

The RISE Project Evaluation Report April 2018



Evaluation data through March 31, 2018

THE RISE PROJECT EVALUATION REPORT

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The RISE project (Resilience Interventions for Sexual Exploitation) is funded by a Mental Health Services Act (MHSA) Innovations Grant.

Project measurement is required to obtain continuous performance feedback for program improvement and to determine outcomes of participants and the broader community.

The four objectives are:

- 1. Effectiveness and impact of using a shared screening tool.*
- 2. Effectiveness of specifically designed approach.*
- 3. Learning about interagency collaboration.*
- 4. Learning if the increase of public awareness increases funding.*

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¹¹ We note that this report was originally developed for the period July 1, 2016 to June 30, 2017. As data have been gathered, we have added it to the report (e.g., CWS updates). A new report covering July 1, 2017 to June 30, 2018 is forthcoming.

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Resilience Interventions for Sexual Exploitation

Resiliency Interventions for Sexual Exploitation Project (RISE) is committed to the restoration and empowerment of young females exposed to, or at risk of, sexual exploitation and trafficking. Through trauma-specific services, collaborative partnerships and community outreach, RISE works to restore and reintegrate survivors, eradicate sexual exploitation and reduce the stigma surrounding sexual trauma in Santa Barbara County. RISE is committed to promoting hope and resiliency in girls and young women, guiding them to be leaders in their pursuit of meaningful and enriching lives.

Collaborating with several other Santa Barbara County partner agencies, community-based organizations, and community groups, the RISE Project seeks to develop and deliver a survivor centered multi-layered approach consisting of specific, trauma-focused, and biopsychosocial interventions and supports to address the hierarchy of needs and restore, reintegrate, and empower young females experiencing, or at risk of, sexual exploitation and trafficking.

The core RISE principles of empowerment, reintegration, and restoration are achieved through a non-judgmental/non-shaming survivor-driven community- and system-based service delivery program. RISE meets our girls where they are, both literally and figuratively. Each girl's unique strengths, needs, and preferences are assessed through a comprehensive trauma-informed screening process designed to identify several biopsychosocial and "hierarchy of needs" factors including, trauma-related symptoms, risk/protective factors, safety, socioeconomic/ cultural/spiritual background, natural supports, education, alcohol and other drug supports, medical/reproductive needs, housing/ placement, basic needs, vocational/pro-social, legal restoration and readiness for engagement. RISE works to support each girl finding her own sense of self, hope, purpose, and belonging so she can become empowered in her own unique identity.

There are several definitions related to Commercial Sexual Exploitation of Children (CSEC). The definitions used by the RISE Project are:

Commercial Sexual Exploitation

Sexually abusing a child for economic gains

- *Selling/Trading children for sex*
- *Child pornography*
- *Child sex tourism*
- *Survival sex*

Child Sex Trafficking

The recruitment, harboring, transportation, provision, or obtaining of a child for the purposes of a commercial sex act.

- ***Force, fraud, or coercion is NOT REQUIRED***

Adapted from the Trafficking Victims Protection Act (2000) see Walters & Davis (2011) for more information.

Population Served

The RISE Project serves females ages 10-24 years old and their families living in Santa Maria, Lompoc, Carpinteria, and Santa Barbara regions of Santa Barbara County. In particular, the RISE Project aims to work with historically underserved populations (African American, Asian/Pacific Islander, Latinx, Native American/Tribal, and LGBTQ) who may be more at risk for sexual exploitation in various regions of Santa Barbara County. Specifically, the focus is on:

- Youth at risk of or who are survivors of sexual exploitation or trauma;
- Youth identified as Commercially Sexually Exploited Children (CSEC);
- Transition age youth (TAY) who have been sexually exploited;
- Youth who are at risk for out-of-home placement, residing in Juvenile Hall, in foster care or group homes, as well as any “runaway youth.”

Key Implementation Components and Partners

The RISE Project provides bio-psycho-social support to children and youth exposed to or at risk of sexual exploitation and trafficking. The approach relies on interagency collaboration and multi-layered treatment, training, and education that include partners throughout the community. A comprehensive female specific and trauma-informed model of services, resources, protocols, education, and training is continually being developed, implemented, and tested for efficacy. In other words, RISE is “building the plane while flying it.”

The RISE Project is officially featured as a promising practice by the HEAT Institute

Maslow’s Hierarchy of Needs

By adapting Maslow’s Hierarchy of Needs (see CSEC Hierarchy of Needs Matrix) to promote a true biopsychosocial treatment model, RISE attends to each girl’s Physiological, Safety, Social, and Esteem needs while simultaneously providing intensive victim centered, trauma-focused and CSEC specific therapeutic interventions. RISE hopes to support and empower girls to advocate for their own lives in order to reach self-actualization, which will fortify/reinforce their complete exit from a life of sexual exploitation, trauma, and unbalanced relationships. Focus on the CSEC Hierarchy of Needs fulfills previously unmet basic necessities, which reduces the ability for exploiters to use those unmet gaps to exploit girls and young women.

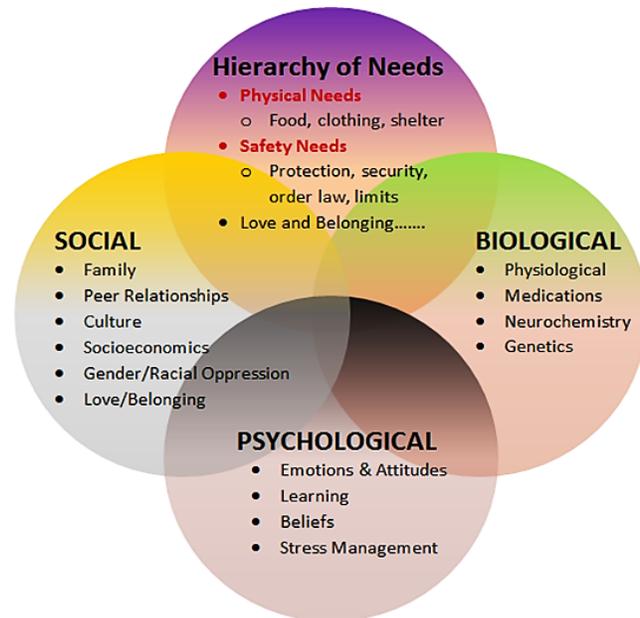
Adapting Traditional Therapy Models and Biopsychosocial Therapy Enhancements

Biopsychosocial activities and resources enhance traditional trauma-informed, evidence-based, and best/promising practice therapy models. Although RISE uses some traditional interventions and curriculums, due to the multi-faceted and complex issues of trauma and exploitation, adaptations have been made to ensure that interventions

resonate with the realities of this unique client population. RISE uses traditional therapies such as Dialectical Behavior Therapy (DBT), Seeking Safety, Motivational Interviewing and Stages of Change Model (SCM; GEMS Stages of Change). DBT helps clients regulate their extreme and opposing emotions and thoughts through developing skills in mindfulness, distress tolerance, interpersonal effectiveness, and emotional regulation. Seeking Safety is a female specific therapy model that helps people experiencing trauma and/or subsequent substance abuse cope and find safety.

The biopsychosocial therapy enhancements include individual and group wellness activities/supports, skill-building, psychoeducation, awareness, and coercion resiliency through Ending the Game™. **Biological** enhancements attend to physiological, medication, neurochemical, and genetic factors. **Psychological** enhancements validate the lived experiences of survivors, and attend to emotional, learning, behavioral, belief and stress management factors. **Carissa Phelp's--Ending the Game™** is a trauma-informed curriculum written by survivors to help survivors remain resilient to the psychological coercion that forestalls them from complete exit of sexual exploitation (“coercion resiliency”). **Social** enhancements attend to the familial, peer, cultural, socioeconomic, gender/racial oppression, love, and belonging factors contributing to each girl’s trauma experience.

These enhancements are provided through classes in yoga; meditation; intentional thinking; interpersonal skill-building; artistic self-expression; self-care through hygiene, diet, exercise, and cosmetology; vocational skill-building; spiritual awareness; and psychosocial education on gender oppression, impact of cultural norms, emotional/social/biological effects of trauma, socioeconomic inequalities, racism, and gynecological health.



Partnership and Collaboration

Central to RISE Project success was the pre-planning process and ongoing collaboration between all partners including: Law Enforcement, Juvenile Probation, Juvenile Courts, Public Defender, District Attorney, Rape Crisis, DSS, Victim Witness, Santa Barbara County Human Trafficking Task Force, Department of Behavioral Wellness, Local Schools, UCSB, Medical Community, EMTs, Community Based Organizations, Guardians, Foster Parents, Peers/Mentors/Survivors, Spiritual Community and others. These collaborative partnerships have been key in shifting the community toward a CSEC or Trauma Informed Lens and changing the culture from criminalization to treatment and support.

**Ask, “What happened to you?”
not
“What’s wrong with you”**

Components of RISE

- ✚ A **Female-Exclusive** trauma-informed team
- ✚ **Client/Family Driven** goal identification and treatment planning
- ✚ **Clinical Lead:** Licensed behavioral health clinician who is specifically trained to work with sex trauma and sexual exploitation survivors/victims
- ✚ **System Navigator:** A member of RISE who has built rapport with each girl to ensure consistent and easy access to services through providing transportation, “warm handoffs”, and advocacy within the child welfare, juvenile justice, educational, medical and mental health systems
- ✚ **Health and Wellness Advocate:** A licensed medical professional to attend to medical, reproductive, AOD and overall physical wellness. Physical health is greatly impacted by childhood trauma and attending to the biological health needs is paramount to assist in restoration
- ✚ **Rehabilitation Specialist:** An experienced practitioner that will work with each girl on developing a plan which includes numerous community based resources/supports to address vocational, pro-social and educational restoration and reintegration
- ✚ **Peer/Survivor Recovery Assistant:** A trained peer or survivor that can provide a unique parallel and empathetic perspective as well as act as a role model and advocate
- ✚ **Biopsychosocial Treatment Model** focusing on wellness, resilience and recovery supports which attend holistically to each girl through a biological, social, psychological, spiritual, cultural, and strengths based approach
- ✚ **CSEC Hierarchy of Needs** to address environmental needs, basic necessities and inalienable human rights i.e., food, clothing, shelter, safety, love, belonging, purpose, self-esteem and self-actualization
- ✚ **Coercion Resiliency** through Runaway Girl/Ending the Game™ program

- ✚ **Comprehensive Assessment, Screening and Identification Tools** that are culturally sensitive and trauma-informed. RISE helped to create a Santa Barbara County multi-collaborative “First Responder CSEC Identification Tool”
- ✚ **Non-Traditional and Easy Access** to services, providers and supports through 24/7 crisis hotlines, mobile intake/treatment, flexible scheduling, transportation to and from appointments/supports, “warm hand-offs” and welcoming intake process
- ✚ **Non-Judgmental and Non-Shaming:** RISE will provide a “safe haven” for trauma exposed and exploited girls where they feel free to express themselves in an environment free of shame or judgment
- ✚ **RISE Center:** Outside of scheduled classes, groups, wellness activities and counseling, RISE provides a welcoming home-like setting for our girls to come and rest, make a meal, talk to their support team, work on projects, listen to music or obtain reproductive/hygiene/educational supports even if they don’t have an appointment
- ✚ **Outcome Measures** and ongoing multi-agency CQI/QA (Continuous Quality Improvements/Quality Assurance). RISE Project will also collect data on service delivery fidelity and outcomes to test for programmatic efficacy. We believe RISE can be used as a learning tool for providers to develop more effective ways of successfully treating this high-risk population and provide insight into preventative measures
- ✚ **Early Intervention** to address ways to make our youth more resilient and knowledgeable in order to make them less susceptible to victimization (early social emotional skills training, social media awareness for youth and parents)
- ✚ **Outreach** for unidentified and underserved trauma exposed youth
- ✚ **Shelter/Placements:** RISE has contracted with Uffizi to seek out ways to fund and furnish 2-3 apartments to provide temporary to longer term shelter/placements for sexually exploited females between the ages of 18-25
- ✚ **Resource efforts** in the community create ways to support non-traditional needs for CSEC that are not typically funded through other resources
- ✚ **Psycho-Education and Trainings** to improve CSEC identification and Trauma/CSEC informed interventions and protocols county wide
- ✚ **Multi-Disciplinary Teams:** RISE regularly facilitates or participates in MDT’s and is an active member in SB County District Attorney’s HART Court (“**Helping Achieve Resiliency Treatment**,” a multi-disciplinary treatment team for CSEC youth involved in the Juvenile Justice system)

A Note about Terminology

The RISE Project takes a strengths-based approach and recognizes the extraordinary resilience of survivors of commercial sexual exploitation. Thus, the RISE Project advocates for exclusively using positive and strength-based terminology and images when discussing and depicting the project and clients.

Funding

The passage of California Proposition 63 Mental Health Service Act (MHSA) established funding to support county mental health programs and monitoring progress toward statewide goals for children, transition age youth, adults, and older adults and families. The Mental Health Services Oversight and Accountability Commission (MHSOAC) is the administrator of this fund. The RISE Project is funded through the Innovations MHSA funding component at approximately \$1.5 million annually for FY2016-2017, FY2017-2018, and FY2018-2019.

Report Purpose

The purpose of this report is to document a comprehensive evaluation plan designed to inform the MHSA objectives and to provide preliminary results from the evaluation process.

RISE Project



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

Voices of the RISE Participants

To understand perspectives of girls in the RISE Project, RISE staff gave eight RISE Project participants several prompts that they could complete. The responses provide insight into the resilience of the girls.

As a survivor of many challenges, please give us 3 words to describe yourself:

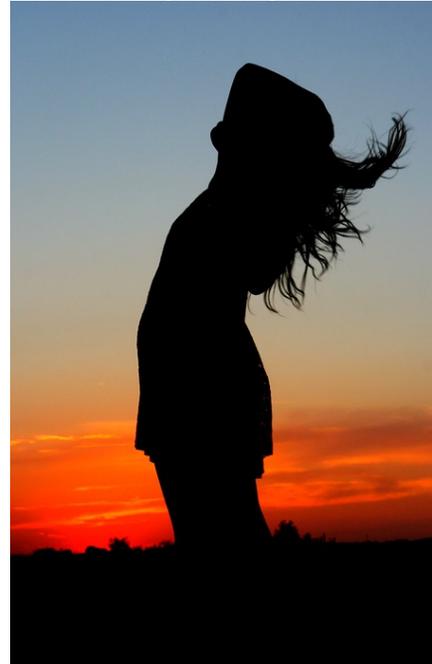
1. Sensitive, Outspoken, Vulnerable
2. Strong, Beautiful, Kind, Friendly
3. Strong, Beautiful, Smart
4. Resilient, Unique, Determined
5. I try to be understanding, strong, insightful
6. Courageous, outgoing, adventurous
7. Heroic, lucky, happy
8. Funny, caring, worthy

How would it feel if your community or environment didn't understand or support a survivor's experience?

1. I would feel alone and want to go back to the lifestyle. I would feel like I'm a bad person and didn't deserve the best.
2. I would feel hopeless and worthless.
3. Mad, sad, lonely, hopeless.
4. It would feel lonely, degrading, hopeless. I would be confused as to why this was my fate. Why can't anyone help?
5. Naïve, ignorant, hypocrites.
6. It would suck, but I would do it on my own then.
7. Upsetting, lonely.
8. They need get schooled.

What do you see as the biggest obstacle to reaching your goals or dreams?

1. Definitely the other life I lost. And the amount of opportunities and people and temptations to go back and do the stuff I did that got me here in the first place.
2. Drugs and sometimes myself.
3. Trouble, drugs, not having support.
4. I see myself as an obstacle because I am not honest or open with the public about my life because I am embarrassed, which has caused me to feel different and separate myself from others.
5. Depression, negativity, lack of support/motivation, staying in the past.
6. Probation, money.
7. The biggest obstacle of reaching my goals or dreams is my belief.
8. Me not having a job.



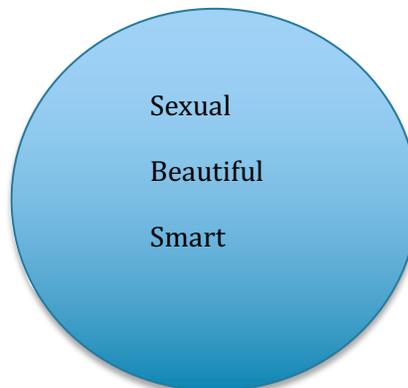
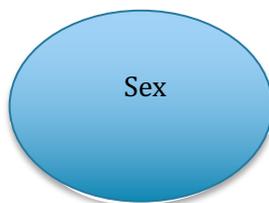
Based on your experiences or the experiences of others, how would you make things better for survivors?

1. Support! They need to feel loved, heard, understood, and supported. We need to feel a connection when we don't have one so it's not easy to walk back to the other life where they will be more than happy to take you back.
2. Give them help to heal.
3. Get help and support, someone to talk to, someone to trust, someone that gives love.
4. I would educate the community and spread awareness so they wouldn't feel alone. I would provide resources and outlets to go to when escaping or if they already have and need support.
5. I'd do my best to just listen to them and if they'd like, support them as well. Remind them that they aren't alone and how courageous they are.
6. Homeless shelter for girls if they stay clean and work.
7. Prepare yourself for the tough bumps in your life.
8. To help them realize it's not a game and you don't have to do that for money.

Fast forward 30 years when you have a teenage daughter who is struggling in the same ways you have: "If I had a teenage daughter who was struggling I would tell her....."

1. It's not worth it. There's more to yourself than just sex. Yes, that's a part of you but let's look together and find other amazing parts of you.

Example I'd show her:



There's more to you!

2. That she is not alone. I will help her and I understand her. And I love her.
3. That she's not alone. I'm going to be by her side always.
4. That she is not alone, that ANYTHING that's bugging her or she needs help on that I am here or if she's uncomfortable than I would get a therapist. Also I would give her constant positive affirmations and be open about my experiences.
5. I don't really know what I'd say, I'd most likely just be there for her, listen to her, care for her, support her and get her help she would need. I'd tell her no matter what you are beautiful, you are strong, and I will love you and be here for you as long as you and I are here on this Earth.
6. I wouldn't let that happen but if it did I can relate. I would help her how I helped myself and help get her through it.
7. To not worry because I am here and I am here to help out with struggles throughout life.
8. I been through it. And it's not a joke and cold and dangerous world and I want you to be safe so I'm locking you up in your room!!!

If someone had very little knowledge or understanding of what it's like to be a survivor, what would you say to them?

1. Do your homework! Don't speak before you know. Don't say before you learn. Goodbye! Hahaaa hah I'm not that mean ;) But yeah pretty much I'd say that.
2. I would tell them some of the things I been through and how hard it was to get away from it.
3. God gives its biggest challenges to his strongest warriors.
4. It's a lot of work and a different experience.
5. If you don't know or care to listen and understand, don't say anything at all. Unless you been through what I've been through, do not speak on my business.
6. That it's hard but keep fighting and put your mind to it, you can do it.
7. You are one lucky, smart person.
8. Education yourself and you'll see it!

If someone had very little knowledge or understanding of what it's like to be a survivor, but wanted to help, how would you tell them to help?

1. Listen, don't speak. Provide a safe place for me. Prove to me that I can trust you.
2. I would tell them to just listen to me.
3. Just listen.
4. Support them, don't judge or assume and accept them for what has happened to them.
5. I'd ask them to not give up on me. Do as much as they can to understand and just listen without any judgment. It could be really "dangerous" if someone who doesn't open up for a reason opens up to someone who just wants to know your information without doing anything to help you.
6. Have a conversation. And listen to music, go have a good time.
7. I would tell them that I would love the help and to help me prevent from me going through hard time like that.
8. Listen to my story without judging. And help me move forward in life.

If somebody else was experiencing exploitation, what would you say to them?

1. [no response]
2. I feel you. I know what you're going through, but you're not alone. You have a friend that cares and wants to help.
3. You're not alone, I'm here to help you and understand you.
4. There is a way out. There are a lot of successful survivors.
5. I'm not sure if some girls would take just anybody's feedback. In some girls' eyes, that's what they want and they don't want to hear it from anybody, mainly because they were "designed" that way (brainwashed/manipulated). Although, I'd mention God and ask them if they would like to get to know him. To start accepting him in their life.
6. I would tell them to get away from those lifestyles, or if they needed help I'll be here.
7. [no response]
8. I would explain the symptoms and refer them to help!



Who has had the most positive influence on your life? If they were right in front of you, what would you say to them?

1. My mom and RISE therapist. Thank you for never giving up on me when you deserve to walk away from me.
2. I can't think of anyone right now.
3. Thank you for supporting me and loving me. My mom.
4. My Aunt. I would say that I really admire and look up to her. She has been my reminder of hope for a future.
5. God.
6. My mom. I would tell her thanks for helping me learn what I know today and helping me make it.
7. My Gramma. I would tell her thank you for helping me through those hard times.
8. No one.

Who has had the second most positive impact on your life? If they were right in front of you, what would you say to them?

1. The same thing.
2. My mom. I love her and I am thankful to have her.
3. Nobody else.
4. God, I would say thank you and that I am glad he helped me through everything and stayed with me.
5. My grandmother. I don't really know what I'd say. Besides words don't mean anything to her, it's all about actions. So I'd show her how much I appreciate, love, care, and grateful I am for her. Start off with a thank you and a hug.
6. My grandma, for letting me have a second chance in life.
7. My sister and that I love her so much and to keep the best work up.
8. Lots of people have tried to help but it hasn't been the right kind.

Please write freely about anything else you'd like to share about, or dreams you may have for your future. You could also write a poem, or story.

1. My goals are to be a nurse so that I can help others who are ill. My dream is that one day my cloud will stop raining so my rainbow will shine.
2. My dream is that someday my rainbow will shine so bright that all my dark memories will no longer be seen.
3. I dream about being a doctor & having good income to have a very nice big house, a nice car, & support my family.
4. That one day I do achieve what I've always wanted to be.
5. I am still struggling but one day I will overcome my struggles and I'm going to help other youths.



Three participants wrote the poems on the following page.

RISE Project Participant Poetry

One girl
One hundred owners
One lost soul
One hundred users
One heart <3
One hundred spared parts.
Countless band-aids
One hundred marks
One love
One hundred times replaced
One keeper
One hundred times erased
Touched spirits
Wounded souls
Body taken
Feelings hidden
A piece of property that's all she sees.
Love is what she was
Told
Born into a world that sold
Precious blind babies. Sold in a
World of use and abuse for money.
One hundred girls. One thousand
Owners. One thousand lost souls. One too
Many users.



Rebuilding my soul each
& everyday expanding
my horizons going a new
way. My life was dull &
corrupt with gray. I was
ignorant of my power
blinded by a weakness
my strength they would
devour leaving my mind
speechless it had my
inner self shut down & lost
being underestimated
crumpled up & tossed
but now, I've rediscovered
my mind & put it to use
thanking
God for its renewal after
all the abuse

Keep your head up
Life gets rough but
you are tougher
than rough you
are enough.

The RISE Project Evaluation Overview

Evaluation Plan

This past year reflected phase one of the evaluation of the RISE Project. The evaluation design was ambitious and descriptive in nature, piloting tools to screen and respond to children in the community who are at-risk for or involved with CSEC; measuring the strengths, risks, and needs of RISE participants; eliciting satisfaction and feedback from RISE participants; and considering how to track RISE Project involvement for this unique and highly transient and precarious population. In addition, the evaluation focused on documenting collaborative efforts and measuring change based on RISE Project-provided trainings. These evaluation efforts were guided, in part, by funding requirements of the Mental Health Services Act contract.

The RISE Project funding from the Mental Health Services Act is focused on the following objectives:

1. *Effectiveness and impact of using a shared screening tool*
2. *Effectiveness of specifically designed approach.*
3. *Learning about interagency collaboration.*
4. *Learning if the increase of public awareness increases funding.*

Effectiveness and Impact of Using a Shared Screening Tool

The evaluation focused on documenting interagency collaborative efforts to establish shared screening tools for all first responders in Santa Barbara County and all personnel working with vulnerable youth to know how to recognize signs of CSEC and consistently implement procedures to help all identified youth become engaged with CSEC specific services within 24-48 hours of identification, specifically the RISE Project. The goal was for the First Responder ID Tool to be used to screen youth who come into contact with first responders (e.g., law enforcement, teachers) for risk of CSEC and for the CSE-IT to be used by agencies such as Child Welfare Services to screen clients who come into contact with their system (e.g., referrals or open cases) for involvement with CSEC.

Effectiveness of a Specifically Designed Approach

The RISE Project provides bio-psycho-social support services to children and youth exposed to or at risk of sexual exploitation and trafficking. The approach relies on interagency collaboration and multi-layered treatment, training, and education that include partners throughout the community. A comprehensive female specific and trauma-informed model of services, resources, protocols, education, and training is continually being developed, implemented, and tested. In other words, RISE is “building the plane while flying it.” In this first year of evaluation, the goal was to document the strengths and challenges of the girls participating in the RISE Project. Thus, the evaluation design was purely descriptive in nature.

Several data collection tools and procedures have been put in place to understand the effectiveness of the RISE Project. In this report, most of the data have described the strengths and needs, accomplishments and challenges of the participants in addition to their feedback.

- Participant strengths are measured with the Social Emotional Health Survey (SEHS). This year the SEHS was implemented by Probation at intake and every six months thereafter via a kiosk. The SEHS is also administered at booking into juvenile hall.
- Participant mental health data are obtained from Behavioral Wellness and include admissions, diagnoses, and treatment.
- Adverse childhood experiences (ACEs) are obtained by RISE Project staff and entered into the Behavioral Wellness database.
- The Child and Adolescent Needs and Strengths (CANS) tool is administered by Behavioral Wellness at intake and every three months thereafter.
- Participant involvement in juvenile justice is obtained from Probation and includes data such as probation charges, incarceration data, treatments, and the Santa Barbara Assets and Risks Assessment, Version 2 (SBARA-2), the local risk/needs assessment tool.
- RISE participant satisfaction and feedback is measured by a consumer survey.
- The Massachusetts Youth Screening Instrument, Second Edition (MAYSI-II) is implemented every three months to gauge the mental health needs of participants.

Interagency Collaboration

One of the goals of the RISE Project has been to increase interagency collaboration to serve survivors of CSEC. Towards that end, RISE coordinates with dozens of agencies countywide. Agencies include Santa Barbara County departments (e.g., Department of Social Services, Probation, Public Defender, District Attorney, Sheriff), non-profit

organizations (e.g., Grateful Garment, Rape Crisis, Uffizi, Salvation Army, Noah's Anchorage), and collaborative groups (e.g., Santa Barbara County Human Trafficking Task Force, Human Trafficking Advocate Program, Helping Achieve Resiliency Treatment Court).

The RISE Project provided dozens of trainings to hundreds of professionals throughout Santa Barbara County. Content provided a thorough introduction to CSEC including definitions, prevalence, the role of early childhood trauma, physical and medical consequences, costs and community impact, tactics used by perpetrators, current CSEC legislation, and innovative treatment options. Pre- and post-surveys were conducted before and after an informational workshop in order to measure participants' growth of knowledge about CSEC information and to improve training in response to feedback.

Increase of Public Awareness and Increase of Funding

The final goal of the RISE Project has been to increase public awareness and funding. The RISE Project has been featured in several media outlets. Moreover, the topic of CSEC has become present in the media.

The following Inventory of Project Evaluation Tools describes the measures that are being implemented to help track the project goals.

Inventory of RISE Project Evaluation Tools				
Status	Name of Tool	Completed By	Evaluation Purpose	Brief Description/Notes
Universal Surveys/Forms				
Pilot Testing	First Responder ID Tool	First Responder	Identify the prevalence of unduplicated individuals at risk for or involved with CSEC	The tool has been finalized and is being piloted. RISE started piloting the original tool in 2015.
Pilot Testing	Commercial Sexual Exploitation Identification Tool (CSE-IT)	Department of Social Services (and others)	Identify which at-risk clients have been exploited and would be a good fit for RISE	The tool is being finalized and DSS is trained in its use. They will administer to all current cases and new referrals in their system.
Behavioral Wellness Surveys/Forms				
Implemented	Adverse Childhood Experience Domain (ACE)	Clinician	Identify the prevalence and diversity of ACE for participants; connect ACE to outcomes	Data are collected by RISE staff.
Implemented	Child and Adolescent Needs and Strengths (CANS)	Clinician	Identify the prevalence and diversity of needs for participants; connect CANS to outcomes; monitor CANS to document improvement	Data are collected and entered by clinicians into Gateway.
Implemented	Social Emotional Health Survey (SEHS)	Participant self-report administered by medical staff at SMJH and via Probation kiosk	Identify the prevalence and diversity of strengths for participants; connect strengths to outcomes; monitor strengths to document improvement	The SEHS is collected anytime an individual enters the juvenile hall and also by Probation for all clients every six months.
Implemented	Consumer Feedback Surveys	Participants/ Consumers	Obtain participant feedback on all aspects of the RISE Project and other county "system" involvement	These data will be collected regularly to inform development and implementation of RISE services.
Implemented	Ending the Game (ETG) Pre & Post Surveys	RISE/Behavioral Wellness/CBOs & Consumers/ Participants	Obtain baselines and determine progress measuring exploitation vulnerability. ETG is a Coercion Resiliency Program	Surveys are conducted at the beginning and end of the ETG program
Probation Data				
Development	CSEC Status	Probation and Social Services	Document the prevalence of CSEC among high-risk populations	As of 3/10/17 all youth as part of their intake into the hall are screened with the first responder id tool.
Pre-Existing	Bookings	Existing Probation Data	Track time spent in Juvenile Hall	To inform process and outcomes.
Pre-Existing	Santa Barbara Assets and Risks Assessment	Existing Probation Data	Identify the prevalence and diversity of probation risks and assets for participants.	To connect risk and needs to outcomes.
Pre-Existing	Risk Screener (IST)	Existing Probation Data	Identify the prevalence and diversity	To connect screening level of risk to

The RISE Project Evaluation

			of probation risks and assets.	outcomes.
Pre-Existing	Referrals to Probation	Existing Probation Data	Outcome measure	
Pre-Existing	Sustained petitions/adult convictions	Existing Probation Data	Outcome measure	
Other Surveys/Forms				
Implemented	Workshop Training pretest and posttest	Workshop Participants	Measure impact of CSEC trainings on participating professionals.	

Note: This document lists only the program tools that have a direct use in the evaluation. There are many additional tools, such as additional needs assessments and treatment documents that will be collected through the RISE Project and may inform the evaluation. Only the core tools are included here.

Evaluation Strengths and Limitations

Evaluation Strengths

1. Identification and implementation of numerous validated instruments.
2. Action research component to obtain and quickly address participant feedback.
3. Collaborative partners with the access, skills, and expertise to build a thorough evaluation.

Evaluation Challenges

1. CSEC is a new area without pre-established tools and strategies
2. Survivors have experienced unique and incredible challenges; there is no way to control the participants, their services, or identify a comparison group
3. Numerous agencies are needed and sharing information requires intense collaboration and overcoming barriers to communication.

Effectiveness and Impact of a Shared Screening Tool

Tracking CSEC in Santa Barbara County

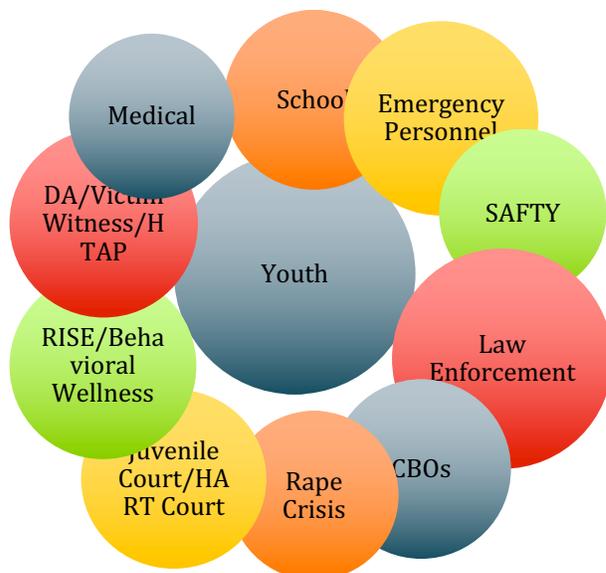
Prior 2015, survivors of CSEC in Santa Barbara were identified primarily, if not solely, through their juvenile justice involvement. CSEC usually involves coercion, force, and fraud not just into sexual exploitation but also into other illegal activities including excessive use of drugs and alcohol. Children recruited for CSEC are usually from the most vulnerable populations. They may have experienced child welfare involvement, homelessness, loss of a parent, frequent runaway behavior, witnessing/experiencing domestic violence, and exposure to alcohol and substance abuse. In order to identify and treat survivors of CSEC as early as possible, community-wide screening tools are necessary.

Increasing awareness of youth within the juvenile justice system who have been commercially and sexually exploited has shed light on the importance of early detection to divert these vulnerable youth away from incarceration and towards appropriate treatment (Ijadi-Maghsoodi, Cook, Barnert, Gaboian, & Bath, 2016).

The RISE Project has engaged in interagency collaboration and advocacy to establish shared screening tools and procedures to identify and respond to sexually exploited youth. The goal is for all first responders in Santa Barbara County and all personnel working with vulnerable youth to know how to recognize the signs of sexual exploitation and consistently implement procedures to help all identified youth have access to exploitation-specific resources, particularly the RISE Project.

First Responder ID Tool

Members of Santa Barbara Human Trafficking Task Force including representatives from Santa Barbara County District Attorney and Santa Barbara County Behavioral Wellness developed A First Responder ID Tool for CSEC. The tool is for the use of professionals who



could be classified as first responders (e.g., law enforcement, social workers, teachers, medical personnel, mental health professionals) when they suspect possible CSEC. The tool includes a list of automatic referral identifiers. Some indicators alone trigger referral (e.g., has been missing and traveled out of county without guardian consent). Others

require a total of three in order to trigger referral (e.g., tattoos representing exploitation, runaway history, truancy). The one-page tool includes instructions for responders to complete a Suspected Child Abuse Report (SCAR) and include suspected CSEC and related identifiers. See Appendix A for a copy of the Santa Barbara County First Responder ID Tool.

- The RISE Project consulted on the development of the First Responder ID Tool.
- The RISE Project is helping provide training to first responders
- The RISE Project is working with Child Welfare Services (CWS), DA/Victim Witness Advocate/HTAP and CBOs to obtain referrals for clients.

WestCoast Children’s Clinic Commercial Sexual Exploitation Identification Tool (CSE-IT)

WestCoast Children’s Clinic developed a commercial sexual exploitation identification tool that is more in-depth than the First Responder ID Tool. The CSE-IT must be completed by a professional trained in its administration and requires more time than the initial screening tool (First Responder ID Tool). The CSE-IT is completed based on information gleaned from an interpersonal interaction between the trained professional and a client. There are ten categories of questions (e.g., relationships, finances and belongings, use of technology) that are rated on a scale of 0=no concern, 1=possible concern, and 2=clear concern. Item scores are added together and are considered No Concern if they total 0-4 points, Possible Concern if they total 5-10 points, and a Clear Concern if they total 11-20 points. The tool provides ten possible actions to take (e.g., mandated report to authority, develop a safety plan, refer to mental health services). See Appendix A for a copy of the CSE-IT.

- The RISE Project consulted with WestCoast Children’s Clinic to bring the CSE-IT tool to Santa Barbara County. The CSE-IT is an open domain tool for use in service delivery systems that serve children and youth.

Santa Barbara County Agency Implementation of CSEC Screening

The RISE Project has worked with multiple county agencies to improve screening and identification procedures.

Santa Barbara County Department of Behavioral Wellness

Santa Barbara County Department of Behavioral Wellness regularly takes calls from potential clients and referring agencies seeking mental health or drug and alcohol treatment. This 24/7 toll-free crisis response and service “Access” line added a protocol to screen for CSEC.

These are the three screening questions that Access asks a guardian or provider when they’re trying to get services for a child.

1. Does the youth have a history of running away or being kicked out of the home?

2. Does the youth engage in risky sexual behaviors, or in relationships that are abusive, controlling, or dangerous?
3. Is the youth involved in a friendship or intimate relationship with someone much older, either in person, online, or on social media?

If there is a positive response to any of these three questions, the following protocol is completed:

1. Administration of an adapted First Responder ID Tool
 2. Completion of a SCAR with the Department of Social Services if the potential client is under the age of 18 years old.
 3. Notify the RISE Project via email that the CSEC ID Tool and SCAR have been completed.
- The RISE Project is in the Department of Behavioral Wellness and works closely to the Access line to obtain referrals of children identified as CSEC.
 - This protocol was recently finalized; data are anticipated soon.

Santa Barbara County Social Services

Santa Barbara County Department of Social Services (DSS) is one of ten California counties who are part of the Preventing and Addressing Child Trafficking (PACT) cohort. PACT is a 5-year grant awarded to CDSS and administered by the Child and Family Policy Institute to implement a county level coordinated cross-system, interagency collaborative model that effectively serves child labor and sex trafficking victims. PACT counties regularly meet to share best practice ideas. DSS developed their hotline screening questions based on materials

provided by Riverside County Department of Public Social Services, another PACT county.

SCAR Reports to CWS Hotline with CSEC allegations	
Quarter of SCAR	Number of SCARS (duplicated)
2015	
Jan-Mar	1
Apr-Jun	5
Jul-Sep	6
Oct-Dec	6
2016	
Jan-Mar	16
Apr-Jun	9
Jul-Sep	9
Oct-Dec	5
2017	
Jan-Mar	8
Apr-Jun	6
Jul-Sep	4
Oct-Dec	18

Hotline. All DSS hotline workers have been trained to identify risk factors for CSEC through the state standardized CSEC 101 training. Hotline workers use the CSEC screening questions when the reporter identifies concerns that the child may be commercially sexually exploited and also in situations where the reporter may not specifically state concerns of CSEC but described risk factors, such as running away, couch surfing, and atypical use of technology. When there is a report of a child who may be at risk for CSEC, the hotline worker includes this information in the referral narrative which is sent to the investigative unit and also “flags” the referral

in the DSS database using a special project code to track CSEC reports.

Open Cases. To screen children and youth in cases, as well as in active investigations, DSS began using the CSE-IT (pilot version) in January 2016. DSS began using the revised and validated version of the CSE-IT in September 2016.

Screening Criteria	All children, age 10 and older (up to 21) in an open Child Welfare Services case; Any child, age 10 and older, who returns from an absence from placement (AWOL); and Any child, who is part of an active investigation, who has been identified at the hotline or by the Assessment and Investigations Unit (AIU) worker as having risk factors or concerns related to CSE
Screening Frequency	At case opening, as soon as possible and no later than 30 days from the initial face to face; Every six months to coincide with the case plan/status review; As needed in AIU for children in active investigations that do not promote to case; When a child, age 10 and older, returns from an absence from placement.

All DSS social workers have been trained in CSEC identification through the State standardized CSEC trainings as well as a three-hour training on the use of the CSE-IT. The CSE-IT training is conducted by the WestCoast Children’s Clinic. Data from the CSE-IT are maintained by the WestCoast Children’s Clinic and sent to DSS on a quarterly basis.

WestCoast Children’s Clinic provided DSS with a CSE-IT Report of data from December 2015 to February 2017. Of 209 youth screened with the CSE-IT, 24 (11.5%) were identified as having a clear concern.

CWS provided data for their children and youth up to age 21 with open cases during the 2017 calendar year. Of 837 unduplicated cases, 32 were found at-risk, 3 were a victim before foster care, 3 were a victim during foster care, and 4 were in an open case not in foster care (5%).

- The RISE Project has consulted with DSS regarding CSEC identification.
- Challenges to overcome include documenting and sharing data between agencies so that cases of CSEC are not duplicated in counts.
- The RISE Project receives data from DSS on a quarterly basis to track their identification of CSEC.

From July 1, 2015 to December 31, 2017

Number of children identified as At-Risk or victims of commercial sexual exploitation at the referral level (not an open case):

- At-Risk = 63 (unduplicated)
- Victim Before Foster Care = 5
- Victim During Foster Care = 3
- Victim While Absent From Placement = 1

Number of children and youth up to 21 years of age identified as at-risk or victims of commercial sexual exploitation at the case level:

- At-Risk = 22
- Victim Before Foster Care = 3
- Victim During Foster Care = 2
- Victim in Open Case Not in Foster Care = 2

Santa Barbara County Probation

Santa Barbara County Probation enter required CSEC information into the DSS case management system only for youth in foster care. They also added a CSEC flag to their own database. Effective, Friday March 10th Probation began capturing the results of the First Responder screening data in IMPACT, their database. All youth who are booked into juvenile hall are screened with the First Responder tool. The indicator is a required field and must be answered in order to complete a booking in IMPACT, their case management system. The results from the First Responder screening tool are entered as follows: If determined to be at

Probation Screenings for CSEC March 10 to June 30, 2017

Completed: At Risk	13
Completed: NOT At Risk	267
Not Completed	16

risk of being CSEC –“Completed: At Risk.” If determined NOT to be at risk of being CSEC – “Completed: NOT at Risk.” From March 10 through June 30, 2017 IMPACT data indicated that Probation screened 280 of their juvenile clients and found that 13 (approximately 5%) of

their clients were at risk for CSEC.

- The RISE Project and the Behavioral Wellness Juvenile Justice Mental Health Services (JJMHS) team has collaborated with Probation to implement the CSEC indicator in their database.
- The RISE Project and the Behavioral Wellness JJMHS team has collaborated with Probation to implement the First Responder tool as part of standard practice.
- The RISE Project would like to cross check data from IMPACT with numbers of referrals they receive to continue to improve the screening to referral to treatment process.

Future Directions

The RISE Project evaluation consultant, as a member of the Evaluation Subcommittee of the Santa Barbara Human Trafficking Task Force, is working on documenting CSEC screening procedures across all agencies the RISE Project collaborates with across Santa Barbara County. The goal is to establish consistent protocols for screening and referring youth to the RISE Project through DSS. In addition, the goal is to establish a unique id number protocol to determine unduplicated counts of CSEC countywide.

Effectiveness of a Specifically-Designed Approach

What are the Demographics of RISE Girls?

- Sixty-two girls participated in the RISE program in Santa Barbara County during the July 2016-June 2017 evaluation period and are the core participants of this report.
- The majority of girls were classified as Latina or Hispanic ($n = 21$; 81%). In addition, approximately 19% ($n = 5$) of students were classified as White, and 4% were classified as Black or African American ($n = 5$). Demographic data were available for 27 girls.
- Girls ages ranged from 12 to 17 (mean age = 14.7, $SD^2 = 1.19$).
- As of March 2018, 89 girls received services from RISE. Detailed services data will be available in the next report as extensive in-depth tracking was instituted July 1, 2017.

What Strengths do RISE Girls Report?

The Social Emotional Health Survey (SEHS) was developed to assess core strengths associated with positive youth development (Furlong, You, Renshaw, Smith, & O'Malley, 2013). The SEHS is comprised of 12 subscales, each of which represents a unique positive mental health construct. These subscales, in turn, contribute to four positive mental health domains. The first domain, *Belief-in-Self*, consists of three subscales grounded in constructs from the social emotional learning literature: *Self-Efficacy*, *Self-Awareness*, and *Persistence* (Furlong et al., 2013). The second domain is *Belief-in-Others*, and it encompasses three subscales: *School Support*, *Peer Support*, and *Family Support* (Furlong et al., 2013; Larson 2000; Masten, Cutuli, Herbers, & Reed 2009). *Emotional Competence*, the third domain, is comprised of the three subscales: *Emotional Regulation*, *Empathy*, and *Behavioral Regulation* (Furlong, et al., 2013; Greenberg et al. 2003; Zins et al. 2007). The final domain, *Engaged Living*, includes the three subscales grounded in constructs derived from the positive youth psychology literature: *Gratitude*, *Zest*, and *Optimism* (Furlong et al., 2013). Together, these four positive psychological domains contribute to a single construct known as *CoVitality*. Furlong et al. (2013) describe *CoVitality* as the synergistic effect of positive mental health resulting from the interplay among multiple positive psychological building blocks. Research suggests that students' *CoVitality* levels are highly predictive of their subjective well-being (represented by measures of life satisfaction paired with positive and negative affect) and various self-reported quality-of-life outcomes. These outcomes included academic achievement, school safety, depressive symptoms, and substance use (Furlong et al., 2013).

The medical staff at the juvenile hall administered the SEHS to girls when they entered the hall. To better understand how the social and emotional strengths of the girls participating in RISE compared with their peers, the SEHS responses of the RISE girls were compared to a normative sample of female high school students who attend schools in California with similar racial and ethnic demographics as girls in the Santa Maria Juvenile Hall.

² *SD* refers to standard deviation, which is an estimate of the average variability in the ages of the girls.

Interestingly, girls participating in RISE reported a higher overall level of *CoVitality* compared to their peers. In particular, girls in RISE had higher average scores for the *Belief-in-Others* domain, which gauges the extent to which youth feel supported by their peers, family members, and schools.

On the other hand, girls in RISE reported lower average scores for *Belief-in-Self*, suggesting that they may perceive themselves as less competent than their peers.

Figure 1 shows mean scores for each of the four positive mental health domains as well as the overall *CoVitality* scores for girls participating in RISE and for their peers.

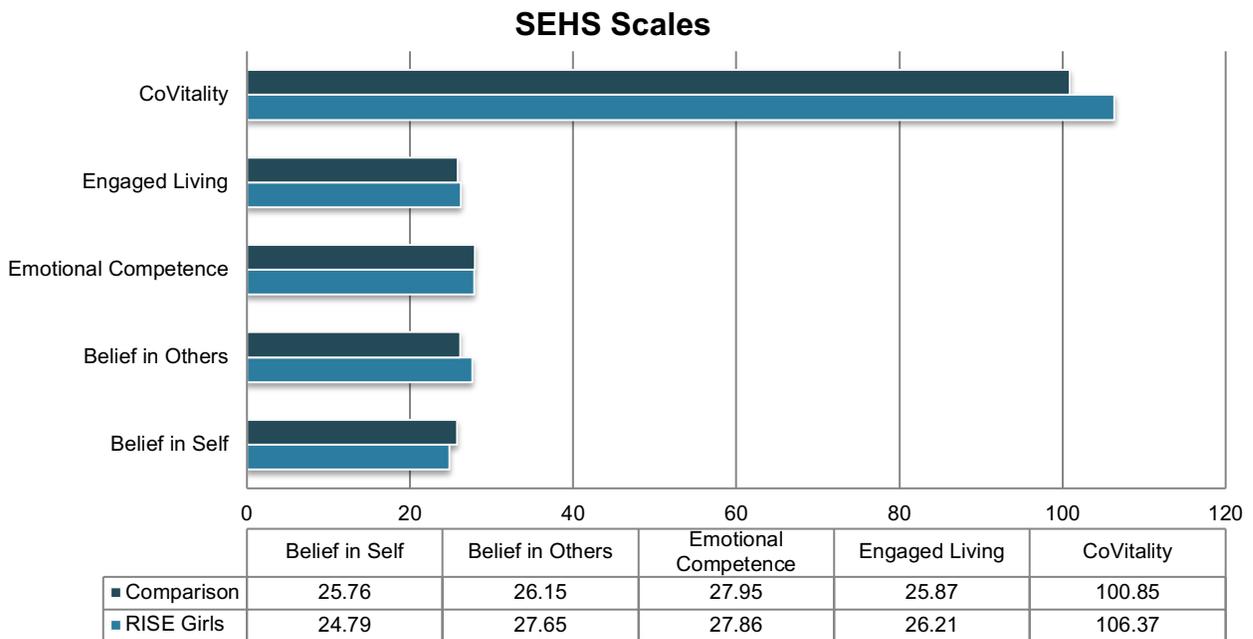


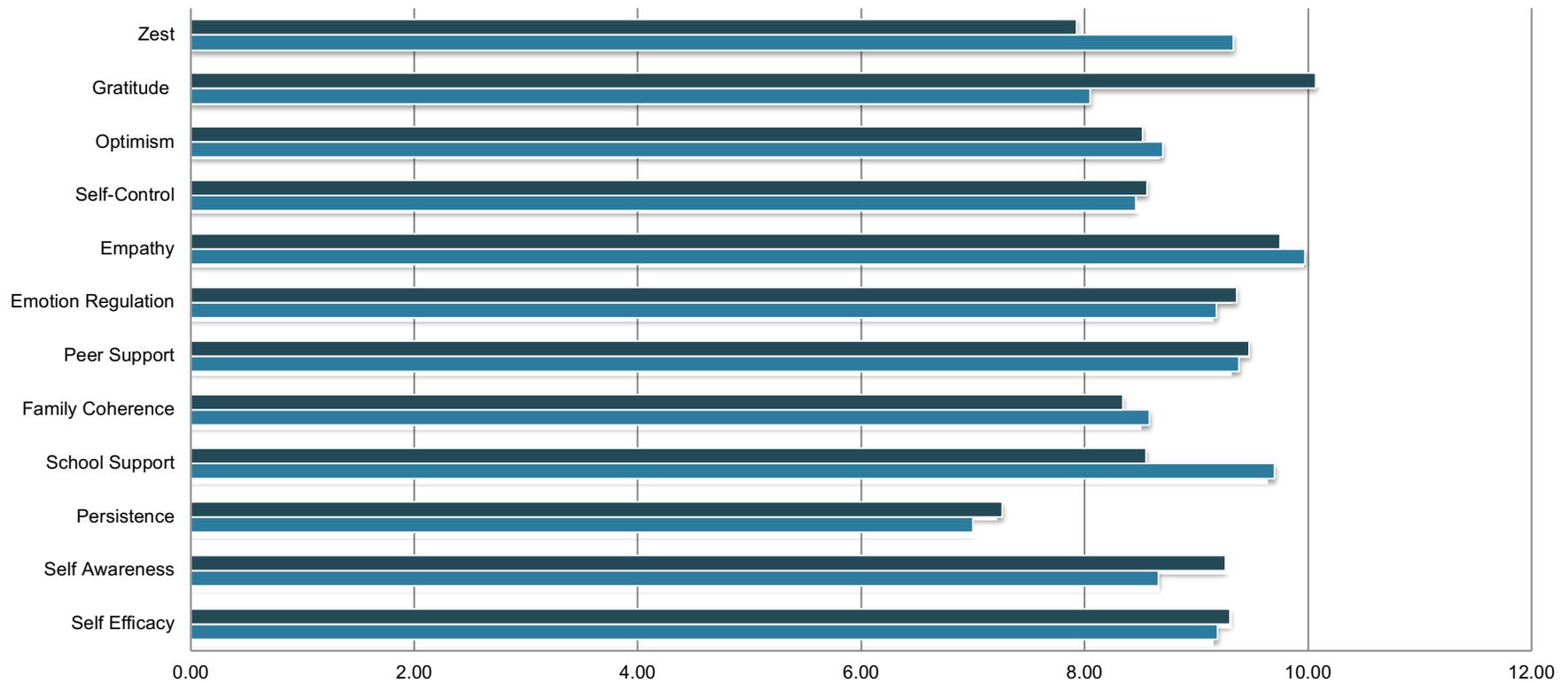
Figure 1. SEHS scale scores for girls participating in RISE and girls in the comparison group.

* indicates statistically significant differences ($p < .05$).

Figure 2 presents mean SEHS scores for girls participating in RISE and the comparison group. RISE girls reported higher than average scores for school support, suggesting that they perceive that teachers and other adults at school care about them and believe in them. RISE girls also reported higher average scores for zest, a measure of the extent to which they feel energetic, active, and lively. On the other hand, girls participating in RISE had lower average scores than their peers for self-awareness and gratitude, indicating that girls in RISE were somewhat less likely than their peers to report that they understanding their moods, feelings, and actions; feel that there is a purpose to their lives; and feel grateful, thankful, or appreciative.

Figure 2. SEHS subscale scores for girls participating in RISE and girls in the comparison group. * indicates statistically significant differences ($p < .05$).

SEHS Subscale Scores



	Self Efficacy	Self Awareness	Persistence	School Support	Family Coherence	Peer Support	Emotion Regulation	Empathy	Self-Control	Optimism	Gratitude	Zest
■ Comparison	9.30	9.26	7.26	8.55	8.34	9.47	9.36	9.75	8.56	8.52	10.07	7.93
■ RISE Girls	9.19	8.66	7.00	9.70	8.58	9.38	9.18	9.97	8.46	8.70	8.05	9.33

What mental health challenges do RISE girls face?

Adverse Childhood Experiences

Research has demonstrated that adverse childhood experiences (ACEs) such as emotional, physical, or sexual abuse and domestic violence are challenging to overcome, and without help, survivors are at increased risk for poor health outcomes (Felitti et al., 1998). Felitti et al. (1998) screened 13,494 adults in the healthcare system for ACEs including abuse, violence against mother, living with people who abuse substances, and living with people who have mental illness, are suicidal, or have been in prison. In this population, experiencing ACEs was common (52%), however,

experiencing four or more ACEs was rare (6.2%; Felitti et al.). People with four or more ACEs, compared to people with none, experienced much higher risk for health risk (e.g., 12.2 times more likely to ever have attempted suicide), health problems (e.g., 10.3 times more likely to have ever injected drugs), and disease conditions (e.g., 2.2 times more likely to have experienced heart disease). In follow-up research, Brown, Anda, Tiemeier, and Felitti (2009) found that



participants with six or more ACEs died nearly 20 years earlier than those without ACEs (60.6 years versus 79.1 years). Thus, it is important to understand the ACEs of RISE participants in order to help provide them with the help and resources they may need to overcome the traumatic events they have experienced.

The RISE Project conducts screening with participants. A screening in March 2017 with 16 RISE participants found that scores ranged from 1 to 9 with an average score of 5.1; 81% reported a score of 4 or more. Screenings as of January 31, 2018 totaled 30 and the average score was 5.43; 83% scored 4 or higher; 50% scored 6 or higher.

Thus, RISE participants are at very high risk for the poor outcomes depicted in the ACEs pyramid (e.g., disease, disability, social problems, early death).

The RISE Project aims to interrupt the risk associated with ACEs and help participants tap their own resilience to thrive without further exploitation. Recent research has found that interventions that promote resilience and provide stable nurturing environments in the home, school, and community can ameliorate the risks associated with ACEs (e.g., Bethell, Newacheck, Hawes, & Halfon, 2014). Intensive programs that address the breadth of risks associated with ACEs are critical for RISE participants.

Mental Health Diagnoses

In addition to examining the overall usage of Behavioral Wellness services, mental health diagnoses can also be used to better understand the specific nature of the mental health needs of the girls who participated in RISE. The International Classification of Diseases, Tenth Edition (ICD-10) is a medical classification list, which is used to diagnose individuals' mental health and other health-related problems.

Girls who participated in RISE for whom mental health data were available had between 2 and 12 mental health diagnoses (mean number of diagnoses = 4.9, $SD = 2.22$).

A complete breakdown of the frequencies of all ICD diagnoses by category is presented in Table 1.

Table 1. ICD Diagnoses of Girls Participating in RISE

ICD Mental Health Diagnoses	Number of Girls	Percent of Girls ³
Mental and Behavioral Disorders Due to Psychoactive Substance Use	19	70%
Alcohol Abuse or Dependence	6	22%
Cannabis Abuse or Dependence	15	56%
Cocaine Abuse	1	4%
Other Stimulant Abuse or Dependence	4	15%
Schizophrenia, Schizotypal, and Delusional Disorders	1	4%
Unspecified Psychosis	1	4%
Mood (Affective) Disorders	19	70%
Dysthymic Disorder	3	11%
Major Depressive Disorder	15	56%
Mood Disorder, Unspecified	5	19%
Neurotic, Stress-Related, and Somatoform Disorders	25	93%
Anxiety Disorder, Unspecified	2	7%
Generalized Anxiety Disorder	1	4%
Post-Traumatic Stress Disorder (PTSD)	22	81%
Behavioral and Emotional Disorders with Onset Usually Occurring in Childhood and Adolescence	11	41%
Attention-Deficit Hyperactivity Disorder (ADHD)	1	4%
Childhood Emotional Disorder, Unspecified	1	4%
Conduct Disorder	7	26%
Oppositional Defiant Disorder	4	15%
Other	12	44%
Illness, Unspecified	12	44%

³ These numbers only include girls for whom mental health data are available. Girls with no identified mental health needs, and, therefore, no ICD diagnoses are not included. Thus, the percentage refers to the percentage of girls with any ICD diagnosis who have that specific ICD diagnosis.

The presence of a mental health ICD diagnosis can signify a variety of different types of emotional or behavioral concerns.

- The vast majority of girls with mental health diagnoses in RISE had disorders within the category of “Neurotic, Stress-Related, and Somatoform Disorders,” which consists of different types of anxiety disorders. Specifically, 81% of RISE girls with mental health diagnoses had a diagnosis of Post-Traumatic Stress Disorder (PTSD), 7% had a diagnosis of Unspecified Anxiety Disorder, and 4% had a diagnosis of Generalized Anxiety Disorder.
- Both “Mood Disorders” and “Mental and Behavioral Disorders due to Psychoactive Substance Use” were also common with about 70% of RISE girls with a mental health diagnosis having at least one diagnosis within each of these categories. Of RISE girls with mental health diagnoses:
 - 56% had a diagnosis of Major Depressive Disorder,
 - 19% had a diagnosis of Unspecified Mood Disorder, and
 - 11% had a diagnosis of Dysthymic Disorder.
- Girls with diagnoses of substance-related disorders were most likely to have diagnoses related to cannabis (56%), alcohol (22%), or stimulant (15%) dependence or abuse.
- A little less than half of RISE girls had diagnoses within the category of “Behavioral and Emotional Disorders with Onset Usually Occurring in Childhood and Adolescence.” Within this category, Conduct Disorder (CD) and Oppositional Defiant Disorder (ODD) were the most common diagnoses, with 26% of RISE girls with ICD diagnoses having diagnosis of Conduct Disorder and 15% having a diagnosis of Oppositional Defiant Disorder.

Research has established that girls in the juvenile justice system have very high rates of psychiatric disorders compared to the general population and to their male peers in the juvenile justice system; one study demonstrated that as many as 75% of females (and 66% of males) met the criteria for one or more disorders (Marston, Russell, Obsuth, & Watson, 2012). Consistent with RISE participant mental health data, females in the juvenile justice system tend to have complex sets of mental health disorders with multiple diagnoses including comorbid internalizing (e.g., depression, anxiety), externalizing (e.g., conduct disorder, attention deficit hyperactivity disorder), and substance use disorders.

Understanding the intersection of ACEs and mental health diagnoses is critical for addressing the needs of RISE participants. One of the reason ACEs have such a negative impact on future health outcomes is that they can cause changes in the ability for people to endure future stress (Grasso, Ford, Briggs-Gowan, 2013). Children whose development has been disrupted by traumatic events may experience impairments in behavioral, cognitive, emotional, and interpersonal areas. Survivors of trauma may have less tolerance for stressful events and “overreact” to stressful stimuli. These reactions can include angry outbursts and aggression.

When trauma symptoms go unrecognized and untreated, they may be mistaken for a disruptive behavior disorder including conduct disorder and oppositional defiant disorder. This can have devastating effects for survivors of trauma as treatment for disruptive behavior disorders assumes that the person has a fundamental disregard for other people and doesn't

care about consequences of behavior. Children who exhibit externalizing behaviors in response to trauma are often thought of as bad because their behavior threatens others around them. On the other hand, trauma symptoms that include internalizing behaviors such as depression and anxiety often garner more sympathy because the person exhibiting such behaviors is only harming themselves. In order to help all survivors of sexual exploitation, diagnoses should be made with care, carefully considering trauma histories and the resulting courses of treatment. When evidence-based treatments are used to positively address behavioral, cognitive, emotional, or interpersonal areas, survivors can be resilient to their traumatic histories and develop the skills they need to be successful.

Child Adolescent Needs and Strengths (CANS)

Finally, the Child and Adolescent Needs and Strengths (CANS) is an additional needs assessment that provides information about a youth's strengths and weaknesses, aids in clinical decision-making, and shows the level of functioning of the youth (Anderson et al., 2003; Lyons et al., 2003). The CANS can also be used to monitor outcomes over time. The CANS measures youth functioning across a range of domains including the child's life domain functioning, the child's strengths, the child's level of acculturation, the caregiver's strengths and needs, the child's behavioral health needs, and the child's risk behaviors. Within each domain, there are a number of specific needs or strengths, which are scored on a scale from 0-3. Scores of 2 or 3 on a needs item suggests that this is an area that must be addressed in treatment. Scores of 2 or 3 on strengths items identify pre-existing strengths that can be mobilized during treatment. Scores of 0 or 1 on strengths items identify strengths that may need to be built during treatment. CANS data were available for 23 RISE participants.

- Results were most likely to identify needs (scores of 2 or 3) in: judgment (87%), social functioning (83%), legal (83%), living situation (78%), recreation (78%), and family (74%).
- About half of RISE girls reported in sexual development (48%) and sleep (39%) needs.
- Relatively few girls in RISE had acculturation needs (13%), medical needs (9%), and developmental needs (4%). Among girls with developmental needs, all reported needs were in the social-emotional domain not cognitive or self-care/daily living.
- None of the girls in RISE were found to have needs in the following domains: communication, physical health, and daily functioning.

The constellation of needs and strengths within RISE participants is unique to the exploitation they experienced. Although little prior research is available to confirm this pattern in other groups of survivors, RISE participants demonstrate areas of strengths that appear to be associated with their exploitation. Survivors have had to maintain a high level of functioning in some areas in order to succeed in their chaotic, toxic environment. Their independence and high levels of functioning in some areas are likely due to the growth that adversity can bring. Yet, these strengths are paired with needs in other areas. Survivors are forced to adapt using extreme coping skills including aggressive or acting out behaviors.

CANS Life Functioning

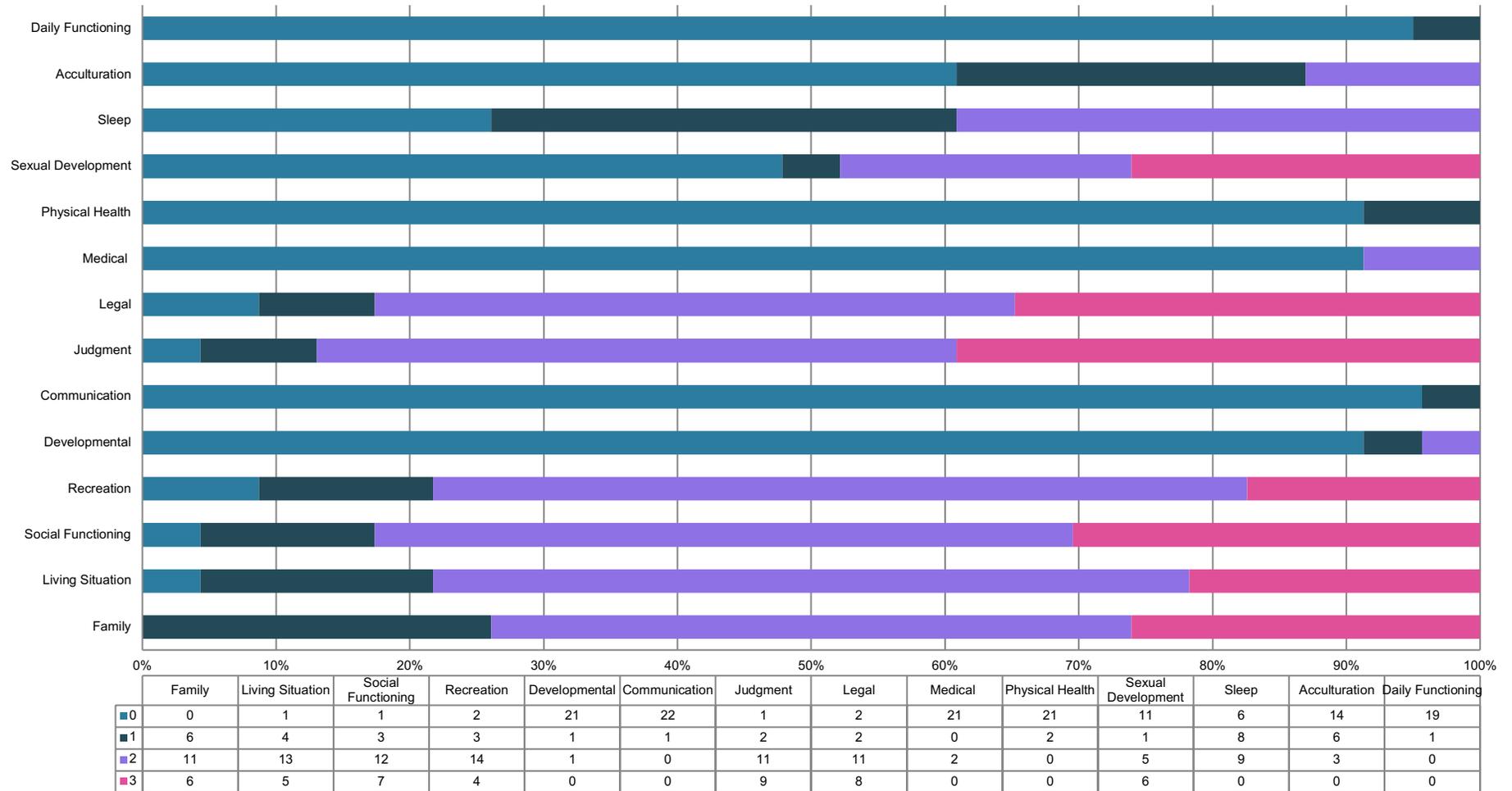


Figure 3. CANS Life Functioning scores for girls participating in RISE

The second domain of the CANS, school functioning, consists of three areas: school attendance, school achievement, and school behavior.

Approximately 70% of girls in RISE demonstrated needs in school achievement, 57% demonstrated needs in school attendance, and 35% demonstrated needs in school behavior (see Figure 4).

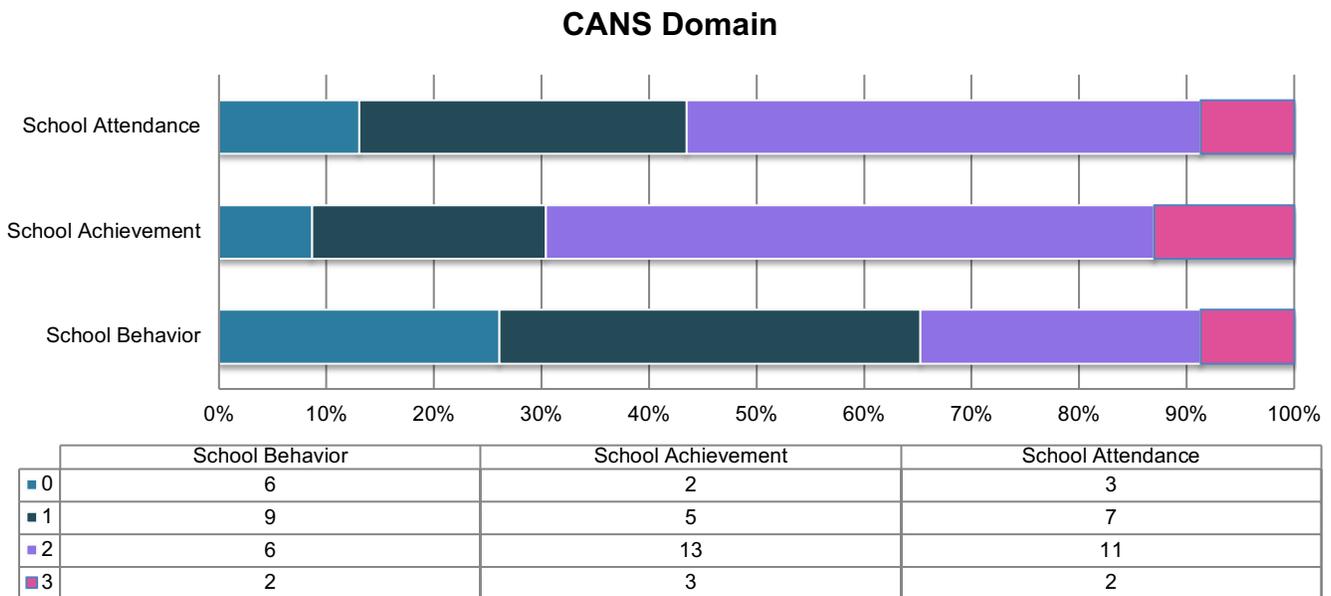


Figure 4. CANS School scores for girls participating in RISE

Girls participating in RISE demonstrated a number of behavioral and emotional needs.

- Approximately 70% of girls in RISE displayed evidence of depression and adjustment problems associated with traumatic life events.
- In addition, other behavioral and emotional problems commonly identified included anxiety (61%), substance use (52%), oppositional or defiant behaviors (48%), anger control (48%), and impulsivity or hyperactivity (26%).
- Finally, 9% of girls in RISE displayed evidence of antisocial behaviors (i.e., lying, stealing, manipulating others, violence, etc.) or eating disturbances.

These results provide evidence that the externalizing behaviors demonstrated by RISE participants (e.g., defiant behaviors, anger control) are related to the stresses of the trauma they experienced and not due to a general tendency for antisocial behavior (e.g., lying, stealing). It is important to avoid criminalizing survivor’s externalizing behavior whenever possible.

See Figure 5 for CANS scores for the behavioral and emotional needs domain for RISE girls.

CANS Behavioral and Emotional Needs

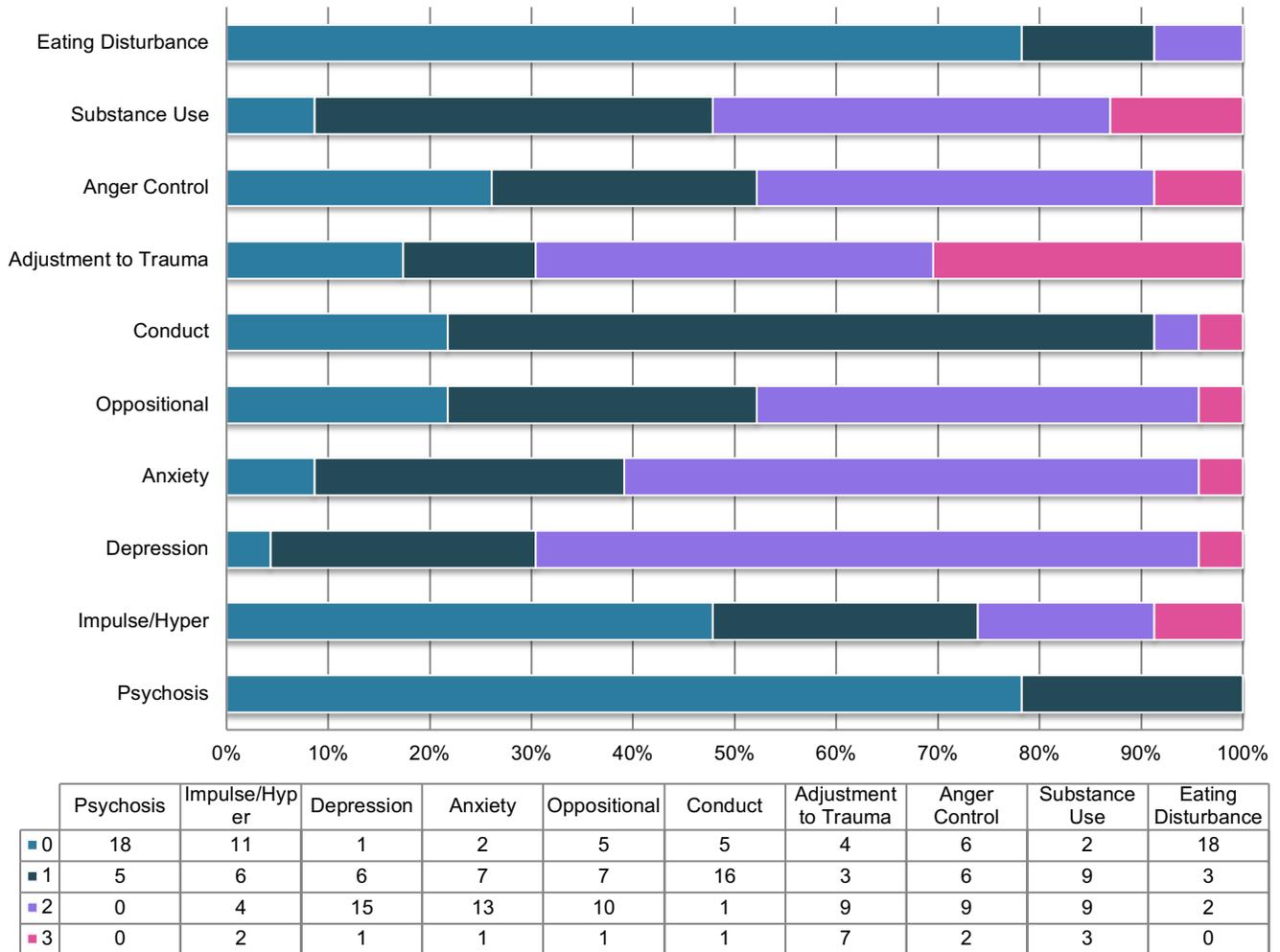


Figure 5. CANS Behavioral and Emotional Needs scores for girls participating in RISE

Among the 19 girls whose results indicated adjustment problems due to trauma, 58% have experienced emotional abuse over an extended period of time, 32% have experienced severe and repeated sexual abuse, 26% have experienced repeated physical abuse, 26% have witnessed repeated episodes of domestic violence, 21% have been a victim of a crime or witnessed the victimization of a family member or friend, and 11% witnessed significant injury or death of another person in the community.

Among the 21 girls with some substance use, 57% reported actively using substances and 10% reported using alcohol and/or drugs daily. Additionally, 57% of girls using substances reported that they have been using alcohol or drugs for at least a year.

The CANS also measures a number of child risk behaviors.

- About a third of girls in RISE had engaged in recent runaway behavior, problematic social behavior, delinquent behavior, and sexually reactive behavior.
- Results indicated that 17% of girls in RISE bullied other youth. It is important to note that sexual exploitation often includes being forced to recruit other girls into “the life.”
- Regarding harm, 9% expressed recent suicide ideation or gesture, 4% reported self-mutilation, and 4% reported recent ideation or behaviors that endangers others. Interestingly, rates of suicide ideation for RISE participants are far below what would be expected given national statistics. The 2007 results of the National Youth Risk Behavior Survey indicated that 18.7% of adolescent girls ages 10-19 seriously considered attempting suicide (Cash & Bridge, 2007).

Figure 6 displays CANS scores for child risk behaviors.

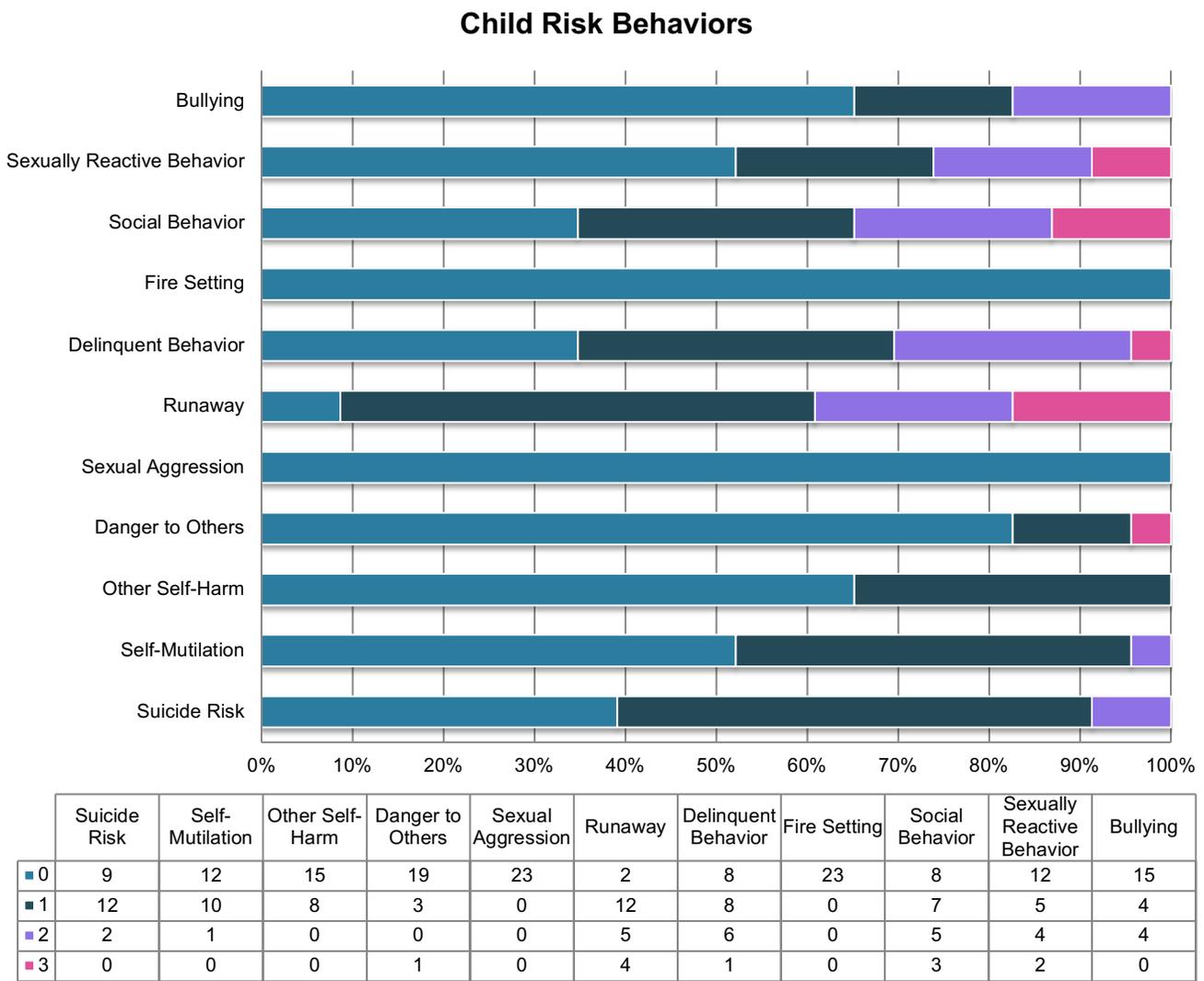
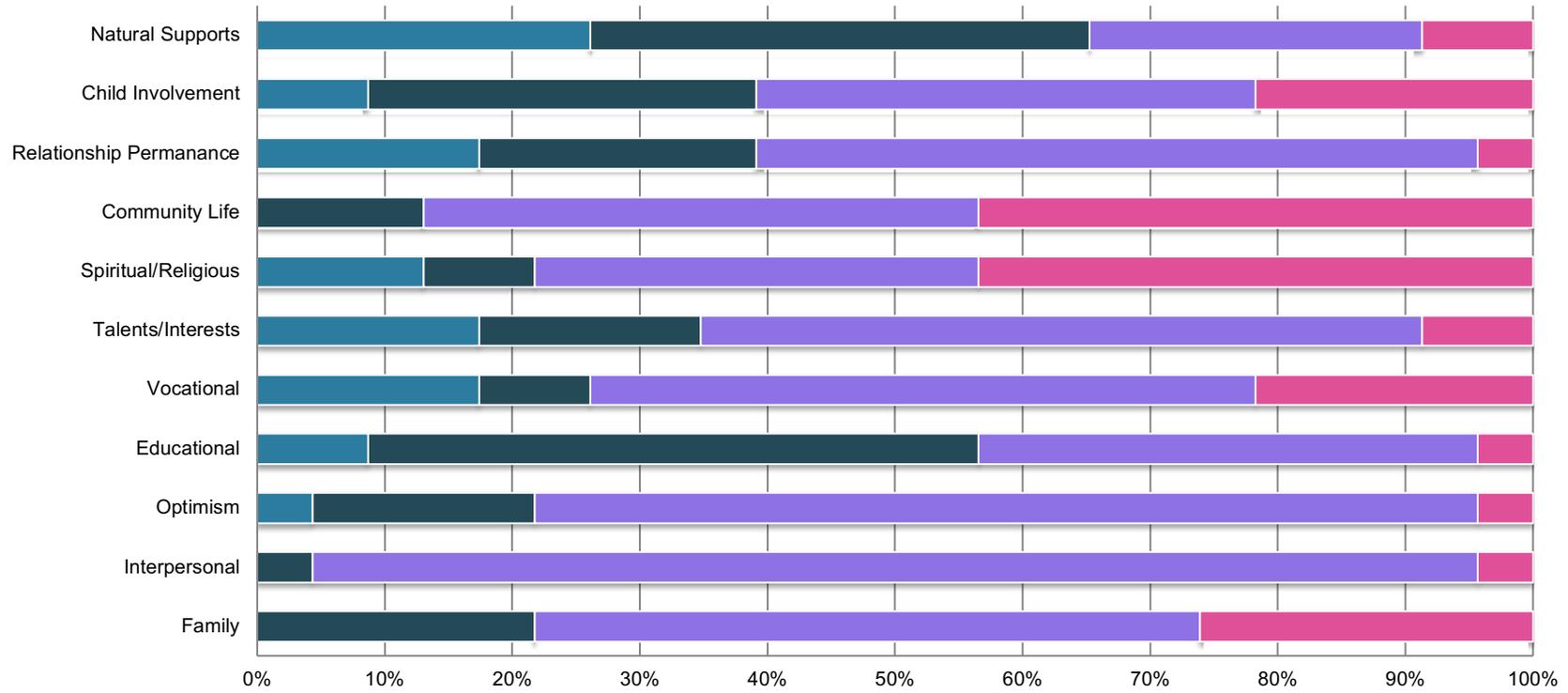


Figure 6. CANS Child Risk Behaviors scores for girls participating in RISE

CANS Child Strengths



	Family	Interpersonal	Optimism	Educational	Vocational	Talents/Interests	Spiritual/Religious	Community Life	Relationship Permanance	Child Involvement	Natural Supports
0	0	0	1	2	4	4	3	0	4	2	6
1	5	1	4	11	2	4	2	3	5	7	9
2	12	21	17	9	12	13	8	10	13	9	6
3	6	1	1	1	5	2	10	10	1	5	2

Figure 7. CANS Child Strengths scores for girls participating in RISE

In addition to measuring youth needs, the CANS also includes measures of potential assets of youth (see above Figure 7).

Girls in RISE were mostly likely to demonstrate strengths in the areas of natural supports (65%), educational supports (57%), relationship permanence and stability (39%), child involvement in addressing needs (39%), and talents and interests (35%).

In addition, about a quarter of girls in RISE had strengths in the areas of vocational skills and work experience (26%), family (22%), optimism (22%), and spiritual or religious support and comfort (22%).

On the other hand, few girls in RISE reported strengths in community life and interpersonal skills.

The final domain of the CANS examines the needs and strengths of the youth's caregiver. Overall, caregivers of girls in RISE had few areas of significant needs. However, there were a few areas of identified needs.

- Approximately 70% of caregivers had difficulty providing supervision for the girls, and 60% of caregivers had difficulty managing the stress related to the girls' needs.
- Other areas of needs exhibited by caregivers included lacking social resources (55%), lacking knowledge needed to successfully parent (50%), lacking financial resources (15%), lacking organization skills (15%), lacking transportation (10%), and substance use (10%).

See Figure 8 on the next page for a complete breakdown of all areas of caregiver needs.

CANS Caregiver Strengths and Needs



Figure 8.

Case Studies

To better illustrate the complex mental health needs of the girls participating in RISE, two case studies of actual RISE participants are presented below.

*Maria*⁴

Maria is an 18-year-old Mexican American girl from North County who speaks Spanish as her primary language. She was first referred for services by her school in 2011 when she was twelve years old. At the time, she was diagnosed with Post-Traumatic Stress Disorder (PTSD), and she participated in crisis intervention and mental health services with Safe Alternatives for Treating Youth (SAFTY). A few months later, she began individual and group outpatient drug counseling for alcohol abuse and, later, cannabis abuse. She also has diagnoses of conduct disorder and recurring major depressive disorder. She has participated in a variety of mental health services including SAFTY; Outpatient Drug Free; Santa Maria Mental Health Services Juvenile Justice; SB163 Wraparound; Court-Ordered Placements; Children Wellness, Recovery, and Resilience; and RISE. In total, she has received 259 services through Behavioral Wellness since she first began treatment. The only one she successfully completed was her Court-Ordered Placement. When Maria was first screened with the MAYSI-II in August 2012, she scored in the warning range on the Alcohol/Drug Use, Angry/Irritable, Depressed/Anxious, Somatic Complaints, and Suicide Ideation scales, and she scored in the caution range for the Thought Disturbance scale. She also reported having experienced four out of the five traumatic events, including being raped or in danger of being raped.

*Jennifer*³

Jennifer is a 16-year-old Latina girl from South County. She first began receiving services in October 2013 when she was thirteen years old. She had initially been referred for services by her school for cannabis abuse. She was also diagnosed with neurotic depression (which is usually referred to as dysthymic disorder now). Over the last three years, she has been diagnosed with major depressive, alcohol abuse, cocaine abuse, and PTSD. She has participated in SAFTY, Outpatient Drug Free, Santa Maria Mental Health Services Juvenile Justice, and Children Wellness, Recovery, and Resilience. In total, she has received 130 services from the Department of Behavioral Wellness, most of which she has successfully completed. When she was first screened with the MAYSI-II in August 2015, she scored in the warning range on the Thought Disturbances and Suicide Ideation scales, and she scored in the caution range for the Somatic Complaints, Depressed/Anxious, Angry/Irritable, and Alcohol/Drug Use scales. At the time, she only reported two traumatic events. A year later, she reported all five traumatic events, including being raped or in danger of being raped and seeing some be killed or seriously injured. It was around this time that she was first diagnosed with PTSD.

⁴ To protect the client's identity, pseudonyms were used.

How are RISE girls involved in the juvenile justice system?

Probation Charges

Girls participating in the RISE program also had significant involvement with the juvenile justice system. Probation data were available for 51 of the girls participating in RISE. Girls entered probation for a number of different reasons: about half of the girls had initial charges for crimes against person and a quarter had initial charges for narcotics and drugs. See Table 2 for a breakdown of initial probation charges.

Table 2. Probation Charges

Probation Charges	Number of Girls	Percent of Girls ⁵
Alcohol	1	2%
Crimes Against Persons	24	47%
Narcotics and Drugs	13	25%
Property Offenses	6	12%
All Others	7	14%

Incarcerations

Girls participating in RISE experience frequent incarcerations.

- Overall, 57 of the RISE girls were incarcerated at least once.
- The number of times girls were incarcerated ranged from zero to 22, with a mean of 6.44 incarcerations per girl ($SD = 4.85$).

⁵ These numbers only include girls for whom probation data are available ($n = 51$).

As can be seen in Figure 9, there was wide variability in the number of times girls were incarcerated.

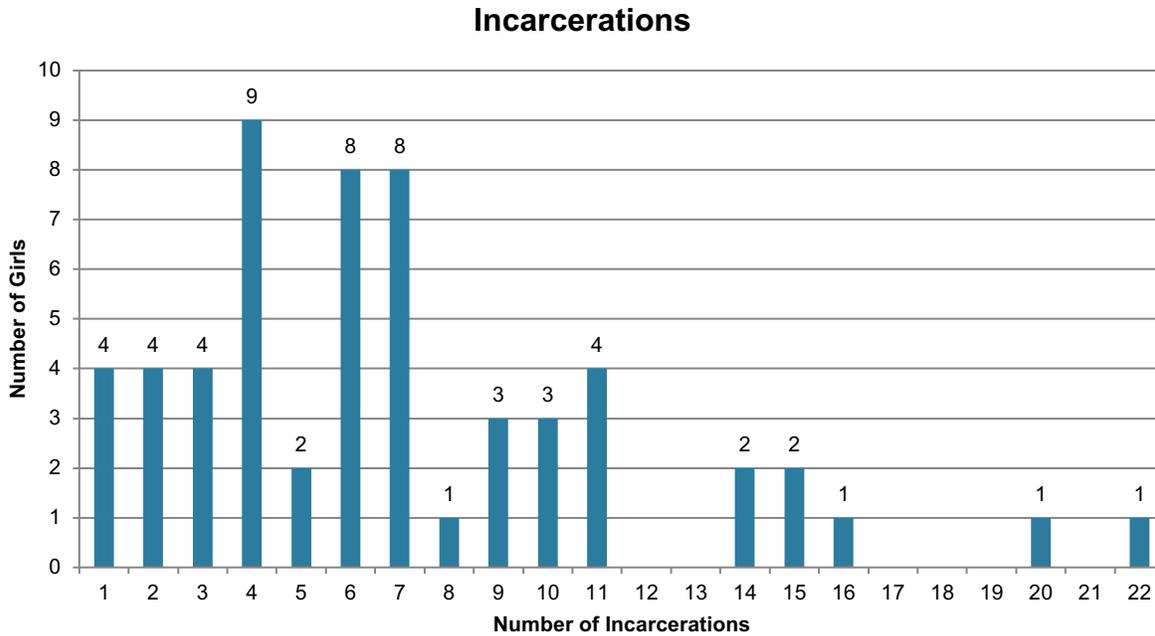


Figure 9. Frequency distribution of the number of incarcerations per girl.

Santa Barbara Assets and Risk Assessment (SBARA)

The Santa Barbara Assets and Risks Assessment (SBARA) is a measure designed to assess a variety of risk factors and potential assets in delinquent youth to predict recidivism and aid in treatment planning (O’Brien, Jimerson, Saxton, Furlong, & Sia, 2001). It consists of a semi-structured interview that is conducted with youth and their family members addressing important indicators associated with both positive and negative developmental outcomes (O’Brien et al., 2001). The SBARA was specifically designed to reflect the unique developmental experiences of females as well as males (O’Brien et al., 2001).

The SBARA measures risks and assets in 12 domains: parent-child relationships, family criminality, family substance abuse, family mental health, individual factors, individual criminality, individual substance use, community factors, peer factors, school factors, sexual activity, and history of trauma.

An overall score is computed based on responses to questions in each of these domains. Scores of 30 or lower indicate that the youth has more assets than risks and is, therefore, classified as Low Risk. Scores above 30 indicate that the youth has more risks than assets. Youth with scores over 30 are classified as High Risk. Among girls who participated in RISE, SBARA scores ranged from 24.6 to 42.7 with a mean of 34.7 ($SD = 4.35$).

Overall, 12.5% of girls were classified as Low Risk ($n = 6$), and 87.5% were classified as High Risk ($n = 42$).

What services are RISE participants receiving?

RISE Services

Included in this report is information on all girls who participated in RISE; however, it is important to note that girls differed in their degree of participation. Whereas some girls are highly engaged in intensive services, other girls have little to no contact with RISE staff. Some girls also vary in their level of participation in RISE over time. UCSB does not currently have data tracking methods to account for variation in participation level over time, but future reports will attempt to more closely track RISE participation.

Using qualitative and quantitative data of youth participation in RISE, girls were classified by UCSB evaluation researchers into three categories – Not Active, Girls Group Only, and Active – based on their degree of participation. All girls were referred to RISE services and attempts have been made by staff to contact and engage these girls. “Not Active” girls have been referred and contacted by RISE staff, but have not actively engaged in services. “Girls Group Only” girls have been accessed RISE services only through participation in an in-custody group therapy program called Girls Group. Data is not available to indicate that these girls engaged in any additional RISE services inside or outside of custody. Finally, “Active” girls have engaged regularly and/or intensely in RISE services.

- Overall, about half (52%) of the girls were categorized as Active, 30% were categorized as Girls Group Only, and 11% were categorized as Not Active.
- One indicator of the girls’ degree of participation in RISE was their attendance at Girls Group. Attendance data were available for 47 of the 62 girls. These girls attended between one and 35 Girls Group sessions (mean number of sessions attended = 7.62, *SD* = 7.42). See Table 3 for a summary of girls’ activity level in RISE.

Activity Level	Number of Girls	Percent of Girls ⁶
Not Active	11	18%
Girls Group Only	18	30%
Active	32	52%

Table 3.

⁶ These numbers only include girls for whom probation data are available (*n* = 51).

Probation Services

In addition to RISE services, girls also received services through Probation and Behavioral Wellness. On average, girls participated in about 13.7 probation programs; however, there was a lot of variability across different girls ($SD = 10.93$). The number of probation programs in which girls participated ranged from one to 66, though only one girl participated in more than 30 probation programs (see Figure 10). Approximately 37% of girls participated in 1-9 probation programs, 41% participated in 10-19 probation programs, and 19% participated in 20-29 probation programs.

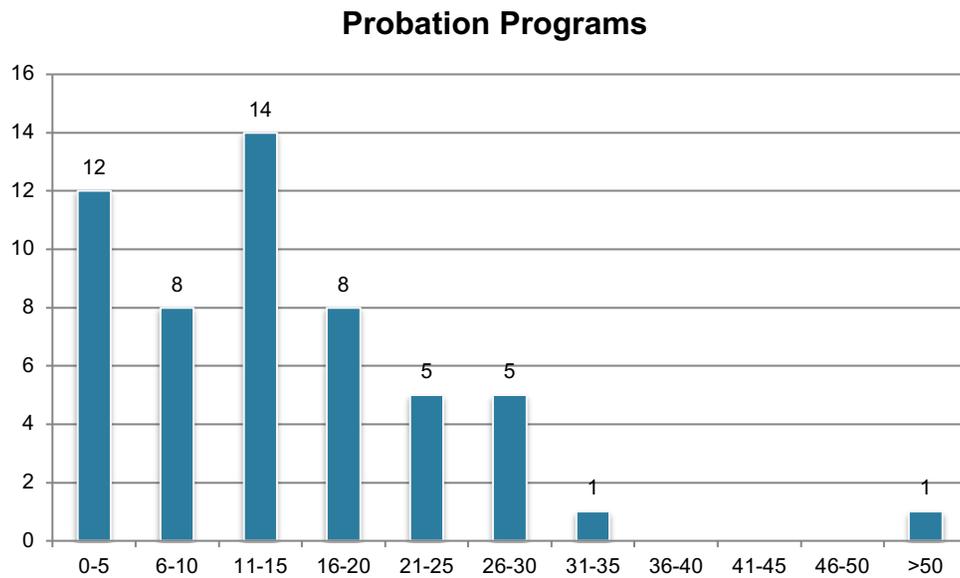


Figure 10. Frequency of participation in probation programs for RISE ($n = 51$).

Probation provided a wide variety of program types to girls participating in RISE. For the current report, probation programs were grouped in categories based on their goals. These categories were cognitive and behavioral treatments, educational and vocational programs, deterrence-based and community supervision interventions, and drug court and peer jury programs. Table 4 shows the categories used to group programs by type, the specific programs included in each category, and a brief description of each program.

Table 4.

Program Categories and Descriptions			
Program Category	Definition	Program name	Brief description of programs
1. Cognitive-Behavioral & Behavioral Treatments	These programs are mostly aimed at modifying behaviors and/or cognitions, and emphasize psycho-education focused on the teaching of abilities such as self-control skills, coping skills and problem-solving competencies (e.g., reasoning skills programs, social skills and problem-solving approaches, behavioral change). These treatments are usually highly structured and include positive reinforcement, modeling and cognitive restructuring.	<i>Drug and Alcohol Counseling</i>	Community-based individual and group counseling
		<i>Individual Counseling</i>	Community-based individual counseling
		<i>Juvenile Drug Court (JDC) In Home Counseling</i>	Substance and alcohol trainings received by a subset of Drug Court clients (usually involving family)
		<i>Juvenile Justice Crime Prevention Act (JJCPA) Counseling</i>	Mental health counseling by community based organizations
		<i>Moral Reconciliation Therapy</i>	A systematic cognitive-behavioral treatment system that aims to prevent recidivism for clients who are engaged in substance abuse and/or criminal behavior by increasing moral reasoning.
		<i>SB 163 Girls Group Counseling</i>	Group counseling for high-risk girls, behavioral intervention
		<i>Zona Seca</i>	Substance and alcohol abuse trainings
2. Educational & Vocational Programs	This category includes all the programs that have the main aim to teach specific skills and competencies (not related to psycho-social competencies), such as how to conduct an online job search, how to send an application or how to dress for a job interview. Some of these programs are detention based.	<i>Direct Service Education</i>	Part of the Teen Court, single class
		<i>Direct Service Group</i>	Job and educational skills training in such areas as: giving speeches and presentations, printmaking, and environmental construction.
		<i>SMJH Life Skills</i>	Life skills training
3. Deterrence-Based/pervision	The main aim of these programs is supervision; they only use control-based strategies, not including any	<i>Alternatives to Detention</i>	Alternative Report and Resource Center (ARRC) – programming and community

	educational and/or therapeutic elements.		service
		<i>Alternative Report and Resource Center (ARRC) Resource</i>	Evidence-based programming, including life skills
		<i>Breathalyzer/Breath Alcohol Real-Time (BART)</i>	Youth alcohol use monitored with breathalyzers/BART
		<i>JJCPA Early Intervention</i>	Enhanced supervision
		<i>JJCPA School-Based Supervision</i>	Enhanced supervision
		<i>Electronic Monitoring</i>	Youth monitored via EM in lieu of detention
		<i>GPS</i>	Youth monitored via GPS in lieu of detention
		<i>Home Supervision</i>	Youth supervised at home (home detention) in lieu of detention
		<i>House Arrest</i>	Youth supervised at home (house arrest) in lieu of detention
		<i>Shelter Detention</i>	House at a youth shelter; For youth with a family dispute or run away
		<i>WeCap</i>	Alternative Report and Resource Center (ARRC) participation only during the weekends
4. Drug Court/Peer Jury Programs	This category includes all the Drug Court and Peer Jury programs.	<i>Juvenile Drug Court</i>	Drug Court for youth
		<i>Violation Contract</i>	Teen Court Option, second opportunity to participate in Teen Court (same services though no peer jury)
		<i>Peer Review</i>	Teen Court, with a jury of peers

See Table 5 for a complete breakdown of RISE girls' participation rates in various probation programs.

Table 5. Probation Program Participation for Girls in RISE

Probation Program	Number of Girls	Percent of Girls ⁷
Cognitive-Behavioral & Behavioral Treatments		
Drug and Alcohol Counseling	4	8%
Individual Counseling	5	9%
JDC In-Home Counseling	7	13%
JJCPA Counseling	7	13%
Moral Reconciliation Therapy	8	15%
SB163 Girls Group Counseling	16	30%
Zona Seca	2	4%
Educational & Vocational Programs		
Direct Service Education	5	9%
Direct Service Group	2	4%
SMJH Life Skills	1	2%
Deterrence-Based/ Community Supervision Interventions		
Alternative to Detention	25	47%
ARRC Resource	8	15%
Breathalyzer/BART	5	9%
JJCPA Early Intervention	8	15%
JJCPA School-Based Supervision	11	21%
Electronic Monitoring	45	85%
GPS	16	30%
Home Supervision	28	53%
House Arrest	35	66%
Shelter Detention	3	6%
WeCap	10	19%
Drug Court/Peer Jury Programs		
Juvenile Drug Court	19	36%
Violation Contract	3	6%
Peer Review	12	23%

Girls in RISE participated in a variety of probation programs.

- The most common types of programs they participated in were deterrence-based and community supervision interventions.
- Approximately 85% of girls participated in Electronic Monitoring, 66% participated in House Arrest, and 53% participated in Home Supervision.
- Other probation programs with high levels of participation among RISE girls included Alternatives to Detention (47%), AWOL (43%), Juvenile Drug Court (36%), SB 163 Girls Group Counseling (30%), GPS (30%), Peer Review (23%), and JJCPA School-Based Supervision (21%).

Because individuals may differ in the degree to which they attend and comply with programs in which they are enrolled, it is important to consider how frequently the girls successfully

⁷ These numbers only include girls for probation data were available ($n = 53$).

completed the probation programs in which they were enrolled. Successful completion reflects the extent to which individuals engaged with the interventions they received.

Table 6 presents a breakdown of the number of times RISE girls participated in various probation programs and their corresponding exit status. RISE girls frequently participated in the same programs multiple times. The number of participants reflects the number of times a girl in RISE participated in the program. Girls who participated more than once are counted more than once.

As can be seen in Table 6, RISE girls were not only enrolled in deterrence-based/community supervision interventions at the highest rates; these were also the types of programs that RISE girls were most likely to successfully complete, with about 61% of participants obtaining a successful completion. Youth were least likely to successfully complete drug court/peer jury program: 69% of participants obtained an unsuccessful completion in these programs. Successful completion of programs differed significantly across different individual programs, likely due to the unique demands placed upon participants within each intervention.

In order to best help RISE participants who are on Probation, a shift away from deterrence-based/community supervision will be important. Research is clear that therapeutic interventions are far superior. Lipsey (2009) conducted a meta-analysis of 548 studies examining delinquency interventions for juveniles ages 12 to 21 years in English-speaking countries between 1958 and 2002. Lipsey identified two overarching treatment philosophies among the programs reviewed. The first set is characterized by “control” and involved suppressing delinquency by: (1) programs that aim to foster discipline (e.g., boot camps), (2) programs aimed to deter (e.g., scared straight), and (3) supervision to catch bad behavior (e.g., intensive probation supervision). The second set is focused on behavioral change through therapeutic techniques including: (1) Restorative techniques (e.g., restitution), (2) Skill building (e.g., academic or job skills), (3) counseling, and (4) multiple coordinated services (e.g., wraparound programs). Results demonstrated that therapeutic techniques are far more effective than control techniques at reducing recidivism. Moreover, deterrence and discipline control techniques tended to backfire, exacerbating recidivism. Surveillance—which may include some amount of counseling or skills building—was found to reduce recidivism. However, surveillance was less effective than all therapeutic techniques. The most effective techniques were counseling, skills building, and multiple coordinated services. In addition, Lipsey found that it was important for the techniques to be implemented with fidelity and that participants received a sufficient dosage.

Lipsey concluded that recommendations for probation services are clear:

1. Provide services to high-risk offenders only
2. Use programs with a therapeutic approach
3. Minimize programs with a control or deterrence philosophy
4. Use evidence-based programs with highest demonstrated effect sizes
5. Implement programs well and monitor their quality

Thus, it is important for RISE to work with Probation to increase high quality provision of evidence-based programs with a therapeutic approach and reduce control or deterrence approaches.

Table 6. Successful Completions of Probation Programs

Probation Program	Number of Participants	Successful Completions	Unsuccessful Completions	Exit Status Unavailable/Not Applicable
Cognitive-Behavioral & Behavioral Treatments	55	24 (44%)	17 (31%)	14 (25%)
Drug and Alcohol Counseling	5	2 (40%)	1 (20%)	2 (40%)
Individual Counseling	5	1 (20%)	0 (0%)	4 (80%)
JDC In-Home Counseling	7	3 (43%)	2 (29%)	2 (29%)
JJCPA Counseling	3	2 (67%)	0 (0%)	1 (33%)
Moral Reconciliation Therapy	9	4 (44%)	2 (22%)	3 (33%)
SB163 Girls Group Counseling	24	10 (42%)	12 (50%)	2 (8%)
Zona Seca	2	2 (100%)	0 (0%)	0 (0%)
Educational & Vocational Programs	13	7 (54%)	5 (38%)	1 (8%)
Direct Service Education	10	6 (60%)	4 (40%)	0 (0%)
Direct Service Group	2	1 (50%)	1 (50%)	0 (0%)
SMJH Life Skills	1	0 (0%)	0 (0%)	1 (100%)
Deterrence-Based/ Community Supervision Interventions	575	352 (61%)	199 (35%)	24 (4%)
Alternative to Detention	134	123 (92%)	9 (7%)	2 (1%)
ARRC Resource	17	16 (94%)	1 (6%)	0 (0%)
Breathalyzer/BART	7	5 (71%)	1 (14%)	1 (14%)
JJCPA Early Intervention	8	1 (13%)	3 (38%)	4 (50%)
JJCPA School-Based Supervision	14	0 (0%)	12 (86%)	2 (14%)
Electronic Monitoring	204	104 (51%)	97 (48%)	3 (1%)
GPS	29	13 (45%)	16 (55%)	0 (0%)
Home Supervision	60	33 (55%)	25 (42%)	2 (3%)
House Arrest	78	41 (53%)	30 (38%)	7 (9%)
Shelter Detention	3	0 (0%)	0 (0%)	3 (100%)
WeCap	21	16 (64%)	5 (36%)	0 (0%)
Drug Court/Peer Jury Programs	35	9 (26%)	24 (69%)	2 (6%)
Juvenile Drug Court	19	4 (21%)	13 (68%)	2 (11%)
Violation Contract	3	2 (67%)	1 (33%)	0 (0%)
Peer Review	13	3 (23%)	10 (77%)	0 (0%)

Out-of-Home Placements

During their participation in RISE, many girls were placed in out-of-home placements, which included both group homes and foster care homes (See Figure 11).

- Information about out-of-home placements was available for twenty-seven of the girls who were served by RISE
- These girls had between one and 11 out-of-home placements, with a mean of 2.89 placements ($SD = 2.65$).
- Group home placements were somewhat more common than foster care homes

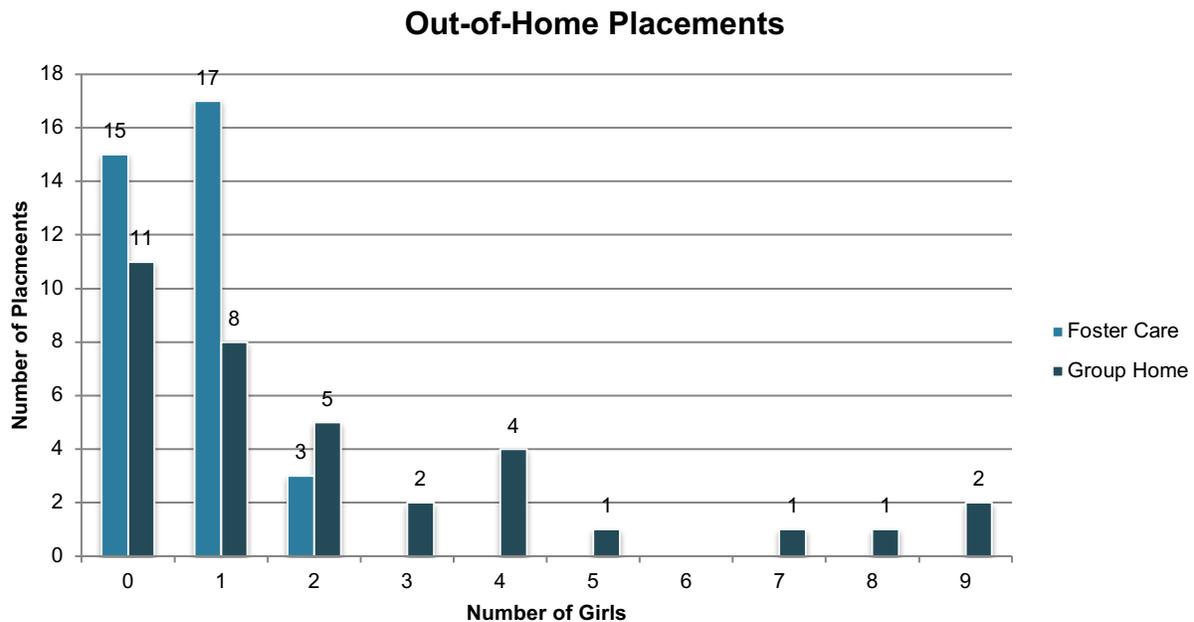


Figure 11. Frequency of out-of-home placements for RISE.

Behavioral Wellness Services

Finally, RISE girls also participated in a wide range of mental health and substance use programs through the Department of Behavioral Wellness.

- Mental health data were available for twenty-seven RISE girls. Most girls received a high level of mental health care.
- However, there was significant variation in participation rates: some girls participated in as few as seven mental health and/or substance use programs whereas other girls participated in as many as 76 (mean number of programs: 20.2; $SD = 16.04$).
- Of the girls for whom mental health data were available, 15% received 7-9 mental health or substance use services, 41% received 10-14 services, 15% received 15-19 services, 11% received 20-24 services, 11% received 30-40 services, and 7% received more than 50 services.

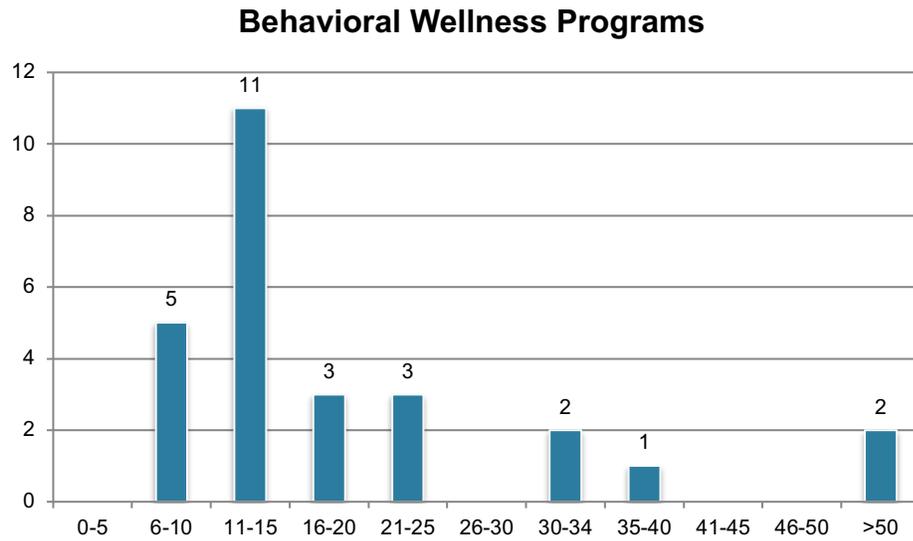


Figure 12. Frequency of participation Behavioral Wellness programs for RISE.

Girls participated in 21 different types of mental health services and one alcohol and drug program.

Table 7 shows the different types of mental health and alcohol and drug programs RISE girls participated in and a brief description of each program. Mental health services include a variety of treatment programs and other services for youth with emotional and mental health challenges, including psychological assessment services, crisis interventions, residential treatments, outpatient treatments, cognitive and behavioral treatments, and wraparound programs.

Table 7. Mental health and substance use programs types and descriptions.

Program Categories and Descriptions			
Program Category	Definition	Program name	Brief description of programs
1. Mental Health Services	A variety of services for youth with emotional and mental health challenges, including assessment services, crisis programs, residential treatment, outpatient treatment, cognitive and behavioral treatments, and wraparound programs.	<i>Child Wellness, Recovery, and Resilience</i>	Specialized outpatient teams in each region that use evidence- based practices to serve children with serious emotional disturbance
		<i>Child Outpatient</i>	Provide a variety of mental health services to individuals in the community
		<i>Court-Ordered Placement</i>	Mental health placements that have been mandated by a judge
		<i>Crisis Triage</i>	Assist individuals in gaining access to outpatient and crisis services, including individuals in a pre- crisis state and those being discharged from inpatient care
		<i>FFS Program</i>	Fee-for-services programs
		<i>HeadStart</i>	Classrooms for children under 5 to promote school readiness for children from low-income backgrounds through education, health, social, and other services
		<i>HOPE Program</i>	Provides an array of intensive in-home services to foster home and extended family home placements. Seeks to maintain the stability of children in their placements
		<i>Inpatient Acute Services</i>	Provided for individuals requiring hospitalization for psychiatric conditions. Children are served primarily at Aurora Vista Del Mar Hospital in Ventura.
		<i>Intake and Assessment</i>	Provide psychological evaluations to determine potential diagnoses and treatment needs
		<i>Intensive In-Home Care</i>	A home-based intervention to help families solve problems within the context of their home environment. Includes stress management, building communication and parenting skills and additional behavioral interventions.
<i>Juvenile Justice Mental Health Services (JJMHS)</i>	Serves youth in the Santa Barbara County Juvenile Probation institutions. JJMHS staff members also conduct evaluations for the juvenile court and provide outpatient psychotherapy for Probation youth.		

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		<i>Managed Care</i>	Provide children who are Medi- Cal beneficiaries and their families brief, time- limited therapy
		<i>Mobile Crisis</i>	Mobile Crisis programs for children and families experiencing mental health emergency
		<i>New Heights</i>	Assists transition-age youth by offering an array of services, including mental health treatment, employment and education support and referrals, socialization support, and links to other services and community resources.
		<i>Rehabilitation Specialist Services</i>	Flexible, intensive and individualized behavioral interventions to assist youth in developing interpersonal and social skills, manage negative behaviors and succeed in their home, school and community.
		<i>Residential Placement</i>	Provides mental health services for children who have been temporarily removed from their homes and placed in a facility.
		<i>Resiliency Interventions for Sexual Exploitation (RISE)</i>	Provides services to young victims of commercial sexual exploitation. Services are also offered to siblings and family members to decrease the chance of sibling involvement and increase the positive involvement of family members in promoting the recovery and reintegration of victims.
		<i>SAFTY (Children's Mobile Crisis)</i>	A mobile crisis response program for children, youth and families. Available 24 hours a day, 7 days a week.
		<i>SB 163 Wraparound</i>	Returns children and youth in group home care to their communities or to help children at imminent risk of placement to remain in their homes.
		<i>SPIRIT</i>	Wraparound program that provides family-focused, strength-based, individualized service to help children and their families meet needs through natural community supports or through the mental health system of care.
		<i>Therapeutic Behavioral Services (TBS)</i>	Short-term, strength-based, behavioral-focused service that works with a child, caregivers and the primary mental health provider to address risk behaviors.
2. Alcohol and Drug Program	Substance use related services for drug or alcohol problems	<i>Outpatient Drug Free</i>	Also called Outpatient Drug Treatment. Substance-related services include screening, assessment, individual and group counseling, random drug testing and other supportive services.

- Almost all of the RISE girls (89%) participated in RISE and in Juvenile Justice Mental Health Services (JJMHS).
- Other common mental health services included SAFTY, a mobile crisis program (63%); Child Wellness, Recovery, and Resilience, a specialized evidence-based outpatient service for youth with emotional disturbances (59%); and Therapeutic Behavioral Services, a short-term behavioral treatment (52%).
- Substance-related services were also fairly common, with about 74% of girls participating in Outpatient Drug Free (ODF).

See Table 8 for a complete breakdown of RISE girls' participation rates in various programs

Program	Number of Girls	Percent of Girls ⁸
Child Wellness, Recovery, and Resilience	16	59%
Child Outpatient	3	11%
Court-Ordered Placement	2	7%
Crisis Triage	1	4%
FFS Program	4	15%
HeadStart	1	4%
HOPE Program	2	7%
Inpatient Acute Services	5	19%
Intake and Assessment	1	4%
Intensive In-Home Care	3	11%
JJMHS	24	89%
Managed Care	5	19%
Mobile Crisis	5	19%
New Heights	1	4%
Rehabilitation Specialist Services	1	4%
Residential	1	4%
RISE	24	89%
SAFTY	17	63%
SB 163 Wraparound	4	15%
SPIRIT	1	4%
TBS	14	52%
Outpatient Drug Free	20	74%

Table 8. Mental Health and Substance Use Program Participation for Girls in RISE

⁸ These numbers only include girls for probation data were available ($n = 27$).

Individuals leave mental health and alcohol and drug programs for a variety of reasons. Some individuals have completed the course of treatment and made progress on treatment goals, in which case they have a successful discharge. Some individuals are noncompliant with treatment or fail to make progress on treatment goals, resulting in an unsuccessful discharge. Other discharge is used to describe individuals who are unable to complete treatment due to extenuating circumstances, such as transfer to an alternative program or incarceration.

Table 9 presents a breakdown of the number of times RISE girls participated in various mental health and alcohol and drug programs and their corresponding exit status. RISE girls frequently participated in the same programs multiple times. The number of participants reflects the number of times a girl in RISE participated in the program. Girls who participated more than once are counted more than once.

As can be seen in Table 9, many of the girls are still participating in treatment programs (indicated by a “Not Discharged” status); 29% of participants had not been discharged, and, therefore, did not have exit statuses. In addition, certain types of programs, such as assessment services and crisis management services, are not services for which “successful” or “unsuccessful” completion is generally considered appropriate. Individuals participating in these programs tend to leave without exit statuses. In total, 34% treatment participants left treatment without an exit status.

- Among those participants who did receive a discharge status, 33% were classified as successful, 37% as unsuccessful, and 31% as other.
- RISE girls were most likely to have unsuccessful discharges from programs when participating in SB163 Wraparound (62% unsuccessful), Outpatient Drug Free (46% unsuccessful), and Child Outpatient (36% unsuccessful).

Table 9. Successful Completions of Mental Health and Substance Use Programs

Probation Program	Number of Participants	Successful Discharge	Unsuccessful Discharge	Other Discharge	Not Discharged	Not Available
Child Wellness, Recovery, and Resilience	56	3 (5%)	14 (25%)	8 (14%)	21 (38%)	10 (18%)
Child Outpatient	11	2 (18%)	4 (36%)	0 (0%)	0 (0%)	5 (45%)
Court-Ordered Placement	4	3 (75%)	0 (0%)	0 (0%)	0 (0%)	1 (25%)
Crisis Triage	1	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
FFS Program	12	0 (0%)	0 (0%)	6 (50%)	0 (0%)	6 (50%)
HeadStart	1	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
HOPE Program	2	1 (50%)	0 (0%)	0 (0%)	0 (0%)	1 (50%)
Inpatient Acute Services	9	0 (0%)	0 (0%)	0 (0%)	0 (0%)	9 (100%)
Intake and Assessment	1	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)
Intensive In-Home Care	11	3 (27%)	3 (27%)	2 (18%)	0 (0%)	3 (27%)
JJMHS	97	16 (16%)	0 (0%)	23 (24%)	51 (53%)	7 (7%)
Managed Care	11	3 (27%)	0 (0%)	0 (0%)	2 (18%)	6 (55%)
Mobile Crisis	7	0 (0%)	0 (0%)	0 (0%)	0 (0%)	7 (100%)
New Heights	4	0 (0%)	0 (0%)	0 (0%)	4 (100%)	0 (0%)
Rehabilitation Specialist Services	2	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (100%)
Residential	1	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)
RISE	57	3 (5%)	0 (0%)	5 (9%)	49 (86%)	0 (0%)
SAFTY	107	6 (6%)	0 (0%)	0 (0%)	0 (0%)	101 (94%)
SB 163 Wraparound	29	4 (14%)	18 (62%)	7 (24%)	0 (0%)	0 (0%)
SPIRIT	2	2 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
TBS	49	0 (0%)	0 (0%)	0 (0%)	24 (49%)	25 (51%)
Outpatient Drug Free	74	21 (28%)	34 (46%)	10 (14%)	9 (12%)	0 (0%)
TOTAL	548	69 (13%)	73 (13%)	61 (11%)	161 (29%)	184 (34%)

How do participants feel about RISE and related services?

RISE Program staff administered consumer surveys to 18 RISE participants between December 2016 and June 2017. Girls, who were in Santa Maria Juvenile Hall at the time of the survey, were asked to provide feedback about the RISE Project and related services. They were assured that their responses would be confidential; only a number was used to track their surveys, not their names.

The first question was, “As a survivor of many challenges, please give us 3 words to describe yourself.” The following figure presents the words girls selected, with the size of word related to how often it was selected.



Qualitative Feedback

The following open-ended questions were posed, allowing the girls to provide feedback. Responses were grouped by major themes.

What has been the MOST helpful part of the RISE Project?

- ✚ Being able to talk and trust people or understanding situations

- ✚ Providing clothes, shoes, treats
- ✚ Expressing emotions
- ✚ The support
- ✚ Learning coping skills
- ✚ Reducing therapy-interfering behaviors

What has been the LEAST helpful part of the RISE Project?

- ✚ Feeling if I slip up (some people) judge or get way over protective
- ✚ Meetings aren't long enough
- ✚ They aren't always around
- ✚ Not being able to advocate for me more in court
- ✚ Sometimes they don't really hear me out or do things to help me.
- ✚ How I struggled to get in the RISE group and how it really wasn't fair
- ✚ It's all helpful

What do you see as the biggest obstacle to reaching your goals or dreams?

- ✚ Not letting my past be the past but continuing doing things that are toxic & will ruin my future
- ✚ Finishing school and going to university
- ✚ Myself, not asking for help, my way of thinking
- ✚ Being in juvenile hall and not getting the programs I want
- ✚ Probation
- ✚ Weed, drug addiction
- ✚ Self-esteem
- ✚ Being apart from family
- ✚ Going on the run

What can RISE do to help you reach your goals and dreams?

- ✚ Continue to be there for me when I'm doing good or bad.
- ✚ They could help me with schoolwork, find ways we can get credits
- ✚ Have more things/programs available.
- ✚ Patience & Skills
- ✚ Advocate more often in court
- ✚ Support tell me positive things
- ✚ Well they help you get jobs
- ✚ The program doesn't stop when you're off probation
- ✚ Encourage me to try come with me to do new things
- ✚ Help me to get off probation

What is the best way RISE can encourage participation of your family and/or other supportive individuals to help you reach your goals?

- ✚ Tell her what is going on in the program, tell them about RISE
- ✚ Like helping on job applications or stuff like that
- ✚ Have a meeting with my family or call my family

- ✚ To listen to me and try to understand me; listen to what I want not what they think I need
- ✚ Understanding that I am not stable and I'm working on it
- ✚ They do not only work with kids but adults (like our moms) and do family therapy.
- ✚ Do what they [my family] need to do before they try helping me
- ✚ Encourage them to come with me to do new things.

What can Law Enforcement do so they can help you do better?

- ✚ They could help me with contacting me, help me with programs
- ✚ Be more understanding, listen to what I feel instead of assuming & judging on my past
- ✚ Get more programs and activities
- ✚ Not judge & help by asking questions & stuff
- ✚ They try to help me by putting me on GPS or EM and make sure I'm going to school or they make sure I'm drug free
- ✚ Listen; Listen to RISE
- ✚ Don't manhandle, be rough, be violent.
- ✚ Let me go with family
- ✚ They could try to calm me down instead of provoking me.
- ✚ Don't assume. Don't accuse.
- ✚ Stop getting in my business and being so nosy; stopping people for no reason just cause the way they're dressed.

What can Juvenile Probation do so they can help you do better?

- ✚ Learn about what I went through!!!
- ✚ I want them to let me go and give me another chance.
- ✚ Be more understanding, listen to what I feel instead of assuming & judging on my past
- ✚ Support us
- ✚ Not violate you as much for any little situation try and move you to pavement that hurts more mentally
- ✚ They make sure I'm in a safe environment
- ✚ See less black and white
- ✚ Stop being so rude
- ✚ Some can be nicer
- ✚ Treat us fairly
- ✚ Hear me out and give me a chance and not just look at me as a criminal
- ✚ Leave me alone
- ✚ Be a good support, be kind, and not talk about youth
- ✚ They could encourage us to do good instead of locking you up every time we make a mistake
- ✚ Let us do our coping skills not make us feel worse about us.
- ✚ Let us have our words. Don't accuse me for stuff I didn't do.

What can Juvenile Court do so they can help you do better?

- ✚ Learn about what I went through!!! Put themselves in our shoes.
- ✚ Provide healing
- ✚ Don't put me on house arrest. I would be better with GPS. If they do they would at least let me go to my programs.
- ✚ Be more understanding, listen to what I feel instead of assuming & judging on my past
- ✚ Support us, understand us, give opportunities
- ✚ Help us understand what going on & stop using their codes cause we don't know their codes we don't study their codes like P.O.s or attorneys, we're kids it's our court talk like us so we understand
- ✚ See less black and white, come to court with us
- ✚ Not put me on probation
- ✚ Give us a chance to speak!
- ✚ Give programs that help & acknowledge the positive things we have done
- ✚ Not keep telling kids to come back in one week or two weeks
- ✚ Leave me alone
- ✚ Not take long for placements
- ✚ They could stop judging us off our records & Listen to what we have to say
- ✚ Listen to what I need not what you think.
- ✚ Get me off probation letting me free. See how hard I'm trying

What can RISE do to help you if you feel like running away or already “on the run?”

- ✚ Don't tell! And just give me your # so if I need help I will reach you!
- ✚ They could come to my house talk about it or take me out for ice cream
- ✚ Show some support, or maybe out for the day to get my mind off of things.
- ✚ Help them find fun programs to get their mind distracted from running away
- ✚ They make sure that we're safe and they ask questions they help us find reasons to stay home
- ✚ Food
- ✚ Give us shelter info. Take us to a shelter
- ✚ Tell you to go somewhere safe & can get help
- ✚ If I feel like running to help me resolve the problem before it gets worse
- ✚ Open my eyes about my consequences and/or give helpful advice like always
- ✚ Do or doing the right thing, instead of fight, flight, or freeze
- ✚ They can help us by trying to talk us into turning ourselves in (going with us to turn ourselves in)
- ✚ Talk to my mother and telling her I'm ok and safe. Also telling my PO my reasons cause they never understand.

What would you say to someone who has very little knowledge or understanding of what it’s like to be a survivor or a young woman who has faced many difficult or painful experiences?

- ✚ Don't look at me as a fuckup, see me as a survivor. Not the beatings or the show I put on. Ask and I will tell you.
- ✚ I would talk a little about my own experiences & explain what help there is out there.
- ✚ Explain in situations so they can comprehend
- ✚ N/A because I would talk about my struggles due to me not liking pity
- ✚ To listen and try to understand so that you can help me get through it
- ✚ It's really difficult!!!
- ✚ Well you don't know what someone has gone through but you don't know what it is like when no one likes you or how I'm feeling you can't accuse me of getting made and acting out when your saying stuff that I didn't do or something I said.
- ✚ Take a walk on my shoes and you won't survive a day. Life sometimes is not about laughs, love, trust, joy, & peace. AND sometimes you don't understand why you have to be in this situation.

Survey Questions

In addition to open-ended feedback, the RISE Consumer Survey asked participants questions designed to quantify their satisfaction with RISE and related services. The first set of questions asked RISE girls several questions about RISE and how well they feel supported by various aspects of their treatment. Five response options ranged from Strongly Disagree to Strongly Agree. The questions and the percentage agreement are presented in Table 10.

Consumer Survey Item

	% Agree or Strongly Agree
I have a good relationship with all or most RISE staff	89%
I feel RISE tries to be responsive to what I need	100%
RISE Staff are judgmental	0%
I feel heard by RISE	94%
I feel RISE tries to be available when I need them	94%
RISE has helped me work towards my goals	83%
RISE has helped me with managing my emotions	89%
I feel RISE would advocate for me with Probation, Court, or Education issues if I asked	94%
I feel supported by my community to reach my goals and dreams	18%
I feel supported by my Probation Officer to reach my goals and dreams	22%
I feel supported by Probation Juvenile Hall staff to reach my goals and dreams	18%

I feel supported by HART Court to reach my goals and dreams	33%
I feel supported by RISE to reach my goals and dreams	89%

Table 10.

As can be seen in Table 10, the majority of RISE were positive about RISE; for example, 89% agreed that they have a good relationship with all or most RISE Staff, 100% agreed that they feel RISE tries to be responsive to what they need, 94% agreed that they feel heard by RISE. Fewer participants agreed that other people and agencies were supportive; for example, 18% agreed that they feel supported by Probation Juvenile staff to reach goals and dreams, and 18% felt supported by their community to reach their goals and dreams.

The second set of questions asked RISE girls if they had received a particular service and if so, how supported they felt on a five-point scale from Strongly Disagree to Strongly Agree. The questions and the percentage agreement are presented in Table.

Consumer Survey Item	# with Contact	% who feel Supported
Juvenile Hall Mental Health Team	16	56%
RISE Team	18	100%
Clinic Mental Health Team	7	86%
HART Court	8	63%
CALM	4	50%
Probation	17	24%
Social Worker	6	33%
Rape Crisis	10	100%
Coast Valley	5	33%
WRAP Team	5	80%
CADA	5	20%
Other Mental Health Provider	3	100%
Other Substance Abuse Treatment Provider	2	100%

Table 11.

As can be seen in Table 11, participants were most likely to feel supported by RISE (100%), Rape Crisis (100%), or another mental health/substance abuse treatment provider (100%). Participants were least likely to feel supported by Probation (24%), their Social Worker (33%), Coast Valley (33%), or CADA (20%).

How do participant needs and strengths change during RISE?

The Massachusetts Youth Screening Instrument, Second Edition (MAYSI-II) is a screening tool that can also be used to gauge the mental health needs of youth. The MAYSI-II is a computer-based self-report inventory of 52 questions designed to assist juvenile justice facilities in identifying youth who may have immediate mental health needs. Youth provide answers about their mental health needs by responding “yes” or

“no” to each item that has been true for them "within the past few months." The items refer to seven main areas: traumatic experiences, thought disturbance, suicide ideation, somatic complaints, depressed/anxious symptoms, angry/irritable feelings, and alcohol and drug use. Scores that fall in the “caution” range are considered clinically significant and indicate a high probability of a serious mental disorder. Scores that fall in the “warning” range indicate that the youth’s score falls in the top 10% of youth in juvenile justice programs and that additional screening and intervention is necessary.

Of the 62 girls who participated in RISE, 57 had available MAYSI-II scores; thus, these scores can help provide a more representative depiction of RISE girls’ mental health needs than just the ICD diagnoses alone.

Figure 13 shows the results of the RISE girls’ first MAYSI-II screenings from January 2015 or later. It can be interpreted as a rough estimate of the girls’ mental health needs around the time they first began participating in the RISE program.

As can be seen in Figure 13, RISE girls demonstrated a significant number of mental health needs at their initial screenings.

- 62.9% of girls had scores that fell in the caution or warning ranges for Somatic Complaints, suggesting that a large number of RISE girls experienced bodily aches and pains associated with stress.
- 56.5% of girls had scores in the caution or warning ranges for the Depressed/Anxiety scale and 53.2% had scores in the caution or warning ranges for the Alcohol/Drug Use scale, indicating that more than half of RISE girls report depressed and anxious feelings and frequent use of alcohol and drugs.
- About half of RISE girls had warning or caution scores on the Angry/Irritable and Thought Disturbance scales of the MAYSI-II, indicating a high prevalence of girls reporting experiences of frustration, lasting anger, moodiness, and usual beliefs and perceptions.
- 32.3% of RISE girls fell in the warning or caution ranges for Suicide Ideation, indicating that about one third of the girls had thoughts and intentions to harm themselves.

Overall, initial scores from the MAYSI-II indicated a high level of mental health needs for girls participating in RISE.

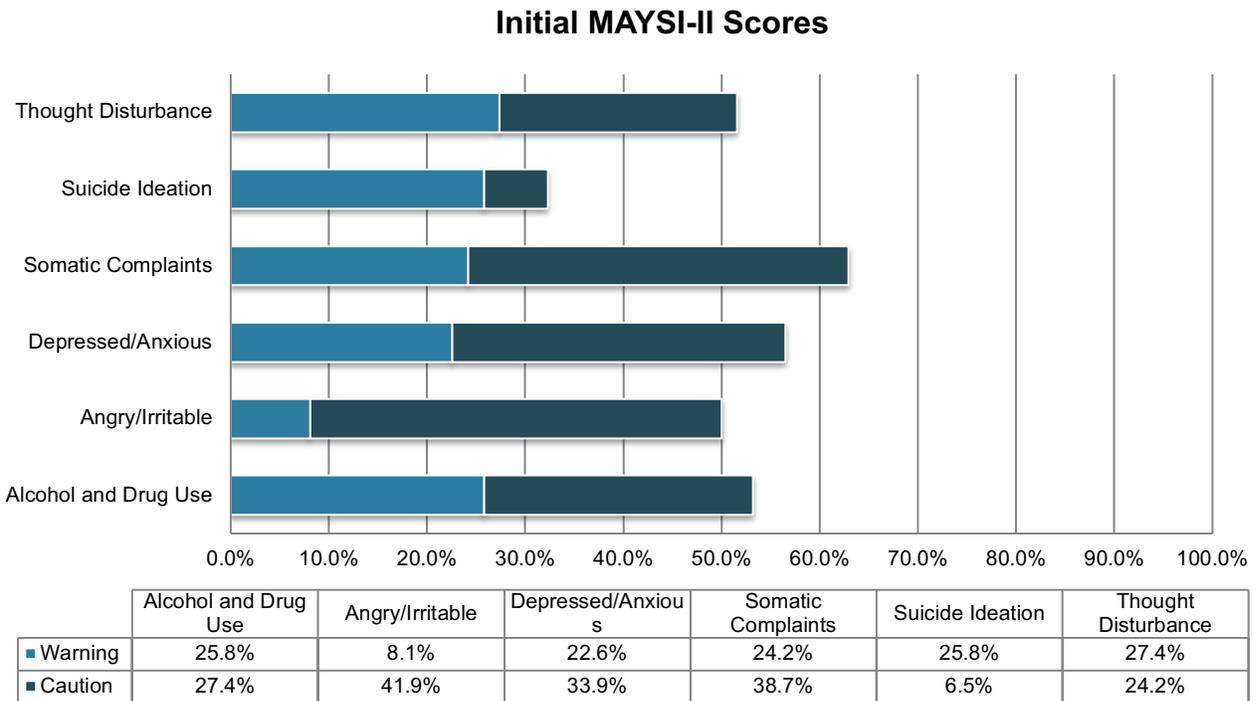


Figure 13. Percent of girls with MAYSI-II scores falling in the Caution or Warning ranges during their initial MAYSI-II screening ($n = 57$).

Most girls ($n = 52$) completed the MAYSI-II multiple times, so these scores can be used to understand how their mental health needs changed over time. Because of the small sample size, the lack of a control group, and the lack of an experimental design, it is impossible to know whether changes in screening results are statistically significant or if they can be attributed to the girls' participation in the RISE program.

However, preliminary data suggests that girls participating in RISE report fewer mental health needs over time.

Figure 14 displays the results of the most recent MAYSI-II screening for RISE girls with more than one screening.

- While Somatic Complaints were still the most common mental health needs reported, only 32.2% of RISE girls had scores that fell in the caution or warning ranges on this scale.
- Similarly, 21% of RISE girls had scores that fell in the caution or warning ranges on the Angry/Irritable scale, 17.8% had scores falling in the caution or warning ranges on the Depressed/Anxious scale, and 16.1% had scores falling in the caution or warning ranges on the Thought Disturbance scale.

- No RISE girls had scores that fell in the warning range on the Angry/Irritable scale, and only 4.8% of girls had scores falling in the caution or warning range for Suicide Ideation.

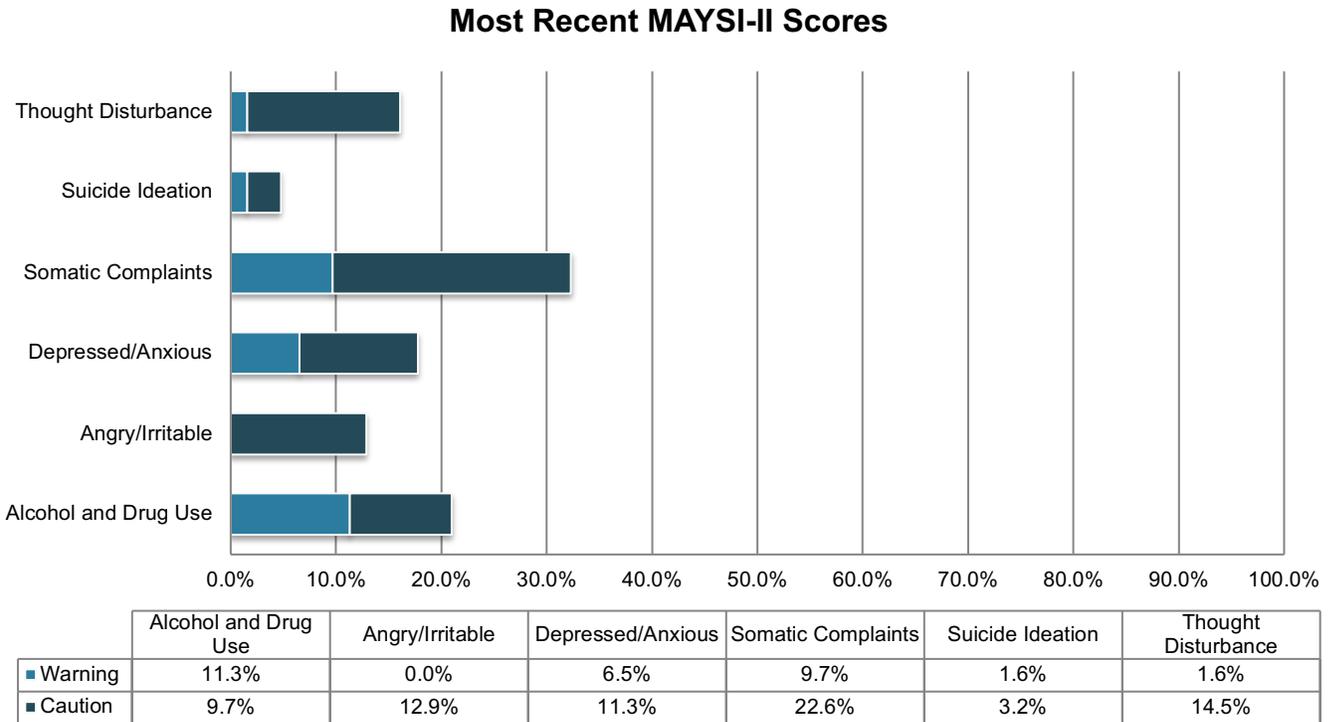


Figure 14. Percent of girls with MAYSI-II scores falling in the Caution or Warning ranges during their most recent MAYSI-II screening ($n = 52$).

The MAYSI-II norms do not include a categorization of risk scores for traumatic experiences.

In the current sample of RISE girls, the average number of events reported by the youth during their initial screening was 2.07, meaning that on average, youth were reporting two out of the five traumatic experiences included in the questionnaire ($SD = 1.64$).

The standard deviation shows that there was a wide variation in the frequency of the experiences reported by youth with some youth reporting that they had not experienced any of the traumatic experiences included in the questionnaire and others reporting they had experienced all five.

At their most recent MAYSI-II screening, girls were less likely to report having experienced any of the traumatic events included in the questionnaire (mean = .71, $SD = 1.64$).

Figure 15 displays the frequency distribution of reported traumatic experiences at the initial and most recent screenings.

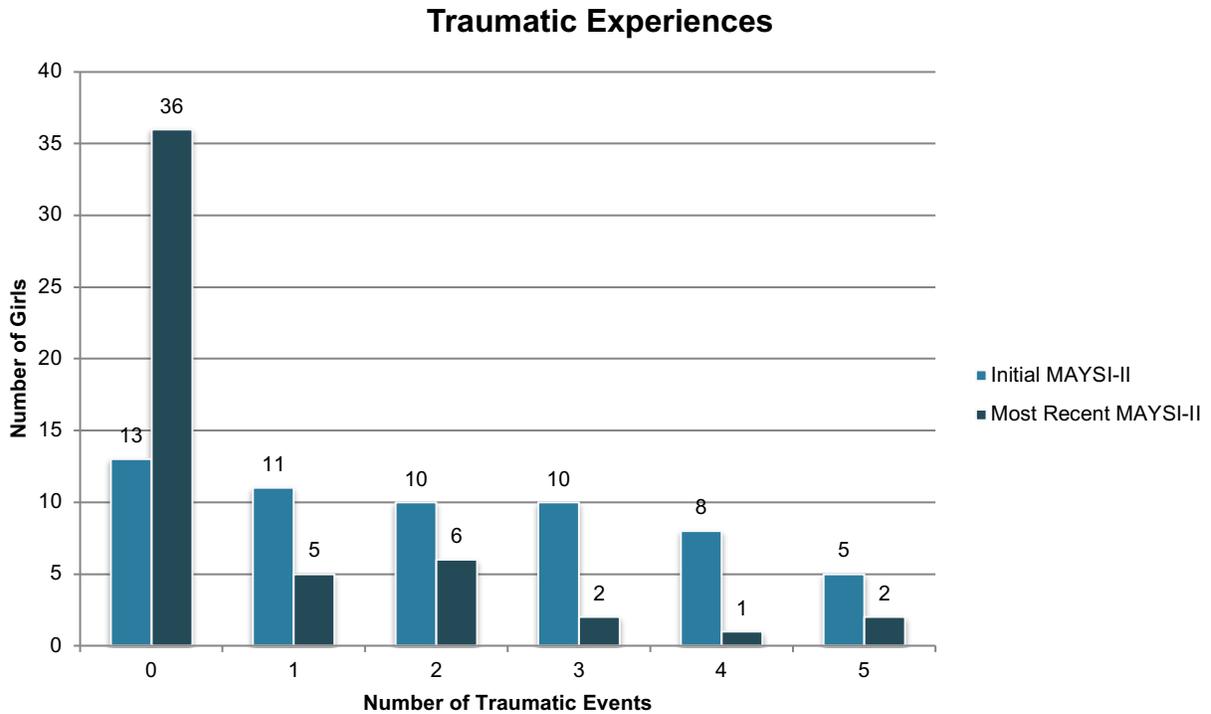


Figure 15. Number of traumatic experiences reported on the MAYSI-II during initial and most recent screenings ($n = 57$ for initial screening and $n = 52$ for most recent screening).

Interagency Collaboration

Agencies and Organizations Coordinating with the RISE Project

Casa Pacifica
Divinitree
Dr. Carrick Adam
Dr. Douglas Mackenzie
Grateful Garment
Human Trafficking Advocate Program (HTAP)
Helping Achieve Resiliency Treatment (HART)
Hustlers for Humanity
Noah's Anchorage
Runaway Girl, Inc.-Carissa Phelps
SAFTY & Wraparound SB 163
Salvation Army
Santa Barbara County Department of Behavioral Wellness
Santa Barbara County Department of Social Services
Santa Barbara County District Attorney Victim Witness
Santa Barbara County Human Trafficking Task Force
Santa Barbara County Juvenile Justice Coordinating Council
Santa Barbara County Juvenile Court
Santa Barbara County Probation Department
Santa Barbara County Public Defender
Santa Barbara County Public Health
Santa Barbara County Rape Crisis
Santa Barbara County Sheriff
Santa Maria Valley Fighting Back
Tree Top Yoga
Uffizi Order
University of California Santa Barbara

The RISE Project in Juvenile Hall (Girls Group)

Historical Context

Dr. Jill Sharkey and her research team at the University of California, Santa Barbara (UCSB) has partnered with the Santa Barbara County Probation since 2014 to transform the juvenile justice approach to girls. This work includes an evaluation of the development and implementation of a trauma-informed “Girls Group” program at Santa Maria Juvenile Hall (SMJH). Since 2014, UCSB has worked closely with Probation, and staff at SMJH to document the progress and successes of the Girls Group program in providing youth at the hall with mental health support and coping strategies to address trauma symptoms within the hall.



Figure 16. Stuffed animals at SMJH.

The Girls Group was the foundation for and is now one component of The RISE Project. Until CSEC involvement is better recognized prior to juvenile justice involvement, most survivors are identified within the juvenile justice system. By providing Girls Group in the hall, RISE Project staff members are able to develop relationships with survivors, orient participants to RISE, and maintain their therapeutic care out in the community with the same providers. RISE also provides training to SMJH staff, and works with the Juvenile Justice Mental Health Staff housed at SMJH to help them provide treatment consistent with the RISE model.

Each month, UCSB researchers visit SMJH to observe Girls Group, meet with SMJH and RISE staff, and conduct focus groups that ask girls about their experiences in Girls Group and the hall. Focus Group findings are summarized within 48 hours and are shared with team members at SMJH regarding specific feedback related to their programs and specializations. For example, focus group feedback regarding perceived relationships with Girls Group facilitators is shared with The RISE Project Supervisor and feedback regarding school experiences’ in the hall is shared with education staff. Collaborative team meetings are held monthly that include administration staff from SMJH, Probation, Department of Behavioral Wellness, Education, and The RISE Project and allow these partnerships to collaborate and address focus group feedback. Although this work is external to and broader than The RISE Project, the Girls Group data gathered through this project have been critical for developing and improving the RISE Project curriculum. Therefore, select data are included herein.

Overview of Girls Group

The Girls Group program was developed by Lisa Conn to address the unique needs of girls in the hall, which include past histories of abuse and substance use. The program includes components of Dialectical Behavior Therapy, an evidenced-based approach for treating youth who have experienced trauma, as well as cultural and gender specific practices. Girls Group facilitators all receive training in trauma-informed care and include all female staff. Any probation officers who participate in Girls Group are also trained in trauma-informed care. Ms. Conn conducts the training and supervision of Girls Group facilitators in collaboration with Jason Tarman, MFT—mental health Team Supervisor at SMJH.

Girls are carefully screened by group facilitators prior to being admitted to Girls Group based on their readiness to participate in group therapy and perceived level of risk posed to additional members in the group. Girls Group provides a rare opportunity for participants to leave their unit and learn coping skills, as well as life skills, that are directly relevant to their backgrounds and experiences. At present, services provided within the juvenile hall through Girls Group are intended to mirror the services and treatment goals provided by RISE. This allows girls to continue to build upon the skills once they leave the juvenile hall and return to their communities.

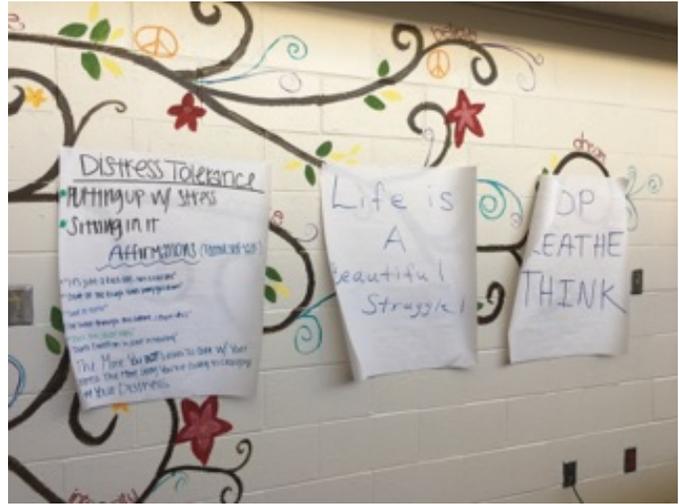


Figure 17. Posters in the Girls Group unit highlight the importance of practicing and applying DBT skills such as Distress Tolerance and Positive Affirmations.

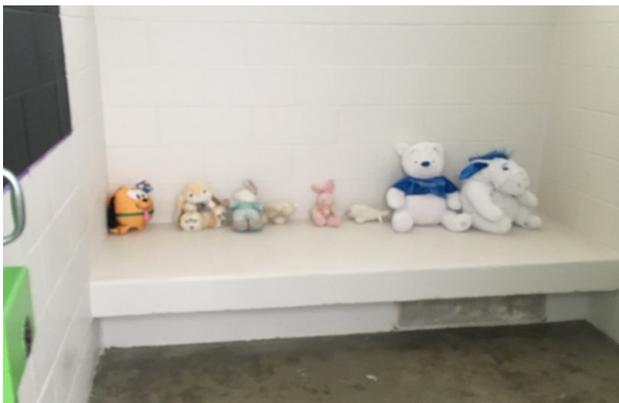


Figure 18. Stuffed animals are available during Girls Group as a source of comfort. Much of the resources used during Girls Group, including stuffed animals, blankets, and snacks are provided on a donation basis or purchased by staff.

Girls Group Components

The Girls Group program is viewed as the initial step towards the healing of mind, body, and spirit by focusing primarily on stabilization through the provision of basic needs. Stabilization includes addressing the girls' *physical* (e.g., food, shelter, & clothing), *emotional* (e.g., acceptance and belonging), and *immediate safety* needs (e.g., protection, security, & limit setting) before therapeutic processing can occur. When girls enter the hall, they may exhibit PTSD-like symptoms such as hyper arousal, avoidance, and withdrawal and need to feel safe and secure in order to benefit from counseling or therapy. For this reason, girls are provided with psychoeducation about their bodies and how to cope with extreme feelings such as anger, frustration, or sadness.

The essential components that make up Girls Group include feelings identification, learning coping skills, psychoeducation, mindfulness, and opportunities for skills practice. Girls are also invited to participate in pro-social activities during each group that promote positive interactions among group members and support their overall wellness. Examples of pro-social activities include being served tea and cookies,



Figure 19. Positive messages fill the halls of the designated unit dedicated to

physical, emotional, and basic needs is necessary for therapeutic processing to begin with this vulnerable population.

Each week group facilitators include a variety of weekly activities that range from individual check-ins with girls who are in need of additional support, positive reinforcement for group members' who demonstrate progress, and opportunities for girls to listen and discuss music together. Girls are also encouraged to practice distress tolerance skills during group such as hugging a stuffed animal or taking deep breaths. The table on the next page provides an overview of the essential components of the Girls Group program.

allowing girls to use conditioner in their hair (a luxury in the hall), or braiding each other's hair. Although these activities may seem basic in nature, they are a crucial component of the Girls Group program that allows girls to feel safe, secure, and gain a sense of belonging. Group

facilitators recognize that stabilization of

Essential Components of the Girls Group Program

<i>Essential Component</i>	Description	Fidelity (Frequencies)
<i>Identifying 'Therapy Interfering Behaviors' (TIB)</i>	Brief check in and review of Therapy Interfering Behaviors or "TIBs." Girls identify what behavior(s) may be impeding progress in therapy. Examples include: dishonesty, negativity, taking things too personally, sabotaging treatment for self and others, being threatening, and overly taking care of others.	Completed TIBs in 80% of documented Girls Group sessions
<i>What's Happening w/ Me Now (Pre-Survey)</i>	Girls are invited to complete the "What's Happening w/ me now" pre-survey. This survey, which is handed at the beginning of the group session, is a 10-item scale that measures current mood.	Completed Pre-Surveys in 56% of documented Girls Group sessions
<i>Reflection on Previous Group</i>	Facilitators invite group members to share or reflect on previous group's topics and skills.	Completed Reflections in 80% of documented Girls Group sessions
<i>Introduction of Topic/Skill</i>	Examples of topics covered in Girls Group vary and may include information such as female reproductive health, female anatomy, STD's, how to take care of self, and coping skills related to PTSD and substance abuse.	Introduced topics/skills in 84% of documented Girls Group sessions
<i>Psychoeducation</i>	Psychoeducation includes information about the topic being presented in Girls Group. Psychoeducation involves asking girls to relate the topic to their lives and unique experiences, as well as inviting them to explore how the topic relates to the lives of others around them.	Completed psychoeducation component in 84% of documented Girls Group sessions
<i>Mindfulness Activities</i>	Directed by one of the girls or facilitators. Mindfulness activities include positive self-regard, goal directed brief journaling, creative writing time, guided imagery, intentional thinking, deep breathing, and guided mindfulness activities.	Completed mindfulness component in 84% of documented Girls Group sessions
<i>Skills Practice</i>	Facilitators invite group members to practice skills in between groups. This may involve having them practice mindfulness and/or positive self-regard. Each member identifies one self-care activity to work on during the upcoming week.	Practiced skills in 80% of documented Girls Group sessions
<i>What's Happening w/ Me Now (Post-Survey)</i>	Girls are invited to complete the "What's Happening w/ me now" post-survey. This survey, which is handed at the end of the group session, is a 10-item scale that measures current mood.	Completed Post-Surveys in 42% of documented Girls Group sessions
<i>Weekly Activities</i>	Weekly activities include having tea, snacks, and opportunities to practice positive interpersonal skills. Wellness activities include grooming/hygiene, music, and additional mindfulness exercises.	Weekly activities occurred in all documented Girls Group sessions
<i>Additional Activities</i>	Additional activities include individual check-ins with girls who may need support and positive reinforcement for girls who are participating appropriately.	Additional activities occurred in all documented Girls Group sessions

Tracking sheet data also indicated that while the majority of essential Girls Group program components were implemented consistently (i.e., > 80%), pre- and post-surveys were not implemented with fidelity. Pre-survey rating scales were implemented 56% of the time and post-survey rating scales were implemented only 42% of the time. One potential reason for the inconsistency in the implementation of pre- and post-surveys could be due to the fact that this component was recently added to the Girls Group program in February 2017 and that additional time is needed for group facilitators to get used to the surveys.

Fidelity Checklists

Fidelity checklists are used by facilitators during Girls Group to track and document the content covered by facilitators for each session. The checklist emphasizes the cultural and gender-specific goals of Girls Group and also allows facilitators to keep track of who attends group, whether a conflict resolution occurred during the group, and reasons why the group may have been cancelled or discontinued. A total of 25 fidelity checklists were collected from October 2016 through March 2017. Since February 2016, tracking sheets have been completed in an electronic form (see page 96). A total of three Girls Group sessions were cancelled according to tracking sheets completed from October 2016 through March 2017. No tracking sheets were collected for the months of December 2016 and January 2017.

Table 13.

Reasons for Non-Participation in Girls Group

<i>Reason</i>	<i># of Girls</i>	<i>Percent of Girls</i>
<i>Not yet screened</i>	37	16.7%
<i>Declined/Refusal to participate</i>	17	7.7%
<i>Emotional instability</i>	14	6.3%
<i>Threatening others</i>	10	4.5%
<i>Over limit (Max 8 girls)</i>	9	4.1%
<i>Court or legal appointment</i>	5	2.3%
<i>Alcohol or Other Drug (AOD) detox</i>	4	1.8%
<i>Initiated physical altercation</i>	4	1.8%
<i>Alcohol or Other Drug (AOD) detox</i>	4	1.8%
<i>Other</i>	3	1.4%
<i>All Status-Maximum Security</i>	3	1.8%
<i>Feeling unsafe/avoiding another group member</i>	1	0.5%

Data obtained from the tracking sheets indicated that a total of ($n = 41$) girls were in the juvenile hall and considered for inclusion in Girls Group from October 2016 through March 2017. The mean number of Girls Group attended per girl was ($M = 2.76$; $SD = 3.34$). The maximum number of Girls Groups sessions attended for a girl was 15 group sessions (2.4% of girls). About a third of the sample ($n = 14$; 34.1%) was reported as never attending a Girls Group session. The following table provides information on the potential reasons reported by Girls Group facilitators for girls not being allowed to participate in the group.

Focus Group Summary

UCSB conducted focus groups each month from September 2016 through March 2017. No focus groups were conducted in December 2016 due to staff travel for the holidays. Focus groups were facilitated by two UCSB researchers, which included a post-doctoral researcher and doctoral-level graduate student. Focus group questions covered a range of questions related to perceived relations with probation, education, and mental health staff. In addition, girls were also asked about their general experiences in the hall and about any concerns related to transitioning from the hall back into their schools and communities. For the purpose of this report, only focus group responses related to the Girls Group program is discussed.

A total of 6 focus groups were included at the time of this report. Each focus group lasted for 1 hour and consisted of approximately 4 to 6 girls. Focus groups were held in either a classroom or the Girls Group unit with a probation staff member available to assist in case of an emergency. Although a probation staff member was available during the focus group, information shared during the focus groups was kept confidential from probation staff using sound machines and/or having them observe through a plate-glass window. Aside from a probation staff member, no other staff were allowed to be present during the focus group. Girls were selected to participate in focus group if they had previously been screened by mental health and probation staff for any potential safety concerns. Data from focus group was later summarized according to themes and shared with SMJH administrators from Probation, Departmental of Behavioral Wellness (Behavioral Wellness). A list of the focus group questions related to the Girls Group program is presented in Table 14.

Table 14.

Focus Group Questions	
1.	Describe your experience in Girls Group. What has it been like for you?
2.	What about Girls Group has been the <i>most helpful</i> to you?
3.	What about Girls Group has been the <i>least helpful</i> to you?
4.	If you had to change or add something to Girls Group, what would it be?

- | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Do you feel safe disclosing personal information such as gender identity, sexual orientation/preference, and information about your past with others in Girls Group? |
| 6. How would you describe your relationship with mental health staff? |

Focus group findings demonstrated consistent positive feedback towards the Girls Group program from girls who participated in the program. In general, girls described Girls Group as both educational and therapeutic and reported that they enjoy learning the coping skills that are modeled in group. Girls also expressed an appreciation for the therapeutic environment that Girls Group provides as a space where they can be out of their units, relax, and be themselves. Additional activities such as grooming and a focus on self-care were also highlighted as particularly therapeutic components of the Girls Group program. For instance, girls report that they like being able to connect with other girls in the program in a positive way through such pro-social activities as tea/snack and being able to braid each other's hair. A recurring theme often centered around wanting additional time out of their units to learn skills, be outside or get involved in recreation activities such as sports or art programs. Girls also reported a desire for Girls Group to be offered for longer periods of time and disappoint when Girls Group is cancelled or cut short. In regards to perceived relationships with mental health staff (including RISE and Behavioral Wellness staff), girls reported having positive interactions and feeling comfortable talking to staff about personal issues. Girls indicated that they felt as though mental health staff could relate to what they were going through and did not feel judged. However, some girls expressed a sense of frustration at the lack of consistency in staff from weekdays to weekends and discomfort with having to occasionally meet with male staff members.

Once focus group findings are summarized and made available to administrators at SMJH, action steps are created at the larger female specific team meetings that take place monthly. Staff members serving different roles in the hall discuss possible ways to address and even rectify any negative feedback that is received. Some of the positive changes to the Girls Group program are a direct result of the feedback provided by girls to UCSB researchers. For instance, the number of Girls Group session offered each week was increased to twice weekly (as opposed to once weekly) and for a longer period of time. Girls Group facilitators also began including more direct practice of coping skills rather than presenting coping skills through worksheets – a particular complaint by girls at the very beginning of the Girls Group program. Girls Group facilitators continuously seek to improve the program using feedback obtained from the focus groups.

Girls Group Challenges

Despite the many successes of the Girls Group program, there have also been several challenges faced by the program as a result of being situated within a juvenile hall where various systems have competing needs. For example, the Girls Group program occurs during school hours at the juvenile hall, which has been a particularly difficult

challenge to address over the past few months. The availability of RISE staff to provide a wide range of services to girls both within the hall and in the community requires extensive resources, including several staff, to meet their needs. Offering Girls Group to girls before or after school has not been an option due to needing to meet with girls in the community during after-school hours and in-between court appointments. Additional challenges include having to balance the safety and security requirements from law enforcement with wanting to provide a therapeutic space in the juvenile hall that is trauma-informed and considerate of the unique needs of sexually exploited youth. To address these issues, RISE staff has begun to offer trauma trainings at the juvenile hall to train probation staff in recognizing the symptoms of trauma and trauma-sensitive approaches to respond to behavioral incidents that occur in the hall. Finally, one of the most challenging aspects of the Girls Group program is having to develop a program within a setting where girls are constantly transitioning in and out of the juvenile hall.

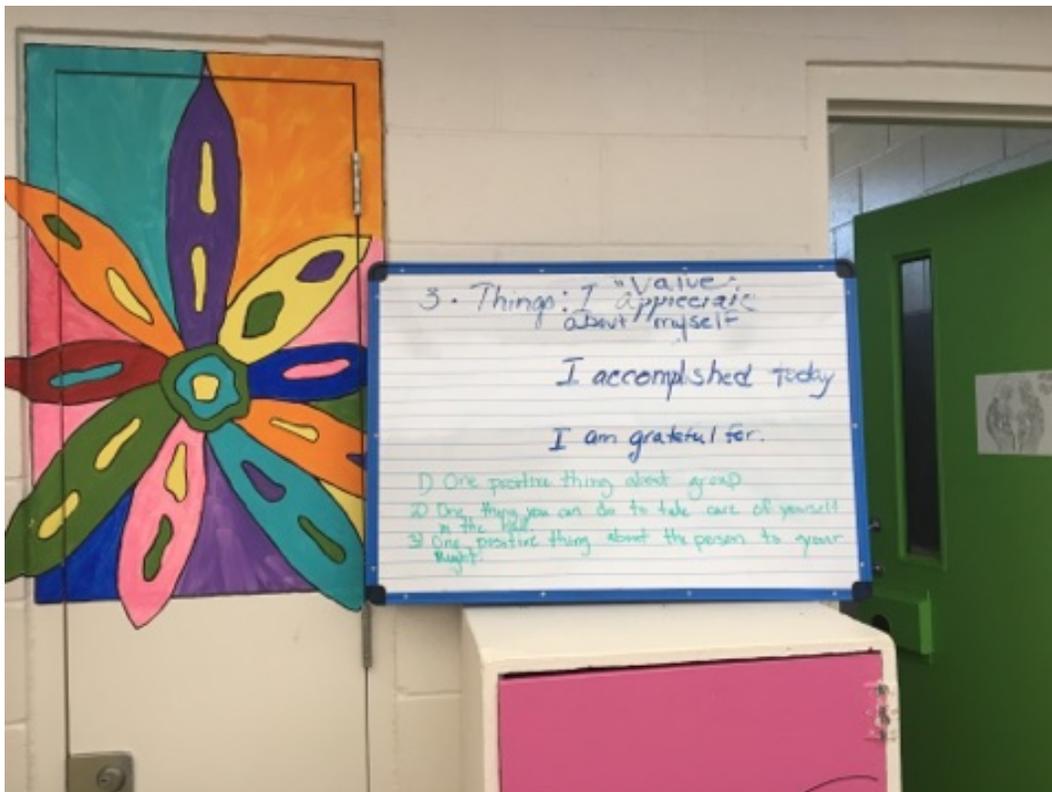


Figure 20. Girls Group affirms the value and worth of all girls and encourages youth to practice daily positive self-affirmations.

When girls first arrive at the hall, many are in crisis and in dire need of stabilization and basic needs support. Girls Group facilitators are aware that they have limited time to develop a rapport with girls, meet their basic needs, and attempt to provide them with coping skills that they can immediately utilize. Although the Girls Group program and its facilitators have faced several challenges over the past few years, girls who have participated in the program and SMJH staff who have observed the program are confident that the program is meeting an important need within the hall.

Helping Achieve Resiliency Treatment (HART) Court

The HART Court was established in November 2015 to increase strategic collaboration and ongoing communication between all stakeholder agencies working directly with children who have been commercially sexually exploited. The Court is held every other Monday starting at 8:30 and is modeled off Juvenile Drug Court in terms of staffing and tracking clients.

Observation

The RISE Project conducted an informal observation of HART Court on September 9, 2016. In attendance were representatives of the district attorney, Department of Behavioral Wellness, The RISE Project, Probation, Public Defender, and Rape Crisis. Members discussed cases (using initials instead of names to protect their confidentiality). All members present were women with the exception of a conflict attorney present on behalf of one client. Challenges were identified and solutions were brainstormed. At times members had different perspectives on the correct course of action; solutions were argued respectfully until a solution was decided upon. The team appeared to have a positive working relationship and an ecological view of each client's needs. The following are descriptive examples of case reviews.

Cynthia. The probation officer expressed concern about Cynthia⁹ because she hasn't been attending all programs; probation has had her a long time and referred her to the family treatment center but is being terminated for not going. The probation officer stated that Cynthia has admitted to drug use but is refusing to test. The RISE perspective was that Cynthia was engaging more and more significantly in RISE by reaching out, asking for more support, and dealing with her grief. RISE explained that Cynthia is having difficulty because the one-year anniversary of her mom's death is approaching. Cynthia's mom was addicted to drugs and "never there for her." It was also recently the one-year anniversary of her father being re-incarcerated. Despite these challenges, Cynthia has been engaging with RISE more and more significantly. She has been working with RISE to develop coping skills other than smoking marijuana. She has been making her appointments with RISE. However, she hasn't started school yet. The team mentioned that she has plans to go to American Indian school but that it has a fee of \$50/month, which is a barrier. The public defender questioned if this fee is legal and got on the phone with an administrator from the American Indian School who immediately agreed to waive the school fee so Cynthia can start school right away. The Probation officer is going to refer Cynthia to Coast Valley for substance treatment and develop a

⁹ Pseudonym; no names were used during the observation.

consequence decision for Cynthia's drug use, which she would share with the team. RISE planned to continue services.

Sierra. The probation officer made a report that Sierra is currently detained on a violation of Electronic Monitoring (EM) because she was missing for several hours on a Saturday. The probation officer noted that she had been jogging without permission and is not following the rules at home or school. The conflict attorney there on Sierra's behalf stated that Sierra made a moving statement in court, has been testing clean, and says there is no reason to think she is not clean. Although she shows immaturity and anger at school she is going every day and hasn't been suspended. The probation officer expressed concerns that she has been testing only four times and that Sierra is difficult to track down. RISE noted that Sierra has just started engaging in services for the first time and hasn't run away in a long time. RISE noted that Sierra has significant, complex trauma and a serious diagnosis of posttraumatic stress disorder. RISE sees a lot of progress in that Sierra is trying harder than ever before, is not using drugs, and is not self-medicating. The probation officer asked if she was safer at home or another environment because at home Sierra is emotionally abused by dad. The conflict attorney noted that being on EM is bad because some of her violations are for being unaccounted for, which was for legitimate reasons such as jogging, which is needed to escape home conflict. The probation officer said that Sierra really wants to try boxing but thinks it is a bad idea. A discussion ensued with the public defender requesting boxing be approved. The district attorney requested it be approved with a medical evaluation. The group agreed that the outlet of working out seemed healthy. The team discussed that 163 wraparound services might be helpful. In the end, the probation officer agreed to request home supervision with a 7:00 p.m. curfew instead of EM 163 services, and allow her parents to sign her up for boxing.

Future Directions

In the future, HART Court may want to engage in a process evaluation to formalize procedures and disseminate them to other counties.

Human Trafficking Task Force Evaluation Committee

The RISE Project has been involved with the Human Trafficking Task Force (HTTF) since its inception in 2013. The HTTF brings together personnel from various partners tackling human trafficking, including law enforcement, non-profit agencies, and faith-based organizations.

In September 2016, the RISE Project joined the Evaluation and Data Subcommittee of the HTTF. Led by Dr. Erika Felix of UCSB, and comprising of a few key evaluators and agency stakeholders, this subcommittee promotes the use of utilization-focused evaluation by the HTTF. That is, all data collected should be useful and usable. Results-Based Accountability is the framework that was adopted, and it asks three questions: *How Much Did We Do? How Well Did We Do It? and Is Anyone Better Off?*

Over the past year, the subcommittee worked on the following two priorities:

1. Unduplicated count of CSEC survivors.
2. Documenting the quantity and quality of trainings offered by HTTF members focused on human trafficking.

Ongoing participation in the Evaluation and Data Subcommittee will promote the collaboration necessary to collect the data needed to document CSEC (and other forms of human trafficking) and how well the community addresses it.



RISE Trainings and Feedback

CSEC 101 Trainings

The RISE Project provided dozens of trainings to hundreds of professionals throughout Santa Barbara County. Trainings were conducted by Lisa Conn, Supervisor for the RISE Project, and Dr. Carrick Adam, Medical Director for Santa Barbara County Juvenile Probation, Institutions. Table 15 provides the dates of many of the trainings offered with a description of audience, location, and number of attendees whenever available.

Table 15. Date, audience, location, and number of attendees for each training

	Date	Description/Location	Number of Attendees
1	Feb/March 2015	With Carrick in Monterrey	100
2	7/15/2015	SB Probation Training Room	
3	8/6/2015	Marriott Buellton	
4	8/31/2015	UCSB	
5	9/15/2015	CSEC Training Flyer/Meeting SB with Elisa Gottheil	
6	10/6/2015	SB Children's Clinic: large conference room	
7	10/12/2015	PREP DKG CSEC Training	
8	10/14/2015	SB County Gang Task Force	15
9	11/10/2015	SB Rape Crisis	12
10	11/18/2015	SM Changing Faces	
11	12/9/2015	RC & VW CSEC Training: Cachuma	
12	1/5/2016	Souza Center	
13	1/26/2016	Lompoc CSEC Training	14
14	2/10/2016	SB Casa Pacifica	
15	2/16/2016	FRC CSEC Training	
16	3/21/2016	CSEC Training for SAFTY/Casa Pacifica: Santa Ynez	48
17	4/12/2016	Lompoc CALM	
18	4/13/2016	CALM CSEC Training	
19	6/16/2016	CSEC Training CSEC Court: SM TBD	
20	6/27/2016	Casa Pacifica: Santa Maria Library	
21	8/16/2016	SB Rape Crisis	
22	1/12/2017	JJMHS & RISE Team: SM Juvenile Hall	13
23	5/11/2017	Probation CSEC Training: SM Police Department	60

A typical presentation format of the trainings was:

- Clarify the definitions of Complex Trauma, Survival Sex, Sexual Exploitation and Commercial Sexual Exploitation of Children (CSEC).
- Attendees will gain a deeper understanding of the prevalence and profile of sexually exploited children in our juvenile justice and child welfare systems, particularly those in foster or group home placements.
- The role of early childhood trauma, specifically sexual trauma experienced by girls, will be explored in relation to risk factors for future exploitation and trafficking.
- Physical and medical consequences will be reviewed in relation to compound early childhood trauma
- Costs and community impact associated with childhood trauma will be explored
- Tactics used by traffickers and perpetrators in the “grooming” process, as well as the challenges in helping the girls “escape” and “heal” from a life of exploitation and victimization will be outlined.
- We will look at the impact of addiction in CSEC and explore the need for more innovative treatment options like “harm/risk reduction”, biopsychosocial recovery model, strength based focus, and female specific-trauma focused intervention
- Review current CSEC legislation and how California rates in comparison to other states
- Additionally, we will discuss the multidisciplinary and innovative approaches Santa Barbara County is taking in efforts to reduce and prevent sexual exploitation including:
 - Multi-agency trauma-informed trainings, inclusion of a medical/physical health component in treatment, “In Custody Girls’ Program”, “CSEC Court”, SB County Human Trafficking Task Force and MHSA Innovation Project (An MHSA funded intensive mobile treatment program servicing “in” and “at” risk girls of sexual exploitation and trafficking)

CSEC 101 Trainings Surveys

Pre- and post-surveys were conducted before and after an informational workshop in order to measure participants’ growth of knowledge about CSEC information. This report includes surveys from 38 participants of various trainings. Participants who only completed one survey (either pre or post) were not included in the analysis.

Table 16.

CSEC 101 Juvenile Court Training Pre and Post-Survey Responses		
CSEC Survey Item	Percent Correct Pre-workshop	Percent Correct Post-workshop
1a. Most sex trafficking victims in the United States are over the age of 18. (False)	91.2% N= 34	97.1% N= 34
1b. Most sex trafficking victims in the United States are U.S. citizens. (True)	32.4% N= 34	97.1% N= 34
1c. Most sex trafficking victims in the United States are female. (True)	92.1% N= 38	97.0% N= 33
2. Average age of recruitment for males is younger than for females? (True)	56.8% N= 37	89.5% N= 38
3. A CSEC victim often does not know they are being exploited? (True)	94.6% N= 37	94.7% N= 38
4. The life expectancy of a CSEC victim worldwide is (circle one)? (7-10 years from start of exploitation)	50% N= 36	100% N= 38
5. Drug addiction is the biggest vulnerability factor for CSEC victimization? (False)	34.2% N= 38	78.9% N= 38
6. Traffickers/Pimps/Exploiters often avoid youth who are involved with Probation or CWS because the child is monitored more closely and has additional supports? (False)	62.2% N= 37	78.9% N= 38
7. Force, fraud or coercion of a child must be present to be considered CSEC? (False)	75% N= 36	94.7% N= 38
8. If you suspect CSEC, the best thing to do is to conduct an interview with that person so you can gather as much information about their abuse and exploitation as possible? (False)	71.1% N= 38	94.7% N= 38
9. A minor engaging in a sex act in exchange for food, clothing, drugs or shelter is NOT considered a commercial sexual exploitation victim because money was not exchanged? (False)	94.7% N= 38	100% N= 38
10. Child pornography is considered CSEC? (True)	97.4% N= 38	91.9% N= 37
11. If I suspect a child is a victim of CSEC and believe they are in immediate danger I should first (Circle one)? (Call 911 and request a “Welfare Check”)	62.1% N= 37	89.5% N= 34

Table 16 shows that there was an increase in knowledge about CSEC on all items except “Child pornography is considered CSEC.” Participants showed the largest

increase in knowledge on “Most sex trafficking victims in the United States are U.S. citizens,” with a 64.7% increase in correct responses.

It should be noted that the pre-survey knowledge levels were very high for many items, meaning it would be difficult to improve much upon the pre-survey scores in the post-survey.

After completing the CSEC 101 training, participants described what they would likely do differently. Below are their responses:

- *[Do] not confront. Use "I imagine." Be more aware.*
- *Look for warning signs closer. Become more involved. Talk about available options for people at risk.*
- *Keep an eye out for signs of trafficking. Be more sensitive to the issue. Keep myself involved and advocate.*
- *Contact 911 for victim in immediate danger. Have client contact CWS for services. Reach out to obtain guidance with victims.*
- *Be more patient with survivors of human trafficking.*
- *Utilize "Imagine statements." Refer to CSEC as a public health crisis.*
- *[Do] not [be] judgmental.*
- *Avoid "interviewing" survivors or asking direct questions about trafficking. Be more aware of the red flags that point to CSEC. Contact CWS if necessary/if CSEC is suspected.*
- *Refer clients/survivors to these services. Approach calls differently and [do] not try to get them to share information. Try to make others aware that this is happening.*
- *[Do] not say "you may be being trafficked."*
- *Be more responsive to "female oppression" and bring awareness. Be more cautious of how I speak to CSEC victims - "imagine" statements.*
- *Call 911 and request welfare check prior. CWS report if victim is in immediate danger. Did not realize makes were recruited at a younger age.*
- *Use different language for "johns/pimps" to signify their crime. Watch for risk factors/signs. Attend human trafficking task force.*
- *Keep my eyes open. Get involved with human trafficking task force. Use different language "I imagine."*
- *Educate family and friends about child exploitation. Take time to support minors I may meet who are at risk. Educate myself further.*
- *Interpret teen running away differently (as possible CSEC). Help my volunteers to understand vulnerability of teens in group homes. Be more informed in the language I use.*
- *Collaborate with multi-agency teens and listen carefully.*
- *Be more aware of signs. Educate others that children cannot consent. Be less tolerant of casual exploitation.*

- *The way I approach the survivor and speak to them. Look at the common signs that show they might be victims. How to respond.*
- *Look for more "suspicious" signs.*
- *Listen closely to things that AREN'T being said by a client. Collaboration with other agencies.*
- *Think of prostitution differently. Be more aware of this. Tell my male friends about this.*
- *Look for CSEC. Get involved. Look into Human Trafficking Task Force.*
- *Keep an eye out for likely locations where I might spot exploited children.*

Based on this feedback, the RISE Project has updated its trainings including to clarify that child pornography is considered CSEC.

Texas Governor's Office Consultation

After presenting at the H.E.A.T. (Human Exploitation and Trafficking) Institute in 2016, the Texas Governor's Office was impressed and requested consultation the RISE Project and a site visit. The RISE Project shared program materials and evaluation protocols through phone consultation and a one-day site visit.

Itinerary (January 10, 2017)

10:30 – 12:00 Meet at the RISE Site in Santa Maria

- Site Tour
- Overview of RISE Project
- Meet with staff working directly with CSEC youth or who are involved in the Multi-Disciplinary Team (MDT) processes
 - Rape Crisis
 - Probation
 - Child Welfare
 - District Attorney

12:00 – 1:00 Lunch

1:30 – 2:30 Meet at Santa Maria Juvenile Hall

- Facility tour
- Meet with Mental Health Staff
- See the Girls Group Treatment Room
- Meet Juvenile Court and HART Court Teams

2:30 – 4:00 pm Travel back to Santa Barbara

4:00 – 5:00 pm Meeting at Santa Barbara District Attorney Office

- All partners to attend and debrief.



Public Awareness and Funding

Media Coverage of The RISE Project

Payne, J. (September 7, 2016). Out of the shadows: As human trafficking becomes more visible on the Central Coast, authorities are collaborating in an unprecedented way to prosecute abusers, help victims, and end the cycle. *Santa Maria Sun*, 17(27) Cover Story. (Appendix E).

Bartos, L. (August 23, 2016). Confronting child sex trafficking on the Central Coast. *California Health Report*. (Appendix E).

Related Media Coverage of Child Sex Trafficking and The RISE Project

Briggs, A. (March 13, 2017). Hustlers for Humanity vows to fight sex trafficking. *Santa Barbara Independent*.

HOPE Refuge. (September 13, 2016). Group Offering Refuge from Sex Trafficking to Screen Documentary on Friday. *Noozhawk*.

Scully, J. (July 21, 2016). Men sentenced to more than eight years prison in sex-trafficking case. *Noozhawk*.

Grants to Santa Barbara County for CSEC

In September 2016, Santa Barbara County District Attorney and Sheriff were awarded a 1.3-million-dollar grant focused on human trafficking.

“It raises awareness that this is happening here to our local children in our community, and it shows that this can happen to anybody in Santa Maria,” Karapetian said. “There are obviously risk factors that cause children to end up in a lifestyle and they become victims, but it can really happen to a lot of children, and it is a problem that we all need to deal with, be aware of, and address.”

*-A quote published by Joe Payne
Santa Maria Sun
September 7, 2016*

Recommended Evaluation Protocol

Comprehensive Evaluation Plan

The next step in evaluating the *Effectiveness of a Specifically-Designed Approach* is to formalize the data collection and analysis procedures. At this stage, descriptive and action-oriented research designs are recommended. Some ideas for developing a quasi-experimental design are also suggested.

Descriptive Research

A descriptive research design shows whether a program is operating as planned, provides feedback about services, and determines if desired outcomes are being addressed and accomplished. The next step in understanding the effectiveness of the RISE Project is to consistently document program services provided to participants and track their progress through regular assessment. Outcomes to track include a focus on building participant strengths as a priority focus while also addressing needs and risks.

a. Social Emotional Health (i.e., Covitality)

- i. Emotional Competence
 - 1. Emotional Regulation
 - 2. Self-Control
 - 3. Empathy
- ii. Engaged Living
 - 1. Optimism
 - 2. Zest
 - 3. Gratitude
- iii. Belief-in-Self
 - 1. Self-Awareness
 - 2. Self-Efficacy
 - 3. Persistence
- iv. Belief-in-Others
 - 1. Family Coherence
 - 2. Peer Support
 - 3. School Support

b. Child Adolescent Needs and Strengths

- i. Life Functioning
 - 1. Daily Functioning
 - 2. Acculturation
 - 3. Sleep
 - 4. Sexual Development
 - 5. Physical Health

6. Medical
7. Legal
8. Judgment
9. Communication
10. Developmental
11. Recreation
12. Social Functioning
13. Living Situation
14. Family
- ii. School Functioning
 1. School Attendance
 2. School Achievement
 3. School Behavior
- iii. Behavioral and Emotional Needs
 1. Eating Disturbance
 2. Substance Use
 3. Anger Control
 4. Adjustment to Trauma
 5. Conduct
 6. Oppositional
 7. Anxiety
 8. Depression
 9. Impulse/Hyper
 10. Psychosis
- iv. Child Risk Behaviors
 1. Bullying
 2. Sexually Reactive Behavior
 3. Social Behavior
 4. Fire Setting
 5. Delinquent Behavior
 6. Runaway
 7. Sexual Aggression
 8. Danger to Others
 9. Other Self-Harm
 10. Self-Mutilation
 11. Suicide Risk
- v. Child Strengths
 1. Natural Supports
 2. Child Involvement
 3. Relationship Permanence
 4. Community Life
 5. Spiritual/Religious
 6. Talents/Interests
 7. Vocational
 8. Educational

- 9. Optimism
- 10. Interpersonal
- 11. Family
- vi. Caregiver Strengths and Needs
 - 1. Safety
 - 2. Transportation
 - 3. Financial Resources
 - 4. Legal
 - 5. Education
 - 6. Employment
 - 7. Self-Care/Daily Living
 - 8. Family Stress
 - 9. Accessibility to Care
 - 10. Developmental
 - 11. Substance Abuse
 - 12. Mental Health
 - 13. Physical Health
 - 14. Residential Stability
 - 15. Social Resources
 - 16. Organization
 - 17. Knowledge
 - 18. Involvement with Care
 - 19. Supervision

c. Mental Health Needs

- i. Thought Disturbance
- ii. Suicide Ideation
- iii. Somatic Complaints
- iv. Depression/Anxious
- v. Angry/Irritable
- vi. Alcohol and Drug Use
- vii. Number of Traumatic Experiences

d. Participant-Specific Goals

Goals should be specific, measureable, achievable, relevant, and time-limited (SMART). These SMART Goals should focus on areas of interest that participants themselves are passionate about and that help them restore, rehabilitate, and reintegrate. The goals should be designed to give participants hope and a sense of purpose, something that helps them light up and shine.

Action Research

Action research is designed to continually improve the quality of implementation and effectiveness of the programming. The RISE Project components are continually being

updated to meet the needs of the participants. Moreover, the RISE Project interfaces with numerous additional community agencies helping serve their girls. By collecting regular feedback directly from the participants, the RISE Project can make immediate program adjustments, and also advise other agencies to do the same. Therefore, we recommend the RISE Project continue to implement the RISE Project consumer feedback tool. The tool should be implemented regularly along with other program measures and periodically reviewed to address results. Feedback to other organizations based on the results should also be scheduled proactively.

Quasi-Experimental Design

A more advanced research design is the quasi-experimental design. This approach comes closer to the gold standard experimental design in providing an answer to the question was *my program* specifically responsible for the improvements we see in our participants?

The challenge with quasi-experimental design is that a comparison group is required. When working with young adults with such unique experiences and tremendous resilience in the face of challenging obstacles, finding an adequate comparison group ranges from extremely challenging to impossible. Table 17 lists potential comparison groups and challenges with each one. If the challenges for any one idea are overcome, the RISE Project might be able to implement quasi-experimental design.

Table 17.

Comparison Group	Challenges	Possible Solution
Random Assignment to 1) the RISE Project or 2) treatment as usual	1) Unethical if RISE is a superior treatment and 2) other intensive treatment programs would need to collect the same data for comparison	If other CSEC-specific intensive programs are developed and implement the same evaluation protocol, results can be compared.
Historical Comparison	Unavailable – this population went unidentified in the past	None
Groups with Different Levels of Service within RISE	1) Bias in who is in the groups of participants who did not engage 2) Inability to collect data from participants who did not engage	Rigorous adherence to collection of intake data as a prerequisite to participating in RISE and extreme efforts to collect a basic level of follow-up data for all participants including those who did not engage in services. Statistical techniques can control for bias if the data are available.
Comparison to other	1) Characteristics of each	1) Identification of key

groups of clients in Behavioral Wellness or Probation	group (RISE versus others) that differ (e.g., CSEC) might fundamentally impact their success. 2) Need for consistent data protocols for the different groups	characteristics to collect for all populations and to control for statistically 2) Development of a consistent data protocol across agencies so results can be compared.
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Data Collection Procedures

The following data collection procedures are recommended for the RISE Project moving forward.

1. Update parental consent and youth assent to include participation in research/evaluation that defines participation based on any new protocol.
2. Continue to collect the release of information form at intake so RISE staff may share information between participating agencies. Update the form as new collaborations are built.
3. Assign all participants a unique program identification number (RISE ID) at program intake. Pair this number with their Probation ID number (if applicable) for data sharing with Probation. Maintain the “key” connecting the RISE ID to their names and their PIN in a secure location with limited access.
4. Continue to use the RISE ID on all forms instead of PINS or names.
5. Develop and implement a method to utilize the RISE Weekly “To Do” list to track and categorize each client’s participation in various aspects of the RISE Project. Include all involvement in RISE, other Behavioral Wellness, and Probation programs.
6. Complete intake assessments with girls after they initially engage with RISE. Require that intake assessments be completed within one month of intake. Recommended intake assessments are:
 - a. Social Emotional Health Survey (SEHS)
 - b. Adverse childhood experiences (ACEs)
 - c. Child and Adolescent Needs and Strengths (CANS) tool
 - d. Massachusetts Youth Screening Instrument, Second Edition (MAYSI-II)
 - e. Behavioral Wellness data on Diagnosis
 - f. Probation data with dates for charges, days in juvenile hall, days in out-of-home placements, and risk level
7. Complete regular follow-up assessments at 3, 6, 12, 18, 24, and 36 months post intake. Track intake date and require staff to complete follow-up assessments *within one month* of their follow-up date, which should be calculated as the date intake assessments were completed. Recommended follow-up assessments are:
 - a. SEHS
 - b. CANS
 - c. MAYSI-II
 - d. RISE Participation Consumer Survey

8. During the intake process, develop client-specific SMART goals with each participant in the RISE Project. RISE staff should track progress towards and accomplishment of each goal formally at each follow-up assessment. They should develop new goals as goals are accomplished or priorities change.
9. Maintain item-level results of all assessments in the Behavioral Wellness database for easy tracking and reporting.
10. Staff training about the RISE evaluation should occur regularly to make sure data are consistently collected and tracked.

Additional Research and Evaluation Ideas to Consider

The RISE Project aims to make innovations in understanding and supporting girls who are survivors of CSEC. There is very little existing knowledge in the research literature regarding the resilience of survivors. The RISE Project may want to consider additional single evaluation activities in order to help inform their own programming and the broader literature. For example:

How can we transform the system to better meet the needs of Lesbian, Gay, Bisexual, Questioning, Gender Nonconforming, Transgender Identity (LGBQ/GNCT) survivors?

A recent national survey of youth housed in detention halls across the United States found that 20% of respondents identified as LGBQ/GNCT (Irvine & Canfield, 2017). Youth of color and White youth were equally likely to report identifying as LGBQ/GNCT. However, girls were more likely to report being LGBQ/GNCT (39.9%) than boys (13.7%). The survey also found that youth who identified as LGBQ/GNCT were more likely to have a history of running away and homelessness prior to entering the justice system. In combination with prior research that has found that LGBQ/GNCT are more likely to have experienced neglect, abuse, and rejection from family and to be stopped by police, arrested, and adjudicated (Irvine & Canfield, 2017), it is important for the justice system and CSEC interventions to adjust their programs and procedures to be sensitive to the needs of LGBQ/GNCT youth. Irvine and Canfield (2017) provide several recommendations that can be implemented to help better respond to LGBQ/GNCT youth. These include adopting anti-discrimination policies, establishing grievance procedures for reporting and addressing abuse, considering LGBQ/GNCT status when placing youth in units, and considering gender identity instead of sex in assignment of personnel for supervision. The RISE Project can be a leader in collecting and reporting LGBQ/GNCT data about participants, advocating for LGBQ/GNCT-specific interventions, and working to increase the LGBQ/GNCT knowledge and skills of collaborating partners.

What is the impact of social media on survivors of CSEC?

It is clear that social media play a very significant role in the day-to-day experiences of youths, and particularly those involved with CSEC. However, shifting practices in the use of such technology makes it difficult for providers to understand the use and impact of social media on survivors of CSEC. To learn more, it would be helpful to get information and perspective from RISE participants without putting them at risk for being seen as informants. One idea is to develop a survey, perhaps with participant input, and provide an opportunity for participants to complete the survey anonymously. One idea is to place an anonymous box in the RISE welcoming center with the survey available and gift bags for participants.

How would participants design their own evaluation of the RISE Project?

The RISE project may wish to engage their participants in the evaluation of the RISE Project, especially once they reach the leadership stages of treatment. Engaging current or former project participants helps keep the evaluation relevant and meaningful. Involvement can include everything from helping fine tune the measures (particularly the consumer feedback survey) and implementing the action research, to entering, analyzing, and reporting the data themselves.

Additional Future Directions

The RISE Project will continue to work with the broader community to increase awareness of CSEC and identification of youths at-risk for or involved with CSEC.

Additional recommendations for improving this process include:

1. Developing a referral protocol to include in First Responder Trainings
2. Develop a standardized documentation of referral to RISE Project.
 - a. Where to referrals to the RISE Project come from?
 - i. CWS?
 - ii. Schools?
 - iii. Law Enforcement?
 - iv. Juvenile Hall/Probation?
 - b. Can we increase referrals to RISE that come prior to juvenile justice involvement?
3. Standardizing data collection for agencies working with survivors to track unduplicated counts of children involved with CSEC.

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Appendices

- A. RISE Project Evaluation Tools
- B. RISE Project Consumer Survey
- C. Girls Group Pre-Survey and Post-Survey Rating Scale
- D. Girls Group Fidelity Checklist
- E. Media Coverage: *Confronting Child Sex Trafficking on the Central Coast*
- F. Triage Emergency CSEC MDT Flowchart
- G. RISE Project Handout for Girls
- H. RISE Project Handout for Professionals
- I. RISE Hierarchy of Needs
- J. RISE Community-Self-Care-Support Plan
- K. CSEC Interagency Protocol
- L. CSEC Court MOU

INVENTORY of RISE PROGRAM EVALUATION TOOLS

Updated 1/9/17



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

Development Status	NAME of TOOL	Completed By	EVALUATION PURPOSE	BRIEF DESCRIPTION/NOTES
Universal Surveys/Forms				
Pilot Testing	First Responder ID Tool	First Responder	Identify the prevalence of unduplicated individuals at risk for or involved with CSEC	The tool has been finalized and will be deployed soon.
Pilot Testing	Commercial Sexual Exploitation Identification Tool (CSE-IT)	Department of Social Services (and others)	Identify which at-risk clients have been exploited and would be a good fit for RISE	The tool is being finalized and DSS is trained in its use. They will administer to all current cases and new referrals in their system.
Behavioral Wellness Surveys/Forms				
Implemented	Adverse Childhood Experience Domain (ACE)	Clinician	Identify the prevalence and diversity of ACE for participants; connect ACE to outcomes	Data are collected and entered by clinicians into Gateway.
Implemented	Child and Adolescent Needs and Strengths (CANS)	Clinician	Identify the prevalence and diversity of needs for participants; connect CANS to outcomes; monitor CANS to document improvement	Data are collected and entered by clinicians into Gateway.
Implemented	Social Emotional Health Survey (SEHS)	Participant self-report administered by medical staff at SMJH and via Probation kiosk	Identify the prevalence and diversity of strengths for participants; connect strengths to outcomes; monitor strengths to document improvement	The SEHS is collected anytime an individual enters the juvenile hall and also by Probation for all clients every six months.
Implemented	Consumer Feedback Surveys	Participants/ Consumers	Obtain participant feedback on all aspects of the RISE Project	These data will be collected regularly to inform development and implementation of RISE services.
Implemented	Ending the Game Pre & Post Surveys	RISE/BWell/CBOs & Consumers/ Participants	Obtain baselines and determine progress measuring exploitation vulnerability. ETG is a Coercion Resiliency Program	Surveys are conducted at the beginning and end of ETG program
Probation Data				
Development	CSEC Status	Probation and Social Services	Document the prevalence of CSEC among high-risk populations	Probation does not currently track CSEC in their system; Required CSEC information is entered in CWS case management by Probation for children in foster care only.
Pre-Existing	Bookings	Existing Probation	Track time spent in Juvenile Hall to	

INVENTORY of RISE PROGRAM EVALUATION TOOLS

Updated 1/9/17



SANTA BARBARA COUNTY
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		Data	inform process and outcomes.	
Pre-Existing	Santa Barbara Assets and Risks Assessment	Existing Probation Data	Identify the prevalence and diversity of probation risks and assets for participants; connect them to outcomes	
Pre-Existing	Risk Screener (IST)	Existing Probation Data	Identify the prevalence and diversity of probation risks and assets for participants; connect them to outcomes	
Pre-Existing	Referrals to Probation	Existing Probation Data	Outcome measure	
Pre-Existing	Sustained petitions/adult convictions	Existing Probation Data	Outcome measure	
Other Surveys/Forms				
Implemented	Workshop Training pretest and posttest	Workshop Participants	Measure impact of CSEC trainings on participating professionals.	

Note: This document lists only the program tools that have a direct use in the evaluation. There are many additional tools, such as additional needs assessments and treatment documents, that will be collected through the RISE Project and may inform the evaluation. However, only the core tools are included here.

Youth Name: _____ DOB: _____ Staff Name: _____

FIRST RESPONDER ID TOOL FOR COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC)

This tool is **NOT** to be given to the youth or the family to complete.

To be completed by law enforcement, probation, group home, social worker, teacher, medical personnel, mental health etc.

It is best **NOT** to conduct lengthy interviews to gather additional information; all you need is suspicion.

Automatic Referral Identifiers (**Only 1 is needed for referral**):

- Self or other report of commercial sexual exploitation
- Picked up in motel or known area of prostitution with adults other than family member
- Using lingo associated with sexual exploitation (*see below*)
- Older person engaging in "grooming" or "recruiting" tactics (*purchasing items, making promises of job/money, offering place to stay/rides/drugs/alcohol, inappropriate social media contact/pictures etc.*)
- Has been officially reported to LE or national database as a "Missing Person" and or has a Special Pop CSEC Flag
- Has been missing and traveled out of county without guardian consent or knowledge (even if youth states they went willingly)
- §653.22 PC – type behavior (*Law Enforcement only*)

Automatic Referral Identifiers (**3 are needed for referral**):

- Brands or tattoos representing CSEC/Exploitation
- Runaway History (runs to a non-familial home or unknown/unsafe place)
- Homeless w/o parent/guardian (couch surfing)
- Under the influence of or known to use controlled substances (meth, cocaine, heroin, prescription pain medication, etc.)
- Allegations of sexual abuse, physical abuse or neglect (regular reporting mandates apply here. Please also report any suspicions of non-CSEC related abuse to CWS immediately)
- In a controlling relationship with an older partner/domestic violence
- Bruises/unexplained marks
- Truancy
- In relative placement, foster or group home care
- Possession of more than 1 cell phone
- Charges for survival crimes:
 - Shoplifting/theft of necessities
 - Trespassing
 - Panhandling

Must complete a SCAR (Suspected Child Abuse Report) by contacting CWS at (800) 367-0166 if:

- You identified **at least one of the criteria noted in chart 1** or;
- You identified **three or more criteria noted in chart 2**
- Please identify that you suspect CSEC when making a SCAR and list any statements made by youth, known history or identifiers above that lead to suspected CSEC

Terminology or warning signs of sexual exploitation:

<ul style="list-style-type: none"> • Out of pocket • Bottom B*tch/Girl • Quota • Stable • "The Life" or "The Game" • Kiddie or Runaway Track • P.I.=Pimp 	<ul style="list-style-type: none"> • Daddy • Ho • Square • Track/Blade • Seasoning • Automatic • In pocket 	<ul style="list-style-type: none"> • Brandings/Burns • Wifey/Wife-in-Law/Sister Wife • Trade Up/Trade Down • Lay down to rise up • Swan • Diamond/dollar sign, crown tattoos 	<ul style="list-style-type: none"> • Reckless eyeballing • Knock • Turn out • Duck • Grooming • Choosing fee • Choose up
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REMEMBER, ALL YOU NEED IS SUSPICION!

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

1. Instability in Life Functioning. The youth lacks access to basic needs, including stable shelter and is unable to engage in activities expected of her/his age (e.g., school).	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings ≥ 4 indicate Possible Concern. Item ratings ≥ 6 indicate Clear Concern.			
a. Does the youth have a history of running away from home, AWOL, being thrown out of the home?	0	1	2
b. Does the youth experience unstable housing, including multiple foster care placements?	0	1	2
c. Does the youth experience periods of homelessness, including living on the street or couch surfing?	0	1	2
d. Does the youth access social services or community resources to meet basic needs (e.g., hygiene, shelter, food, medical care)?	0	1	2
e. Does the youth miss a lot of school?	0	1	2
f. Has the youth had involvement (currently or in the past) with law enforcement, juvenile justice, or child welfare?	0	1	2
2. Relationships. The youth's relationships are concerning, placing him/her at risk or in danger.	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings ≥ 2 indicate Possible Concern. Item ratings ≥ 4 indicate Clear Concern.			
a. Does the youth spend time with people (including family members or peers) known to be involved in the sex trade?	0	1	2
b. Is the youth's parent/caregiver unable to provide adequate supervision?	0	1	2
c. Does the youth have unhealthy or inappropriate relationships (including inappropriate boundaries) with someone much older/an adult?	0	1	2
d. Is the youth in a romantic relationship with someone much older/an adult?	0	1	2
3. Finances and Belongings. The youth has money or materials goods that are incongruent with his/her life circumstances.	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings ≥ 1 indicate Possible Concern. Item ratings ≥ 2 indicate Clear Concern.			
a. Does the youth receive or have access to large amounts of cash, credit cards, pre-paid cash cards, hotel keys, gifts, cars?	0	1	2
b. Is the youth's dress or appearance atypical of his/her age or peer group?	0	1	2
c. Is the youth's dress or appearance inconsistent with the weather or situation?	0	1	2
4. Use of Technology. The youth's use of internet, cell phone, or social media involves social or sexual behavior that is atypical for his/her age.	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings ≥ 3 indicate Possible Concern. Item ratings ≥ 5 indicate Clear Concern			
a. Does the youth use online sites or apps to find sex partners?	0	1	2
b. Does the youth describe meeting his/her long-term, adult boy/girlfriend on the internet?	0	1	2
c. Does the youth describe meeting in person with a contact developed over the internet?	0	1	2
d. Are there explicit photos of the youth posted on the internet?	0	1	2
e. Does the youth have explicit photos of him/herself on his/her phone?	0	1	2
f. Does the youth have several cell phones, and/or does the youth's cell phone number change frequently?	0	1	2

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5. Physical Health. The youth has significant health problems related to sexual activity and lack of access to basic needs	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings ≥ 3 indicate Possible Concern. Item ratings ≥ 5 indicate Clear Concern.			
a. Has the youth had repeated testing for pregnancy and/or STIs?	0	1	2
b. Has the youth been treated repeatedly for STIs?	0	1	2
c. Does the youth describe health problems or complaints that are related to sleep problems or not getting enough sleep (e.g., sleep deprived, unable to get a full night's sleep, sleep is often disrupted)?	0	1	2
d. Does the youth describe health problems or complaints related to poor nutrition or not having access to regular meals?	0	1	2
e. Does the youth have scarring, bruises, burns, etc. that indicate physical trauma?	0	1	2
6. Risk Behaviors. The youth engages in dangerous or risky behaviors.	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings ≥ 1 indicate Possible Concern. Item ratings ≥ 3 indicate Clear Concern.			
a. Does the youth engage in a dangerous level of risky sexual behaviors, or with partners who are abusive or otherwise physically dangerous?	0	1	2
b. Does the youth spend time where exploitation is known to occur?	0	1	2
c. Does the youth have a history of running away from home, staying away at least overnight?	0	1	2
d. Does the youth's use of substances interfere with his/her ability to function in any area of life?	0	1	2
7. Trauma Exposure. The youth has been exposed to traumatic experiences.	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings ≥ 1 indicate Possible Concern. Item ratings ≥ 2 indicate Clear Concern and require a mandated report.			
a. Has the youth been sexually abused/assaulted?	0	1	2
b. Has the youth been physically abused/assaulted?	0	1	2
c. Has the youth been emotionally abused?	0	1	2
8. Trauma Signs and Symptoms. The youth exhibits physical signs and emotional symptoms that can result from his/her exposure to trauma.	No Concern 0	Possible Concern 1	Clear Concern 2
Note: Item ratings ≥ 1 indicate Possible Concern. Item ratings ≥ 3 indicate Clear Concern.			
a. Does the youth have bruises, black eyes, cigarette burns, broken bones, or other signs of physical trauma?	0	1	2
b. Does the youth appear <u>constantly</u> on edge and/or wound up, easily startled, or hypervigilant?	0	1	2
c. Does the youth have difficulty detecting and/or responding to danger cues?	0	1	2
d. Does the youth engage in self-destructive or reckless behaviors, beyond what is expected from youth his/her age?	0	1	2

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

WestCoast Children's Clinic Commercial Sexual Exploitation- Identification Tool Pilot

Rating Summary

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

**If this item is Clear Concern, then total is automatically 20 points.*

**If this item is Possible Concern and no other item has a rating, then total is automatically 10 points.*

**If this item is Possible Concern and other items are rated, add the rating ('1') to other rated items for a total score.*

Total Score

Other Considerations:

Appraisal of Youth's Risk for Exploitation

(draw a line indicating level of risk)



WestCoast Children's Clinic Commercial Sexual Exploitation- Identification Tool Pilot

Possible Actions	Action Taken	Rationale
1. Mandated report to authorities/CPS	<input type="checkbox"/>	
2. Develop safety plan with youth	<input type="checkbox"/>	
3. Continue monitoring risk factors	<input type="checkbox"/>	
4. Notify/consult with supervisor	<input type="checkbox"/>	
5. Notify caregiver/support person (as appropriate)	<input type="checkbox"/>	
6. Recommend/refer to case management	<input type="checkbox"/>	(Note referral here):
7. Recommend/refer to mental health services	<input type="checkbox"/>	(Note referral here):
8. Recommend/refer to other services	<input type="checkbox"/>	(Note services referrals here):
9. Recommend/refer for further assessment	<input type="checkbox"/>	(Note assessment referral here):
10. Follow agency/organization CSEC protocol	<input type="checkbox"/>	

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

PIN: _____

Date: _____

Form: English Version

Please indicate your Gender (CIRCLE): **Male** **Female** **Transgender**

Please CIRCLE the response that shows how true each of these statements is about you.

Example: I enjoy reading a good book.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

1. I can work out my problems.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

2. I can do most things if I try.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

3. There are many things that I do well.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

4. There is a purpose to my life.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

5. I understand my moods and feelings.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

6. I understand why I do what I do.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

7. When I do not understand something, I ask the teacher again and again until I understand.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

8. I try to answer all the questions asked in class.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

9. When I try to solve a math problem, I will not stop until I find a final solution.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

10. At my school, there is a teacher or some other adult who always wants me to do my best.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

11. At my school, there is a teacher or some other adult who listens to me when I have something to say.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

12. At my school, there is a teacher or some other adult who believes that I will be a success.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

13. My family members really help and support one another.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

14. There is a feeling of togetherness in my family.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

15. My family really gets along well with each other.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

16. I have a friend my age who really cares about me.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

17. I have a friend my age who talks with me about my problems.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

18. I have a friend my age who helps me when I'm having a hard time.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

19. I accept responsibility for my actions.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

20. When I make a mistake I admit it.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

21. I can deal with being told no.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

22. I feel bad when someone gets their feelings hurt.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

23. I try to understand what other people go through.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

24. I try to understand how other people feel and think.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

25. I can wait for what I want.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

26. I don't bother others when they are busy.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

27. I think before I act.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

28. Each day I look forward to having a lot of fun.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

29. I usually expect to have a good day.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

30. Overall, I expect more good things to happen to me than bad things.

1 = not at all true of me 2 = a little true of me 3 = pretty much true of me 4 = very much true of me

31. How much do you feel ENERGETIC right now?

1 = not at all 2 = very little 3 = somewhat 4 = quite a lot 5 = extremely

32. How much do you feel ACTIVE right now?

1 = not at all 2 = very little 3 = somewhat 4 = quite a lot 5 = extremely

33. How much do you feel LIVELY right now?

1 = not at all 2 = very little 3 = somewhat 4 = quite a lot 5 = extremely

34. Since yesterday, how much have you felt GRATEFUL.

1 = not at all 2 = very little 3 = somewhat 4 = quite a lot 5 = extremely

35. Since yesterday, how much have you felt THANKFUL.

1 = not at all 2 = very little 3 = somewhat 4 = quite a lot 5 = extremely

36. Since yesterday, how much have you felt APPRECIATIVE.

1 = not at all 2 = very little 3 = somewhat 4 = quite a lot 5 = extremely

Thank you!

Participant Survey



The RISE Project wants to be the best it can be for you. Your strengths and courage inspire us every day! We invite you to share whatever you are comfortable with sharing. We want you to know that you do have a voice and your community is listening. Changes are already happening because of what you have shared with UCSB and RISE.

By filling out this form you are agreeing to allow RISE and UCSB share the information with others in an effort to improve supports for you. These surveys are anonymous and there will be no consequences whether you choose to fill this out or not.

1. As a survivor of many challenges, please give us **3 words to describe yourself**:

a. _____ b. _____ c. _____

2. What has been the **MOST helpful** part of the RISE program?

3. What has been the **LEAST helpful** part of the RISE program?

4. What do you see as the **biggest obstacle** to reaching your goals or dreams?

5. **What can RISE do** to help you reach your goals and dreams?

6. What is the best way RISE can **encourage participation** of your family and/or other supportive individuals to help you reach your goals?

What can **Law Enforcement** do so they can help you do better?

7. What can **Juvenile Probation** do so they can help you do better?

8. What can **Juvenile Court** do so they can help you do better?

9. What can **RISE** do to help you if you **feel like running away** or are already "on the run"?

10. What would you say to someone who has very little knowledge or understanding of what it's like to be a survivor or a young woman who has faced many difficult or painful experiences?

11. Who has had the most positive influence on your life? _____

a. What would you say to them?

12. Please write freely about anything else you'd like to share related to ways your community can better respond and/or support you.

13. We invite you to share any dreams you may have for your future. You could also write a poem or story.

Please circle one response:

I have good relationships with all or most RISE staff	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
I feel RISE tries to be responsive to what I need	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
RISE staff are judgmental	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
I feel heard by RISE	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
I feel RISE tries to be available when I need them	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
RISE has helped me work towards my goals	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
RISE has helped me with managing my emotions	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
I feel RISE would advocate for me with Probation, Court or Education issues if I asked	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
I feel supported by my community to reach my goals and dreams	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
I feel supported by my Probation Officer to reach my goals and dreams	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
I feel supported by Probation Juvenile Hall staff to reach my goals and dreams.	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
I feel supported by HART Court to reach my goals and dreams	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
I feel supported by RISE to reach my goals and dreams	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
I feel supported by my family to reach my goals and dreams	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree

Help us understand how we are doing?

Please circle whether you have contact with the following providers and if you feel supported by them	Have you had contact with them?	If you answered "YES", please circle one choice: I feel supported by them?					
Juvenile Hall Mental Health Team <i>(not RISE)</i>	NO YES	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	
RISE Team	NO YES	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	
Clinic Mental Health Team <i>(not RISE or JH Mental Health)</i>	NO YES	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	
HART Court or CSEC Court	NO YES	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	
CALM	NO YES	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	
Probation	NO YES	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	
Social Worker	NO YES	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	
Rape Crisis	NO YES	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	
Coast Valley	NO YES	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	
SB163/WRAP Team	NO YES	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	
CADA	NO YES	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	
Other mental health provider _____	None YES	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	
Other substance abuse treatment provider _____	None YES	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	

RISE and UCSB thanks you for all your efforts and feedback so we can better support your unique needs!

GIRLS RULE!

UCSB/Santa Barbara County Assets/Risks Assessment **VERSION 2: Glossary of Terms**

#	Item	+/-	Item Criteria
Parent-Child Relationships			
1	<p>Communication:</p> <p>Degree of open communication between parent and child</p>	+2	Parents/Caregivers and youth have open and responsive communication, engaging in open discourse with each other. They are receptive to each other’s viewpoints and communicate in a friendly and respectful manner.
		+1	Somewhat open and responsive communication between parent/caregiver and child.
		0	Neutral communication.
		-1	Somewhat closed to discussion.
		-2	Parents/Caregivers and youth are closed to discussion . They do not respect the each other’s points of view. They may be manipulative, disrespectful and abusive. Yelling and put-downs may be common.
		Probes	<p>General examples:</p> <ul style="list-style-type: none"> • How would you describe conversations between you and your parents? • How do your parents react when you bring up ideas that are not the same as theirs? • How comfortable do you feel talking with your parents? • Are your parents open to hearing your viewpoints? • How often are your parents open to talking? • Is there anything that keeps you from talking to your parents?
2	<p>Emotional Support</p> <p>Level of sensitivity and responsivity to youth’s needs</p>	+2	Parent/Caregiver is sensitive to the feelings and needs of youth and responds in positive ways (e.g., empathetic to youth’s troubled feelings, talks to youth about these feelings).
		+1	Parent is somewhat sensitive to the feelings and needs of youth.
		0	Neutral emotional support.
		-1	Parent/Caregiver is somewhat insensitive to the feelings and needs of youth.
		-2	Parent/Caregiver shows no interest or ignores youth’s feelings and needs and responds in insensitive ways (e.g., “boys don’t cry”, “pull yourself together”).
		Probes	<p>General examples:</p> <ul style="list-style-type: none"> • How do your parents show that they care about you • What do your parents do when you tell them about your problems? • How do your parents make you feel after you tell them about your problems? • How do your parents find out about how you are feeling? • Do your parents seem interested when you tell the m about your problems?

UCSB/Santa Barbara County Assets/Risks Assessment **VERSION 2: Glossary of Terms**

#	Item	+/-	Item Criteria
Parent-Child Relationships			
3	<p style="text-align: center;">Monitoring</p> <p style="text-align: center;">Degree of awareness of child's activities: what? and with who?</p>	+2	Careful monitoring of youth's activities. Parent/Caregiver knows where the child is and who the child is with.
		+1	Somewhat careful monitoring of youth's activities.
		0	Neutral supervision.
		-1	A somewhat lack of monitoring, knows youth's whereabouts some of the time.
		-2	A lack of monitoring youth's whereabouts. Parent/Caregiver does not know where child is, who the child is with.
		Probes	<p>General examples:</p> <ul style="list-style-type: none"> • How do your parents know where you are and what you are doing? • How honest are you about telling your parents what you are doing? • How accurate is the information your parents have about where you are, what you are doing, and who you are with?
4	<p style="text-align: center;">Discipline</p> <p style="text-align: center;">Degree of consistency and fairness when enforcing rules</p>	+2	Fair and consistent enforcement of clear rules. Parents/Caregivers provide an explanation for rules and discuss their validity with the youth.
		+1	Somewhat fair and consistent enforcement of clear rules.
		0	Neutral discipline.
		-1	Somewhat unfair and inconsistent enforcement of rules.
		-2	Unfair and inconsistent enforcement of rules. Rules change. Appropriate behavior is rarely reinforced. No discussion of reasons and rationale for rules (e.g., "because I told you so").
		Probes	<p>General examples:</p> <ul style="list-style-type: none"> • Do your parents have rules for you? • What are the three most important rules that your parents have for you? • What kinds of rules do your parents make you follow? • What happens when your parents find out that you broke a family rule? • Do your parents punish you when you break the rules? • Are these rules fair?

UCSB/Santa Barbara County Assets/Risks Assessment **VERSION 2: Glossary of Terms**

#	Item	+/-	Item Criteria
Parent-Child Relationships			
5	<p style="margin: 0;">Boundaries/Roles</p> <p style="margin: 0;">Extent to which there are clear and appropriate boundaries/roles</p>	<p style="margin: 0;">+2</p> <p style="margin: 0;">+1</p> <p style="margin: 0;">0</p> <p style="margin: 0;">-1</p> <p style="margin: 0;">-2</p>	<p style="margin: 0;">Family members have clear role boundaries. Family roles are appropriate and clearly defined (e.g., mother acts as a mother)</p> <p style="margin: 0;">Family role boundaries are somewhat clear.</p> <p style="margin: 0;">Family role boundaries are neutral.</p> <p style="margin: 0;">Family role boundaries are somewhat vague.</p> <p style="margin: 0;">Family roles have no boundaries. Roles are not appropriate and not clearly defined. (e.g., child acts as a parent).</p>
<p style="margin: 0;">Probes <u>General examples:</u></p> <ul style="list-style-type: none"> • What are the duties or chores that each family member has? • Who is the person who is in charge most of the time in your family? • What is your role in your family? • How do your parents expect you to act as a member of the family? • How much do your family members depend on you? • Are there things that you do that you think your parents should be doing? 			

UCSB/Santa Barbara County Assets/Risks Assessment **VERSION 2: Glossary of Terms**

#	Item	+/-	Item Criteria
Familial Criminality			
6	Biological Mother Arrests	0	Never has youth's biological mother been arrested .
	<i>*Write in the most serious crime for which mother has been arrested, if at all.</i>	-1	Biological mother has been arrested .
		-2	Biological mother has been arrested, convicted, and sentenced to jail , resulting in separation from the child for more than one day.
7	Biological Father Arrests	0	Never has youth's biological father been arrested .
	<i>*Write in the most serious crime for which father has been arrested, if at all.</i>	-1	Biological father has been arrested .
		-2	Biological father has been arrested, convicted, and sentenced to jail , resulting in separation from the child for more than one day.
8	Sibling Arrests ¹	+1	Never has one of youth's siblings been arrested (only if youth has a sibling age 11 years or older).
		0	Youth has no sibling , or youth's sibling is under 11 years old (and not had a petition sustained).
		-1	At least one sibling has been referred, but petition was not sustained .
		-2	At least one of the child's siblings has had a sustained petition .

¹ Refers to siblings living in the home, or outside the home if in contact with youth

UCSB/Santa Barbara County Assets/Risks Assessment **VERSION 2: Glossary of Terms**

#	Item	+/-	Item Criteria
Family Substance Use			
9	Mother's Substance Use ¹ <i>frequently used.</i>	+1	Mother does not use drugs or alcohol
		0	Mother uses alcohol frequently. Also includes a stepmother, adopted mother, foster mother, and grandmother if she acted as a primary caregiver for a significant period of time.
		-1	Mother may have a past history of substance use, but does not currently use.
		-2	Mother uses drugs and/or drinks alcohol frequently (drinks to intoxication).
10	Father's Substance Use ¹ <i>*Write in the substances that are most frequently used.</i>	+1	Father does not use drugs or alcohol, or use alcohol in healthy moderation.
		0	Father uses alcohol frequently. Also includes a stepfather, adopted father, foster father, and grandfather if he acted as a primary caregiver for a significant period of time.
		-1	Father may have a past history of substance use, but does not currently use.
		-2	Father uses drugs and/or drinks alcohol frequently (drinks to intoxication).
11	Sibling's Substance Use ¹² <i>*Write in the substances that are most frequently used.</i>	+1	Siblings do not use drugs or alcohol.
		0	One or more siblings use alcohol frequently.
		-1	One or more siblings use drugs and/or drinks alcohol frequently (drinks to intoxication).
		-2	Youth has no sibling , or youth's sibling is under 11 years old .

¹ In the past six months

² Refers to siblings living in the home, or outside the home if in contact with youth

UCSB/Santa Barbara County Assets/Risks Assessment **VERSION 2: Glossary of Terms**

#	Item	+/-	Item Criteria
Familial Mental Health			
12	Biological Mother Mental Health <i>*Write in the mental health problems</i>	0	Biological mother has had no mental health problems .
		-1	Biological mother has been diagnosed with mental health problems, but they are effectively controlled (e.g., medication, therapy).
		-2	Biological mother has been diagnosed with mental health problems, but they are not effectively controlled . Includes hospitalized treatment for mental problems.
13	Biological Father Mental Health <i>*Write in the mental health problems</i>	0	Biological father has had no mental health problems .
		-1	Biological father has been diagnosed with mental health problems, but they are effectively controlled (e.g., medication, therapy).
		-2	Biological father has been diagnosed with mental health problems, but they are not effectively controlled . Includes hospitalized treatment for mental problems.
14	Sibling Mental Health ¹ <i>*Write in the mental health problems</i>	0	Sibling has had no mental health problems .
		-1	Sibling has been diagnosed with mental health problems, but they are effectively controlled (e.g., medication, therapy).
		-2	Sibling has been diagnosed with mental health problems, but they are not effectively controlled . Includes hospitalized treatment for mental problems OR Youth has no sibling , or youth's sibling is under 11 years old .
		Probes	General examples: <ul style="list-style-type: none"> • Is ___ currently taking medication? • Is ___ receiving any counseling services? Talking to someone? • Is ___ involved with any agencies in the community? • Has ___ ever been in hospital because he or she has had trouble with their emotions?

¹ Refers to siblings living in the home, or outside the home if in contact with youth

UCSB/Santa Barbara County Assets/Risks Assessment **VERSION 2: Glossary of Terms**

#	Item	+/-	Item Criteria
Individual Factors			
15	Self-Effectiveness Evaluation of one's own skills and abilities	+2	Positive evaluations of skills and abilities. This may be demonstrated through willingness to take on difficult tasks and having a positive attitude about oneself.
		+1	Somewhat positive evaluations of overall skills and abilities or positive about most but not all areas of functioning.
		0	Neutral evaluations of skills and abilities.
		-2	Poor or negative evaluations of skills and abilities, regardless of actual skills and abilities. This may be demonstrated through a poor or negative attitude about oneself.
		Probes	General examples: <ul style="list-style-type: none"> • How do you feel about yourself in terms of your skills or abilities? • What are the things that you are good at? • What do you feel most confident doing? • What are some things you don't do so well?
16	Anger Management Ability to control behavior and emotions when angry	+2	Able to manage angry feelings prosocially (e.g., taking a walk, talking). No angry outbursts.
		+1	Somewhat able to manage angry feelings prosocially. Uses positive strategies most of the time, very few angry outbursts.
		0	Neutral management of anger.
		-2	Difficulty or Major difficulty managing angry feelings appropriately. Anger is expressed in aggressive and violent ways (e.g., hitting, fighting, threatening).
		Probes	General examples: <ul style="list-style-type: none"> • How well do you deal with your anger? • What do you do when you feel angry? • What do you do to calm down after getting really angry? • Do you get in trouble because of the way you act when you are angry? • Do people think you are cool and relaxed or more hot-headed? Why?

UCSB/Santa Barbara County Assets/Risks Assessment **VERSION 2: Glossary of Terms**

#	Item	+/-	Item Criteria
Individual Factors Cont.			
17	<p>Sensation Seeking</p> <p>Engaging in risky behaviors without consideration of the consequences</p>	+2	Does not actively seek out adventure. Such a person does not engage in risky behaviors for the rush and is more thoughtful about consequences of actions. Substance abuse and stealing may still be present, but not for the goal of experiencing a rush.
		+1	Does not often seek out activities that involve risk, and is thoughtful about the consequences of such activities.
		0	Sometimes seeks out activities that involve risk, and when does, chooses only prosocial outlets for these feelings (e.g. rock climbing versus drugs). Average compared to peers.
		-1	Sometimes seeks out activities that involve a high level of risk. Not much thought is given to the consequences of such activities.
		-2	<p>Actively seeks out activities that involve a high level of risk. Never thinks about consequences of behaviors.</p> <p>Probes <u>General examples:</u></p> <ul style="list-style-type: none"> • Do you ever do things that other people think are risky or dangerous? • What are the two most riskiest things you have ever done? • How often do you do these types of things? • Do you ever think about what might happen to you when you do these things?
18	<p>Self Control</p> <p>Degree of control over impulses, behaviors, and emotions</p>	+2	Can resist negative peer pressure and dangerous situations. Youth can control impulses, behaviors, and emotions, and can accurately understand another's perspective.
		+1	Can often control impulses and emotions and can accurately understand another's perspective.
		-2	Sometimes cannot control impulses and emotions, and is often led into destructive behavior or easily lead into destructive behaviors and cannot control impulses and emotions. Youth may misinterpret social cues and react negatively.
		Probes	<p><u>General examples:</u></p> <ul style="list-style-type: none"> • How well do you control the way you feel and act? • How well can you control yourself? • What happens when you can't control yourself? • How often do you feel like you really "lose it" and can't control yourself?

UCSB/Santa Barbara County Assets/Risks Assessment **VERSION 2: Glossary of Terms**

#	Item	+/-	Item Criteria
Individual Factors Cont.			
19	<p>Hyperactivity</p> <p>Level of activity and ability to maintain attention</p>	+2	Never overly active , can sustain attention, not easily distracted.
		+1	Rarely overly active , can usually sustain attention and is rarely distracted.
		0	Neutral level of activity and attention.
		-1	Somewhat overly active , inattentive. Sometimes fidgets, squirms, and/or changes activities abruptly.
		-2	Excessively active , inattentive. Often fidgets, squirms, and/or changes activities abruptly.
	Probes	<p>General examples:</p> <ul style="list-style-type: none"> • How long can you sit still? • Tell me about a time when it was really hard for you to sit still. • How well can you do quiet activities? • How well can you wait for your turn? • Do you tend to interrupt people when they are talking? • Do you talk a lot? • How well can you pay attention to things? 	
20	<p>Mental Health</p> <p><i>*Write in any mental health problems</i></p>	+1	Youth has no mental health problems .
		0	Neutral
		-1	Has been diagnosed with mental health problems, but they are effectively controlled (e.g., medication, therapy).
		-2	Has been hospitalized with mental health problems.
	Probes	<p>General examples:</p> <ul style="list-style-type: none"> • Are you currently taking medication? • Are you receiving any counseling services? Talking to someone? • Are you involved with any agencies in the community? • Do you ever feel like your emotions are out of control? Give an example. 	

UCSB/Santa Barbara County Assets/Risks Assessment **VERSION 2: Glossary of Terms**

#	Item	+/-	Item Criteria
Individual Criminality			
21	Number of prior Referrals	+1	None , youth is > 17 years old at first referral
		0	None
		-1	One
		-2	Two or more
22	Age at First Referral* <i>*Write in age</i>	0	16 or older
		-1	13 to 15 years old
		-2	under 13 years old
23	Types of Involvement in Crime (interviewer perspective)	0	No violent or serious crimes
		-1	Not convicted of a violent offense, but a serious offense (e.g., burglary, felony theft).
		-2	Convicted of one or more violent offenses (e.g., felony assault, robbery, heroin use).
24	Running Away	0	Never
		-2	Yes , one or more times.
25	Cruelty to Animals	0	Never
		-2	Yes , one or more episodes (with the intent to harm).
Individual Substance Use			
26	Youth's Alcohol Use	+1	Does not currently use.
		0	Experimental use , does not impact youth's functioning.
		-1	Occasional use
		-2	Frequent Use , impairs daily functioning (e.g., DUI, alcohol related offense)
27	Youth's Drug Use* <i>*Write in the substances that are most frequently used.</i>	+1	Never
		0	Experimental use of marijuana , does not impact youth's functioning. (tried once)
		-1	Occasional use of marijuana , or other drugs.
		-2	Frequent Use , impairs daily functioning (e.g., DUI, drug related offense, <u>any</u> heroin use)

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#	Item	+/-	Item Criteria
Community Factors			
28	Free Time <i>*Write in the primary extracurricular activity.</i>	+2	Youth spends most free time involved in socially appropriate extracurricular activities (e.g., community organization, hobby, job, or sport).
		+1	Youth is regularly involved in socially appropriate extracurricular activities.
		0	Use of free time is neutral .
		-1	Youth has very little involvement in socially appropriate extracurricular activities.
		-2	Youth has no involvement in socially appropriate extracurricular activities.
29	Neighborhood Crime (interviewer perspective)	+1	Neighborhood has a safe, family climate .
		0	Neighborhood has a somewhat safe, family climate
		-1	Feels unsafe or Crime occurs regularly in the neighborhood
		-2	Crime reported in the neighborhood
30	Close Relationship with Adult Role Model (other than parent) <i>*Write in the role of this adult (e.g., neighborhood adult, friend's parent, etc.)</i>	+1	Has at least one adult, <u>other than parents</u> , with whom s/he has a supportive and caring relationship.
		0	Has at least one adult, <u>other than parents</u> , who he/she sees regularly and who provides some level of support .
		-1	Does not have a supportive relationship with any adult, <u>other than parents</u> .
		-2	Relationships with adults <u>other than parents</u> are unsupportive , typified by factors such as discrimination, disrespect, or exploitation.

UCSB/Santa Barbara County Assets/Risks Assessment **VERSION 2: Glossary of Terms**

#	Item	+/-	Item Criteria
	Peer Factors¹		
31	Peer Influence Quality of peer influence	+2	Peers engage in positive behaviors and have a positive influence on youth (e.g., attend school regularly, are respectful of each other, are trustworthy).
		+1	Peers engage in somewhat positive behaviors and have a somewhat positive influence.
		0	Peers have a neutral influence on youth.
		-1	Peers sometimes engage in antisocial behaviors and have a somewhat negative influence.
		-2	Peers pressure youth to engage in risky behaviors. Peers engage in delinquent and criminal behavior, promoting deviance (e.g., substance use, crime).
	Probes	General examples: <ul style="list-style-type: none"> • What do you do when you hangout with your friends • How much trouble do your friends get into? • What do your parents think about your friends? 	
32	Friendships Degree of closeness and support among friends	+2	Youth has a close friend with whom to confide. Friend provides support and a relationship based on respect and trust.
		+1	Youth has a somewhat close friend who provides support and a somewhat caring
		0	Youth has a close friend who is neither close and caring nor negative and unsupportive.
		-2	Youth has an unsupportive, negative friendship (aggression may be expressed) or the youth has no close friends.
	Probes	General examples: <ul style="list-style-type: none"> • Do you have any close friends? • How close are you to your friends? • How well do your friends treat you? • Are your friends supportive of you? • Do you feel like you can trust your friends? 	

¹ Peers are people of same age and level of social development

UCSB/Santa Barbara County Assets/Risks Assessment **VERSION 2: Glossary of Terms**

#	Item	+/-	Item Criteria
Peer Factors cont.			
33	Communication with Peers Degree of openness with peers	+2	Peers talk openly with each other about important issues. They are honest, fair, and straightforward with each other.
		+1	Peers talk somewhat openly with each other about important issues.
		-1	Peers neither talk openly nor disrespect each other. Peers are reluctant to confide in one another and are somewhat disrespectful and manipulative with each other. Or, Peers do not confide in one another. Relationships involve some manipulation and disrespect (may have a lot of friends, but no one close).
		Probes	General examples: <ul style="list-style-type: none"> • It is easy for you to talk to your friends? • Do you feel like you can tell your friends everything? • What are some things that you could not talk to your friends about? • Do your friends make fun of you when you tell them things that are important to you?
34	Gang Membership <i>*Indicate which gang, if applicable</i>	+1	Not currently in a gang and does not associate with gang members.
		-1	Associates with gang member occasionally, not involved in gang activities.
		-2	Associates with a gang. Not currently jumped in but involved in gang activities. OR Youth is a gang member – look for tattoos, clothing, monikers, graffiti
35	Peers' Substance Use* <i>*Write in the substances that are most frequently used.</i>	+1	Peers do not use drugs or alcohol.
		0	Youth says does not know about peers' drug and alcohol use.
		-1	One or more peers uses alcohol frequently.
		-2	One or more peers uses drugs and/or drinks alcohol frequently (drinks to intoxication).

* In the past six months

UCSB/Santa Barbara County Assets/Risks Assessment **VERSION 2: Glossary of Terms**

#	Item	+/-	Item Criteria
School Factors			
36	School Safety (youth's perspective)	+1	Very safe environment. Youth feels safe from physical and emotional harm or distress.
		0	Somewhat safe environment/ neutral .
		-2	Somewhat unsafe . OR Feels physically or emotionally threatened and/or very unsafe .
37	Relationship with an Adult at School <i>*Write in the role of this adult (e.g., teacher, coach, etc.)</i>	+1	Has at least one adult at school with whom s/he has a supportive and caring relationship.
		0	Has at least one adult at school who he/she sees regularly and who provides some level of support .
		-1	Does not have a supportive relationship with any adult at school.
		-2	Relationships with teachers are unsupportive , typified by factors such as discrimination and disrespect.
38	Educational Goals	+2	Go to post-secondary education (e.g., college, trade school).
		+1	Graduate from High School, get diploma, or GED
		-1	Neutral educational goals.
		-2	Feels education is not important, has no aspirations, is not sure about graduating from high school .
39	Progress Towards Graduation	+2	On track towards graduation
		+1	Somewhat on track and making significant progress towards graduating on time.
		0	Progress towards graduation is neutral .
		-2	Off track

UCSB/Santa Barbara County Assets/Risks Assessment **VERSION 2: Glossary of Terms**

#	Item	+/-	Item Criteria
School Factors Cont.			
40	Special Education <i>*Write in the disability if youth is receiving services</i>	0	Has never needed special education services or support services
		-1	Identified for special education and has received services
		-2	Needs special education/other support services but only received minimal remediation or has never received them.
		Probes	General examples: <ul style="list-style-type: none"> • Have you ever received special services in the schools? (e.g., help with reading, writing, speech, or math) • Have you ever been in a Resource or Special Day Class? • Do you have an IEP (Individualized Education Plan)? • What kinds of services did you receive? What were they for?
41	Current School Type <i>*Write in name of youth's school</i>	0	Regular , public or private education
		-1	Not in school
		-2	Community/ continuation/court school/independent/alternative
42	Current Attendance	+2	Excellent (e.g., almost no unexcused absences, almost no tardies)
		+1	Very good (e.g., few unexcused absences, few tardies)
		0	Neutral
		-1	Poor (e.g., unexcused absences/"cuts" and tardies)
		-2	Unacceptable (e.g., youth is often truant)
43	Grades at Last Grading Period	+2	Mostly As , GPA 3.5 or higher
		+1	Mostly Bs , GPA 2.5 to 3.4
		0	Mostly Cs , GPA 1.5 to 2.4
		-1	Mostly Ds , GPA .5 to 1.4
		-2	Failing

UCSB/Santa Barbara County Assets/Risks Assessment **VERSION 2**: Glossary of Terms

#	Item	+/-	Item Criteria
School Factors Cont.			
44	Suspensions – past year <i>*Write in worst offense and number of days the youth has been suspended</i>	+1	None
		0	Suspension was recommended, but not given
		-1	Youth was suspended for ≤5 days.
		-2	Youth was suspended for > 5 days.
45	Expulsions - lifetime <i>*Write in worst offense</i>	0	None
		-1	Recommended for expulsion, but not implemented or an involuntary transfer.
		-2	One or more

UCSB/Santa Barbara County Assets/Risks Assessment **VERSION 2: Glossary of Terms**

#	Item	+/-	Item Criteria
Sexual Activity			
46	Sexual Activity	0	Youth has never engaged in sexual intercourse or risky sexual behavior/ no sexual partners.
		-1	Has had sexual intercourse/activities with one partner.
		-2	Has had sexual intercourse with more than one partner. May include a variety of risky sexual behaviors other than sexual intercourse.
47	Pregnancy	0	Youth has never been or gotten someone pregnant
		-1	Youth is or has been/gotten someone pregnant one time
		-2	Youth is or has been/gotten someone pregnant more than one time
History of Trauma			
48	Physical Abuse* <i>*Indicate source (e.g., youth report or official Child Welfare Services report?)</i>	0	Never
		-1	Yes, at least once
49	Emotional/Verbal Abuse	0	Never
		-1	Yes, at least once
50	Neglect	0	Never
		-1	Yes, at least once
51	Sexual Abuse* <i>*Specify family or stranger</i>	0	Never
		-1	Yes, at least once
52	Witnessed Violence in the Home	0	Never
		-1	Yes, at least once
53	Victim of Violence	0	Never
		-1	Yes, at least once (e.g., shot, stabbed, assaulted)

UCSB/Santa Barbara County Assets/Risks Assessment **VERSION 2: Glossary of Terms**

#	Item	Item Criteria
Demographics		
1	Youth's Age	In years, do not round up.
2	Change in Parenting Figures in Lifetime	Number of times the parenting figures living in youth's home changed. For example, a youth's whose parents separated, he stayed with his mother, then the mother's boyfriend moved in the home, and then the boyfriend left would have 3 changes in parent figure.
3	Youth's Current Living Situation	Mark who the youth is currently living with. If living with parents, list who they are (e.g., mother and stepfather, or two biological parents).
4	Moves in Lifetime	Number of changes in the youth's residence over a youth's lifetime, regardless of how far.
5	Number of People in Home	The average number of adults and children who sleep in the youth's home on any given night. If youth lives in detention or at a camp, include number of youths in residence.
6	Mother's Marital Status	This refers to the youth's biological mother. Her current status, regardless of her current relationship with the youth's father.
7	Father's Marital Status	This refers to the youth's biological father. His current status, regardless of his current relationship with the youth's mother.
8	Age of Menarche	Females only, the age when the girl started her monthly period/menstruation. Do not round up.

UCSB / SB County Assets / Risks Assessment –SCREENER

Youth's Name: _____ Gender: _____ JID#: _____

Assessor: _____ Date: _____

+2	+1	0	-1	-2
21. Number of Prior Referrals				
	<input type="radio"/> None, >17 years old	<input type="radio"/> None, <17 years old	<input type="radio"/> One	<input type="radio"/> Two
34. Gang Membership				
	<input type="radio"/> Neither in nor associates		<input type="radio"/> Associates, not involved	<input type="radio"/> Associates & involved or a member
42. Current Attendance				
<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Neutral	<input type="radio"/> Poor	<input type="radio"/> Unacceptable
43. Grades				
<input type="radio"/> Mostly As	<input type="radio"/> Mostly Bs	<input type="radio"/> Mostly Cs	<input type="radio"/> Mostly Ds	<input type="radio"/> Failing
45. Expulsions (in lifetime)				
		<input type="radio"/> None	<input type="radio"/> Recommended, not given	<input type="radio"/> One or more

Male Scoring Protocol

Recode +2=1, +1=2, 0=3, -1=4, -2=5
 Add 21+34+43
 Divide total score by 3 and multiply by 10
 Scores low up to 30 = informal probation
 Scores 30+=Full SBARA Assessment

Female Scoring Protocol

Recode +2=1, +1=2, 0=3, -1=4, -2=5
 Add 34+42+45
 Divide total score by 3 and multiply by 10
 Scores low up to 30 = informal probation
 Scores 30+=Full SBARA Assessment

Screener Glossary			
#	Item	+/-	Item Criteria
21	Number of prior Referrals	+1	None , youth is > 17 years old at first referral
		0	None
		-1	One
		-2	Two or more
34	Gang Membership	+1	Not currently in a gang and does not associate with gang members.
		-1	Associates with gang member occasionally, not involved activities.
		-2	Associates with a gang. Not jumped in but involved in gang activities or is a gang member – look for tattoos, clothing, monikers, graffiti
42	Current Attendance	+2	Excellent (e.g., almost no unexcused absences, almost no tardies)
		+1	Very good (e.g., few unexcused absences, few tardies)
		0	Neutral
		-1	Poor (e.g., unexcused absences/"cuts" and tardies)
		-2	Unacceptable (e.g., youth is often truant)
43	Grades at Last Grading Period	+2	Mostly As , GPA 3.5 or higher
		+1	Mostly Bs , GPA 2.5 to 3.4
		0	Mostly Cs , GPA 1.5 to 2.4
		-1	Mostly Ds , GPA .5 to 1.4
		-2	Failing
45	Expulsions - lifetime	0	None
		-1	Recommended for expulsion, but not implemented or an involuntary transfer.
		-2	One or more

Participant Survey

RISE Project



The RISE Project wants to be the best it can be for you. Your strengths and courage inspire us every day! We invite you to share whatever you are comfortable with sharing. We want you to know that you have a voice and your community is listening. Changes are already happening because of what you have shared with UCSB and RISE.

By filling out this form you are agreeing to allow RISE and UCSB share the information with others in an effort to improve supports for you. These surveys are anonymous and there will be no consequences whether you choose to fill this out or not.

1. As a survivor of many challenges, please give us **3 words to describe yourself**:

a. _____ b. _____ c. _____

2. What has been the **MOST helpful** part of the RISE program?

3. What has been the **LEAST helpful** part of the RISE program?

4. What do you see as the **biggest obstacle** to reaching your goals or dreams?

5. **What can RISE do** to help you reach your goals and dreams?

6. What is the best way **RISE** can encourage participation of your family and/or other supportive individuals to help you reach your goals?

7. What can **Law Enforcement** do so they can help you do better?

8. What can **Juvenile Probation** do so they can help you do better?

9. What can **Juvenile Court** do so they can help you do better?

10. What can **Victim Witness** do so they can help you do better?

11. What can **RISE** do to help you if you **feel like running away** or are already "on the run"?

12. What would you say to someone who has very little knowledge or understanding of what it's like to be a survivor or a young woman who has faced many difficult or painful experiences?

13. Who has had the most positive influence on your life? _____

a. What would you say to them?

14. Please write freely about anything else you'd like to share related to ways your community can better respond and/or support you.

15. We invite you to share any dreams you may have for your future. You could also write a poem or story.

PLEASE CIRCLE ONE RESPONSE:

I have good relationships with all or most RISE staff	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
I feel RISE tries to be responsive to what I need	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
RISE staff are judgmental	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
I feel heard by RISE	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
I feel RISE tries to be available when I need them	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
RISE has helped me work towards my goals	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
RISE has helped me with managing my emotions	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
I feel RISE would advocate for me with Probation, Court or Education issues if I asked	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
I feel supported by RISE to reach my goals and dreams	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
I feel supported by my community to reach my goals and dreams	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
I feel supported by my family to reach my goals and dreams	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree

Help us understand how we are doing?

Please circle whether you have contact with the following providers and if you feel supported by them	Have you had contact with them?	If you answered "YES", please circle one choice: I feel supported by them?				
Juvenile Hall Mental Health Team <i>(not RISE)</i>	NO YES	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither disagree or agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
RISE Team	NO YES	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither disagree or agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
Clinic Mental Health Team <i>(not RISE or JH Mental Health)</i>	NO YES	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither disagree or agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
HART Court or CSEC Court	NO YES	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither disagree or agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
CALM	NO YES	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither disagree or agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
Probation Officer	NO YES	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither disagree or agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
Juvenile Hall Probation Staff	NO YES	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither disagree or agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
Rape Crisis	NO YES	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither disagree or agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
Coast Valley	NO YES	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither disagree or agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
SB163/WRAP Team	NO YES	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither disagree or agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
CADA	NO YES	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither disagree or agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
Victim Witness Advocate	None YES	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither disagree or agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
Social Worker	None YES	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither disagree or agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
HART Court	None YES	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither disagree or agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
Other substance abuse treatment provider _____	None YES	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither disagree or agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
Other mental health provider _____	None YES	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither disagree or agree</i>	<i>Agree</i>	<i>Strongly Agree</i>

RISE and UCSB thanks you for all your efforts and feedback so we can better support your unique needs!

GIRLS RULE!

APPENDIX C

What's Happening w/Me Now



- 10 ---Way Over My Head—"I'm WAY off my path"
- 9 ---About To Lose It—"I can't take this much longer"
- 8 ---Giving Up—"I can't believe how bad this is...why
- 7 ---EEEEEEKKKK—"Stressed out but holding it together"
- 6 ---I'm Getting By—"Things are tough right now but my coping skills are helping me stay afloat"
- 5 ---Cool Cucumber—"Things are ok. I'm just riding the wave and choosing NOT to rock the boat"
- 4 ---Confident—"I can handle this...I have the strength to keep me on my path to happiness"
- 3 ---In Acceptance—"There are things outside of my control. I will focus on the things I can control...ME"
- 2 ---I Can See the Light—"My hard work will pay off...things are getting better"
- 1 ---Empowered—"I got this and can create my own happiness"

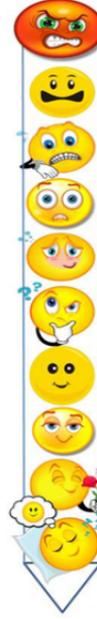
Date: _____

Activity: _____

BEGINNING OF ACTIVITY

Figure 20. Pre-group rating scale. Girls are asked to reflect at the beginning of Girls Group about their current level of mood and assign a number to how they are feeling on a scale of 1 to 10.

What's Happening w/Me Now



- 10 ---Way Over My Head—"I'm WAY off my path"
- 9 ---About To Lose It—"I can't take this much longer"
- 8 ---Giving Up—"I can't believe how bad this is...why
- 7 ---EEEEEEKKKK—"Stressed out but holding it together"
- 6 ---I'm Getting By—"Things are tough right now but my coping skills are helping me stay afloat"
- 5 ---Cool Cucumber—"Things are ok. I'm just riding the wave and choosing NOT to rock the boat"
- 4 ---Confident—"I can handle this...I have the strength to keep me on my path to happiness"
- 3 ---In Acceptance—"There are things outside of my control. I will focus on the things I can control...ME"
- 2 ---I Can See the Light—"My hard work will pay off...things are getting better"
- 1 ---Empowered—"I got this and can create my own happiness"

END OF ACTIVITY

If you circled numbers 8, 9 or 10, and would like to talk to someone, please write your name here so a Counselor can meet with you:

Figure 21. Post-group rating scale. At the end of Girls Group, girls are once again asked to reflect on their current level of mood and assign a number to how they are feeling on a scale of 1 to 10.

APPENDIX D



GIRLS GROUP TRACKING SHEET



DATE: _____

Group Cancelled/Late/Shortened? YES **If YES by whom:** Choose an item. Choose an item. Choose an item.

Reason for Girls Group Cancellation/Shortened: Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.

If cancelled for 'Other', please provide brief description: _____

Attendance Tracking: (Please provide PINs for each girl in attendance. Indicate reason if they left the group or did not attend)

PINS	ATTENDED/LEFT GROUP	UNABLE TO ATTEND	REASON
_____	<input type="checkbox"/> Attended/Left Group	<input type="checkbox"/> Did not attend	Choose an item.
_____	<input type="checkbox"/> Attended/Left Group	<input type="checkbox"/> Did not attend	Choose an item.
_____	<input type="checkbox"/> Attended/Left Group	<input type="checkbox"/> Did not attend	Choose an item.
_____	<input type="checkbox"/> Attended/Left Group	<input type="checkbox"/> Did not attend	Choose an item.
_____	<input type="checkbox"/> Attended/Left Group	<input type="checkbox"/> Did not attend	Choose an item.
_____	<input type="checkbox"/> Attended/Left Group	<input type="checkbox"/> Did not attend	Choose an item.
_____	<input type="checkbox"/> Attended/Left Group	<input type="checkbox"/> Did not attend	Choose an item.
_____	<input type="checkbox"/> Attended/Left Group	<input type="checkbox"/> Did not attend	Choose an item.
_____	<input type="checkbox"/> Attended/Left Group	<input type="checkbox"/> Did not attend	Choose an item.
_____	<input type="checkbox"/> Attended/Left Group	<input type="checkbox"/> Did not attend	Choose an item.
_____	<input type="checkbox"/> Attended/Left Group	<input type="checkbox"/> Did not attend	Choose an item.
_____	<input type="checkbox"/> Attended/Left Group	<input type="checkbox"/> Did not attend	Choose an item.

CONFLICT RESOLUTION CONDUCTED? YES NO IN PROCESS

- If 'Yes', was there resolution? YES NO IN PROCESS
- Was there more than one conflict resolution needed? YES NO (2 Separate CR 3 Separate CR)
 - Choose an item.
 - Choose an item.
 - Choose an item.

CORE COMPONENTS OF GIRLS GROUP

Group was **Culturally Informed** (List activities): _____

Group was **Gender Specific** (List activities): _____

ESSENTIAL GROUP AGENDA (required for each group):

- Brief check in and review of Therapy Interfering Behaviors (TIBs) (5-7 min)
- Girls invited to complete "What's Happening w/Me Now" (pre-survey)
- Invite members to share/reflect on previous group's topic/skills (2-3 min)
- Introduce topic/skill for the day (25-30 min). **TOPIC:** _____
- Provide psycho-education of topic (*brief informational*; see below)
 - Relate topic to girls' lives/unique experiences (*unique context*)
 - Explore how it affects group/family/community/world (*bigger concept*)
 - Invite reflection/sharing/individual experiences from members (*reinforce topic*)
- Mindfulness activity (1-5 min): Led by one of the girls or facilitators
 - Goal Directed brief journaling or creative writing time (*Can be a stand-alone or included in other activity*)
 - Positive Self-Regard Activity (*Can be a stand-alone or included in other activity*)
- Invite members to practice skill in between groups (*list skill/s*): _____
- Girls invited to complete "What's Happening w/Me Now" Card (post-survey)

WEEKLY GROUP AGENDA (Required at least 1x per Girls Group; ✓ all that apply):

Tea and/or snack Wellness Activity (select: Music) Grooming/Hygiene Pro-Social Time

ADDITIONAL/AS NEEDED ACTIVITIES:

Group discussions on topic(s) of girls' choice Individual check-ins Positive reinforcement Giving Back/Helping Others Saying Goodbye/Transitioning Guest speaker Other Activity (write in: _____)

ADDITIONAL NOTES/COMMENTS BY FACILITATORS:

Fill in: _____

Figure 22. Girls Group Fidelity Checklist

APPENDIX E

California Health Report

Confronting Child Sex Trafficking on the Central Coast

August 23, 2016



A source from the FBI's Los Angeles Division alerted the Santa Barbara County District Attorney's office that the Central Coast had become a hub for commercial sexual exploitation of minors — a crime that had gone relatively undetected by local authorities. Photo: Ken Pfeiffer Photography

By Leah Bartos

Five years ago, when Lisa Conn became a mental health provider for juvenile justice in Santa Barbara County, she noticed a disturbing trend: A large number of the incarcerated girls were displaying symptoms of complex trauma and, in particular, sex trauma.

“When I would speak to them, those who were willing to talk about it, they would admit to being raped, but never would talk much more about the extent of what was happening to them,” Conn said.

She suspected something bigger was going on.

“Their symptoms were beyond what we would typically see with sexual assault,” she said. Conn noticed the young women had an intense loyalty to the men she suspected were their abusers; they seemed almost brainwashed. “Not all of them would even say they were being raped, but they had the telltale signs of trauma.”

Finally, a high-profile criminal case provided some clues. In 2013, with a tip from the FBI, Santa Barbara police apprehended a suspected sex trafficker as he tried to climb out a second-story hotel window. The officers also found a 16-year-old girl in the room. The case would become the county's first-ever prosecution of human trafficking; the defendant, Brannon Pitcher, was convicted in a 2015 jury trial and sentenced to 38 years in prison.

But for Conn, and others in the county, it quickly became clear this wasn't an isolated incident; the case provided important insights into what was going on with the young female inmates in the county's juvenile hall. The Central Coast, it appeared, had become a haven for the illicit trade of sex trafficking. As punishments for suspected child sex traffickers have been ramping up — seven adults have been tried for human trafficking-related charges, resulting in five convictions (including

Pitcher); two more cases are pending trial — the county is also working to provide services for the victims of the trade.

“That was our eye-opener. She had such similar traits to the other girls,” Conn said of the victim in the Pitcher case. “That’s when everything shifted”

The county’s Juvenile Justice Mental Health Services team began documenting and screening for sex trafficking — also known as commercial sexual exploitation of children, or CSEC.

“Once we started to look and ask the right questions, we recognized that many, many girls in the juvenile justice system are vulnerable to trafficking and exploitation, and are currently being victimized,” Conn said. “At that time we thought we were going to find a few cases; maybe a handful in the county. What we found was way more than that.”

As of June 2016, the new screening efforts have revealed that roughly 25 percent of the girls incarcerated in juvenile hall had been victims of commercial sexual exploitation. Since 2014, Conn and her team have identified 49 confirmed CSEC victims involved with the juvenile justice system, and an additional 32 who they suspected were also victims. Of the total, 75 were girls and six were boys. (During that same time period, there were 296 unique female inmates incarcerated in juvenile hall.)

While some of the youth were victims of sexual exploitation before being incarcerated, others were recruited for trafficking by their peers while incarcerated in the detention facility, Conn said. As she explained, similar to gang dynamics, the recruitment typically happens under the direction of the traffickers, even while the girls are behind bars.

But Conn says that’s just the tip of the iceberg. Her numbers are only representative of the youths in juvenile hall; it is only a small sampling, she says, of the countywide problem.

“We probably missed so many kids over the years, because this has been going on since the dawn of time,” she said. “Nobody wants to believe it, but it is happening here.”

Meanwhile, other officials in Santa Barbara County were becoming increasingly aware that they had a considerable problem with human trafficking.

A source from the FBI’s Los Angeles Division alerted the Santa Barbara County District Attorney’s office that the Central Coast had become a hub for commercial sexual exploitation of minors — a crime that had gone relatively undetected by local authorities.

Geography is partly responsible. Situated along the Highway 101- corridor, the region is strategically located between major metropolitan areas to the north and south. And with the area’s relative wealth and steady influx of tourists, it also appeared to have a heightened demand, investigators said.

District Attorney Joyce Dudley moved to fill the law enforcement void by establishing a human trafficking task force in 2013, and commissioned a report to assess the scope of the problem and develop strategies for intervention.

Additionally, a consortium of county agencies — including the District Attorney, Child Welfare Services, Juvenile Court, Probation, Public Health and others — are convening to develop an inter-agency protocol for handling CSEC cases.

Human trafficking — defined as controlling a person to provide services or labor through force, fraud or coercion — has become a \$150 billion-a-year global industry, according to the International Labour Organization. Commercial sexual exploitation accounted for about two-thirds of the total.

But increasingly, investigators are recognizing that human trafficking — and especially child sex trafficking — is a homegrown problem. According to a 2012 Attorney General report, 72 percent of victims identified in California were U.S. citizens. In Santa Barbara, nearly all the victims identified in the DA’s report were residents of the county.

An important first step has been simply educating county agencies, as well as the community at large, said Mark Contois, a division chief for Child Welfare Services.

Contois said a common misconception is that human trafficking is something that happens in far-flung countries, and that the victims are not Americans.

“There’s a sense of unawareness, almost an astonishment for some people, to really see that this is actually going on in our community,” he said.

Bringing that education to the local schools, Contois said, is also imperative; they’re seeing children as young as 10 being targeted by traffickers.

Many of the CSEC survivors in the local sampling had experienced early childhood trauma prior to being trafficked. A history of child abuse and neglect was common; many had also been placed in foster care.

Typically, traffickers will begin their relationships by meeting their victims’ basic needs — they’ll provide food, shelter, clothing and, often times, a sense of love and affection.

In many ways, the dynamics of child sex trafficking are like those that play out in domestic violence. Often, survivors of commercial sexual exploitation display an intense loyalty to their traffickers, who many consider their boyfriends.

As part of that dynamic, victims rarely see themselves as such, said Rita McGaw, the Victim Witness Program Supervisor for the Santa Barbara County District Attorney. The complexity of trafficking dynamics, she said, necessitates that all the county agencies that may come into contact with CSEC cases be “trauma- informed.”

“They may not present like a ‘normal’ victim would. They may be angry, they may have victim-bonds to their trafficker and want him to love them and be proud of them. It’s really complicated,” McGaw said. “Knowing that she might not present as a victim doesn’t mean she’s not a victim.”

Armed with that knowledge, some local law enforcement agencies are taking a different approach to suspected cases of child sexual exploitation, including the police force in Santa Maria, the county’s most populous city.

Sergeant Paul Flores of the department’s Detective Bureau said that a culture shift within law enforcement was necessary; even changing the way officers refer to CSEC cases has had an effect.

“Calling it human trafficking or CSEC is new terminology for something that’s been here for a long time,” Flores said. “I don’t think that trafficking of minors has increased so much; we’re just now

more aware of it and putting more attention and resources to it.”

The training, Flores said, is similar to how officers approach cases of sexual assault.

Santa Maria Sun

Out of the shadows: As human trafficking becomes more visible on the Central Coast, authorities are collaborating in an unprecedented way to prosecute abusers, help victims, and end the cycle

BY JOE PAYNE

September 7, 2016

May 18, 2016, marked a grim milestone in Santa Barbara County, as a Santa Maria jury found Humberto Carranza and Cameron Jones guilty of several counts of trafficking of a minor for sex. The case was one of the first human trafficking convictions in Santa Maria or North Santa Barbara County history.

In the county as a whole, the first human trafficking case prosecuted to conviction came just more than a year before, in February of 2015, when Brannon Pitcher was found guilty of trafficking a 16-year-old in Santa Barbara. Pitcher was caught in Santa Barbara after trafficking the youth in several counties along the coast, which is a common way traffickers avoid the attention of law enforcement.

But traffickers aren't always on the move, and the Santa Maria case involving Carranza and Jones is a prime example. The two men, ages 24 and 27, found their victim in Santa Maria and convinced her to run away from home. The two took advantage of her sexually multiple times before advertising her for sex on a Craigslist ad, Santa Barbara County Deputy District Attorney Jennifer Karapetian told the *Sun*.

Karapetian prosecuted the case against the two men, and said that it went against the common stereotype of human trafficking, which many see as a problem that comes to an area rather than fomenting within it.

“It raises awareness that this is happening here to our local children in our community, and it shows that this can happen to anybody in Santa Maria,” Karapetian said. “There are obviously risk factors that cause children to end up in a lifestyle and they become victims, but it can really happen to a lot of children, and it is a problem that we all need to deal with, be aware of, and address.”

Misconceptions about human trafficking are prevalent in the general populace. It couldn't have been more apparent than at the jury selection for the Carranza/Jones case.

Several potential jurors misunderstood the full scope of human trafficking and had to be educated, she said.



PHOTO BY JAYSON MELLOM; ILLUSTRATION BY ALEX ZUNIGA

“It was interesting to learn what potential jurors’ initial perceptions were of human trafficking,” Karapetian said. “Some people assumed that it involved bringing people over from other countries in cargo ships. Others believed that it involved forced sexual slavery. While both of these may involve human trafficking, they are its rarest forms. The crime of human trafficking is like a broad umbrella that encompasses a few different kinds of conduct, and it commonly involves non-forced pimping or pandering of minors.”

The two recent cases in Santa Barbara County illustrate the 140atina140ce of human trafficking in the area, but they certainly aren’t the first occurrences. The problem has been present for quite some time, but now county law enforcement, mental health, and social service providers are collaborating in an unprecedented way to address the issue.

And at the state level, lawmakers are taking notice as well. The California Assembly just approved Sen. Holly Mitchell’s (D-Los Angeles) bill, [SB 1322](#), which would bar criminal charges against minors for prostitution. The bill sheds light on the conversation that many in social services, mental health, and law enforcement are having, which is that minors who are having sex for money should not be called prostitutes or charged as such. A minor cannot consent to sex under the law, and so charging them with prostitution ignores the fact that they have fallen victim to a modern form of physical slavery.

Identifying the problem

The realities of child sex trafficking in the North County became apparent to Lisa Conn, a licensed marriage and family therapist, when she began working at Juvenile Hall as a mental health worker.

While there, Conn noticed an alarming trend among the female inmates in juvenile detention, she told the *Sun*.

“I recognized that almost all of the females that were in there had very significant trauma that they had experienced in childhood, in particular sex trauma,” she said. “When I would go to apply my typical trauma-informed treatment that I had relied on for years and years, it didn’t have the same positive effect.”

After some digging, Conn was able to confirm that a handful of the girls were definitely trafficked before they were incarcerated. Many others showed the same signs, but were obstinate and kept quiet about it.

The girls showed many of the typical signs of abuse and trauma, including depression, anxiety, and Post Traumatic Stress Disorder (PTSD). But most of the girls who had been trafficked exhibited oppositional behavior, aggression, and excessive mistrust of authority figures, Conn said. These symptoms have made it difficult for law enforcement to identify them as trauma victims and get them to cooperate in an investigation, Conn explained.

“They are difficult to connect to because they are acting out, they don’t trust you, and they’re very fearful,” Conn said. “They look like a super oppositional delinquent, and our society doesn’t have a lot of patience or empathy for that.”

Today, Conn is the supervisor of the RISE Project in Santa Maria. The organization, which is part of the [Santa Barbara County Department of Behavioral Wellness](#), stands for Resiliency and Intervention for Sexual Exploitation (RISE). The organization’s entire mission is to support and empower victims of sexual exploitation or trafficking.

Conn has become intimately aware of the factors that lead a young girl down the path toward being trafficked. The biggest risk factors are childhood abuse or neglect, a history of running away, time in foster care, time in juvenile detention, and homelessness.

Many of the girls helped by the RISE Project became homeless after running away from an abusive household, Conn said, which is the time they usually met the predators who ended up exploiting them. These men, often in their 20s or 30s, meet the girls' most immediate needs first—like food, housing, or clothing—then they meet their emotional needs, before taking advantage of them sexually. This creates a multifaceted dependence that is hard to break.

“What goes on most of the time is that there is a grooming process, like what we see with pedophiles,” Conn said. “Some of our girls are groomed for months over the internet, like on Facebook or Snapchat, and he’s there saying, ‘You’re so beautiful, you’re so smart, and your parents just don’t understand you.’ And sometimes sex isn’t even involved right away.”

As local law enforcement became aware of homegrown human trafficking, the issue of transient traffickers and victims coming through the county came up as well. Santa Barbara and Santa Maria are both ideal targets for traffickers because both are located on Highway 101, are quite populous, and are popular tourist destinations, explained the DA’s Office’s Victim-Witness Assistance Program Director Megan Rheinschild

Rheinschild is the facilitator for the [Santa Barbara County District Attorney Office’s](#) Human Trafficking Task Force. The task force was formed in 2014 after repeated warnings about the issue from law enforcement elsewhere in the state, Rheinschild explained.

“I had people telling me in other parts of the state, mainly LA, saying, ‘Hey, you guys are on this corridor between the northern part of the state and the southern part of the state, and you got a problem,’” she said. “We weren’t seeing it, because it’s not like victims of sexual exploitation or trafficking come knocking at our door at the DA’s Office saying, ‘Can you help me?’

“And lo and behold, as we started doing more research, formed our task force, and started doing outreach and education, I was pretty blown away,” she continued. “It takes a lot after you’ve been in this business a while to be blown away, but it quickly became apparent that yes, my colleague in LA was right.”

Addressing the issue

The DA’s Office’s Human Trafficking Task Force represents the collaboration of dozens of government agencies, nonprofits, and private organizations. It involves local and federal law enforcement, behavioral wellness, faith organizations, child welfare services, and even health care providers.



GETTING IT OUT

The RISE Project's new office is designed to be a place of comfort for survivors of sex trafficking to open up, build resilience, and recover in a supportive and open environment.

PHOTO BY JAYSON MELLOM

The DA's Office has led the charge because it can work with all the other local, state, and federal law enforcement agencies, Rheinschild explained. The city police departments, [Santa Barbara County Sheriff's Office](#), California Highway Patrol, the FBI, Homeland Security, and U.S. Attorney's Office all have a place at the table, she said.

Collaboration between law enforcement, nonprofit organizations, and other government agencies has led to not just an increase of awareness of human trafficking, but increased funding to address it as well. According to Santa Barbara County Sheriff's Office Lt. Brian Olmstead, his department is working toward obtaining a grant that will fund a dedicated human trafficking investigator.

"There's more and more funding that is starting to come in, so they're starting to release these grants to identify a dedicated person for human trafficking," Olmstead said. "Right now it sort of falls under a couple different areas, like our Crimes Against

Persons Unit, our narcotics investigators, our vice investigators. So, it's getting bigger and bigger, but right now we don't have a dedicated person where that's all they do, to attack human trafficking."

However, a few Sheriff's deputies just attended classes in Los Angeles, he said, which educated them on how to track and arrest traffickers.

Education is one thing, but large-scale operations are another all together.

The Sheriff Office's Special Investigations Bureau and Santa Barbara police officers recently collaborated on a [reverse sting operation in Goleta](#), on July 7 and 8. Investigators in the Special Investigations Bureau placed an online advertisement on backpage.com, an online ad site popular with prostitutes and traffickers alike, which received more than 60 responses, Olmstead said.

Ultimately, 20 men between the ages of 20 and 66 actually answered the ad, arriving at the motel in Goleta where Sheriff's deputies were waiting to arrest the solicitors.

"It's a few things. If we can lower the demand then there won't be the need to provide so many victims to traffic," Olmstead said, "and that's only a small little dent.

"But that's a really hard thing to do, and it takes so many resources to do so," he continued. "We had one sting, where it was really a night and a half to get things started, and we had over 60 people respond to our ad, and when you look on the websites where we posted, there are multiple people in the area offering services."

The logistics of such a sting, from a department standpoint, are taxing, Olmstead said. There were more than a dozen deputies involved, he explained, all with a crucial job. There were some points where Sheriff's deputies were barely finished with processing one suspect before the next was knocking on the motel room door, he said.

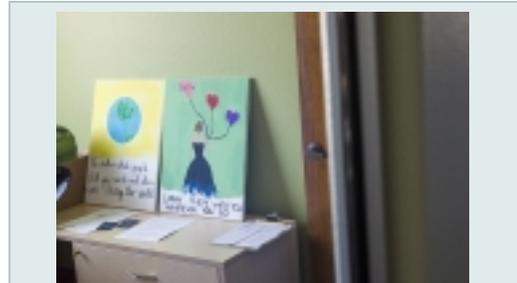
Olmstead also explained that he and his department hope to conduct stings in the future that target the traffickers specifically. Newer laws grant harsher sentences to traffickers, he explained, and may deter more men from trafficking girls.

But once arrests are made by law enforcement, specifically of traffickers and their victims, a whole new host of problems arise. The victims are often intensely loyal to their abusers, RISE's Conn explained. In what Conn described as a "cult-like" level of indoctrination, victims are often conditioned, or intimidated, from testifying against their traffickers.

The DA's office and the task force also recognize that in order to convict more traffickers, law enforcement, mental health, and social service workers have to do more to reach out to the young girls victimized by the predators. Deputy District Attorney Von Nguyen, who prosecuted the Brannon Pitcher case last year, explained how important it is for victims to come forward and be cooperative. But the DA also has to balance its need to prosecute with the safety of these victimized girls.

"First and foremost, for us, it's about getting them to a safe place and a healthy place if we can," Nguyen said. "Sometimes forcing them to testify may be a difficult thing, and we have to weigh that. We can't just look at it blindly and not think about the collateral consequence or effects of what might happen by putting a victim through a very grueling trial. You can imagine the level of cross-examination that they would have to endure. It's hard to watch that, it can be devastating.

"We want to make sure that they're OK," Nguyen continued. "That's the most important thing from our standpoint from our office, while at the same time doing everything we can to make sure the traffickers are held accountable for their actions. It's trying for everybody involved, from the victims to our advocates all the way to the prosecutors. It's an incredibly grueling process, but I think getting one trafficker off the streets is certainly well worth it."



HOLISTIC APPROACH

The RISE Project provides several levels of support for the youth that go there, including counseling, peer support groups and mentor programs, advocate support, medical support, artistic expression classes, yoga, mindfulness classes, and addiction treatment.

PHOTO BY JAYSON MELLOM

'One Too Many'

This poem was contributed to the Sun by the RISE Project, and was written by a youth there as part of her program.

*One Girl
One hundred owners*

*One lost soul
One hundred users
One heart
One hundred spared parts
Countless band-aids
One hundred marks
One love
One hundred times replaced
One keeper
One hundred times erased*

*Touched spirits
Wounded souls*

*Body taken
Feelings hidden*

*A piece of property,
that's all she sees
Love is what she was told
Born into a world that is sold*

*Precious blind babies, sold in a world
of use and abuse for money*

*One hundred girls
One thousand owners
One thousand lost souls
One too many users*

Hope and healing

The work that Conn and her staff at the RISE Project in Santa Maria do aims to help young victims and address the overall issue of human trafficking on several fronts.

The organization offers trauma-specific treatment to girls and young women who have been sexually exploited commercially, are "at risk" of exploitation, or have a history in juvenile detention, foster care, group homes, or homelessness. The treatment includes medical support, advocate support, peers and mentor support, incentive programs, crisis intervention, pro-social opportunities, body positivity exercises, creative outlet classes, and mental and physical wellness classes.

It is deep, multilayered, and highly adaptive work for staff and subjects, Conn said. But first and foremost, she explained, the RISE Project caseworkers and office serve as a vital source of positive adult support in the lives of youth who may not have any.

“We just want them to know that we are the one adult in their life that isn’t going to judge them or ask, ‘What is wrong with you, why are you doing this?’” Conn said. “We know why they are doing this, why would we ask them, ‘Why are you having trauma symptoms?’ You don’t ask somebody a question like that who is exhibiting a normal reaction to intense and immense childhood trauma—compounded traumas.”

Being adaptive to the victims’ needs could mean a lot of different things for RISE staff, Conn explained. Many of the girls are transient between multiple homes, she said, so often her staff will meet them out and about, at a park or a coffee shop. Sometimes a counseling session may last only five minutes before the girl becomes uncomfortable with moving forward. That’s fine too, Conn said.

The RISE Project takes its wards through a tiered system of recovery, designed to help girls discover their “true self” and get free from the constant survival mode they have been in, often for years. The first objective is stabilization, which acclimates wards to care providers, builds rapport, and teaches distress tolerance. The next step involves integrating coping strategies through goal building, wellness classes, and family or community outreach. The girls then reach the maintenance tier, which includes a vast amount of education and group work. The final stage moves them into a leadership role, where they are mentoring other youth in previous stages of the program along with performing many other progressive programs and therapy.

“It’s a biopsychosocial empowerment approach,” Conn said. “We don’t focus on what’s wrong with you, we only focus on what’s right, building on the strengths that they have, and building resiliency for a girl to live their life. We want them to have a quality of life that is meaningful for them.”

Building meaning in a life of survival is a saving grace for the girls, Conn explained, but it’s something that they have to find for themselves. A lot of what the RISE Project does is provide a safe place for the girls to try something new, something creative, or just something different. The girls get yoga classes, dance classes, creative writing, or music lessons as part of this therapy, she said.

Meeting the girls at their level can be challenging, Conn said, but the RISE Project does everything it can to build inroads. Conn called on the help of [Carissa Phelps](#), attorney, author, and founder of [Runaway Girl Inc.](#) to consult with the RISE Project. Phelps is a survivor of youth trafficking who went on to graduate UCLA School of Law, write the book *Runaway Girl*, and become a powerful advocate for trafficked youth.

Phelps consults with many different organizations and agencies, she explained, and remarked that the RISE Project is a model organization when it comes to aiding trafficking victims in a holistic way. The most powerful resource that organizations like the RISE Project can provide are relationships, Phelps said, specifically positive relationships based on respect and unconditional support with therapists, counselors, and peers. The rapport can be difficult to build, but it’s necessary for recovery, she said.

“It takes time, it takes consistency,” Phelps said. “It takes showing up when no else is showing up, not blaming them for their outbursts, it takes understanding all of that before you go in.”

Moving beyond the abuse is an important factor as well, Phelps said. That’s why creative outlets play an important role in recovery, Conn explained.

In the poem “One Too Many,” a RISE Project ward explored her experience and trafficking in general. The poem—which the *Sun* has published fully on page 11—is just one small piece of one girl’s journey in recovery, Conn said.

“She has far surpassed every single thing I thought was possible for her,” Conn said. “She has moved through some very difficult times, and struggles still on a regular basis, but has done some amazing things.”

The other side of the RISE Project’s mission is to broadcast a message of positivity to young women and to the greater community, that there is hope for those who have been through this profound trauma and abuse. Everyone can help remove the stigma put on young people who have been trafficked, Conn explained, but it’s going to take open ears and open hearts to actually help those most in need.

“This is an opportunity for them to see this, and say, ‘OK, the world isn’t against me, somebody does understand,’” Conn said. “There are survivors in our community, right now, in Santa Barbara County. They are here. You might not see them, but trust me, they are there.”

THE FOLLOWING INFORMATION IS FROM THE SANTA BARBARA COUNTY DISTRICT ATTORNEY’S NEEDS ASSESSMENT OF DOMESTIC CHILD SEX TRAFFICKING IN SANTA BARBARA COUNTY OF 2015.

Local problem

Of the 45 confirmed child survivors of sex trafficking identified in the 2015 report, 43 were residents of Santa Barbara County. Two were not residents of the county.

Identifying victims

Mental health staff at the county’s juvenile halls, law enforcement in the field, and social service providers identified the 45 confirmed victims of child sex trafficking in Santa Barbara County for the 2015 report. Mental health staff in the county’s juvenile halls identified 44 percent of the victims. Law enforcement identified 42 percent of the victims. Social service providers identified 13 percent of the victims.

Common characteristics

In addition to the gender and age of child survivors of domestic sex trafficking, the most common factors that put youth at risk are history of abuse or neglect, involvement with the foster care system, history of running away, homelessness, and involvement in the juvenile justice system.

Age

Of the 45 identified victims, additional information was available from 15 of them, including age. One was 11 years old, two were 12 years old, one was 13 years old, three were 14 years old, two were 15 years old, three were 16 years old, two were 17 years old, and one had just turned 18 at the time they were identified.

Gender

Of the 45 confirmed child survivors of domestic sex trafficking, 44 were female and one was male.

Race

Of 15 confirmed survivors where additional information was available, six were African-American, five were Latina, three were white, and one was of mixed ethnicity.

Contact Arts Editor Joe Payne at jpayne@santamariasun.com.

Santa Barbara Independent

ADMHS RISE Project Will Serve Child Victims of Sexual Exploitation

ADMHS Statement
Santa Barbara, CA

Contact

For more information, please contact Suzanne Grimmesey, ADMHS Chief Strategy Officer, 886-5403 or Lisa Conn, MFT, RISE Project Supervisor, lconn@co.santa-barbara.ca.us.

Monday, October 26, 2015

(Santa Barbara, CA – October 20, 2015) – The Santa Barbara County Department of Alcohol, Drug and Mental Health Services (ADMHS) is developing a new program to serve the behavioral health needs of Santa Barbara County children at risk for, or victims of, commercial sexual exploitation.

Upon conclusion of staff recruitment and training, the Resiliency Interventions for Sexual Exploitation (RISE) Project will provide clinical, medical and peer support for sexually exploited children and their families throughout the county. The multidisciplinary team will apply an innovative, trauma-informed, strength-based approach consistent with the best practices in the field.

Lisa Conn, MFT, RISE Project Supervisor, notes that “we have identified 60 Santa Barbara County children who are victims of, are at risk for, commercial sexual exploitation, but we believe that the actual number is much higher.”

“The chronic psychological manipulation of children can result in devastating, long-term trauma requiring highly specialized behavioral health services,” explains Ms. Conn. “With approximately 9.5 full-time equivalent staff, the RISE team will provide the array of clinical, behavioral and peer supports and services needed for the care and recovery of exploited children.” The annual budget of the RISE Project is approximately \$886,000.

At any given time, RISE will serve between 40 and 60 children, teens and their families. A RISE pilot team is expected to be in place by the end of this year, and full implementation is anticipated by Spring 2016.

Funded by the Innovation component of the Mental Health Services Act (MHSA), the RISE Project has already promoted an unprecedented level of collaboration among ADMHS, the District Attorney, the Public Defender, Juvenile Probation, DSS Juvenile Courts, Corizon Health, Juvenile Hall, schools, law enforcement and community-based organizations.

At present, a process is being developed to provide specialized training in the recognition of commercial sexual exploitation of children and to link affected individuals to behavioral health services.

APPENDIX F

TRIAGE & EMERGENCY CSEC MDT FLOWCHART- SANTA BARBARA COUNTY



APPENDIX G

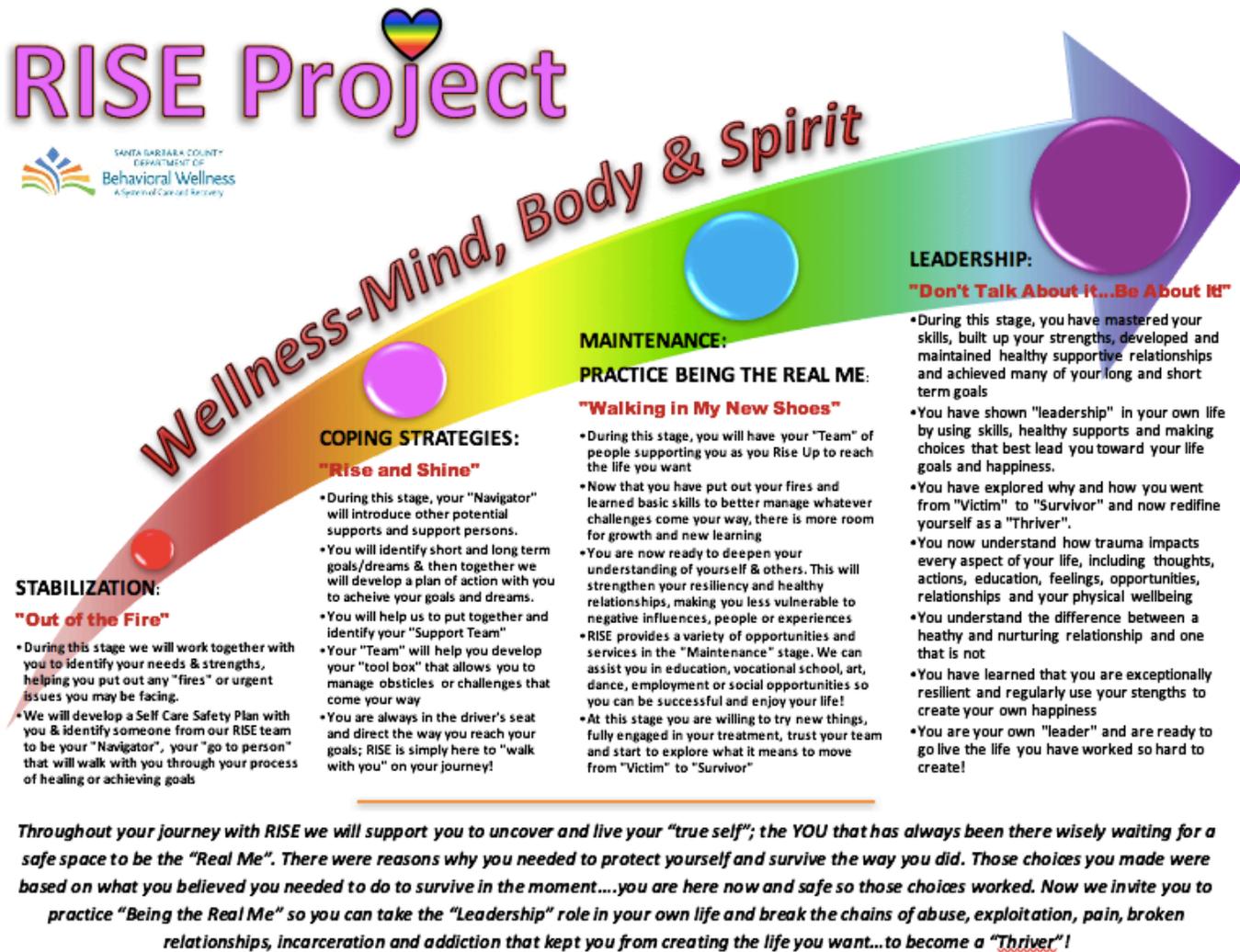
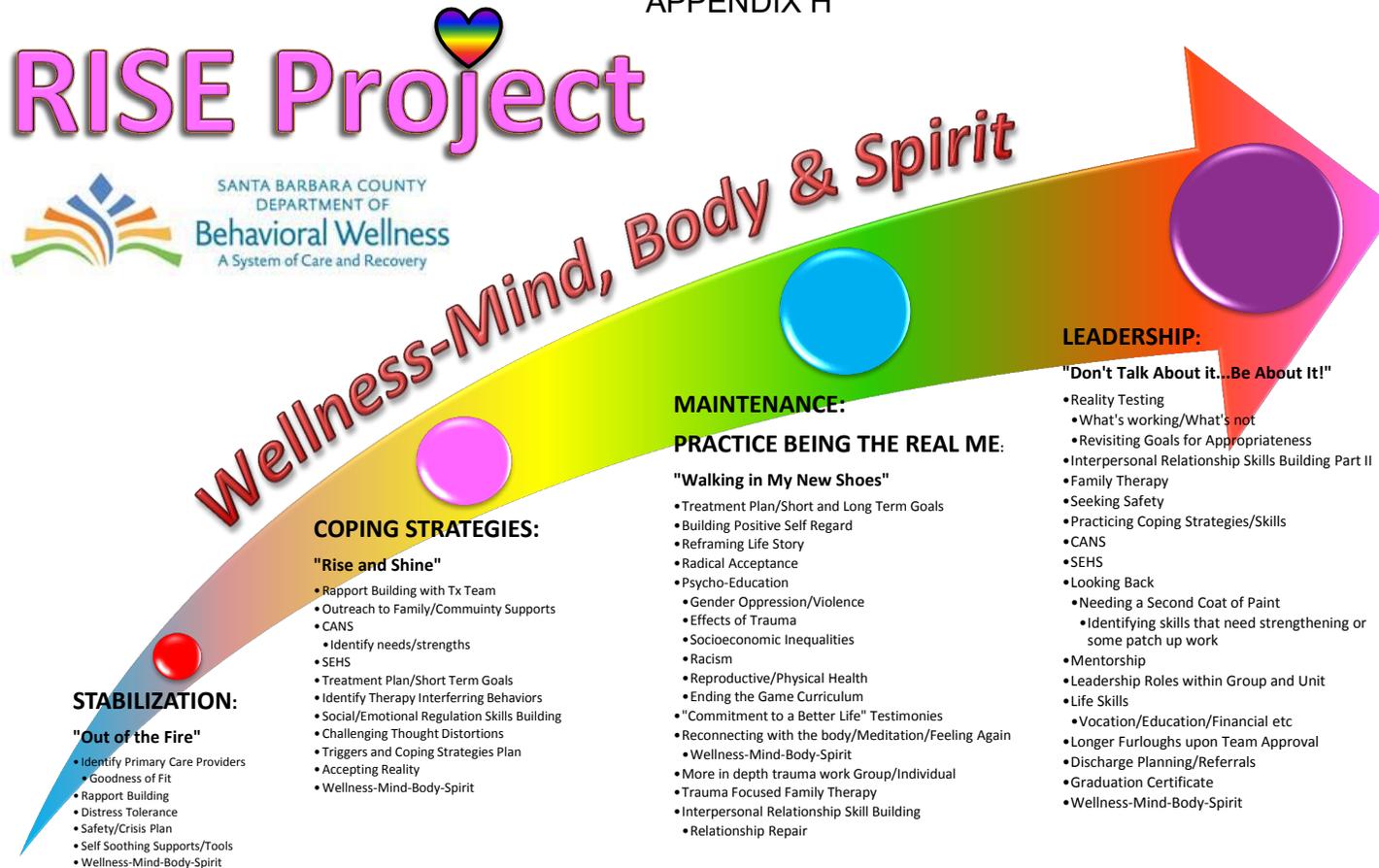


Figure 23. RISE Project Handout for Girls

APPENDIX H



Throughout your journey in the RISE Project we will support you to uncover and live your "true self"; the YOU that has always been there wisely waiting for a safe space to be the "Real Me". There were reasons why you needed to protect yourself and survive the way you did. Those choices you made were based on what you believed you needed to do to survive in the moment....you are here now and safe so those choices worked. Now we invite you to practice "Being the Real Me" so you can take the "Leadership" role in your own life and break the chains of abuse, exploitation, pain, broken relationships, incarceration and addiction that kept you from creating the life you want.

Figure 24. RISE Project Handout for Professionals

APPENDIX I

RISE Project Phases-CSEC Hierarchy of Needs

BIO PSYCHO SOCIAL MODEL

	PHYSIOLOGICAL ¹	SAFETY ²	LOVE/BELONGING ³	ESTEEM ⁴	SELF-ACTUALIZATION ⁵	TOOLS
STABILIZATION: “Out of the Fire”	<ul style="list-style-type: none"> • Food and clothing • Hygiene • Immediate medical care • Gynecological care • Immediate sexual trauma support Rape Crisis and/or SART exam • Substance abuse intervention • Immediate placement and planning 	<ul style="list-style-type: none"> • Self-care safety plan • Suicide intervention • Daily check-ins • 24/7 Crisis Response information • Trauma-informed DBT Crisis Interventions • Self-soothing supports and tools • Short-term goals and initial treatment planning • “Warm handoffs” • Moving On: Am I ready for the next step? 	<ul style="list-style-type: none"> • Rapport building with first responder • What Makes Me Shine? • Assign systems Navigator • Welcoming intake process into RISE program • Begin to create sense of belonging • Identify primary care providers (i.e. therapist, counselors, peer advocate, family, teacher, friends, etc.) • “Warm handoffs” 			<ul style="list-style-type: none"> • First Responder CSEC ID Tool, SEHS Self Care Safety Plan
COPING STRATEGIES: “Rise and Shine”	<ul style="list-style-type: none"> • Long-term placement • Assign Health and Wellness Advocate • Mind/Body/Spirit Wellness 	<ul style="list-style-type: none"> • Triggers and coping strategies plan • Accepting reality • Short and Long-term goals • Client driven Treatment Plan • Interact with Peer/Survivor Advocate. • “Warm handoffs” 	<ul style="list-style-type: none"> • Continued rapport building with treatment team • Outreach to families and community supports • Reconnect with primary care providers • Social/emotional skills building • “My Social Inventory” • Identifying therapy interfering behaviors • Challenging thought distortions • “Warm handoffs” • Moving On: Am I ready for the next step? 	<ul style="list-style-type: none"> • Social/emotional skills building • Short Term Goal Attainment • Improved relationships • Returning to baseline sooner • Building trust in others and self • Gaining knowledge through Ending the Game • Resiliencies are building 		<ul style="list-style-type: none"> • CANS • SEHS • Identify Needs and Strengths • Short and Long Term Goals • Client Driven Treatment Plan • Begin Ending the Game Curriculum

1 Physiological needs: food, clothing, shelter, water, and homeostasis.

2 Safety needs: security of body, employment/education, resources, morality, family, health, environment.

3 Love and Belonging needs: friendship, family, intimacy, connections to others or group

4 Esteem needs: purpose, confidence, self-efficacy, positive self regard and self-esteem.

5 Self-Actualization is the need to “become the most one can be” through mastering how to meet all previous levels of need.

The RISE Project Evaluation

<p>MAINTENANCE-Practice Being the "REAL ME": "Walking in my new shoes"</p>	<ul style="list-style-type: none"> • Psychosocial education: Reconnecting with the body • Assign Health and Wellness advocate • Mind/Body/Spirit Wellness 	<ul style="list-style-type: none"> • Meditation • Trauma-informed group therapy activities • Family therapy • "warm handoffs" • Individual and group counseling • Emotional regulation skills development 	<ul style="list-style-type: none"> • Interpersonal skills building and repairing relationships • Group and individual counseling • Group therapy activities • "warm handoffs" • Trauma-focused family therapy 	<ul style="list-style-type: none"> • Practice being the REAL ME • Building positive self-regard • Reframing life story • Radical acceptance • Psychosocial education: gender oppression, racism, socioeconomic inequalities, effects of trauma, coercion resiliency • Sharing testimonies • Group therapy activities • Reproductive/wellness education and consultation • Short and Long term goal attainment • Moving On: Am I ready for the next step? 	<ul style="list-style-type: none"> • Self-efficacy and advocacy • Self-Acceptance • Starting to experience internal validation 	<ul style="list-style-type: none"> • CANS • SEHS • Complete Ending the Game Curriculum
<p>LEADERSHIP: "Don't talk about it, be about it"</p>	<ul style="list-style-type: none"> • Mind/Body/Spirit Wellness 	<ul style="list-style-type: none"> • Ongoing trauma-focused counseling • Seeking Safety 	<ul style="list-style-type: none"> • New healthy and markedly improved relationships • Increased opportunities to participate in the facilitation of RISE services • Strong rapport with treatment team • Has specific leadership role within RISE and the community 	<ul style="list-style-type: none"> • Leadership roles within RISE and own life • Mentoring other survivors or those in need • Vocation/Education/Financial Life Skills • Employment/Education attainment • Fine tuning coping strategies and skill development • Life Skills • Wellness-Mind-Body-Spirit 	<ul style="list-style-type: none"> • Automatic Pilot • Living the authentic self • Moved from external validation to internal validation • Reality testing and revisiting goals • Identifying skills that need strengthening or patch work • Discharge Planning/Referrals • Graduation Certificate • Moving On: Am I ready for the next step? 	<ul style="list-style-type: none"> • CANS • SEHS

- 1 Physiological needs: food, clothing, shelter, water, and homeostasis.
- 2 Safety needs: security of body, employment/education, resources, morality, family, health, environment.
- 3 Love and Belonging needs: friendship, family, intimacy, connections to others or group
- 4 Esteem needs: purpose, confidence, self-efficacy, positive self regard and self-esteem.
- 5 Self-Actualization is the need to "become the most one can be" through mastering how to meet all previous levels of need.

SAFETY PRECAUTIONS:

- Remove any potential SIB items (*ropes, belts, razors, knives, meds, etc.*)
- Supervised access to all sharps
By? _____
- Meds to be administered by guardian
- Lock box for all over the counter and prescription medication
- Remove or lock up all alcohol or any other mood altering substances
- Supervised only access to cell phone/internet
By? _____
- Supervised social media only
By? _____
- No access to social media
- Room door to remain open
- Room door to remain unlocked
- Check-in's to guardian/provider every _____ via _____
- Avoid being around individuals that trigger me, are unsafe, or who are not living a balanced life.
- Guardian to closely monitor via arm's length or earshot (circle)
- Guardian to conduct room checks for self-injury items every _____ (with youth present if possible)
- Any time I am emotionally over a 6, I will immediately inform: _____
- If I have any thoughts of self-harm or suicide I will immediately inform: _____
- If I feel like running I will immediately inform: _____

My **S**ircle **O**f **S**afety (**SOS**):

Safe/People? _____

Safe/Areas? _____

Safe/Curfew? _____

Safe/Transportation? _____

Safe Ways to Communicate? _____

If I feel like running I will do my best to stay within my "Sircle of Safety" (SOS)

Signature: _____

COPING SKILLS (*choose*)

- Be aware** of my body...Is there tension in my body? Am I showing "anger" in my body (closed fists, pacing, punching walls etc)? Am I acting in a way that is respectful, non-threatening and safe?
- Advocate** for needs in a positive and collaborative way, avoid demands, use neutral tone etc
- Break it Down:** "This is only temporary", "It's ok to try and not be perfect", "Little steps", "I am only responsible for me", "I can't control others", "I can try again tomorrow" etc.
- Practice Distress Tolerance:** Sitting in my vulnerable feelings, not running away from things, allowing myself to process emotions without getting reactive
- Acceptance:** "Things are what they are whether I like them or not". "I can only control me". "You can't argue with a cold wind; only accept it and deal with it". "This may be uncomfortable, but I only have control over how I react to this situation".
- Distract:** Read book, watch a funny movie, sing a song, listen to positive music, play cards, write a letter, exercise, clean my room, talk to a positive friend, do chores, do homework, draw, dance, work on a project etc
 - Name 5 things you can see, 4 things you can feel, 3 things you can hear, 2 things you can smell and 1 positive thing about yourself
- Imagine** a peaceful, safe or happy place...close my eyes, breathe slowly and imagine a nice place like a river, ocean, beach, grass, warm sun, my bed, bath etc
- Get Low:** lay or sit down,
- Breathe:** Inhale slowly for 4 seconds through the nose. Pretend you are blowing up a balloon in your belly. Hold breath for 2 seconds, then slowly exhale through mouth for count of 5. Breathe normally for 5 count and repeat 4x's.
- Challenge & Change** my negative thinking--"I can't do this" to "I have done this before & can do it again"--"Nothing ever changes" to "I can't change others, but I can change what I choose to do"--"I am never going to feel better" to "Nothing lasts forever"—"It doesn't matter" to "I do matter" etc.
- Read Letter to the **REAL ME**
- Write** in my journal
- Remember** times when I used my coping skills and made things better
- Compare and Contrast:** review positive and negative consequences of my choices to help me make healthy decisions
- Count** from 100-1 backwards
- Other: _____
- Other: _____

What are your trauma reminders or emotional triggers? (Please check all that apply)

Please indicate areas where you have a significant negative response which causes more than moderate distress.

- Being touched
- Time of year (When): _____
- Particular time of day (When): _____
- Not having input
- Room door open
- Room door closed
- Night time
- Lights off
- Showering
- TV/shows/movies/music: _____
- Topics: _____
- Being in large groups
- Being isolated
- People in uniform
- Yelling
- Fighting
- Loud noise
- Raised voices
- Being forced to talk
- Being around men
- Being around women
- Seeing others out of control
- Specific person (Who): _____
- Anniversaries (What): _____
- Room checks
- People being too close
- Certain Smells _____
- Being told no
- Adults not following through
- Waiting for long periods of time
- Court dates
- Racial slurs
- Other: _____

My Warning Signs (Please check all that apply)

How your body feels when you are losing control and what other people can see changing?

- Sweating
- Red faced
- Rocking
- Crying
- Sleeping Less
- Breathing hard
- Wringing hands
- Other: _____
- Pacing
- Isolating
- Eating less
- Racing heart
- Loud voice
- Squatting
- Hyper
- Eating more
- Clenching teeth
- Sleeping a lot
- Can't sit still
- Being rude or agitated
- Clenching fists
- Bouncing legs
- Swearing
- Nauseous
- Shortness of breath
- Biting nails
- Raised voice
- Pressured speech

24/7 Contact Information and Support (Please check all that apply)

24/7 SUPPORT (Name): _____ (Phone Number): _____

MY NAVIGATOR (Name): _____ (Phone Number): _____

1-2 Short Term Goals (Please check all that apply)

GOAL 1: _____

GOAL 2: _____

By signing below, I agree to practice using my coping skills and become aware of my triggers.

Client Name (Printed)	Signature	Date
Mental Health (Printed)	Signature	Date
Guardian/Caretaker (Printed)	Signature	Date

PLEASE KEEP A COPY OF THIS PLAN WITH YOU

Appendix K

Memorandum of Understanding

Between

SANTA BARBARA COUNTY DEPARTMENT OF SOCIAL SERVICES, CHILD WELFARE SERVICES
Herein referred to as "CWS"

AND

SANTA BARBARA COUNTY PROBATION DEPARTMENT
Herein referred to as "Probation"

AND

SANTA BARBARA COUNTY DEPARTMENT OF BEHAVIORAL WELLNESS
Herein referred to as "Behavioral Wellness"

AND

SANTA BARBARA COUNTY JUVENILE COURT
Herein referred to as "Juvenile Court"

AND

SANTA BARBARA COUNTY PUBLIC HEALTH DEPARTMENT
Herein referred to as "Public Health"

AND

SANTA BARBARA COUNTY DISTRICT ATTORNEY VICTIM WITNESS PROGRAM
Herein referred to as "Victim Witness"

AND

SANTA BARBARA RAPE CRISIS CENTER
Herein referred to as "SBRCC"

AND

NORTH COUNTY RAPE CRISIS AND CHILD PROTECTION CENTER
Herein referred to as "NCRCCPC"

FOR

Santa Barbara County Commercially Sexually Exploited Children (CSEC) Program

WHEREAS, an individual who is a commercially sexually exploited child (CSEC) or who is sexually trafficked, as described in Section 236.1 of the California Penal Code, or who receives food or shelter in exchange for, or who is paid to perform sexual acts described in Penal Code Section 236.1 or 11165.1, and whose parent or guardian failed to, or was unable to protect the child, is a commercially sexually exploited child and may be served through the Santa Barbara County Child Welfare System pursuant to California Welfare and Institutions Code (WIC) Section 300(b)(2); and

WHEREAS, Santa Barbara County Child Welfare Services elected to participate in the CSEC Program as described in WIC Section 16524.7 in order to more effectively serve CSEC youth by utilizing a multidisciplinary approach for case management, service planning, and the provision of services; and

WHEREAS, the parties to this Memorandum of Understanding (MOU)(hereinafter, the “Parties”), have developed the following MOU to guide Santa Barbara County’s approach to serving CSEC; and WHEREAS, WIC Sections 18960-18964 provide that a county may establish a child abuse multidisciplinary personnel team (MDT) within the county to allow provider agencies to share confidential information in order for provider agencies to investigate reports of suspected child abuse or neglect pursuant to Penal Code Sections 11160, 11166, or 11166.05, or for the purposes of child welfare agencies making a detention determination; and

WHEREAS, the Parties agree to form a multidisciplinary team (MDT), incorporating existing collaborative structures including the Sexual Assault Response Team (SART) protocols, pursuant to WIC Section 16524.7(d)(2) for CSEC, to build on a youth’s strengths and respond to his/her needs in a coordinated manner; and

WHEREAS, this MOU defines the mutually agreed upon responsibilities of each of the Parties under the CSEC Program pursuant to WIC Section 16524.7, but is not intended to establish legal duties or otherwise alter the respective responsibilities of the Parties;

NOW, THEREFORE, the Parties set forth the following as the terms and conditions of their understanding:

I. Steering Committee

A. Purpose. To ensure that Santa Barbara County effectively implements the CSEC Program, the Parties agree to form a Steering Committee to provide oversight and leadership for the CSEC Program and to ensure that the First Responder Interagency Protocol is operating effectively.

B. Steering Committee Membership: The Steering Committee will be comprised of the Parties and other representatives of agencies that play key roles in the County’s effort to eliminate sex trafficking, such as Law Enforcement, the Public Defender’s Office, Court Appointed Special Advocates staff, private attorneys representing children in the Foster Care system, and a CSEC Survivor. As the State designated agency lead, Child Welfare Services staff will serve as the Chair of the Steering Committee, and will be responsible for:

- i) Convening regular Steering Committee meetings;
- ii) Providing staff to prepare agendas, take minutes and chair the meetings; and
- iii) Gathering data from the MDTs to present and analyze with Steering Committee members.

C. General Steering Committee Member Responsibilities. Steering Committee members will fulfill the following responsibilities:

- a) Ensure that an agency representative with decision making authority, or designee, is assigned to participate in Steering Committee meetings, and attends meetings regularly;
- b) Oversee the implementation of the MOU;
- c) Conduct de-identified case review to track trends, gaps in the services, resolve issues raised by the individual MDTs, and serve as a consultant to case carrying staff as needed.

- d) Report on respective successes, barriers to providing services, the sufficiency of CSEC-specific resources in the county, and areas for improvement, including recommendations for adapting the MOU;
- e) Identify appropriate and necessary training, including training in the identification and assessment of youth who are, or are at risk of becoming, commercially sexually exploited;
- f) Collect and analyze aggregate data on the numbers of identified CSEC including the response time for providing CSEC specific/Trauma-Focused services and the actual services accessed by those youth;
- g) Prepare an annual report on the CSEC Program for the State in compliance with State and Federal requirements.

III. Coordinated Response to Reports of CSEC

The Parties agree to respond to reports of identified CSEC in a systematic and collaborative manner that ensures that the needs of the youth will be addressed sensitively and efficiently. Although responses will depend on the circumstances of each case, the Parties generally agree to approach each case in the manner set forth below.

A. First Responder Interagency Protocol. In addition to routine screenings and assessments, CSEC youth may be identified through contact with law enforcement and other mandated reporters such as schools, medical facilities, youth shelters and clinics. To ensure that the Parties are alerted to the existence of a CSEC case, a First Responder Interagency Protocol is hereby established to serve as a guide on appropriate steps to take within the first 72 hours of interfacing with an identified or suspected CSEC. The Parties agree that children who are suspected or identified victims of sexual exploitation, and where a serious safety risk is present, require an immediate trauma-informed crisis response within 2 hours and intensive CSEC specific-Trauma Focused services through the first 72 hours to stabilize them.

B. Assessment. The Parties agree that an assessment of CSEC's needs and strengths must take place upon identification and on an ongoing basis. Further, the Parties agree that it is in the youth's best interest to limit unnecessary and/or duplicative assessments. To ensure that assessments are streamlined and limited when appropriate, in most circumstances, the Department of Behavioral Wellness will utilize its clinical staff from the RISE program, Juvenile Hall, and/or the Children's Clinic to conduct this initial assessment of youth who have been identified as victims of or at risk of commercial sexual exploitation.

C. Roles and Responsibilities: The Parties will fulfill the following respective responsibilities as part of their First Responder role:

1. Child Welfare Services, Social Services Department

- a) Assess all reports of suspected abuse and neglect, to include the identification of any commercial sexual exploitation of a minor, and inform Behavioral Wellness, District Attorney, and Law Enforcement of the determined CWS response time on a case by case basis;

- b) Determine if child is under the jurisdiction of CWS or Probation: if Probation, the CWS Hotline staff will contact the Probation Department to provide information as to the youth's status and to which Child Welfare Worker the youth is assigned;
- c) Work collaboratively with the Probation Department and Juvenile Court to include participation in a WIC Section 241.1 Report if ordered, and to consider the need to file a Juvenile Court WIC 300 petition as it relates to CSEC youth;

2. Probation Department

- a) Complete a preliminary screening of all new out of custody referrals received or youth booked into the juvenile hall to identify those at risk of meeting CSEC criteria;
- b) Complete screenings of all youth under the supervision of probation whenever a suspicion arises that a youth is at risk of meeting CSEC criteria;
- c) Interface with CWS hotline or designated staff to provide information regarding a youth's status on probation and who is assigned as the Probation Officer;
- d) Ensure transportation to medical or therapeutic services necessary for any detained youth if those services are not available in the custodial setting;
- e) Consider elements of the CSEC matter in determining whether to request the filing of a WIC Section 602 petition.

3. Public Health Department

- a) Initiate a Sexual Assault Response Team (SART) response through contracted trained forensic examiners who perform examinations per protocols when a sexual assault or sexual abuse has occurred;
- b) As part of the SART exam, provide information, services, and medication related to reproductive and sexual health, including access to contraceptives, HIV prophylaxis, and treatment for Sexually Transmitted Infections/Sexually Transmitted Diseases (STIs/STDs);
- c) Link the potential CSEC to medical treatment and follow-up medical services based on the type of insurance coverage within 72 hours of identification;
- d) Provide medical witness if needed, in cases that go to trial.

4. Behavioral Wellness Department

- a) Contract with Casa Pacifica's SAFTY program for the provision of 24/7 mobile crisis response services for sexually exploited minors (17 and under) in need of emotional crisis stabilization, safety planning and rapid support, and possible assessment for psychiatric hospitalization;
- b) Follow policies for temporary involuntary hospitalization under the Lanterman-Petris-Short Act if, at any point, the minor presents as a danger to self or others due to a mental disorder;
- c) Conduct an assessment of the minor to determine immediate mental health needs and when indicated, refer CSEC specialized trauma-informed, female-specific services and treatments via the RISE Project (Resiliency Intervention for Sexual Exploitation).
Program services primarily include:
 - a. Stabilization and advocacy;
 - b. Attention to basic, immediate needs (e.g. outreach packages w/ hygiene/self-care items);

- c. Medical/OBGYN consultation and services;
- d. Assessment (i.e. CSE-IT, Clinical Assessment, CANs);
- e. Treatment Planning (i.e. Self-care Safety Plan);
- f. Trauma-focused treatment modalities (i.e. CBT, DBT, Seeking Safety);
- g. Groups and therapies focused on biopsychosocial wellness;
- h. Peer supports and mentoring;
- i. Vocational development.

5. District Attorney's Office/Victim Witness

- a) Provide a CSEC-trained advocate for the child;
- b) Provide resource and referral counseling;
- c) Provide an orientation to the criminal justice system;
- d) Provide court accompaniment and support;
- e) As appropriate, provide emergency financial assistance;
- f) Assist the youth and/or family apply for victim compensation benefits;
- g) Provide transportation assistance.

6. Rape Crisis Centers

North County Rape Crisis and Child Protection Center (NCRCCPC) and Santa Barbara Rape Crisis Center (SBRCC) intend to work together toward the mutual goal of providing maximum available assistance for sexual assault survivors and their significant others residing in Santa Barbara County, as follows:

- a) Respond to Hotline calls;
- b) Accompany sexual assault survivors and their significant others during sexual assault related meetings or appointments, 24-hours a day, 7-days a week to hospitals, law enforcement agencies, the District Attorney's office, court proceedings, and to other agencies as indicated by the needs of the client (survivor or significant other);
- c) Advocate and intervene with agencies or individuals on behalf of sexual assault survivors and their significant others as requested by the client or as deemed appropriate;
- d) Provide counseling in-person to individuals, couples, and families as well as facilitate support groups for survivors of sexual assault and their significant others;
- e) Offer case management if clients (survivors or significant other) choose to receive case management services.

7. Juvenile Court

- a) Serve in an administrative/advisory role to the CSEC Program;
- b) Participate on the Steering Committee and at general meetings in the discussions of/in the development of policy and procedures, to include making administrative recommendations on how to serve this high risk population and ensure coordinated response for CSEC youths;
- c) Will not participate in a CSEC MDT to avoid the appearance of a conflict of interest.

IV. Development of the MDTs

The Parties agree that the information they receive from other entities and individuals concerning a child that is identified and detained during the identification and assessment process or during a multidisciplinary team meeting shall be used solely for prevention, identification, and treatment purposes and that such information shall otherwise be confidential and retained in the files of the entity performing the screening or assessment. Such information shall not be subject to subpoena or other court process for use in any other proceeding or for any other purpose pursuant to WIC Section 18961.7(c). For purposes of this section IV of the MOU, the Juvenile Court shall not be included in the term “the Parties,” consistent with Section III.C.7, above.

A. Multi-Disciplinary Response.

Once it is determined that a youth is a victim, or is a **potential victim**, of commercial sexual exploitation, the Parties will invoke a multi-disciplinary response based on the circumstances of the case. The Parties agree to serve as core members of the MDTs pursuant to WIC Section 16524.7.¹⁰

To immediately engage and stabilize the child and address immanent safety and placement needs in a coordinated manner, CWS and/or Probation, Behavioral Wellness, and Public Health will serve as the core members of the Triage and Immediate Crisis MDTs. These agencies must:

- i) designate a point of contact qualified and trained in CSEC, to participate in the MDT via phone or in person to develop a service plan that addresses issues relating to:
 - a) safety planning;
 - b) placement if needed;
 - c) transportation; or
 - d) other case management related services; and
- ii) work collaboratively to:
 - a) ensure the consistent implementation of the First Responder Interagency Protocol;
 - and b) communicate and resolve issues related to rapid response, service triage and placement of the CSEC.

The types of MDTs and their objectives are described below.

A. Triage Response Multidisciplinary Team

The purpose of the Triage Response MDT is to assess risk factors and determine what level of MDT is needed for the youth. This MDT will also identify other entities and individuals, as appropriate, to serve on the other MDTs to most effectively meet the unique needs of the child. , These agencies or entities may include, but are not limited to, the following:

- a. Youth
- b. Caregiver/placement provider
- c. Children’s Dependency Attorney
- d. Victim Advocate

¹⁰ Note that not all required parties will need to participate in all tiers of the response

- e. Rape Crisis counselor/advocate
- f. Public Defender
- g. Law enforcement
- h. Education provider/Foster Youth Liaison
- i. Mental Health Provider
- j. Survivor Advocate or mentor
- k. Legal service providers
- l. Court Appointed Special Advocates

B. Immediate Crisis Multidisciplinary Team

The purpose of the Immediate Crisis MDT is to address the immediate safety and placement needs of the child. This MDT may involve both a rapid response within 2 hours as well as intensive, ongoing support through the first 72 hours post-identification.

1. The following circumstances will require that an Immediate Crisis MDT be convened by phone or in person within 2- 24 hours when a high risk youth has been identified in the following circumstances:

- a. Youth leaves, is missing, runs away, or is otherwise absent from placement/home/shelter;
- b. Youth's placement changes or is becoming compromised;
- c. A new urgent issue, additional exploitation or abuse emerges in child's life;
- d. Youth's service needs change, including preparation for step-down to a lower level of care;
- e. Youth prepares to testify in court case against exploiter;
- f. Youth's behavioral health services needs change, including improvement or need for hospitalization;
- g. Contact with Law Enforcement;
- h. Violation of Probation;
- i. Change in court disposition;
- j. 90 days prior to dismissal of dependency or completion of probation terms;
- k. A member of the MDT identifies a need requiring a case review or other response.

2. The goals of this MDT will be:

- a. Providing trauma-informed CSEC Specific rapid response in the field or over the phone within two (2) hours to identified or suspected CSEC requiring immediate crisis stabilization supports and services;
- b. Determining the need for a forensic interview via the SART Protocol or addressing other immediate medical and mental health needs;
- c. Ensuring basic needs are met, such as food, shelter, and clothing;
- d. Providing individual case-by-case collaboration with multiple child-service agencies as needed;
- e. Engaging with youth and family/caregiver(s), if appropriate;
- f. Actively participate in all stages of the interagency response model by (1) attending all MDT meetings, (2) ensuring notification of Core MDT members on a timely basis

and (3) completing and submitting all required documentation to proper authorities.

C. Initial Multidisciplinary Team

Not all youth who are suspected or identified victims of sexual exploitation or trafficking will be in imminent danger and require an Immediate Crisis response. For these non-urgent situations, the Parties agree to coordinate and participate in an Initial MDT.

2. The Initial MDT is a team of individuals connected to the child's life. The MDT will attempt to involve the youth in meaningful planning and decision-making. The purpose of the MDT is to plan for the child's placement, safety, and ongoing service needs. The initial MDT will:
 - a. Assemble within 10 days;
 - b. Orient the youth and family to the multidisciplinary teaming approach;
 - c. Provide individual case-by-case collaboration with multiple child-serving agencies;
 - d. Assess and address the child's short and long-term needs;
 - e. Develop and coordinate a service plan;
 - f. Develop a safety plan with the parent/guardian/caregiver that addresses the following:
 - i. Potential safety risks for the youth, the family, and/or providers;
 - ii. Identifying trauma triggers that may cause youth to engage in unsafe behavior;
 - iii. Identifying coping skills the youth can use to de-escalate;
 - iv. Actions team members will take to prevent triggers from occurring;
 - v. Documenting responsibilities of team members in the event a youth exhibits unsafe behavior (e.g. if a youth is missing from placement, the parent/care provider will notify law enforcement and the social worker and the advocate and social worker will text the youth to maintain communication).
3. An Initial MDT is an appropriate response when there is not an immediate safety risk, but when an adult suspects or identifies that a youth is a CSEC.

D. Ongoing Multidisciplinary Team

The Parties agree that children who are identified victims of sexual exploitation or trafficking require ongoing multidisciplinary team support to monitor the youth and ensure his/her needs are adequately addressed.

1. Individualized Ongoing MDTs will be held with each identified CSEC to monitor and support the youth and his/her family as the youth stabilizes. During the Ongoing MDT, members will review the case plan and safety plan, and amend as needed.
2. In addition to regularly scheduled Ongoing MDTs, a meeting should be called when any of the following circumstances or events occur:
 - a. The youth leaves, is missing, runs away, or is otherwise absent from placement/home/shelter;
 - b. The youth's placement changes;

- c. The youth is preparing to testify in a court case against exploiter/purchaser;
- d. The youth's behavioral health service needs change;
- e. A change in Court disposition;
- f. A member of the MDT identifies a need requiring case plan review or other response.

E. Engagement of the Youth

The Parties recognize that CSEC often cycle through the stages of exploitation many times before they are able to maintain a life outside of exploitation; it is also recognized that in order to be effective, interventions and services must be victim-centered. On this basis, the Parties are committed to take the steps necessary to engage the youth as a participant in his or her MDT meetings with the goal of identifying strengths and to best position the CSEC to meet his or her needs in a culturally sensitive and trauma informed way. The MDT will function in a manner that builds rapport with the youth and encourages his or her participation in developing a safety plan and deciding on placement, as appropriate to age and development.

V. Confidentiality

The Parties to this MOU agree to comply with the following confidentiality practices:

1. Maintain the confidentiality of all records pursuant to WIC Sections 827 and 10850-10853, the State Protocol, and all other provisions of law and regulations promulgated hereunder relating to privacy and confidentiality, as each may now exist or be hereafter amended.
2. Maintain the confidentiality of all records with respect to Juvenile Court matters, in accordance with WIC Section 827, all applicable statutes, case law, and in accordance to Santa Barbara County Juvenile Court Policy regarding confidentiality, as it now exist or may hereafter be amended.
3. No access, disclosure or release of information regarding a youth who is the subject of Juvenile Court proceedings shall be permitted except as authorized. If authorization is in doubt, no such information shall be released without the written approval of a Judge of the Juvenile Court.
4. Obtain prior written approval of the Juvenile Court before allowing any youth under the age of eighteen (18) years old, (and to make their best efforts to obtain prior written approval for youth over the age of eighteen (18) years old), to be interviewed, photographed or recorded by any publication or organization or to appear on any radio, television or internet broadcast or make any other public appearance. Such approval shall be requested through the child's social worker.
5. CSEC information and statements obtained via the identification, assessment and MDT processes will be maintained, disclosed and used only as stated within this MOU and in accordance with all applicable state and federal laws and regulations. The Parties acknowledge that there may be times when CWS will need to include information received through the CSEC process in a dependency report to the Court.

6. Inform every member of the youth's MDT's who receives information or records on children and families served under this MOU that he/she shall be under the same privacy and confidentiality obligations and subject to the same confidentiality penalties as the person disclosing or providing the information or records. Further, all MDT members shall be required to complete a CSEC Confidentiality Agreement form.
7. Comply with mandatory reporting guidelines as defined by California Penal Code Sections 11164-11174.3 and report known or suspected child abuse and neglect, including sexual exploitation. These reporting requirements shall be extended to non-mandated parties who are signatories to this MOU; however, nothing in this MOU shall be intended or have the effect of increasing or expanding the scope of mandatory reporting requirements as set forth in Penal Code Sections 11164-11174.3 with respect to judicial officers.
8. Youth provided services under this MOU shall be informed that all information obtained is confidential, with the following exceptions:
 - i) incidences of abuse or neglect that are reportable to the Child Abuse Registry;
 - ii) information will be shared with members of the MDT in order to develop an appropriate plan for services, including medical and psychological care;
 - iii) information shared among the MDT and all identified members during assessment may be shared with other agencies/programs to ensure the youth's safety and the safety of others and/or to coordinate care;
 - iv) information may be shared with the Juvenile Court in order to better assess the youth's safety and intervention needs;
 - v) the MDT and all identified members will use its screening to complete psychosocial assessments and identify and report to DSS/Law Enforcement any instance of sexual exploitation in accordance with mandated reporting laws; and
 - vi) the MDT and all identified members will maintain records of its screening results as well as any information collected and statements made during the screening including information regarding sexual exploitation.

V. Amendment to Add Parties to the MOU

The Steering Committee may invite other parties, agencies or entities to participate in this MOU. Such new parties, agencies or entities shall execute a signature page to this MOU in the same manner as original signatories.

VI. Termination

Any one of the Parties may terminate this MOU without penalty at any time but will attempt to provide thirty (30) calendar days' written notice. Notice shall be deemed served on the date of mailing to the following address:

Deputy Director
Child Welfare Services
2125 S. Centerpointe Parkway
Santa Maria, CA 93455

VII. Signatures in Counterpart

The Parties agree that separate copies of this MOU may be signed by each of the Parties, and this MOU will have the same force and effect as if the original had been signed by all the Parties.

Wherefore, the Parties hereto have executed the MOU in the County of Santa Barbara, California and this MOU shall be continuous until terminated by the Santa Barbara County CSEC Steering Committee.

VIII. Signatures by Department Heads or Authorized Designees:

Dated: _____ By: _____
Daniel Nielson, Director
Santa Barbara County Department of Social Services

Dated: _____ By: _____
Guadalupe Rabago, Chief Probation Officer
Santa Barbara County Probation Department

Dated: _____ By: _____
Alice Gleghorn, Ph.D., Director
Santa Barbara County Alcohol, Drug, and
Mental Health Services

Dated: _____ By: _____
Arthur A. Garcia, Presiding Judge, Juvenile Court
Santa Barbara County Presiding Judge

Dated: _____ By: _____
Dr. Takashi Wada, Director
Santa Barbara County Public Health Department

Dated: _____ By: _____
Joyce Dudley, District Attorney
Santa Barbara County District Attorney's Office

Dated: _____ By: _____
Elsa Granados, Executive Director
Santa Barbara Rape Crisis Center

Dated: _____ By: _____
Ann McCarty, Executive Director
North County Rape Crisis and Child Protection Center

CSEC GUIDING PRINCIPLES

A. Commercial Sexual Exploitation of Children

1. Must be understood as child abuse and reported as such, and
2. Should not be criminalized.

B. Responses to CSEC should be:

1. Victim-centered,
2. Trauma-informed,
3. Strengths-based,
4. Developmentally appropriate,
5. Culturally, linguistically, and LGBTQ competent and affirming,
6. Committed to active efforts that engage CSEC early and often,
7. Multidisciplinary, individualized, flexible, and timely, and
8. Data and outcome driven.

C. Agency Policies & Procedures should:

1. Ensure and track cross-system collaboration at the system and individual case level,
2. Incorporate mechanisms to identify and assess CSEC at key decision points,
3. Address the unique physical and emotional safety considerations of CSEC, and
4. Address unique physical and emotional safety considerations, including vicarious trauma of staff, caregivers, and other relevant support persons.

APPENDIX L

Responding to Commercially Sexually Exploited Children PILOT PROGRAM: CSEC Court Memorandum of Understanding

I. Purpose and Scope

For the past several years, the region has seen a significant increase in the number of commercially sexually exploited children (CSEC) and has experienced the following challenges to responding effectively to these cases:

- Lack of strategic collaboration and ongoing communication between all stakeholder agencies working directly with CSEC cases;
- Lack of reliable data documenting the results of service and system responses to CSEC in the jurisdiction;
- Lack of quality programming and services for CSEC who are involved in the juvenile justice system that serve as alternatives to detention, detention stabilization, placement, and aftercare support; and

- Lack of sustainable funding to support ongoing and effective system and service responses to this vulnerable population.

In order to overcome these challenges, public and private agencies in Santa Barbara County have actively partnered to increase communication, shared decision making, and the utilization of necessary resources that result in improved safety and quality of life outcomes for identified CSEC while holding their traffickers criminally accountable for their actions. This MOU outlines the recommended actions each partner agency will take to support a coordinated system and service responses to CSEC cases coming within the jurisdiction of the Juvenile Court. It is expected that policies, procedures, and additional description of actions to be taken by each agency, including data collection and reporting, will be developed and informed by other programs currently being developed by partner agencies, such as GRRRL by ADMHS.

II. Roles and Responsibilities of Participating Agencies

In order to support strategic partnerships between agencies working directly with CSEC in both Santa Barbara County and neighboring jurisdictions, it is recommended that each identified partner agency provide the following:

- An agency representative(s) who will serve as the point person(s) for communication with other identified partner agencies regarding CSEC cases.
- Agency participation in CSEC related meetings and trainings hosted by partner agencies.
- Compilation of agency data related to CSEC which will be used to assess the complexity, scope and required response for these cases.

Along with the above general commitment, the following are specific recommendations for identified agencies involved in this important endeavor.

Law Enforcement (LE)

- Will make best efforts to conduct CSEC specific investigations, including trolling expeditions, in areas known for domestic minor sex trafficking;
- When interfacing with youth who are at risk or identified as CSEC, LE will notify the local rape crisis/victim advocacy agency to provide immediate and/or follow-up crisis counseling and support to the identified minor(s);
- If and when LE escorts an identified CSEC to the County's Juvenile Hall (JH), LE will notify Probation that the minor is a CSEC and whether the minor participated in a current investigation of an alleged trafficker;
- If LE conducts follow-up interviews with the identified CSEC in custody, along with notifying Probation, LE will also notify the rape crisis/victim advocacy agency so they

can provide follow-up crisis counseling support before and after the interview has been completed;

- If a CSEC identified by LE later becomes missing and is at risk for being commercially sexually exploited, LE will assist with locating them.

First Responder/Rape Crisis/Human Trafficking Task Force/CBOs

- Will provide first responder/advocacy services for CSEC in Santa Barbara County who have been identified and/or arrested by local law enforcement agencies during CSEC trolling activities;
- Will provide crisis counseling and support for identified CSEC when they are arrested, interviewed and transported to Juvenile Hall (JH);
- Will provide follow-up confidential crisis counseling, educational classes, service referrals, and advocacy for CSECs who are detained at the JH, including court accompaniment to juvenile court proceedings. This also includes assisting minors in applying for Victim of Crime (VOC) funding;
- Will provide ongoing advocacy and support for CSEC who become a victim witness in adult prosecution of their traffickers;
- Will provide ongoing community-based counseling, education, and support for CSEC throughout their healing process;
- Will communicate with other identified victim advocacy organizations in the region and state regarding ongoing advocacy needs of out of county CSEC who are detained in the JH and will be returning to their County of origin;
- While providing these services the agency will provide client authorized information to partner agencies that support law enforcement investigations related to human trafficking and that will not violate confidentiality with their client.

Probation Department

- Probation will automatically refer the identified CSEC to comprehensive and ongoing medical and mental health services while they remain in detention and when they are released from custody;
- When authorized, Probation will also notify the designated CSEC advocacy agency to provide the identified minor with ongoing crisis counseling and support for the duration of their detention;

- Upon request of the District Attorney's Office, Probation will provide additional information related to a CSEC's probation file for the County's CSEC Court meetings;
- Probation will assign department representatives to participate in CSEC Court meetings so pertinent information regarding the minor's immediate and ongoing safety needs is discussed and addressed;
- Probation will develop protocols and provide necessary training to detention staff with the goal of preventing communication between a CSEC and their trafficker. This may include close monitoring of phone or mail use, or any other measures deemed just and necessary. All suspicious information/evidence will be forwarded to the minor's Deputy Probation Officer (DPO) for further investigation;
- Probation will partner with local nonprofits to provide ongoing gender responsive services and programming for youth at risk for or involved in sex trafficking while they remain in detention and when they are released from custody;
- If a CSEC in custody is subpoenaed to be a victim witness in the adult prosecution within Santa Barbara County, Probation will provide transportation to and from all court proceedings. When necessary, this includes coordinating with the District Attorney's Office, the youth's defense counsel, the youth's social worker (when applicable) and, victim advocacy organizations working directly with CSEC ensure they remain safe and are given additional support when they are called to testify;
- If an identified CSEC is placed on GPS, Probation will use best practices, such as the use of inclusion and exclusion zones, or real-time tracking if resources become available, to ensure the minor is safe and remains compliant with conditions of probation. If a CSEC on GPS goes missing, Probation will expedite a warrant request for the minor so that they can be located as soon as possible;
- When an identified CSEC is released from custody to an out of county agency, Probation will ensure contact information regarding the agency is recorded for any necessary follow up regarding the minor's safety and stabilization in their home jurisdiction;
- Probation will continue to develop comprehensive programming for youth who are at risk for or involved in sex trafficking that serve to support diversion, alternatives to detention, detention-based services, placement and aftercare.

District Attorney's Office (DA)

- The DA will convene CSEC Court meetings in SM Juvenile Court every third week and notice all partners of location/time changes. The DA will also provide administrative support, data collection and analysis as needed, and assist with communication and

collaboration between participating agencies that results in immediate and ongoing safety plans for identified CSEC;

- The DA will assign a Deputy District Attorney (DDA) from the Juvenile Division to handle all CSEC cases that come through this division. The designated DDA will participate in each CSEC Court meeting and assist with developing immediate and ongoing safety plans for identified minors;
- The DA will assign DDAs from the adult division to be responsible for all Human Trafficking and Exploitation cases (HT). Those DDAs will provide technical assistance to all partner agencies in this MOU regarding human trafficking investigations involving minors;
- The DA will assign a Victim Witness (VW) consultant to assist with HT cases and support CSEC who will be victim witnesses in adult human trafficking cases. The VW consultant will also assist with filing and expediting VOC claims for eligible minors who are identified as CSEC victims;
- When necessary, the DA will coordinate with representatives from Probation, Juvenile Defense Counsel, and victim advocacy organizations working directly with CSEC who become victim witnesses in an adult human trafficking prosecution to ensure they are given extra safety and support when they are called to testify;
- The DA will continue to provide ongoing trainings and convene community meetings that support awareness building, strong partnerships, resource sharing, and strategic responses to CSEC cases in the jurisdiction.

Public Defender's Office/ Conflict Defense Team/ Juvenile Division

- The Public Defender's Office and/or CDT will provide a representative who will attend each CSEC Court meeting. The representative will receive information from the meeting regarding recommended services and safety plans for CSEC clients that will inform their client's legal defense and service needs;
- The PD/CDT representative may also recommend a CSEC or at-risk client for services and safety plans at those meetings.

ADMHS

- ADMHS will assign department representatives to attend each CSEC Court meeting. At these meetings representatives will receive information and provide updates on identified CSEC who are active wards of the dependency/delinquency system in the jurisdiction;

- ADMHS will work with Probation to develop information-sharing and risk assessment practices in order to maximize the potential for identifying CSEC or at-risk minors. At no time will ADMHS representatives provide information that may violate rules of confidentiality with their clients;
- ADMHS will develop specialized services and supports for youth in the dependency system that are victims of, or at risk of becoming victims of, commercial sexual exploitation.

Department of Social Services

- DSS will assign a department representative to attend each CSEC Court meeting. At these meetings the representative will receive information and provide updates on identified CSEC who are dependents of the Juvenile Court. This includes attempting to make contact with social workers in other jurisdictions regarding out-of-county minors who are dependents of the Juvenile Court and who are identified in Santa Barbara County as CSEC. At no time will DSS representatives provide information that may violate rules of confidentiality with their clients;
- DSS will develop specialized services and supports for youth in the dependency system that are victims of, or at risk of becoming victims of, commercial sexual exploitation.

The following agencies agree to be partner agencies in this necessary endeavor.

_____ <i>Name</i> District Attorney's Office	_____ Date
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_____ <i>Name</i> Probation Department	_____ Date
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_____ <i>Name</i> Public Defender's Office	_____ Date
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_____ <i>Name</i> Conflict Defense Team	_____ Date
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_____ <i>Name</i> Alcohol, Drug and Mental Health Services	_____ Date
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Name

Department of Social Services

Date

Partner Law Enforcement Agencies

Name

Lompoc PD

Date

Name

Santa Maria PD

Date

Name

Santa Barbara PD

Date

Name

Santa Barbara Sheriff

Date

Name

Guadalupe PD

Date

Partner First Responder/Advocacy Organizations

Name

North County Rape Crisis and Child Protection Center

Date

Name

Youth and Family Services YMCA/Noah's Anchorage

Date

Name

First Responder/Advocacy Organization

Date

Name

Date

First Responder/Advocacy Organization

Name

First Responder/Advocacy Organization

Date