

The RISE Project

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Executive Summary

The Resiliency Interventions for Sexual Exploitation (RISE) project aims to empower and support youth, ages 10 to 28, who are either at risk or exposed to sexual exploitation or trafficking. RISE collaborates with many partner agencies across Santa Barbara County to offer a multi-faceted approach that address the participants' needs and also build on their strengths. The current 2018-2019 report provides summaries of progress to date in each of the four key project areas.

Evaluation Goal #1: Effectiveness and Impact of Using a Shared Screening Tool

RISE partnered with the Santa Barbara County District Attorney's Human Trafficking Task Force (HTTF) to develop and implement a countywide First Responder Identification Tool (FRIT). The FRIT includes indicators of suspected commercial sexual exploitation (CSE) and instructions to make a suspected child abuse report (SCAR). Data from Santa Barbara County Child Welfare Services (CWS) indicate that SCARs for CSE have increased since the implementation of RISE and the FRIT (i.e., from 1-5 reports per quarter in 2015 to 14-22 reports per quarter in 2019) suggesting improved recognition of and responding to CSE.

In addition, RISE was instrumental in the adoption of the WestCoast Children's Clinic Commercial Sexual Exploitation Identification Tool (CSE-IT) for use in service delivery systems. The CSE-IT guides a structured interview to determine if a person has possible or clear concern of commercial sexual exploitation (CSE). CWS data from December 2015 to June 2019 indicate that 39% of children on their caseload ages 10 years or older had a possible or clear concern for CSEC.

RISE has also helped additional county agencies institute CSE protocols. Santa Barbara County Behavioral Wellness implemented screening questions and a response protocol with their 24/7 tool-free crisis response and service "Access" line. Santa Barbara County Probation implemented the FRIT for all youth who are booked into the juvenile hall and results of their risk determination are entered into their case management system.

Evaluation Goal #2: Impact of RISE for Young Women Vulnerable to or Involved in CSEC

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.

The RISE Project approaches intervention within stages, recognizing that various clients have different needs as they progress through engagement and treatment. Each stage may take days, weeks, or years, depending on each individual's journey. Clients typically cycle between stages, often returning to "stabilization" several times before more consistently advancing into "coping strategies" or "maintenance." To date, very few clients have reached the "leadership" stage, which is a journey that takes several years.

During the 2018-2019 year, multiple smart tools (an LGBT/GNC and a Race, Ethnicity, Culture, and Discrimination Tool) were developed to enhance the assessment of youth needs to more effectively support them starting with program engagement.

Overall, demographic data were collected for 134 RISE participants in the Behavioral Wellness data system, which documents the diversity of RISE clients, who were primarily female (96.8%).

ACEs scores were available for 42 clients; their scores ranged from 0 to 10 with an average of 5.1. Common ACEs were sexual abuse, emotional abuse, witness to community violence, witness of family violence, disruption to caregiving/attachment losses, and victim witness to criminal activity. Results indicate that clients in RISE have ACEs scores that put them at extremely elevated risk for health difficulties and early death.

A lifetime history of prior Behavioral Wellness services provided to clients in RISE was available for 149 RISE Clients for all admissions that began prior to June 30, 2019. RISE clients typically have a long history of services in Behavioral Wellness with an average of 9.6 primary admissions lasting an average total of 3.5 years. Clients were referred for their first set of Behavioral Wellness services primarily by schools (29%) and juvenile probation (17%) followed by Other Community (13%), Social Services (10%), Law Enforcement (9%), Health Care Providers (7%), Friends/Family (7%), and Behavioral Wellness clinics (5%). Only 8% of clients referred to Behavioral Wellness entered the RISE program at their first admission. More common pathways into the Behavioral Wellness system were through crisis services (43%), other Behavioral Wellness programs (19%), outpatient children's services (19%), and juvenile justice (11%).

RISE administered the CANS to 62 clients during the 2018-2019 evaluation period. The CANS is a multi-purpose tool developed to identify strengths and needs. RISE client needs were most prevalent in the Life Functioning (e.g., family relationships, living situation, social functioning) and Behavioral/Emotional Needs domains (e.g., impulse control, depression, adjustment to trauma). RISE clients also demonstrated numerous strengths including resiliency, sense of family identity, school, talents, and natural supports. RISE clients were less likely to evidence needs in areas of cultural factors or risk behaviors (e.g., suicide, self-mutilation, danger to others).

On July 1, 2017, RISE implemented a detailed daily service provision tracking process aligned with their triage system of intervention. The RISE tracking system consists of ten services categories (therapy, rehabilitation, medication support, rehabilitation health and wellness, plan development, assessment, case management, client support, crisis intervention, and pre-consumer). Each service for each client is tracked on a daily to weekly basis during team meetings. Overall, triage reporting was completed on 4780 activities for 113 clients in 2018-2019. The number of contacts per client ranged from 1 to 175 with an average of 42.3 contacts per client.

The evaluator conducted three 90-minute focus groups with RISE staff in order to provide more detail about RISE service provision. These interviews include detailed information about client needs, client engagement, and client safety concerns.

The Pediatric Symptom Checklist (PSC) is administered to clients over multiple time points by a clinician with a client's parents or caregivers to help determine severity of mental health needs. At the first PSC, administered with 47 clients, 61.7% of RISE Clients scored at or above the cut-

off indicating risk for overall mental health need. Percent RISE clients scoring above the cut-off score on subscales was 34% for Attention, 38% for Internalizing symptoms, and 38% for Externalizing symptoms. These rates far exceed the 12% of need found within the general population.

RISE Program staff administered 49 consumer surveys to 38 RISE participants between December 2016 and June 2019. Participants were asked to provide feedback about the RISE Project and related services, confidentially. Results indicate that clients really enjoy RISE because they enjoy being able to talk to and trust people, they get the things they need, they express their emotions, they get support, they learn coping skills, and they are monitored. Girls often felt less favorable about other partner agencies where they have also received services.

Evaluation Goal #3: Interagency Collaboration and Impacts on Improved Recognition and Response

Central to RISE Project success has been the pre-planning process and ongoing collaboration between all partners. These collaborative partnerships have been key in shifting the community toward a CSE– or Trauma–Informed Lens and changing the culture from criminalization to treatment and support. Evidence of such collaboration is found in media reports as well as RISE staff interviews regarding referrals and interagency collaboration. Identification and reporting protocols, multidisciplinary teams, and the Helping to Achieve Resiliency Treatment Court for CSE children (HART Court) are all new and formalized methods of interagency collaboration established in partnership with RISE.

Evaluation Goal #4: Increases in Funding and other Public Support

The RISE Project has been a key partner within the Human Trafficking Task Force (HTTF) to support survivors once identified. Together, partners have provided trainings including developing a documentary that summarizes CSEC in Santa Barbara County. Media coverage demonstrates public support and funding including nonprofit partnerships. The RISE project has been designated as a promising program, has been presented about at professional conferences, and has been documented in peer-review publication.

Discussion

A discussion focuses on recommended future evaluation directions. Examining scores over a longer period of time will be important to understanding the impact of RISE services for participants. Recommendations include improving use of technology for continuous monitoring of clients and program improvement, extracting longitudinal data to examine changes in strengths and needs over time, expanding use of the FRIT by more first responders across more service sectors (e.g., schools and medical settings), and identifying and securing funding to help with program sustainability once RISE funding sunsets.

Introduction

The Resiliency Interventions for Sexual Exploitation (RISE) project aims to empower and support youth, ages 10 to 28, who are either at risk or exposed to sexual exploitation or trafficking. RISE collaborates with many partner agencies across Santa Barbara County to offer a multi-faceted approach that address the participants' needs and also build on their strengths. Given the diversity of need in this target population, a comprehensive trauma-informed screening process identifies the youth's past trauma experiences, trauma-related symptoms, risk and protective factors, substance use prevention and support, vocational and educational support, and medical needs. Specifically, the RISE project hopes to increase accessibility to those who are most at risk, such as youth who: have previously survived sexual exploitation or sexual trauma, are in foster care, residing in group homes, identify as "runaway youth," and/or currently reside in Juvenile Hall. Additionally, the team intentionally designed the program to work with previously underserved populations, including youth of color and LGBTQ youth. This screening considers a hierarchy of needs, by centering their basic living needs, housing support, and current level of safety. Lastly, RISE hopes to foster each of the participants' self of purpose and goals for the future. Promoting self-care and teaching advocacy not only builds the self-esteem of the youth, but also encourages the use of the offered services.

The RISE projects' mission to provide multifaceted and strengths-based support for commercial sexual exploited children (CSEC) is highlighted in work across the county. Working with this population offers unique considerations to the program. CSEC are at higher risk for medical and psychiatric problems, such as depression, PTSD, STIs, and malnutrition (Greenbaum & Crawford-Jakubiak, 2015; Hossain, Zimmerman, Abas, Light, & Watts, 2010). They are also more likely to have other at-risk experiences, such as homelessness, foster care placement, and other forms of childhood abuse (Macias-Kostantopoulos, Munroe, Purcell, Tester, & Burke, 2015). These past experiences and situational circumstances could lead to a different set of needs and strengths.

Maslow's hierarchy of needs suggests that certain needs, such as physiological and safety needs, should be met to be able to tackle higher processing needs, such as belonging and self-actualization (Maslow & Lewis, 1987). Youth with multiple trauma experiences may also have multiple high competing needs. An assessment of the level of these needs can help illuminate which the program should be tackled first. Understanding the level of the needs and strengths of the youth can help better provide guidance to the types of services that will most benefit the youth.

The core principles of RISE are EMPOWERMENT and RESTORATION achieved through a non-judgmental/non-shaming "survivor-driven", community and system based service delivery program. Simply put, RISE meets youth where they are, both figuratively and literally. Each youth'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, AOD supports, medical/reproductive needs, housing/placement, vocational/pro-social, legal restoration and

readiness for engagement. RISE works toward supporting each youth to find their own sense of self, hope, purpose and belonging so she/he/they can become empowered in their own destiny.

COMPONENTS OF RISE

- An extensively **CSEC trained trauma-informed culturally aware 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 youth 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 conducts extensive outreach and engagement and will work with each youth on developing a plan which includes numerous community based resources/supports to address vocational, pro-social and educational restoration and reintegration
- **Peer/Survivor Support:** 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 youth 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 Youth/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 youth 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 youth 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 works with the Human Trafficking Task Force to seek out ways to fund and furnish temporary housing to longer term shelter/placements for sexually exploited girls and women
 - **Flexible Funds** effort to create a way 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). These inter-agency collaboration efforts have become integrated into the county's response to youth engaged in CSEC.
 - **Human Trafficking Task Force (HTTF):** RISE staff and the evaluator are members of the Human Trafficking Task Force. RISE provides training and guidance to HTTF members to improve and sustain protocols (e.g., shared screening tool) within the county. RISE also collaborates with HTTF members to increase funding and public support for services to prevent and support survivors of CSEC.

KEY RISE PROJECT AREAS

The RISE Evaluation is based on four key project areas:

1. Effectiveness and impact of using a shared screening tool;
2. Effectiveness of the adapted treatment approach for young women who are vulnerable to or involved in sex trafficking, including mental health and substance-use outcomes, as well as related behavioral and social outcomes such as reduction in further sexual exploitation;
3. Whether and how the Program enhances inter-agency collaboration and the resulting effects in improved recognition and response to victims' mental health issues; and
4. Whether the program contributes to increases in funding and other public support for improving mental health outcomes for girls who are victims of sexual exploitation.

The current report for 2018-2019 provides summaries of progress to date in each of the four key project areas.

#1: Effectiveness and Impact of Using a Shared Screening Tool

This evaluation goal has focused on establishing shared screening tools for all personnel working with vulnerable youth in Santa Barbara County to know how to recognize signs of CSEC and help identified youth become engaged with CSEC specific services. Over the course of the project period, RISE Project personnel have been engaged in interagency collaboration and advocacy to establish shared screening tools and procedures to identify and respond to sexually exploited youth. The following is a summary of screening efforts to date.

FIRST RESPONDER ID TOOL

The primary shared screening tool, developed for first responders including law enforcement and educators, is the First Responder Identification Tool (FRIT). Members of Santa Barbara Human Trafficking Task Force including representatives from Santa Barbara County District Attorney and Santa Barbara County Behavioral Wellness developed the FRIT for CSEC. The FRIT was designed for use by 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. 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) for Child Welfare Services (CWS) and includes suspected CSEC and related identifiers. The RISE Project collaborates with Child Welfare Services, District Attorney/Victim Witness Advocate, and community-based organizations to obtain referrals for clients. The RISE Project has provided training directly to first responders and to members of the Human Trafficking Task Force (HTTF). Training on the FRIT continues to be a need that is met by RISE staff and a variety of partners through the HTTF.

See the Appendix for a copy of the Santa Barbara County FRIT.

WESTCOAST CHILDREN'S CLINIC CSE-IT TOOL

WestCoast Children's Clinic developed a commercial sexual exploitation identification tool (CSE-IT) that is more in-depth than the FRIT. The CSE-IT must be completed by a professional trained in its administration and 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). The CSE-IT is an open domain tool for use in service delivery systems that serve children and youth. The

RISE Project consulted with WestCoast Children’s Clinic to bring the CSE-IT tool to Santa Barbara County.

SANTA BARBARA COUNTY CHILD WELFARE SERVICES CSEC PROTOCOLS

Child Welfare Services (CWS) provides RISE with data regarding their hotline reports related to CSEC. Over time the number of SCAR reports to CWS with CSEC allegations has increased steadily. This likely reflects increased awareness amongst mandated reporters and first responders.

Suspected Child Abuse Reports (SCAR) to CWS Hotline with CSEC allegations	
Quarter of SCAR	Number of SCARS (duplicated)
2015	18
Jan-Mar	1
Apr-Jun	5
Jul-Sep	6
Oct-Dec	6
2016	39
Jan-Mar	16
Apr-Jun	9
Jul-Sep	9
Oct-Dec	5
2017	36
Jan-Mar	8
Apr-Jun	6
Jul-Sep	4
Oct-Dec	18
2018	48
Jan-Mar	9
Apr-Jun	7
Jul-Sep	18
Oct-Dec	14
2019	
Jan-Mar	22
Apr-Jun	14

CWS also reports results of CSE-IT screenings gathered and reported by the WestCoast Children’s Clinic. CWS referrals are screened when the referral is flagged as potential CSEC at the hotline or when the investigator determines that there are risk factors present during the course of the child abuse/neglect investigation. For active cases, CWS policy is to screen all children age 10 years and older with the CSE-IT tool within 30 days of case opening and every 6 months thereafter. Children are also screened when they return from an absence from placement. Since these procedures were implemented, from December 2015 through June 2019, 543 youth were screened by CWS. Of these, 61% (334) resulted in “no concern,” 20% (107) resulted in “possible concern,” and 19% (102) resulted in “clear concern.” This means that 39% of CWS cases age 10 years or older have a possible or clear concern for CSEC.

SANTA BARBARA COUNTY BEHAVIORAL WELLNESS CSEC PROTOCOLS

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. The following are the three screening questions that Access asks a guardian or provider when they're calling to obtain services for a potential client under the age of 25 years.

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?

A positive response to any of these three questions initiates the following protocol:

1. Administration of an adapted FRIT.
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 FRIT and SCAR have been completed.
4. 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.

A total of 2,741 people were given these screening questions from October 2016, when the protocol was initiated, through June 30, 2019. Of these, 502 endorsed a “yes” to one of the three screening questions, yet only seven subsequently endorsed any of the FRIT questions.

SANTA BARBARA COUNTY PROBATION CSEC PROTOCOLS

The RISE Project and the Behavioral Wellness Juvenile Justice Mental Health Services (JJMHS) team collaborated with Probation to implement a CSEC indicator in their database. The RISE Project and the Behavioral Wellness JJMHS team collaborated with Probation to implement the First Responder tool as part of standard practice. As a result, Santa Barbara County Probation enters required CSEC information into the CWS case management system only for youth in foster care. They also added a CSEC flag to their own database. Effective Friday March 10, 2017 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 risk of being CSEC – “Completed: At Risk.” If determined NOT to be at risk of being CSEC – “Completed: NOT at Risk.”

SUMMARY AND FUTURE DIRECTIONS

Overall, evidence for the effectiveness and impact of using a shared screening tool has included the development of effective screening measures to identify youth at-risk for or involved with CSEC, implementation of training and new protocols within key agencies, and increasing identification of youth at-risk for or involved with CSEC by multiple coordinating agencies. Data collected to date have demonstrated an increase in suspected child abuse reports with CSEC allegations consistent with these efforts.

Next steps to increase the impact of shared screening tools include engaging even more first responders including school administrators and additional law enforcement partners. The RISE team continues to be a leader in providing CSEC awareness trainings while also working with the Human Trafficking Task Force and other partners in these efforts. For example, RISE is now working with student attendance review boards (SARB) in multiple school districts to help them implement screening protocols to identify youth who are truant as they too are at-risk for CSEC.

#2: Impact of RISE for Young Women Vulnerable to or Involved in CSEC

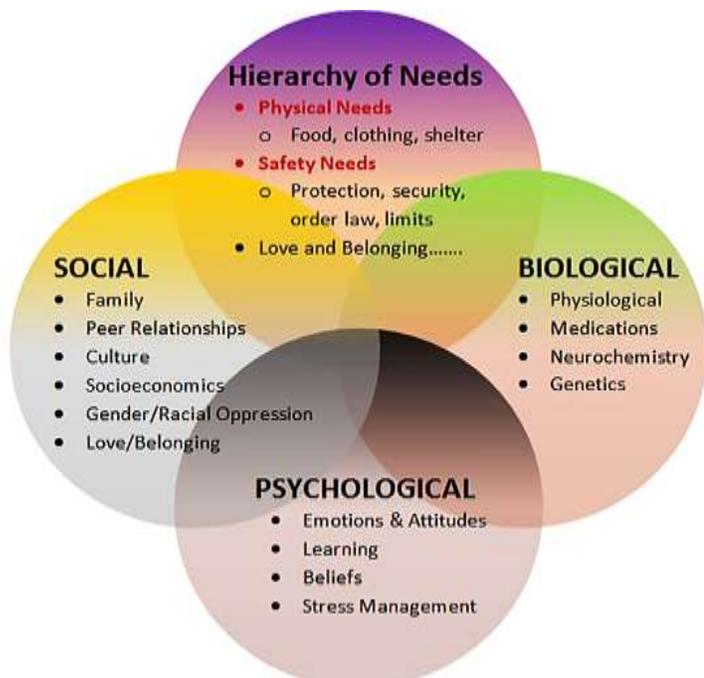
The RISE Project serves females ages 10-28 years old and their families living in Santa Maria, Lompoc, Carpinteria, and Santa Barbara regions of Santa Barbara County. The RISE Project aims to improve treatment for historically underserved populations (African American, Asian/Pacific Islander, Latinx, 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.”

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.

By adapting Maslow’s Hierarchy of Needs 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 supports and empowers 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.

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) and integrates them in a client-centered way by addressing client-expressed needs and desires first and foremost. 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.

The RISE Project approaches intervention within stages, recognizing that various clients have different needs as they progress through engagement and treatment. Each stage may take days, weeks, or years, depending on each individual's journey. Clients typically cycle between stages, often returning to "stabilization" several times before more consistently advancing into "coping strategies" or "maintenance." To date, very few clients have reached the "leadership" stage, which is a journey that takes several years. RISE Project stages and descriptions of each stage are depicted on the following page. What is not depicted is a "preconsumer" stage, which is the period of outreach and engagement of a new client before "stabilization" work can begin.

RISE Project



Wellness-Mind, Body & Spirit

LEADERSHIP:

"Don't Talk About It...Do About It"

- During this stage, you have mastered your skills, built up your strengths, developed and maintained healthy supportive relationships and achieved many of your long and short term goals
- You have shown "leadership" in your own life by using skills, healthy supports and making choices that best lead you toward your life goals and happiness.
- You have explored why and how you went from "Victim" to "Survivor" and now redefine yourself as a "Thriver".
- You now understand how trauma impacts every aspect of your life, including thoughts, actions, education, feelings, opportunities, relationships and your physical wellbeing
- You understand the difference between a healthy and nurturing relationship and one that is not
- You have learned that you are exceptionally resilient and regularly use your strengths to create your own happiness
- You are your own "leader" and are ready to go live the life you have worked so hard to create!

MAINTENANCE:

PRACTICE BEING THE REAL ME:

- **"Walking in My New Shoes"**
- During this stage, you will have your "Team" of people supporting you as you Rise Up to reach the life you want
- Now that you have put out your fires and learned basic skills to better manage whatever challenges come your way, there is more room for growth and new learning
- You are now ready to deepen your understanding of yourself & others. This will strengthen your resiliency and healthy relationships, making you less vulnerable to negative influences, people or experiences
- RISE provides a variety of opportunities and services in the "Maintenance" stage. We can assist you in education, vocational school, art, dance, employment or social opportunities so you can be successful and enjoy your life!
- At this stage you are willing to try new things, fully engaged in your treatment, trust your team and start to explore what it means to move from "Victim" to "Survivor"

COPING STRATEGIES:

"Rise and Shine"

- During this stage, your "Navigator" will introduce other potential supports and support persons.
- You will identify short and long term goals/dreams & then together we will develop a plan of action with you to achieve your goals and dreams.
- You will help us to put together and identify your "Support Team"
- Your "Team" will help you develop your "tool box" that allows you to manage obstacles or challenges that come your way
- You are always in the driver's seat and direct the way you reach your goals; RISE is simply here to "walk with you" on your journey!

STABILIZATION:

"Out of the Fire"

- During this stage we will work together with you to identify your needs & strengths, helping you put out any "fires" or urgent issues you may be facing.
- We will develop a Self Care Safety Plan with you & identify someone from our RISE team that will walk with you through your process of healing or achieving goals

Throughout your journey with RISE 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....to become a "Thriver"!

SMART TOOL DEVELOPMENT

During the 2018-2019 year, multiple smart tools were developed to enhance the assessment of youth needs to more effectively support them starting with program engagement. Youth are at-risk for CSEY when they are marginalized in society. Youth who are homeless or involved with child welfare are at-risk for CSEY. In addition, youth who are of minority or mixed racial ethnic background and those who identify with sexual or gender minority groups experience more discrimination and marginalization than other youths, thus, these factors also put youth at-risk for CSEY. Thus, an LGBT/GNC and a Race, Ethnicity, Culture, and Discrimination Tool were both developed for implementation in 2019-2020.

LGBT/GNC TOOL

One of the goals of the Innovations extension is to “increase outreach and engagement efforts for LGBT/GNC CSEC youth.” The LGBT/GNC (Lesbian, Gay, Bisexual, Transgender, Gender Non Conforming) Tool aims to better understand the sexual orientation, gender identity, and gender expression of RISE participants. This tool asks participants to provide their sex assigned at birth and then rate their gender identify, gender expression, sexual attraction, and emotional attraction on a scale from 0 to 10 for Female/Woman/Girl, Male/Man/Boy, and Other Gender(s). The survey also allows for any notes about a participant’s gender identity or sexual and emotional attraction. This tool is important because youth with minority sexual orientation or gender identity are common within the CSEY population and may require specialized treatment to process experiences of discrimination and/or support identity development.

RACE, ETHNICITY, CULTURE, AND DISCRIMINATION TOOL

Youth from certain racial/ethnic groups have been historically underrepresented in mental health treatment and in the research and evaluation of evidence-based treatments including African American, Asian Pacific Islander, Latina, and indigenous Native Americans. In order to better attend to race, ethnicity, and culture in providing services to RISE participants, the evaluator worked with the clinical team to develop the Race, Ethnicity, Culture, and Discrimination Tool. This semi-structured interview, administered by a clinician as they get to know a client, asks participants to report their racial/ethnic background and what racial/ethnic background other people think they are. It also asks open-ended questions about cultural traditions, family roles, birth location of family members including parents and grandparents, experiences of discrimination due to racial/ethnic background, information about languages spoken, immigration, and legal status (in confidence, if appropriate). The tool also includes measures of racial socialization, ethnic identity, and experiences of discrimination including what the client felt was the main reason for experiences of discrimination (e.g., gender, race, age, religion).

These tools were developed and pilot-tested during this evaluation period (2018-2019) to prepare for implementation in the following fiscal year (2019-2020).

EVALUATION DESIGN

The RISE Project evaluation includes detailed RISE service provision, client need, and client outcome data to better understand the strengths and needs of the CSEC population and how they are being addressed by RISE. This is a descriptive evaluation. A descriptive evaluation design shows whether a program is operating as planned, provides feedback about services, and determines if desired outcomes are being addressed and accomplished. Outcomes to track include a focus on building participant strengths as a priority focus while also addressing needs and risks. Each component of the evaluation will be detailed in a separate section that will include methods.

CLIENT DEMOGRAPHICS

Behavioral Wellness participant data were available for 134 clients of RISE ranging in age from 11 to 25 years with a mean of 17.8 ($SD = 2.3$). Gender (*missing for 6*) was primarily female (96.8%) with an additional 4 clients who were male. Racial/ethnic data indicated a diverse group including Mexican American (41%), White (19.4%), Other Hispanic Latino (15.7%), Unknown (9.7%), Black or African American (5.2%), Mixed Race (3%), Asian or Pacific Islander (3%), American Indian (1.5%), and Mixtec (.7%). Language (*missing for 11*) was primarily English (82.9%) with some clients speaking Spanish (16.3%) and one speaking Tagalog. Residential living arrangements (*missing for 21*) included in a house or apartment (52%), house or apartment with supervision (22%), group home (6.5%), foster family (3.3%), house or apartment with support (3.3%), homeless (2.4%), other (1.6%), or unknown (.8%). Demographic data are also provided for individual measures when they were included in the data.



PARTICIPANT INFORMATION: ADVERSE CHILDHOOD EXPERIENCES (ACEs)

Data about the adverse childhood experiences (ACEs) of participants were gathered at intake. Research has demonstrated that 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.

ACEs were measured by the CANS. Responses are "No" for no evidence of trauma and "Yes" for suspicion or confirmation of a trauma. All of the traumatic/adverse childhood experiences indicate whether or not a youth has experienced a particular trauma. If they have ever had one of these experiences it would always

be rated in this section, even if the experience was not currently causing problems or distress in the youth's life. Thus, these items are not expected to change except in the case that the youth has a new trauma experience or a historical trauma is identified that was not previously known.

- **Sexual Abuse:** whether or not the child/youth has experienced sexual abuse.
- **Physical Abuse:** whether or not the child/youth has experienced physical abuse.
- **Emotional Abuse:** whether or not the child/youth has experienced verbal and nonverbal emotional abuse, including belittling, shaming, and humiliating a child/youth, calling names, making negative comparisons to others, or telling a child/youth that he or she is "no good." This item includes both "emotional abuse," which would include psychological maltreatment such as insults or humiliation towards a child/youth and "emotional neglect," described as the denial of emotional attention and/or support from caregivers.
- **Neglect:** whether or not the child/youth has experienced neglect. Neglect can refer to a lack of food, shelter or supervision (physical neglect), lack of access to needed medical care (medical neglect), or failure to receive academic instruction (educational neglect).

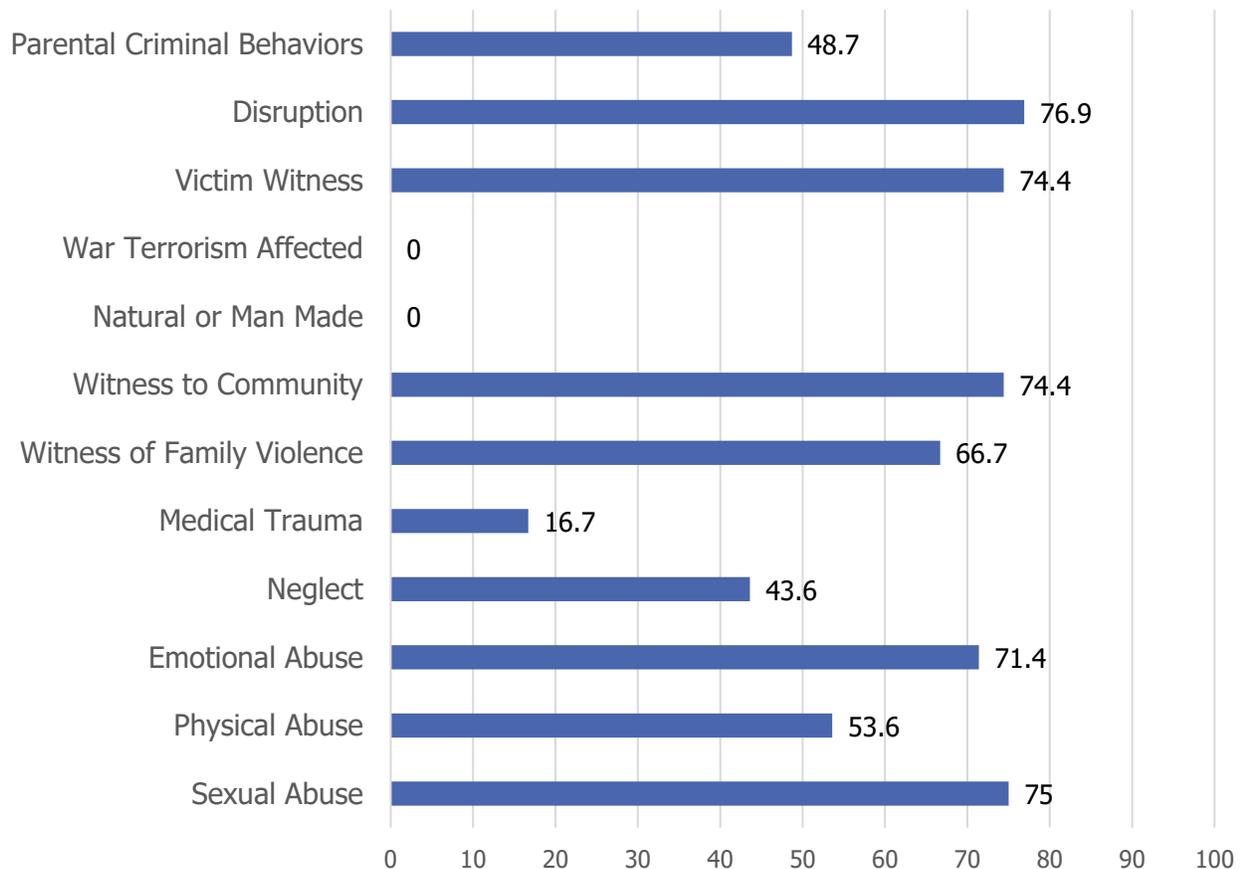
- **Medical Trauma:** whether or not the child/youth has experienced medically-related trauma, including inpatient hospitalizations, outpatient procedures, and significant injuries.
- **Witness of Family Violence:** whether or not the child/youth has witnessed violence within the child/youth’s home or family.
- **Witness to Community/School Violence:** whether or not the child/youth has witnessed incidents of violence in his/her community. This includes witnessing violence at the child/youth’s school or educational setting.
- **Natural or Manmade Disaster:** describes the child/youth’s exposure to either natural or manmade disasters.
- **War Terrorism Affected:** describes whether or not the child/youth has been exposed to war, political violence, torture or terrorism.
- **Victim/Witness to Criminal Activity:** describes whether or not the child/youth has been exposed to criminal activity. Criminal behavior includes any behavior for which an adult could go to prison including drug dealing, prostitution, assault, or battery.
- **Disruptions in Caregiving/Attachment Losses:** describes whether or not a youth has had one or more major changes in caregivers, potentially resulting in disruptions in attachment.
- **Parental Criminal Behaviors:** describes whether or not the child/youth has had caregivers involved in criminal behavior. This includes both biological and stepparents, and other legal guardians, but not foster parents.

A new ACEs module was added to the CANS and RISE implemented this module by July 1, 2018. This analysis focuses only on the new ACEs module. Data were coded inconsistently within this domain. Some entries were “Yes” or “No” and others were coded with a number 0, 1, 2, or 3, presumably according to the CANS rubric. Some were marked “NA.” In order to score ACEs for all participants, items were recoded so that Yes, 1, 2, 3 were coded as a “Yes” and 99, No, [item blank], and 0 were a “No.” This resulted in 42 clients with an ACE score ranging from 0 to 10.

	Mean	Median	Mode	Lowest	Highest
ACEs Score	5.1	5.0	6.0	0	10

ACEs scores of clients ranged from 0 to 10 with an average of 5.1. This high average score means that RISE clients are at high risk for health complications and disease as well as psychiatric disorders. Thus, it is important that RISE services include health, wellness, and medical interventions that reduce the impact of stress on the mental and physical health of clients.

Intake Percent ACEs Experienced (n=42)



Examining the specific types of adverse childhood experiences for RISE clients, very common ACEs were disruptions in caregiving or a loss of caregiver (76.9%), sexual abuse (75%), witnessing criminal behavior (74.4%), witnessing community violence (74.4%), emotional abuse (71.4%), and witnessing family violence (66.7%). Medical trauma was rare (16.7%). No client experienced war or terrorism and no client experienced natural or manmade disasters.

This pattern of ACEs suggests attachment is a major factor in treatment since attachment for CSEC survivors is significantly harmed due to the nature of the multiple traumas they have typically experienced at the hands of their caregivers, including the exploiter(s). By approaching practitioner service provision through a "caretaker" lens, effective approaches would need to consider attachment style, counter-transference and transference, attend to basic needs, and provide an understanding, flexible, non-judgmental, non-pathologizing, bio-psycho-social strengths-based empowerment approach in order for their CSEC clients to achieve full therapeutic benefit.

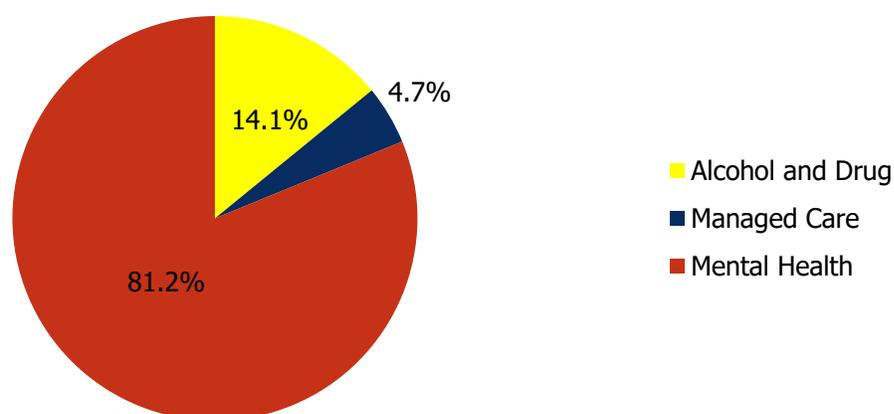
PARTICIPANT INFORMATION: BEHAVIORAL WELLNESS SERVICES HISTORY

A lifetime history of prior Behavioral Wellness services provided to clients in RISE was available for 149 RISE Clients for all admissions that began prior to June 30, 2019. The earliest date of admissions for a RISE client into the Behavioral Wellness system was December 2, 2004. Clients had an average of 9.6 (SD = 9.1) primary admissions with a range from 1 to 57 admissions. The following table displays the mean days clients were admitted to Behavioral Wellness services. First admissions averaged 165 days (about 6 months) while the average length of all admissions combined averaged 1,313 days (about 3.5 years). These results indicate that RISE clients, on average, were referred to Behavioral Wellness early and often with long histories of prior services.

	Mean Days	Standard Deviation	Range
Length of all Admissions (days)	1313	1253	1 to 7205
Length of first Admission (days)	165	228	0 to 964

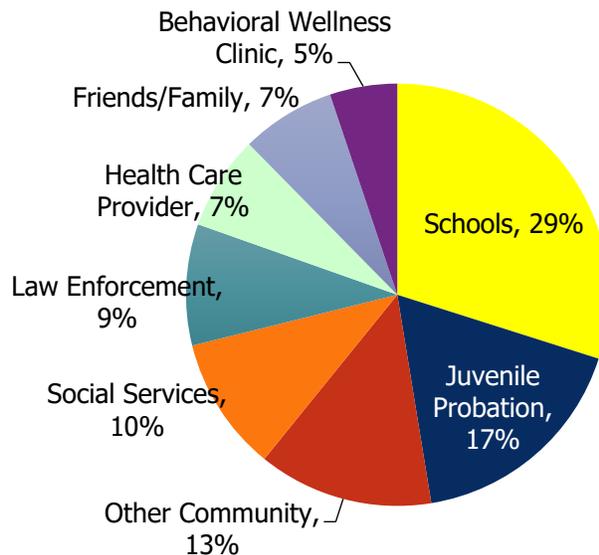
To provide more information about admissions, detailed information about clients' first admission into the Behavioral Wellness system was examined. Overall, clients received an average of 18 services at first admission, with a range from 0 to 178 services (services include all billed activities and/or days in the hospital). The first admission service period averaged 165 days and ranged from 0 to 964 days. The following chart displays which system of care the client was admitted into.

Client System of Care at First Admission to Behavioral Wellness Services (*n*=149)



The following chart displays the first admission primary referral source, which was available for 93 clients. The most common referral sources were schools/educational programs (29%) and juvenile probation (17%).

Client Referral Source at First Admission (n=96)



The following table provides information about the programs RISE clients received when they first received Behavioral Wellness services. Only 8% of the RISE clients were first admitted into Behavioral Wellness for the RISE program. More common pathways into the Behavioral Wellness system were through crisis services (43%), other Behavioral Wellness programs (19%), outpatient children’s services (19%), and juvenile justice (11%). As the issue of CSEC becomes recognized by more and more first responders, first admissions for clients who are at-risk for or engaged with CSEC may shift to programs that serve children earlier in their lives including family-oriented programs, managed care, and school-based programs.

First Admission Program Name	Frequency	Percent
Crisis Services	43	29%
Behavioral Wellness Mental Health Services for Youth	29	19%
Outpatient Children’s Services	28	19%
Juvenile Justice	16	11%
RISE	12	8%
Family-Oriented Services	9	6%
Managed Care	7	5%
School-Based Programs	5	3%
Total	149	100

PARTICIPANT INFORMATION:

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)

RISE administered the CANS, which is a multi-purpose tool developed to identify strengths and needs. Strengths are the youth's assets, which are the areas of life where they are doing well or have interest or ability. Needs are potential areas that the youth requires intervention or care. Service providers can use these markers to inform decision-making and to monitor outcomes of services. CANS results were available for a total of 62 RISE clients during the 2018-2019 evaluation period.

LIFE FUNCTIONING DOMAIN

RISE client results indicated many needs in the area of life functioning. Family relationships, living situation, social functioning, sexual development, school achievement, and age-appropriate decision making processes were all common areas of need. Areas of need not prevalent for RISE clients were school attendance, developmental functioning, medical problems, and school behavior.

STRENGTHS DOMAIN

RISE clients demonstrated numerous strengths across almost all strengths. A very common area of strength for RISE clients was resiliency. Most other strengths were common as well: sense of family identity, school, talents, spirituality, cultural identity, connections in the community, and natural supports. An uncommon strength was social and relationship skills.

CULTURAL FACTORS DOMAIN

Cultural factors identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide interpreter, find a therapist who speaks family's primary language, and/or ensure that a youth has the opportunity to participate in cultural rituals associated with their cultural identity). This includes difficulties that youth may experience as a result of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society. Overall, cultural Factors were an uncommon need for RISE clients.

BEHAVIORAL/EMOTIONAL NEEDS

Areas of concern in this domain suggest distress that should be monitored through validated assessments. Common behavioral or emotional needs for RISE clients included problem with impulse control, depression, anxiety, adjustment to trauma, anger control and substance use. Uncommon needs were psychosis, oppositional behavior, and conduct problems.

RISK BEHAVIORS

Areas of concern in this domain suggest dysfunction that should be monitored through validated assessments. One common risk behavior experienced by RISK client was runaway behavior. All other risks, including suicide, self-mutilation, self-harm, danger to others, sexual aggression, and delinquent behavior were uncommon for RISE participants.

RISE SERVICES: TRIAGE DATA

After extensive planning and pilot testing, on July 1, 2017, RISE implemented a detailed daily service provision tracking process aligned with their triage system of intervention. RISE implemented the daily triage system with an Excel form to bring attention to each RISE participant and identify their needs at that moment. RISE staff set immediate, short-term, and longer-term goals after reviewing the triage system. As each goal is met, RISE staff logs the activity. First and foremost, tracking assists RISE in meeting the needs of their clients. In addition, the tracking assists with billing and understanding the frequency and duration of various RISE services. Finally, these detailed are ideal for in-depth evaluation of the RISE process data.

The RISE tracking system consists of ten services categories (therapy, rehabilitation, medication support, rehabilitation health and wellness, plan development, assessment, case management, client support, crisis intervention, and pre-consumer). Within each category are detailed subcategories. Each service for each girl is tracked on a daily to weekly basis during team meetings.

In 2018-2019 RISE transitioned to a web-based database, Vertical Change, in order to more efficiently track triage data and readily report results. Staff continued to complete the Excel tracking sheet while the database was being contracted and developed. Once the database was developed, all historical triage data was uploaded into the system. Results reported in this report are based on the uploaded data reflecting services assigned from July 1, 2018 to June 30, 2019.

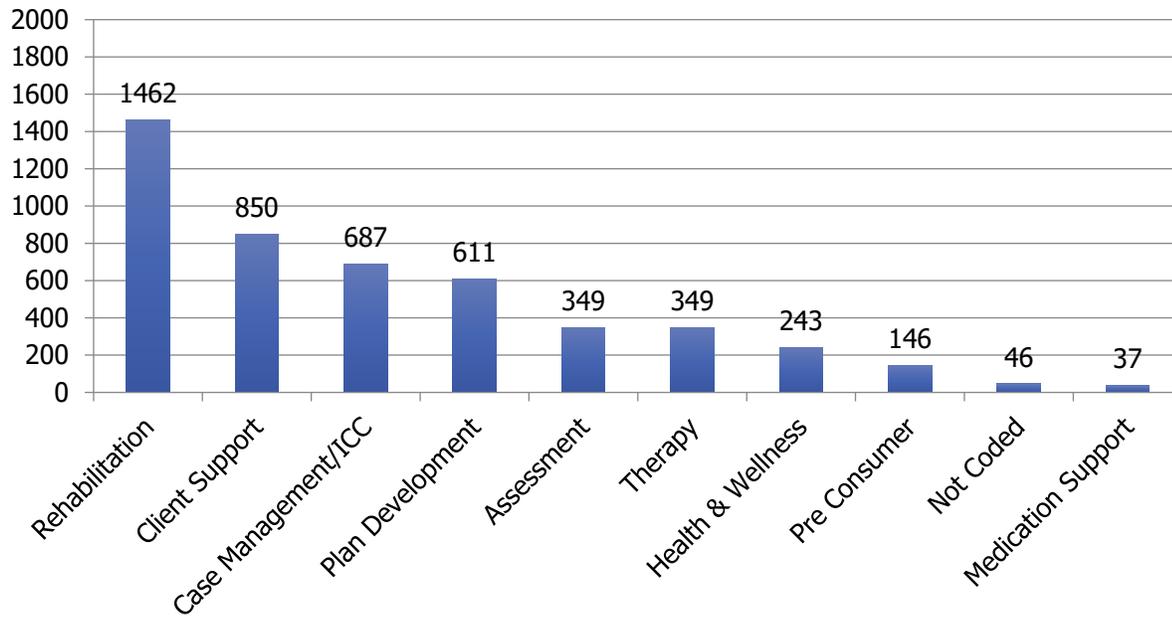
SERVICES

RISE offers a wide range of services to respond to the high level of need among their clients. Therapy and rehabilitation services are offered to address mental health and developmental needs. To respond to basic living needs, RISE also offers medical, legal, and housing support. To assure that participants receive adequate, appropriate, and accessible services, they offer many supportive services, such as transportation. Services are chosen based on participants' goals, needs, strengths, and stage in life. Overall, triage reporting was completed on 4780 activities for 113 clients in 2018-2019. The number of contacts per client ranged from 1 to 175 with an average of 42.3 contacts per client. With feedback during the process of evaluation, the RISE team has streamlined and updated the triage categories to make sure they best reflect the RISE model moving forward. This process of continual program improvement based on evaluation and feedback is critical to optimizing services.

The following chart displays the number of each broad service category provided to RISE participants. As displayed, *rehabilitation services* (e.g., life skills, housing support, legal support, educational support) were by far the most commonly provided at 30.6%. Rehabilitation commonly includes implementation of coping tools such as distress tolerance exercises or mindfulness. This also includes psychoeducational sessions designed to provide clients information about factors related to their treatment including trauma, health, and exploitation. Other key services unique to the CSEC survivor population that provide a therapeutic benefit include removing tattoos or other scars and visual disfigurement that exploiters used to "brand" the girls or providing dental work to help girls have confidence in their smile. While these services

are not all traditional therapeutic interventions, they are critical for restoring health and wellness for CSEC survivors.

Services by Type



Broad Service Category	Category Description as Implemented
Rehabilitation	Rehabilitation includes, but is not limited to, assistance in improving, maintaining, or restoring a client or group of clients' functional skills, daily living skills, social and leisure skills, personal hygiene skills, meal preparation skills, and support resources.
Client Support	These activities facilitate access to assessment and treatment and include transportation, scheduling, parent/family support, and interpretation.
Case Management	Case management services support the accessibility and fit of services.
Plan Development	Services that consist of development of client plans, approval of client plans, and/or monitoring of client's progress including consultations, treatment meetings, and case conferences.
Assessment	Assessments determine participant's mental health needs and diagnoses, past traumas, medical conditions, life circumstances, and strengths.
Therapy	Therapy sessions are face-to-face services designed to respond to the mental health and substance abuse needs of participants and their families.
Health & Wellness	Health & Wellness activities include yoga, linking to alcohol/drug support, medical appointments, meditation, and reproductive health.
Pre Consumer	Clients are still in engagement and have not been opened or had an intake.
Medication Support	All medical support services are done with a RISE advocate involved to ensure participant's comfort and trust.

The RISE team has been adjusting the categories to reduce redundancies across and within domains. Triage data tracking helps RISE staff manage caseloads and attend to outstanding client needs. The data also help identify what configuration of services are needed for clients over time so appropriate staffing levels can be determined.

RISE SERVICES: STAFF FOCUS GROUPS

The evaluator conducted three 90-minute focus groups with RISE staff in order to document their innovative work. These interviews are summarized and add richness to the triage data.

What are the client needs? How do you address them?

RISE staff give clients a hygiene pack because they often don't have basic items at home. The hygiene pack includes deodorant, shampoo, toothbrush, tampons, socks, underwear, and a blanket. RISE staff also personalizes the hygiene pack with coping tools such as the Runaway Girl book, art supplies, or a stress ball. RISE staff understand that the girls may run away, which puts them at risk for exploitation and survival sex; the hygiene pack provides items so there are fewer things the clients need to trade sex for. The RISE staff also provides access to condoms and lube to further protect their clients.

As for additional basic needs, RISE staff builds structure, consistency, love, purpose, belonging, and safety for each client. One of the first steps is to build a self-care safety plan such as whom they would call if they ran away or needed help. RISE staff helps each client identify safe natural supports that exist in their lives. RISE staff helps each clients identify supports in every different area including food, clothing, housing, maternity needs (diapers, bassinet), and legal. For example, RISE staff will connect a client with Victim Witness to talk about their legal case.

Myth: This doesn't happen in Santa Barbara.

RISE clients may not feel comfortable talking about what has happened to them, particularly in an individual counseling session. However, in groups they have a shared experience with other clients and may open up in that safe space. RISE offers activities like survivor night so clients can socialize with each other.

Throughout their work with each client, RISE staff is careful to protect their clients from arrest and to not be present during an arrest. They keep location confidential from law enforcement and stick to mandated reporter requirements. Mandated reporters do not have to report runaway, drug use, probation status, or warrant. RISE staff may not transport clients while they are on the run but clients can come by RISE or meet RISE staff in a public place.

What does it take to engage clients?

Attend to basic needs. Youth are exploited to meet their basic needs of food, clothing, shelter, love, belonging, and self-esteem. Thus, interventions need to consider how to meet all of these needs in order to attract survivors away from their traffickers. Providing services in a warm, homelike environment with snacks and drinks available is important. There is a RISE "closet" on site with donated clothes and toiletries the girls can choose from. The RISE team also has "to-go" bags with clothes, blankets, toiletries and art supplies available to give girls who need them, such

as girls who are currently unsheltered and/or “on the run.” In addition, survivors often have long histories of disrupted attachments and need a long time and lots of patience to establish trust in a relationship. These relationships and associated rehabilitation and therapy are critical for meeting basic needs of love, belonging, and self-esteem.

Rapport building. Rapport building is critical and must happen slowly on the client’s terms. Talking about music, television shows, and favorite activities can happen in comfortable settings including while in the home-like environment of the RISE clinic. RISE clinicians offer clients something to eat and drink as they would a guest in their home. If the building looks like a prison it would be triggering to their symptoms. Clinicians also hold sessions walking, hiking, or eating out for lunch.

Client interests. RISE staff work within each girl’s interests to develop a relationship and build in rehabilitation, psychoeducation, and therapy. For example, if they like animals, RISE staff will take them to the animal shelter and walk around there to talk while visiting the dogs.

Consistency and persistence. RISE staff report that it is critical to reach out to clients several times in order to engage them; there can be no limits on the number of times staff are allowed to conduct outreach and engagement.. It is important to be flexible in scheduling to meet each client’s needs and for the RISE staff member to keep showing up even if the client typically misses appointments. Clients must be kept open to services. Staff address therapy-interfering behaviors such as missing appointments if relevant, but will always make time for them. No matter what happens the RISE staff must show up at the appointed time, on time.

Adapt communication. Communication must be tailored to the client’s preferences and resources. The RISE staff typically communicates with clients through cell phones and most communication with clients is through texting and messaging. However, some clients do not have access to a cell phone or cannot safely have access to a cell phone due to risk for trafficking. RISE staff adjusts in order to communicate with these clients through email, for example.

Parent outreach. Parents can be valuable allies for engaging clients. For example, parents may call RISE if their daughter goes on the run or returns from running away. Having inside knowledge of a client’s coming and going and available time, the RISE staff can schedule sessions at times that are convenient for their daughter.

Structure without rigidity. Clients need structure and high expectations. RISE clients are used to no boundaries and no rules so RISE staff reinforce boundaries and rules. However, RISE staff are flexible and persistent to engage clients in sessions without blaming, shaming, or punishing them for not meeting expectations.

Humor. RISE staff regularly use humor so clients don’t feel like this has to be so heavy. Humor helps relax the body, boosts the immune system, releases endorphins, and helps reduce threat-induced anxiety. Humor also strengthens relationships, defuses conflict, and promotes bonding.

Myth: Girls will talk about their story.

Although some girls will “flood” and over share their experiences, many will not disclose details of the exploitation they experienced.

Side-by-side therapy. Face-to-face therapy may be overwhelming to clients because it requires strong eye contact and focus on the individual. Thus, RISE clinicians may offer therapy while driving, walking, eating, or drawing, for example.

Get out in the community. Working in the community helps RISE clients build functional skills. This is a way of letting clients know this is how you communicate with people, place your lunch order or snack, or communicate with others. Role modeling and teaching functional communication skills in the real world is key.

Therapy waits. RISE staff slowly build and integrate rehabilitation and therapy as basic needs are met and rapport is developed. The RISE staff may help build therapy skills first by helping her breathe, teaching her how to reduce symptoms with mindfulness and deep breathing. Mindfulness might include a focus on what they see on a walk or what they taste while eating lunch. As clients progress in their coping skills and reduce therapy interfering behaviors, RISE staff are able to engage them in more intense therapeutic techniques.

Psychoeducation. RISE staff often need to provide psychoeducation to clients regarding an array of topics including sexual exploitation, safe sex, healthy relationships, and reproductive health.

Appropriate boundaries. RISE staff communicate to clients that they do not have to share everything with them because you just met them. RISE staff encourage their clients, "you are not your past, you are right here right now." Delving into the past can be traumatic and triggering.

Be vulnerable. At the same time RISE staff are teaching clients to maintain appropriate boundaries, RISE staff find it important to share personal information. It is critical for staff to know what to share and how important give and take is to building trust and rapport. RISE staff model sharing by communicating stories that show they are human too, they make mistakes, and they apologize and own their mistakes. RISE clients often don't have that type of trust and role modeling with adults in their lives and so this type of modeling can be corrective.

Be aware of their stage. RISE was designed with stages of treatment in mind. These stages are fluid and clients may progress quickly but return to earlier stages as well, particularly when they run or go back to their trafficker and subsequently return to RISE. At that point, clients may need much more rapport building and to restart the engagement process. Clients tend to vacillate between stabilization and maintenance. RISE staff discuss client's stage of treatment in triage meetings (e.g., stabilization versus maintenance). It takes a long time for clients to get to the leadership stage and they frequently fall back into earlier stages. RISE has clients who have made it to later stages and who have graduated and gotten jobs. It takes a long time, like 4 or 5 years to where they are engaged in therapy and able to get to this higher-level stage.

Focus on and highlight strengths. RISE staff focus on strengths, which helps clients be more receptive. The youth are so resilient it is important to highlight and build upon their strengths. RISE staff let clients know when they learn from them.

Address client interests. RISE staff center treatment around client goals. For example, a client might say they want to participate just to get a job so treatment will be incorporated into the steps of getting and maintaining employment.

Myth: This only happens to children who live in poverty.

There is no demographic indicator of who is being exploited, who is doing the trafficking, and who is buying. Wealthy, middle class, and low income folks are all involved.

Harm reduction. RISE focuses on harm reduction across all areas of risk, so RISE staff focus on celebrating improvements no matter how small.

Consider transportation. RISE staff will go to a client's home to pick them up for a session. Sometimes the client wants to come to the clinic but doesn't have the means. This also helps with parent engagement if the parents are not available to come to meetings or travel to the clinic. Access to services has to be easy for clients to participate. Thus, clinicians may need to travel to client homes to pick them up and have sessions in the community instead of the clinic.

Reentry. It is important for RISE clinicians to connect with clients, both ongoing and new referrals, while they are still in juvenile hall. Going into juvenile hall for engagement is helpful because clients there may be open to talking about themselves. In juvenile hall, clients have a period of sobriety so they can be clean. Through sessions in the hall clients can quickly feel comfortable with RISE staff. When clients are released they already know and trust RISE.

What are the substance use needs of RISE clients?

Most clients come in using some type of substances, including marijuana, methamphetamine, and/or Xanax. Client needs range from the need to get clean and stabilize to having an addiction history and needing ongoing support so they don't relapse. Risky drug use puts clients at risk for exploitation and further bartering/exploitation.

RISE staff members don't expect clients to be substance free as substances have been a coping tool clients have used to numb the pain of their past. RISE staff are careful not to take away from clients what they aren't ready to give up. This reflects staff training in and implementation of Motivational Interviewing.

RISE staff members include a certified Alcohol and Other Drug Counselor who can address many substance use needs. RISE staff work with clients to show them patterns of how substance use impacts their life and work to build alternative coping strategies to replace the need for substances. RISE staff will work on harm reduction to reduce the number or type of drug they are using. RISE staff also implement Seeking Safety for clients.

If clients are coming to RISE sessions under the influence, the RISE staff will update their plan to consider how well it is meeting the client's needs. RISE may decide to refer the client to someone else as part of the plan update. This may include connecting them with a doctor, for example to obtain Narcan to support a client in case of overdose.

If clients need intensive substance treatment, RISE staff will staff the case at a Multidisciplinary Team (MDT) meeting. If the client is on probation, Probation will make referrals to the community. Probation can add drug testing to their intervention plan. If the client is not on probation, RISE staff links them to drug and alcohol programs in the community.

What are the housing needs of your clients and how do you link them to housing?

Housing needs is a frequent concern for adult clients. Adult survivors have no one to help them navigate the system, find housing, shelter, safe house, or people who take in borders. Once someone is over 18 years old, there is no support and they are expected to navigate housing on their own. Thus, RISE staff do a lot of case management to support their adult clients' housing needs. RISE staff help clients complete the paperwork and advocacy needed to apply for low

income apartments, such as giving letters to housing authority to get them most points. RISE staff are always worried about clients going to the shelter due to the exploitation that goes on there (e.g., stuff stolen).

For minors, RISE does not determine if they go to a group home other than to have input. Clients can't go to a placement unless they are certified as needing that level of care. The first step is for the referring agency (CWS, Probation) to present the case to the interagency placement committee, which meets weekly. At the meeting, mental health, child welfare, probation, and other key providers have input on whether the youth qualified for that level of care. Everyone has to agree and the clinician assessment must reflect they need that level of care.

When their clients are in placement, RISE still provides services, even when clients are placed out of county. RISE stays in touch to maintain a relationship with the youth, even if survivor services are provided by the placement. Continuity of care is particularly important for this population due to the disrupted attachments that have occurred earlier in their lives. It is important to establish a care coordinator, somebody at the placement who can establish the team and provide communication to keep up with meetings and transitions. RISE staff sends letters or care packages to clients in placements. When RISE staff travel to attend team meetings, they will maximize their time by taking the client out for a walk or a meal before or after the meeting to maintain the relationship and connection.

What are the safety concerns of the clients?

RISE staff assesses each client's immediate safety, if they in danger from a particular person, and if there is somebody after them. Staff focus on keeping the client safe in the environment they are in. This includes a focus on natural supports and a place they can go to be safe.

With home safety, sometimes RISE staff have to assess if there is a family member or neighbor who is abusing (emotional, physical, sexual) the client. RISE staff make CWS reports and work with clients on a safety plan.

Regarding threats from outside of home, RISE staff helps clients address their own home security. RISE staff have worked with CWS to provide cameras and alarms and any other physical safety precautions needed to keep people in or out of the home.

RISE clients tend to have deep and active connections with gangs, if they are getting into fights or committing crimes it may indicate that they are putting in work for the gangs. They have been used as a double agent with other gangs, pretending to be committed to the rival gang in order to gain information and share it back with the gang.

If a client is going to be on the streets and unsheltered, RISE staff work with the client to identify the safest places to sleep, ensure the client has adequate blankets and supplies, and implement strategies to minimize harm reduction.

RISE staff assesses clients' emotional state and any potential harm to self. RISE staff work on replacement behaviors to achieve a healthy adrenaline rush; teach them self-soothing activities such as art, hiking, and talking about it; and implement therapy to help raise the awareness of client behavior and its impact on their own wellbeing.

Social media is a risk as adult males pretend to be young men and reach out to kids who are vulnerable. Staff report that clients will not give up social media and their phones. Social media is their sense of belonging yet it is also an admitted trigger for social emotional health and their participation in exploitation.

Law enforcement can be supportive by responding to calls for help from families with children on the run and recognizing signs and symptoms of CSEC. Probation has the potential to make a positive difference with clients when they provide structure and consistency. There is a negative impact if probation officers neglect their clients (e.g., do not implement drug testing) or take a zero tolerance approach with punishment and lecturing. It is critical that probation officers understand youth development and the impact of severe trauma on behavior and healing.



OUTCOME EVALUATION: PEDIATRIC SYMPTOM CHECKLIST (PSC-35)

The PSC-35 is a 35-item assessment of cognitive, emotional, and behavioral problems. Results are interpreted by clinical staff to inform treatment planning. A score of 28+ is commonly used and identifies about 12% of children as being at risk for mental health diagnosis based on a large U.S. sample (Murphy et al., 2016). PSC Subscales include Attention (cut-off is 7+), Internalizing (cut-off is 5+), and Externalizing (cut-off is 7+). A change of six or greater on the total score is considered a reliable change and changes that move from a risk category to a non-risk category are also considered clinically meaningful. On subscales, score changes of 1 or 2 points are significant, especially if they lead to changes in risk status. The Pediatric Symptoms Checklist (PSC) is administered by a clinician with a client's parents or caregivers to help determine the severity of mental health needs.

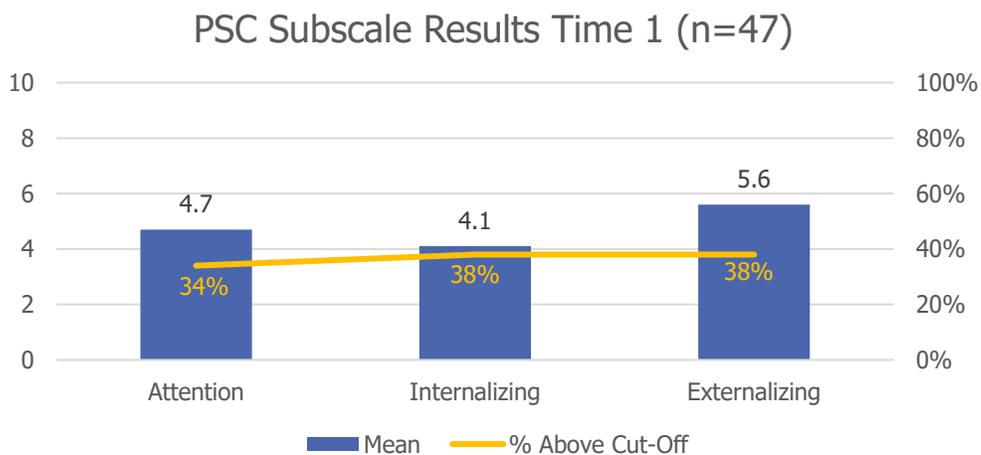
A total of 47 clients received a first PSC, 12 clients received a second PSC, and 1 client received a third PSC during the 2018-2019 evaluation period. The age range of the clients at their first PSC during this period was 12 to 17 with a mean of 15.66 years.

Note: As the PSC is used as a clinical tool, and not for an evaluation design, results are only indicative of client functioning for whom the tool was given, not program performance.

FIRST PSC DATA

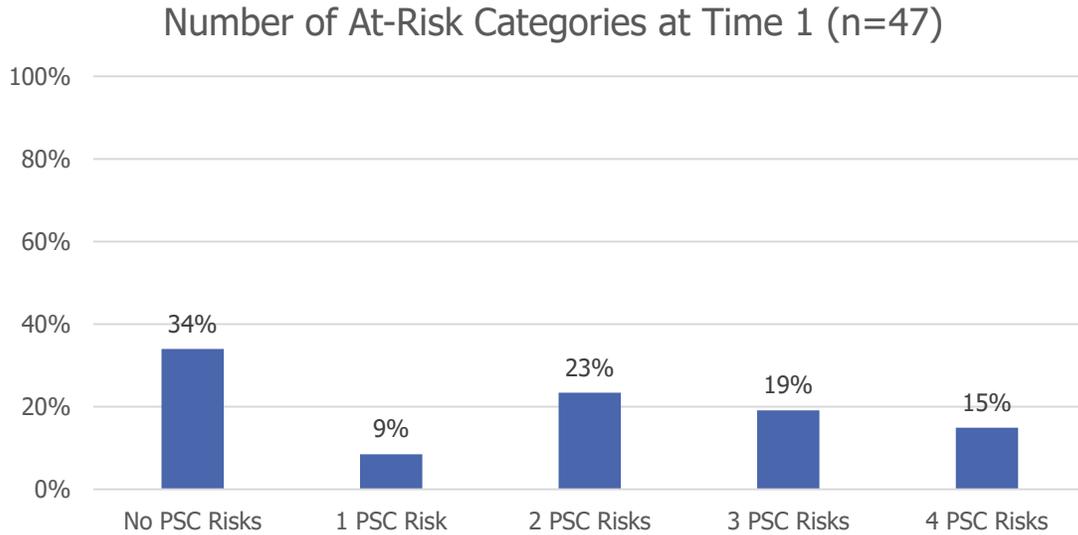
At the first PSC, administered with 47 clients, the average total score was 29.0 with a range from 8 to 50; 61.7% of RISE Clients scored at or above the cut-off indicating risk for mental health need, which is far greater than the 12% in the general population.

The following chart displays results of the PSC Subscales with both their mean score and the percentage of clients who scored at or above the cut-off for that subscale. Although the mean scores were all below the cut-points, far more than the 12% population average scored at or about the cut-off within the RISE client population: 34% for Attention, 38% for Internalizing symptoms, and 38% for Externalizing symptoms.



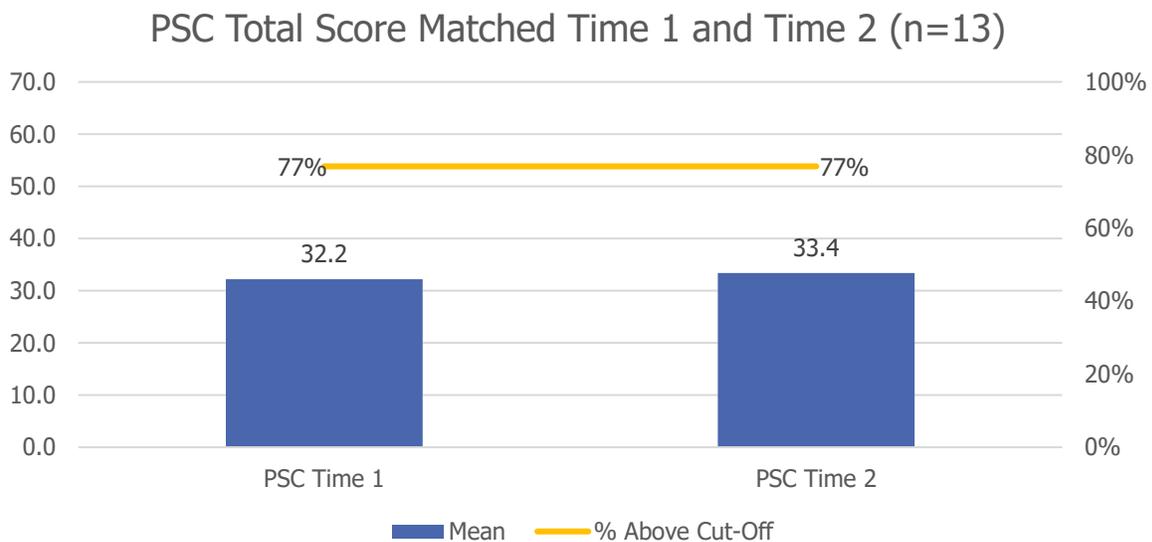
FIRST PSC DATA CONTINUED

It is also important to note how many clients score at or above the cut-off on each of the possible 4 PSC scales (total, attention, internalizing, externalizing). Overall, as depicted in the following chart, 34% of client PSCs reflected not screening with mental health risk while 66% scored at or above the cut-off on at least one of the scales: 9% on 1 scale, 23% on 2 risks, 19% on 3 risks, and 15% on all 4 risks.



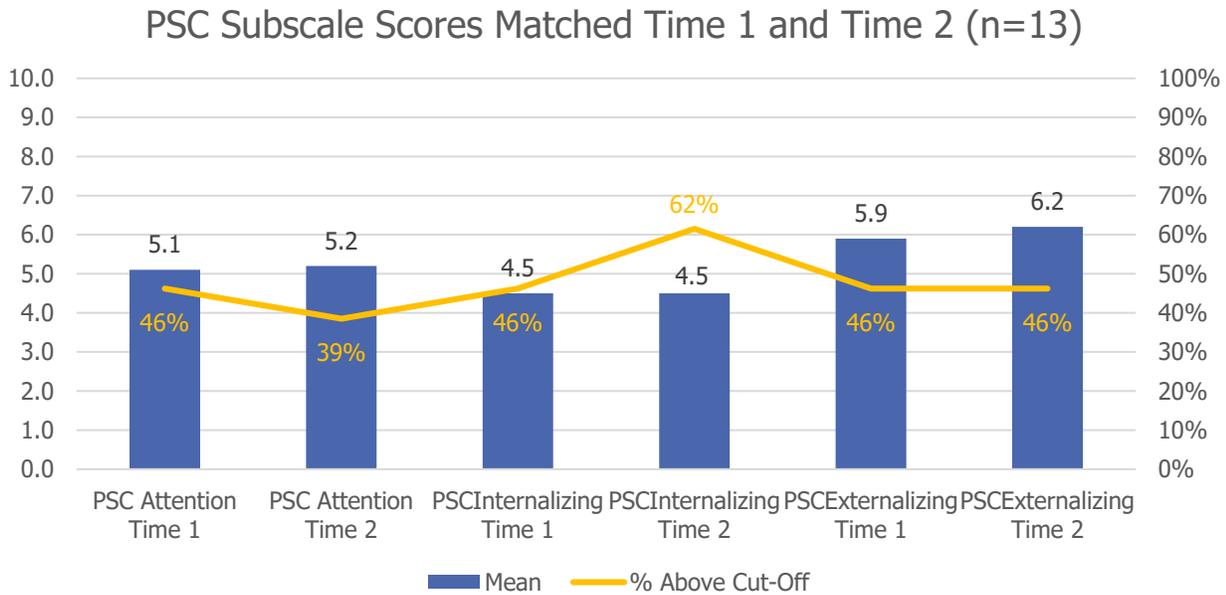
SECOND PSC DATA

The second PSC was administered with 13 clients. Data for these 13 clients were compared from their first to their second PSC. The following chart shows the PSC total score at both time points. Neither mean scores nor percentage of clients in the at-risk range changed from time 1 to time 2. These data suggest that the PSC was given twice to clients with higher average needs.



SECOND PSC DATA CONTINUED

The following chart displays the results of the PSC Subscales at time 1 and time 2 in terms of both their mean score and the percentage of clients who scored at or above the cut-off for that subscale. Regarding Attention, the mean score was the same at time 2, but fewer clients scored in the at-risk range at time 2. Regarding Internalizing Disorders, the mean score was the same at time 2 but a higher percentage of clients scored in the at-risk range at time 2. Regarding Externalizing Disorders, the mean score was higher at time 2 but the percentage of clients who scored in the at-risk range was the same at time 2.



Overall, PSC data are inconclusive. Without a comparison group it is impossible to know how these results would compare to clients who did not receive intervention. A large majority of clients engaged in RISE services have at-risk pediatric symptoms and they will benefit from significant intervention over a long period of time (i.e., more than one year). Future analysis would benefit from a longer time period with more clients.

OUTCOME EVALUATION RESULTS: CONSUMER FEEDBACK

A consumer survey was developed by RISE to obtain detailed information from RISE participants about their perspectives about themselves and the services they are receiving. 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. 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.

RISE Program staff administered 49 consumer surveys to 38 RISE participants between December 2016 and June 2019. Girls 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. For example, *strong*, the most frequently endorsed self-description, was mentioned in 16 of 49 (33%) surveys.



Qualitative Feedback

The following open-ended questions were posed for client feedback. This feedback is important to incorporate in program improvement efforts. For example, one RISE client expressed the desire to be allowed to speak at her court hearings, which was feedback given back to the judges.

Responses were grouped by major themes, which are reported here for each question along with one example. Additional examples are provided in a separate consumer survey report.

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

- Being able to talk to and trust people (“they actually talk to us and show they care”)
- Getting things I need (“The resources they had for me, when I needed it”)
- Expressing emotions (“They help me when I am mad”)
- The support (“They make me feel I’m worth it and can do anything I want”)
- Learning coping skills (Learning new coping skills and helping me get on track...”)
- Monitoring (“...no matter what, someone is always checking up on you”)

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

- Overprotective (“When they get overprotective, scared, and fearful”)
- Need more RISE (“They’re not located in SB”)
- It’s all helpful (“It’s all helpful and I appreciate the RISE program very much”)
- Access (“I never get to see the RISE program on the outs because I’m never home”)
- None (“Nothing”)
- I don’t know (“I don’t know”)

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

- Haunted by the past (“Staying away from bad people”)
- Education (“Not graduating”)
- Myself (“My bad habits and procrastination”)
- Probation (“Being on probation”)
- Drugs (“Staying sober”)
- Family (“Not having a home for me and my daughter”)
- Documentation status (“I’m worried about becoming documented”)
- Need structure (“Lack of structure”)

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

- Maintain support (“Continue to be there for me when I’m doing good or bad”)
- Provide support (“Come with me to do new things”)
- Help with schoolwork (“Support with my homework if they can”)
- More programs (“Having more things/programs available”)
- Advocate more (“Advocate more often in court”)
- Help get jobs (“Help me look for a job”)
- Family help (“Wants to spend more time with family”)

- Documentation (“If there is anything they can do to get documented”)

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

- Tell them about RISE (“Tell them about RISE”)
- Meet with family (“Have a meeting with my family or call my family”)
- Family therapy (“Maybe family therapy”)
- Help my family understand me (“Listen to what I want not what they think I need”)
- Encourage family (“Encourage them to come with me to do new things”)
- Rewards (“Small rewards”)
- I don’t want family to be involved (“I don’t want my mom to be involved at the time”)
- Nothing (“Nothing”)

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

- Don’t manhandle me (“They could try to calm me down instead of provoking me”)
- Help me (“Just be supportive”)
- Be more understanding (“Don’t assume. Don’t accuse.”)
- Get more programs (“The could help me with programs.”)
- Monitor me (“They try to help me by putting me on GPS or EM”)
- Don’t lock me up (“Not lock up people for minor things”)
- Family support (“Let me go with family”)
- Nothing (“Nothing”)

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

- Be more understanding (“Learn about what I went through!!!”)
- Program referrals (“Help provide drug counseling”)
- Less punishment (“Stop locking me up for dirty tests”)
- It helps me (“It helps me stay on track”)
- Do more (“They should check on me a little bit more...”)
- Leave me along (“Get me off probation”)
- Be fair (“Treat us fairly”)

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

- Be more understanding (“See how hard I am trying”)
- Better interventions (“Give programs that help...”)
- Not put me on probation (“Not put me on probation”)
- Treat us better in court (“Give us a chance to speak!”)
- More time between court (“Just extend my date to going to court...”)
- Leave me along (“Leave me alone”)
- Not much (“Not much”)
- I don’t know (“IDK”)
- Not take long for placements (“Not take long for placements”)

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

- Helping others understand (“Talk to probation about why I run away or want to run”)
- Talk me through it emotionally (“Talk to me and calm me down”)
- Talk me through it rationally (“They give me the pros & cons & alternatives”)
- Help my living situation (“Talk to us & try to figure out family situations...”)
- Distract me (“Help them find fun programs to get their mind distracted from running...”)
- Help me with food and shelter (“Take us to a shelter”)
- Unconditional support (“Don’t tell! And just give me your # so if I need help...”)
- Turn me in (“To encourage me to turn myself in or to tell on me”)
- Not sure (“I can’t think of anything”)

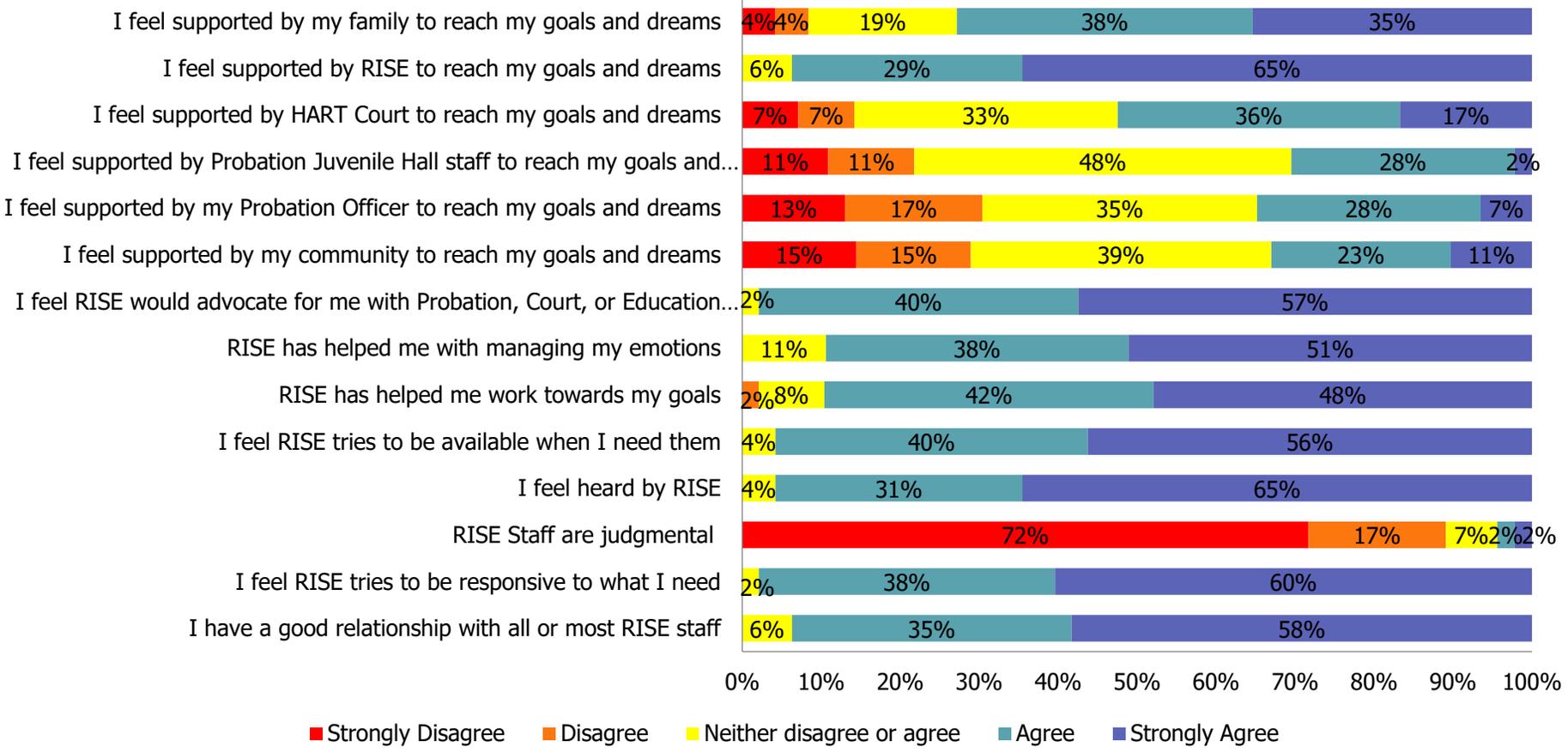
What would you say to someone who has very little knowledge or understanding of what it’s like to be a survivor or a young woman who has faced many difficult or painful experiences?

- Share experience (“Explain to them maybe my story...”)
- I would not share (“Let them be. They’ll never know why I am the way I am...”)
- Understand (“Don’t judge a book by it’s cover, you don’t know what it’s like...”)
- Encourage (“You are not what happened to you”)
- Instruct (“Don’t not go on the run, it’s not worth it”)
- I don’t know (“I don’t know”)

Survey Scale Questions Part 1

In addition to open-ended feedback, the RISE Consumer Survey asked questions to quantify satisfaction with RISE and related services. The first set of questions asked participants questions about RISE and how well they feel supported by various aspects of their program. As can be seen in the table, The majority of RISE were positive about RISE; for example, 93% agreed that they have a good relationship with all or most RISE Staff, 98% agreed that they feel RISE tries to be responsive to what they need, and 96% agreed that they feel heard by RISE. Fewer participants agreed that other people and agencies were supportive. People and agencies that many participants agreed were supportive included HART Court (53%) and their family (73%). Agencies that few participants agreed were supportive included Probation Juvenile Hall staff (30%), their Probation Officer (35%), and community (34%). Detailed results are displayed on the following page.

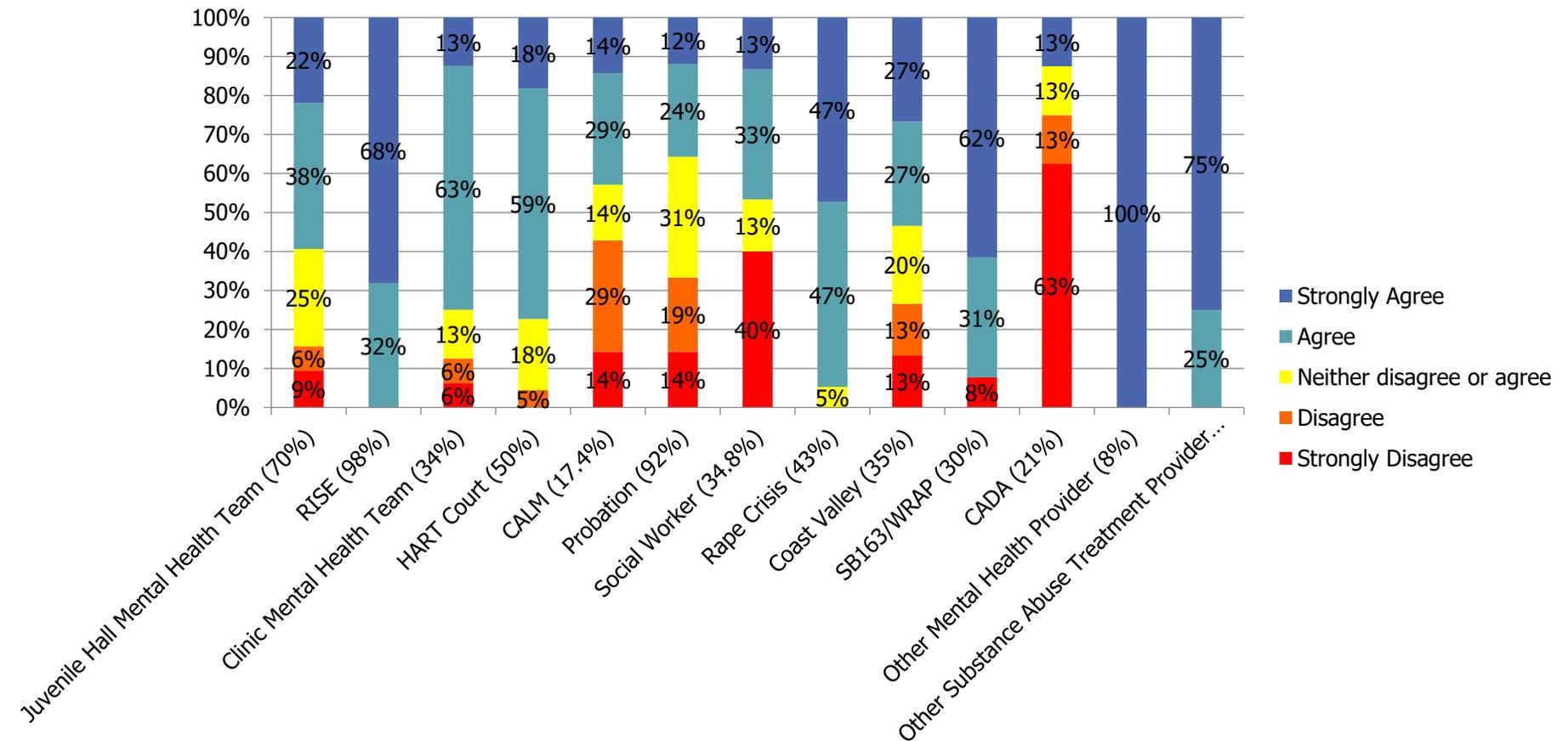
RISE Program Feedback



Survey Scale Questions Part 2

The second set of questions asked participants if they had received a particular service (% of participants who had contact with each organization is reflected in parenthesis next to each program name) and if so, how supported they felt. The questions and the percentage agreement are presented in the following table. As can be seen in the chart, participants were most likely to feel supported by RISE (100%), another mental health/substance abuse treatment provider (100%), Rape Crisis (94%), or SB163/WRAP (93%).

I feel supported by...



#3: Inter-Agency Collaboration and Impacts on Improved Recognition and Response

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 CSEY or Trauma Informed Lens and changing the culture from criminalization to treatment and support.

Santa Barbara County District Attorney Joyce Dudley established Santa Barbara's Human Trafficking Task Force (HTTF) in 2013 and the first local conviction of a human trafficker occurred in 2015. The goal of the HTTF is to assess the scope of the problem locally, offer access to training opportunities, develop protocols, and improve law enforcement and victim service response. The task force is comprised of state, and federal law enforcement agencies, as well as non-profit and faith-based organizations. RISE has been a key member of the HTTF since its inception.

Media Evidence of Recognition and Response to CSEC.

There has been a significant increase in response to CSEC since the inception of RISE and the HTTF continues to be leader alongside RISE in recognizing and responding to CSEC. The following media coverage provides examples of recent responses:

[Hodgson, M.](#) (February 7, 2020). Santa Barbara County task force part of human trafficking operation. *Santa Maria Times*.

[Nguyen, J.](#) (January 23, 2020). Man pled guilty to human trafficking case in Santa Barbara. *KEYT News*.

[Jacobson, W.](#) (January 31, 2019). Statewide human trafficking operation nets 22 arrests, 7 rescues in Santa Barbara County. *Lompoc Record*.

[Anderson, L. B.](#) (January 7, 2018). Santa Barbara County law enforcement officials collaborate to fight human trafficking. *Lompoc Record*.

RISE Staff Interviews: Client referrals and interagency collaboration

In addition, interviews with RISE Staff provide details, summarized below, about how inter-agency collaboration impacts work to recognize and respond to CSEC.

Clients are referred to RISE primarily through CWS based on suspected child abuse reports (SCAR) and/or client CSE-IT screening. Identification of risk for or experience of CSEC results in a referral to RISE. RISE also receives referrals from the juvenile hall through probation's screening process with the FRIT; probation also completes a SCAR.

Multidisciplinary Teams (MDTs) are staffed by CWS to engage various agencies in youth treatment. MDTs may result in a referral from CWS or Probation to RISE. MDTs are conducted over the phone to problem solve. MDT MOUs include multiple half-hour slots open every week for any case that comes up. There is an open invitation to all partners including Sheriff, Probation, Police Department, and Rape Crisis. The MDT flow chart is available on the following page.

The Helping to Achieve Resiliency Treatment Court for Commercially Sexually Exploited Children (HART Court) was developed in 2017 and provides referrals to RISE. HART Court was developed to address the needs of the youth instead of detaining and locking them up. The District Attorney, Public Defender, Probation, Behavioral Wellness, and Rape Crisis staff the HART Court. HART Court is designed for clients in the criminal justice system who have experienced CSEC. HART has mandatory treatment, thus, RISE Clients will occasionally decline HART Court services to work directly with a probation officer. The benefit to clients is that they have a treatment team regularly reviewing their case. HART Court also prevents detention at juvenile hall.

RISE staff note that they are starting to receive referrals from schools, which demonstrates the extent to which RISE services have been made known to partners who focus on all students and not just those students who are system involved. RISE staff have started to participate in Student Attendance Review Board hearings to engage youth at-risk for CSEC in services before they become system involved. RISE staff note that screening amongst the special education population is important due to their risk for CSEC and would like to see more formal screening occur in alternative schools and diversion settings.

RISE staff noted the need for consistent screening and protocols in hospitals and medical settings. They noted that some hospitals in our region have structured response tools and others do not. For example, a youth in one emergency room was in foster care, yet hospital staff allowed her trafficker to come visit her multiple times (he said he was her uncle) and she still had her cell phone. This client had a 5585 psychiatric hold for harm to self, harm to others, or grave disability. A consistent protocol would have enhanced the likelihood that this girl was protected from further exploitation.

TRIAGE & EMERGENCY CSEC MDT FLOWCHART - SANTA BARBARA COUNTY



#4: Increases in Funding and other Public Support

The RISE Project has been a key partner within the Human Trafficking Task Force (HTTF) to support survivors once they have been identified. The following resources are listed as evidence for funding and other public support for CSEC that has resulted from the partnerships facilitated by RISE. Together partners have provided trainings including developing a documentary that summarizes CSEC in Santa Barbara County. Media coverage demonstrates public support and funding including nonprofit partnerships such as with the Junior League of Santa Barbara. The RISE project has been designated as a promising program, has been presented about at professional conferences, and has been documented in peer-review publication. These are significant accomplishments given the lack of attention to and community awareness of CSEC prior to 2015, when the RISE project was initially funded.

RISE as a Promising Practice

[Basson, D., Langs, J., Acker, K., Katz, S., Desai, N., & Ford, J.](#) (2018). *Psychotherapy for Commercially Sexually Exploited Children: A Guide for Community-Based Behavioral Health Practitioners and Agencies*. Oakland, CA: WestCoast Children's Clinic.

Documentary Developed

[Our kids: Sexual Exploitation in Santa Barbara County.](#)

Media Coverage of The RISE Project

[Rose, R.](#) (March 15, 2019). Junior League of Santa Barbara Honors Lisa Conn Akoni as its Woman of the Year. *Noozhawk*.

[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/Youth Sex Trafficking

[Wood, L.](#) (May 20, 2018). Fighting for survival: Santa Barbara County closing ranks on human trafficking. *Lompoc Record*.

[McKinniss, K.](#) (May 29, 2018). Junior League Opens S.A.F.E. House Shelter for Exploited Children. *Noozhawk*.

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 CSEY

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

In October 2019, Santa Barbara County District Attorney and Sheriff were awarded a \$1.2 million three-year extension of funding for their human trafficking work.

Examples of Trainings provided by RISE and collaborators

Sharkey, J. D., & Conn Akoni, L. (November, 2019). *Data, Collaboration, and Sustainability: Housing & Support Needs for Sexually Exploited Youth in Santa Barbara County*. Presentation to members of Social Venture Partners. Santa Barbara, CA.

[McGaw, R., Olmstead, B., Conn, L., & Shaffer, J.](#) (November 14, 2018). *Human Trafficking here in Santa Barbara*: A panel of Human Trafficking Experts (from District Attorney Victim-Witness Program, RISE, Sheriff, and Santa Barbara Alliance for Community Transformation). Presentation sponsored by the Democratic Women of Santa Barbara County in partnership with Santa Barbara County Public Library.

Sharkey, J. D., Conn, L., Adam, C. (2018, April). *Our Kids...Our Responsibility: Sexual Exploitation in Santa Barbara County*. Presentation for social workers and psychological staff at Cottage Hospital. Santa Barbara, CA.

Conn, L., & Olmstead, B., Garcia Vargas, B., & Sharkey, J. D. (2018, March). *We Love our Girls: Let's End Trafficking*. Panel presentation for an event sponsored by Impact Hub Santa Barbara, SB Act, the Junior League of Santa Barbara, Inc., and Hustlers for Humanity. Santa Barbara, CA.

Conn, L., Adam, C., & Sharkey, J. D. (2017, March). *Creating a Countywide CSEC (Commercially Sexually Exploited Children) MDT (Multidisciplinary Team): Flying the plane while building it*. Training for the Ventura County Coalition Against Human Trafficking. Ventura Children & Family Services, Ventura, CA.

Conference Presentation provided by RISE and collaborators

Sharkey, J.D., Conn, L., Adam, C., & McGaw, R. T. (2017, October). *Our Kids, Our Responsibility: What Santa Barbara County has Learned about Sexual Exploitation of Children*. Symposium presented at the Advancing Criminal Justice Research, Policy, and Practice Conference hosted by the Association for Criminal Justice Research. Irvine, CA.

Peer-Reviewed Publication about RISE

Whaling, K. M., der Sarkissian, A., Akoni, L. C., & Sharkey, J. D. (2020). Featured Counter-Trafficking Program: Resilience Interventions for Sexual Exploitation (RISE). *Child Abuse & Neglect, 100, 104139*.

Discussion

Data indicate that RISE clients enter the program with a long history of prior admissions to mental health services and a significant history of adverse childhood experiences. RISE services are heavily focused on client engagement and outreach as well as rehabilitation. Given their risks and needs, clients are likely to need a long time to engage and benefit from intervention. Fortunately, RISE clients also present with a lot of strengths they can build on, and have demonstrated extraordinary resilience.

CSEC Earlier Identification

RISE will continue to provide training and further engage additional partners (e.g., schools and medical providers) in using the FRIT and associated protocols. Existing protocols will be examined as to the ease and frequency of implementation as well as the number of children and youth who are identified as at-risk or confirmed CSEC. Protocols will be adjusted to improve procedures as necessary.

RISE Programming

The evaluation helps provide continuous program improvements. The following is a list of enhancements underway or recommended as a result of the evaluation process.

- The RISE team has consolidated triage service tracking in order to reduce redundancy and focus interventions on those that are most effective.
- The RISE team has implemented new smart tools and is currently assessing their impact on rehabilitation and therapy. The LGBTQ/GNC tool is helping clinicians understand client gender identity, sexual orientation, and related topics. The Race, Ethnicity, Culture, and Discrimination Tool is helping clinicians open up these topics for discussion and provide psychoeducation to their clients, many of whom have expressed that they are not sure what race, ethnicity, and culture mean.
- The RISE team is continuing to obtain regular consumer feedback from participants and integrate consumer feedback into RISE program improvements. In addition, the evaluator is planning to conduct anonymous survivor interviews to gain in-depth feedback on the RISE program.
- The database provider is working with RISE to implement tracking and reminder features along with a client portal to improve adherence to the optimal evaluation plan while improving treatment planning and implementation.
- RISE will disseminate results to partner agencies and continue to engage them in prevention and intervention needs related to CSEC. This includes presenting to the Santa Barbara County Juvenile Justice Coordinating Council.
- The RISE team and Behavioral Wellness leadership are actively working on sustainability and how to fund RISE innovations within current service delivery models.

Evaluation

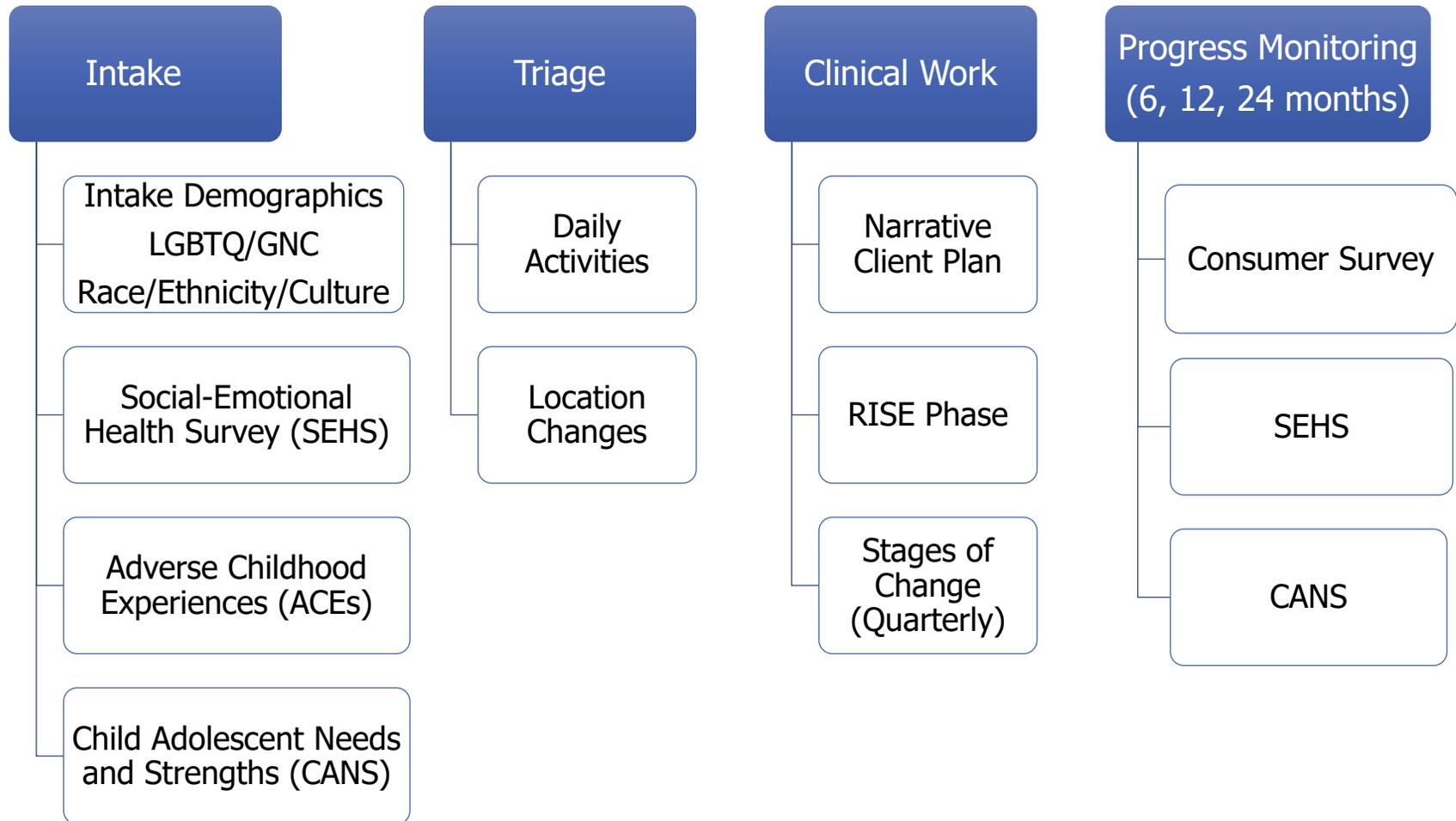
The evaluation of RISE continues to evolve and integrate innovative methods and tools. During this evaluation period, RISE transitioned to using a database provider to manage key RISE data including the triage data, demographic information, social emotional health surveys, and consumer feedback surveys. RISE, Vertical Change staff, and the evaluator meet regularly to continue upgrading the system to allow direct client access to assessments and smart tools along with dashboards charting their progress. Future data tracking will use Vertical Change with provider and client portals instead of paper and pencil tools or excel spreadsheets. This will enable more immediate data access and analysis by way of dashboards and reports, thus sustaining evaluation into the future. Efficiency in data tracking will lead to the ability to standardize data collection across clients and allow for more rigorous evaluation in the future. Investment in smart tools and a data dashboard is particularly critical for RISE because clients are in and out of treatment, often on the run, and benefit most from multidisciplinary team collaboration. Immediate access to data will help:

- improve client access to assessments so they can complete them regularly regardless of current program engagement and within established assessment timeframes,
- improve timeliness of clinician access to client needs and strengths,
- providers share data when interagency MOUs and release of information protocols are established, and
- give evaluators and administrators immediate access to data and reports.

The Social Emotional Health Survey (SEHS; Furlong, You, Renshaw, Smith, & O'Malley, 2013) has been added to the evaluation protocol in order to expand upon the attention to strengths for RISE clients. The SEHS was developed to assess *CoVitality*, which represents core building blocks of adolescent positive psychosocial development. Research suggests that adolescents' CoVitality levels are highly predictive of their subjective well-being and self-reported quality-of-life outcomes including academic achievement, school safety, depressive symptoms, and substance use. By adding the SEHS to the accessible database, clients and clinicians can both access client profiles of CoVitality (the CANS is only accessible on Sharecare). Bringing client attention to their own strengths may help them recognize their own resilience and potential.

Examining scores over a longer period of time will be important to understanding the impact of RISE services on participants. With consistently attained repeated measures of social emotional health, child and adolescent strengths and needs, and pediatric symptoms, it will be possible to examine client improvements as they engage with RISE services. The figure on the following page documents the evaluation plan that is currently recommended with tools available in Vertical Change.

RESILIENCE INTERVENTIONS FOR SEXUAL EXPLOITATION (RISE) OPTIMAL EVALUATION



Appendices

A. First Responder ID Tool

B. 2018-2019 New Smart Tools

- LGBT/GNC TOOL
- RACE, ETHNICITY, CULTURE, AND DISCRIMINATION TOOL



Youth Name: _____ DOB: _____ Report's 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 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!

Race, Ethnicity, Culture, and Discrimination Tool

Sometimes peoples' background or identity influences their experiences of illness and the type of care they receive. In order to better help you, I would like to understand your own background or identity. By background or identity, for example, the communities you belong to, the languages you speak, where you or your families are from, and your racial or ethnic background.

1. What is your racial/ethnic background? (mark all that apply; it may help to read the response options out loud or show the list to the client)

African/American/Black (non-Hispanic)

African American/Black

Haitian

Caribbean, not Puerto Rican or Cuban [e.g., Jamaican, Dominican Republic]

African Black

All Other non-Hispanic Black

Asian/Pacific Islander

Chinese

Japanese

Korean

South Asian [e.g., Indian, Pakistani, Sri Lankan]

Southeast Asian [e.g., Filipino, Indonesian, Vietnamese]

Pacific Islander [e.g., Hawaiian, Guamanian, Somoan]

Other Asian/Pacific Islander

Hispanic/Latino

Mexican/Mexican American

Cuban

Puerto Rican

Central American [e.g., Guatemalan, Nicaraguan, Panamanian]

South American [e.g., Brazilian, Colombian, Ecuadorian]

Spanish, Portuguese, Cape Verdean

Other Caribbean

Other Latino

Other

White (non-Hispanic), including Caucasian, North African

American Indian, Aleutian, Native Alaskan or Eskimo

Arab American

Middle Eastern

Other, please specify _____

2. What race/ethnicity do other people think you are? (mark all that apply; it may help to read the response options out loud or show the list to the client)

African/American/Black (non-Hispanic)

African American/Black

Haitian

Caribbean, not Puerto Rican or Cuban [e.g., Jamaican, Dominican Republic]

African Black

All Other non-Hispanic Black, please list _____

Asian/Pacific Islander

Chinese

Japanese

Korean

South Asian [e.g., Indian, Pakistani, Sri Lankan]

Southeast Asian [e.g., Filipino, Indonesian, Vietnamese]

Pacific Islander [e.g., Hawaiian, Guamanian, Somoan]

Other Asian/Pacific Islander, please list _____

Hispanic/Latino

Mexican/Mexican American

Cuban

Puerto Rican

Central American [e.g., Guatemalan, Nicaraguan, Panamanian]

South American [e.g., Brazilian, Colombian, Ecuadorian]

Spanish, Portuguese, Cape Verdean

Other Caribbean

Other Hispanic, please list _____

Other

White (non-Hispanic), including Caucasian, North African

American Indian, Aleutian, Native Alaskan or Eskimo

Arab American

Middle Eastern

Other, please specify _____



3. In the environment where you grew up, what cultural traditions and values do you have, for example, the holidays you celebrate, the food you eat, and your spiritual beliefs?

INTERVIEWER: From your knowledge of the client, describe the environment the client grew up in (home with their family, foster care, etc.) before asking

4. What is or was your role where you grew up?

5. What are the expected roles you had in terms of responsibilities? Did you have any particular roles because of your age, gender, or other factor?

[National, Ethnic, Racial Background]

6. Where were you born?

7. Where were your parents and grandparents born?

8. How would you describe your family's national, ethnic, and/or racial background?

9. Do you experience any difficulties such as discrimination, stereotyping, or being misunderstood because of your background?

[Language]

10. What languages do you speak fluently?

11. What languages are spoken at home? Which of these do you speak?

12. What language would you prefer to use in getting health care?

[Migration] **[SKIP TO NEXT PAGE IF THE CLIENT WAS BORN IN THE UNITED STATES]**

13. When did you come to this country?

14. What are your concerns for your own and your family's future here?

This next question asks, "What is your current status in this country?" This question may feel uncomfortable and you do not have to answer it. I want to let you know that your response is confidential (it will be kept private) and will not be used to investigate your status in this country. I am asking this question because many children and families come to this country without legal documentation. The process of coming to the United States can cause a lot of stress and we want to help you with any types of stresses you are experiencing.

15. What is your current status in this country (e.g., refugee claimant, citizen, student visa, work permit)?

16. How has migration influenced your health or that of your family?

[Racial Socialization]

17. As you were growing up, how often...	All the time, like daily	Sometimes, like monthly	Rarely, like yearly	Never
Were you encouraged to be proud of your ethnicity?	1	2	3	4
Were you told about your culture and history?	1	2	3	4
Did you talk about the value of diversity?	1	2	3	4
Did you talk about ethnic and cultural bias?	1	2	3	4

[Ethnic Identity]

18.	A lot	A little	Not at all
How much is your ethnicity a part of your identity?	1	3	4
How close are your ideas and feelings to others with the same ethnicity?	1	3	4
How much do you want to spend time with people sharing your ethnicity?	1	3	4

[Experiences of Discrimination]

19. In your day-to-day life, how often do any of the following things happen to you?	All the time, like daily	Sometimes, like monthly	Rarely, like yearly	Never
You are treated with less courtesy than other people.	1	2	3	4
You are treated with less respect than other people.	1	2	3	4
You receive poorer service than other people at restaurants or stores.	1	2	3	4
People act as if they think you are not smart.	1	2	3	4
People act as if they are afraid of you.	1	2	3	4
People act as if they think you are dishonest.	1	2	3	4
People act as if they're better than you are.	1	2	3	4
You are called names or insulted.	1	2	3	4
You are threatened or harassed.	1	2	3	4

INTERVIEWER, ask this only if the client answered more than “never” to any discrimination.

20. What do you think is the main reason for these experiences? (Check all that apply).

1. Your Ancestry or National Origins, Explain:
2. Your Gender Identity, Explain:
3. Your Race, Explain:
4. Your Age, Explain:
5. Your Religion, Explain:
6. Your Physical Appearance, Explain:
9. Your Sexual Orientation, Explain:
10. Your Education Level, Explain:
11. Your Income Level, Explain:
12. The people you are hanging out with, Explain
13. Another reason, Explain: