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Developing and Implementing Collaborative Responses in Child Welfare and Juvenile Justice Settings to Support Children and Youth Who Have Experienced Commercial Sexual Exploitation

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Summary of the Project

Across the country, thousands of children and youth are bought and sold for sex every year. On average, children aged 12-14 are first experiencing commercial sexual exploitation (CSE) (OJJDP, 2014), though in Los Angeles County, children as young as nine have been identified as victims of CSE. Commercial sexual exploitation can involve child sex trafficking, child pornography, child sex tourism, and trading sex to meet basic needs (Walker, 2013). Traffickers often prey on already vulnerable children and youth, including those who have experienced childhood physical and sexual abuse, violence or chaos at home, foster care and/or juvenile justice system involvement, and/or homelessness or running away from home or placements (Hyatt, 2012). Once on the streets, traffickers may coerce children and youth into sex for hire using promises of love, drugs, and violence, subjecting children and youth to beatings, rape, and starvation if they do not comply. Others may manipulate children into submission with a mix of loving care, violence, and threats or shame, resulting in children experiencing trauma bonding with their traffickers (Sanchez, Speck, & Patrician, 2019). Some children and youth do not have a trafficker, but instead find themselves trading sex for a place to stay or a warm meal (Popkin, Scott, & Galvez, 2016).

There have been several statewide policy changes in California aimed at shifting public perceptions of children and youth who have experienced CSE and developing supportive, multidisciplinary, non-punitive responses to address their needs. In 2014, the California legislature passed SB 855, which clarified that children and youth who have experienced CSE are victims of child abuse under the law and thus should be served by the child welfare system, rather than the juvenile justice system. SB 855 also established the Commercially Sexually Exploited Children and Youth (CSEC/Y) Program, in which counties elect to participate by

developing multidisciplinary responses to CSE. By opting into the CSEC/Y Program and fulfilling its requirements, counties are eligible for additional funding. In 2015, California codified the Federal Preventing Sex Trafficking and Strengthening Families Act through SB 794, requiring county child welfare and probation departments to establish protocols for identifying, reporting, documenting, and serving children and youth who have been, and/or are at risk of, CSE. SB 794 also requires counties to take steps to locate and identify missing and runaway children and better understand their reasons for leaving home or care. In 2017, through the passage of SB 1322, which prohibits the arrest of minors for prostitution and related charges, California further solidified its commitment to treating children and youth who have experienced CSE as victims of abuse, rather than offenders.

According to the FBI, Los Angeles County is one of the nation's thirteen High Intensity Child Exploitation Areas (USDOJ, 2009). In response to the issue, Los Angeles County created specialized units within Probation—the Child Trafficking Unit—and the Department of Children and Family Services (DCFS)—the Commercially Sexually Exploited Children (CSEC) Section—to provide multidisciplinary, intensive strengths-based support and case management services. These units have dedicated Probation Officers (Child Trafficking Unit) or Social Workers (CSEC Section of DCFS), who have been specially selected and trained to work with this population. This move away from criminalizing and detaining children and youth who have experienced CSE, and instead serving them using a multidisciplinary approach, is aligned with recommended practice by the Department of Justice (e.g., Institute of Medicine & National Research Council, 2013; President's Interagency Task Force to Monitor and Combat Trafficking in Persons, 2014).

These two specialized units work collaboratively, as mandated by SB 855, because many children and youth who have experienced CSE are involved in both the juvenile justice and child welfare systems. Even with the passage of SB 1322 children and youth who experience CSE are still arrested or detained for other crimes related to their exploitation (e.g., substance use, running away, robbery, etc.). A study in Los Angeles found that girls who had experienced CSE were significantly less likely to have their first arrest be a felony (38%) and more likely for it to be a misdemeanor (57.5%) compared to a sample of females who had not experienced CSE (felony = 52.3%; misdemeanor = 46.4%) (Dierkhising et al., 2018). In addition, those who had experienced CSE were detained at juvenile hall significantly more often than their non-CSE counterparts (Dierkhising et al., 2018). While disheartening, these findings provide support for both systems to work collaboratively to serve children and youth who have experienced CSE despite the change in laws that recognize youth who have experienced CSE as victims of a crime rather than offenders.

Even with the increased attention to the issue of CSE and the changing policy landscape there has been little research documenting these multidisciplinary service delivery models or demonstrating whether these are the most effective services for children and youth who have been, and/or are at-risk of, CSE. This represents a troubling gap in the literature and indicates a clear need for more information related to promising practices and evidence-based programs for children and youth experiencing CSE who are also being served by juvenile justice (e.g., probation) and/or child welfare systems.

Research Goals, Objectives, and Questions

The purpose of the proposed project was to conduct an evaluability assessment of the specialized units for children and youth who have experienced CSE in Los Angeles County and

are served by the child welfare and juvenile justice systems. The specific units evaluated include the Los Angeles County Probation Department's Child Trafficking Unit and the Los Angeles County Bureau of Specialized Response Services for Commercial Sexual Exploitation of Children in DCFS. The goal of this project is to assess these models so that they can be further defined and operationalized to prepare them for further evaluation and allow other jurisdictions to replicate them.

Three overarching research questions were addressed in the study including: (1) What are the program components of the specialized units?; (2) What are the associated short-term and long-term outcomes?; and (3) How can the programs be assessed for implementation fidelity? In answering these questions, the specific objectives of the project were to:

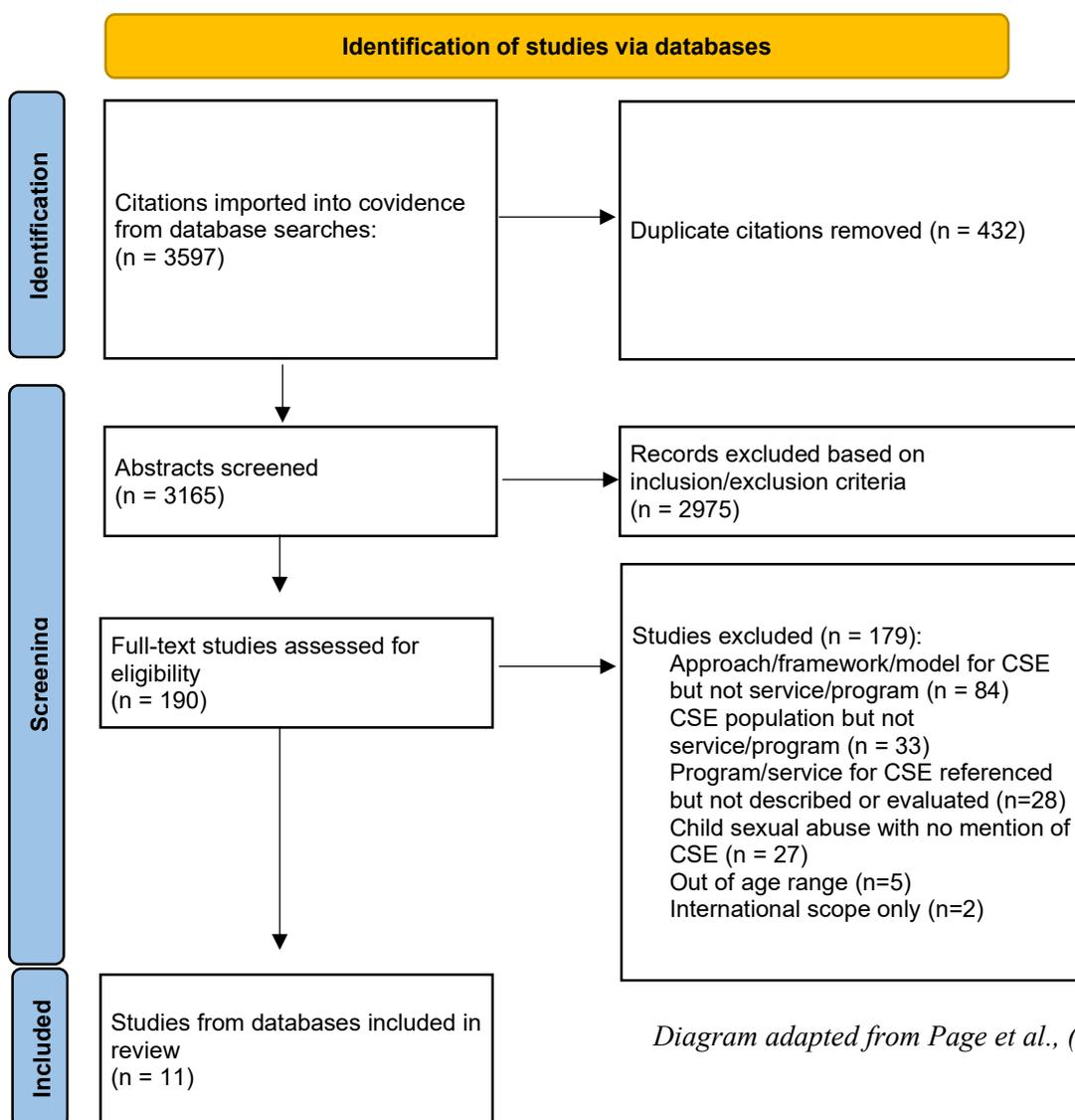
1. Conduct a scoping review of the literature on programs and program evaluation for youth impacted by CSE in the United States.
2. Specify and describe the activities of the specialized units in Los Angeles County for children and youth who have experienced CSE.
3. Develop logic models that include the program components and hypothesized outcomes of the specialized units.
4. Identify and/or develop measurement tools and a measurement plan to assess program fidelity.
5. Evaluate the research capacity of the agencies.

Evaluation Approach

First, we conducted a systematic review of the literature on programs and services for youth impacted by CSE with a focus on programs and services that have been evaluated (Kim et al., 2022). To do so, we used Covidence (2016), a cloud-based software that facilitates systematic reviews to select and screen study titles, abstracts, and full-text. Studies were screened by title and abstract in Covidence, using inclusion and exclusion criteria. For studies to be eligible for inclusion, studies were: (a) any type of publication (e.g., reports, conference presentations, dissertation); (b) published from 2000 to present; (c) reported in English; (d)

included services and/or programs for youth and young adults, aged up to 21; and (e) included all genders. Two groups of two reviewers independently screened and cross-checked the screening; then conducted full text reviews, again cross-checking one another's work. A total of 3,597 citations from the database searches were added to Covidence for title and abstract screening. Duplicates (n = 432) and irrelevant citations (n = 2,975) were removed, and 190 citations were included for full text review. At this stage, 179 articles were removed based on the inclusion criteria. Eleven articles (9 peer-reviewed; 2 dissertations) were ultimately selected through this process and one report was added after program mining for extraction (See Figure 1).

Figure 1. PRISMA Diagram of Scoping Review Process



To achieve the second and third objectives the research team worked closely with several key stakeholders in Probation and DCFS, reviewed several key documents associated with the specialized units (see Appendix A), joined regular standing meetings, observed the work of Probation Officers and Social Workers, and conducted interviews with key stakeholders, Probation Officers, and Social Workers (see Table 1). Based on the information from all these sources two logic models were developed which were then presented to individuals in the specialized units and other stakeholders, including experts in the field and former clients of the units, for feedback. We then integrated this feedback into the logic models.

Table 1
Summary of Interviews, Focus Groups, and Observations

Interview/Focus Group/Observation Type	Number
Stakeholder Interviews (for logic model)	14
DCFS interviews (for logic model)	3
Probation interviews (for logic model)	3
Probation interviews (for research capacity)	3
Stakeholder & DCFS Interviews (for research capacity)	2
Stakeholder Focus Group (for research capacity)	1
Multidisciplinary Team Meeting Observations	11

To achieve objective four, all components of each logic model were operationalized based on the scoping review, interviews, observations, and through discussions amongst the research team. In addition, we developed a detailed measurement plan for the Child Trafficking Unit. In doing so, we assessed what data were already being collected at the participating agencies. As part of this process two additional data collection tools were developed, based on the activities in the logic models, to capture data that was not already being collected by the agencies. The first tool developed was a database that mirrors the workflow of the Child

Trafficking Unit. Second, a youth survey was developed to support a multi-informant data collection process based on the logic model of the Child Trafficking Unit.

To achieve objective five, we interviewed individuals in the specialized units and individuals who work closely with the specialized units on the capacity of the units to collect data (see Table 1). Specifically, we assessed the potential and feasibility of utilizing a new database to collect evaluation data and the lessons learned of a recently implemented database.

Expected Applicability of the Research

While the evaluability assessment was specific to Los Angeles County's specialized units for CSE in the Probation Department and DCFS, the outcomes of the project and the resources developed can be applied to other jurisdictions interested in developing units such as these. It is our intention that another jurisdiction would be able to use the information in this report, and the associated products related to this project¹, in order to apply the work in their own system/jurisdiction.

Collaborating Organizations

Our evaluation approach included a multidisciplinary core team of researchers, practitioners, and advocates. The project was managed by Cal State LA (PI: Carly B. Dierkhising, School of Criminal Justice and Criminalistics & the Research Coordinator: Jacquelyne Sandoval) in collaboration with the University of Southern California (Co-PI: Bo-Kyung E. Kim, School of Social Work) and the National Center for Youth Law (NCYL: Mae Ackerman-Brimberg, Collaborative Responses to Commercial Sexual Exploitation Initiative).

¹ Dierkhising, C. B., Kim, B. K. E., Ackerman-Brimberg, M., & Sandoval, J. R. (2022). Implementation and Assessment Guide for Specialized Units Serving Youth Experiencing Commercial Sexual Exploitation in Probation and Child Welfare Settings. Washington DC: U. S. Department of Justice, National Institute of Justice. Found at: <https://youthlaw.org/sites/default/files/attachments/2023-01/NIJ%20Implementation%20Guide%20-%201.13.23.pdf>

The project was also supported by the Los Angeles County Probation Department and DCFS. Additional consultants included Dawn Bounds and Kristine Chan from the University of California, Irvine and Michelle Talley at the University of California, Los Angeles. Feedback loops were also integrated throughout the process which, at times, included the National Center for Child Traumatic Stress Network's Child Trafficking Workgroup, the National Center for Youth Law's CSEC Action Team Advisory Board, and additional young people with lived experience expertise.

Changes in Approach from Original Design

This project began in January of 2020. During the initial hiring and organizational phase, the global pandemic began which required the team to revise the research approach. Originally, most of the work was expected to be done in the field through close observation of the daily work of Probation Officers and Social Workers in the specialized units. Because of the transition to remote work for all parties involved (the researchers and the participating organizations), the team transitioned to remote data collection (e.g., remote/online interviews) and observations (e.g., remote/online meetings). This meant that the research team was not able to observe a broader range of activities, such as ride alongs, placement visits, and court proceedings, as originally intended. Instead, we relied more heavily on document reviews (see Appendix A), observations of multidisciplinary team meetings, and individual discussions with the administrators of the specialized units.

In addition, we included the development of a database as part of the objective to assess the research capacity of the units. This was not in the original project plan, however, we decided that additional data collection, to be used for future evaluation purposes, would be most feasibly collected through an online database. Therefore, we developed a pilot database to assess data

collection capacity (i.e., Objective 5). In building this database we sought to inspire and set the stage for the next step (e.g., process or outcome evaluations) in evaluating the specialized units.

Outcomes, Accomplishments, and Results

Objective 1: Scoping Review

The scoping review was published in the *Journal of Trauma, Violence, and Abuse* (Kim, Dierkhising, De Leon, Sandoval, Brissett, & Bounds, 2022). The abstract is included here.

Abstract

Commercial sexual exploitation (CSE) of youth is a public health issue with multiple negative consequences. Despite the complexities and comprehensiveness of service needs for youth experiencing CSE, the evidence base of effective services and programs lags far behind. This scoping review seeks to identify the most up-to-date evidence on programs for youth experiencing CSE that have been evaluated and found to be effective. We conducted a scoping review of current literature, including peer-reviewed articles as well as grey literature using a scientific approach to identify programs and service provisions specifically focused on youth experiencing CSE and examine empirical evidence for their effectiveness. A comprehensive search of 5 databases was completed in September 2020 then updated in April 2021 to identify relevant publications from January 1, 2000 to present. Additional program mining was conducted on evaluations of programs mentioned in the search results.

A total of 3,597 citations from the database searches were screened for title and abstract and 190 citations were included for full text review. The search process yielded 11 eligible articles with one additional report found through program mining. Identified programs targeted youth, providers, and consumers of CSE. While scientific rigor was not high, all included studies

reported positive outcomes. The evidence base for effective services and programs is sparse. While more programs and services are being developed, studies should use rigorous research designs to test the effectiveness.

Objectives 2 and 3: Descriptions of the Specialized Units

Included here are the logic models of the Child Trafficking Unit (Figure 2) and the DCFS Commercial Sexual Exploitation of Children (CSEC) Unit (Figure 3) along with a narrative description of the program's inputs and activities. Inputs are foundational resources that should be in place for a program to be successful. Inputs can be somewhat abstract because they are often contextual in nature. In other words, they are often resources that come from the ecosystem within which the program resides, which the program does not necessarily have control over. Activities are the nuts and bolts of the program model; they are what the Probation Officers and Social Workers do as part of their regular work to achieve the program's goals and outcomes.

Los Angeles County Probation Department Child Trafficking Unit

Inputs

Culture of Support. The culture of support signifies both institutional and organizational support for the specialized unit. There is support for the Child Trafficking Unit in the Probation Department broadly. In addition, there is county-wide support for the unit, particularly from the Board of Supervisors for Los Angeles County. For example, the Board has pushed for additional funding for programming when needed, ensured collaboration among county agencies, and Deputies from the Board have frequently attended events (e.g., Empowerment Conference).

Specialized Recruitment of Deputy Probation Officers (DPO). Officers are specially trained and selected to work in the unit. Hiring within the Probation Department is typically based on seniority rather than specific qualifications for a particular unit/position. However, the

Child Trafficking Unit is unique in its hiring process to hire those who would be best suited to handle cases of CSE (e.g., victim-oriented, youth-focused, skilled at building relationships). Part of the process includes the applicant submitting a letter to the Department's Human Relations Office for review on why they are interested and have the necessary skills to serve in the unit. Additionally, they go through several rounds of interviews with the Director, the Supervising DPO, and, when possible, a survivor of CSE. The Director of the unit encourages applicants to also reach out to DPOs in the Child Trafficking Unit to ask questions and get a feel for the unit. The unit prides itself on carefully selecting the right individuals who are committed to the issue and can develop lasting relationships with youth.

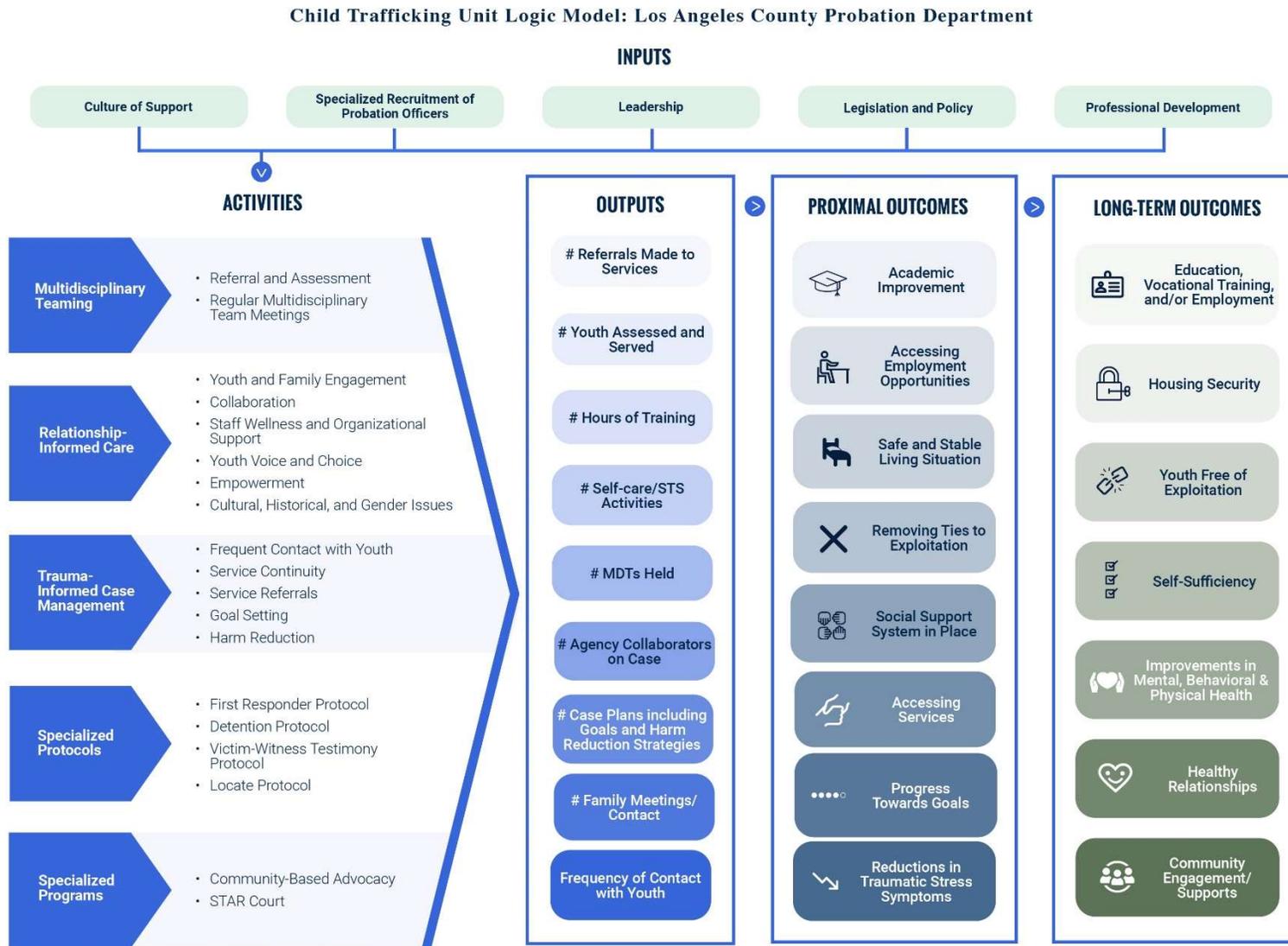
Leadership. Dedicated leadership by the Director of the Child Trafficking Unit includes a commitment to innovation and youth-centered practice, ensuring that the team has the support needed to serve youth, celebrating the team and youth's successes, and providing training and resources for staff that may be dealing with secondary traumatic stress (i.e., traumatic stress symptoms due to exposure to someone else's trauma or trauma reactions). The Child Trafficking Unit has had minimal turnover which has allowed for a foundation of strong relationships among the staff and with the youth they serve.

Legislation and Policy. Changes in legislation have been a huge factor in identifying and supporting youth who have experienced CSE in Los Angeles County as well as strengthening the foundation of the Child Trafficking Unit.

Professional Development. The Child Trafficking Unit, similar to other units, requires personnel to complete the required 40 hours of annual training (annual trainings typically include topics such as, mental health, child abuse, report writing, state regulations, etc.). In the Child Trafficking Unit, DPOs are also encouraged and supported to engage regularly in trainings,

professional development opportunities, or speaking engagements (e.g., trainings and/or presentations) to deepen their understanding of CSE, share knowledge, and learn concrete skills for serving youth. All Probation Officers in the Child Trafficking Unit are required to take CSEC 101 and 102 trainings (more information provided below), along with trainings on specialized topics, such as working with LGBTQ+ youth, safe internet and social media use, CSE among native youth, and others.

Figure 2. Los Angeles County Probation Department Child Trafficking Unit



Activities

Multidisciplinary Teaming. The specialized unit participates in regular collaborative, multidisciplinary teamwork. Collaboration is at the heart of the work given the diverse needs of youth impacted by CSE. Collaboration across agencies allows the specialized unit to capitalize on the various resources that are available to each agency. Frequent collaborating agencies include, but are not limited to, child welfare, mental health, community-based organizations, attorneys, education, and public health.

Referral and Assessment Process. This process determines which youth will be served by the specialized unit. A streamlined referral and assessment process is integral to ensuring youth at risk for or experiencing CSE are identified and offered the most appropriate services and resources. Referrals to the Child Trafficking Unit come from various sources, such as the child protection hotline or Probation Officers in other units. The Assessment DPO assesses the youth to determine the appropriateness of transfer to the specialized unit, which includes the youth's preferences, then brings a recommendation to the Multidisciplinary Team Meeting (MDT) for a decision about whether a youth should be transferred to the unit. A unique feature of the Child Trafficking Unit is that even when the MDT determines that a youth is not going to be transferred to the unit, they may still provide resources to the youth or their primary DPO (i.e., secondary support), refer the youth to advocacy services, and/or track the youth's progress for possible support later on (i.e., "keeping tabs" on the youth").

For example, a 15-year-old female was identified through the Law Enforcement First Responder Protocol (described in the logic model) at a motel with guns and drugs present along with a 30-year-old male. Her mother wouldn't take her home because she was worried about her drug use. Her family had a dependency court hearing coming up and there was an expectation

that she was going to be removed from the home due to a history of abuse by her brother who was still in the home. When the Assessment DPO interviewed the young person, she denied experiencing CSE, but the man found at the hotel with her was a known trafficker and she reportedly went to this motel often. There were mental health issues and developmental delays present. She was also already on Probation. Therefore, the assessment recommendation was to reach out to the youth's current DPO to discuss transferring the case to the Child Trafficking Unit based on the concerns related to CSE. In the meantime, the MDT decided to provide her secondary support and refer her to an advocate. Thus, the Child Trafficking Unit was able to engage in service referrals and offer support even though she was not yet in the unit.

Regular Multidisciplinary Team Meetings (MDT). MDTs are held weekly, are led by Probation's MDT Coordinator/Court Liaison, and generally include representatives from child welfare, mental health, public health, education, advocates, and attorneys. During the MDT, all providers discuss the strengths and needs of the youth they are working with, share resources, discuss the youth's progress toward their goals, identify necessary service referrals, and work through any barriers the youth may be facing.

Each week, the MDT Coordinator/Court Liaison sends an agenda for the meeting with a list of the youth to be discussed. MDTs often begin with newly referred youth. The Assessment DPO provides summaries of the assessments that have occurred in the last week and provides the recommendations on what actions should be taken. Then individual cases are discussed, which includes youth who have upcoming court dates, youth who are experiencing crises or upcoming transitions, ongoing case reviews, and youth who's progress the unit is monitoring for potential services. The MDT makes recommendations to the court to support the youth's progress.

Relationship-Informed Care. The activities in this domain are intended to promote rapport and relationship building between youth, families, Probation Officers, and collaborative partners. Establishing and maintaining meaningful and healthy relationships, particularly among youth and families, is at the crux of the work and are the catalysts for successful outcomes. All activities in this domain are carried out in a trauma-informed manner, in that the specialized Probation Officers recognize the impact of trauma on the youth they work with, can identify trauma responses and trauma reminders, and respond to youth in a supportive and healing-centered manner (Dierkhising & Marsh, 2015; National Child Traumatic Stress Network, 2015).

Youth and Family Engagement. Probation Officers engage with the youth and family in ways that build a foundation of trust and consistency. Engagement can evolve across the life of a case, and often requires DPOs to meet the youth where they are at. Rather than formal meetings at the Probation Department office, for example, DPOs may pick up a youth at school, take them to a café for a snack, and do their check-in while walking in a local park. Youth often describe one of the most important characteristics of their DPO is that they “show up.” For example, Child Trafficking Unit Probation Officers frequently drive several hours just to drop off a resource (e.g., clothes for a job interview) for a youth. They maintain more frequent contact, calling and visiting multiple times per month, which also shows their commitment and reminds the youth they are an ally. As one DPO stated, “*I want them to see we are here.*” Because of the strong relationships formed between youth and their specialized Probation Officers, for example, youth often stay in close contact with their Probation Officers after their case closes. DPOs are often invited to baby showers, graduations, and other significant life events.

Families are also seen as critical to a youth’s healing journey. Importantly, families are broadly defined and can include a range of supportive adults that provide care for the youth.

Probation Officers are in regular contact with the family, providing resources to the family, and collaborating with them on case management and service referral/provision. This engagement occurs regardless of whether the youth is in the home of the caregiver, in an out-of-home placement or detention, or whether the youth is missing from home or care. Probation Officers in the Child Trafficking Unit ensure that the family is safe and stable by providing resources such as access to housing resources, childcare, referrals to family therapy, and/or other resources as needed.

Collaboration. Service providers, the Probation Officer, family, and community-based agencies work together to support the youth in making progress toward their goals and make collaborative decisions with transparency. This collaborative model is highlighted through the MDT approach and the collaborative problem solving that can occur when partners come to together with a shared mission. As one stakeholder noted, the benefit of the teaming is not only communication among the team members and team decision-making but also modeling for youth how to work together. Overall, collaboration is a hallmark of the unit and is seen as a problem-solving tool. The collaboration seen in the specialized unit is reflective of true partnerships with individuals and agencies that the Probation Officers can rely on to aid in supporting youth's progress towards their goals.

Staff Wellness and Organizational Support. Given the intense nature of this work staff wellness and organizational support are critical for success. As part of supervision, Probation Officers report out on their individual wellness activities and goals on a monthly basis which emphasizes to staff that wellness is a priority in the unit. Staff wellness, including the mitigation of secondary traumatic stress and burnout, is not solely an individual's responsibility, though. The organization must also provide support and opportunities for wellness. For example, the

Child Trafficking Unit Director hosts regular staff retreats where they make time to check in with each other, have fun, and engage in team building activities. All members of the unit get to vote on retreat activities, emphasizing shared decision making. This bonding and self-care also take place during monthly and annual empowerment events, where youth and other MDT partners are also present.

In addition, the Probation Officers in the specialized unit know that they can rely on each other as well as their supervisor and director for support when needed, who both have clinical training. Crises often occur in this line of work making peer to peer emotional and professional support critical. For example, when a youth in the Child Trafficking Unit died the Director of the unit and her counterpart in the advocacy program covered all on call duties for the Probation Officer and advocate who were most impacted by the youth's passing to allow the DPO and advocate time to process and grieve the loss.

Youth Voice and Choice. Youth need to be heard and feel valued in their relationships with their Probation Officers. This means that they are provided opportunities for input on decisions (e.g., housing, services, etc.), offered options when possible, and that their input is respected. Because exploitation strips youth of choice and control over their lives and bodies, this restoration of power is an essential component of healing. Self-advocacy is a tangible skill youth can practice with their DPOs, advocates, and other MDT partners. Probation Officers celebrate youths' achievements and strengths, and support youth-defined goals.

Empowerment. To support empowerment, the unit identifies and integrates strengths-based activities into youth's case plans and into their ongoing engagement with youth. These activities are intended to build on youth resilience and promote agency and recovery from trauma. Since 2012, the Child Trafficking Unit, and now the DCFS CSEC Unit, has coordinated

and supported an Annual Empowerment Conference for youth. The three-day Empowerment Conference provides youth with a space to have fun and be creative, connect with and be inspired by peers, survivor leaders, allies, and trusted adults, and process their experiences in a safe space. The conference includes a survivor-led panel, creative workshops, and keynote speakers. In recent years, at youth's requests, youth have been involved in the planning of the events, including leading some of the sessions.

In addition, the Child Trafficking Unit and DCFS CSEC Unit coordinate monthly empowerment events that are closer to home, to provide more frequent opportunities for youth to come together with each other and trusted adults, such as DPOs, advocates, mentors, and the STAR Court judge. Empowerment activities can vary; for example, the unit has organized opportunities for youth to do cooking classes, go horseback riding, attend a painting class, go to the beach, or other activities. Ensuring youth have a safe, accessible way to get to and from the events is an important consideration. The Probation Officers may pick the youth up and bring them to the event to participate in the event together and take them home.

Recognition of Cultural, Historical, and Gender Issues. Specialized recruitment of DPOs into the unit takes into account the cultural, racial and ethnic backgrounds of the youth served in the unit to support deeper connection and representation. The Child Trafficking Unit serves primarily cisgender females, but is increasingly also serving transgender youth and cisgender males, and has made adjustments to practice, such as outreach to staff in male units at juvenile halls, increased training on serving male and LGBTQ+ youth, making a commitment to using the name and pronouns that match the youth's gender identity, getting clothing the young person feels comfortable in, and ensuring that when youth are detained, they are housed in the

unit that aligns with their gender identity. In addition, DPOs are experienced at leveraging nontraditional therapeutic resources to be inclusive of culturally relevant services.

Trauma-Informed Case Management. Case management in the Child Trafficking Unit is not focused on compliance with probation conditions, but rather connecting the youth with services and supports they may need to heal and succeed. Both the type of activities and the way DPOs engage with them differs from traditional probation supervision. For example, some of the activities that DPOs in the Child Trafficking Unit do are not unique to the unit (e.g., service referrals) but how they go about them might look different. There are also activities that are not always part of Probation practices (e.g., safety planning, harm reduction strategies) that are critical to the work in the unit.

Frequent Contact with Youth. Probation Officers in the Child Trafficking Unit meet with youth at a higher frequency compared to other units. Specifically, they make face to face contact at least four times a month. Because of this increased engagement, they also have lower caseloads than in traditional probation units. This contact might be taking the youth out for coffee or taking them out of a placement for a break. As one youth stated regarding the frequent contact the Probation Officers make with youth, “*They are really showing up*”. Often these visits are used to discuss youth’s interests, listen to music, or talk about other things than the youth’s exploitation. This shows an investment in the youth and allows the Probation Officer to understand youth’s feelings and experiences more holistically. In addition, they are also in frequent contact (e.g., multiple times a week) through phone or messaging. For example, one Probation Officer stated, “*A lot of girls call over the weekend or they just text. They just want to know... even after hours, they want to know that you’re there for them. They need that.*”

Service Continuity. When youth are assigned to the Child Trafficking Unit, their assigned Probation Officer will work with them for the rest of their time on probation regardless of location, placement, or disposition status. This supports development of a strong relationship and establishes a sense of stability. This practice is unique to the Child Trafficking Unit. Typically, in Los Angeles County, when youth transition between placements (e.g., community to group home, detention to home, etc.) their Probation Officer changes. This can lead to fragmented relationships and distrust, a disconnect in services, and re-traumatization by having to retell one's story and experience over and over to each new provider. Consistency and healthy relationships are critical to disrupting the pattern of exploitation and supporting healing.

Service Referrals. DPOs and MDT partners make referrals to a wide range of services to address the identified needs and goals of each youth. Services may include physical health care, reproductive health care, transitional living services, substance abuse treatment, education, mental health care, advocacy, housing, LGBTQ+-specific services, wraparound and more. Caregivers may also be referred to supportive services such as housing, parent empowerment support groups or prevention training, childcare, mental health care, and so on. Service needs are often discussed in the MDTs so that all partners can strategize on how to maximize resources across agencies and allow for problem-solving when challenges finding specific services arise.

Goal Setting. The focus of case management is on goal setting, rather than compliance, and is based on the youths' self-identified priorities, needs and strengths. These goals often fall into the following categories: alcohol and substance use, education, mental health, physical health, prosocial activities/hobbies, relationships and community, and employment. Goals are written in the SMART goal format (i.e., they are specific, measurable, achievable, relevant, and time-bound: Doran, 1981) and have specific action items that are assigned to a specific

individual, typically a member of the MDT. For example, if the youth has identified that they hope to improve their relationship with their caregiver, then a SMART goal could be for the youth and their caregiver to participate in family counseling once a week for six months. Based on this goal, an action item may be assigned to the Department of Mental Health to connect the family to a local family counseling program and another action item may be assigned to the Probation Officer to check in with the therapist and/or youth once a month to assess progress. Progress towards these goals is tracked and updated regularly, often during MDT meetings.

Safety Planning. Proactive planning takes place with the youth to identify potential and imminent safety risks and identify resources to increase youth's safety. Safety plans can address a wide range of issues, such as identifying a safe place for a youth to stay anonymously when there is a threat of violence from a trafficker, practicing alternative coping skills with a youth who engages in self-harm when they experience a trauma reminder, and making sure youth have trusted adults to contact if they find themselves in an unsafe situation. Safety planning must be driven by the youth's perspective on what makes them feel safe and is often done in collaboration with the community-based advocates.

Harm Reduction. Probation Officers in the Child Trafficking Unit are trained in harm reduction strategies and use them throughout their work with young people. Harm reduction focuses on strategies aimed at reducing the impact of high-risk behaviors and situations, including exploitation itself as well as related circumstances and activities, such as violence from exploiters or buyers, substance use, and leaving home or care, while meeting the youth where they are (Hickle & Hallett, 2016). Examples of strategies include being mindful of body language when engaging and interacting with youth, utilizing a meet in the middle mindset, and ensuring transparency and decision making while establishing non-negotiables with the youth. In

practice this might look like ensuring youth have access to condoms and reproductive health care even if they are not engaging in other services, permitting a youth to sleep on a friend's couch rather than forcing them to stay in a group home while awaiting licensing approval of a foster home, or celebrating the incremental success of attending school twice per week, rather than requiring full attendance. Using these strategies allows for youth to establish a sense of agency and voice in decision making, establishes an incremental path towards safety, and supports youth with independence and opportunity.

Specialized Protocols. The Child Trafficking Unit and its Director have been instrumental in the development and implementation of several specialized, collaborative protocols in Los Angeles County to address specific issues related to the CSE of children. Overall, these protocols are meant to identify youth who are experiencing CSE, reduce traumatization, and increase coordination and access to appropriate and supportive services. Los Angeles County has led the nation in development of these protocols, and similar practices have now been developed in other jurisdictions.

[Law Enforcement First Responder Protocol](#)². This protocol created a collaborative, service-based response when youth are identified by law enforcement to avoid criminalization of youth for their victimization. It includes connection to a community-based advocate, as well as medical and mental health care, if needed.

[Detention Protocol](#)³. The Detention Interagency Identification and Response Protocol for Commercially Sexually Exploited Children and Youth (Detention Protocol) was created to identify and provide services to youth impacted by CSE who are in detention facilities.

²https://youthlaw.org/sites/default/files/attachments/2022-03/Los-Angeles-County-Law-Enforcement-First-Responder-Protocol_0.pdf

³ https://youthlaw.org/sites/default/files/attachments/2022-02/LACDetentionProtocol_Final.pdf

Victim-Witness Testimony Protocol. This protocol was created to support the youth who are called upon to testify as witnesses in adult court for criminal prosecution of their exploiters.

Locate Protocol. This protocol was created to establish roles and responsibilities of agencies in locating and recovering youth who are away from home or care (i.e., missing).

Specialized Programs. Similar to the specialized protocols, there are also CSE specific programs that the Child Trafficking Unit works with directly and collaboratively. Youth feedback, from prior research, has shown that youth have highly favorable views of these programs (Dierkhising et al., 2018).

Community-Based Advocacy. The Child Trafficking Unit partners with advocacy organizations with specially trained advocates, including peer and survivor mentors, to provide additional support for youth who have experienced CSE.

Succeeding Through Achievement and Resilience (STAR) Court. Star Court is a specialized and collaborative court which specifically addresses the needs of youth who have been impacted by CSE.

Los Angeles County Department of Children and Family Services Commercial Sexual Exploitation of Children Unit

Inputs

Culture of Support. Given the nature of the work, support within and outside of the organization should be more intentionally and systematically planned and provided for staff working with youth who have experienced CSE. In the specialized units under DCFS, there are monthly reflection circles for staff to share as a team and work on providing support as a team.

Specialized Recruitment of Social Workers. Social Workers in DCFS regional units with specific skills and experience apply to the specialized units indicating why and how they are

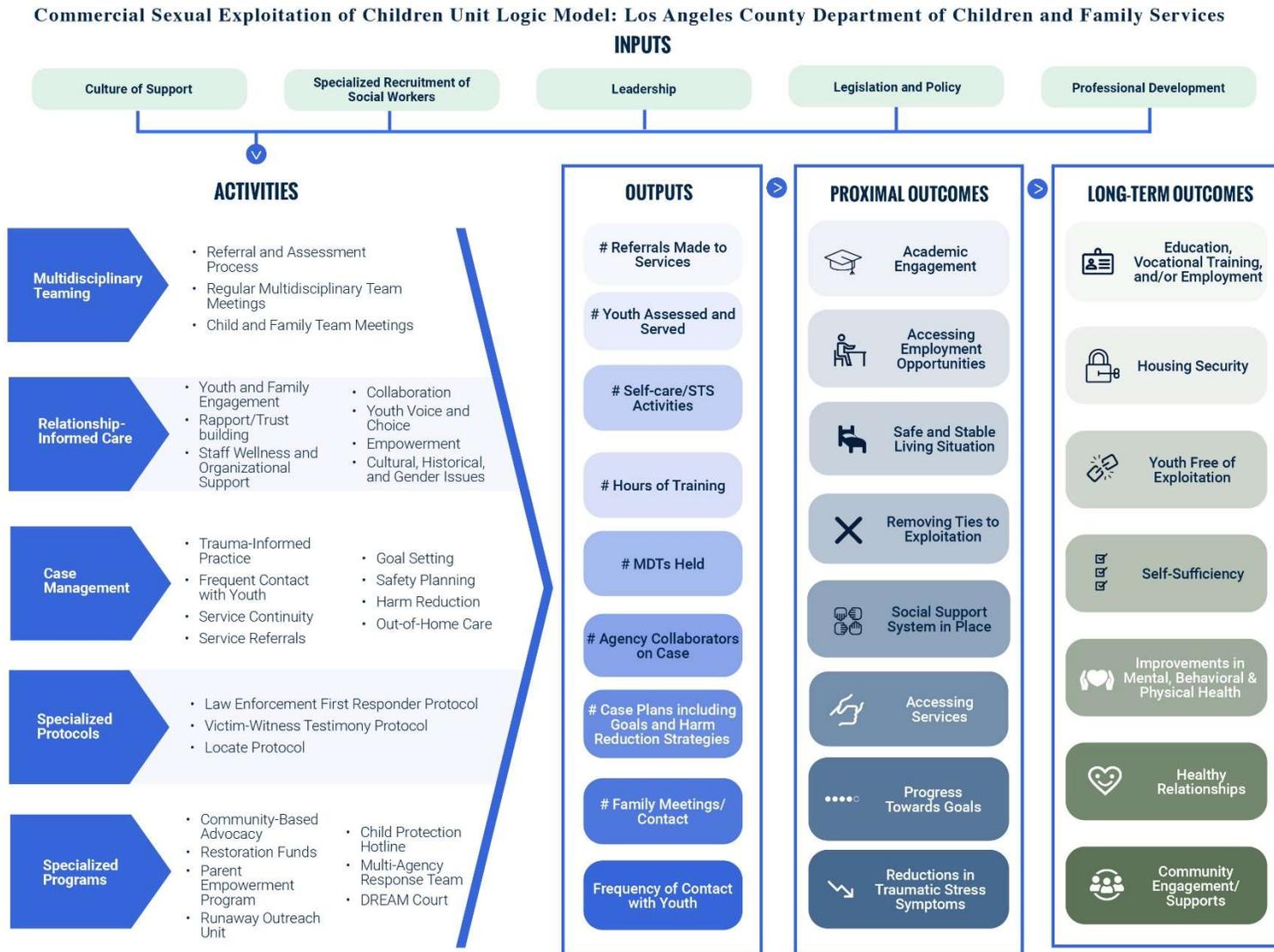
well-qualified to work with youth impacted by CSE. Workers in the unit are selectively picked after a thorough assessment of fit for the unit (e.g., skilled at building rapport, youth-centered, experienced in working with youth experiencing complex trauma, etc.).

Leadership. Champions within and outside of DCFS have helped establish and maintain the units, including various policy and practice changes, for youth who have experienced CSE.

Legislation and Policy. Legal changes beginning in 2014 set the stage for DCFS to play a larger role in identifying CSE as child abuse and serving youth and families impacted by CSE through the child welfare system.

Professional Development. The DCFS CSEC Unit oversees both external and internal CSEC training and professional development for Los Angeles County. The DCFS CSEC Unit regularly provides county-wide CSEC 101 training, which covers risk factors, pathways to victimization, identification of youth experiencing or at risk of CSE, and needs and appropriate services for youth impacted by CSE. Social Workers receive extended trauma-informed training, including an in-person CSEC 102 training, which covers the impact of trauma, engagement strategies, the Stages of Change model, vicarious trauma, and self-care.

Figure 3. Los Angeles County Department of Children and Family Services CSEC Unit Logic Model



Activities

Multidisciplinary Teaming. The DCFS CSEC Unit engage in a multi-disciplinary approach to promote recovery and wellbeing of youth by providing services (or linkages to services) that address youth's medical, social, and emotional needs in addition to basic necessities. Collaboration across agencies allows the specialized units to capitalize on the various resources available to each agency. The multidisciplinary team frequently include, but are not limited to, probation, mental health, community-based organizations, youth's attorneys, education, and public health. For example, a non-minor dependent (NMD) youth (generally ages 18-21) in the CSEC Unit – specifically AB12 Unit – got picked up by law enforcement. Given their age, the youth would fall under the adult criminal court jurisdiction and not juvenile court. The local police, seeing that the youth was being served by a DCFS CSEC Unit, contacted the Social Worker on the youth's case. The Social Worker then contacted County Counsel for advice on how to proceed with possible criminal charges against the youth. County Counsel, the Social Worker, and the youth's attorney convened a meeting to strategize how best to advocate for the youth. As this example shows, youth part of the CSEC unit have unique and complex issues that necessitate multiple agencies working together to find the best possible solution for the youth.

Referral and Assessment Process. Referrals are made from various sources, such as transfer from DCFS regional units, identification by law enforcement through the Law Enforcement First Responder Protocol and the Child Protection Hotline. Each regional office has a CSEC regional liaison, who oversees all eligible cases coming from their regional units and assess whether the youth meet all transfer criteria for the specialized unit (e.g., transfer must be in the best interest of the child, current placement must be active in the database). Before transferring the case, youth and family should be notified and they must agree to the transfer.

Regular Multidisciplinary Team Meetings (MDT). The purpose of the MDT is to assist with the identification of needs and services for the youth, family, and caregiver and to support the Child and Family Team in addressing any barriers to achieving case plan goals and positive outcomes in the child's safety, stability, permanency, and well-being. In each MDT meeting, 10-12 youth are reviewed where all participating parties help provide a comprehensive assessment of the youth. Each case presentation takes about 15-30 minutes and is generally facilitated/presented by the child's attorney, Social Worker, and/or, clinician most familiar with the youth being discussed. The assessment focuses on the current needs and treatment goals of the youth, including current living arrangements (and/or placement planning) and safety plans, educational status and updates, mental health assessments and/or treatment regimens, relevant substance abuse history, court recommendations and status, the level of supervision needed, the child's probation status, any observable behavioral and/or developmental concerns, and all other case-related referrals. After each meeting, an MDT summary is developed that includes youth's current service plan along with action steps. The MDT summary is shared with all relevant MDT team members, so that youth's services, treatments, and case progress are streamlined.

Child and Family Team Meetings (CFT). Child and Family Teams comprise of individuals the youth or family members identify as important to youth and family's success. These individuals may be relatives, professionals, or community members who are invested in the youth. As the needs of youth change, the team members can also change; however, the team always includes the youth and a family member, Social Worker or DCFS representative, the current caregiver, other individuals identified by youth, and when applicable, Court Appointed Special Advocates (CASA), Foster Family Agency Social Worker, Short Term Residential Therapeutic Program representative, behavioral health staff, and a representative from the

youth's tribe. The CFT process uses a family-centered approach to identify family's strengths and needs in collaborative case planning as well as decision making, in consideration of long-term family success. For special situations, like involving youth impacted by CSE, the Social Worker/Facilitator must evaluate the case and take extra precautions in including CFT members to prevent youth from being exposed to any additional harm or risk (e.g., disclosing private or sensitive information outside of the meeting, use of stigmatizing language, etc.). CFT meetings can be held as frequently as needed, but subsequent meetings should be held no later than within 90 days of the initial meeting.

Relationship-Informed Care. Establishing and maintaining meaningful and healthy relationships, particularly among youth and families and the Social Worker, is the core foundation of all activities that take place in each case. To make relationship-informed care possible, Social Workers in the DCFS CSEC Unit, typically carry a much smaller caseload than the regional units. With a smaller caseload, Social Workers can take the time to get to know the youth outside of case management and engage in relationship-building activities, such as going for walks or having lunch together. A youth who left a group home without permission calling the Social Worker about her safety and whereabouts is a testament to the strong relationships developed between the Social Worker and youth.

Youth and Family Engagement. In building a strong relationship with youth, Social Workers engage with the youth and family in ways that build a foundation of trust. While families are an important part of youth's journey to healing and recovery, the function of DCFS has also been a tension for families, as they feel scrutinized for their child's exploitation. Courts have, thus, recognized that families should not carry sole responsibility over their children's exploitation, unless family members are the exploiters. Social Workers coordinate and arrange

family visitations to foster familial bonding that can help youth reunify with families and achieve permanency, stability, and well-being. While fostering trust with families is important to engage families, given the role of DCFS, Social Workers must continually assess for any safety issues for youth as part of family engagement.

Rapport/Trust Building. The DCFS CSEC Unit Social Workers perceive rapport building as the essential first step for youth to engage in other programmatic activities. When the Social Worker meets youth for the first time, they put aside documents and paperwork and get to know the youth outside of the report on their desk. One CSW shared: *“I’ve even done things like do my girls hair like just as a way to talk to them ... So, you know, I would comb their hair braid it ... things like that just want to make a personal connection.”* This willingness to set aside time to actually get to know the youth - who they are and what they envision their life to be - and not simply through papers, documents, and reports, fosters trust in the Social Worker.

Collaboration. Service providers, the Social Worker, family, and stakeholders work together to support the youth in making progress toward their goals and make collaborative decisions with transparency. This entails close collaborations across multiple agencies and programs, including law enforcement agencies, Probation, the Department of Health Services, the Department of Mental Health, Education Specialists, Regional Center Liaison, Independent Living Programs, Transitional Housing Programs, the Department of Public Health, and Short-Term Residential Treatment Programs.

Staff Wellness and Organizational Support. The DCFS CSEC Unit holds quarterly retreat meetings with all staff in order to connect with each other and address topics such as self-care and building team resiliency. Staff engage in fun activities in these gatherings, such as yoga and doing team building activities on the beach. During regular meetings, recognition and

support is provided by talking about what is working well and what areas need to be improved and communicating any new policies or procedures. In-service trainings are provided as needed. In addition, a safety work group is in place to address safety issues that staff face while in the field. Finally, unit leaders and supervisors make sure to be available to staff, by being responsive to them and their needs. One supervisor shared that, for her team, she sought to provide both formal and informal support. Not too long after she started her job as a supervisor, a youth who had been away from placement died. It was traumatic for the Social Worker who had worked with the youth but also for the team. The supervisor hired someone who specializes in death to do a session with the workers as well as other agencies that worked with the youth to process/grieve as a whole team. They also went to the place where the youth was found to put down flowers. This supervisor also stressed the importance of keeping open communication with her staff – to take constructive feedback – as a way to support the work they do. She did feel, however, that this type of support is dependent on the supervisor, and therefore, a more systematic support through the division would be helpful.

Youth Voice and Choice. Elevating youth voice and choice in what happens in their lives, including the next steps and outcomes of their DCFS cases, is critical, even when the court, Social Worker, or other stakeholders may not agree with the youth’s perspective on upcoming decisions (e.g., housing, school, services). It is apparent in the MDT meetings that Social Workers, youth advocates, attorneys, and other collaborators value the self-determination of youth. Youth advocates work hard to ensure that youth voice is heard, and their input receives priority consideration for case planning. For example, one youth refused to engage in any type of therapy that required her to talk about herself. During the MDT meeting, the team collaboratively identified equestrian therapy as an option, in which the youth ultimately agreed to participate.

Empowerment. As described above, the DCFS CSEC Unit has coordinated and/or supported an Annual Empowerment Conference since 2012. In preparation for the conference, the DCFS CSEC Unit recruits youth leaders who will build leadership skills by leading and planning various activities for the conference. In addition to the Annual Empowerment Conference, there are monthly Empowerment events that provide youth and their adult allies with the opportunity to learn socialization skills and community integration. They gather around a pro-social activity to build connections that provides youth with a sense of belonging. The events expose youth to educational, recreational, and cultural programs and activities that they may not have experienced before.

Cultural, Historical, and Gender Issues. Service provisions and providers should reflect a deep understanding of structural and systemic inequalities driving many of the issues youth encounter, which also affect the ways youth engage with programs and services. Recognition for these issues do not remain an abstract goal of reducing racial/ethnic and gender disproportionality across the population of youth who experience CSE but is reflected in every part of case progress. For example, the DCFS CSEC Unit staff reflect the backgrounds (e.g., race, ethnicity) of youth being served in the unit. The staff are also aware of how narratives and rhetoric around victimhood, consent, and blame for exploitation can vary depending on a youth's or family's racial/ethnic background.

The intersection of race, gender and cultural issues are critical to understanding both who is identified as a victim of trafficking and what the system responses are. In Table 2, we provide specific examples we have observed along with examples from conversations with service providers that demonstrate this differential treatment, particularly for youth of color, who have experienced exploitation, even as they receive services.

Table 2

Examples of the intersection of race, gender, and cultural issues

Micro	
Differential treatment and views of victimhood	<p>When the court encounters white girls they are/may be viewed as the victim, and the perspective is: – “How did this terrible thing happen to you?” When the victim is Black, the question is framed as - “What did you do to get yourself in this situation?” or there is a belief that the young person made a choice.</p> <p>Observed a Police Officer saying to white girl in an area known for exploitation – “you shouldn’t be out here.”</p> <p>Sentiment regarding boys and trans youth is “they need to fend for themselves” or “we see them out on the streets, but we don’t pick them up because they’re not victims of trafficking; they’re out there on their own.”</p>
Meso	
Marginalized communities and their interactions with systems	<p>Communities with concentrated areas of CSE have high poverty rates, less resourced schools with lower than average graduation rates, low employment rates, and high crime rates – making youth living in these communities much more vulnerable to CSE</p> <p>Over policing (or hot spot policing) of communities of color lead to increased law enforcement contact with youth impacted by CSE in these areas.</p> <p>Young people and adults are criminalized for their exploitation and their survival resulting in significant and long-lasting harm through incarceration; criminal records which disrupt education, employment, and housing; and familial and community separation.</p>
Macro	
Unintended consequences of policy	<p>Laws recognizing CSE as a form of child abuse allowing children to be serviced by child welfare – unintentionally stigmatizes and punishes families of color who are viewed as unable or unwilling to keep their children safe from exploitation</p> <p>Indian Child Welfare Act is not uniformly followed so Native youth go unidentified, tribes are not notified of their child welfare involvement and given the opportunity to support Native youth, and youth are not connected to culturally responsive services.</p> <p>Ongoing impact of colonization, genocide, forced removal and family separation contribute to intergenerational trauma and disproportionate involvement in child welfare and other systems for Native families and youth.</p>

The interplay between CSE, culture, race, gender, and historical context are critical to recognize when working with youth experiencing CSE. In developing specialized units and other policies and practices for CSE in child welfare and probation, professionals must be responsive to these issues, given they are working within the very systems that have contributed to the trauma and marginalization of the people they are meant to serve.

Case Management. While case management is the most central part of case-carrying Social Workers' work in DCFS, those in the CSEC Unit work with youth and families with complex needs and experiences that require careful coordination across different sectors and teams. Social Workers in the DCFS CSEC Unit, therefore, carry a smaller caseload compared to Social Workers in the DCFS Regional Unit. In serving their clients, Social Workers should stay flexible, creative, and driven by the youth's perspectives to best address their needs. Although the activities of case management might not look very different from traditional practice, the practice approach often might include more flexible and nontraditional options.

Trauma-informed Practice. Trauma-informed practice focuses on screening, assessing, serving, and treating individuals with intentional recognition of and adequate responses to the effects of trauma and traumatic stress (Child Welfare Information Gateway, 2020; Oral et al., 2016). This includes close attention to secondary trauma that may affect youth, families, and case-carrying workers. Outside of the case, trauma-informed practice should recognize the potential trauma incurred historically by child serving systems (i.e., Department of Children and Family Services, Probation) on vulnerable communities and help change policy and organizational culture to prevent re-traumatization (Kim et al., 2021). Given high levels of trauma experienced by youth entering the DCFS CSEC Unit, Social Workers take a trauma-informed approach for every contact, engagement, and interaction. There is also heightened

awareness for potential traumatic stress Social Workers might experience themselves through secondary or vicarious trauma.

Frequent Contact with Youth. Social Workers in the specialized unit meet with their youth at a higher frequency compared to other units. This is made possible by maintaining lower caseloads for the CSEC Unit. The specialized Social Worker might take the youth out for coffee to hang out or to engage in skill building activities together (e.g., go to a bank together to open an account, make a phone call together to request an appointment). This shows an investment in the youth as an individual, their personal growth and autonomy, and allows the Social Workers to understand and support youth's experiences more holistically.

Service Continuity. Ideally, a consistent Social Worker is assigned to the youth for the duration of the life of the case. While service continuity is essential for rapport building and positive client engagement, the DCFS CSEC Unit has faced many challenges to keep the same Social Worker across the life of a case. First, staff turnover, given the emotional work involving youth in child welfare systems, is not new nor specific to Los Angeles County. Second, division of cases across different Social Workers depending on the stage or type of placement make it difficult for one Social Worker to continuously oversee the entire case from beginning to end. For example, Emergency Response Social Workers are known as the "Front end worker," who completes the initial investigation of child maltreatment; Continuing Services Social Worker are known as "Back-end worker," continue throughout the case; and Adoptions Social Worker can be assigned at any point when adoption is identified as part of permanency planning. In the DCFS CSEC Unit, however, youth primarily work with the Back-end worker to ensure added service continuity. Finally, logistical issues, such as the size of Los Angeles County pose significant difficulties with visiting and maintaining relationships with youth and families across

the county. This may be a challenge in many jurisdictions but given the vulnerability and instability youth impacted by CSE experience, ensuring service continuity should be a priority.

Service Referrals. Services may include physical health, reproductive health, transitional services, substance abuse, education, mental health, advocacy, housing, LGBTQ+, wraparound and more. Services are specific to the youth and family's needs. Given the role of DCFS, depending on the goals for the families (e.g., family reunification), some services may be mandated. Caregivers may also be referred to supportive services such as housing, parent empowerment, childcare, mental health, and so on.

Goal Setting. While the ultimate goal for all youth served by DCFS is family reunification, given the amount of trauma some youth have experienced in and out of their homes, family reunification is not always possible. As part of working towards ensuring safe and stable environment for youth, MDT partners work with the youth to collectively set goals, and guide services and casework based on the youths' needs and strengths. These goals often fall into the following categories; alcohol and substance use, education, mental health, physical health, prosocial activities/hobbies, relationships and community, and work. Goals have specific action items that are assigned to a specific individual, typically a member of the MDT. Progress towards these goals is tracked and updated regularly, often during MDT meetings.

Safety Planning. A plan is developed to reduce the risk of future harm. Safety plans can be wide ranging and can include planning for future crisis using harm reduction strategies or identifying a safe adult to contact when youth are feeling overwhelmed. Safety plans should be informed by a safety assessment with a clear description of safety threats using terms that the family understands. Safety interventions should have a direct and immediate impact on the identified safety threats and achievable by family members. A safety plan must include at least

one adult or caregiver not responsible for the threat (i.e., alleged perpetrator), caregivers, informal/formal support system of the caregiver, and the youth. Ensuring safe and stable environment for youth is an important priority for DCFS, and therefore, ongoing safety assessment is conducted throughout.

Harm Reduction. Harm reduction focuses on strategies aimed at reducing risky behaviors and circumstances, with an emphasis on incremental progress as a means to long term safety. In some instances, the harm reduction approach might seemingly conflict with the rest of the DCFS regional units' approach when compared to the DCFS CSEC Unit. For example, a youth from the DCFS CSEC Unit is ordered not to stay with her mother. The youth, however, leaves placement to stay with her mother. In regional units, the youth would be involuntarily moved back to placement. In the DCFS CSEC Unit, the Social Worker might recognize that the risk of a youth returning to her mother's care is lower than the risk of her regularly leaving placement and experiencing CSE. Instead of forcing the youth into the situation the Social Worker views as the safest (i.e., the placement), the Social Worker could allow the youth to stay with her mother on the condition that the youth and her mother stay in touch to report on their safety and wellbeing. As a second example, if a youth does not attend school, then beginning to attend twice a week demonstrates incremental progress; a harm reduction approach addresses the root causes of why the youth cannot get to school every day and celebrates the youth for the improvement rather than criticizing the youth for failing to attend every day. Harm reduction has been included in the curriculum for trainings provided to professionals who serve and support youth who have experienced CSE.

Out-of-Home Care. Ensuring adequate and timely housing or placement options is an important component in the DCFS CSEC Unit. Housing options have been extremely limited.

Given the complex needs of youth who have experienced CSE and stigma, many placement options reject youth identified as experiencing CSE. In addition, existing providers may not have the appropriate training, support, or staffing to adequately meet youth's needs and support their growth and healing. In most cases, keeping youth close to their homes and communities should be the *default*.

Specialized Protocols. DCFS is involved in several specialized protocols that have been developed in Los Angeles County to address specific issues related to the CSE of children. These protocols, described above (see pages 26-27), are collaborative with the Child Trafficking Unit and include: The Law Enforcement First Responder Protocol, the Victim-Witness Testimony Protocol, and the Locate Protocol.

Specialized Programs. Similar to the specialized protocols, these are CSE specific programs with which the Units work directly and collaboratively.

Community-Based Advocacy. Advocacy organizations provide youth with a trusting relationship with specially trained advocates, such as peer and survivor mentors, and play a critical role in various County protocols

Runaway Outreach Unit (ROU). This is a specialized countywide program to locate and stabilize youth involved in DCFS who leave home or care. ROU Social Workers are specially trained to locate, place, and establish rapport with youth and stabilize their crisis situation.

Multi-Agency Response Team (MART). MART works in collaboration with law enforcement to provide an expedited response and emergency protective services to children identified in homes with high levels of illegal gang, firearm, and narcotic activity, as well as investigating other high profile child endangerment cases, and youth impacted by CSE.

Child Protection Hotline. The Child Protection Hotline works with the CSEC Liaison to report a suspected case of CSE and initiate an expedited response when a youth is identified as experiencing CSE.

Individualized Incidental Restoration Fund (Restoration Fund). The Restoration Fund provides necessary funds for programmatic activities not covered by other county funding.

Parent Empowerment Program. Parents/Caregivers of youth experiencing CSE are invited to a 10-week Parent Empowerment Program, where parents and primary caregivers learn and talk about how/why children come to experience CSE, how to communicate with and support their children, resources available in the community, and how to assess signs of CSE.

Dedication to Restoration through Empowerment, Advocacy, and Mentoring (DREAM) Court. DREAM Court is a dedicated courtroom to serve children and youth experiencing CSE in the dependency system. Unlike other DCFS court processes, DREAM Court seeks collaborative, rather than adversarial, discussions and decision-making.

Objective 4: Measurement Tools and Plan

Based on the logic model of the Child Trafficking Unit, we developed a measurement plan of the program's activities. We focused on the Child Trafficking Unit in Probation in developing the measurement plan given it has been in existence for longer than the DCFS CSEC Unit and, thus, is more established and consistent in the way it functions and collects data. However, given the significant overlap between the work of the two specialized units, many of the descriptions in this plan can be used for DCFS as well.

In developing this measurement plan, we first identified whether such data were already being collected by the unit, including how and within which data system. Once an assessment of the data currently being collected that related to the activities in the logic model was complete,

the missing items were then identified. To fill in the gaps two new data collection tools were developed: a new database and a youth survey, described below. Table 3 lists the program activities of the Child Trafficking Unit, strategies for operationalizing or measuring those activities, and the data source (e.g., administrative data, youth survey, new database).

Table 3
Measurement Plan for Child Trafficking Unit Logic Model

Activities from Logic Model	Operationalization	Data Source	Person Responsible for Inputting Data	Pre-existing Data or Created for Evaluability Assessment
<i>Multidisciplinary Teaming</i>				
Referral and Assessment	Referral source, recommendations made, and referral outcome	New Database	Assessment DPO	combination (pre-existing but integrated into the new database)
Regular Multidisciplinary Team Meetings	MDT Calendar	New Database	MDT Coordinator	combination (pre-existing but integrated into the new database)
<i>Trauma-Informed Case Management</i>				
Collaboration	(1) List of all contacts in case and (2) number of partners with action items on the case plan/MDT	New Database	MDT Coordinator & Case Carrying DPO	combination (pre-existing but integrated into the new database)
Frequent Contact with Youth	DPO entering contacts into current case management system	Administrative Data	Probation Department	Pre-existing
Service Continuity	Length of time case assigned to DPO	Administrative Data	Probation Department	Pre-existing
Service Referrals	Number and type of services youth is referred to	New Database	MDT Coordinator	combination (pre-existing but integrated into the new database)
Goal Setting	Progress made towards goals (i.e., action items completed).	New Database	MDT Coordinator & Case Carrying DPO	combination (pre-existing but integrated into the new database)
Safety Planning	(1) Whether there is a safety plan in place	New Database	Case Carrying DPO	Newly created

Harm Reduction	(1) Survey question to DPO, and/or (2) whether DPO received training on this topic	New Database	Case Carrying DPO	combination (pre-existing but integrated into the new database)
<i>Relationship-Informed Care</i>				
Youth and Family Engagement	Survey questions	Youth Survey	Evaluation Partner	Newly created
Organizational Support	Organizational Leadership Scale - adapted for current project	New Database	Case Carrying DPO	Newly created
Staff Wellness	Monthly survey to staff on self-care goals and progress towards goals	New Database	Case Carrying DPO	combination (pre-existing but integrated into the new database)
Youth Voice and Choice	Survey questions	Youth Survey	Evaluation Partner	Newly created
Empowerment	Survey questions	Youth Survey	Evaluation Partner	Newly created
Cultural, Historical, and Gender Issues	(1) Survey questions and (2) trainings attended by DPOs	Youth Survey	Evaluation Partner	Newly created
<i>Specialized Protocols</i>				
Law Enforcement First Responder Protocol	Whether youth experienced this protocol and if so when.	Advocacy Portal	Varies	Can be built into a new database or linked
Detention Protocol	Whether youth experienced this protocol and if so when.	Other	Varies	Can be built into a new database or linked
Victim-Witness Testimony Protocol	Whether youth experienced this protocol and if so when.	Advocacy Portal	Varies	Can be built into a new database or linked
Locate Protocol	Whether youth experienced this protocol and if so when.	Other	Locate DPO	Can be built into a new database or linked
<i>Specialized Programs</i>				
Community-Based Advocacy	Whether youth has an advocate	Administrative Data	Case Carrying DPO	Pre-existing
STAR Court	Whether youth was assigned to STAR Court	Administrative Data	Probation Department	Pre-existing

Youth Survey

A youth survey was developed that includes data elements that map onto the following four activities: youth and family engagement, youth voice and choice, empowerment, and historical, cultural, and gender issues (see Appendix B). In developing the survey, we first drew from common questions in other youth surveys (e.g., Youth Thrive; Pan-Canadian Joint Consortium Youth-Adult Survey). After reviewing these resources, the internal research team narrowed down the question items based on the specific activities to be assessed. Then, the National Center for Youth Law held several listening sessions with youth as well as with members of the CSEC Action Team's Advisory Board to identify the most appropriate questions, modify the wording of questions to make them youth-friendly and clear, and receive any additional feedback about the survey and how it should and could be used.

Database Development

Administrative data captures a wealth of information on a youth's case, though, it often doesn't collect the type of process-oriented information that can inform implementation fidelity. Therefore, our research team sought to develop a web-based information system to capture many of the activities in the logic model not captured by current data systems. In doing so, we carefully considered how case management systems could help service providers do their job more efficiently. We recognized that many human service agencies have their own databases, but they are limited by the types of data they could collect in their internal systems. Therefore, we focused on key aspects of the work of the Child Trafficking Unit to create a data collection process, specifically a database, that models the workflow of the unit.

The database was developed by the research team with guidance from Probation Officers in the Child Trafficking Unit. Our aims for the system were to:

- Collect data in a structured/consistent way
- View and retrieve real-time case information
- Track case management and youth goals
- Build custom data reports
- Allow the unit to co-design the system development and user interface

The database integrates two open-source software platforms (Drupal and CiviCRM) to create a web-based interface that allows Child Trafficking Unit administrators and staff to record case referrals, case information, and SMART case plans. We designed the system in four primary sections corresponding to activities in the logic model: (1) User Dashboard, (2) Referral and Assessment, (3) MDT Calendar, and (4) Caseload Overview. We focused on these specific activities because they were either not captured in the current information systems that were being used (most often because they were newly identified as part of the current study), or they were captured elsewhere but not in an efficient manner (see Table 3). For a detailed description of the database see Appendix C.

Objective 5: Assessment of the Research Capacity of the Specialized Units

To assess the capacity to collect data within the specialized units we conducted interviews or focus groups (see Table 1) with individuals to get feedback on two data collection systems: 1) the newly developed database for the Child Trafficking Unit (described above), and 2) a newly implemented database in the DCFS CSEC Unit. Using these data platforms as examples, we were able to assess the capacity of the units to collect data for evaluation purposes.

Lessons Learned from Implementing a New Database in DCFS

During this project, DCFS independently planned and implemented a new database, called the CSEC tracking system (CTS). The system was envisioned to be an integrative database that allows effective and streamlined communication about each case across community-based advocacy programs, Social Workers, and their supervisors, both within and

outside of the department. In doing so, the system sought to promote transparency in advocacy service provision to ensure that youth are receiving appropriate services. Several functions were built into the data system to promote best practice. For example, if a newly referred youth's safety plan is not completed within 14 days, the system alerts the case worker as well as the supervisor. In addition, the embedded service date tracking mechanism was built to keep each provider accountable for not only the state/county reporting requirements but also the timely connection to and delivery of necessary services for young people. Overall, the system has compliance monitoring built in based on the requirements of the community-based advocacy contracts, but it was not built to monitor compliance for the sake of compliance or penalizing advocates for not meeting requirements; rather the intention was to facilitate and streamline quality service provision for youth impacted by CSE.

The CTS was officially launched in early 2022. It took approximately two and a half years to develop, from initial brainstorming to the actual launch. The administrator who led the effort to launch the database identified three essential elements for a successful transition into a new database. First, a champion is needed who recognizes the importance of collecting and using data and is committed to developing the database. Second, at least two members from the data team were needed to consistently work with the champion to develop the technical aspect of the database. Third, at least two members from the data team were needed to support the training and troubleshooting of the newly launched database. Because members of the data team generally do not have a background in social work, the team members needed to work closely with the champion or other case workers who know the work.

During the testing phase, before the official launch, the CTS database was piloted by multiple staff to ensure accessibility, feasibility, and acceptability. This iterative process allowed

for adding or improving necessary data elements into the system to make daily work and supervision easier and more efficient.

In the initial launch process, the CTS database was welcomed by Social Workers and advocates, who also felt that a central database for service tracking would be useful. Strong leadership, in this case, was enough for workers' buy-in and willingness to learn, adopt, and use a new database. Training was done organically, after the introductory training, based on request. Lessons learned in the development, launch, and use of the CTS database provide important insight on the capacity of service providers to enter and track data. Through interviews, we have identified several benefits and challenges to adopting and implementing a new database.

The biggest benefit to the CTS database, from an administrative perspective, was that the new database helps monitor and supervise the work being done by contracted advocates. While there were initial technical issues (e.g., inability to download data in excel spreadsheet format, error messages for apostrophes or special characters in case notes) it has enhanced efficiency in generating high quality deliverables, such as monthly management reports and compliance rates. It also provides an overview of all active cases with aggregate summary of completed/ongoing advocacy activities, number of service hours, type of services provided, parties involved, and the length of time each process took across the life of a case (e.g., Law Enforcement First Responder Protocol referral, intake assessment, safety planning, etc.). From the case worker's perspective, the new database is a user-friendly – easy to adopt and learn – information sharing system that makes it easier for them to track referrals.

Several challenges were noted, however, about the use and utility of the CTS. The first challenge is the inflexibility of the user interface. For example, the database only allows the assigned worker to edit or submit the referral, thus, creating a workflow bottleneck where

referrals for advocacy services would not get submitted on time. Allowing other case workers or supervisors to submit the forms would ensure a more efficient referral process. This was similarly noted by stakeholders, in that inputting service activities were only available to assigned advocates making it impossible for other advocates supporting the case to document the work they had done with the youth. The second challenge was that, unlike how it was originally envisioned, the CTS database functioned as a standalone database that added further busy work for inputting data for case workers, advocates, and their supervisors. While the initial purpose was to make an efficient system, incomplete referrals accrued on case workers' desk, who may have been out on vacation or out sick and advocates who could not add service activities to the cases they were unassigned had to document in a separate spreadsheet to ensure that the billable service activities and hours were noted. The third challenge was ensuring the accuracy and usefulness of information automatically calculated by the database system. For example, the number of days calculated by the referral system reflect the number of days from the day the DCFS CSEC Unit received the referral instead of when the referral from the DCFS CSEC Unit was actually received by the advocacy agencies. Relatedly, the administrators cannot track how long it takes from the initial referral to advocacy referral, making it impossible to monitor timeliness of the services.

Despite the challenges in the initial launch, overall, those interviewed recognized the CTS database as a promising approach to collecting and monitoring high quality data relevant to service provision for youth impacted by CSE. Improvements are currently being made to the CTS based on ongoing feedback from caseworkers, advocates, and their supervisors.

Feedback on a New Database for Probation

After the new database was developed for this project, an introductory video was created and shared with Probation Officers in the Child Trafficking Unit. These Probation Officers were then individually interviewed to gather feedback on their willingness and interest to use such a database. The following questions guided the discussion:

- How much time do you spend on data tracking/collection per week?
- Do you think it would take you more or less time if you used the new database compared to your current process?
- How willing are you to use a new database?
- If we were to implement this new data collection system, what do you think the challenges would be? And conversely, how do you see it being helpful?

Currently, Probation Officers in the Child Trafficking Unit have several spreadsheets where they input data based on their role (e.g., assessment, case carrying DPO, etc.). These spreadsheets are *in addition to* the use of the case management system that the Probation Department currently uses to track administrative data and case notes. The Probation Department's current system has its own challenges, including limited capacity to track program-level data and the more collaborative, relational components that make the Child Trafficking Unit's service delivery model unique; therefore, these additional spreadsheets are used so that the unit can internally track more process and holistic data.

It was estimated that approximately 114 hours a month, at minimum, are spent entering data into these spreadsheets. This amount was estimated across all roles/positions of Probation Officers and staff in the Child Trafficking Unit, as the amount of time spent depends on the person's role and responsibilities. Importantly, this number increases when caseloads are higher, when more youth are away from home or care per month (e.g., Locate Protocol tracking), when more youth are referred to the unit (i.e., referral and assessment tracking), and if there are any additional requests made of the unit. Additional requests for information from the Child

Trafficking Unit are common and often come from stakeholders (e.g., the Board of Supervisors, the Integrated Leadership Team, etc.) that are interested in a particular aspect of the work for practice, research, or policy reasons. Examples include the number of youth identified through the Law Enforcement First Responder Protocol during a particular time period, most common housing/placement situations for youth in the unit, or numbers of youth currently detained.

All Probation Officers interviewed reported that they believed it would take them less time to enter data if the new database replaced their current process (i.e., the additional spreadsheets). In addition, everyone interviewed was willing and interested in using the new database. Probation Officers felt the helpful functions of the database were that it was interactive, could schedule meetings (e.g., MDTs) in real time, is searchable, could aid in tracking prior assessments of youth that did not come to the unit, and included reminders on when youth need contact and/or MDTs.

Potential challenges Probation Officers considered were potential overlap with the current case management system they use, getting buy-in from all the case carrying DPOs, and concerns that it would be too much work if they had to enter historical data. Recommendations included the need for appropriate training, technical support, not requiring entering historical data (i.e., starting with current caseloads), and not limiting people's access to the database within the unit (which can create barriers to data entry).

Overall, Probation Officers were interested in using the database, believed it would reduce their time spent on data entry, and wanted support in implementing the database.

Research Capacity of the Specialized Units: Summary of Findings and Recommendations

Human service organizations increasingly rely on information management systems to track client data for quality assurance and accountability. However, technologies that focus

solely on accountability and organizational demands reduce the potential that technology can bring to leverage system actors' work, especially when there is less consideration of how the system can help staff do their tasks more efficiently. Part of this problem stems from the fact that some information systems are developed by administrators and web developers rather than direct service providers that do the on-the-ground work (Munro, 2004). As a result, information systems are built with a focus on auditing and supervision (e.g., compliance data) rather than utilizing the system to facilitate more robust involvement in the services they provide to clients (e.g., process or outcome data).

A secondary problem is the development/maintenance of the information systems often do not advance at the same speed as the organization. Most commercialized technology have pre-built functions and features that administrators cannot change or customize. As a result, program evaluation and the data available on client outcomes may be limited because the information system itself may not match the program's workflow. In some cases, opportunities for technological improvements or requests may be delayed, unavailable, and/or not supported by internal IT units in the health and human service agencies. In other cases, information is entered easily, but the information extracted is limited, burdensome, or delayed. In these situations, administrators allocate significant staff time to collect, organize, and/or archive data (e.g., via spreadsheets) to internally oversee their operations and client outcomes. Research has documented how information systems have undermined social work/human service practices because a disproportionate amount of time is spent in front of the computer instead of with clients (Gillingham, 2015; Lagsten & Andersson, 2018).

These issues documented in the literature are confirmed by our assessment as well. Based on the feedback of the two databases described above we have identified several

recommendations for supporting and facilitating the capacity of the specialized units to engage in further evaluation activities. Overall, both the specialized units in Probation and DCFS have the capacity for a more in-depth evaluation, such as a process evaluation, if the evaluation is carried out with these challenges and recommendations in mind.

Cultivate Buy-In for Data Collection Among Service Providers. Service providers within health and human services often have several competing demands between direct client services and administrative duties. Data collection is not always something that they are willing or able to take on. However, in our interviews we found that, service providers were willing to engage in data collection when it is presented as something that will help their workflow. For example, buy-in from service providers was relatively high if they felt the new data collection effort would improve information sharing, reduce time spent on other tracking activities, match their workflow, and/or enhance their ability to support youth through case management.

Match Data Collection to Workflow. Efficiency in data collection is maximized if the data collection process does not feel like data collection. In other words, that it mirrors, and actually enhances, service providers' workflow rather than assigned as an additional task. This is important for efficiency and cultivating buy-in for data collection and/or a new database. One example of efficiency from the database we created for the Child Trafficking Unit is the option for downloading the data (e.g., in either a PDF or excel format) so that case information, updates, or action items can be shared with key stakeholders in real time, such as in court reports or in emails to collaborators. Conversely, this was an identified challenge with the DCFS CSEC Tracking System (CTS). Importantly, it is recommended that the data collection process also drive practice improvement. For example, the calendaring of events in the newly developed database for the Child Trafficking Unit provides a notification when a youth is in need of an

MDT according to the schedule set forth in the policy. In addition, the SMART goals identified at a previous MDT auto populate to the next MDT meeting form to allow for easy tracking and follow-up.

Embrace Research-Practice Partnerships. This project is an example of a research practice partnership (RPP), RPPs are defined as, “long-term, mutually beneficial collaborations that promote the production and use of rigorous research about problems of practice. RPPs are intentionally organized, and hold promise for improving the relevance of the research produced, the use of research by organizations, and outcomes for youth.” (W.T. Grant Foundation, n.d.). Before a jurisdiction begins the implementation or evaluation process of a specialized unit, we recommend that they work to establish an RPP. RPPs have become more common as funding for programs has become more closely tied to evaluation and outcomes. In addition, a shift in the academic arena towards a greater interest in community-engaged or applied research has increased the use of RPPs. We recommend that child welfare and juvenile justice (including probation) professionals consider fostering these partnerships, and vice versa. Agencies can reach out to their local universities or identify individuals through networks to begin discussions about partnering. Conversely, community-engaged researchers should work to disseminate their research to public agencies, practitioners, and policymakers to allow for more connections to practitioners.

Collaborate with Service Providers to Develop a Data Collection Plan. Just as we recommend that service providers partner with researchers when developing and implementing programs to allow for evaluation, researchers must also collaborate with service providers when developing and implementing data collection protocols and/or databases. It is important to engage case-carrying workers - not just administrators - when developing a database system so

that the database accurately reflects the actual workflow instead of heavily focusing on monitoring and compliance. This helps shift the focus towards youth outcomes and practice improvement rather than service outputs.

Incorporate Youth Feedback into the Data Collection Plan. To measure the true impact of a program, the youth receiving its services must be able to share feedback about how and whether the program is working for them. Youth have key insights into what they need to achieve their goals and can tell you what is working for them and not. Too often providers shy away from asking youth because it may require a shift in approach, process, or staff. Planning for and including youth feedback into a data collection plan from the outset is important as it considers the unique nature of the information being collected such that the data system and infrastructure can accommodate it. Youth and those formerly served by the systems should be engaged in identifying what information to collect (e.g., their perspectives on which service providers are most effective or what types of services are missing from the service array), the language to be used in describing their experiences, as well as the best methods to engage young people in providing feedback. Collaborating with youth in the research and evaluation process not only ensures accurate measurement of important program elements, but the process can be empowering as well. Youth in our listening sessions noted that they had never or infrequently been asked the types of questions in our proposed survey and were excited to take part in the development of a tool that other youth may benefit from.

Plan for Implementation. To be successful, attention must be paid to how the database is implemented. Specifically, it was noted by interviewees that those using a new database need training and ongoing support until it has become part of ongoing practice. Training prior to rollout and ongoing technical assistance can mitigate and address any problems as they arise. It

should be expected that changes will need to be made to the system following implementation. For example, the CTS database experienced unexpected glitches that are being addressed as part of an ongoing improvement process.

Integrate Multiple Sources of Information. Successful evaluation of specialized units, such as the ones described in this report, require the integration of multiple data sources. The use of linked administrative data is becoming more common, particularly in child welfare (Soneson, et al., 2022, Strelevitz & Wulsin, 2022), and allows for a more complete picture of youth outcomes and trajectories across service systems (e.g., Herz et al., 2019). Yet, there are limitations with linked administrative data, mainly the amount of detail that can be captured on an individual basis. Because of this, we recommend using multiple data sources, including newly developed data systems such as the one created for the current project, to ensure the accurate measurement of the variables outlined in the logic model of the program. Multiple data sources are needed because the data are measured at various levels of analysis, for example, the level of the service provider (e.g., perceptions of organizational support), the youth (e.g., mental health, perceptions of services), and the system (e.g., referral source, timing of MDT, etc.).

Plan for a Phased Approach to Evaluation. When most service providers think about evaluation, they often think of an outcome evaluation. However, there are several types of evaluation, such as an evaluability assessment to clearly define the program model and assess its research capacity (i.e., the current project), a process evaluation to identify whether the program is functioning with fidelity to the model, and an outcome evaluation which can show whether the program is having the intended effect. The decision on the type of evaluation that is most appropriate will often depend on how established the program is and/or the data collection processes already in place. These different approaches can be thought of as phases of evaluation.

In the current project we laid out a plan for a process evaluation; however, we also provide details on the outcomes of the programs (see Appendix D) that can be pre-emptively embedded into data systems, along with fidelity measures, so that outcomes can be tracked as well.

Limitations

Findings from the current project should be considered in light of its limitations. Mainly, that the generalizability of the findings may be limited given the narrow focus on the two specialized units in Los Angeles County. First of all, Los Angeles County is unique in and of itself as a very large urban jurisdiction. Second, the units under investigation are also unique in that most jurisdictions do not have specialized units for CSE. The Child Trafficking Unit, for example, is the first specialized unit in the country, to our knowledge, that was developed to specifically serve youth experiencing CSE. The fact that these units are unique, however, is the main reason they were assessed: so that other jurisdictions can learn from them.

In addition, the current evaluation was originally intended to include more field observations and more in-depth qualitative data collection and analysis. However, the methodological approach had to shift due to the global pandemic which meant that we were severely limited in our ability to observe Social Workers, Probation Officers, and youth.

Conclusion

Progress has been made in how service systems and affiliated agencies identify and support children and youth experiencing CSE and trafficking. Challenges remain, however, in addressing the comprehensive needs of children and youth impacted by CSE. Juvenile justice and child welfare professionals are on the front lines of this work. Probation Officers and Social Workers work with many youth experiencing or at-risk of CSE and are in need of best practices

and/or model programs to use. Unfortunately, as we found in our scoping review, there are very few evaluated programs available.

The overarching goal of this project was to conduct an evaluability assessment of the specialized units in probation and child welfare for children and youth experiencing CSE in Los Angeles County. Evaluability assessments ask whether programs are ready to be evaluated. Specifically, whether they have data systems in place, whether the model is specified clearly enough to identify the hypothesized mechanisms of change, whether program activities and outcomes are clearly defined, and whether there is capacity to collect such data within the agency. In doing so, we were able to clearly outline and articulate the program activities of the specialized units along with expected program outcomes. Delineating and articulating the programs' theories of change allows for further evaluation activities. We have also operationalized these activities and outcomes and provided examples of how a unit could be assessed for fidelity. Finally, our assessment of the research capacity of the units indicates that there is potential for successful future evaluation activities. However, additional data collection processes (e.g., the newly created database and/or youth survey) would need to be implemented in order to capture the broad range of activities and/or outcomes included in the logic model as they are not currently captured in the current administrative data systems.

The descriptions of the specialized units and the findings from the current project can lead to the implementation of practices and/or units such as these in other jurisdictions across the country. In doing so, we expect that the findings and recommendations related to research capacity can lead to future evaluation efforts of these, or similar, units.

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Appendix A: List of Documents Reviewed

Department of Children and Family Services

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2. Evident Change. (2021). *Sample (de-identified): Safety assessment*
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Appendix B: Youth Survey

Youth Survey About Probation Services

This survey was developed as part of a federally funded project to assess the service delivery model of a specialized unit in a Probation Department for youth experiencing commercial sexual exploitation. The survey is intended to promote the integration of youth feedback into Probation practice and evaluation activities. The survey can be freely used and/or modified, in part, to match the survey administration protocol of varying jurisdictions.

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For questions about the use or development of this survey please
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Feedback on Probation Services



Your voice, opinions, and feelings matter. This survey was created to help the Probation Department understand how best to work with you and other young people. It includes topics such as youth and family engagement, collaboration, youth voice and choice, and services/resources. Your answers will be used to help your probation officer serve you better. Your answers may also be used to make changes that may help other youth in the future.



Taking this survey is voluntary, which means you do not have to take this survey if you don't want to. If at any point you decide you do not want to take the survey, you can stop. You may skip any question that you don't want to answer.



This is not a test and there are no right or wrong answers. It is important you answer each question honestly. This survey may take you less than 10 minutes, but you may take as much time as you need.



This survey is anonymous, meaning that no one will know if you took the survey. Your probation officer will not know whether you took the survey, and they will not see any of your individual answers. The information in this survey will be going to *[a supervisor/designated person in the Probation Department]*. The purpose of *[]* receiving your responses is to make sure that everything is going okay with young people on Probation, to address problems, and/or highlight successes that young people bring up in the survey.

[Recommended addition for counties that are able to follow up with youth.]

If you have questions or want to talk to someone, towards the end of the survey there is a section where you may ask for resources or to talk to someone about things that came up in the survey. If you wish, you may give your name and contact information so that someone can follow up with you.

Youth and Family Engagement

Circle the answer choice that tells us how much you agree or disagree with each statement.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
My probation officer tries to build a relationship with me.	1	2	3	4	5
I feel supported by my probation officer.	1	2	3	4	5
My probation officer tries to build relationships with my family and other important people in my life.	1	2	3	4	5

I feel my probation officer contacts me (check one box):

- Too much
 Just the right amount
 Not often enough
 Never

Collaboration

Circle the answer choice that tells us how much you agree or disagree with each statement.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
I know that there is a team of people supporting me.	1	2	3	4	5
I know where to go or who to reach if I have a problem.	1	2	3	4	5
When people on my team say they are going to do something to help me, they follow through.	1	2	3	4	5

The person/people that I feel supported by are my: (check all that apply)

- Probation Officer
- Social Worker
- Advocate
- Case Manager
- Therapist/Clinician
- Parent/Relative/Caregiver
- None of the above
- Other _____

Youth Voice and Choice

Circle the answer choice that tells us how much you agree or disagree with each statement.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
I feel comfortable talking to my probation officer about my opinions on decisions in my life (e.g., where I want to live, school).	1	2	3	4	5
I am given all the information I need to make decisions in my life.	1	2	3	4	5
My probation officer respects my input and ideas.	1	2	3	4	5
I help set my own goals.	1	2	3	4	5
My probation officer celebrates my achievements and strengths.	1	2	3	4	5
I don't feel judged when I share my concerns or ideas with my team.	1	2	3	4	5

Services/Resources

Circle the answer choice that tells us how much you agree or disagree with each statement.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
My probation officer connects me with services and resources I need or want.	1	2	3	4	5
		2	3	4	5
There are services and resources I have asked for but am still not getting.	1	2	3	4	5

Race/Ethnicity, Culture and Gender

Circle the answer choice that tells us how much you agree or disagree with each statement.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
My probation officer is respectful of my gender identity.	1	2	3	4	5
My probation officer is respectful of my sexual orientation.	1	2	3	4	5
My probation officer uses my correct name and pronouns.	1	2	3	4	5

My probation officer connects me to:

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
Services and activities related to my racial, ethnic, or cultural background (ex. skin and hair care, foods from my culture, connection to community elders, rituals/ceremonies).	1	2	3	4	5
Service providers who look like me, if I request it.	1	2	3	4	5
Service providers that speak the language I prefer using.	1	2	3	4	5
People and activities related to my religious or spiritual background and practices (e.g., church, temple, mosque, elders, rituals/ceremonies).	1	2	3	4	5

Is there anything else you want to tell us about your probation officer or about Probation?

Optional

[Recommended addition for counties that are able to follow up with youth]

This is totally optional.

If you would like someone from *[Probation]* to follow up with you about anything from this survey, please include your name and contact information.

Your name

Your phone number

Your email address

Appendix C: Development of a New Database for Probation

Primary Author Kristine Chan

Administrative data commonly collected across jurisdictions capture a wealth of information on a youth's case, though, it often does not collect the type of process-oriented information that can inform implementation fidelity. Our research team sought to develop a web-based information system to capture the activities in the logic model not captured by current data systems. In doing so, we carefully considered how a data system could help service providers do their job more efficiently. We recognized that many human service agencies have their own databases, but they are limited by the types of data they can collect in their internal systems. Therefore, we focused on key aspects of the work of the Child Trafficking Unit to create a data collection process, specifically a database, that models the workflow of the unit.

The database was developed by the research team with guidance from Probation Officers in the Child Trafficking Unit. Our aims for the system were to:

- Collect data in a structured/consistent way
- View and retrieve real-time case information
- Track trauma-informed case management and youth goals
- Build custom data reports to oversee programmatic activities
- Allow the unit to co-design the system development and user interface

The database integrates two open-source software platforms (Drupal and CiviCRM) to create a web-based interface that allows Child Trafficking Unit administrators and staff to record case referrals, case information, and SMART case plans. We designed the system in four primary sections: (1) User Dashboard, (2) Referral and Assessment, (3) MDT Calendar, and (4) Caseload Overview. These sections correspond to several of the activities identified in the logic model for the Child Trafficking Unit. We focused on these specific activities because they were either not captured in the current information systems that were being used (most often because they were newly identified as part of the current study), or they were captured elsewhere but not in an efficient manner (see Table 3).

Leveraging the Database as a Case Management Tool

Our mission was to build a data system that: (1) aligns with case management processes, (2) leverage the data system as a tool for case management, and (3) can be used for evaluation and/or practice improvement purposes. The emphasis on the case management processes is replicated in the data interface, beginning with the referral process. The system was built to match the program workflow, which organizes the internal data structure for how services are provided overtime. This enables future program evaluations with a longitudinal time-ordering focus. For example, the referral and assessment forms create a youth record and organize this data according to the different program support levels (e.g., at-risk youth, secondary support, or full program support). An initial review of the referral begins the case timeline that can activate

other activities across time (e.g., Initial MDT Meeting, Ongoing Review, 90-Day Review, and As-Needed meetings).

We want to highlight several features of the database that facilitate case management activities. All screenshots in this section use pseudonyms for the case names and simulated data for illustration.

User Dashboard and “Scheduled” Activities. Most human service agencies use case note documentation as an action that has already been taken place (e.g., completing case notes after meeting with a client). In the new database, activities come with different activity statuses, such as “scheduled” and “completed.” A user can log an activity in the future (e.g., an MDT meeting on a specific date), and this activity is then “scheduled” on the user dashboard as a future event. In the example below, the database organizes and tracks upcoming case management activities and helps users manage their tasks. Simultaneously, this ensures that the user revisits the activity record to provide data for that activity once completed.

The screenshot shows the user dashboard for Kristine Chan. At the top, there are navigation tabs: Home, Referral and Assessment, MDT Calendar, and Caseload. The main heading is "Dashboard - Kristine Chan". Below this, there is a section titled "Your Assigned Activities" with a table of activities. A red arrow points to the table with the text "Personalized user dashboard with upcoming 'scheduled' activities". To the right, there is a "Recent Activity" section with a list of users: Latisha Brown, Skylar Aguirre, Christal Norris, and Kristine Chan. A red arrow points to this list with the text "Track recent activity in the system (for the ease of moving between records)".

Type	Subject	Added by	With	Date	Status
MDT 30-Day	(no subject)	Chan, Kristine;	Norris, Christal;	May 13th, 2022 3:21 PM	Scheduled
Initial MDT	(no subject)	Chan, Kristine;	Munoz, Sasha;	May 6th, 2022 12:00 AM	Scheduled
Initial MDT	(no subject)	Chan, Kristine;	Brown, Latisha;	May 2nd, 2022 3:20 PM	Scheduled

The screenshot shows the "Schedule Follow-up" form. A dropdown menu is open, showing options: Referral, Initial MDT, MDT 30-Day, MDT Ongoing, MDT 90-Day, and MDT As-needed. A red arrow points to the "Initial MDT" option with the text "Schedule a date for the 'Initial MDT' and Assign the activity to a staff (email will be generated to the user)". The form fields include "Schedule Follow-up Activity" (with a dropdown), "Subject", and "Assigned to" (with a dropdown).

Multidisciplinary Team Meeting Calendar. The MDT Calendar section is a visual look at upcoming and future MDT meetings. We provide different methods of viewing future events: a monthly calendar view, a table view that filters events in the next seven days, and a search

function for upcoming MDT meetings for a specific youth. Viewing and filtering data using these methods is particularly useful for staff whose primary responsibility is MDT coordination. We can answer these questions on a single-page view: How many MDT meetings do I have this week? When is the next time “Jasmine” has her next MDT meeting?

MDT Calendar MDT Meetings are color-coded by type

< > today May 2022 month week day

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	03:20 pm Latisha Brown (Initial MDT)				12:00 am Sasha Munoz (Initial MDT)	
8	9	10	11	12	13	14
					03:21 pm Christal Norris (MDT 30-Day)	
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4
5	6	03:21 pm Jasmine Cox (MDT 90-Day)	8	9	10	11

MDT Meetings This Week

Scheduled for the next 7 days

Date	Name	Meeting
05/02	Latisha Brown	Initial MDT
05/06	Sasha Munoz	Initial MDT

Search by Client

Search for upcoming MDT meetings by youth name and click on "Search" button to see results.

Name
jasmine

Search Reset

Date	Name	Meeting
06/07	Jasmine Cox	MDT 90-Day

Real-Time Case Information and Reminders. The caseload page provides an overview of all active clients being served by the unit and can be organized by Probation Officer. This dashboard view tracks real-time information about each client on the caseload (e.g., current location, probation disposition, DCFS legal status, etc.) and the last MDT meeting. This latter column is a calculated date that serves as a reminder to encourage consistent contact with clients. For example, “3 months ago” indicates that the client has not had a MDT for three months. Real-time case information is a common status report, and there is a spreadsheet export option for auditing and reporting. This is to allow efficient access to data.

Caseload

Name Location Probation DCFS

Filter See cases by DPO Track real-time information about youth and last MDT meeting

Kristine Chan

PDJ	Name	Age	Gender	Race	Current Location	Probation Disposition	DCFS Legal Status	Education Status	Last MDT
P987654	Christal Norris	13	Female	White/Caucasian	Home with Relative/Guardian	790	Family Maintenance/VFM	Enrolled in GED	3 months ago
P123456	Latisha Brown	14	Female	African American or Black	DCFS Group Home/STRTP	602 HOP	Family Reunification (FR)	Not enrolled	4 months ago
P532456	Sasha Munoz	16	Female	African American or Black	Home with Biological Parent(s)	602 HOP	N/A	Enrolled in High School	2 months ago

Not Assigned

PDJ	Name	Age	Gender	Race	Current Location	Probation Disposition	DCFS Legal Status	Education Status	Last MDT
P342224	Skylar Aguirre	13	Female	Hispanic/Latino/Latinx	DCFS Group Home/STRTP	602 SP	Family Reunification (FR)	Enrolled in High School	1 week ago

Displaying 1 - 4 of 4



Export data into a spreadsheet

Export the Caseload Dashboard
Excel Spreadsheet Example

SMART Case Plans. A unique feature of this system is the development of the SMART case plans from paper form to a web-based interface. The SMART case plan section automatically appears in each client record which serves as a reminder to the user what the goals and action steps are for each youth based on their case plan. Goals and action steps can be updated over time to reflect the progress and completion of tasks. Additionally, these case plans can be exported in PDF format for court reports and spreadsheets to share with other stakeholders working with the youth. This feature is essential to encourage information sharing. Case plans are often developed with other partners. Therefore, this option encourages collaboration and prevents duplicated goals/action steps across multisystem and community partners.

Sasha Munoz

[Edit](#) [Delete Contact](#)

Summary Activities 2 Relationships 1 Groups 1 Contacts 0 Service Referrals 0

Gender: Female Phone:

Date of Birth: April 1st, 2006 Email:

Age: 16 years Address:

Identity

Pronoun: She/Her

Race: African American or Black

Legal Status

PDJ: PS32456

Probation Disposition: 602 HOP

DCFS Legal Status:

Lead Agency:

Dept No.:

Case Management

Current Location: Home with Biological Parent(s)

Education Status: Enrolled in High School

Employment Status:

Documents in Youth's Possession:

Safety Plan Created:

Safety Plan Upload:

Access Keys:

Contact ID: 4 **Data submitted from the referral form auto-populate to case record**

Last Change by: Kristine Chan (April 28th, 2022 8:01 AM)

Created: April 26th, 2022 10:33 AM

SMART Case Plan

Relationships & Community

Created Date: 04-01

Goal Status: In-Progress

SMART Goal: Improve minor's relationship with mother to improve communication. Minor and her mother will participate in family counseling once a week for the next 6 months.

- DMH will connect the minor and family to a local family-counseling program. [DMH] Yes (2022-07-01)
- DPO will monitor compliance with the therapist once a month. [Probation] No (2022-07-01)

[Edit Goal](#)

Alcohol and Substance Use

Created Date: 04-06

Goal Status: In-Progress

SMART Goal: Minor will not use any illegal drugs for the next 6 months.

- DPO will drug test the minor once a week. [Youth; Probation] No (2022-04-06) (2022-07-01)
- DMH will continue to provide 1-1 substance abuse counseling. [Youth; DMH] No (2022-04-06) (2022-07-01)

[Edit Goal](#)

To submit a SMART goal, click [here](#) or view case plan in a [table](#).

[PDF](#)

Track real-time case information

Develop and track MDT Case Plan over time

Youth Name

Goal Created Date

Goal Area

- Alcohol and Substance Use
- Education
- Mental Health
- Physical Health
- Prosocial Activities/Hobbies
- Relationships & Community
- Work
- Other

What is the SMART goal?

SMART Goal Status
Goal Status

Action Steps Show row weights

Action Step	MDT Members Assigned	Service Referral	Start Date	Due Date	Target Achieved?	Completion Date
<input type="text"/>	<input type="checkbox"/> Youth <input type="checkbox"/> Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Probation <input type="checkbox"/> DCFs <input type="checkbox"/> DMH <input type="checkbox"/> DPH <input type="checkbox"/> Education <input type="checkbox"/> Advocate <input type="checkbox"/> Attorney <input type="checkbox"/> Other...	- None -	<input type="text" value="mm / dd / yyyy"/>	<input type="text" value="mm / dd / yyyy"/>	- None -	<input type="text" value="mm / dd / yyyy"/>

Add more items

NIJ - Evaluation of Specialized Unit for CSE

Home Referral and Assessment MDT Calendar Caseload Support

SMART Case Plan

Youth Name	Goal Area	Created Date	Goal Status	SMART Goal	Action Steps	Due Date	Completion Date
Sasha Munoz	Relationships & Community	04-01	In-Progress	Improve minor's relationship with mother to improve communication. Minor and her mother will participate in family counseling once a week for the next 6 months.	<ul style="list-style-type: none"> • DMH will connect the minor and family to a local family-counseling program. [DMH] Yes (2022-07-01) • DPO will monitor compliance with the therapist once a month. [Probation] No (2022-07-01) 		
Sasha Munoz	Alcohol and Substance Use	04-06	In-Progress	Minor will not use any illegal drugs for the next 6 months.	<ul style="list-style-type: none"> • DPO will drug test the minor once a week. [Youth; Probation] No (2022-04-06) (2022-07-01) • DMH will continue to provide 1-1 substance abuse counseling. [Youth; DMH] No (2022-04-06) (2022-07-01) 	<ul style="list-style-type: none"> • 2022-07-01 • 2022-07-01 	

Appendix D: Anticipated Program Outcomes

Outputs

Outputs include measures related to the implementation of the program activities such as tracking service provision and case management. Outputs can also function as measures of fidelity to the program model and can be used as part of a process evaluation, which are helpful to assess whether programs are implemented and functioning in the way they were intended to. Tracking of outputs can also be used internally for holding service providers accountable to youth as well as ensuring compliance with practice guidelines and expectations.

Number of Youth Assessed and Served. All youth who are served by the specialized units must first be referred and assessed. Referrals and criteria for inclusion in each unit happen differently but, ultimately, both function as critical to ensuring youth receive appropriate services.

Number of Referrals Made to Services. Once youth are served by the specialized unit, service linkage is an essential part of case management. Thus, the number of service referrals that are made is one metric used to ensure that youth are being linked to the services they need.

Number of Training Hours. Given the complex nature of the work service providers are doing within the specialized units, receiving ongoing training provides useful tools and skills as well as emotional support to deal with vicarious trauma.

Number of Self-Care or Wellness Activities. For youth to receive quality care, service providers are encouraged to commit time for self-care given the potentially traumatic nature of the work and the exposure to vicarious trauma. This information should also ensure that self-care does not fall under the sole responsibility of workers themselves, but that organizations and agencies foster a culture of support and provide ample opportunities for wellness activities.

Number of Multidisciplinary Team Meetings Held. Multidisciplinary team meetings are a backbone of the collaborative case management process of the specialized units and should be held regularly (e.g., weekly).

Number of Agency Collaborators on Case. To ensure that partnering and collaboration is being done for all youth it is helpful to track the number of agency representatives that have been consulted or have contributed to service access, service referrals, case management, or other supports for the youth.

Number of Case Plans that Include Goals and Harm Reduction Strategies. All youth should have case plans that include specific, measurable goals and evidence of the use of harm reduction strategies.

Number of Family Meetings/Contact. As noted in the activities section, family engagement is an essential part of case management. This number provides an overview of the frequency of contact with families.

Length of time with Probation Officer or Social Worker. Service continuity and frequent contact with Probation Officers or Social Workers help build rapport and trust. Length of time the case was assigned to a specific Probation Officers or Social Worker can be used as a metric for continuity of care.

Proximal Outcomes

Proximal outcomes include more immediate or short-term results of the program's activities. These outcomes are expected to be achieved while the youth is still on Probation or the youths' dependency case is still open. While all youth have unique goals based on their specific needs, the overall program strives to achieve these proximal outcomes for all youth.

Academic Improvement. The specialized units are intended to improve the youth's academic achievement based on the youth's personalized academic goal. Because the programs strive to meet youth where they are at, academic improvement can be seen in a variety of ways. For some youth improvement may mean going from not attending school at all to attending on a semi-regular basis. Other examples include but are not limited to graduating from high school, receiving a GED (i.e., high school equivalency diploma), improving grades in a specific course, enrolling in school, and so on.

Accessing Employment Opportunities. The specialized units are intended to support access to gainful employment. Based on the youth's goals this outcome may be achieved by successful entry into the workforce as well as other activities that can lead to employment such as creating a resume or learning how to use an employment website (e.g., Indeed).

Safe and Stable Living Situation. Safe and stable housing is a vital outcome for all youth. The living situation for youth will often depend on their delinquency and/or dependency status. Youth may be living with their legal guardians, in foster care, in a group home, or another living situation. Regardless, all efforts are made to ensure that youth feel safe where they are living. When youth feel safe, they are more likely to stay in their home. If youth feel safe and are comfortable staying in their living situation this goal has been achieved.

Removing Ties to Exploitation. The specialized units are intended to support youth in removing ties to their exploitive experiences and contacts. This may include removing tattoos and/or separation from people/peers and places associated with exploitation.

Social Support System in Place. The specialized units are intended to support youth in establishing prosocial and supportive relationships with peers and adults. This often means that

youth can identify someone they can rely on if they are in need of emotional support, comfort, or help. This can also include having people to share personal joys and accomplishments with.

Accessing Services. The specialized units are intended to connect youth to supportive and individualized services. This is achieved by tracking whether youth are able to access service referrals, and track progress of services. This is meant to ensure that barriers to service access are addressed (e.g., transportation, wait-lists, etc.) so that youth can engage in services. Buy in is also needed for youth to access services, meaning Probation Officers and Social Workers will need to discuss goals and check in on progress of services.

Progress Towards Goals. A primary activity in these specialized units is identifying individualized goals, therefore, ensuring progress towards these goals is expected. Ideally, SMART goals are identified, with youth input, and specific action items are specified and assigned to the appropriate party (e.g., mental health, Probation, etc.) so that progress is made. Oftentimes, harm reduction strategies are embedded into goals. For example, if a youth's overall goal is to quit smoking marijuana, progress towards that goal may be defined as the youth cutting back from smoking every day to smoking twice a week.

Reductions in Traumatic Stress Symptoms. The specialized units are intended to support recovery from trauma. This is, in part, achieved through the reduction of traumatic stress symptoms. This can be assessed through the implementation of a standardized measure developed to assess traumatic stress symptoms.

Long-Term Outcomes

Long-term outcomes include lasting outcomes beyond the period during which youth are under the care of Probation or DCFS, typically 6-12 months following participation in the program.

While service providers might not witness every youth reach these long-term outcomes, these are what all service providers aspire for youth to achieve.

Education, Vocational Training, and/or Employment. Youth is engaged in education, vocational training, and/or employment, which are all avenues to financial stability and key to breaking ties to commercial sexual exploitation. These outcomes may look different across youth, as some youth may want to pursue education whereas others may want to get an internship or vocational training to prepare for employment. Education and employment also provide important and tangible opportunities for youth to build confidence and leadership that can carry over into other parts of their lives.

Youth Free of Exploitation. Youth is no longer experiencing commercial sexual exploitation. Depending on the youth, this might take years, or may be cyclical, as many people move in and out of exploitation as their circumstances change (for example, if they suddenly become homeless and have nowhere to stay or way to feed their families). This process may look different for each youth depending on their experiences, but it is the ultimate goal of the work.

Self-Sufficiency. Youth have the agency, life skills, and developmentally appropriate supports to meet their daily needs. As many services available to youth come to an end at age 21, it is important that youth have the capacity and skills to take care of themselves socially, financially, and emotionally. This also includes being able to recognize when support is needed and knowing other avenues and people to access support. In addition to tangible skills, self-sufficiency includes the youth's subjective view of themselves, including their feelings of control and autonomy over decisions in their lives. The tangible and intangible components may not always develop simultaneously. For example, while some youth are able to gain financial literacy and life skills (e.g., banking, housing, cooking, seeking medical care, cleaning, etc.) relatively

quickly, gaining feelings of agency may take longer. For system-involved youth and youth who have experienced CSE, their daily life and goals are often defined for them. Gaining agency means that youth themselves are able to define what is important to them and how to live their lives.

Improvements in Mental, Behavioral, & Physical Health. Youth are mentally and physically healthy, and have the resources needed to address future health needs. This may include ongoing healing of trauma or ongoing sobriety. Implicit in this outcome is ensuring access to adequate health and mental health care (including reproductive health care).

Healthy Relationships. Youth understand the meaning and value of healthy relationships and have developed relationships outside of the specialized units that provide positive support in their lives – with peers and adults alike. Youth also have the capacity and resources to remove or avoid future unhealthy relationships in life.

Community Engagement/Supports. Youth have support from family, peers, and/or community members or organizations. Youth have a sense of community and know where to access support in the community that they live in.