said she may feel this way because she has worked with the organizations in the Steering Committee before and thus is still waiting for any additional collaboration or relationship building that might result from the Steering Committee participation to come to fruition.

Though multiple Steering Committee members reported that the Steering Committee has not been implemented long enough to assess the Committee's impacts on collaboration, some members already appreciate the opportunity to work with new people. One member said this newfound collaboration has exposed her to more resources for clients (e.g., mental health, food, housing, and workforce development services). Another member said that new collaborations among organizations were forming in the beginning, but the inconsistent attendance of certain members hindered the progress.⁸

Perceived Non–Systems-Involved Transition-Age Youth Outcomes of Steering Committee

Most members mentioned increases in effective collaboration as an outcome of participation in the Steering Committee; this increased collaboration should result in more available services, more efficient service delivery, and ultimately better outcomes for the NSITA youths the Steering Committee are serving. More specifically, reported anticipated outcomes include increased visibility of services, an increase in collective resources, improved service coordination and provision to NSITA youths, efficient protocol and workflow processes (specifically the Service Coordination Team's referral process), CSE-IT training for organizations for better identifying NSITA youths at risk or victims of human trafficking, and collaborations on funding. Members anticipated additional positive outcomes as the Steering Committee continues to develop and convene.

⁸ This barrier is discussed in more detail in the "Lessons Learned and Barriers" section.

Steering Committee Members' Engagement in Other Pilot Program Activities

CSE-IT Training/Technical Assistance: CSE-IT training/technical assistance is available to the Steering Committee members and their organizations. WCC conducted a CSE-IT training in March 2020, hosted by one of the Steering Committee organizations, for all Steering Committee members and their staff. Two Steering Committee members and their staff from two organizations attended. Both Steering Committee members expressed positive reviews of the training. These members had already been trained in CSE-IT but attended to bring their staff who needed to be trained. Neither of these members have personally used the CSE-IT tool since the training. Nearly all Steering Committee members had been trained to use the CSE-IT in previous years. One member from a healthcare setting mentioned that prior to the pilot program, she could not participate in CSE-IT training because it was cost-prohibitive for her organization. As part of the pilot program, WCC offers CSE-IT training free of charge, which made it more accessible for her organization. No Steering Committee members have participated in any CSE-IT technical assistance services thus far.

Service Coordination Team: All Steering Committee organizations are part of the Service Coordination Team, except for the one county-level government agency. This agency continues their role as a thought partner and providing oversight on the Steering Committee, but rather than sitting on the Service Coordination Team, they facilitate referrals from SafetyNet.⁹ All Steering Committee organizations are considered referral sources for the Service Coordination Team, meaning the organizations provide client cases who need service coordination. The same organizational representatives who are on the Service Coordination Team do not necessarily also sit on the Steering Committee. Staff who have more leadership and management roles serve on the Steering Committee as thought partners and provide oversight. By comparison, staff who are more field facing with youths serve on the Service Coordination Team. For example, a healthcare organization's clinical director would be a Steering Committee member; whereas their health navigator, who directly works with clients, would be on the Service Coordination Team. Steering Committee members were aware of the Service Coordination Team's purpose in that it is a space where referrals are shared, but there was some variability in the understanding of their role in the process. As mentioned previously, there were changes to the Service Coordination Team implementation plan because of COVID-19; this could be one reason why there is some lack of clarity on roles and purpose of the Service Coordination Team. Some Steering Committee members reported that they have already started the referral process, but there has yet to be follow up about those service connections.

⁹ SafetyNet is a multidisciplinary team launched in 2011 by the Alameda County District Attorney's Office and is designed to provide an immediate response to CSEC in Alameda County, starting at the moment of their identification and throughout their potential interface with any system. This includes but is not limited to youths who are involved in the juvenile justice system, social services, other government agencies, law enforcement, and/or community-based agencies. The participating agencies are the Alameda County Public Defender's Office, Alameda County Probation Department, Bay Area Women Against Rape, Behavioral Health Care Services, East Bay Children's Law Offices, MISSSEY, Oakland Unified School District, Project Permanence, and WCC.

Tips and Successes

WCC shared strategies and resources that were beneficial in the development and implementation of the Steering Committee, which facilitated successful engagement, collaboration, and protocol development.

Prior experience working with multidisciplinary teams doing similar work was helpful

WCC has 10 years of experience and leadership in working with multidisciplinary teams to respond to sexually exploited youths in Alameda County. For example, WCC is an active member of the multidisciplinary team, SafetyNet. In addition, WCC has prior experience developing multiagency protocols. WCC facilitated the development of an interagency CSEC protocol in Alameda County and Sacramento County to leverage state funding dedicated for a CSEC program in child welfare. For this CSEC program, WCC facilitated a multiagency process with the Department of Children and Family Services (DCFS), the Alameda County Probation Department, MISSEY and 10 other stakeholder agencies to develop a protocol for a DCFS-led multidisciplinary response to sexually exploited youths. When interviewed, WCC reported that their prior experience with multidisciplinary teams benefited the development and implementation of the Steering Committee.

Having prior close relationships with organizations facilitated engagement

WCC relied on existing relationships to develop the Steering Committee. WCC had prior relationships with many of the Steering Committee members, some of them closer than others. The previous relationships were a defining factor in the successful engagement of the Steering Committee. The one organization that did not engage with the Steering Committee was the only organization WCC did not have a prior relationship with. The organizations were aligned in their excitement and strong beliefs that the Steering Committee work will benefit their clients and that clients will receive necessary services.

Commitment to a culture of collaboration across all membership levels

The development and function of the Steering Committee benefit from members' prior experiences, but also the commitment of its leadership and members to the work and to collaboration. WCC emphasized that organizations that are only focused on their individual role or work did not contribute to this committed culture of collaboration. From the beginning, bringing individuals and organizations to the table who uphold a culture of collaboration was important for the success of the committee. WCC's leadership reflected and supported a culture of collaboration. WCC practiced strategies that fostered engagement from Steering Committee members. The facilitation of meetings prioritized clarity and follow-up emails to encourage more input and feedback from Steering Committee members. Whether or not the

requests for feedback resulted in comments or responses, these intentional practices of engagement contributed to the collaborative atmosphere.

MOUs with Steering Committee members

MOUs between the Steering Committee members' organizations were necessary to efficiently facilitate referrals for individual cases to the Steering Committee. WCC was successful in developing MOUs with all Steering Committee members for the pilot program. At the third Steering Committee meeting in February 2020, WCC shared an MOU outline with attendees and received verbal affirmation that members understood the MOU. Revisions were made to the MOU documents through July 2020. WCC included time to collectively review MOU updates in Steering Committee meetings. WCC finalized the MOUs in July 2020.

The Steering Committee's multiagency protocol identified areas of integration with other multidisciplinary teams

Early in protocol development, WCC prioritized the integration of the Steering Committee's multiagency protocol with other multidisciplinary teams in the field, including DCFS and SafetyNet. Proper integration minimizes duplication and ensures effective county-wide coordination. WCC began this process at the first Steering Committee meeting. WCC sent members copies of existing protocols, MOUs, and confidentiality agreements and together identified areas of overlap to avoid and gaps where WCC's Steering Committee can contribute.

WCC also worked with Steering Committee members to clarify the purpose of their developed referral pathway and what processes to follow. If a member had a question regarding whom to send a referral to, WCC identified which pathways were appropriate, while providing the Service Coordination Team services as a catch-all net for any NSITA youths referrals that are in question. WCC emphasized to the Steering Committee that members should not worry about determining the "correct" referral pathway. WCC would be open to receiving any referral for NSITA youths and would determine how to refer the youths.

The Steering Committee improved awareness of challenges in the County

One success of the Steering Committee thus far is improving awareness and knowledge of challenges in the County, including housing gaps. Initially, WCC and Steering Committee members were under the assumption that there were ample housing programs in Alameda County. Through the Steering Committee work, WCC and members learned that there are many barriers to accessing these programs and gaps in services within the housing continuum. The housing organizations on the committee provided other members insights into these challenges.

A multidisciplinary oversight body streamlined efficient referral processes

Many referrals for clients were based on the general knowledge of an organization's services that sometimes lacked specific details about eligibility for services. For example, an organization may refer a youth to a housing organization, with the general knowledge that the housing organization serves exploited youth; however, the housing organization may have specific service requirements, such as only serving youths who are trying to exit trafficking. This information could be shared in a team-based multidisciplinary setting to streamline referral efforts and decrease youths' wait time for to receive services. A multidisciplinary oversight body can provide a larger knowledge base and reduce time spent learning organizations' services and requirements, creating a more efficient referral process. The Steering Committee developed a referral process that is faster and prevents the misplacement of client referrals due to misunderstanding of services.

Lessons Learned and Barriers

During the development and implementation of the Steering Committee, WCC and Steering Committee members experienced challenges, most of which stemmed from limitations related to time, capacity of members, and funding.

Engagement process took longer than anticipated

WCC reported that the engagement process took longer to begin and complete due to other project work as well as the nature of engagement taking time. A long engagement process delayed the Steering Committee development timeline by approximately two months.

Inconsistent attendance of members

Multiple Steering Committee members mentioned that inconsistent attendance was a barrier. One Steering Committee member observed that while a handful of organizations were consistent in attendance, other organizations were less frequently present. One reason for inconsistent attendance was that meeting times conflicted with members' work schedules and commitments. For example, one member mentioned that she did not have the capacity to attend meetings due to work commitments. Another member works in a hospital, and to attend Steering Committee meetings, she must cancel clinical hours and take paid time off. Another reason for inconsistent attendance was that the travel to the meeting location was not convenient for some members. One member mentioned that it was difficult to her to attend meetings because it was an hour-long drive. She preferred online meetings with quarterly in-person meetings. As noted earlier, the Steering Committee shifted to conducting virtual meetings after the stay-at-home order in March 2020 and plans to continue for the duration of the COVID-19 pandemic. One Steering Committee member mentioned that inconsistent attendance of organizations, particularly leadership, resulted in difficulty in driving the intended

changes to serving NSITA youths. Another member mentioned that inconsistent attendance also hindered the progress of collaboration among members.

Navigating another resource with specific eligibility requirements

One member mentioned that although the Steering Committee is successful in serving as another resource for transition-age youths, she experienced frustration with having to navigate the various criteria and requirements of other resources and multidisciplinary teams. She noted that the Steering Committee and the Service Coordination Team only served NSITA youths, echoing the perceived barriers and fragmentation of services based on age and system involvement. To avoid confusion and frustration, she would prefer a system for which there would be a single number to call for serving youths who are at risk or victims of human trafficking. This is not a critique of the Steering Committee specifically nor its referral process for the Service Coordination Team, but a member's observation of the current landscape of services and multidisciplinary teams for serving youths who are at risk or victims of human trafficking.

Sustainability after grant period

Additionally, one member mentioned the ending of the grant period and the uncertainty of the Steering Committee's sustainability due to funding as a potential barrier.

Appendix D. Improving Outcomes for Transition-Age Youth Victims of Human Trafficking – Steering Committee Survey Brief

Improving Outcomes for Transition-Age Youth Victims of Human Trafficking – Steering Committee Survey Brief

Sarah Russo and Arena C. Lam

February 2021

Sample and Method

A focus of WestCoast Children's Clinic's (WCC) pilot program is to coordinate and implement a multidisciplinary oversight body (referred as the Steering Committee). WestEd administered a 10-minute survey to Steering Committee members in November 2020, approximately 13 months into implementation of the Steering Committee. The purpose of the survey data collection was to describe the composition of the Steering Committee membership and the members' experiences participating in the Steering Committee. The survey included 24 questions that collected information on the members' organization and position; Steering Committee meeting participation; and perceptions of the Steering Committee membership, Steering Committee functioning and format, and outcomes and value of the Steering Committee. Unless stated otherwise, all multiple-choice survey items were presented on a scale from 1 ("strongly disagree") to 5 ("strongly agree") with the additional response option, "don't know."

At the time of survey administration, there were nine active Steering Committee members representing nine organizations. WestEd emailed each Steering Committee member the link to the confidential online survey and sent up to three follow-up reminders. Eight Steering Committee members completed the survey; seven members completed the online survey, and one member completed the survey via paper format upon his/her request. We discuss the survey results below.

Results

Steering Committee Members

The survey respondents represented a variety of organizations, and some held multiple positions in various sectors. Some of the represented organizations were in “CSEC,” “education,” “government,” “legal services,” “healthcare,” and “housing.” On average survey respondents worked for seven years at their organization, ranging from less than one year to 19 years. Survey respondents represented a variety of positions with their organizations. Positions included Chief Operating Officer, Deputy District Attorney, Director of Engagement Services, Founder of an organization, Program Specialist, Social Worker, Supervising Attorney, and Physician.

Steering Committee Meeting Participation

Three-quarters of respondents attended Steering Committee meetings “very often” or “always.” The remaining quarter attended meetings “sometimes.” Of the respondents who could not attend all meetings, the majority (83%) “had a time conflict with the meeting time(s).” One respondent reported that someone else from their organization attended.

Steering Committee Membership

The survey included four statements assessing members’ perceptions of the Steering Committee’s collective knowledge and expertise in the issues of human trafficking and non–systems-involved transition-age (NSITA) youths in Alameda County. Almost all respondents (88%) agreed or strongly agreed with the following statements: (1) the Steering Committee was cohesive (e.g., members share similar goals, similar commitment to the goals); (2) the members of the Steering Committee were aware of the needs of NSITA youths, who are victims of human trafficking, in Alameda County; and (3) members of the Steering Committee were knowledgeable about the needs of NSITA youths, who are victims of human trafficking, in Alameda County. Seventy-five percent of respondents agreed or strongly agreed that the Steering Committee represented organizations in Alameda County that serve trafficked youths. For all four statements, the remaining respondents reported, “don’t know.” These results suggest strong agreement among the members that the Steering Committee comprised the right organizations.

While there was strong agreement about the current Steering Committee members, most respondents (71%¹⁰) reported that there were other organizations who serve trafficked youths, whose participation would have benefited the Steering Committee. Respondents suggested the following specific organizations and types of service providers to include in the Steering Committee: Bay Area Women Against Rape (serves sexually exploited minors), Progressive Transitions (serves survivors of domestic violence and sexual exploitation), Hope Intervention

¹⁰ One participant did not respond to this survey item. Thus, 5 of 7 (instead of 8) participants or 71% agreed or strongly agreed with this survey item.

Project (provides case management services), another housing provider, and an organization that provides bedside advocacy/support [e.g., Survivors Healing, Advising and Dedicated to Empowerment (SHADE) Movement]. Additionally, one respondent suggested including youth survivors and community members in the Steering Committee and another respondent suggesting conducting more outreach.

Functioning and Format

The survey included five items assessing members' perceptions of the Steering Committee's functioning, the format of the group meetings, and the communication among the members. Almost all respondents (88%) agreed or strongly agreed that the time spent in Steering Committee meetings was well spent. Eighty-eight percent also agreed or strongly agreed that the format of the Steering Committee meetings (scheduling, agenda, materials, and virtual meeting space) encouraged group members to interact and communicate with each other. Seventy-five percent agreed or strongly agreed that the way Steering Committee meetings were conducted (facilitation, activities, time allocations) encouraged members to interact and communicate with each other. Over half (63%) agreed or strongly agreed that they could voice their true views and concerns during the Steering Committee meetings. For all four statements, the remaining respondents reported, "don't know."

Additionally, the survey asked if there were alternative formats, methods of conducting the meetings, or additional materials that would have worked better for developing infrastructure that serve NSITA youths. One quarter of respondents responded, "yes." One respondent suggested that the Steering Committee have a collectively accessible secure database to store their shared clients' information, similar to an electronic health record. Another respondent suggested creating space for youth voice and perspective regarding their needs and how providers should interact with them.

Perceived Outcomes of Steering Committee

The survey included three items assessing perceived outcomes produced by the Steering Committee meetings. Seventy-five percent of respondents agreed or strongly agreed that their input regarding the needs of NSITA youths was addressed by the Steering Committee. Seventy-five percent also agreed or strongly agreed that the Steering Committee helped develop infrastructure that serve NSITA youths. For both statements, the remaining respondents neither agreed nor disagreed. Finally, 75% of respondents agreed or strongly agreed that the Steering Committee helped the Service Coordination Team in referring youths to the services they need. For this statement, the remaining respondents were split between "neither agree nor disagree" and "don't know."

Perceived Value of Steering Committee

Lastly, the survey included four items that assessed members' perceptions of the utility of the Steering Committee and whether the multidisciplinary group met its intended goals. Almost all (88%) respondents agreed or strongly agreed that the Steering Committee meetings were a

worthwhile investment of energy and time. One respondent (13%) disagreed with that statement. Almost all (88%) respondents also agreed or strongly agreed that they would continue their membership in the Steering Committee. One respondent responded, “don’t know.” Seventy-five percent agreed or strongly agreed that the Steering Committee process will lead to an increase in engagement of NSITA youths with services in Alameda County. Twenty-five percent responded, “don’t know.” Finally, all respondents (100%) agreed or strongly agreed that the Steering Committee included the goals, views, and priorities of organizations who serve trafficked youths in Alameda County.

Appendix E. Serving Non– Systems-Involved Transition-Age Youth Impacted by Human Trafficking: Multidisciplinary Teams and Client Services

Serving Non–Systems-Involved Transition-Age Youths Impacted by Human Trafficking: Multidisciplinary Teams and Client Services

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Introduction

From January 2019 through May 2021, a federal grant¹¹ funded pilot projects in two sites in California to improve outcomes for non–systems-involved transition-age (NSITA) youths impacted by human trafficking.¹² The Improving Outcomes project defines NSITA youths as being aged 14 to 24 and not currently involved in the juvenile justice or child welfare systems or being in transition from foster care or another form of court jurisdiction. The pilot projects focused on this specific underserved population because these young people are not connected to any formal systems of support and services, and because most services are typically only available to individuals up to age 18 or 21 at most. The two project sites were charged with addressing gaps in the identification, engagement, and provision of services to those in this population who are victims of or at risk of human trafficking.

The Improving Outcomes project also funded a cross-pilot evaluation, with WestEd as the external evaluator. In this role, WestEd hosted two virtual joint learning sessions attended by the project partners: the two pilot sites (San Diego Youth Services [SDYS] and WestCoast Children’s Clinic [WCC] in Alameda County); and WCC’s subgrantee, Motivating, Inspiring,

¹¹ The California Governor’s Office of Emergency Services partnered with the California Department of Social Services and the Alameda County District Attorney’s Office to secure the grant funding from the U.S. Department of Justice’s Office for Victims of Crimes.

¹² Although “TAY” — the acronym for transition-age youths — 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 (but does use the abbreviation “TAY” if it is included in the name of a program). The phrase “impacted by human trafficking” refers to being victims of, or at risk of being victims of, human trafficking.

Supporting & Serving Sexually Exploited Youth (MISSEY).¹³ The purpose of these joint learning sessions was to provide opportunities for the sites to share the progress of their pilot programs serving NSITA youths, including successes, challenges, lessons learned, and areas for support. The theme of the first joint learning session was the pilot sites' development and implementation of multidisciplinary teams (MDTs) that focused on identifying NSITA youths for services. The theme of the second session was developing and implementing direct client services for this target population.

This brief provides a summary of the discussions from both sessions, with the goal of sharing a blueprint and lessons learned with agencies, organizations, and partnerships that seek to serve youths who are victims of or at risk of human trafficking, especially the underserved NSITA youth population.

¹³ SDYS is a nonprofit charitable organization in San Diego (CA) and was selected for this grant to focus on providing services and supports related to housing and education. WCC is a private, nonprofit children's community psychological clinic in Alameda County (CA). WCC used part of its funding to provide a subgrant to MISSEY, also a nonprofit in Alameda County, to focus on career development.

Multidisciplinary Teams

The first joint learning session took place on August 11, 2020, and focused on the pilot sites' development and implementation of MDTs as a means of identifying NSITA youths for services. SDYS and WCC discussed strategies for developing MDTs, COVID-19 impacts on MDTs, differentiating the pilot program in outreach efforts, and goals for MDTs' future.

Strategies for Developing Multidisciplinary Teams

WCC's process for building its MDT had multiple phases, which included forming a Steering Committee to guide the MDT development process and a Service Coordination Team to provide NSITA youths with tailored referrals to services and to facilitate linkages between clients and service providers and resources across Alameda County. SDYS collaborated with previously existing MDTs to increase awareness of and referrals to its pilot program in order to serve a larger number of NSITA youths in San Diego County. Further, WCC and/or SDYS used the following strategies to develop and implement their MDTs:

- **Landscape analysis.** WCC conducted a landscape analysis, at the beginning of the grant, to identify partners who could serve as referral sources because they come into contact with NSITA youths, and trained those partners on the Commercial Sexual Exploitation – Identification Tool (CSE-IT)¹⁴ so they are equipped to spot indicators of commercial sexual exploitation. WCC identified education, health care, and adult service providers through the landscape analysis. WCC also reached out to organizations that it already had relationships with and brought representatives of some of those organizations onto the Steering Committee.
- **Modified referral form.** With feedback from the Steering Committee, WCC staff modified their intake/referral form template (which is also used by other WCC programs) to better capture information specifically needed by WCC's Service Coordination Team. The form was modified to include an additional section that identified transition-age youths' requested areas of service (e.g., employment, educational support, housing, legal benefits/immigration assistances, legal status, medical, mental health, and other services). The Service Coordination Team used information from the modified form to refer NSITA youths to appropriate service

¹⁴ 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 more than 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 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 health care or education service providers.

providers and resources in Alameda County.

- **Memoranda of understanding with partners for referrals.** WCC discussed the purpose and principles of the MDT and gathered MDT partners' input on memoranda of understanding (MOUs) with partners for referrals. A common, streamlined MOU reduced burden on individual partners to develop their own MOUs. The common MOU enabled partners to discuss referrals and more efficiently connect young people with services.
- **Collaboration with existing multidisciplinary teams.** SDYS collaborated with other MDTs in San Diego County, such as the REACH Coalition, San Diego Youth Homeless Consortium, and San Diego County's Behavioral Health Services Councils, to create referral streams for the pilot program's focus on NSITA youths. These MDTs included health care providers and other service providers.

COVID-19 Impacts on Multidisciplinary Teams

In March 2020, midway through the grant implementation period, the COVID-19 pandemic began to hit the United States. Stay-at-home orders necessitated that both pilot sites adjust their MDT and client services plans:

- **Delays to the convening of WCC's Service Coordination Team and a temporary shift in structure due to COVID-19.** Prior to the pandemic, WCC had envisioned a team-based model for its Service Coordination Team, with the MDT partners sharing responsibility for the service coordination process. However, the pandemic forced WCC to act as the central hub for referrals. All referrals of NSITA youths were directed to WCC, which then conducted outreach and engagement. WCC then worked with MDT members individually to connect the clients to services. One unanticipated benefit of the hub-based model was that WCC became informed about specific client needs and was able to include examples in presentations to demonstrate the needs that its pilot program was meeting. At the time of the first joint learning session, WCC was in the process of transitioning to a slightly modified team approach, whereby WCC maintained its central facilitation role and the Service Coordination Team conducted case discussions that involved all of the MDT partners.
- **Changes to sources of client referrals.** WCC had anticipated that community partners would be the main entities referring NSITA youths to needed services. However, COVID-19–related closures of familiar service providers prompted WCC to consider other providers to maximize service referrals for potential NSITA clients. Due to COVID-19, health care providers proved to be a major referral source. To engage new partners, WCC used email to reach and follow up with organizations. WCC also leveraged its preexisting relationships with organizations to include health care providers in its Steering Committee. Schools were also originally one of WCC's target providers for generating referral streams for the pilot program. WCC adapted to

COVID-19 school closures by partnering with the Alameda County Office of Education to connect with continuation schools, which are alternative high school diploma programs for students age 16 or older who are at risk of not graduating. During the period of school closures, these schools provided more successful access to NSITA youths than traditional high schools did.

- **Changes to multidisciplinary team functioning.** Due to COVID-19, SDYS experienced challenges in coordinating with other MDTs to the degree that SDYS had intended for its focus on NSITA youths. For example, the pandemic prompted a shift in the focus of MDT meetings, from providing case consultation to addressing administrative needs. Similarly, WCC had to significantly adjust its outreach methods. WCC went from giving in-person presentations about the pilot program at meetings, in the early days of the grant, to resorting to individual outreach via email and phone calls after COVID-19 shut down in-person meetings.

The pilot sites also provided insights into the qualities and structures that allowed them to adapt to COVID-19–related challenges:

- Both SDYS’s and WCC’s reputations and relationships with other organizations provided structure and trust that facilitated organization buy-in even when agencies’ staffs were not able to connect in-person.
- WCC’s electronic health system was successful for conducting direct intakes in a virtual environment and entering client information for the Service Coordination Team’s service referrals.
- WCC’s agencywide internal weekly team meetings, which brought together its departments, informed its pilot program’s adaptations to COVID-19.

Differentiating the Pilot Program in Outreach Efforts

Although both SDYS and WCC benefited from their agencies’ name recognition and long histories of working to address commercial sexual exploitation of children and human trafficking, each agency had to focus on differentiating the new pilot program from its existing and more traditional services. Both agencies stressed the importance of communicating how the pilot programs were different from their other programs and MDTs, so that organizations could better understand the pilot programs’ eligibility criteria and make appropriate client referrals. SDYS learned to underscore the pilot program’s focus on NSITA youths in its external outreach efforts, and characterized the program as a “diversion program” for transition-age youths before they became systems-involved. WCC explicitly communicated to external partners how its MDT’s focus on NSITA youths differed from the focus of its other work groups.

Within WCC, the pilot program's focus on identifying and facilitating short-term service linkages (i.e., WCC making referrals for NSITA youths to external resources in the community and facilitating a "warm hand-off" of these youths to these community providers) was a different service model, compared to WCC's traditional focus on long-term therapy services. Thus, when communicating to other departments within the agency, WCC learned to emphasize the pilot program's unique foci. WCC adjusted the agency's intake processes for pilot program clients, shifting the intake from focusing on engaging in long-term therapy services to focusing on shorter-term contact for warm hand-offs and service linkages. For example, additional pieces of information were incorporated into WCC's intake process for pilot program clients because additional information was needed by the external organizations to which WCC was making referrals. WCC also communicated to its intake department that Medi-Cal information was not needed for making referrals for pilot program clients. WCC retrained its staff to use the adapted infrastructure for this different service model.

Goals for Multidisciplinary Teams' Future

When discussing visions for the subsequent six months of grant implementation, staff of both pilot sites noted that they hoped to continue solidifying their MDTs and increasing their connections with partners and clients. Staff of SDYS hoped to become more involved with its MDTs and to continue to conduct outreach. For example, a staff member applied for and received a seat on San Diego County's Transitional Age Youth Behavioral Health Services Council to help build stronger connections with other service providers. WCC hoped to consistently hold biweekly MDT meetings, to have discussions and consultations with providers who can link services, and to increase the number of clients served.

Direct Client Services

The second joint learning session took place on March 16, 2021, and focused on direct client services. The themes discussed by WCC, MISSEY, and SDYS included COVID-19 impacts on client services, strategies for developing client services, challenges not due to COVID-19, best practices for client follow-up, and considerations for transition planning and sustainability.

COVID-19 Impacts on Client Services

The pilot sites served clients in various ways, based on the agencies' expertise. WCC provided short-term service linkages and referrals through its MDT; WCC's subgrantee, MISSEY, provided career-readiness supports through workshops for cohorts of transition-age youths; and SDYS provided long-term case management services with a focus on housing needs. In the second joint learning session, the pilot sites shared their experiences providing their client service models and how COVID-19 impacted their efforts.

WestCoast Children's Clinic

WCC's goals were to form its MDT to serve NSITA youths (for whom there previously had not been clear referral pathways), provide a point of engagement and outreach, provide consultations and direct linkages to services, and increase the capacity of providers in Alameda County to serve these youths. To achieve these goals during COVID-19, WCC adjusted its intake department structure and protocols and its outreach and communication strategies with clients, created resources regarding closures from COVID-19, and established logistics to ensure remote access to services. WCC also allocated MDT meeting time for members to share out, for example, effects of COVID-19 on clients. COVID-19 significantly impacted WCC's ability to conduct direct outreach to transition-age youths (via school-based services, drop-in centers, and youth shelters), and WCC staff believed they would have served more youths in this age group if they had been able to interface with them directly. Although it faced these challenges, WCC experienced success in engaging transition-age youths and linking clients to services, though some clients were not at a stage of readiness for services. COVID-19 highlighted the needs of older transition-age youths who already had barriers to accessing services, especially NSITA youths who had to obtain a job.

Motivating, Inspiring, Supporting & Serving Sexually Exploited Youth

MISSEY's development of its new Career Readiness Program began with obtaining feedback from youths and survivors already engaged in workshops and services through MISSEY's drop-in center and from youths enrolled in its paid internship program. Implementation of the Career Readiness Program began during the COVID-19 pandemic. Two program groups (one for youths of high school age and another for older transition-age youths, to better accommodate their

work schedules) participated virtually in a career readiness curriculum that included workshops focused on technical skills (e.g., resume writing and mock interviews) as well as soft skills and social-emotional learning (e.g., time management, communication, problem solving). The Career Readiness Program also featured guest speakers of similar backgrounds as the transition-age youths and a panel discussion with women of color in the San Francisco Bay Area community. COVID-19 presented some challenges for the transition-age youth program group, including barriers to accessing the virtual program. Many of the older transition-age youths were not enrolled in school and thus did not have regular access to laptops or computers, reliable internet connections, and/or phone service. Additionally, these particular youths often faced day-to-day life crises. COVID-19 also impacted program enrollment; MISSEY had expected to receive referrals from organizations that were closed due to COVID-19, and many transition-age youths were focused on emergency needs and were not available to attend the Career Readiness Program.

San Diego Youth Services

SDYS first identified gaps in its own services, and in the community's services, for NSITA youths. Then, SDYS designed its pilot program's services to fill those gaps, including strategies to build the self-sufficiency and independence of transition-age youths. The pilot program included two staff — a Connections Coach and a Permanency Navigator — who worked with transition-age youths to provide housing navigation and to develop goals, employment readiness skills, social-emotional skills, and a level of independence. These staff also functioned as safe people to whom transition-age youths could turn when in need. SDYS's pilot program was housed within its TAY Academy, a drop-in center. Through the drop-in center, staff were able to build stronger connections with the transition-age youths because these young people were already familiar with the drop-in center location and staff. Staff were also able to reach transition-age youths in a setting that they already frequented, reducing difficulties in locating youths who needed assistance. However, when the drop-in center closed due to COVID-19, SDYS pivoted to conducting outreach for referrals. SDYS employed its traditional methods of engagement and outreach, but shifted its target to providers who serve NSITA youths. In the past, SDYS relied on referrals from Probation and Child Welfare Services; for the pilot program, SDYS conducted outreach to schools, homeless shelters, and other partners who serve NSITA youths. Pandemic-related closures of schools and SDYS's drop-in center led to fewer referrals than anticipated, as school personnel and SDYS program staff experienced difficulties connecting with youths in virtual environments. Some client services were provided in person; however, the majority of case management was conducted remotely. Transition-age youths were able to access the drop-in center at limited times in order to address basic needs: to receive food, take showers, do laundry, and set up case management appointments. SDYS found that COVID-19 exacerbated clients' needs related to housing, employment, and other basic needs. SDYS's pilot program staff focused on connecting transition-age youths with more ongoing, extensive services in those areas, which took precedence over clinical and social support services.

Strategies for Developing Client Services

In the second joint learning session, the pilot sites shared strategies that they used to develop their client services for the NSITA population, and shared challenges that they faced in providing those services.

WestCoast Children's Clinic

- **Client-centered approach.** WCC practiced an informal client-centered intake process to build rapport and engagement with clients. This approach extended to the agency's warm hand-off process, which included consulting with the MDT. WCC prioritized client autonomy and provided space and opportunities for transition-age youths to determine their own lives, goals, and needs.
- **Leveraging community relationships.** In response to gaps in their own capacity and to provide wrap-around care for clients, WCC built new relationships with communities and leveraged collaboration with other groups.
- **WCC's mental health services.** WCC was able to seamlessly connect clients to its Transition-Age Youth Services Program, which serves youths up to age 21, and to another WCC program that serves youths up to age 25. These programs offer individual health services and case management for eligible youths.
- **Challenges.** WCC staff noted that their biggest challenge was the lack of resources for clients. Due to inability to meet with clients in person, WCC also experienced challenges obtaining written release forms from clients, which were required in order for WCC to collaborate with certain agencies. Additionally, when building relationships with clients and setting expectations, WCC staff shifted their service approach to conducting short-term outreach rather than providing traditional long-term case management.

Motivating, Inspiring, Supporting & Serving Sexually Exploited Youth

Eliciting transition-age youths' feedback to ensure engagement. MISSEY carried out its Career Readiness Program with a balance of informal delivery and more formal, "professional" engagement. Based on elicited suggestions from transition-age youths regarding ways to increase engagement in a virtual environment, MISSEY adjusted the program's curriculum. Modifications included decreasing the density of presentations and making the program more visually stimulating and activity-based.

Competitive incentives. MISSEY emphasized the importance of providing incentives as a way to engage transition-age youths. MISSEY provided clients with interview clothing and a \$180 stipend for completing the program, and was working with its leadership team to increase the number of incentives. MISSEY staff found that competitive incentives were key to program attendance, alleviating transition-age youths' difficult choices between participating in the program and working a job. Incentives also communicate to clients that their time is valued.

Challenges. Clients who did not have reliable access to technology experienced issues participating in the virtual program. Additionally, the Career Readiness Program received fewer referrals than expected, which MISSEY attributed to service providers operating remotely.

San Diego Youth Services

- **Trauma-informed care.** SDYS infused trauma-informed care into every aspect of its programming. The staff prioritized client autonomy; clients made decisions to achieve their goals, while staff offered available options and maintained what they described as “cultural humility” throughout their care.
- **Blending of services.** SDYS worked to connect clients with additional resources within the agency. If the pilot program could not provide a particular resource for a client, staff worked collaboratively to identify other SDYS programs that could help meet the client’s needs.
- **Challenges.** Transition-age youths, especially those experiencing homelessness, often faced circumstances that resulted in transiency and in inconsistencies that created barriers to SDYS maintaining connections with them.

Challenges Not Due to COVID-19

Both WCC and MISSEY staff noted that most of the challenges they experienced while serving clients did not stem from the COVID-19 pandemic. WCC highlighted that the pandemic magnified existing gaps in and barriers to services for NSITA youths—specifically housing and employment—rather than these gaps and barriers being a result of the pandemic. MISSEY staff indicated that many issues that they came across in implementing their program were inherent in the nature of the work. However, they anticipated that their program would be more successful after COVID-19 because implementing the program in person would remove some of the barriers to participation and engagement.

Best Practices for Client Follow-Up

In the second joint learning session, the pilot sites shared the following practices that they found to be successful in following up with clients and reaching closure in addressing their clients’ needs:

- Staff noted that being intentional and mindful of protecting people’s time and clients’ information, holding clients’ needs in mind, and collaborating with partners were important.
- WCC’s MDT was diligent in its efforts to bring client cases to closure. The MDT followed an in-depth, comprehensive process for clients, which included determining eligibility, assessing needs, developing linkages, and looping back to referral sources with updates.

Accountability was valued and set the culture of how the team functioned.

- Resource sharing through the MDT was a significant contributor to WCC's successful case closure. WCC staff noted that sharing resources and thinking creatively about sustainable partnerships were important. WCC prioritized partnering with providers who would support its work and ensure access for both current and future clients.
- SDYS and WCC built relationships with clients and supported them through the various stages of care.

Considerations for Transition Planning and Sustainability

In the second joint learning session, the pilot sites shared their plans for the future as they prepared to close out the work at the end of the grant period.

- **Ensuring adequate time for case closure and continuity of care.** WCC stopped accepting referrals three months prior to the end of the grant, to focus on securing services for active clients. WCC found that fully engaging clients took two weeks and that gathering information and referring clients to appropriate services took a few additional weeks. WCC's MDT continued to use MDT meeting times for consultations, for both MDT members and external providers. Consultations included resource sharing and helping providers navigate working with transition-age youths who may be impacted by sexual exploitation. Subsequent incoming client referrals were directed to another MDT in Alameda County.
- **Transitioning staff and clients to other available services at the agency.** SDYS planned to continue assessing transition-age youths for eligibility and interest in services. SDYS identified other services within the agency and funding that could continue to support active clients from the pilot program. SDYS's pilot program staff would transition into other roles and remain at the agency, allowing them to continue to serve their clients from the pilot program.
- **Integrating more social–emotional learning components and incentives.** MISSEY planned to modify its Career Readiness Program to integrate more social–emotional skills and implement the updated curriculum with the next cohort. Its staff also looked forward to learning how to build more incentives into the program.

Conclusion

Pilot site staff noted that the Improving Outcomes grant's focus on serving NSITA youths prompted the pilot sites to explore new territories. Given that only youths who are younger than age 21 are eligible for traditional services, the grant's focus on youths through age 24 provided the pilot sites with meaningful experiences to learn more about transition-age youths' levels of participation, their levels of ability to receive services, and at what points they are free to make choices and have the capacity to build 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:

- Building a streamlined, team-based MDT is important, and the MDT should include partners from health care 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' collective knowledge of available resources in the community and of the unique eligibility requirements for this population can help streamline referral processes, more quickly connect transition-age 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 routine or known partners and referral pathways.
- Programs should take into account age-based differences in needs and in available resources. Identifying resources for older transition-age youths can be particularly difficult due to these youths not being connected to any systems of supports and being outside of the typical eligible age range for services.
- Programs should also 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.