

MIDD Briefing Paper

ES 17b Existing MIDD Program/Strategy Pilot Project

Existing MIDD Program/Strategy Review ☐ MIDD I Strategy Number 17 b (Attach MIDD I pages)

New Concept ☐ (Attach New Concept Form)

Type of category: Existing Program/Strategy EXPANSION (Original concept was never funded – seeking funding of original concept)

SUMMARY: The MIDD funding would be used to increase the efficacy of the CSEC Community Advocate program by expanding the ability of King County to provide critically needed outreach, housing, health care, and social services such as mental health treatment, and chemical dependency treatment to sexually exploited youth across King County.

Collaborators:

Name

Department

Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

Name	Role	Organization
Leslie Briner	Sexual Exploitation Training and Policy Coordinator	YouthCare
Morgan Silverman	Homelessness Prevention Program Manager	YouthCare
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Norene Roberts	Commercially Sexually Exploited Children's (CSEC) Liaison	Children's Administration

The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

MIDD Briefing Paper

1. Please describe the Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the Existing MIDD Strategy/Program goals?

Currently commercially sexually exploited children (CSEC) specific services are provided throughout King County by the Bridge Collaborative. Community based agency YouthCare operates the Bridge Collaborative in partnership with Auburn Youth Resources and Friends of Youth. Specially trained Community Advocates provide case management, support, resources, and referrals to sexually exploited youth across King County. There are currently five Community Advocates in the King County area working with youth at risk of engaging or who are actively engaged in the commercial sex trade. The commercially sexually exploited children (CSEC) currently being served in King County identify as female, male, and transgender.

The MIDD funding would be used to increase the efficacy of the CSEC Community Advocate program by expanding the ability of King County to provide critically needed outreach, housing, health care, and social services such as mental health treatment, and chemical dependency treatment to sexually exploited youth across King County.

Specifically, outreach will be conducted where at risk and exploited children are found. Outreach workers will approach youth at King County Juvenile Detention and at the Spruce Street Crisis Residential Center. Outreach workers will also have a visible presence in the community and provide information and connection to services for youth prior to their involvement in Juvenile Court.

Additionally, the proposed program will increase access to community mental health and substance abuse treatment by providing critically needed coordinated case management and other services, including specialized mental health and substance abuse treatment services, on-site for runaway and homeless CSEC. Having the low barrier of on-site treatment will greatly increase the likelihood youth will access those services and receive the needed treatment. Services will be provide at an occupational skills center; and community-based employment support and other services will be offered on site. Through these services, clients will be able to finish high school or complete credits for a General Educational Development (GED) in lieu of a high school diploma. Youth will prepare to apply to college, participate in occupational skills training programs, and obtain professional internships. These services will help clients land permanent jobs, or help them to pursue post-secondary education, which will prepare them for future self-sufficiency.

2. Please identify which of the MIDD II Framework's four Strategy Areas best fits this Existing MIDD Strategy/Program area (Select all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Crisis Diversion | <input checked="" type="checkbox"/> Prevention and Early Intervention |
| <input checked="" type="checkbox"/> Recovery and Re-entry | <input type="checkbox"/> System Improvements |

Please describe the basis for the determination(s).

MIDD Briefing Paper

The service and treatment needs of runaway and homeless children who have been sexually exploited are substantial. The Bridge Collaborative provides Community Advocates and comprehensive and intensive case management. Youth who have been sexually exploited in the commercial sex trades additionally need trauma informed mental health and comprehensive substance abuse treatment services in addition to standard case management.

Outreach is a critical component of the proposed program. Youth cannot receive the needed services if they are unaware of what services are available. Youth are often open to services at a time of crisis, such as being the victim of an assault or being arrested and detained in juvenile detention. However, the services available must be low barrier and accessible to youth who often have significant traumatic experiences. It is critical that both safe housing and access to trauma informed social services be available when a youth is ready to access them. Currently in Seattle/King County there is insufficient safe housing and insufficient low barrier social services.

In Seattle/King County, local providers and Seattle Human Services Department staff estimate that 800 youth, many with dual diagnoses, need outpatient mental health services. Each year, an estimated 200 homeless youth need inpatient mental health treatment, but only about 25 receive more than a 72-hour inpatient psychiatric assessment. According to the original concept proposer, there are few therapists available to homeless persons and fewer than 100 homeless youth receive outpatient mental health services each year.

There are also few inpatient and outpatient substance abuse treatment services available to homeless youth and youth within the child welfare system. There are long waiting lists for programs within the King County area that offer inpatient care. Programs and the number of state-funded beds are extremely limited. The Washington State Department of Health found that treatment services funded by the Division of Alcohol and Substance Abuse for youth 12 to 17 years old served only 5,875 out of an estimated 24,981 eligible in need of services in 2003.¹ Recent conversations with employees within Children's Administration and community partners who serve foster youth, state that the situation has not improved. It is difficult to secure a CLIP bed for a youth throughout Washington State and there simply are not enough beds to meet the current need.

¹ Washington State Department of Health. (2006). Substance Abuse Treatment Services for Youth. Report. Olympia, WA.

Washington CLIP Beds

Provider	Location	Beds
(CSTC) Child Study & Treatment Center	Steilacoom (WSH)	47
McGraw	Seattle	19
Tamarack	Spokane	13
Pearl Street	Tacoma	12
	STATEWIDE TOTAL	91

2

If a CSEC or at risk of CSE youth is able to secure treatment in an inpatient facility, they are met with additional challenges upon release. The majority of CSEC, or children at risk of becoming CSEC, are homeless or lack safe housing. The proposed program will address this issue by providing critically needed safe housing and supportive services to these individuals. A continuum of housing will be provided to move clients from crisis (emergency shelter) to stabilization (transitional living) to independent living. The program will also provide transitional beds for those who “age out” (reach their 19th birthday while still in the program). As detailed in the Plan to End Young Adult Homelessness in Seattle/King County, current housing capacity for homeless youth and young adults does not meet the need for beds.³ This is particularly true for those who are victims of commercial sexual exploitation. The proposed program increases local capacity for longer-term, transitional living for homeless youth under the age of 18. It does so while also providing on site coordinated trauma informed services to CSEC.

Appropriate intervention, safe housing, trauma informed services and employment can help CSEC exit the commercial sex trades, thus preventing further traumatization and likely engagement with the criminal justice system. This proposed program will expand the services currently provided, thus increasing the number of youth who exit the commercial sex trades.

² <http://leg.wa.gov/JointCommittees/Archive/MHTF/documents/2004/BedNeeds.pdf>

³ Seattle King County Coalition for the Homeless, Youth and Young Adult Committee (2008). Plan to End Young Adult Homelessness in Seattle/King County. Prepared by Mark Putnam.

MIDD Briefing Paper

When a complete service delivery system is implemented, extremely vulnerable children will have housing and access to the full range of support services to help them escape sexual exploitation, heal from traumatic harm, and keep them from cycling again and again through the criminal justice system.

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

- 1. Please describe the Community Need, Problem, or Opportunity that the Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.**

In 2008 Dr. Debra Boyer, Ph.D. published “Who Pays the Price? Assessment of Youth Involvement in Prostitution in Seattle”. This report was commissioned and funded by the City Of Seattle, Human Services Department Domestic Violence and Sexual Assault Prevention Division.⁴ This report was the first in-depth look at the prevalence of commercially sexually exploited children (CSEC) in the King County area. In the report, Dr. Boyer identified “238 prostitution-involved youth in 2007”⁵. There was only gender data available for 166 of the 238 youth, and of that number, 84 percent of the youth identified as female⁶. However, studies from outside of the King County area estimate that as high as 50 percent of the commercially sexually exploited children in the United States identify as male.⁷

In Washington, according to a needs assessment conducted in 2006, there was a critical shortage of mental health services for State-dependent, low-income persons, particularly those under the age of 18.⁸ The availability of mental health services drastically decreased in October 2010 when the Governor of Washington announced across the board cuts of \$17.7 million in state mental health funding for 2011 and 2012. These cuts reduced the availability of crisis and involuntary commitment services as well as outpatient and medication monitoring services. The cuts forced additional closures and downsizing of inpatient psychiatric treatment facilities.⁹ Access to what limited services exist is often more difficult for homeless youth.

While this data is a decade old, the situation has not improved. The Great Recession has resulted in cutbacks to the limited services that were available prior to the economic downturn, and those services have not yet been restored. This proposed program will provide a complete

⁴ Boyer, Debra, “Who Pays the Price: An Assessment of Youth Involvement in Prostitution in Seattle” (2008), Report commissioned for the City of Seattle, Human Services Department. www.seattle.gov/.../domesticviolence/Report_YouthInProstitution.pdf

⁵ Id page 5.

⁶ Id page 15.

⁷ ECPAT USA. And boys too: An ECPAT-USA discussion paper about the lack of recognition of the commercial sexual exploitation of boys in the United States. Brooklyn, NY: ECPAT-USA; 2013. Available at: <https://d1qkyo3pi1c9bx.cloudfront.net/00028B1B-B0DB-4FCD-A991-219527535DAB/1b1293ef-1524-4f2c-b148-91db11379d11.pdf> page 4.

⁸ Washington State Department of Social and Health Services, Research & Analysis Division. (2006).

⁹ J. Roszak, “My Turn: Can we Afford Mental Health Cuts?” Kitsap Sun, www.kitsapsun.com/news2011/jan28/my-turn-can-we-afford-mental-health-cuts/

MIDD Briefing Paper

service delivery system and will drastically improve the chances that CSEC and at risk of CSE youth exit the sex trades.

In King County in 2006, 31 youth were referred for prostitution-related offenses (excluding promoting prostitution). Another 25 youth had criminal history that included a prostitution related offense. Of these 56 youth, 92 percent were youth who had contact with Children's Administration and 55 percent had formal involvement in the child welfare system with a filed dependency petition. All these youth were female, ranging in age from 13 to 17. Nearly half of these females were African-American, 43 percent were white and another nine percent were other youth of color. While these numbers are troubling, it is assumed that these cases are largely under-reported. With Washington State's 2010 enactment of Safe Harbor Laws, the identification of trafficked youth became more challenging. However, due to their histories of abuse, neglect and trauma, as well as the level of commercial sexual exploitation in the community, homeless and runaway youth, particularly youth involved with child welfare are vulnerable to traffickers.¹⁰

As mentioned above, if approximately 50 percent of CSEC identify as male, there is a significantly higher number of CSEC in King County than has been counted in any study. As of September 2015, the Bridge Collaborative's Community Advocates have received 184 unique referrals, of which 90 percent have been female identified youth and youth adults. Of the youth and young adults who enroll in services, 71 percent are either homeless or unstably housed. The current level of services is not responding to the actual number and gender identity of CSEC in the King County area.

With more outreach and stable housing, more youth will be able to access trauma informed services that will help them exit the commercial sex trade and find stable employment and housing.

2. Please describe how the Existing MIDD Strategy/Program Addresses the Need outlined above.

The Center for Children and Youth Justice (CCYJ) published the "Model Protocol" in 2013. The model protocol reflects emerging best practices and includes the following key components of a coordinated response:

1. Identify key responders in the community and explicitly define their roles and responsibilities;
2. Provide the appropriate level of CSEC training to key responders and to other staff in agencies involved with CSEC and with youth in general;
3. Establish a local/regional CSEC multi-disciplinary team (MDT) made up of representatives from a small core of agencies to meet shortly after a CSEC is identified

¹⁰Gregory Halembo and Gene Siegel, *Doorways to Delinquency: Multi-System Involvement of Delinquent Youth in King County* (Seattle, WA) (Pittsburgh, PA: National Center for Juvenile Justice, September 25, 2011)

MIDD Briefing Paper

and to continue to meet on an ongoing basis to share information and collaborate in the management of each CSEC case; a memorandum of understanding among those agencies that stipulates their roles and responsibilities can be effective in formalizing the MDT's function;

4. Screen all vulnerable youth for sexual exploitation upon entry into any system (particularly juvenile justice and youth services) using a simple, standardized tool demonstrated effective in identifying risk factors for CSEC;
5. Immediately upon identification, take the CSEC to a safe, comfortable location to meet with a community-based advocate who will assess the CSEC's needs and arrange for initial services. The advocate may remain with the CSEC throughout the child's involvement with the "system" if this is acceptable to the CSEC.¹¹

Currently, through partnership and collaboration, the first four elements are being addressed. Additionally there are five Community Advocates working through the Bridge Collaborative to provide case management, support, resources, and referrals to sexually exploited youth across King County.

In 2013, YouthCare transitioned to the Bridge Continuum to serve youth and young adults, ages 12-24, who are victims of commercial sexual exploitation. The continuum consists of four phases: 1) identification and engagement, 2) community and detention-based case management, 3) emergency shelter services, and 4) residential recovery program.

Phase 1—identification and engagement is designed to identify youth who are being sexually exploited, assess for safety and living situation, and build rapport with the youth.

Phase 2—community and detention-based case management is designed to build trust and support youth in navigating the juvenile justice system and in accessing community resources and support to increase safety and harm reduction strategies. This phase includes a case management program in King County Juvenile Detention for girls who are victims of or at high risk for CSE and partnerships with King County Sexual Assault Resource Center and International Rescue Committee.

Phase 3—emergency shelter services is designed to build healthy relationships with youth and to provide shelter, basic needs, and assessment, in addition to supporting the long-term recovery program as an entry, respite, and re-entry point for youth accessing residential services. This phase includes two designated beds for CSE youth under 18 years of age and need emergency shelter or respite beds for up to 21 days.

Phase 4—residential recovery program is designed to holistically support youth to build skills, develop healthy relationships, decrease the effects of trauma and victimization, and, ultimately, create a life outside of the sex trade and free from victimization. The program includes program environment and core activities (specialized education,

¹¹ Bridge, Bobbe J.; Kimball, Terri; Oakley, Nicholas; Graef, Betsy; Briner, Leslie; Miller, Andy; Roe, Mark; and Richey, Valiant; "REVISED Washington State Model Protocol For Commercially Sexually Exploited Children" (2013) <http://accessfreedom.org/files/CSEC%20Protocol%20March%202013.pdf> page 5

MIDD Briefing Paper

employment, and job training, life skills, creative and recreational activities, and physical activity); clinical services (clinical assessment, individual Trauma Focused Cognitive Behavioral Therapy, group therapy, individual and group drug/alcohol counseling, psychological evaluation, and assessment for medication, as needed); and subculture integration (pro-social skill building, weekly subculture group, development of positive support network, peer support, incentives, and motivation-based programming). This phase includes Seattle Public Schools Interagency Academy – North Campus, the first public school in the U.S. developed specifically for CSE youth.

When the Bridge Collaborative transitioned in 2013, the only element of the “Model Protocol” missing in King County became “a safe, comfortable location to meet with” youth. .

The program expansion provides that necessary safe, comfortable location, by providing both the occupational skills center and multiple housing options. At these locations the following services will be available:

1. Street and detention-based outreach;
2. a continuum of safe housing (emergency beds, transitional beds, and beds for “age-outs” (18 and older);
3. intensive case management;
4. legal advocacy;
5. mental health services integrated with substance abuse treatment (including survivor support groups and specialized on-site trauma recovery counseling);
6. health education;
7. on-site life skills training (including support for GED or high school completion, preparation for enrollment in post-secondary education, job readiness training, employment placement, internships);
8. family reconciliation counseling.

With the expansion of the CSEC program, more youth will be able to access the available series and all services will be available in one location.

- 3. What EVIDENCE exists that the approach of this Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.**

All efforts to combat the commercial sexual exploitation of children in King County take into consideration the best practices for working with CSEC as described in CCYJ’s Model Protocol. When writing the Model Protocol, Dr. Debra Boyer discovered that there “is no one set of research-based best practices for CSEC response”¹² Even without validated best practices there are certain core principles that all providers should implement. These are:

¹² <http://www.k12.wa.us/safetycenter/CSEC/pubdocs/PROTOCOL-CSECMModelProtocolNov2012.pdf> page 20

MIDD Briefing Paper

- Viewing CSEC as victims, not criminals, and avoiding arrest and detention whenever possible;
- Providing CSEC with “victim-centered” services;
- Making CSEC safety a key concern;
- Treating CSEC with respect and taking into account their cultural and linguistic needs;
- Focusing on local, regional and statewide collaboration and coordination; and
- Relying on data and research, as well as experience, to improve system response and better outcomes for CSEC.¹³

Additionally the Model Protocol dictates that emerging best practices include working with a coordinated cross systems response. These emerging best practices are detailed above, and with the exception of a “safe, comfortable location to meet with a community based advocate” King County is implementing all of the recommendations.

4. Please specify whether this Existing MIDD Strategy/Program is a/an: Emerging Practice Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.

While youth have been commercially sexually exploited for decades, it is only recently that society admitted that these youth were in fact the victims of commercial sexual exploitation and not “child prostitutes” and therefore guilty of a crime. As CSEC were not seen as victims in need of services until the last few years, there were no services targeted towards the population. Therefore, there are not currently any established best practices on working with a CSEC population.

However, there are best practices for providing services to runaway and homeless youth (RHY). King County and its providers strive to use best practices and evidence based programs that are trauma informed when working with CSEC. Currently, King County Superior Court has a federal grant (expiring in 2019) that has a significant portion of funds dedicated to evaluation. The University of Washington is evaluating the connection between the Community Advocates and the youth served. It is anticipated that by the end of the grant period there will be evaluative data on whether the current practices are effective.

5. What OUTCOMES would the County see as a result of investment in this Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?

As the program reaches capacity it is anticipated that there will be a reduction of the number of mentally ill and chemically dependent youth using costly interventions (juvenile detention, jail, emergency rooms, detox facilities, and hospitals). It is anticipated there will be a reduction of the number of people who recycle through all Department of Adult & Juvenile Detention

¹³ <http://www.k12.wa.us/safetycenter/CSEC/pubdocs/PROTOCOL-CSECMModelProtocolNov2012.pdf> page 4 and 5

MIDD Briefing Paper

facilities in the county. Individuals will be less likely to return to custody when they are effectively treating their mental illness and/or chemical dependency. It is also anticipated that there will be a reduction of the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults.

Please see below chart for annual measurable outcomes.

Annual Measurable Outcomes
<p><u>Conduct extensive outreach</u> Contact 150 RHY both on the streets and in the juvenile justice system and provide them with information about services, referrals and advocacy.</p> <ul style="list-style-type: none"> • # and type of outreach encounters, referrals, and advocacy activities <p><u>Increase safe and stable housing</u> Provide four emergency shelter beds to care for 60 under-18 RHY Provide four transitional living beds to serve 10 under-18 RHY for extended periods Provide two transitional living beds for 15 18 and older RHY who age out Occupancy Rates/Program Engagement</p> <ul style="list-style-type: none"> • Occupancy rates out of 1,440 bed nights at the shelter • Occupancy rates out of 1,440 bed nights at the under-18 transitional living unit • Occupancy rates out of 720 bed nights at the 18 and older transitional living unit <p>Program Completion/Stability</p> <ul style="list-style-type: none"> • # of RHY who reside at least 6 months in the under-18 transitional living unit • # of RHY who reside at least 6 months in the 18 and older transitional living unit <p>Safe Exits</p> <ul style="list-style-type: none"> • # of RHY who exit the program into a safe housing situation <p><u>Reduce the risk of RHY to be commercially sexual exploited in the future by providing intensive case management; comprehensive, integrated, on- and off-site mental health and substance abuse services; education and life skills training; and employment training</u> 65 RHY receive intensive, wraparound case management, including individualized service plans tailored to the needs of each individual.</p> <ul style="list-style-type: none"> • # of RHY who complete an Individual Service Plan (ISP); • # of RHY who make progress on ISP goals, using a 5-point Likert scale at three month intervals <p>50 percent of 65 RHY participate in mental health and/or substance abuse services.</p> <ul style="list-style-type: none"> • # of RHY who are screened/assessed for mental health and substance abuse issues; • # of RHY who receive five weeks of mental health and/or substance abuse services; • # of RHY who enter treatment for substance abuse; • # of RHY who complete substance abuse treatment; • # (of RHY who attend five weeks of mental health and/or substance abuse group services <p>75 percent of 65 RHY gain employment-related skills</p> <ul style="list-style-type: none"> • # of RHY who complete a job readiness workshop, including developing a resume; • # of RHY who complete occupational skills training either on-site or off-site; • # of RHY who obtain subsidized employment either on-site or off-site (e.g. internships);

MIDD Briefing Paper

- # of RHY who obtain unsubsidized employment;
- # of RHY who maintain unsubsidized employment for at least 6 months

50 percent of 65 RHY enroll in education for a consistent period of time.

- # of RHY who enroll in high school or GED program;
- # of RHY who make literacy gains based on CASAS pre- and post-testing;
- # of RHY who obtain their high school diploma or GED;
- # of RHY who enroll in post-secondary education

75 percent of 65 RHY increase housing stability.

- # of RHY who obtain stable housing;
- # of RHY who maintain stable housing for at least six months

50 percent of 65 RHY do not re-engage in crimes, including prostitution, for at least 6 months after care

- # of RHY contacts with the juvenile justice system;
- # of RHY arrests for crimes, including prostitution

C. Populations, Geography, and Collaborations & Partnerships

1. What Populations might directly benefit from this Existing MIDD Strategy/Program:

(Select all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> All children/youth 18 or under | <input checked="" type="checkbox"/> Racial-Ethnic minority (any) |
| <input checked="" type="checkbox"/> Children 0-5 | <input checked="" type="checkbox"/> Black/African-American |
| <input checked="" type="checkbox"/> Children 6-12 | <input checked="" type="checkbox"/> Hispanic/Latino |
| <input checked="" type="checkbox"/> Teens 13-18 | <input checked="" type="checkbox"/> Asian/Pacific Islander |
| <input checked="" type="checkbox"/> Transition age youth 18-25 | <input checked="" type="checkbox"/> First Nations/American Indian/Native American |
| <input type="checkbox"/> Adults | <input checked="" type="checkbox"/> Immigrant/Refugee |
| <input type="checkbox"/> Older Adults | <input checked="" type="checkbox"/> Veteran/US Military |
| <input checked="" type="checkbox"/> Families | <input checked="" type="checkbox"/> Homeless |
| <input type="checkbox"/> Anyone | <input checked="" type="checkbox"/> GLBT |
| <input checked="" type="checkbox"/> Offenders/Ex-offenders/Justice-involved | <input checked="" type="checkbox"/> Women |
| <input type="checkbox"/> Other – Please Specify: | |

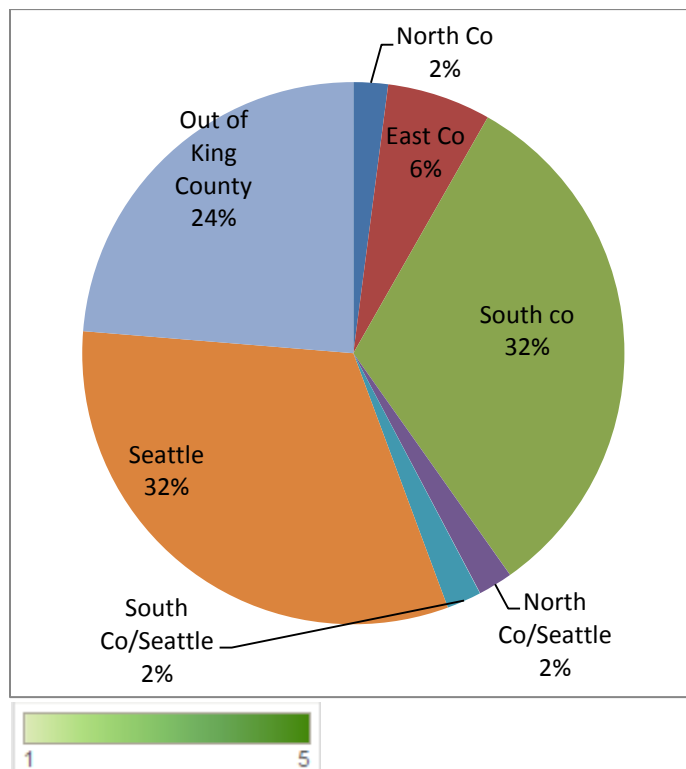
Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

The target population is 250 runaway and homeless commercially sexually exploited youth in the Seattle/King County area (girls, boys, and transgendered youth) from 11 through 17 years old. Under the comprehensive proposal, program participants who age out may

MIDD Briefing Paper

continue to receive housing and other services. Outreach efforts will focus on youth who have frequent contacts with the criminal justice and child welfare system.

Location is an important factor in the availability and delivery of services. Please identify whether this Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection: County-wide

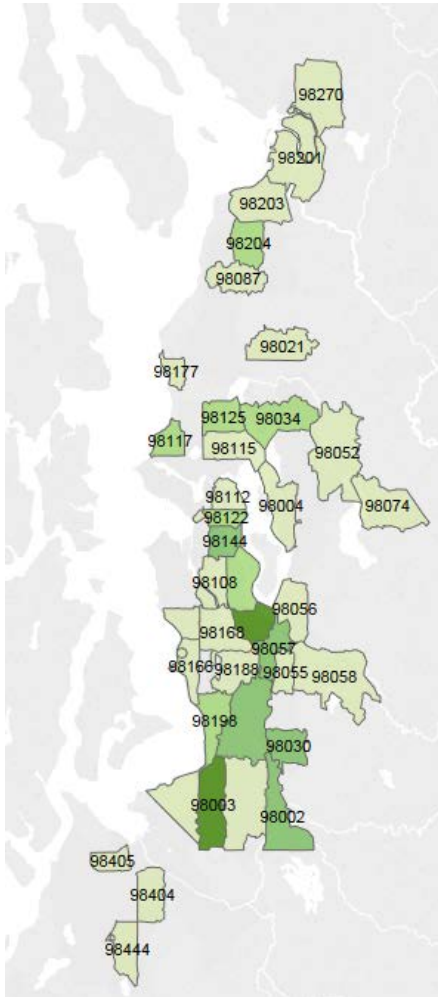


Youth working with Community Advocates from the Bridge Collaborative are primarily located in Seattle and south King County. A further breakdown by zip code is below.

The zip codes on the left represent the last permanent zip code of youth enrolled with the Bridge Collaborative as of June 2015.

As can be seen from the graph on the left, CSEC exist throughout King County. However a disproportion number of youth provide a south county zip code as their last permanent residence.

A location in south King County would likely provide greater opportunity for CSEC to access services.



2. What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.

All current efforts in King County addressing CSEC are the result of collaborations and partnership. YouthCare operates the Bridge Collaboration in partnership with Auburn Youth Resources and Friends of Youth. King County Superior Court's federal CSEC grant is the result of a partnered grant writing effort between King County, DSHS - Children's Administration, CCYJ, YouthCare, and others.

Additionally the King County CSEC Task Force is chaired by Superior Court Judge Barbara Mack, and consists of representatives from law enforcement, schools, survivors, child welfare, community service providers, defense attorneys, King County Superior Court, the Prosecuting Attorney's Office, Public Health of Seattle and King County, the Department of Adult and

MIDD Briefing Paper

Juvenile Detention, the Harborview Center for Sexual Assault & Traumatic Stress, business organizations, and advocacy organizations.

Building upon the current partnership and collaboration model, a contract will be put in place with a community provider with significant background and capability in serving runaway and homeless youth, ideally including those involved in commercial sexual exploitation. The provider will have a well-established record of creating and maintaining innovative linkages with community partners including, among others, health care and social service agencies, correctional facilities, schools, employment and training programs, and substance abuse treatment programs.

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

1. What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this Existing MIDD Strategy/Program? How?

Current legislation, both in Washington State and federally, supports the view that CSEC are victims of commercial sexual exploitation and not criminals to be charged with prostitution. There is no legislative difficulty in Washington State in regards to treating CSEC as victims.

The difficulty arises as there is not sufficient funding to provide all the needed services that these youth are entitled to as victims of a crime.

2. What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?

“Young people who had regular access to the same counselor or therapist felt most comfortable going to that person with their problems. That said, many of the youth who either sought or were placed into counseling were not able to develop a long and fruitful relationship with that person because of the high turnover rate, often driven by burn-out and low wages, of counselors, social workers, and therapists that work with youth. However, the young who were able to work with the same counselor described a bond that was forged over time.”¹⁴

In order to recruit, hire, train, and maintain highly skilled and talented counselors, social workers, and therapists, they need to be offered a competitive wage. During a recent CSEC training, a social worker specializing in working with sexually exploited youth confided in the group that they made less money providing case management than the youth they served made while working at a fast food restaurant. It is extremely difficult to keep talented staff when they could make more money with less stress in the fast food industry.

¹⁴ Dank, Meredith, “Locked in: Interactions with the Criminal Justice and Child Welfare System for LGBTQ Youth, YMSM, and YWSW Who Engage in Survival Sex” <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000424-Locked-In-Interactions-with-the-Criminal-Justice-and-Child-Welfare-Systems-for-LGBTQ-Youth-YMSM-and-YWSW-Who-Engage-in-Survival-Sex.pdf> page 61

3. What potential UNINTENDED CONSEQUENCES might exist if this Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?

It is common that service providers, law enforcement, and child welfare workers will suspect a youth is involved in the commercial sex trades. However, it can take months or even years to confirm involvement. Youth who are at risk of commercial sexual exploitation should be able to access the same level of services as those who have been confirmed to have experienced exploitation. It should not be necessary to wait until documented exploitation occurs to provide needed treatment and services.

4. What potential UNINTENDED CONSEQUENCES might there be if this Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?

The National Center for Missing and Exploited Children (NCMEC) estimated that one in six endangered runaways were likely sex trafficking victims in 2014. This is an increase from one in seven endangered runaways in 2013¹⁵.

Without the increase in services, it is anticipated that more youth will be exploited.

5. What ALTERNATIVE APPROACHES currently exist to address this need apart from this Existing MIDD Strategy/Program? At a high level, how does this Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?

Currently the King County CSEC Task Force brings together like minded agencies and individuals to implement the CCYJ Model Protocol. Task Force Member agencies include YouthCare's Bridge Collaboration and the Organization for Prostitution Survivors, along with other social service agencies. These agencies are implementing CSEC specific services including employing the five Community Advocates.

These Community Advocates would benefit greatly if there were lower barrier services for their enrolled clients to access. The proposed program will accomplish this by providing the occupational skills center which will have community-based employment support and other services on site.

E. Countywide Policies and Priorities

¹⁵ <http://www.missingkids.com/KeyFacts>

MIDD Briefing Paper

- 1. How does this Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

Language matters. When commercially sexually exploited children are called “child prostitutes” the implication is that they are criminals who choose their situation. However, when the language is corrected and the youth are referred to as “commercially sexually exploited children,” it is apparent that the youth are by definition both children and victims of crimes. As such, these children are in need of all services available to children through all county initiatives including Best Starts for Kids and the Youth Action Plan. Once appropriate language is used it becomes clear that this program expansion anticipates linkage with, and furthering the work of, other council directed efforts including but not limited to, the adult and juvenile justice operational master plans, the Plan to End Homelessness, the Veterans and Human Services Levy Services Improvement Plan and the County Recovery Plan.

- 2. How is this Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**

This strategy address the commercially sexually exploited child as a whole person in need of comprehensive trauma informed services. The strategy employs a principle of self-empowerment. Youth are provided with the needed services, educational opportunities, mental health treatment, chemical dependency treatment and housing. The youth access those services and work to extricate themselves from the commercial sex trades.

Staff who work with CSEC will be trained in trauma informed practice. One simple but critical example is how staff will inquire if a youth is being exploited. When asking a youth if they are involved in commercial sex, staff will ask in a trauma informed way “Sometimes people trade sex for money or things they need to survive; has this happened to you?” This question first normalizes the actions of the youth and second asks if the exploitation has happened to them. This replaces the former question of “Are you working as a prostitute?”

- 3. How does this Existing MIDD Strategy/Program enact and further the County’s EQUITY and SOCIAL JUSTICE work?**

Commercial sexual exploitation affects the following:

1. Youth of all genders (girls, boys, gender variant)
2. Youth of all sexual orientations
3. Youth of all economic classes
4. Youth of all ethnicities
5. Youth of all education levels.

However, sexual exploitation disproportionately affects young people experiencing poverty, homelessness and discrimination, particularly youth of color and LGBTQ2I youth. Of the youth

MIDD Briefing Paper

enrolled with the Bridge Collaborative, more than two thirds are youth of color and three quarters of the youth are homeless or unstably housed. This disproportionally must be addressed and increased services should be made available to marginalized communities.

F. Implementation Factors

- **What types of RESOURCES will be needed to implement this Existing MIDD Strategy/Program** (staff, physical space, training, UA kits, etc.)?

This program requires funding for the following:

1. Four emergency shelter beds,
2. Four transitional living beds for children 11 through 17 years old,
3. Two transitional living beds for “age outs” (program participants 18 and older).

The project assumes contracting with a community provider with existing bed and staffing resources for runaway and homeless youth that can be leveraged to provide services that include 24/hour, 7 days/week residential staff; case management; comprehensive counseling, support groups; life skills training, and other client services. The spending plan includes \$30,000 for training staff and other providers to work with this specific group of clients. A part-time information systems manager is included in the spending plan who will be responsible for developing data collection tools and tracking program outcomes. The total number of new staff to be funded is 11.2 FTE. (See Section 3 below.)

- **Estimated ANNUAL COST. \$501,000-\$1.5 million Provide unit or other specific costs if known.**

The number and type of providers needed to run the operation include the new FTEs identified in Column A of the chart below. Potential resources that may be available to leverage program funding are shown in Column B:

(A)		(B)	
New Staff to be funded	New FTEs	Potential Resources	FTE
Case Manager	1.5 FTE	HMC Sexual Assault Center MH Providers	0.5 FTE
House Coordinator	0.5 FTE	Ryther Child Center Chem Dependency Provider	1.0 FTE
Life Skills Coordinator	1.0 FTE	Occupational Skills Instructors	3.0 FTE
Youth Counselors	6.5 FTE	Career Coordinators	2.0 FTE
Psychologist	1.0 FTE	Outreach Workers	4.0 FTE

MIDD Briefing Paper

Chem Dep Provider	0.5 FTE	Detention Case Manager	1.0 FTE
Info Systems Manager	0.2 FTE	School Teachers	2.0 FTE
TOTAL	11.2 FTE	TOTAL	12.5 FTE ~

- **Are there revenue sources other than MIDD that could or currently fund this work?**
Clarify response, citing revenue sources.

Funding for current efforts comes from the City of Seattle, Stolen Youth (private nonprofit), King County Superior Court, and federal grant funding. Currently there are no funds to increase services to commercially sexually exploited children.

- **TIME to implementation: 6 months to a year from award**
 - a. **What are the factors in the time to implementation assessment?**
Following the issuance of an RFP and after awarding a contract with a community provider, the program can be in operation within 6 months to one year, assuming an existing infrastructure is in place.
 - b. **What are the steps needed for implementation?**
 - Recruitment, background checks, and hiring of staff will be completed.
 - Memoranda of Understanding will be established with project partners.
 - Training will commence.
 - Printed materials about the program will be created for outreach and recruitment.
 - Data collection tools will be developed to monitor and evaluate client progress.
 - c. **Does this need an RFP?**
 - Yes. MIDD funds are to be provided to the City of Seattle. The City of Seattle will administer the necessary Request for Proposal processes which will be open to any organization or entity in King County.

- G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this Existing MIDD Strategy/Program?**

MIDD Briefing Paper

Attachment: **MIDD I pages**

Strategy Title: Safe Housing and Treatment for Children in Prostitution Pilot Project

Strategy No: 17 b

This proposal targets children involved in prostitution. Because of trauma and sexual abuse experienced at young ages, this group of extremely vulnerable children has complex issues, including extensive mental health and substance abuse issues. To help these children, a comprehensive program of housing, and specialized and individualized services, is needed to meet their unique needs.

County Policy Goals Addressed:

- A reduction of the number of mentally ill and chemically dependent using costly interventions like jail [including juvenile detention], emergency rooms and hospitals;
- A reduction of the number of people who recycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency;
- A reduction of the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults;
- Diversion of mentally ill and chemically dependent youth and adults from initial or further justice system involvement; and
- Explicit linkage with, and furthering the work of, other council directed efforts including, the adult and juvenile justice operational master plans, the Plan to End Homelessness, the Veterans and Human Services Levy Services Improvement Plan and the county Recovery Plan.

1. Program/Service Description

◇ A. Problem or Need Addressed by the Strategy

The proposed program will provide critically needed outreach, housing, and health and social services to runaway and homeless children exploited by those engaged in the commercial sex trade. Most of these children are girls, although some are boys, and some are self-identified transgendered youth.

Hundreds of children are exploited through prostitution in Seattle/King County each year. The average age of children arrested for prostitution and referred to King County Juvenile Court in 2007 was 15.5 years of age, though many started prostitution at younger ages.¹⁶

¹⁶ Boyer, D., 2008, *Who Pays the Price? Assessment of Youth Involvement in Prostitution in Seattle*, http://www.ci.seattle.wa.us/humanservices/domesticviolence/Report_YouthInProstitution.pdf.

MIDD Briefing Paper

These children have been victims over time and are victims in a number of ways. Most were victimized by physical, emotional, or sexual abuse, and other parental neglect before running away from home. Abusive practices are used to lure children into prostitution. Many commercially sexually exploited youth are psychologically manipulated and physically coerced by pimps, drug dealers, or gang members. Once exploited, these children are often trapped in a cycle of violence, facing repeated beatings and degradation at the hands of pimps and johns. They face a high risk of pregnancy and of sexually transmitted diseases (including HIV and Hepatitis C). They have a greater chance of developing psychiatric disorders and attempting suicide, and they are at high risk for drug and/or alcohol addiction. In order to recover and successfully escape a brutal cycle, it is critical to give these children a safe haven where they can receive specialized care and services.¹⁷

Because their exploiters have indoctrinated them, many return to the streets from detention. And, because these children have repeatedly experienced significant trauma, they have profound trust issues. They are tough and abrasive, do not seek services, and often difficult to reach. Such challenges are made more difficult because their experience of sexual abuse and the associated trauma remain largely hidden from many case managers and social workers. Even when social workers are aware of a child's prostitution background and perilous situation, they do not know where to send them for help.¹⁸

In a 2008 study of youth involved in prostitution in Seattle commissioned by the Seattle Human Services Department's Domestic Violence and Sexual Assault Prevention Division, 238 adolescents were identified as involved in prostitution. These children were identified through reviews of 1,528 case records from 16 social service agencies. The actual number of youth involved in prostitution in Seattle is likely higher. Local data support national research findings that prostitution offenses by juveniles are underreported by the police.¹⁹

Children involved in prostitution are heavy users of the criminal justice system. Because their engagement in this activity is still treated as a crime, they are sometimes arrested and when they are, they are prosecuted through the juvenile court system. In 2006, 49

¹⁷ *Commercial Exploitation of Children in Georgia*. The Barton Child Law and Policy Clinic of the Emory University School of Law. July 23, 2008.

¹⁸ *Commercial Exploitation of Children in Georgia*. The Barton Child Law and Policy Clinic of the Emory University School of Law. July 23, 2008.

¹⁹ Boyer, D., 2008, *Who Pays the Price? Assessment of Youth Involvement in Prostitution in Seattle*, http://www.ci.seattle.wa.us/humanservices/domesticviolence/Report_YouthInProstitution.pdf.

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juveniles from Seattle/King County were arrested for prostitution; juvenile arrests in the State increased from 50 in 2006 to 82 in 2007. This number is different from the 238 reported in the City of Seattle study because only some juveniles are arrested.²⁰

A recent analysis of youth with 35 prostitution and prostitution loitering charges between 2004 and 2006 found these 31 individuals charged with 211 offenses in King County Juvenile Court. With a range from 2 to 23, each of these youth was referred to King County Juvenile Court an average of seven times. Altogether, they were detained 2,467 days. The primary arresting law enforcement agencies were the police departments of Seattle (104), Kent (26), and Federal Way (25); followed by the King County Sheriff (24).²¹

2007 data collected by the detention case manager at YouthCare found 117 runaway and homeless girls in King County Juvenile Detention involved in prostitution (110 between 14 and 17 years old). In addition, 13 boys and 5 self-identified transgendered youth in King County Juvenile Detention were involved in prostitution. Seventy-two (72) of the girls were homeless. Of all the girls in detention, 39% were black, 28% white, and 15% American Indian/Alaskan Native. Many of the girls reported being involved in prostitution that involves a pimp and/or or those engaged in trafficking across state lines, is associated with gangs, or has Internet connections.

◇ B. Reason for Inclusion of the Strategy

The service and treatment needs of runaway and homeless children who have been sexually exploited are substantial and largely unmet. While a number of local programs and services target runaway and homeless youth, none provide a safe haven and the comprehensive and intensive case management, mental health and substance abuse treatment services needed by those who have been involved in and sexually exploited by prostitution.

Outreach is a critical component of the proposed program since most children involved in prostitution do not seek services. However, they may be open to services at a time of crisis, including arrest and detainment in juvenile court. It is crucial to offer both safety and assistance *when a child is ready to receive them*. Outreach without the availability of safe housing and coordinated, targeted treatment will not get the results needed.

Outreach will be the primary source of referrals into the program's emergency or transitional living programs and it will be conducted at King County Juvenile Detention,

²⁰ Boyer, D., 2008, *Who Pays the Price? Assessment of Youth Involvement in Prostitution in Seattle*, http://www.ci.seattle.wa.us/humanservices/domesticviolence/Report_YouthInProstitution.pdf).

²¹ Boyer, D., 2008, *Who Pays the Price? Assessment of Youth Involvement in Prostitution in Seattle*, http://www.ci.seattle.wa.us/humanservices/domesticviolence/Report_YouthInProstitution.pdf).

MIDD Briefing Paper

at the Spruce Street Crisis Residential Center. The program will also receive referrals from street outreach conducted by a number of existing community programs. For this needy population, King County Juvenile Detention corresponds directly to the jails cited in the county's policy goals.

The proposed program will increase access to community mental health and substance abuse treatment by providing critically needed coordinated case management and other services, including specialized mental health and substance abuse treatment services, on-site for runaway and homeless youth involved in prostitution. Today, such care is limited, fragmented, or simply does not exist.

In Washington, according to a needs assessment conducted in 2006, there is a critical shortage of mental health services for State-dependent, low-income persons, particularly those under the age of 18.²² Access to these services is more difficult for homeless youth who typically are not enrolled in State services because they have not applied, are not qualified, or have left the system.

In Seattle/King County, local providers and Seattle Human Services Department staff estimate that 800 youth, many with dual diagnoses, need outpatient mental health services. Each year, an estimated 200 homeless youth need inpatient mental health treatment, but only about 25 receive more than a 72-hour inpatient psychiatric assessment. There are few therapists available to homeless persons and fewer than 100 homeless youth receive outpatient mental health services each year.

There are also few inpatient and outpatient substance abuse treatment services available to homeless youth. There are long waiting lists for King County inpatient programs and the number of state-funded beds is extremely limited. The Washington State Department of Health found that treatment services funded by the Division of Alcohol and Substance Abuse for youth 12 to 17 years old served only 5,875 out of an estimated 24,981 eligibles in need of services in 2003.²³

²² Washington State Department of Social and Health Services, Research & Analysis Division. (2006). The Voices: 2006 Washington State Mental Health Resource & Needs Assessment Study. Report no. 3.31. Available at: <http://www1.dshs.wa.gov/rda/research/3/31.shtm>.

²³ Washington State Department of Health. (2006). Substance Abuse Treatment Services for Youth. Report. Olympia, WA. Available at: http://www.doh.wa.gov/cfh/mch/mch_assessment/mchdatareport/2005_pdfs/ServiceChapters/sub_abuse_treat_yth.pdf.

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The proposed program will provide an occupational skills center; and community-based employment support and other services will be offered. Through these services, clients will be able to finish high school or complete credits for a General Educational Development (GED) in lieu of a high school diploma; prepare to apply to college; participate in occupational skills training programs; and obtain either unsubsidized or subsidized job internships. These services will help clients land permanent jobs, or help them to pursue post-secondary education, which will prepare them for future self-sufficiency.

As detailed in the Plan to End Young Adult Homelessness in Seattle/King County, current housing capacity for homeless youth and young adults does not meet the need for beds.²⁴ This is particularly true for those who are victims of commercial sexual exploitation. The proposed program nearly doubles local capacity for longer-term, transitional living for homeless youth under the age of 18. It does so while also providing for a range of wraparound services to children involved in prostitution, a subset of homeless youth whose needs are not being met.

There are 6 overnight shelters for homeless youth under 18 in Washington and all provide only overnight shelter.

The majority of children involved in prostitution are homeless or lack safe housing. The proposed program will provide critically needed safe housing and supportive services to these individuals. A continuum of housing will be provided to move clients from crisis (emergency shelter) to stabilization (transitional living) to independent living. The program will also provide transitional beds for those who “age out” (reach their 19th birthday while still in the program).

Appropriate intervention, safe housing, and focused services can save children and help them turn their lives around. This proposed program will provide the range of specialized features needed.

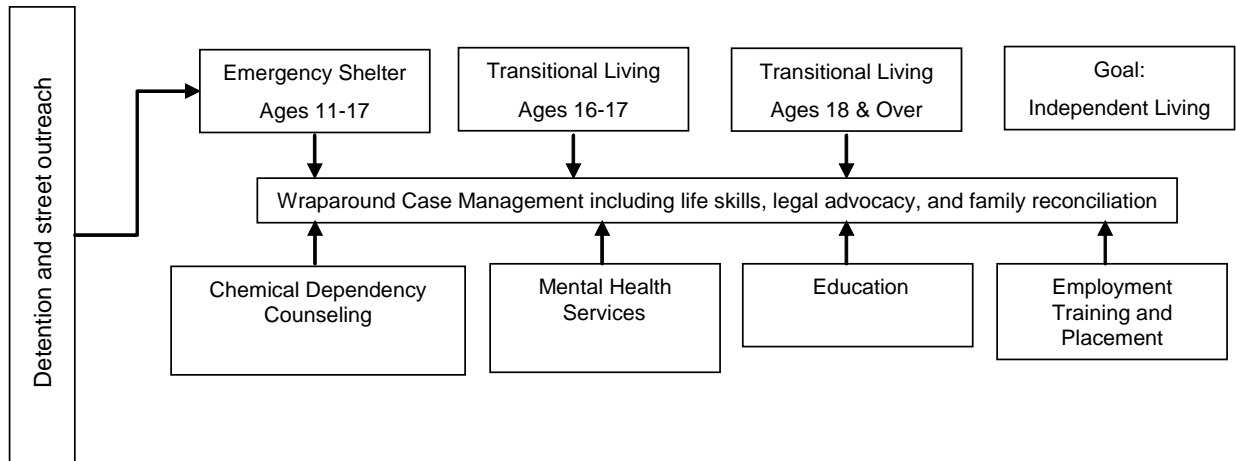
When a complete service delivery system is implemented, extremely vulnerable children will have housing and access to the full range of support services to help them escape sexual exploitation, heal from traumatic harm, and keep them from cycling again and again through the criminal justice system.

◇ C. Service Components/Design

²⁴ Seattle King County Coalition for the Homeless, Youth and Young Adult Committee (2008). Plan to End Young Adult Homelessness in Seattle/King County. Prepared by Mark Putnam.

MIDD Briefing Paper

A full complement of needed services includes street and detention-based outreach; a continuum of safe housing (emergency beds, transitional beds, and beds for "age-outs" (18 and older); intensive case management; legal advocacy; mental health services integrated with substance abuse treatment (including survivor support groups and specialized on-site trauma recovery counseling); health education; on-site life skills training (including support for GED or high school completion, preparation for enrollment in post-secondary education, job readiness training, employment placement, internships); and family reconciliation counseling.



◇ D. Target Population

The target population is 250 runaway and homeless youth involved in prostitution in the Seattle/King County area (mainly girls, but also boys and self-identified transgendered youth) from 11 through 17 years old. Under the comprehensive proposal, program participants who age out may continue to receive housing and other services. Outreach efforts will focus on youth who have frequent contacts with the criminal justice system.

◇ E. Program Goals

The proposed program will provide children involved in prostitution with safe housing and extensive, individualized, support services. Its goal is to give these children tools to leave the streets and prostitution, to become stable, and to achieve and maintain independence.

The top four components of the program to meet this goal include:

- Extensive King County Juvenile Detention, as well as street-based, outreach.
- Safe and stable housing.
- Comprehensive on-site, case management; integrated mental health and substance abuse services, including specialized trauma recovery services; and offsite referrals to specialized services as needed.

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- Education and training delivered on-site and in the community to prepare children to become independent and achieve long term security.

◇ F. Outputs/Outcomes

A chart showing the expected outcomes is shown below (Annual Measurable Outcomes). All runaway and homeless youth (RHY) referenced in the chart are those specifically targeted for the proposed program, e.g. they are all children who have been sexually exploited as prostitutes.

4. Funding Resources Needed and Spending Plan

Provide 4 emergency shelter beds, 4 transitional living beds for children 11 through 17 years old, and 2 transitional living beds for “age outs” (program participants 18 and older). The project assumes contracting with a community provider with existing bed and staffing resources for runaway and homeless youth that can be leveraged to provide services that include 24/hour, 7 days/week residential staff; case management; comprehensive counseling, support groups; life skills training, and other client services. The spending plan includes \$30,000 for training staff and other providers to work with this specific group of clients. A part-time information systems manager is included in the spending plan who will be responsible for developing data collection tools and tracking program outcomes. The total number of new staff to be funded is 11.2 FTE. (See Section 3 below.)

Total Plan Costs: **\$480,000**

3. Provider Resources Needed (number and specialty/type)

MIDD funds are to be provided to the City of Seattle. The City of Seattle will administer the necessary Request for Proposal processes which will be open to any organization or entity in King County.

◇ A. Number and Type of Providers

The number and type of providers needed to run the operation include the new FTEs identified in Column A of the chart below. Potential resources that may be available to leverage program funding are shown in Column B:

(A) New Staff to be funded New FTEs		(B) Potential Resources FTE	
Case Manager	1.5 FTE	HMC Sexual Assault Center MH Providers	0.5 FTE
House Coordinator	0.5 FTE	Ryther Child Center Chem Dependency	1.0 FTE

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		Provider	
Life Skills Coordinator	1.0 FTE	Occupational Skills Instructors	3.0 FTE
Youth Counselors	6.5 FTE	Career Coordinators	2.0 FTE
Psychologist	1.0 FTE	Outreach Workers	4.0 FTE
Chem Dep Provider	0.5 FTE	Detention Case Manager	1.0 FTE
Info Systems Manager	0.2 FTE	School Teachers	2.0 FTE
TOTAL	11.2 FTE	TOTAL	12.5 FTE ~

B. Staff Resource Development Plan and Timeline (e.g. training needs, etc.)

As soon as new staff are hired, a 12 month program of trainings will start, designed to help all involved work effectively with program clients.²⁵

◇ **C. Partnership/Linkages**

Community Provider A contract will be put in place with a community provider with significant background and capability in serving runaway and homeless youth, ideally including those involved in prostitution. The provider will have a well established record of creating and maintaining innovative linkages with community partners including, among others, health care and social service agencies, correctional facilities, schools, employment and training programs, and substance abuse treatment programs.

4. Implementation/Timelines

- ◇ **A. Project Planning and Overall Implementation Timeline**
- ◇ **B. Procurement of Providers**
- ◇ **C. Contracting of Services**
- ◇ **D. Services Start Date(s)**

Following the issuance of an RFP and after awarding a contract with a community provider, the program can be in operation within 6 months, assuming an existing infrastructure is in place. During this interval, the following will be finalized:

- Recruitment, background checks, and hiring of staff will be completed.
- Memoranda of Understanding will be established with project partners.
- Training will commence.
- Printed materials about the program will be created for outreach and recruitment.
- Data collection tools will be developed to monitor and evaluate client progress.

²⁵ Training will cover, among other topics, trauma stewardship; de-escalation; GAIN-SS screening for mental illness and chemical dependency; motivational interviewing; recognizing post-traumatic stress disorder; dialectical behavioral therapy techniques; mental illness diagnoses and treatment.

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Annual Measurable Outcomes
<u>Conduct extensive outreach</u> Contact 150 RHY both on the streets and in the juvenile justice system and provide them with information about services, referrals and advocacy. <ul style="list-style-type: none">• # and type of outreach encounters, referrals, and advocacy activities
<u>Increase safe and stable housing</u> Provide 4 emergency shelter beds to care for 60 under-18 RHY Provide 4 transitional living beds to serve 10 under-18 RHY for extended periods Provide 2 transitional living beds for 15 18 and older RHY who age out Occupancy Rates/Program Engagement <ul style="list-style-type: none">• Occupancy rates out of 1,440 bed nights at the shelter• Occupancy rates out of 1,440 bed nights at the under-18 transitional living unit• Occupancy rates out of 720 bed nights at the 18 and older transitional living unit Program Completion/Stability <ul style="list-style-type: none">• # of RHY who reside at least 6 months in the under-18 transitional living unit• # of RHY who reside at least 6 months in the 18 and older transitional living unit Safe Exits <ul style="list-style-type: none">• # of RHY who exit the program into a safe housing situation
<u>Reduce the risk of RHY to re-engage in prostitution by providing intensive case management; comprehensive, integrated, on- and off-site mental health and substance abuse services; education and life skills training; and employment training</u> 65 RHY receive intensive, wraparound case management, including individualized service plans tailored to the needs of each individual. <ul style="list-style-type: none">• # of RHY who complete an Individual Service Plan (ISP);• # of RHY who make progress on ISP goals, using a 5-point Likert scale at 3 month intervals 50% of 65 RHY participate in mental health and/or substance abuse services. <ul style="list-style-type: none">• # of RHY who are screened/assessed for mental health and substance abuse issues;• # of RHY who receive 5 weeks of mental health and/or substance abuse services;• # of RHY who enter treatment for substance abuse;• # of RHY who complete substance abuse treatment;• # (of RHY who attend 5 weeks of mental health and/or substance abuse group services

MIDD Briefing Paper

75% of 65 RHY gain employment-related skills

- # of RHY who complete a job readiness workshop, including developing a resume;
- # of RHY who complete occupational skills training either on-site or off-site;
- # of RHY who obtain subsidized employment either on-site or off-site (e.g. internships);
- # of RHY who obtain unsubsidized employment;
- # of RHY who maintain unsubsidized employment for at least 6 months

50% of 65 RHY enroll in education for a consistent period of time.

- # of RHY who enroll in high school or GED program;
- # of RHY who make literacy gains based on CASAS pre- and post-testing;
- # of RHY who obtain their high school diploma or GED;
- # of RHY who enroll in post-secondary education

75% of 65 RHY increase housing stability.

- # of RHY who obtain stable housing;
- # of RHY who maintain stable housing for at least 6 months

50% of 65 RHY do not re-engage in crimes, including prostitution, for at least 6 months after care

- # of RHY contacts with the juvenile justice system;
- # of RHY arrests for crimes, including prostitution