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# ASSESSMENT OF THE LAW ENFORCEMENT FIRST RESPONDER PROTOCOL (FRP) FOR COMMERCIALY SEXUALLY EXPLOITED CHILDREN (CSEC)

## FINAL REPORT

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## Table of Contents

<i>Acknowledgements</i> .....	<i>i</i>
<i>Executive Summary</i> .....	<i>iv</i>
<i>Introduction</i> .....	<i>1</i>
Study Methodology .....	1
Overview of the Report .....	2
<i>Chapter 1: Recognizing and Responding to Commercially Sexually Exploited Children and Youth—A Review of Policies and Research (Co-Authored by Carly B. Dierkhising, Ph.D.)</i> .....	<i>4</i>
Policy Responses to Address Commercially Sexually Exploited Children and Youth.....	4
The Federal Response to CSEC.....	4
California’s Response to CSEC.....	4
Los Angeles County’s Response to CSEC .....	5
Profiles of CSEC Youth—Findings from Research.....	7
CSEC Referrals Reported to the Child Protection Hotline (CHPL) .....	7
Characteristics of FRP Referrals .....	8
Characteristics of Children and Youth Impacted by CSE .....	8
Building a Multidisciplinary Protocol for CSEC/Y.....	11
Summary.....	12
<i>Chapter 2: An Overview of The Law Enforcement First Responder Protocol for Commercially Sexually Exploited Children</i> .....	<i>13</i>
Accomplishments of the FRP Process and Infrastructure .....	13
Challenges of the FRP Process and Infrastructure.....	13
The Development of the FRP Pilot Program.....	14
FRP Purpose and Goals .....	14
FRP Implementation and Expansion .....	16
FRP Partners .....	17
FRP Oversight.....	18
FRP Funding.....	20
FRP Training.....	20
Summary.....	21
<i>Chapter 3: Overview and Assessment of Stage 1—Recovery and Referral</i> .....	<i>22</i>
Description of Stage 1—Recovery and Referral.....	22
FRP Stage 1 Challenges.....	24

<i>Chapter 4: Overview and Assessment of Stage 2—Multidisciplinary Response</i> .....	28
Description of Stage 2—Multidisciplinary Response .....	29
FRP Stage 2 Challenges.....	30
<i>Chapter 5: Overview and Assessment of Stage 3—Stabilize and Begin a Safety Plan</i> .....	37
Description of the Stage 3—Stabilize and Begin a Safety Plan .....	39
FRP Stage 3 Challenges.....	40
<i>Chapter 6: Overview and Assessment of Stage 4—Connection to CSEC Services</i> .....	45
Description of the Stage 4—Connection to CSEC Services .....	47
FRP Stage 4 Challenges.....	48
<i>Chapter 7: Assessing the Alignment between the FRP and Best Practices</i> .....	50
FRP’s Alignment with Key Principles of the Trauma-Informed Approach .....	51
FRP’s Alignment with Harm Reduction Goals .....	54
FRP’s Alignment with Effective Multidisciplinary Teaming Characteristics .....	55
Summary.....	58
<i>Chapter 8: Evaluating the CSEC Law Enforcement FRP</i> .....	59
FRP Referral Data: Collection, Use, and Limitations .....	59
Evaluating the FRP .....	62
Los Angeles County’s Capacity to Support an Evaluation.....	65
Feasibility and Estimated Timetable.....	65
Summary.....	67
<i>Chapter 9: Recommendations</i> .....	68
Target Area #1: Strengthen the FRP.....	69
Target Area #2: Strengthen the county’s capacity to service children and youth impacted by CSE	72
Target Area #3: Develop and maintain high quality data systems to monitor the implementation of the FRP and evaluate the effectiveness of the county’s CSEC response system .....	74
Conclusion.....	75
<i>References</i> .....	76
<i>Appendix A: All Documents Reviewed in Phase I Data Collection</i> .....	80
<i>Appendix B: Recommended Outcome Measures Proposed by the California CSEC Action Team</i> .....	83
<i>Appendix C: Data Elements Needed for an FRP/CSEC Response System Evaluation</i> .....	86

## Executive Summary

In 2013, the Board of Supervisors (Board) charged the Los Angeles County Commercially Sexually Exploited Children Taskforce (CSEC Taskforce) with developing a multidisciplinary approach to decriminalize commercial sexual exploitation for children and youth (CSEC/Y) recovered by law enforcement. *The Law Enforcement First Responder Protocol (FRP) for CSEC* was subsequently developed to replace a punitive response to CSEC/Y with an expedited, multidisciplinary (i.e., social services and advocacy-based) response system focused on creating safety for youth, meeting their basic needs, and connecting them to on-going services. The FRP was launched as a pilot on August 14, 2014 in partnership with two Los Angeles Sheriff's Department (LASD) stations (Compton and Century) and the Long Beach Police Department. Since 2014, the FRP has been adopted by all LASD stations, all divisions in the Los Angeles Police Department (LAPD), and by the Pomona Police Department. In 2019, the Board requested an assessment of the FRP. The current study is a process evaluation to document the development of the protocol, assess the implementation process and propose a methodology for evaluating the FRP's effectiveness in the future.

## Study Methodology

This study primarily used qualitative data collected from respondents involved in the development, oversight, and implementation of the FRP. All available FRP documents were reviewed to generate an "FRP landscape," which was used to guide interviews and focus groups with representatives from FRP partner agencies. Interviews were conducted with 21 agency representatives who previously participated or currently participate in the FRP leadership and oversight committees, and six focus groups were held with 19 agency representatives who respond to FRP referrals. Responses from the interviews and focus groups were transcribed, aggregated and analyzed as one set of responses to identify themes. These themes were then used to characterize the development of the FRP and assess the implementation of the FRP. Although limited in scope, data from CSEC and FRP referral spreadsheets provided by the Department of Children and Family Services (DCFS) Child Protection Hotline (CPHL) and the Probation Child Trafficking Unit (CTU) were also reviewed and analyzed.

## FRP Accomplishments

Study findings indicated that the development and implementation of the FRP led to many accomplishments. Key accomplishments include:

- The FRP successfully replaced a punitive response to children and youth experiencing CSE with a decriminalized, social services/advocacy-based approach focused safety and basic needs of recovered youth. Los Angeles County was on the forefront of decriminalization and contributed to state legislation decriminalizing CSE throughout the state.

- Advocates are a central partner in the FRP, reinforcing the youth-centered approach it espouses. Advocates are able to engage children and youth right after recovery, help address their basic needs, and establish continuity of care into long-term services.
- The FRP referral process plays a significant and timely role in connecting youth to support and services. The process itself is short in duration; yet, it is a critical gateway to accessing the county's CSEC response system.
- FRP training in combination with the implementation of the FRP is slowly and steadily changing law enforcement officers' understanding of the CSE and improving their interaction with the children and youth they recover.

### Key Recommendations

Implementation of the FRP also encountered several operational challenges (see key findings below). To address these challenges and sustain the success of the FRP, it is recommended that the Los Angeles County take strategic action in the following three areas (see Chapter 9 a detailed list of recommendations within each target area):

#### Target Area #1: Strengthen the FRP

- An FRP strategic plan should be updated to more accurately outline its purpose/mission, goals, operational principles, data collection plan, and operational procedures. Additionally, this plan should formally define the role it plays within the CSEC referral system and in connecting youth to the continuum of services.
- The operational agreement specifying the roles and responsibilities of each FRP partner agency should be revised to reflect changes in practices and to directly address the operational issues raised throughout this report (see Chapter 9 for a detailed listing of issues).
- A cross-training platform and a monitoring system should be built to effectively communicate the protocol across all FRP partners and to continuously assess the fidelity with which the FRP is being implemented.

#### Target Area #2: Strengthen the county's capacity to service children and youth impacted by CSE

Identifying children and youth experiencing CSE is a critical step for connecting them to services, and the FRP plays a central role in this identification process. Recent policy and legislative changes recognize CSEC/Y as victims, reducing their involvement in the juvenile justice system and directing social services to address their needs. Transferring this responsibility requires the social services system to build its capacity to appropriately meet the needs of these children and youth. DCFS staff need to be knowledgeable about CSE and trauma; engage youth using trauma-informed responses; prioritize keeping youth at home and supporting parents/caregivers; and when remaining home is not possible, connecting youth

to housing and services responsive to gender and cultural needs. Additionally, service providers must also be trauma-informed and have the skills to effectively engage youth in their recovery. To foster and support capacity building that meets the needs of children and youth impacted by CSE, it is strongly encouraged that the Board:

- Adopt and encourage DCFS and Probation to follow the action plan steps outlined in recent the *CSE Research to Action Brief: Translating Research to Policy and Practice to Support Youth Impacted by Commercial Sexual Exploitation* (Dierkhising and Acherman-Brimberg, 2020).
- Drive comprehensive reform for prevention of and intervention for CSE by coordinating the recommendations from this report with those made by previous and current Board directed initiatives including (but not necessarily limited to) the Los Angeles County Office of Child Protection prevention efforts, the Dual System Workgroup, and the Youth Justice Workgroup.

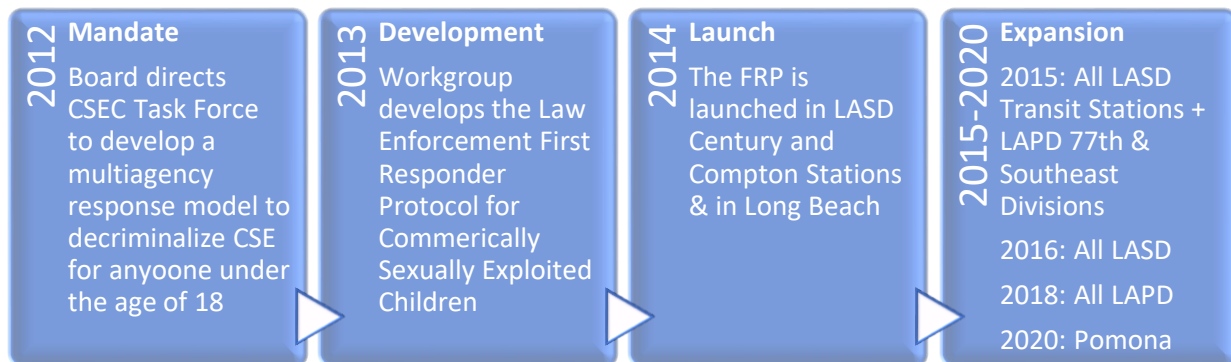
### Target Area #3: Develop and maintain high quality data systems to monitor the implementation of the FRP and evaluate the effectiveness of the county's CSEC response system

- Identify critical benchmarks for measuring implementation fidelity and build these measures into the CSEC Advocacy Services Platform, an application directly connected to CWS/CMS that is currently under development by DCFS.
- Generate feedback reports or dashboards to report progress on critical benchmarks on a quarterly basis. These reports should be integrated, at a minimum, into MARC's oversight process of the FRP to facilitate a research to practice feedback loop for on-going program development and reported to the Board.
- A prospective, longitudinal evaluation study should be funded once the recommendations of this report, the *CSEC Research to Action Brief* (Dierkhising & Ackerman-Brimberg, 2020), and a recently funded National Institute of Justice CSEC study (led by Carly Dierkhising in collaboration with USC and NCYL) are considered and implemented. Cohorts of FRP referrals, non-FRP referrals, and a matched historical cohort of youth arrested for prostitution prior to 2014 should be identified, tracked and compared over time to determine the effectiveness of the FRP and the overall CSEC response system. This approach requires the use of linked administrative data across various county agencies to measure intermediate outcomes within one year of being identified and long-term outcomes into young adulthood (see Chapter 8 for more description of the proposed design).

## Development of the FRP

The FRP was the result of a September 24, 2013 Board Motion to develop a multiagency response model for CSEC/Y. A workgroup comprised of representatives from the Probation Department, DCFS, the DHS, LASD, the Long Beach Police Department, and NYCL subsequently developed Law Enforcement First Responder Protocol for CSEC (see figure below). In 2014, the FRP was approved by the Board as a pilot program in LASD Compton and Century stations and with the Long Beach Police Department. The FRP quickly expanded. By 2015, the LASD Transit Services Bureau and LAPD's 77<sup>th</sup> and Southeast Divisions were implementing FRP; by 2016, it was implemented across all LASD stations; and by 2018, all LAPD Divisions were utilizing the FRP. In 2020, the Pomona Police Department, joined the FRP operational agreement.

### The Development and Implementation of the Law Enforcement First Responder Protocol (FRP) for Commercially Sexually Exploited Children (CSEC)



## Summary of Findings

The FRP operational agreement outlines the steps necessary to address the youth's safety and basic needs within the first 24 to 72 hours of the FRP referral, and it provides a gateway to on-going services. Implementation of the FRP response can be broken down into four stages:

- Stage 1—Recovery and Referral
- Stage 2—Multidisciplinary Response
- Stage 3—Stabilize and Begin a Safety Plan
- Stage 4—Connection to CSEC Services

Information from the FRP operational agreement was combined with responses from interview and focus group participants to describe how each stage operates, its accomplishments, and the operational challenges it faces. The table below summarizes the challenges for each stage (see Chapters 3 through 6 for more analysis of each challenge):



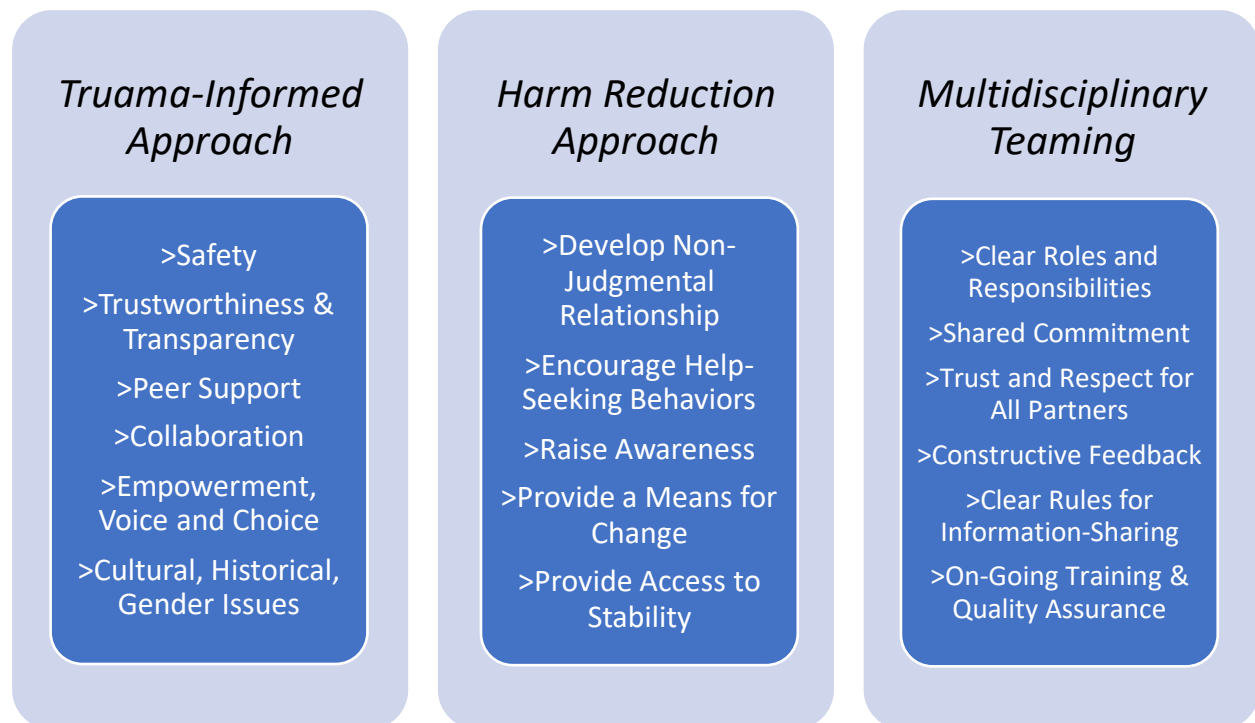
## A Summary of Operational Challenges across the Stages of FRP Implementation

Stage	Operational Challenge
<b>Stage 1— Recovery and Referral</b>	<ul style="list-style-type: none"> <li>▪ Ensuring law enforcement reports the FRP referral immediately after a recovery.</li> <li>▪ Making sure CPHL workers consistently use the FRP protocol to expedite referrals.</li> <li>▪ Consistently and accurately verifying whether an FRP referral youth has an open probation case.</li> <li>▪ Making sure the advocate is notified immediately after the referral.</li> </ul>
<b>Stage 2— Multidisciplinary Response</b>	<ul style="list-style-type: none"> <li>▪ Utilizing MART social workers for all FRP referrals as originally outlined in the FRP operational agreement.</li> <li>▪ Delays in law enforcement reporting to the CPHL can subject youth to multiple interviews and re-traumatization.</li> <li>▪ Achieving the 90-minute response time given geographic challenges and multiple demands on MART and ERCP social workers.</li> <li>▪ Law enforcement agencies/officers with less experience with and less training on CSEC/y are not as proactive in creating safe and youth-centered spaces for FRP referrals.</li> <li>▪ In some situations, ambiguities in the roles and responsibilities between DCFS MART or ERCP social workers and Probation CTU officers can result in frustration and inconsistency in the implementation of the FRP.</li> </ul>
<b>Stage 3— Stabilize and Begin a Safety Plan</b>	<ul style="list-style-type: none"> <li>▪ Completing medical evaluations and sexual health screenings continues to be a struggle for youth returning home.</li> <li>▪ Parents/caregivers are often frustrated and struggling to effectively address the issue because there is an inadequate number of support services and resources for parents.</li> <li>▪ When youth cannot return home, a lack of safe, comfortable short-term housing increases the likelihood that youth leave care without permission.</li> <li>▪ FRP referrals from a different county or state present unique challenges to the MART or ERCP social worker.</li> </ul>
<b>Stage 4— Connection to CSEC Services</b>	<ul style="list-style-type: none"> <li>▪ Data documenting the safety plan, the implementation of the safety plan, and the delivery of services are currently not captured in the CSEC/FRP referral spreadsheets or the case management systems maintained by DCFS or Probation.</li> <li>▪ The elements for a seamless continuum of CSEC care exist, but currently, the connection between CSEC identification, assessment, and services is fragmented within and across systems.</li> </ul>

## Alignment between the FRP and Best Practices for Serving CSEC/Y

The FRP is defined as a multidisciplinary, trauma-informed and harm reduction response system for CSE children and youth recovered by law enforcement (Brimberg et al., 2018). To explore whether the implementation of the FRP aligns with the key principles of all three approaches (see figure below), responses from interviews and focus groups were compared to each principle. In sum, this analysis indicated that the FRP reflects a harm reduction approach and incorporates a minimal level of multidisciplinary teaming. Its alignment to trauma-informed care principles was limited, particularly when FRP referral youth are detained in juvenile hall. Despite its challenges, the FRP has a strong foundation from which to improve its alignment with all three approaches, and MARC is well-positioned to strengthen the FRP's alignment with best practices for serving children and youth impacted by CSE (see Chapter 7 for more description of these analyses).

### Best Practice Principles for Building a Comprehensive CSEC Response



## Conclusion

Consistent commitment from the Board and workgroup leadership placed Los Angeles County at the forefront of recognizing and addressing the needs of children and youth impacted by CSE. The launch of the FRP played an instrumental role in this work by decriminalizing CSE for children and youth and replacing a law enforcement/juvenile justice response with a social services and advocacy-based response system. By all respondent accounts, the FRP has been successful in its attempt to make this shift in thinking and practice, and as a result, CSEC/Y recovered by law enforcement now have immediate access to an advocate and on-going services. Perhaps most importantly, as one respondent pointed out:

*The FRP process helps empower youth with the system—in other words, youth are more likely to reach out for help when they have a positive experience with the system. The FRP reframes their relationship with law enforcement in principle because an arrest is no longer a threat. The FRP's connection to the advocate helps youth utilize community resources in a way that connects them to the community and helps them build self-efficacy.*

As discussions continue about the role law enforcement plays in achieving social justice for communities, the FRP potentially offers insight. It recognizes that law enforcement will encounter children and youth experiencing CSE and provides an alternative to juvenile justice system involvement. One law enforcement respondent stressed the importance of FRP as well as its potential applicability to other situations:

*FRP represents a model for how to tackle a number of critical social issues more efficiently and effectively. I wish we had an FRP for various situations because it offers an immediate response that is multidisciplinary, and victim centered...it is a great concept—the community coming together to respond to a situation.*

There is much to be learned from the FRP. To reach its fullest potential, it will require a commitment to rethinking our current system approaches; investing in developing the capacity to implement best practices with fidelity; connecting the FRP to a comprehensive, seamless continuum of care for children and youth; and building data systems and data monitoring to continuously improve the implementation of a countywide CSEC response system.

## Introduction

In 2013, the Board of Supervisors (Board) charged the Los Angeles County Commercially Sexually Exploited Children Taskforce (CSEC Taskforce) with developing a multidisciplinary approach to decriminalize commercial sexual exploitation for children and youth (CSEC/Y) recovered by law enforcement. A workgroup comprised of representatives from the Probation Department, the Department of Children and Family Services (DCFS), the Department of Health Services (DHS), the Los Angeles Sheriff's Department (LASD), the Long Beach Police Department, and the National Center for Youth Law (NCYL) subsequently developed the *Law Enforcement First Responder Protocol (FRP) for CSEC*. This protocol was intended to replace a punitive response to CSEC/Y with an expedited, multidisciplinary (i.e., social services and advocacy-based) response system focused on creating safety for youth, meeting their basic needs, and connecting them to on-going services. The FRP was launched as a pilot on August 14, 2014 in partnership with two Los Angeles Sheriff's Department stations (Compton and Century) and the Long Beach Police Department. Since 2014, the FRP was adopted by all LASD stations, all divisions in the LAPD, and by the Pomona Police Department.

In 2019, the Board requested an assessment of the FRP. The current study is a process evaluation to document the development of the protocol and assess the implementation process. Specifically, the goals of this study are to (1) summarize key policy and research developments related to the commercial sexual exploitation of children and youth; (2) provide an overview of the protocol and the roles and responsibilities of FRP partner agencies; (3) assess the implementation of the FRP from the perspective of those overseeing and delivering the protocol and best practices for serving CSEC/Y; and (4) propose a methodology for evaluating the FRP and assess the County's data capacity to implement it.

## Study Methodology

This study primarily used qualitative data collected from respondents involved in the development, oversight, and implementation of the FRP. Data were collected in four phases:

**Phase I** involved the collection and review of all written materials related to the FRP. This included the FRP protocol, all published FRP-related reports, a complete set of quarterly reports submitted to the Board, and other internal documents related to the FRP (see Appendix A for a list of all documents reviewed). Collectively, these documents produced a "FRP landscape," capturing how the protocol was developed, how it operates, and various operational issues addressed over time. This landscape was used to guide Phase II data collection.

In **Phase II**, interviews were conducted with 21 agency representatives who previously participated or currently participate in the ILT and/or in the Multi-Agency Review Committee (MARC). Respondents represented the Probation Department, DCFS, DHS, advocacy agencies, NCYL, and law enforcement agencies. Interviews augmented the FRP landscape and raised additional questions for Phase III data collection.

In **Phase III**, six focus groups were held with 19 agency representatives who respond to FRP referrals. Focus group respondents represented Multiagency Response Team (MART) social workers, Emergency Response Command Post social workers (ERCP), Probation Child Trafficking Unit (CTU) officers, and advocates. Discussions focused on how the FRP is implemented once a referral is made. Respondents were asked to reflect and share their perceptions regarding the efficacy of the protocol as written, the impact and value of the FRP, and any challenges they experienced when implementing the FRP.

Responses from Phase II interviews and Phase III focus groups were transcribed, aggregated and analyzed as one set of responses to identify themes. Although respondent identifying information was discarded to ensure anonymity, agency affiliations were retained where appropriate.

In **Phase IV**, the data currently collected for CSEC and FRP referrals by the DCFS Child Protection Hotline (CPHL) and the Probation CTU were analyzed. These data were limited in scope, but where applicable, the results from these analyses were incorporated into various sections of the report.

## Overview of the Report

The current report outlines the policy and research context for creating the FRP followed by a description and assessment of its development and implementation. Data available to evaluate the FRP is described and a proposed methodology for conducting a longitudinal evaluation is offered. Finally, recommendations for improving the FRP and sustaining its role in the county's CSEC responses system are presented. A full description of these findings and recommendations are provided across the following nine chapters:

**Chapter 1** reviews key CSEC policy developments at the federal and State levels and describes how Los Angeles County's response to CSEC evolved over time. Additionally, this chapter describes research profiles of children and youth experiencing CSE, and how these characteristics inform effective system responses.

**Chapter 2** describes how the FRP was developed, its partners, oversight of the protocol, and the infrastructure supporting the protocol. Responses from interviews and focus groups are integrated into this chapter to provide insight into particular areas of the FRP. Findings showed that the FRP was developed collaboratively by a small workgroup of stakeholders, and foundational relationships were retained in the oversight of the FRP through the Multi-Agency Review Committee. Overall, the documented purpose and goals of the FRP aligned with descriptions of those who implement the protocol.

**Chapters 3 through 6** describe and analyze each stage of the FRP process based on the FRP operational protocol and feedback from interview and focus group respondents. Chapter 3 summarizes *Stage 1—Recovery and Referral*; Chapter 4 details *Stage 2—Multidisciplinary Response*; Chapter 5 describes *Stage 3—Stabilize and Build a Safety Plan*; and Chapter 6 considers the role the FRP plays in connecting youth to services (i.e., *Stage 4—Connection to Services*). Analyses of interview and focus group feedback as well as referral data are summarized and recommendations are offered for each challenge presented throughout

these chapters. Taken together, these chapters demonstrate the FRP's success in quickly responding to children and youth recovered by law enforcement, engaging these youth on their own terms, and connecting them to on-going services. The challenges experienced within the implementation of the FRP are largely due to inconsistent and/or unclear processes (e.g., making sure the referrals are reported in a timely way) and the need to provide on-going training for FRP partner agency staff and integrate them into feedback discussions to continuously improve the protocol.

**Chapter 7** highlights the principles of best practice approaches for addressing the needs of children and youth impacted by CSE. Specifically, descriptions of the FRP in practice from interviews and focus groups are compared to best practice principles to assess the level of alignment between best practices and the implementation of the FRP. Results show mixed adherence to these approaches. The FRP appears to be a multiagency response that engages youth experiencing CSE using a harm reduction approach, but agency partners do not necessarily reflect a multidisciplinary team. More work is also necessary to bring the FRP into alignment with trauma-informed principles. The FRP and MARC's oversight offers a strong foundation from which to strengthen the FRP and its role in the county's response system to children and youth impacted by CSE.

**Chapter 8** summarizes the type of FRP data currently available, identifies key evaluation questions related to the FRP, and assesses the County's capacity to evaluate the FRP. The proposed methodology incorporates both process and outcome evaluations to examine the effectiveness of FRP within the larger CSEC response system. The focus of the process evaluation is to incorporate youth voice about their experiences and determine whether the county's CSEC response system adheres to best practices in this area. The outcome evaluation depends on linking administrative data across multiple social service agencies to produce key intermediate and long-term measures of well-being.

**Chapter 9** compiles the recommendations offered in earlier chapters and offers insight into how the FRP can be improved and used to anchor a seamless, comprehensive response system for children and youth who are impacted by commercial sexual exploitation.

In sum, this report comprehensively describes the FRP by triangulating its original purpose with the perspectives of FRP partner agencies and with best practice principles. Study results identify several areas for improving the implementation of the FRP and how the FRP can be incorporated into a seamless continuum of care for CSE. Findings also document the FRP's success in providing a multiagency, social service response to support the decriminalization of CSE for children and youth in Los Angeles County. Such findings, in turn, offer insight into how collaborative, multidisciplinary, and community-based response systems can be built to effectively respond to other social problems traditionally handled by law enforcement.

# Chapter 1: Recognizing and Responding to Commercially Sexually Exploited Children and Youth—A Review of Policies and Research

(Co-Authored by Carly B. Dierkhising, Ph.D.)

## Policy Responses to Address Commercially Sexually Exploited Children and Youth

### The Federal Response to CSEC

The federal Trafficking Victims Protection Act (TVPA) of 2000 defines commercial sex trafficking and sets the stage for the nation's effort to protect victims of trafficking and hold traffickers accountable. More commonly referred to as commercial sexual exploitation (CSE), the TVPA defines sex trafficking as “the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act.” The TVPA states that a monetary exchange for sex is not needed for it to be classified as CSE; rather, it refers to the exchange of *anything of value* such as a place to sleep, a meal, or other items that are often needed for survival. Most importantly, TVPA classifies the exploitation of a person under the age of 18 as a severe form of human trafficking; one in which force, fraud, or coercion does not need to be proven. The TVPA has been reauthorized five times since 2000, with each revision strengthening the ability to prosecute traffickers, expanding the classification of sex trafficking, and enhancing prevention and intervention efforts at the state and local levels.

Recognizing children as particularly vulnerable to CSE is a hallmark piece of the TVPA and has spurred additional policies focused on child protection. Specifically, the Preventing Sex Trafficking and Strengthening Families Act of 2014 requires that victims of CSE in child welfare systems be identified, and section 471(d) obligates the U.S. Department of Health and Human Services (US DHHS) to report the number of children and youth who experience CSE to Congress. In 2015, the Justice for Victims of Trafficking Act (JVTA) amended the Child Abuse Prevention and Treatment Act (CAPTA) to require training on CSE, increase identification efforts, and add sex trafficking to the definition of child and abuse and neglect (Shared Hope International, 2016). Because of these and other policies, many state child welfare systems have amended child abuse statutes to include and track experiences of CSE. As of 2019, 33 states have improved the identification and tracking of CSE by statutorily defining sex trafficking or CSE as a specific type of sexual abuse (CWIG, 2019).

### California's Response to CSEC

In California, the passage of SB 855 in 2014, expanded dependency statutes to include CSE, increased data reporting efforts, and provided funds to counties to establish programs supporting those impacted by CSE. SB 855 was an opt-in program for counties, but in 2015, California passed SB 794 requiring both Probation and child welfare to “implement policies and procedures to identify, document, and determine appropriate services for children and youth who are receiving child welfare services pursuant to federal law and are, or are at risk of becoming, victims of commercial sexual exploitation.”<sup>1</sup> In California, the passage of SB 1322 in 2016 redefined these children and youth as victims of abuse by making prostitution

<sup>1</sup> [https://leginfo.ca.gov/faces/billTextClient.xhtml?bill\\_id=201520160SB794](https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201520160SB794)



and related offenses inapplicable to anyone under the age of 18. This legislation was a significant step forward and was in alignment with the decriminalization efforts already underway in Los Angeles County.

## Los Angeles County's Response to CSEC

Los Angeles County's recognition of CSEC/Y began in 2010 when the Inter-Agency Council on Child Abuse and Neglect (ICAN) created a subgroup on domestic minor sex trafficking. Members of this group visited CSEC programs across the nation, learning about best practices. This work led to a grant from the California Department of Corrections and Rehabilitation in 2011 to fund the creation of a Probation CTU and the Succeeding through Achievement and Resiliency (STAR) Court to serve CSEC/Y in the delinquency court. These funds also launched the beginning of CSEC training for county agencies and supported contracts for CSE advocacy services. These accomplishments brought focused attention to CSE and marked the beginning of the Boards' commitment to address the issue countywide.

### Developing a County Protocol

In 2012, the Board passed a motion tasking the CSEC Taskforce to return with recommendations on how to address this problem in the county. When the Taskforce submitted their report in 2013, the Board further challenged the group to propose a multiagency response model to decriminalize CSEC/Y arrested for prostitution. A workgroup comprised of representatives from the Probation Department, DCFS, the DHS, LASD, the Long Beach Police Department, and NYCL subsequently developed Law Enforcement First Responder Protocol for CSEC (see Figure 1.1).

**Figure 1.1: The Development and Implementation of the Law Enforcement First Responder Protocol (FRP) for Commercially Sexually Exploited Children (CSEC)**



In 2014, the FRP was approved by the Board as a pilot program in LASD Compton and Century stations and with the Long Beach Police Department. The FRP quickly expanded. By 2015, the LASD Transit Services Bureau and LAPD's 77th and Southeast Divisions were implementing FRP; by 2016, it was implemented across all LASD stations; and by 2018, all LAPD Divisions were utilizing the FRP. In 2020, the Pomona Police Department, joined the FRP operational agreement.



## The Los Angeles County CSEC Strategy

In 2015, Los Angeles County opted into the SB 855 program, submitting county CSEC plan to the California Department of Social Services in 2015. By this time, at least five CSEC-related motions were introduced by Supervisors to support a countywide CSEC plan and oversight. Currently, the FRP is part of a larger CSEC strategy for Los Angeles County which includes:

- Countywide CSEC training and information dissemination on identifying, properly documenting, and determining appropriate services for youth who are or are at-risk for CSE
- Establishing safe youth zones
- Developing a web-based portal on its 211-information site dedicated to CSEC
- Delivering CSEC prevention services to youth
- Operating specialized CSEC courts in the dependency court (DREAM court) and delinquency court (STAR court)
- Operating CSEC dedicated units and multidisciplinary teams in both DCFS and Probation
- Connecting DCFS and Probation-involved CSEC/Y to advocacy services
- Implementing the Law Enforcement FRP for CSEC/Y
- Connecting CSE youth to employment opportunities
- Conducting research to improve housing and services for CSEC/Y
- Providing support services to parents;
- Developing a victim witness testimony protocol for CSEC/Y
- Enhancing CSEC “Locate and Recovery” efforts for missing youth
- Implementing a Detention Interagency CSEC Identification and Response Protocol, and
- Producing indicator data for the CSEC/Y population and reporting findings to at the federal and state levels.

Collectively, these efforts represent a countywide CSEC response system, ranging from increasing awareness to delivering direct services to children and youth impacted by CSE.

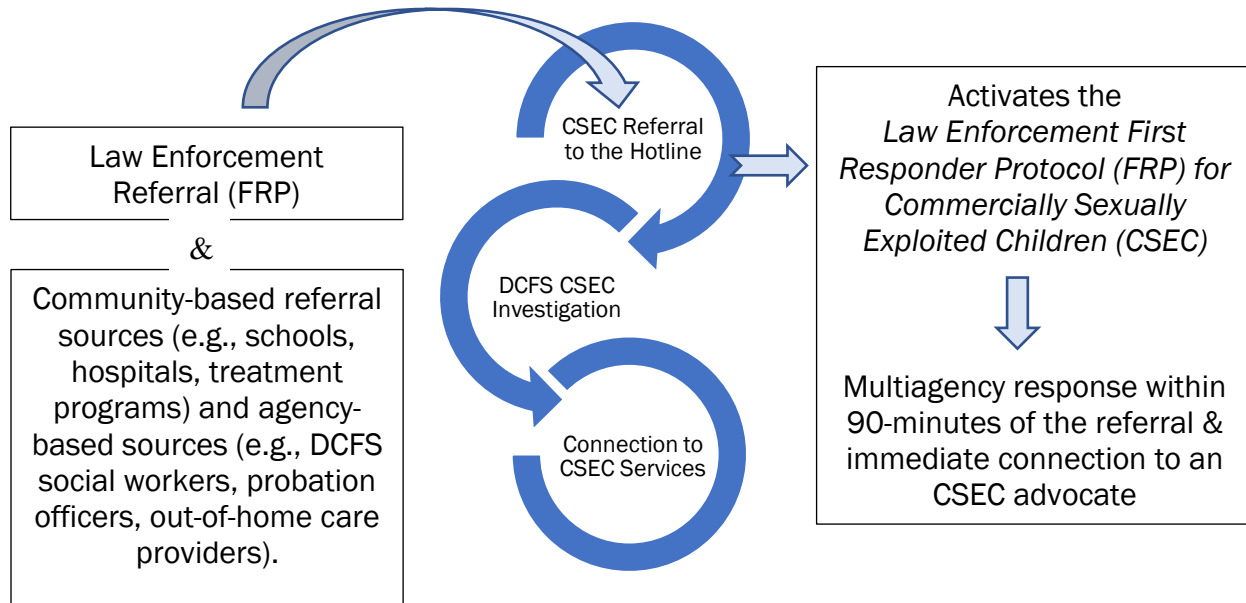
### FRP’s Role in the County’s CSEC Strategic Plan

The FRP plays a distinct and important role in the delivery of direct services. The delivery of direct services has three essential components:

1. Identifying children and youth who are impacted by CSE
2. Investigating and assessing CSE for those children and youth, and
3. Connecting them to CSEC programming and services.

The FRP contributes to this three-step process by initiating a multiagency response to address the basic needs and safety of recovered youth within 90-minutes of the referral to the Child Protection Hotline (CPHL). Figure 1.2 illustrates the relationship between the FRP and the CSEC response system.

**Figure 1.2: The Los Angeles County Response System for Direct Services to CSEC/Y**



As shown in this figure, the FRP is only one of many possible sources for an FRP referral, but it is unique in that a multiagency response occurs within 90-minutes of the referral and the youth is connected immediately to an advocate. All other referral sources start with a call to the CPHL, but they do not receive a multiagency response within 90-minutes of the call and advocates are not connected to the youth until later in the assessment process.<sup>2</sup>

## Profiles of CSEC Youth—Findings from Research

### CSEC Referrals Reported to the Child Protection Hotline (CHPL)

CPHL supervisors began recording all CSEC referrals in an EXCEL spreadsheet in January 2017. All CSEC referrals are entered into this spreadsheet with a limited amount of information. Between January 1, 2017 and May 3, 2020, 2,561 CSEC referrals were reported to the CPHL, and of these, 601 (24%) of all CSEC referrals were FRP referrals. This percentage has fluctuated slightly over the years: in 2017, 19% were FRP referrals; in 2018, 28% were FRP referrals; in 2019, 25% were FRP referrals; and during the first four months of 2020, 22% were FRP referrals.

FRP referrals were made predominately by law enforcement (93%) according to CPHL data and the remaining referrals were reported by DCFS social workers. It is unclear whether this is a data entry error or if MART social workers, for example, may report the FRP referral if law enforcement contacts them first. The referral sources for non-FRP referrals, in contrast, vary widely. Non-FRP CSEC referrals were most likely to come from counselors/therapists and other professionals (29%) followed closely by juvenile hall staff (15%), DCFS social workers

<sup>2</sup> Some non-FRP CSEC referrals, however, are deemed as high risk by the CPHL worker and flagged for “immediate response,” which requires a response within two-hours.

(14%), law enforcement (12%), school (10%), group homes (9%), anonymous callers (5%), and family/friend/self (3%).

### Characteristics of FRP Referrals

In 2018, the National Center for Youth Law and the Los Angeles County Probation Department summarized the characteristics of youth recovered through FRP Referrals in *What We've Learned: A Four-Year Look* (Ackerman-Brimberg, et al., 2018). Using FRP referral data between August 14, 2014 and August 14, 2018, they reported a total of 509 recoveries during this time, with the majority occurring in the Southeast and 77<sup>th</sup> Divisions of the LAPD (56%) followed by the LASD Compton and Century Stations (23%) and the Long Beach Police Department (13%).

Of the 509 referrals, there were 361 unique youth. Slightly less than half (41%) of the youth had one FRP referral, 17% had two FRP referrals during this time, and 10% had three or more. At the time of the recovery, 26% had open DCFS cases and 24% were children from another county or state. Only 11% had an open probation case, and 4% had no previous/current contact with either DCFS or probation. Nearly three-quarters of youth were living at home when they were recovered.

The majority of youth were female (99%) and African American (71%), and their average age at the time of recovery was 15.85 years old. Nearly all FRP recovered youth had previous contact or a current case (85%) with the DCFS. The average number of referrals to DCFS was 9, but 41% of youth with DCFS contact had 10 or more referrals. Just under two-thirds (60%) of youth recovered through the FRP had previously experienced sexual abuse.

### Characteristics of Children and Youth Impacted by CSE

An understanding of youth's experiences and backgrounds provides a foundation from which to best address their complex needs with appropriate services and supports. A recent series of research projects in Los Angeles County has explored the backgrounds and characteristics of youth who have experienced CSE, been placed in out-of-home care or correctional institutions, and are involved in the Probation and/or DCFS systems (Dierkhising, Walker Brown, Ackerman-Brimberg, & Newcombe, 2018; Dierkhising & Ackerman-Brimberg, 2020). The primary themes from this research highlight key issues including racial disparities, chronic system contact, long histories in out-of-home care, significant housing instability, and high levels of trauma.

## Race and Gender

In Los Angeles County, youth involved in the probation and/or child welfare system who have experienced CSE are disproportionately African American girls. Although African Americans only account for 7.4% of the child population in Los Angeles County (KidsData, 2018), two-thirds of system-involved girls with histories of CSE are African American (Dierkhising et al., 2018). This is approximately double the rate of African American youth who were placed in out-of-home care (i.e., group homes) as a result of Probation involvement (Herz & Chan, 2017a), and double the rate of African American children in the foster care population in Los Angeles (Webster et al., 2018).

## System Experiences

Youth impacted by CSE have more extensive histories in both the child welfare and juvenile justice systems. In Los Angeles, youth with a history of CSE have a significantly higher average number of substantiated reports to DCFS compared to youth with no identified history of CSE (Dierkhising et al., 2018). In addition, youth with a history of CSE and Probation contact were arrested more frequently, had more bench warrants issued, more delinquency petitions filed and sustained, and entered juvenile hall more often compared to Probation-involved youth without a history of CSE (Dierkhising et al., 2018).

## Out-of-Home Care Experiences

Many youth who experience CSE also experience out-of-home care. In Los Angeles, system-involved youth with histories of CSE are approximately 12 years old, on average, when they first experience out-of-home care, and compared to their counterparts with no history of CSE, they experience significantly more housing instability while in out-of-home care (Dierkhising et al., 2018). For example, girls with open DCFS cases and histories of CSE were four times more likely to have out-of-home care transitions compared to girls with no history of CSE. In addition, girls involved in DCFS with histories of CSE were more likely to live in a group home as their first out-of-home care experience compared to those with no history of CSE.

Previous research shows the majority of out-of-home care changes for youth with and without histories of CSE were related to “leaving care without permission” (e.g., running away; Dierkhising et al., 2018). Systems themselves often amplify housing instability for youth who leave care without permission because group homes and other out-of-home care providers are contractually allowed to prevent these youth from returning (Dierkhising, Walker, Ackerman-Brimberg, & Newcombe, 2020). Importantly, youth are also running away from their homes. About two-thirds of youth, with and without histories of CSE, say the first place they ever ran away from was their home (Dierkhising et al., 2018). Youth leave care or home without permission for a variety of reasons (Clark et al., 2008; Crosland & Dunlap, 2015; Crosland, Joseph, Slattery, Hodges, & Dunlap, 2018), but a recurring theme among youth with histories of CSE in Los Angeles attributes leaving to familial violence or conflict (Ackerman-Brimberg et al., 2018; Dierkhising et al., 2018). These factors coupled with housing instability make youth particularly vulnerable to traffickers’ recruitment tactics (Dierkhising et al., 2018).

## Complex Trauma

Complex trauma is a term that encompasses both the exposure to ongoing and varied types of, mostly interpersonal, traumatic events as well as the long-lasting and broad developmental impact of this exposure (Cook et al., 2005). Complex trauma negatively impacts children and youth's development including: self-concept (e.g., how they view themselves, self-worth, self-esteem), capacity for emotion regulation, development of healthy relationships, dissociative symptoms, and alterations in physiology including heightened or suppressed cortisol levels (Basson et al., 2018; Cook et al., 2015; Ford, 2017). For nearly all youth with a history of CSE, their exploitation is only one component of complex trauma histories. Many youth have extensive histories of trauma including traumatic loss and grief, sexual abuse, physical abuse, community violence, neglect, discrimination, domestic violence, poverty, and more (Cole, Sprang, Lee, & Cohen, 2016; Dierkhising et al., 2018; Lanctôt, Reid, & Laurier, 2020).

Christal's childhood background illustrates an example of complex trauma and how pervasive youth's trauma history can be prior to CSE. When she was 16 years old, a vice officer recovered Christal through a sting operation after responding to an ad on Craigslist for sexual services; however, her exposure to traumatic events was extensive prior to this contact:

Christal first came to attention of DCFS at two years old. Across her time in DCFS there were *48 allegations* of child maltreatment that included seven different perpetrators; the majority of the allegations were against her mother and father. Christal's father had a history of domestic violence against her mother, and physical abuse against her stepsister who resisted his multiple forcible rape attempts. He was charged with aggravated sexual assault against a minor, served prison time, and is now a registered sex offender. Christal's mother also had a criminal history, used drugs, and left her children home alone for a week at a time without telling them she was leaving. Christal was in and out of foster homes throughout her childhood. (Dierkhising et al., 2018).

Trauma histories like Christal's are compounded by experiences of CSE. Longitudinal and comparison studies reveal that youth with histories of CSE have significantly more symptoms of traumatic stress and experience unique cumulative effects of traumatic stress symptoms over time when compared to youth with sexual abuse histories (Cole et al., 2016; Lanctôt et al., 2020).

## Complex Trauma and Trauma Bonding

When complex trauma is coupled with trauma bonding, engaging youth in services and developing rapport is extremely challenging for practitioners, service providers, and agency personnel. Trauma bonding is the relationship that develops when one person "frequently harasses, beats, threatens, abuses or intimidates the other person" (Sanchez, Speck, & Patrician, 2019, pg. 49), and trauma coercive bonding includes a severe power imbalance, increasing intermittent brutal and seductive behavior, social isolation, and a perceived

inability to escape (Sanchez et al., 2019).<sup>3</sup> Similar to domestic violence, many people believe the myth that victims of CSE “could leave if they wanted to;” yet, we know from a growing body of research that CSE is more likely to impact children living in poor communities and more likely to impact girls of color, specifically African American girls (Ocen, 2015; Saar, Epstein, Rosenthal, & Vafa, 2015). This intersection of race, gender, and CSE limits the opportunities to break trauma bonds with traffickers, and negative, internalized experiences with systems can reduce the likelihood of breaking these bonds at all. It is the compounding factors of complex trauma, trauma (coercive) bonding, and race that leads to a deep mistrust in public agencies, especially law enforcement, and other individuals that are tasked with serving youth experiencing CSE (Epstein, Blake, & Gonzalez, 2017; Ocen, 2015). This means that youth may not stay at home or at an out-of-home care location; instead, they may frequently return to their traffickers and may not be willing to cooperate with service providers or investigations.

### Building a Multidisciplinary Protocol for CSEC/Y

The use of multidisciplinary responses to serve complex needs and backgrounds of children and youth impacted by CSE is increasingly recognized as a best practice at all stages of system intervention (CWIG, 2019). As of 2018, approximately ten states were using a multidisciplinary or multiagency approach to comply with the requirements to identify, assess, and provide services for victims of CSE based on the Justice for Victims of Trafficking Act (JVTA: CWIG, 2019). The use of multiagency responses for children and youth experiencing CSE, however, is relatively limited. To date, law enforcement multiagency CSEC protocols exist only in Washington State, Los Angeles County, and Nevada.

Washington State developed and implemented a multidisciplinary law enforcement protocol in 2012, Los Angeles County in 2014, and Nevada in 2018. Over half of all counties in Washington participate in a model protocol for recovered youth. Recovered youth are transported to a 24-hour reception center staffed with CSE trained personnel where their basic needs are met, and they receive an MDT meeting within 24 hours of their recovery (Center for Children & Youth Justice, 2016). In Nevada, a “Rapid Response MDT” is used for recovered youth, which calls for an advocate and an MDT “core” team member to respond in order to provide an initial assessment, develop a safety plan, coordinate services, and identify housing options (Nevada CSEC Strategic Plan, 2018). Nevada’s protocol, in particular, references the Los Angeles County FRP, replicating the law enforcement response and the inclusion of an advocate. Each of these programs is relatively new, and none have been fully evaluated. The current study addresses this void for the Los Angeles County FRP by examining the extent to which the implementation of the FRP has met expectations and the extent to which it aligns with the best practice principles outlined for serving children and youth impacted by commercial sexual exploitation.

<sup>3</sup> While the theoretical model of trauma coercive bonding refers to this component as a *perceived* inability to leave, it must also be recognized that for some youth it is an *objective* inability to leave due to a host of factors such as violence, injury, homelessness, and so on.

## Summary

Various federal and state legislative efforts since 2000 increased recognition of and responses to children and youth experiencing CSE. Los Angeles County was at the forefront of this work. The Board recognized the problem as early as 2012 and by 2014 supported the implementation of the FRP to decriminalize CSE of children and youth. Within the first four years of implementation, FRP partners responded to 509 referrals from law enforcement. The youth recovered in these referrals were disproportionately female and African American, the majority had experienced sexual abuse, and nearly all have current or historical contact with the child welfare system. Their cumulative experiences lead to complex trauma and housing stability, making them particularly vulnerable to traffickers. Serving these youth effectively requires a multidisciplinary response that is trauma-informed and aligned with the principles of harm reduction.

Consistent with policy development and research findings, the FRP was specifically designed to change the way CSEC/Y were understood and responded to by law enforcement and the child welfare and juvenile justice systems. The FRP helped define these youths as victims of commercial sexual exploitation rather than willing participants in prostitution and transferred decision-making for recovered youth from law enforcement to social service agencies, advocates, and the youth themselves. The FRP was built on a recognition of how trauma plays in the lives of CSEC/Y lives; the need to meet youth on their own terms, and the necessity for multidisciplinary agencies to work together to best serve youth needs and facilitate the recovery process. The next five chapters assess the FRP beginning with its development and subsequently move through all four stages of the process.



## Chapter 2: An Overview of *The Law Enforcement First Responder Protocol for Commercially Sexually Exploited Children*

The FRP was the result of a September 24, 2013 Board Motion to develop a multiagency response model for CSEC/Y. The FRP represents a critical point in a series of Board motions intended to bring attention to and address the commercial sexual exploitation of children and youth in Los Angeles County. The launch of the FRP preceded and contributed to the development of a countywide strategic plan submitted to the state as part of SB 855 and to the decriminalization of CSE for children and youth in Los Angeles County and eventually throughout California.

In this chapter, the FRP process and infrastructure are described and analyzed based on written documents and the experiences and perspectives of interview and focus group respondents. Analysis of respondent feedback is provided in shaded boxes for areas discussed within interviews and focus groups. Overall, a review of the FRP development process identified several accomplishments and challenges.

### Accomplishments of the FRP Process and Infrastructure

- The FRP facilitated the decriminalization of CSE for children and youth and successfully transitioned decision-making from law enforcement to DCFS, Probation (if youth had an open probation case), advocates, and the youth themselves.
- The FRP development process represents successful, sustained multiagency collaboration that incorporated advocates as a core partner.
- On-going commitment and collaboration contributed to the expansion of the FRP from three areas in the county to all areas covered by the LASD, all areas covered by the LAPD, Long Beach, and Pomona.

### Challenges of the FRP Process and Infrastructure

- Although training occurs, it is fragmented and the responsibility of individual departments rather than a consistent, comprehensive curriculum that brings FRP partner agency staff together to develop as a team.
- With the exception of advocates, no funding was provided to FRP partner agencies to support the implementation of the FRP. As a result, the infrastructure to support the FRP (e.g., the use of data to regularly monitor its implementation) and institutionalization (i.e., the promise of program fidelity and sustainability through leadership transitions) is tenuous.
- Expansion of the FRP to independent law enforcement agencies has been slower than expected. To date, only two independent law enforcement agencies are part of the FRP operational agreement.



## The Development of the FRP Pilot Program

In 2013, a workgroup of stakeholders began meeting to develop multiagency response system for CSEC/Y recovered by law enforcement. This workgroup was co-chaired by Michelle Guymon from the Probation Department and Kate Walker-Brown from NCYL and included representatives from DCFS, DHS, LASD, and the Long Beach Police Department. The FRP development process incorporated the voice of survivors of CSE. Feedback was collected from a focus group with 15 youth recently identified as CSE youth. The workgroup learned to keep the protocol simple and focused on the victim rather than overwhelm with a variety of agency responses. For example, a mental health screening was originally part of the protocol, but it was removed after discovering that youth felt it would be too much within the FRP timeframe. Instead, addressing the youth's basic needs within the first 24 hours became the primary goal of the FRP.

Another contributing factor to the workgroup's success was its willingness to hear and respond to the concerns expressed by law enforcement. In particular, law enforcement was concerned that decriminalization would add substantial time to an officer's workload. Members of the workgroup responded by participating in police "ride-alongs" to better understand the patrol officer's point of view when recovering a CSEC/Y. These experiences combined with constructive workgroup conversations led to one of the key elements in the FRP: An expedited, 90-minute, response time by DCFS and Probation.

### DEVELOPING THE FRP: RESPONDENT PERSPECTIVES

Without exception, respondents felt the workgroup's effort to develop the FRP was initially challenging but rewarding and productive in the end. In particular, group dynamics were difficult in the beginning because some relationships between stakeholders and law enforcement were historically adversarial. A shared commitment combined with strong leadership facilitated iterative and honest discussions within the workgroup. These discussions, in turn, forged a safe and constructive place to resolve conflicts through common purpose and compromise.

## FRP Purpose and Goals

The FRP was developed to be an expedited, multidisciplinary, trauma-informed response system for CSEC/Y recovered by law enforcement. Specifically, the primary goal of the FRP is to bring together multidisciplinary partners, including a CSEC advocate, who engage youth experiencing CSE, immediately address their basic needs and connect them to services within 72 hours of recovery. DCFS and Probation are also responsible for returning them home or if that is not possible, finding them safe out-of-home care. FRP partners are expected to recognize the role of trauma and work to build trust with the youth. This approach is premised on the harm reduction concept of 'meeting youth where they are' in the recovery process and connecting them to support when they need it. According to documents referenced for this study, the purpose of the FRP is:

...to ensure law enforcement and county agencies provide a quick, coordinated, service-based response that meets the immediate, short-term needs of the CSE youth and supports them in achieving long-term safety and stability through youth-centered, strength-based, and trauma-informed services provided by a team of professionals (County of Los Angeles, 2015; see also Newcombe, French, Walker Brown & Guymon, 2020).

The stated goals of the FRP are:

- Communicating with all parties related to the youth
- Locating an out-of-home care location if the child cannot return home
- Providing access to a sexual health screening and medical evaluation
- Creating a safety plan for the child in their living situation
- Identifying a child's needs and begin developing a plan to connect to appropriate services regardless of living situation
- Addressing long-term safety and stability through youth-centered, strength-based, trauma-informed services
- Investigating reports of suspect child abuse and neglect, and
- Supporting youth to achieve.

#### FRP PURPOSE AND GOALS: RESPONDENT PERSPECTIVES

Overall, respondent descriptions of the FRP reflected the purpose and goals outlined in official FRP documents; but there were some differences. Whereas documents describe the FRP as a trauma-informed response, respondents were likely to view the FRP as a multiagency response characterized within the principles of harm reduction approach (i.e., meeting youth where they are in the recovery process and establishing relationships to support recovery; see Chapter 7 for more detailed examples) to support youth safety and meet their basic needs. Specifically, respondents felt the goals of the FRP were to:

- Provide law enforcement with a seamless connection support services for CSEC/Y victims
- See and interact with youth as victims and supporting their recovery
- Engage youth with an advocate ally who can provide connections to resources
- Connect to youth where they are, establishing a rapport, and letting them know you care
- Establish a “lifeline” for youth who need to connect to a resource in the future, and
- Support families and caregivers by providing education and resources.

## FRP Implementation and Expansion

The FRP was launched on August 14, 2014 in LASD Compton and Century stations and with the Long Beach Police Department, and it quickly expanded. By 2015, the LASD Transit Services Bureau and LAPD 77<sup>th</sup> and Southeast Divisions were implementing FRP; by 2016, it was implemented across all LASD stations, and by 2018, all LAPD Divisions were utilizing the FRP. A 2017 ILT expansion plan anticipated the number of independent law enforcement agencies using the FRP to increase significantly, but by January 2020, only the Pomona Police Department had joined the operational agreement. The ILT continues to outreach to more independent law enforcement agencies to utilize the FRP.

### FRP EXPANSION: RESPONDENT PERSPECTIVES

Expansion to independent law enforcement agencies has been slower than expected. Over 50% of independent agencies have been trained in CSEC and more trainings were planned prior to COVID-19, but only one independent department (Pomona Police Department) has joined the FRP operational agreement.

#### Jurisdictions' Reluctance to Acknowledge the Problem

While some regions and local jurisdictions within Los Angeles County may not have a significant CSE problem, law enforcement respondents interviewed for this report firmly believed that CSE is happening everywhere, especially wherever motels and hotels operate. The LASD Human Trafficking Task Force plans to take a more proactive role in helping agencies recognize the problem and understand the advantages of implementing the FRP. The protocol, for example, requires no additional funds to operate and reduces the time and workload associated with each recovery.

#### The Problem of Inconsistency

Without expansion to the entire County, there is inconsistency in the identification and response to CSE recovered by law enforcement. Law enforcement still call the CPHL but do not report the youth as an FRP referral. Although this youth will be screened for CSE, the response is considerably different from the FRP response. The opportunity to immediately engage youth and connect them to advocacy and services is lost as is the to accurately document the prevalence of commercial sexual exploitation of children and youth in Los Angeles County.

#### What Do the Data Say?

The CSEC referral data from CPHL provides some insight into the need for FRP expansion to independent law enforcement agencies. Between January 1, 2017 and May 3, 2020, 21% of 1,960 non-FRP CSEC referrals reported to the CPHL were made by independent law enforcement agencies around the County. This potentially translates to 403 CSEC referrals who did not receive a response within 90-minutes or receive an immediate connection to an advocate.

## FRP Partners

Several agencies directly or indirectly participate in the FRP. In addition to law enforcement, the protocol depends on partnerships with the DCFS, the Probation Department, advocacy agencies, and DHS.

### Law Enforcement

Initial FRP law enforcement partners included the LASD Compton and Century Stations and the Long Beach Police Department. By 2018, the protocol expanded to all LASD stations and all LAPD Divisions, and in 2020, the Pomona Police Department joined the operational agreement.

### The Department of Children and Family Services (DCFS)

The primary unit responsible for FRP referrals is the Multi-Agency Response Team (MART). MART is a specialized unit established in 2004 to work closely with law enforcement on any operation in which children may be present and in danger. Handling FRP referrals aligns within MART's mission and training. MART social workers receive specialized training on CSE and trauma, and they have strong working relationships with law enforcement. Because of this expertise, MART social workers are designated as the first point of contact for FRP referrals according to the protocol, but they do not necessarily respond to all FRP referrals. MART currently has four units, each with six social workers and one supervisor. Given its limited staffing, social workers in the MART Unit are not available to respond to FRP referrals 24 hours a day, seven days a week. If an FRP referral occurs between midnight and 8:00 am between Monday through Friday or on the weekend or holiday, the referral is handled by an Emergency Response Command Post (ERCP) social worker. ERCP social workers do not necessarily have the same level of training as MART social workers (i.e., training on CSE and trauma) or the same relationships with law enforcement.

### The Probation Department

Officers assigned to the Probation Child Trafficking Unit (CTU) respond to all FRP referrals in which the youth has an open probation case.<sup>4</sup> The CTU was created in 2011 with a grant from the California Department of Corrections and Rehabilitation and serves as a trauma-centered unit providing case management services and support to Probation-involved children and youth experiencing CSE (Newcombe et al., 2020). Staffing in the CTU has grown from four staff to 13 in 2020. Officers in the CTU are recruited and hired based on their commitment to working with CSEC/Y, and they receive specialized training to serve these youth using a trauma-informed approach.

<sup>4</sup> Probation is considered a "law enforcement" agency in many contexts; with respect to the FRP, however, it does not operate in a law enforcement capacity. Instead, the Probation CTU's role is to connect youth to CSE services.

## Advocacy Agencies

Advocacy agencies are community-based organizations with the training and experience to provide trauma-informed care to youth who have experienced CSE. Currently, there are two advocacy agencies contracted to respond to all FRP referrals and provide on-going services to youth who have experienced CSE in DCFS and/or Probation: Saving Innocence and Zoe International. Saving Innocence has been part of the FRP since the beginning, participating in its development, and they continue to provide services currently. They have a team of 13 staff and advocates, and six of these advocates respond to FRP referrals. In 2019, Zoe International was contracted to respond to FRP referrals and provide specialized services. Their CSEC team is comprised of 15 staff and advocates. At any given time, ten of these advocates sign up to be “on call” for FRP referrals.

## The Department of Health Services (DHS)

DHS has been an active partner in the FRP implementation process since the beginning. DHS contributes to the protocol by providing FRP referred youth with sexual health screenings and medical evaluations through the Los Angeles County Medical Hub Clinics.<sup>5</sup>

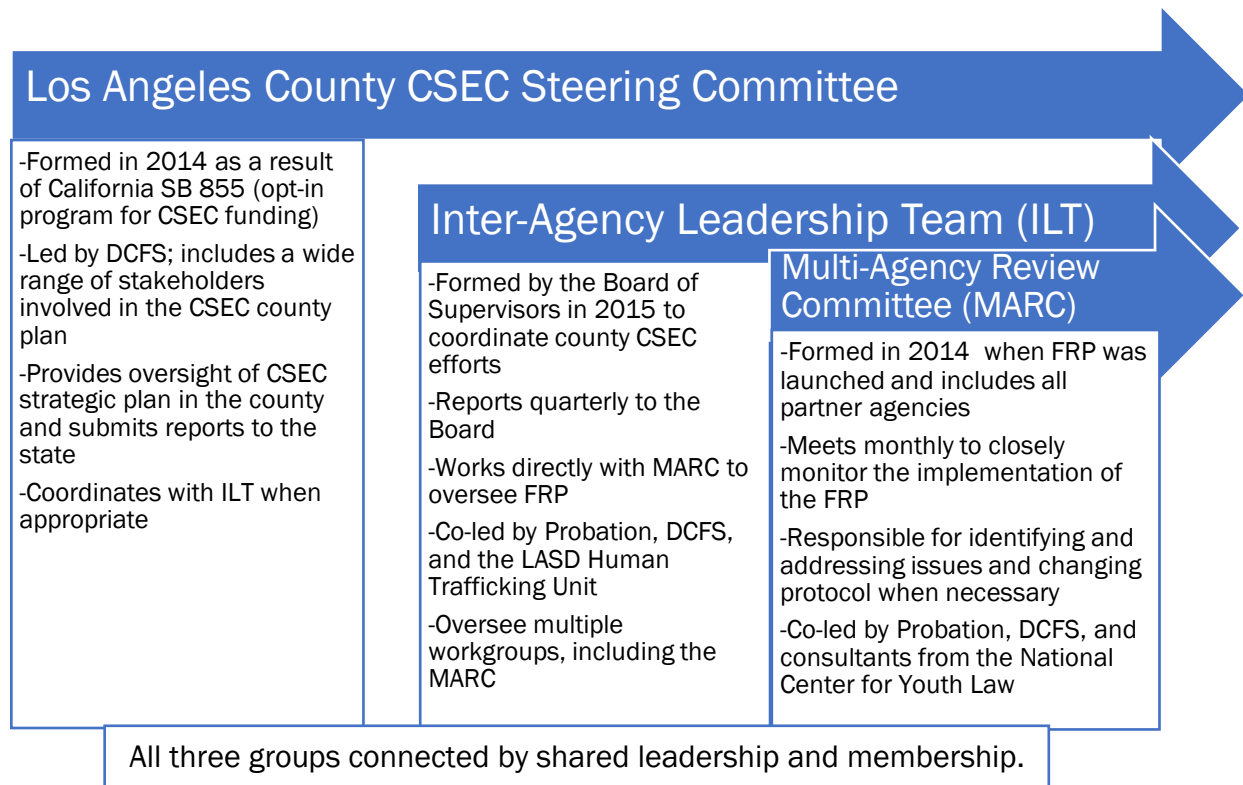
## FRP Oversight

When the FRP was launched, the Los Angeles County Multi-Agency Review Committee (MARC) was formed. MARC meets monthly and is co-led by Probation, DCFS, and consultants from the National Center for Youth Law. Its membership includes representatives from all agencies and/or agency units that participate in the FRP.

The sole purpose of the MARC is to analyze available data, discuss FRP operational issues, identify ways to overcome challenges, and amend the protocol (i.e., operational agreement) when necessary. Originally, MARC was responsible for submitting quarterly reports to the Board regarding the FRP’s progress, but in 2015, the Inter-Agency Leadership Team (ILT) was formed by a board motion to oversee all CSEC initiatives in the county and report quarterly to the Board. Since then, MARC has worked closely with the ILT to oversee and address FRP operational issues. Although distinct in their responsibilities, the Los Angeles County CSEC Steering Committee, the ILT, and MARC are interrelated and are coordinated through shared leadership and membership (see Figure 2.1).

<sup>5</sup> Due to the limited time with youth during FRP referrals, connections to the Department of Mental Health and the Department of Public Health for mental health and substance abuse services is deferred until the case plan is developed.

**Figure 2.1: Organizational Oversight of *The Law Enforcement First Responder Protocol for Commercially Sexually Exploited Children/Youth***



#### THE BENEFITS OF THE MULTI-AGENCY REVIEW COMMITTEE (MARC): RESPONDENT PERSPECTIVES

Without exception, all interview respondents spoke highly of MARC and expressed appreciation and sometimes surprise about the high level of collaboration. One respondent, for example, referred to the collaboration in MARC as “amazing” and another as a “breath of fresh air.” MARC facilitates interagency relationship-building and creates a safe place for open and honest conversations about operational issues. This environment gives credibility to all perspectives and helps partner agencies learn from one another while also holding everyone accountable. Consistency in the membership also contributes to the strength of relationships. Continuity and mutual respect were also noted as significant factors in MARC’s overall effectiveness.

## FRP Funding

Currently, there is no dedicated funding for the implementation of the FRP because the roles outlined in the protocol were believed to align with those already supported within existing agency budgets. Funds were and continue to be provided for advocacy service contracts from SB 855 funds and from unspent Healthier Communities, Stronger Families, Thriving Children (HST) funds. Responding to FRP referrals is one small part of these service contracts which cover the delivery of long-term advocacy services until a youth's involvement in DCFS and/or Probation ends.

## FRP Training

Since its launch in 2014, preparing staff to implement the FRP has involved four different levels of training. The first level of training was on-boarding law enforcement agencies as the program expanded. A multidisciplinary group from MARC delivered an initial CSEC training to the law enforcement leadership and training units, and following this training, the law enforcement agencies trained their patrol staff. This second level of training varied across agencies. For example, one law enforcement agency held a conference for the all units while others presented training at shift briefings or "roll call." A third level of training was for staff within DCFS, Probation, and advocacy agencies. Initially, a few cross-training sessions were held but eventually, all agencies became responsible for training their respective staff. A final level of training is indirect training stemming from department-wide trainings titled "CSEC 101" held as part of the county CSEC strategic plan and from law enforcement CSEC training delivered to their vice units and/or new officers in academy training.

### THE ROLE OF TRAINING: RESPONDENT PERSPECTIVES

Since the launch of the FRP, the bulk of FRP training has been focused on changing the perceptions of and language around CSE, removing "prostitution" from the conversation and focusing on the role trauma plays in the victimization of children and youth. All respondents reported that it took a lot of training to get everyone knowledgeable and "on-board" with the FRP. Training was in-depth and collaborative in the beginning, but many respondents thought it had dissipated over time.

#### Training for Law Enforcement

There were mixed opinions regarding law enforcement's response to the training. Law enforcement leadership felt all officers embraced the training and new approach, particularly command staff and detectives. Respondents from other agencies also felt training was successful, but some reported experiencing resistance. Several respondents felt more work was needed to address the consistent use of trauma-informed language and messaging around exploitation. To this end, the ILT is producing a 30-minute briefing video to message consistent language related to CSE and to connect the purpose of the FRP to public safety.



## THE ROLE OF TRAINING: RESPONDENT PERSPECTIVES, CONT'D.

### Institutionalizing Training

Despite these challenges, the use of the FRP across participating law enforcement agencies is impressive. Success was attributed to using detectives committed to the issue deliver training, issuing training bulletins or station directives, keeping the FRP instructions simple and easy to use, and providing “cheat sheets” outlining the step-by-step process. Building a well-developed training curriculum with standardized materials, clear expectations, and regular assessment would build on these successes and begin to address the remaining challenges.

### Summary

Based on the quarterly ILT report submitted to the Board in January 2020, FRP partners have responded to 761 FRP referrals since 2014. The FRP and subsequent decriminalization was historic in its impact for CSEC/Y. These youth no longer enter the juvenile justice system as a consequence of their victimization. Instead, the FRP ensures CSEC/Y are provided with safe housing, at least in the short-term, their immediate and basic needs are met, and they are connected to an advocate. At its core, the FRP establishes a significant and immediate gateway to on-going support and services for youth experiencing CSE.

The commitment to serve this population is shared by an interdisciplinary team of social service agencies, law enforcement, advocates and survivors. Their shared commitment combined with strong leadership helped the group overcome conflicts and create an expedited response system to serve children and youth impacted by CSE and who are recovered by law enforcement. Collaboration has continued within the MARC for six years, and the protocol is now utilized across the City of Los Angeles and a large portion of the County of Los Angeles.

The FRP operational agreement outlines the steps necessary to address the youth’s safety and basic needs within the first 24 to 72 hours of the FRP referral, and it provides a gateway to on-going services. Implementation of the FRP response can be broken down into four stages:

- Stage 1—Recovery and Referral
- Stage 2—Multidisciplinary Response
- Stage 3—Stabilize and Begin a Safety Plan
- Stage 4—Connection to CSEC Services

Over the next four chapters, each of these four stages is described and assessed by comparing the expectations of the FRP operational agreement and the experiences of implementing the FRP in the field. In Chapter 7, the findings are used to assess the extent to which the implementation of the FRP protocol aligns with the best practices described in Chapter 1.



## Chapter 3: Overview and Assessment of Stage 1—Recovery and Referral

The purpose of *Stage 1—Recovery and Referral* of the FRP is to facilitate a 90-minute response from DCFS, advocates, and Probation (if there is an open probation case) for CSEC/Y children and youth recovered by law enforcement (see Figure 3.1). Information from the FRP operational agreement is combined with responses from interview and focus group participants to describe how Stage 1 operates, its accomplishments, the operational challenges it faces, and how this stage in the FRP process can be improved. Overall, FRP implementation in Stage 1 has been successful in the following ways:

- Establishing a response system to facilitate the decriminalization of CSE for children and youth recovered by law enforcement.
- Implementing a referral process that, in large measure, meets law enforcement's expectations for a 90-minute response.
- Maintaining spreadsheets of all CSEC and FRP referrals.

Operational challenges related to FRP implementation during this stage include:

- Ensuring law enforcement reports the FRP referral immediately after a recovery.
- Making sure CPHL workers consistently use the FRP protocol to expedite referrals.
- Consistently and accurately verifying whether an FRP referral youth has an open probation case.
- Making sure the advocate is notified immediately after the referral.

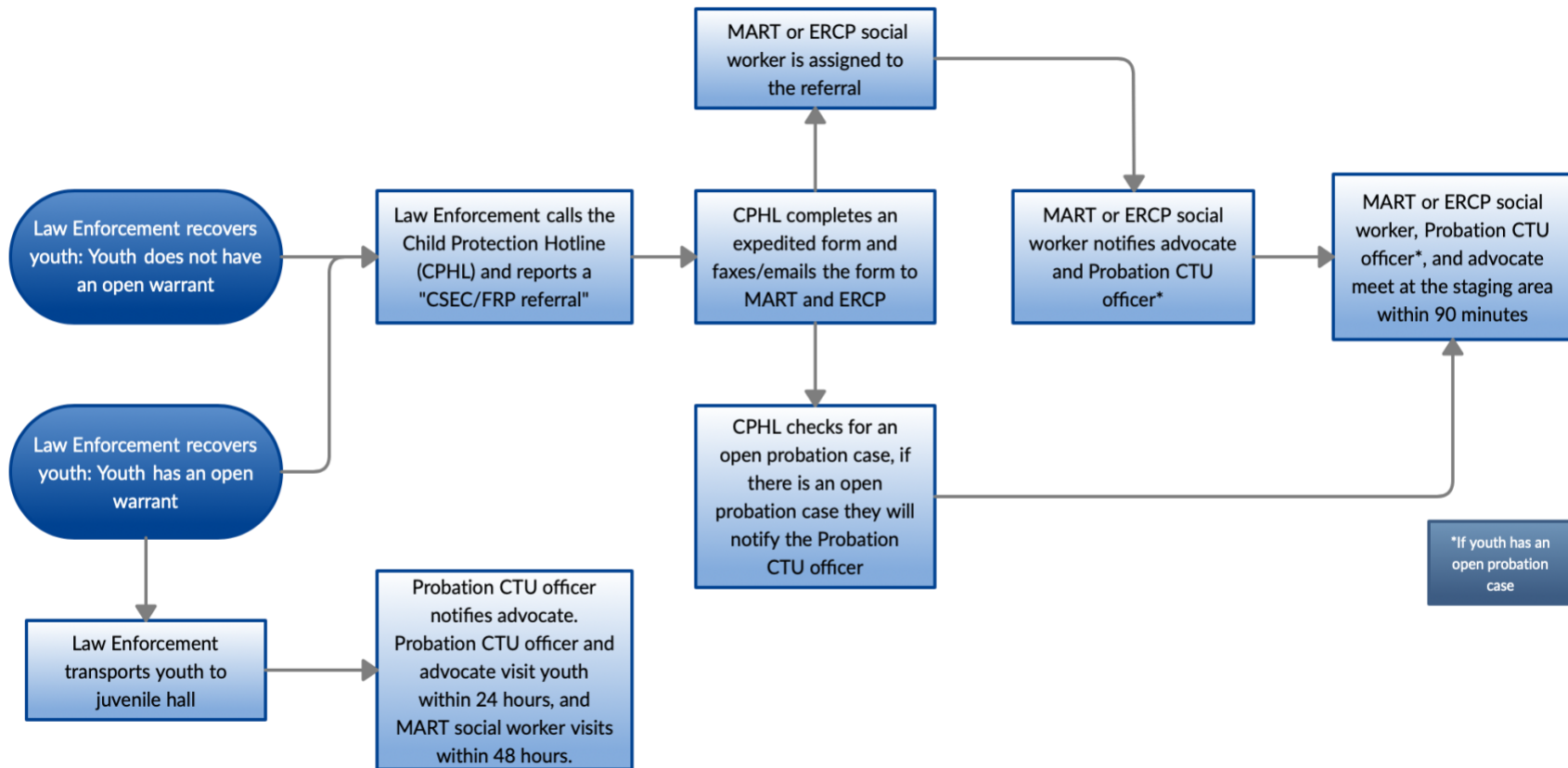
The current chapter identifies the specific issues related to these operational challenges, provides an analysis of the issues, and offers recommendations to address the issues. A comprehensive plan to improve the FRP across all stages and within a coordinated system of care for CSEC/Y is presented in Chapter 9.

### Description of Stage 1—Recovery and Referral

#### Responding to Referrals On-Site

As shown in Figure 3.1, after law enforcement recovers a CSEC/Y, the officer calls the CPHL and reports the FRP referral. Reports identified as FRP referrals are expedited by the CPHL worker who collects essential information and emails or faxes the referral to the Multi-Agency Response Team (MART) or to Emergency Response Command Post (ERCP) depending on the time of the referral. When processing the referral, the CPHL worker and/or the CSEC designated supervisor tries to establish whether the youth has an open probation case. If the youth is probation involved, CPHL designated supervisor is expected to notify the Probation CTU. Once the FRP referral is completed, a CPHL designated staff person reviews the referral to verify all information is completed and sends a notification email to key points of contact and leadership in DCFS, Probation, and County Counsel. All FRP referrals are logged into a spreadsheet managed by CPHL supervisors.

Figure 3.1: An Overview of Key Decision Points in Stage 1—Recovery and Referral



A MART social worker typically responds to referrals received on weekdays from 8:00 am until 12:00 am; all other calls are responded to by an ERCP social worker. In these cases, the ERCP supervisor on duty typically contacts the MART supervisor on duty to discuss who will respond to the referral. If staffing permits, a MART social worker can be assigned to the referral regardless of when it occurs. Once the referral is assigned, the MART or ERCP social worker also verifies whether the youth has an open probation case and notifies the advocate and Probation CTU officer (if applicable). Within 90-minutes of receiving the referral, the MART or ERCP social worker, the advocate, and the Probation CTU officer (if applicable) respond to the “staging area” (i.e., the location where the youth is being held by law enforcement).

Youth from a different county or state are either returned to their home county/state immediately or temporarily placed until arrangements are made for their return. Youth with open warrants in their home county or state are detained at juvenile hall. If there is no open warrant, a temporary out-of-home care location must be found by the MART or ERCP social worker.

### Responding to Referrals at Juvenile Hall

For youth with open warrants, the law enforcement officer reports the FRP referral to the CPHL and transports the youth juvenile hall. Because the youth in these situations are detained, their FRP referral is not expedited. The Probation CTU officer is notified and is expected to notify the advocate about the referral. Both the Probation CTU officer and advocate meet with the youth (but not necessarily at the same time) within 24 hours of placement in juvenile hall. The MART social worker meets with the youth as part of their investigation within 48 hours of youth’s placement in juvenile hall.

## FRP Stage 1 Challenges

*The timing of the CPHL call from law enforcement varies across agencies and referrals. Some report the referral right after recovery while others call after they interview the youth.*

**IMPACT:** Youth may be in custody for several hours before the 90-minute response time is triggered. Law enforcement can be impatient with FRP partners because time has accumulated, and they are ready close out the referral. This can create tension between law enforcement and FRP partners and more anxiety for the youth.

**ANALYSIS:** The timing of the law enforcement call to the CPHL varies widely because the protocol currently does not prescribe a timeframe within which an FRP referral should be reported. As a result, some law enforcement officers call immediately following the recovery while others call after they interview the youth. A third approach is to first call the human trafficking detective or the patrol supervisor who then calls the CPHL. While one single approach across law enforcement agencies may not be necessary, when the FRP referral is reported should be clear.

**RESPONSE:** MARC has identified this as an issue, but there is no indication that this issue has been directly addressed by the FRP. MARC intends to produce one-page checklist to all FRP partner groups, but it is unknown whether those handouts will directly address this

issue. **RECOMMENDATION:** Include a specific timeframe in the operational agreement for reporting FRP referrals to the CPHL and incorporate this expectation into on-going training and ensure the FRP one-page checklist is distributed to law enforcement.

*Law enforcement does not always identify the referral as an FRP referral when they call the CPHL.*

**IMPACT:** The referral is not recognized as an FRP referral and will not be responded to within 90-minutes. Additionally, the youth will not be connected immediately to an advocate.

**ANALYSIS:** When law enforcement calls the CPHL, they must also identify the referral as an FRP referral; otherwise, it is not expedited by the CPHL. This requirement is included in the protocol operational agreement, but it is unclear whether all law enforcement officers are consistently trained on this point.

**RESPONSE:** MARC has identified this as an issue and intends to address it by producing a one-page checklist for all partner groups to address this as well as other protocol driving issues.

**RECOMMENDATION:** Make sure the FRP operational agreement identifies a timeframe for reporting FRP referrals. All law enforcement officers should be consistently trained on the expected timeframe for reporting the FRP referral after recovery and how to identify it as an FRP referral to CPHL workers. During CPHL training, workers should also be encouraged to recognize a referral as an FRP referral if law enforcement does not specifically mention FRP. To supplement training, the one-page checklist distributed by MARC to CPHL workers and law enforcement should help to reinforce adherence to this process.

*CPHL workers inconsistently expedite FRP referrals.*

**IMPACT:** When CPHL workers do not expedite an FRP referral, it can result in a delayed response and law enforcement frustration.

**ANALYSIS:** Inconsistent responses from the CPHL were more of a problem at the beginning of the launch, but they still present some challenges. New hire and booster trainings on the FRP process are given to CPHL workers, but maintaining fidelity is difficult because there are 160 full-time CPHL workers, 23 part-time workers, and 50 to 60 back-up workers responding to hotline calls. FRP referrals represent a small portion of the overall reports received on a daily basis. As mentioned in Chapter 1, a total of 2,561 CSEC referrals were made to the hotline between January 1, 2017 and May 3, 2020, and 24% were FRP referrals. Relative to the total volume of calls received by the CPHL (e.g., in 2019, a total of 207,000 calls were received), it is unlikely that most CPHL workers ever receive one of these calls, and as a result, they have little to no experience with the steps to expedite the referral.

**RESPONSE:** CPHL workers are given new hire and booster trainings, and CPHL designated supervisors review referrals and provide feedback to workers on a regular basis. During

the launch, the CPHL tried to divert FRP calls to designated staff, but challenges to this approach could not be overcome because of the technology used by DCFS. Despite several attempts, these efforts were eventually abandoned.

**RECOMMENDATION:** The best option to address this issue is to create a dedicated phone line for all CSEC (FRP and non-FRP) referrals using updated technology (i.e., a new phone reporting system). At a minimum, continued training and distributing the one-page checklist MARC is producing to all CPHL workers may help facilitate more consistency. Data should be collected and analyzed on a regular basis to determine how often FRP referrals are “missed” in CPHL processing.

*Limited access to probation records and different contact numbers for probation produces a confusing, inconsistent, and inefficient process to determine whether an FRP referral has an open probation case.*

**IMPACT:** Identifying the status of the youth with Probation is time-consuming, difficult, and sometimes missed. As a result, the Probation CTU officer is not contacted.

**ANALYSIS:** When processing the referral, the CPHL worker must check whether the youth has an open probation case, and the responding social worker also verifies the youth’s involvement. This appears to be a very confusing part of the process. Typically, a CPHL worker will call Probation to determine the youth’s status, and/or CPHL designated supervisors have access to PROBLITE, a crosswalk data system between DCFS and Probation. If the MART or ERCP social workers receive the referral without this information, they will also contact Probation. This process, by all accounts, appears to be cumbersome and inefficient. Based on discussions with various respondents, it appears calls are made to a general hotline/information number for Probation rather than a designated Probation CTU cell phone number. At least one solution is to make sure the Probation CTU “on call” phone number is called rather than other, more general numbers for Probation. While it was difficult to assess the root of the problem from interviews and focus groups, it was clear from discussions that this initial communication between DCFS and Probation is not streamlined or reliably effective.

**RESPONSE:** MARC has identified this as an issue and intends to address it by producing a one-page checklist for all partner groups to address this as well as other protocol driving issues.

**RECOMMENDATION:** Review the current process and identify a more reliable and consistent way to identify whether youth have an open probation case. Make sure this process and number is incorporated into the operational agreement, regular training, and the one-page checklist for FRP partners. Collect data to monitor Probation’s timely response to these requests and monitor the efficacy of communication over time.

*Sometimes the advocate is notified after the MART or ERCP social worker and/or Probation CTU officer are at the staging area.*

**IMPACT:** This delay impacts the role an advocate can play in reducing the youth's anxiety level, effectively addressing basic needs, and facilitating communication between the youth and FRP partners at the staging area. It undercuts the intent and integrity of the FRP operational agreement.

**ANALYSIS:** After receiving the referral, the MART or ERCP social worker reviews the case history (if any) for the youth involved in DCFS's data management system (CWS/CMS) and notifies the advocate. Based on interview and focus group responses, this process generally works, but there were issues around the timeliness of the referral. Advocates were widely recognized as an essential part of the FRP response, so a delayed notification impacts their ability to engage youth and address their basic needs in a timely manner.

**RESPONSE:** MARC has identified this as an issue and intends to address it by producing a one-page checklist for all partner groups to address this as well as other protocol driving issues.

**RECOMMENDATION:** Data should be analyzed to determine how often notifications to advocates are delayed. If the data show this is a persistent problem, training for MART and ERCP workers and Probation CTU officers is necessary to reinforce the expectation. Since advocates play a key role in the FRP response, MARC should consider how notifications can be expedited from the CPHL to advocates.

## Chapter 4: Overview and Assessment of Stage 2—Multidisciplinary Response

The purpose of *Stage 2—Multidisciplinary Response* of the FRP is to assess the situation, find a safe out-of-home care location for the youth and address the youth's basic and immediate needs within the next 24 to 72 hours (see Figure 4.1). Information from the FRP operational agreement is combined with responses from interview and focus group participants to describe how Stage 2 operates, its accomplishments, the operational challenges it faces, and how this stage in the FRP process can be improved. Overall, FRP implementation in Stage 2 has been successful in the following ways:

- Impacting and changing law enforcement officer perceptions of recovered youth as victims of CSE, and the language they use when engaging CSEC/Y, particularly among officers who are well-trained on CSE and its impact on children and youth (e.g., Human Trafficking Detectives).
- Giving advocates a central role in the FRP process and are viewed by all partners, including law enforcement as critical to engaging youth as allies in the decision-making process.
- Prioritizing youth voice and meeting them where they are in the recovery process. All FRP partners work to engage youth and provide them with an immediate connection to services and/or a “life-line” for support in the future.

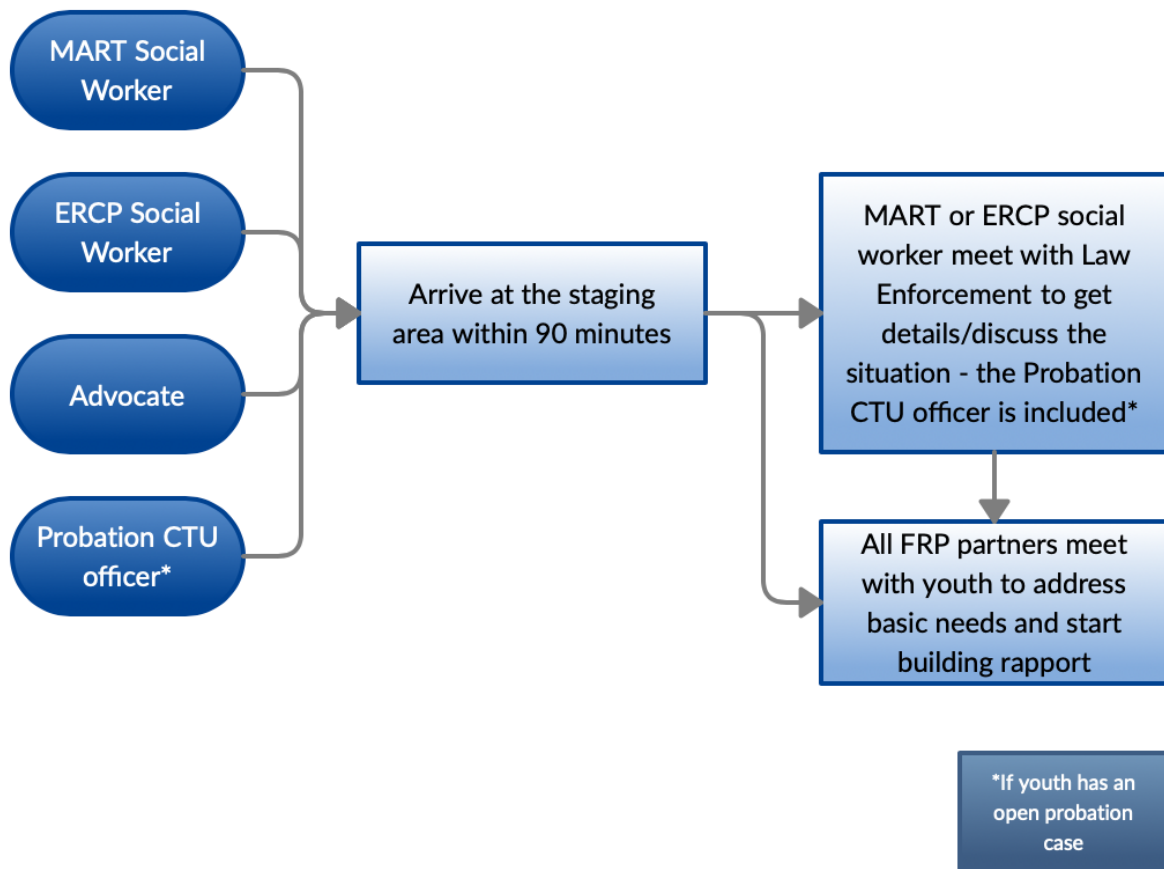
Operational challenges related to FRP implementation during this stage include:

- Utilizing MART social workers for all FRP referrals as originally outlined in the FRP operational agreement.
- Delays in law enforcement reporting to the CPHL can subject youth to multiple interviews and re-traumatization.
- Geography and multiple demands on MART and ERCP social workers can delay their response time.
- Law enforcement agencies/officers with less experience with and less training on CSEC/y are not as proactive in creating safe and youth-centered spaces for FRP referrals.
- In some situations, ambiguities in the roles and responsibilities between DCFS MART or ERCP social workers and Probation CTU officers can result in frustration and inconsistency in the implementation of the FRP.

The current chapter identifies the specific issues related to these operational challenges, provides an analysis of the issues, and offers recommendations to address the issues. A comprehensive plan to improve the FRP across all stages and within a coordinated system of care for CSEC/Y is presented in Chapter 9.



Figure 4.1: An Overview of Key Decision Points in Stage 2—Multidisciplinary Response



## Description of Stage 2—Multidisciplinary Response

### Responding to Referrals On-Site

As shown in Figure 4.1, for referrals without warrants, the MART or ERCP social worker, advocate, and Probation CTU officer (if applicable) respond to the “staging area” provided by the law enforcement. When responding to an FRP referral, Probation CTU officers call the youth’s probation officer who may also respond to the staging area. The MART or ERCP social worker and Probation CTU officer (if applicable) meet with the law enforcement officer(s) involved in the recovery and collect as much information as possible. They also meet with the youth to assess the situation and identify the basic needs that need to be addressed.

The advocate immediately engages the youth, identifies and addresses basic needs, and establishes rapport as an ally. In this process, the advocate provides the youth with basic necessities (e.g., basic hygiene products and clothing) contained in a backpack and provides food if the youth is hungry. NOTE: Advocates do not respond to FRP referrals involving youth outside of Los Angeles County or from a different state unless they are asked by DCFS or



Probation to respond. The MART or ERCP worker determines whether the youth can return home. For example, the youth can go home if the social worker deems it a safe place and the youth does not have an open DCFS case or does not have an out-of-home care order from the dependency court. If the youth has an open probation case but no warrant, the Probation CTU office assists with this process.

If a warrant is discovered for the youth after all parties arrive at the staging area, the Probation CTU officer can assist in the facilitation the detention and law enforcement transport the youth to the detention facility.

### Responding to Referrals Juvenile Hall

For youth transported to juvenile hall because of an open warrant, the Probation CTU officer is expected to notify the advocate about the referral. Both the Probation CTU officer and advocate meet with the youth (but not necessarily at the same time) within 24 hours of placement in juvenile hall. The MART social worker meets with the youth within 48 hours of youth's placement in juvenile hall.

### FRP Stage 2 Challenges

*MART social workers are identified as the primary responders in the FRP; however, given their limited availability, ERCP social workers respond to FRP referrals that occur Monday through Friday from midnight to 8:00 am, on weekends or on holidays.*

**IMPACT:** The DCFS response to FRP referrals can vary depending on whether a MART social worker or an ERCP social worker responds. This inconsistency can impact the fidelity of the FRP and may have negative consequences for the youth.

**ANALYSIS:** Nearly all respondent groups strongly believed MART social workers were a strength in the FRP protocol and stressed that FRP implementation would not be possible without them. Respondents also expressed concern about dividing the assignments between MART and ERCP, particularly since many referrals occurred during MART's "off hours." The MART Unit was considered more appropriate because they are specialized in working with law enforcement and are knowledgeable about trauma and the role it plays in the lives of children and youth impacted by CSE. ERCP social workers participate in department-wide mandatory training on CSEC/Y (e.g., CSEC 101 and CSEC 102 training), and although they are invited to participate in more directed training related to the FRP, participation is voluntary. Participation in voluntary trainings is limited, and as a result, FRP competency levels across ERCP workers can vary. Consequently, the consensus across respondents was that only MART should handle FRP referrals, and if this was not possible, then ERCP social workers should be required to participate in training to ensure appropriate and consistent handling FRP referrals.

**DATA RESULTS:** Using data collected by the Probation CTU on FRP referrals between August 14, 2014 and August 14, 2018, 79% of 509 FRP referrals occur during MART's "off hours;" however, analysis of these data showed MART social workers responded to 69% of FRP cases with no warrant (i.e., the referral required responding to the reported

staging area). This finding indicates that MART social workers continue to respond to FRP referrals during “off hours” to a large extent. FRP response rates for MART social workers, though, has declined over time. In 2014, MART social workers responded to all on-site referrals. In 2015 and 2016 when expansion began to grow, this percentage dropped to 84%. Following the expansion to all LASD and LAPD areas in 2018, MART social worker response rates dropped to 59% of FRP referrals.

In addition to expansion, another potential factor contributing to this decline was a change in policy that required MART to respond to any new referrals/investigations of any type involving youth in the DCFS CSEC Unit. This further stretched MART’s limited staffing and resources and arguably reduced their availability to be first responders to FRP referrals. It should be noted that even when the MART social workers are not the first responders, they are responsible for all the FRP referral investigations (i.e., ERCP social workers “hand off” the investigation to MART once the youth is back home or in an out-of-home care). MART is also responsible for responding to other non-CSEC situations that involve law enforcement, stretching their resources and availability even further.

**RESPONSE:** MARC recognizes the need for more training for ERCP social workers, but there is no indication that this issue is being addressed with a training plan or consideration of new approaches to support an effective response to FRP referrals.

**RECOMMENDATION:** This issue is a central and critical one to the success of the FRP. Since the intention is to expand the FRP throughout Los Angeles County, the demand on limited MART Unit resources will continue to grow, raising significant questions about the integrity of the protocol. Expanding MART units to increase availability, requiring training for all ERCP social workers, and/or the consideration of new models to replicate the MART unit’s knowledge and skill and provide access to specially trained social workers 24-hours a day/seven days a week is necessary.

*The timing of the CPHL call from law enforcement varies across agencies and referrals. Some officers report the referral right after recovery while others call after they interview the youth.*

**IMPACT:** Youth may be in custody for several hours before the 90-minute response time is triggered. Law enforcement can be impatient with FRP partners because time has accumulated, and they are ready to be close out the referral. This can create tension between law enforcement and FRP partners as well as additional stress for the youth.

**ANALYSIS:** Inconsistent timing for reporting an FRP referral was also identified as an operational issue in Stage 1 and creates a cascade of problems for the FRP process. Youth may be in custody for several hours before the 90-minute response time is triggered. Even when the MART or ERCP worker arrives within 90-minutes, officers are anxious to end the interaction because they have typically collected the information needed from the youth. Any additional time needed to work through the situation can result in tension between law enforcement and the social worker.

All the support systems built into the FRP depend on an immediate response to connect the youth to advocacy and meet basic needs. The advocate’s response helps reduce

anxiety and facilitates effective communication with the youth. When referrals are reported later in law enforcement's process, the youth is potentially subjected to multiple interviews and is often waiting for long periods of time in uncomfortable settings for hours before any direct assistance is provided. Not only can this add to the youth's stress level, but multiple interviews can lead to re-traumatization.

Engaging the FRP process right after recovery has the advantage of connecting the recovered youth to an advocate as early as possible. The advocate, in turn, can act as an intermediary to keep the youth informed while also giving the youth a sense of control in the situation while law enforcement engages in the investigation process. Mobilizing the advocate after the investigation may actually hinder the officers' ability to receive useful information from the youth. One law enforcement respondent characterized the advocate's role as instrumental to the overall process in the following way:

*Can't say enough—have a high regard for them. They step into difficult situations and can bring calm; they are reliable and consistent; and their involvement is crucial because the victim does not see DCFS or law enforcement as an ally.*

When law enforcement does not report the FRP referral right after recovery, an opportunity for better engagement is potentially lost and the likelihood of re-traumatization for the youth arguably increases.

**RESPONSE:** To date, this issue has not been formally addressed. MARC plans to produce a one-page checklist to all FRP partner groups, but it is unknown whether those handouts will directly address this issue.

**RECOMMENDATION:** Include a specific timeframe in the operational agreement for reporting FRP referrals to the CPHL. Make sure all law enforcement officers are trained on the expected timeframe for reporting the FRP referral after recovery and how to identify it as an FRP referral to CPHL workers. Include an explicit description of this expectation in the one-page checklist distributed to law enforcement. The benefit of the advocate's role should be stressed in training and handouts for law enforcement.

*Geography poses a challenge to meeting the 90-minute response time.*

**IMPACT:** Delayed responses to the staging area can create tension between law enforcement and social workers.

**ANALYSIS:** Law enforcement respondents from all agencies were satisfied with this timeframe and DCFS's ability to meet it, but there were mixed opinions from other agency respondents. In general, focus groups with social workers who respond in 90-minutes felt the timeframe was feasible in theory, but geography presented a challenge. When the responding social worker was located a great distance from the staging area (e.g., Long Beach and Lancaster), for example, arriving within 90 minutes was not possible especially if traffic was heavy. This can occur because the referral assignment process sends the FRP referral to the MART or ERCP social worker who is located closest to the staging area; however, when social workers close to the area are not available, the referral is sent to an

available social worker regardless of their location. When law enforcement reports the referral later in the investigation process, it complicates this response time even more.

**RESPONSE:** To date, there is no indication that this issue is being addressed.

**RECOMMENDATION:** This issue is likely conflated with law enforcement officers' reporting FRP referrals late in their processing of the case and the need to revisit the operational structure for responding to FRP referrals. If referrals were reported immediately after recovery or within a particular timeframe (e.g., within 30 minutes of recovery), this would facilitate an expedited response and allow for additional time if geography presents a problem. Additionally, if MART units were expanded and adequately staffed, no delays in responding would be necessary.

*Law enforcement agencies/officers with less experience with CSEC are not as proactive in creating safe and youth-centered spaces for FRP referrals.*

**IMPACT:** The response to youth is not youth-centered or trauma-centered, which can create more stress and anxiety for the youth and lead to re-traumatization.

**ANALYSIS:** Law enforcement is not a part of the FRP "MDT," but they play a critical role in providing information and establishing a victim-centered response. Officers in stations with CSEC/Y recoveries are more proactive in creating a safe and victim-centered experience; areas with less experience with CSEC/Y recovery are less so. A few respondents also mentioned that the interactions with law enforcement were smoother and more victim-centered when the human trafficking detectives were present, which underscores the value of CSEC training.

**RESPONSE:** MARC has identified this as a key issue and is producing a 30-minute video for law enforcement officers to reinforce appropriate terminology and approaches for interacting with CSEC/Y.

**RECOMMENDATIONS:** Regular, on-going training that emphasizes not only the FRP protocol steps but knowledge about and the skills needed to interact with CSEC/Y effectively.

*The response from CTU officers is less consistent compared to when the FRP was initially launched, and CTU officers reported receiving fewer notifications than previously.*

**IMPACT:** The Probation CTU officer does not respond and cannot participate in team-decision-making. The MART or ERCP social worker is responsible for the entire process even when the youth has an open probation case.

**ANALYSIS:** Probation CTU officers respond to the staging area if the FRP referral has an open probation case and does not have an open warrant. According to multiple respondents, the response from CTU officers is less consistent now compared to when the FRP was initially launched; yet, CTU officers reported receiving fewer notifications than previously. While difficult to ascertain the exact reason for these conflicting accounts, it

appears the confusion may result from the CPHL, MART and/or ERCP social workers calling a more generic Probation number rather than the CTU “on call” cell number. Calls to more general Probation numbers do not reach the CTU in a timely manner if at all. The use of email to notify Probation may be another contributing reason for this disconnect. Although emails are used to notify the Probation CTU of an FRP referral, they are ineffective in activating a 90-minute response to the staging area.

**DATA RESULTS:** According to Probation CTU’s FRP referral data from August 14, 2014 to August 14, 2018, Probation CTU officers only responded “on-site” to 5% of FRP referrals (n=24).

**RESPONSE:** To date, there is no indication that this issue is being addressed.

**RECOMMENDATION:** Address this issue in the protocol by explicitly identifying the Probation CTU “on call” cellphone number as the contact number to use when an FRP referral has an open probation case and by clarifying roles and responsibilities for youth with open probation cases.

*Tension can occur over the roles and responsibilities between MART/ERCP social workers and Probation CTU officers when responding to an FRP referral.*

**IMPACT:** Confusion and tension around the investigation between MART/ERCP social workers and Probation CTU officers can cause disagreements and/or resentment about the performance of the other party.

**ANALYSIS:** When CTU officers respond to a staging area, their role is to communicate with law enforcement and collaborate with the MART or ERCP worker to return the youth home or locate an out-of-home location if needed. CTU officers also play a significant role by communicating with the youth’s assigned probation officer and their supervisors. Early in FRP implementation, there was debate over the roles and responsibilities regarding the investigation of CSEC and other child abuse; however, it was resolved that Probation can make a recommendation on placement (e.g., home or juvenile hall), but DCFS is responsible for determining whether the recommended out-of-home care location is safe and for completing the child abuse investigation. More recently, MART/ERCP social workers expressed confusion over the roles and responsibilities of the Probation CTU officers, and Probation CTU officers expressed concern over the low number of calls they received.

**RESPONSE:** Roles and responsibilities were clarified around the CSEC investigation. It was resolved that Probation can make a recommendation on placement (e.g., home or juvenile hall), but DCFS is responsible for determining whether the recommended out-of-home care location is safe and for completing the child abuse investigation. There is no indication that additional areas of confusion are being addressed.

**RECOMMENDATION:** By all accounts, the roles and responsibilities for conducting the CSEC investigation no longer presents any problems, but confusion over more nuanced responsibilities (e.g., transporting youth home) continues. Feedback from focus groups

underscores the importance of revisiting the FRP operational agreement to clarify any ambiguities and for holding cross-trainings that bring FRP partners together to discuss and resolve these ambiguities. Data should be regularly collected and reported for the purposes of interdisciplinary discussions and problem-solving.

*Sometimes open warrants are not identified for FRP referrals until after MART/ERCP social workers reach the staging area.*

**IMPACT:** There is limited support to process the warrant if Probation CTU officer is not at the staging area. If law enforcement refuses to transport to the juvenile hall, transportation defaults to MART/ERCP social workers who are not necessarily equipped for this responsibility.

**ANALYSIS:** On occasion, an FRP referral will have a warrant that is not updated in the system and the need to transport the youth to juvenile hall is identified late in the process. Probation CTU officers are helpful in facilitating warrants if they are at the staging area, but respondents indicated this was inconsistent. MART and ERCP workers expressed frustration when CTU officers are not available and law enforcement is not supportive. Transportation to juvenile hall is dependent upon law enforcement because neither Probation CTU officers nor DCFS social workers are equipped to handle this type of transport. Yet, in at least one case, the social worker had to transport the youth to juvenile hall.

**RESPONSE:** MARC is aware of this issue and has recommended cross-referencing every case; however, the procedure for doing this is unclear.

**RECOMMENDATION:** Streamline the process to check the youth's status in Probation's system for DCFS social workers; clarify roles and responsibilities for this issue in the FRP operational agreement; incorporate expectations into a consistent, cross-training platform and into handouts; and work with law enforcement partners to ensure they will provide transportation for all FRP referrals with warrants.

*The relationship between the advocate and youth can potentially lead to tension with other FRP partners if important information is withheld.*

**IMPACT:** FRP partners may not collaborate effectively and miss the opportunity to present a "united front" to the youth.

**ANALYSIS:** This issue was raised by a few respondents. Advocate respondents acknowledged this possibility but felt it had not posed an obstacle during FRP referrals.

**RESPONSE:** The FRP operational agreement outlines the provisions contained in WIC § 18961.7 for sharing information as a multidisciplinary team, but this section of the protocol does not address the boundaries and expectations around information-sharing among partners when perceived conflicts in partner roles arise.



**RECOMMENDATION:** In addition to rules on confidentiality which are currently included in the FRP operational agreement, a workgroup of FRP partners who implement the protocol should work through the potential issues that can arise, develop agreements and processes to prevent them from happening, and identify how they will be managed when/if they do occur. As the number of advocacy agencies and advocates increases, it will be important to establish a common understanding across partners of the expectations and limitations around information-sharing to maintain good working relationships across partners.

*In detained cases, advocates are not always notified in a timely manner or at all by Probation CTU officers.*

**IMPACT:** Connection to an advocate for detained youth is delayed unnecessarily.

**ANALYSIS:** Many FRP referrals with an open probation case also have warrants and are transported to juvenile hall by law enforcement. In these cases, the Probation CTU officer is expected to notify the advocate, and both the CTU officer and advocate visit the youth (not necessarily together) within 24 hours in detention. From all accounts, this process seems to work efficiently with only one issue: Advocates are not always notified in a timely manner or at all. It is not clear how often this occurs, and it may result from confusion over whether DCFS is notifying the advocate since in most cases, the MART or ERCP social worker notifies the advocate after an FRP referral is received.

**RESPONSE:** MARC has identified this as an issue and intends to address it by producing a one-page checklist for all FRP partner groups.

**DATA RESULTS:** According to Probation CTU's FRP referral data from August 14, 2014 to August 14, 2018, 25% (n=91) of all in-county FRP cases were transported to juvenile hall after they were recovered by law enforcement.

**RECOMMENDATION:** The number of youth taken to juvenile hall is notable and the impact of an advocate can be significant given the high likelihood of re-traumatization for these youth. To improve notification, FRP leadership should clearly outline notification responsibilities in the operational agreement and incorporate the expectations into regular booster trainings for FRP partners and into the proposed one-page checklist. Adherence to the protocol should be monitored regularly through data, and operational issues should be addressed as they arise in the reports.



## Chapter 5: Overview and Assessment of Stage 3—Stabilize and Begin a Safety Plan

The purpose of *Stage 3—Stabilize and Begin a Safety Plan* is to provide a sexual health screening and medical assessment, return the youth home or place the youth out-of-home care, and lay the foundation for a safety plan (see Figure 5.1). Information from the FRP operational agreement is combined with responses from interview and focus group participants to describe how Stage 3 operates, its accomplishments, the operational challenges it faces, and how this stage in the FRP process can be improved. Overall, implementation in Stage 3 of the FRP has been successful in the following ways:

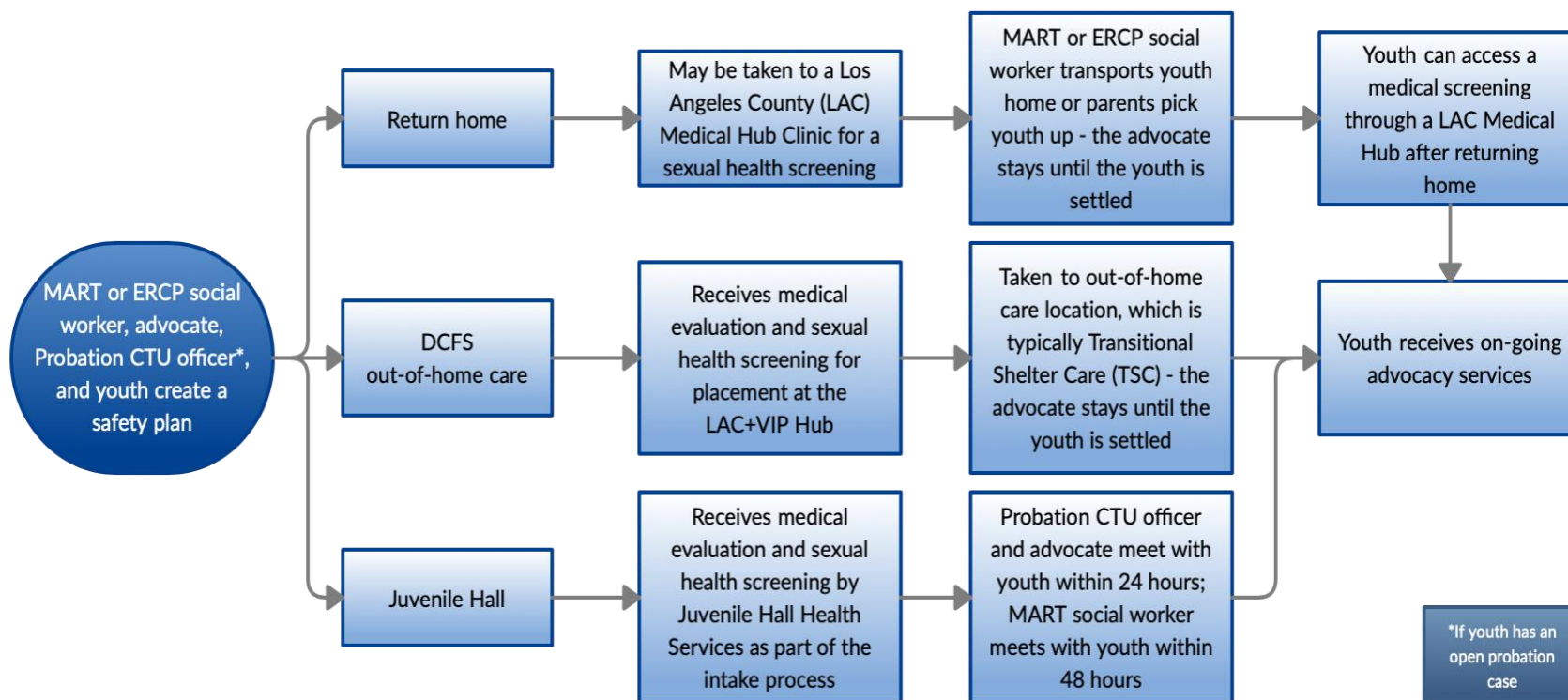
- The FRP process is highly effective in providing sexual health screenings to youth placed in out-of-home care or in juvenile detention because it is incorporated into medical clearance evaluations.
- The FRP process creates a continuity of care for referrals by connecting them to advocates. Advocates follow the youth until they are settled at home or in an out-of-home placement, and they schedule a follow-up appointment with youth before leaving.
- The youth is given contact information for the advocate, the social worker, the Probation CTU officer (if youth has an open probation case), which provides them with a future “life-line” for support and services in the event they leave home or care without permission.

Operational challenges related to FRP implementation during this stage include:

- Completing medical evaluations and sexual health screenings continues to be a struggle for youth returning home.
- Parents/caregivers are often frustrated and struggling to effectively address the issue because there is an inadequate number of support services and resources for parents.
- When youth cannot return home, a lack of safe, comfortable short-term housing increases the likelihood that youth leave care without permission.
- FRP referrals from a different county or state present unique challenges to the MART or ERCP social worker.

The current chapter identifies the specific issues related to these operational challenges, provides an analysis of the issues, and offers recommendations to address the issues. A comprehensive plan to improve the FRP across all stages and within a coordinated system of care for CSEC/Y is presented in Chapter 9.

Figure 5.1: An Overview of Key Decision Points in Stage 3—Stabilize and Begin a Safety Plan



## Description of the Stage 3—Stabilize and Begin a Safety Plan

### Responding to Referrals On-Site

As shown in Figure 5.1, after a decision is made on where the youth will be placed (i.e., home or out-of-home care), the protocol directs the MART or ERCP worker to transport the youth to a Los Angeles County Medical Hub Clinic for a sexual health screening and medical assessment. A youth being placed in out-of-home care receives the sexual health screening as part of the medical clearance for placement. Once a MART or ERCP social worker transports the youth to the USC + VIP Medical Hub for medical clearance, the youth's case is flagged by DHS as an FRP referral and given a sexual health screening as part of the medical clearance evaluation. Youth going home can also receive a sexual health screening and medical assessment prior to returning home at a Medical Hub Clinic or by appointment after returning home.

Once medically cleared for out-of-home care, the youth is transported by a DCFS van to that location. The advocate remains involved until the youth reaches the out-of-home care location and is settled (i.e., youth goes to bed). The advocate provides contact information and schedules a follow-up appointment with the youth before leaving.

Youth returning home are either picked up by their parents/caregivers or transported home by the MART or ERCP social worker. Once contact is made with the parents, the MART or ERCP worker, Probation CTU Officer (if applicable), and advocate explain the situation to the parents and with the youth's input, establish a safety plan for the youth. During this stage, parents/caregivers are given information on support services and contact information for the MART social worker, the Probation CTU officer, and/or advocate. The MART or ERCP social worker also begins a child protection investigation at this time by assessing the safety of the home. While the social worker checks the home, the advocate continues to nurture a relationship with the youth. The advocate stays until the youth is settled (i.e., youth goes to bed) and schedules a follow-up appointment before leaving.

The ERCP social worker is finished with the referral once the youth is safely placed, and the investigation is transitioned to the MART Unit. The MART social worker continues with an FRP referral until the investigation ends and a decision is made about services, but they do not deliver those services (see Chapter 6 for more details on the youth's connection to services).

Youth from a different county or state are returned to their home county/state (e.g., parents, DCFS, or probation) immediately if possible. If this is not possible, out-of-home care must be found until transport is possible. These youth can be placed in juvenile hall only if there is an open warrant for their arrest or they are deemed "missing" under the Interstate Commission on Juveniles compact.

### Responding to Referrals Juvenile Hall

At intake, Probation CTU staff are expected to flag the youth's case as an FRP referral to trigger a sexual health screening as part of the medical clearance evaluation by Juvenile Hall Health

Services. Building a safety plan and connection to services begins when the Probation CTU officer and advocate visit the youth (not necessarily together) in the detention facility.

### FRP Stage 3 Challenges

*Completing medical evaluations and sexual health screenings continues to be a struggle for youth returning home.*

**IMPACT:** FRP referrals are at-risk for a number of medical issues. Referrals who return home are not as likely to get a sexual health screening and medical evaluation as those who are placed, which potentially reduces their access to medical care.

**ANALYSIS:** Medical evaluations and sexual health screenings are logistically more difficult for youth returning home. Only one Medical Hub (LAC+USC) is open 24 hours a day, seven days a week, and this Hub may not be located near the staging area or the youth's home. Referrals often occur late at night, and it often takes several hours before the youth can leave. Youth are often tired and want to go to sleep, which reduces the likelihood of youth consent and cooperation for an evaluation. Although the MART or ERCP social worker and advocate explain the process for accessing a medical evaluation at a later date, data show youth were far less likely to complete a medical evaluation at a Medical Hub than youth who were go to out-of-home care. Miller and colleagues (2020) analyzed four years of FRP referral data to ascertain the rate medical evaluations for 509 referrals between those who went home (27%) and those who went to out-of-home care (73%). Their results showed that only 48% of youth returning home had a medical evaluation compared to 81% of youth placed out-of-home. The differences were even more stark when the timing of medical evaluations was compared: 90% of placed youth received their evaluation within 72 hours of the FRP referral compared to only 40% of youth who went home.

**RESPONSE:** DHS representatives are long-standing members of MARC and have continued to address this problem. Recently, they created a web-based system that prioritizes CSEC medical exams. They also are trying to increase access to appointments across Hubs. The Martin Luther King Jr. Medical Hub, for example, is in the process of extending its hours to provide more immediate access to medical evaluations and lessen wait times for youth returning home in the nearby area.

**RECOMMENDATION:** Several respondents stressed the importance of the medical exam, particularly the sexual health exam and felt new approaches to increase youth participation were necessary. One option is to require the sexual health screening (at minimum) prior to returning home. Currently, it is optional. Although the youth must consent to the exam, requiring the screening would at least ensure the youth had the opportunity to address health issues.

*Parents/caregivers are often frustrated and struggling to effectively address the issue because there is an inadequate number of support services and resources for parents.*

**IMPACT:** Establishing safety and stability at home is difficult which increases the frequency that youth run away and are at continued risk for victimization.

**ANALYSIS:** Approximately one-third of all in-county FRP referrals are returned home (see Figure 5.2). When a youth is going back home, the MART or ERCP social worker and the advocate meet with the parents/caregivers to explain the situation and when necessary, educate the parents/caregivers on CSE since some are not aware of their child's exploitation. The advocate continues to be an ally for youth and helps them communicate with their parents/caregivers about the situation, and everyone works together to establish a safety plan. Many respondents felt the number of support services and resources for parents was inadequate overall and was virtually non-existent for Spanish-speaking parents/caregivers. The need for support services and resources was significant because many parents/caregivers were initially resistant to allowing their child to return home and wanted them to be detained in juvenile hall for their own safety.

**RESPONSE:** The County CSEC strategic plan funds limited resources for parents/caregivers, but the extent to which these services, especially bilingual services, are available and easily accessible is unclear.

**RECOMMENDATION:** Assess the availability of support services for parents/caregivers with children and youth experiencing CSE and address gaps in the availability of support services overall and for Spanish-speaking parents/caregivers. Create a handout of current resources for parents/caregivers when youth are returned home after an FRP referral.

*When youth cannot return home, a lack of safe, comfortable short-term housing increases the likelihood that youth leave care without permission.*

**IMPACT:** Housing options for youth experiencing CSE are limited, and as a result, FRP referrals are often placed in Transitional Shelter Care (TSC) where they often leave (i.e., runaway) shortly after they arrive.

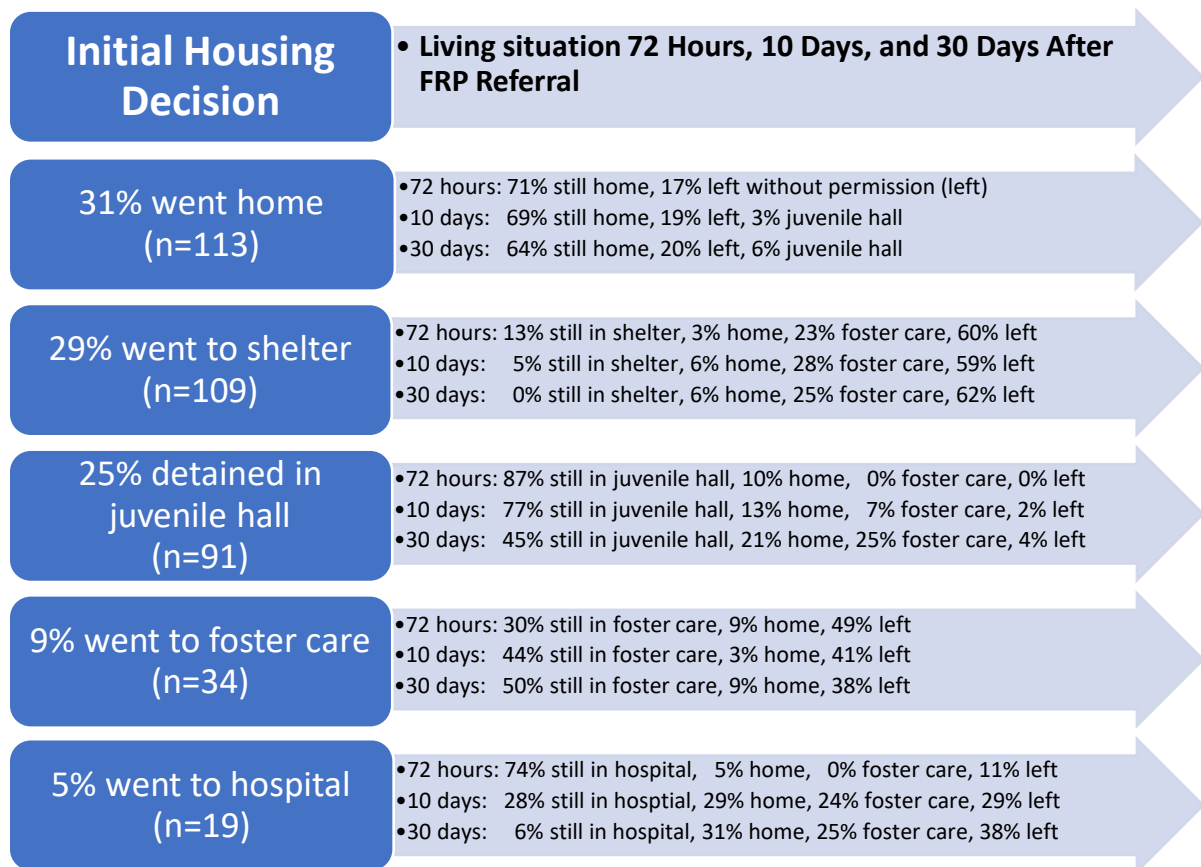
**ANALYSIS:** When returning home is not an option, the MART or ERCP social worker is responsible for finding a place to stay for youth. Collectively, respondents stressed the need for safe, comfortable short-term housing for youth. Because of a dearth in safe and appropriate housing for CSEC/Y, they often stay in Transitional Shelter Care (TSC). These settings raise concerns for several reasons. First, youth are often in danger from their traffickers after recovery, and TSCs offer little protection for them (Dierkhising et al., 2018). Second, these locations can also be chaotic and unstable for youth more generally (Dierkhising & Ackerman-Brimberg, 2020). As a result, many youth leave as soon as they arrive at the TSC despite the danger in leaving housing.

**DATA RESULTS:** Data from the EXCEL spreadsheet maintained by the Probation CTU were analyzed to better understand where youth go after the FRP referral and how their living situations change over time. This spreadsheet contains all FRP referrals between August

14, 2014 to August 14, 2018 and captures initial housing decisions as well as the living situations for these youth 72 hours after the referral, 10 days after the referral, and 30 days after the referral. Figure 5.2 displays the results for initial housing decisions and living situations at each follow-up time for 371 in-county FRP referrals during this timeframe. As shown in this Figure, approximately a third of youth returned home (31%) while another third went to a TSC (29%), and one-quarter were detained in juvenile hall (25%). Less than 10% of youth went to a foster care placement (9%) or were admitted to a hospital (5%).

The results for living situation at follow-up are particularly striking. Two-thirds of youth who returned home after the FRP referral remained home across all three follow-up time periods; however, the majority of youth placed at a TSC left care without permission across all follow-up time periods. Three-quarters of youth placed in juvenile hall were still detained 10 days after the referral (77%), and nearly half were still detained after 30 days (45%). When detained youth left juvenile hall, they were most likely to return home or go to a foster home. Youth placed in foster were less likely than those placed in TSCs to leave care without permission, but they were more likely to leave than youth who returned home. Finally, youth admitted to the hospital were equally likely to return home, go to a foster home, or to leave care without permission.

**Figure 5.2: Initial Housing Decisions and Living Situation at 72 Hours, 10 Days, and 30 Days (N=321 In-County FRP Referrals between 8/14/14 and 8/14/18)**





These findings are insightful in at least two ways. First, they show that youth returning home are more likely to remain at home than other types of out-of-home care; thus, all efforts should be made to return youth home and to provide parents/caregivers with the support and resources they need to help their child. Second, these results align with those those summarized in Dierkhising and Ackerman (2020) and underscore the importance of using out-of-home care that can provide individualized support and engagement when returning home is not an option. Ultimately, it is imperative to create stability from which the youth can begin and continue the recovery process through advocacy services.

**RESPONSE:** Originally, the FRP operational agreement included “Emergency Housing/Shelter Beds” as an FRP partner. This referenced a contract with a foster home provider that would guarantee six beds for CSEC/Y in the pilot area; however, this part of the FRP did not occur due to operational challenges. The ILT subsequently funded a research study detailing the housing problem for CSEC/Y; a countywide stakeholder round table was held to discuss the problem and possible solutions; and an Action Plan was recently released summarizing those recommendations (Dierkhising & Ackerman-Brimberg, 2020).

**RECOMMENDATION:** Returning youth home should be a priority whenever possible because it provides more stability for the youth than out-of-home care. Additionally, support services and resources need to be available and accessible to parents/caregivers need to help their child in the recovery process. The results presented above indicate that investing in families to support their children’s recovery increases the likelihood of successful results. Findings related to housing instability for youth placed in out-of-home care also stress the importance of the conclusions and recommendations presented in Dierkhising and Ackerman (2020). The comprehensive action plan steps offered in their report build an extensive review and discussion of the problem and offer best practice and trauma-informed approaches to effectively address housing issues.

*MART or ERCP social workers are responsible for transporting FRP referrals home and to the USC + VIP Medical Clinic Hub for their medical evaluations.*

**IMPACT:** This responsibility raises issues of safety and liability for the social worker.

**ANALYSIS:** When parents/caregivers will not pick up the youth, the social worker is responsible for transporting youth home. The social worker is also responsible for transporting youth the Medical Hub for medical evaluations. Respondents raised concerns about this responsibility because of safety and liability. From a safety perspective, social workers are not trained to handle cases in which youth become aggressive, and from a liability perspective, they do not have the ability to stop youth from running during transport. One social worker, for example, described an incident in which the youth jumped out of her car when she slowed down to enter a freeway exchange.

**RESPONSE:** To date, there is no indication that this issue is being addressed.

**RECOMMENDATION:** Have further discussion about this issue and determine the extent to which it is a problem for social workers. If this issue occurs often, it may be necessary to



consider different transportation methods. In general, though, it would be useful to provide training to social workers to give them the skills to engage youth to prevent running away and to deescalate youth if they become aggressive.

*FRP referrals from a different county or state and who do not have open warrants present unique challenges to the MART or ERCP social worker and Probation CTU officer (if applicable).*

**IMPACT:** Youth from out-of-county or out-of-state without open warrants are placed by DCFS in a temporary out-of-home care and the likelihood of their running away is particularly high. The county of origin rarely agrees to pick up the youth, so MART or ERCP social workers and Probation CTU officers often transport the youth, which can take hours.

**ANALYSIS:** FRP referrals from outside of Los Angeles County and/or outside of California are not rare. One quarter of the FRP referrals between 2014 and 2018 fell into one of these two categories (Ackerman-Brimberg et al., 2018). These situations present particular challenges to the FRP because they must be placed in safe, temporary out-of-home care if the youth cannot be returned to their county or state of origin immediately. They can only be detained in juvenile hall if they have an open warrant or were deemed missing according to the ICT compact. There is no consistency or written policy on detaining youth in these cases, which causes a lot of confusion across law enforcement and FRP partner agencies. Returning youth to their home county depends on the parents/caregivers or the cooperation of those county systems, which is not always forthcoming. Additionally, these youth have no connection to advocacy because of their status.

**RESPONSE:** MARC is aware of this issue and has been trying to address; however, the challenges are systemic and largely a result of an absence and/or a lack of efficiency in current state law.

**RECOMMENDATIONS:** The specific legal barriers and challenges to handling youth from outside the county and state are beyond the scope of the current report, but a state-coordinated process across regional partners is clearly needed to ensure youth can safely return to their community with the support of advocates.

## Chapter 6: Overview and Assessment of Stage 4—Connection to CSEC Services

The purpose of *Stage 4—Connection to CSEC Services* is to connect youth to on-going CSEC services through the most appropriate pathway (see Figure 6.1). Information from the FRP operational agreement is combined with responses from interview and focus group participants to describe how Stage 3 operates, its accomplishments, the operational challenges it faces, and how this stage in the FRP process can be improved. Overall, implementation in Stage 4 of the FRP has been successful in the following ways:

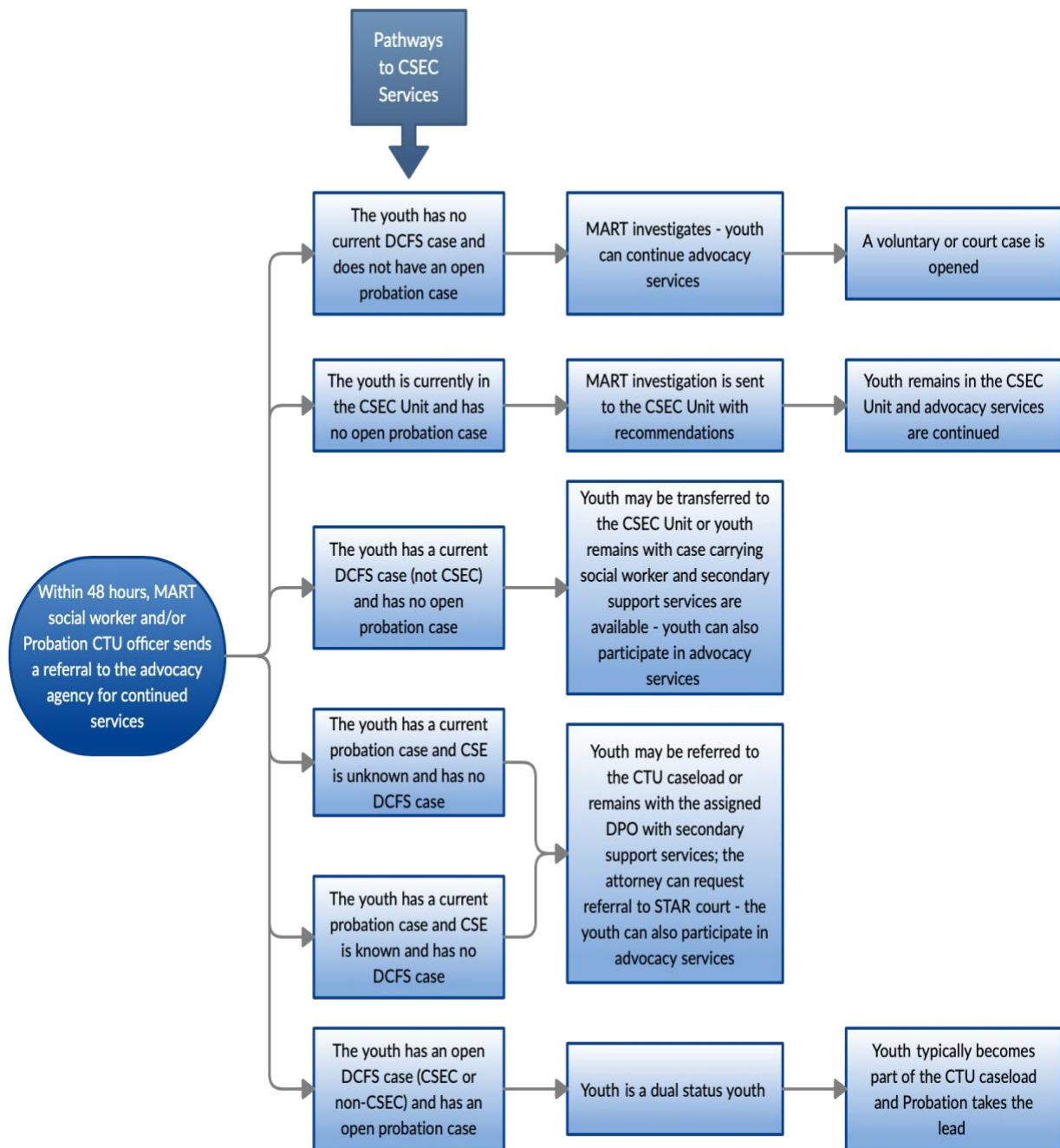
- The FRP referral process identifies children and youth impacted by CSE and connects them to an advocate and on-going services. Once the youth is safely placed, the FRP process concludes, but the youth's connection to an advocate and services continues if the youth chooses to participate.
- Many FRP referrals are connected to CSEC MDTs associated with both the DCFS CSEC Unit and the Probation CTU. For many FRP referrals, one of these MDTs oversees the planning process once the FRP referral ends (i.e., youth is placed safely and connected to services). Advocates are members of the CSEC MDTs operated by both agencies.
- DCFS plans to launch the CSEC Advocacy Services Platform as an application to their case management system (CWS/CMS) in summer 2020. This platform will provide a centralized repository to capture all FRP and CSEC referrals and the services they receive. This will significantly enhance the ability to assess the quality and fidelity of implementation as well as to evaluate the FRP and other CSEC responses.

Operational challenges related to this stage include:

- Data documenting the safety plan, the implementation of the safety plan, and the delivery of services are currently not captured in the CSEC/FRP referral spreadsheets or the case management systems maintained by DCFS or Probation.
- The elements for a seamless continuum of CSEC care exist, but currently, the connection between CSEC identification, assessment, and services is fragmented within and across systems.

The current chapter identifies the specific issues related to these operational challenges, provides an analysis of the issue, and offers recommendations to address the issues. A comprehensive plan to improve the FRP across all stages within a comprehensive care system for CSEC/Y is presented in Chapter 9.

Figure 6.1: An Overview of Key Decision Points in Stage 4—Connection to Services



## Description of the Stage 4—Connection to CSEC Services

### Responding to Referrals On-Site

As shown in Figure 6.1, if the youth already has an open case in DCFS, the MART or ERCP social worker emails the case-carrying social worker and enters an investigation assessment into DCFS's case management system (CWS/CMS). If the youth did not have an open case in DCFS, the MART or ERCP social worker opens an investigation case in CWS/CMS. All cases are investigated by a MART social worker. The allegation of CSEC victimization is substantiated by virtue of the FRP referral, and for referrals without an open DCFS case, an investigation for other types of child abuse is conducted.

Following the FRP referrals, the MART social worker and/or the Probation CTU officer must submit a referral for continued advocacy services if the youth is a new referral. Youth already receiving CSE services continue services without a new referral. This keeps the advocate connected to the youth and provides stabilization services over the long-term. Services may continue for as long as the youth's case is open in DCFS and/or Probation.

Once the youth is placed at home or in out-of-home care, the MART or ERCP social worker proceeds to open a child abuse investigation. Outcomes for FRP referrals fall along a spectrum depending on their current status with one or both systems and the impending status for youth without an open case in either system (see also Figure 6.1):

- A CSEC case is opened in DCFS for FRP referrals without an open DCFS or probation case either as a voluntary case or court ordered case. All of these youth are served through the DREAM court and placed in the DCFS CSEC unit.
- FRP referrals being served by the DCFS CSEC Unit continue with those services, and those with an open DCFS case who are not served by the CSEC Unit may be referred to the CSEC Unit or remain with their current social workers and receive secondary support services.
- FRP referrals with open probation cases, on the other hand, typically receive CSEC services through Probation. Some may already be part of the CTU while others may be referred to the CTU or remain with their probation officer and receive secondary services through the CTU. Their cases may also be moved to the STAR court if requested by their attorneys.

### Responding to Referrals Juvenile Hall

The FRP operational protocol does not outline the specific roles and responsibilities in developing a safety and services plan for youth detained in juvenile hall.

## FRP Stage 4 Challenges

*To continue services, the MART social worker or Probation CTU officer must submit a referral for on-going services within 48 hours of the FRP referral; however, referrals are not submitted expeditiously.*

**IMPACT:** Advocacy agencies must follow-up with DCFS and/or Probation to make sure referrals are submitted.

**ANALYSIS:** According to respondents from the advocacy agencies, this disconnect does not interrupt services because the advocate stays connected to the youth; however, it presents administrative barriers to seamless care.

**RESPONSE:** A CSEC Services Platform database is planned to launch this summer and may streamline the referral process.

**RECOMMENDATION:** The process for submitting referrals should be automated and streamlined so there are no delays in making referrals and no interruptions in advocacy services for youth.

*There are no data documenting the safety plan or the process used to create the safety plan after the initial response to the FRP referral.*

**IMPACT:** There is no electronic way to assess what elements of a safety plan are similar across youth and which ones may be most effective and essential to stabilizing the youth's situation.

**ANALYSIS:** Advocates are required to complete the safety plan developed for and by the youth within 14 days after the FRP referral using the FRP Referral Intake Form; however, this form is not entered into a database and cannot be used for analysis.

**RESPONSE:** DCFS is currently developing the CSEC Service Platform to capture FRP referral data and all CSE services provided to youth by contracted advocates.

**RECOMMENDATION:** Ensure critical process-related data elements are built into the CSEC Service Platform; identify specific processes to consistently measure; and build a process to facilitate regular discussions of the data within MARC and across staff who are implementing the FRP process in the field.

*The elements for a seamless continuum of CSEC care exist, but currently, the connection between assessment and services is fragmented within and across systems.*

**IMPACT:** Connection to services can be fragmented within and across agencies, impacting the efficacy and effectiveness of services for youth.

**ANALYSIS:** Discussions with interview and focus group participants clarified the processes by which FRP referral youth access CSEC services. As illustrated above, there are various pathways to services depending on the youth's status in both systems. This observation raises the opportunity to better coordinate assessment and service provision for all CSEC referrals, including FRP referrals.

**RESPONSE:** The relationship between all the parts of the CSEC response system are recognized and highlighted in documents (e.g., Newcombe, French, Walker Brown, & Guymon, 2020) and in the CSEC Strategic Plan, but seamless connections and processes across these efforts remains tenuous.

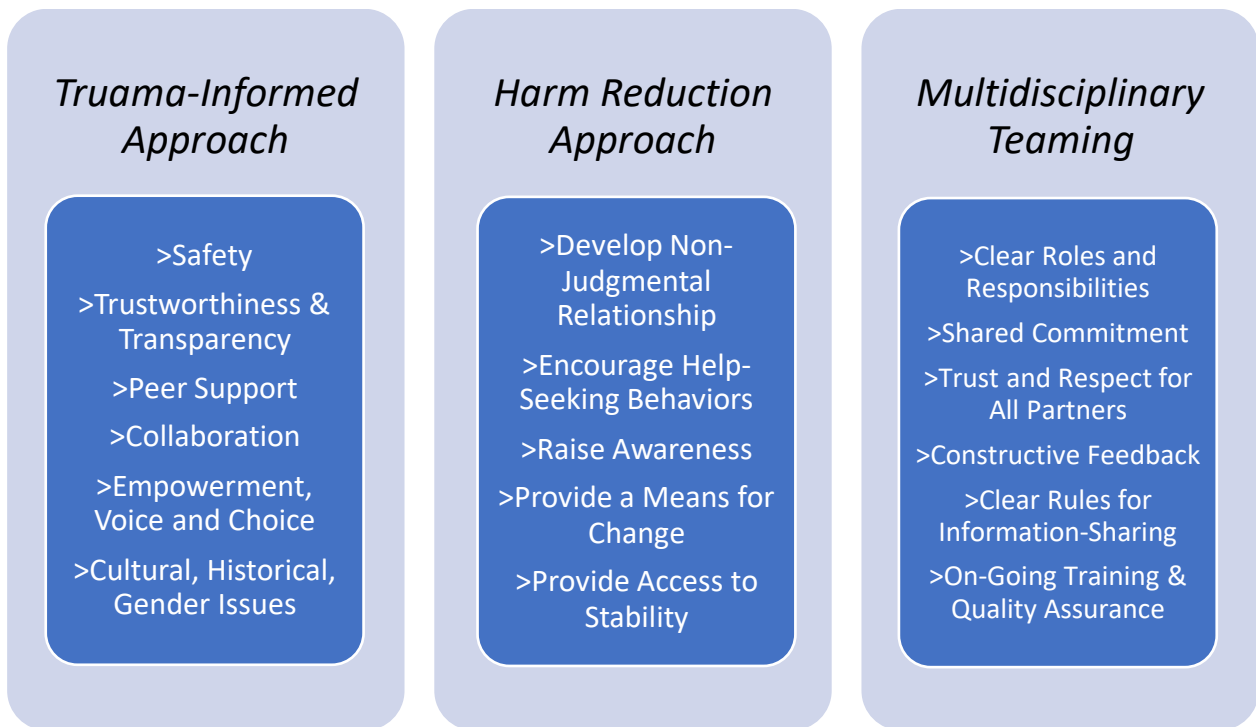
**RECOMMENDATION:** Consider how all CSEC referral processes can be aligned and connected to processes within and across agencies to facilitate communication and collaboration that is consistent and holistic for youth impacted by commercial sexual exploitation.

## Chapter 7: Assessing the Alignment between the FRP and Best Practices

The FRP is defined as a multidisciplinary, trauma-informed and harm reduction response system for CSE children and youth recovered by law enforcement (Brimberg et al., 2018). In the previous chapters, feedback from interviews and focus groups were used to assess the alignment between protocol expectations and the actual implementation of the FRP. In this chapter, findings from interviews and focus groups were used to explore whether the implementation of the FRP aligns with the key principles of all three approaches (see Figure 7.1).

In sum, this analysis indicated that the FRP reflects a harm reduction approach and incorporates a minimal level of multidisciplinary teaming. Its alignment to trauma-informed care principles was limited, particularly when FRP referral youth are detained in juvenile hall. Despite its shortcomings in various areas, the FRP has a strong foundation from which to improve its alignment with all three approaches, and MARC is well-positioned to strengthen the FRP's alignment with best practices for serving children and youth impacted by CSE.

**Figure 7.1: Best Practice Principles for Building a Comprehensive CSEC Response**





## FRP's Alignment with Key Principles of the Trauma-Informed Approach

Exposure to complex trauma and trauma bonding makes a trauma-informed approach essential to building rapport, engaging youth in services, and establishing safety with survivors of CSE. There are several definitions and interpretations of what a trauma-informed approach looks like. At the most basic level, a trauma-informed approach is grounded in these four assumptions:

A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization**. ([SAMHSA, 2014](#), pg. 9).

In addition to these four assumptions, the Substance Abuse and Mental Health Services Administration (SAMHSA) identified six key principles of a trauma-informed approach. These include (SAMHSA, 2014):

- *Safety*: Staff and youth feel psychologically and physically safe.
- *Trustworthiness and Transparency*: Trust is built through transparent decision-making.
- *Peer support*: Peers with lived experience or “trauma survivors” are used to promote recovery.
- *Collaboration and mutuality*: Partnering is important and power differentials are leveled.
- *Empowerment, voice and choice*: Youth and staff’s voices are central to decision-making, self-advocacy is encouraged, and empowerment is fostered through an array of services and resources.
- *Cultural, Historical, and Gender Issues*: The organization offers access to gender responsive services, is responsive to the racial, ethnic and cultural needs of individuals served, and addresses historical trauma.

Tables 7.1 and 7.2 summarize the relationship between the FRP as currently implemented and key principles of a trauma-informed approach (SAMSHA, 2014). Table 7.1 focuses on the FRP response at the staging area, and Table 7.2 considers the FRP process for youth who are detained because of open warrants. According to the results in Table 7.1, the FRP incorporates some trauma-informed principles but is inconsistent in its application of those principles. The FRP has the potential to be trauma-informed once these principles are fully embedded in its implementation and quality assurance measures document its fidelity to these principles.

**Table 7.1: Relationship between the FRP and Key Principle of the Trauma-informed Approach—Responses to the Staging Area**

Key Principle	FRP in Practice	Does the FRP Align with Key Principle?
<i>Focus on Safety:</i> Youth feel psychologically and physically safe	A primary goal of the FRP is to place youth in a safe location. FRP partners work together to find the best and safest location for the youth. However, respondents indicated that youth's safety was threatened if no protection from trafficker is provided.	Mixed
<i>Trustworthiness &amp; Transparency:</i> Trust is built through transparent decision-making	If advocates are at the staging area, they able to facilitate communication between the youth and social workers, law enforcement, and the probation officers. It is beyond the scope of this study to access whether this occurs between the youth and all FRP partners.	Mixed
<i>Peer Support:</i> Peers with lived experience or "trauma survivors" are used to promote recovery	Contracted advocacy agencies take different approaches. One agency no longer sends "survivors" to FRP referrals because of the potential for re-traumatization. A second agency has one "survivor" advocate who volunteers to respond to FRP referrals.*	Mixed
<i>Collaboration:</i> Partnering is important and power differentials are leveled	Based on interviews and focus groups, collaboration is high between the social worker and advocate, but collaboration between the social worker and Probation CTU officers appears to be less consistent.	Mixed
<i>Empowerment, Voice, and Choice:</i> Youth voices are central to decision-making	If advocates are at the staging area, their primary goal is to build a rapport with youth and ensure they have some choice and control over the situation. It is beyond the scope of this study to determine whether this occurs between the youth and all FRP partners.	Mixed
<i>Cultural, Historical, Gender Issues:</i> Access to services responsive to gender, cultural needs, and historical trauma	The FRP does not provide services, but its intention is to link youth to services that address historical trauma and are responsive to the gender and racial, ethnic and cultural needs of youth. It was beyond the scope of this study, however, to assess whether these connections are being made.	Mixed

\*"Survivor" advocates are engaged more in the on-going advocacy and support for youth experiencing CSE.

Table 7.2 examines whether the FRP process for youth detained in juvenile hall is consistent with a trauma-informed approach. Whereas FRP implementation at a staging area reflected some level of the key principles, the FRP process for detained youth does not align with these trauma-informed standards.<sup>6</sup> Youth are at risk for re-traumatization because of the nature of the locked facility, and there is little evidence of collaboration, inclusion of youth voice, and coordination with appropriate services. The one area in which the FRP succeeds in being youth-centered is its inclusion of the an advocate.

**Table 7.2: Relationship between the FRP and Key Elements of the Trauma-informed Approach—Placement in Juvenile Hall**

Key Principle	FRP in Practice	Does the FRP Align with Key Principle?
<i>Focus on Safety:</i> Youth feel psychologically and physically safe	The use of detention can re-traumatize youth and is contradictory to the decriminalization of such victimization.	No
<i>Trustworthiness &amp; Transparency:</i> Trust is built through transparent decision-making	Placement in detention does not reach this standard; however, youth are connected to a Probation CTU officer and an advocate within 24 hours. These connections offer the opportunity to reach this standard.	Mixed
<i>Peer Support:</i> Peers with lived experience or “trauma survivors” are used to promote recovery	Contracted advocacy agencies take different approaches. One agency no longer sends “survivors” to FRP referrals because of the potential for re-traumatization. A second agency has one “survivor” advocate who volunteers to respond to FRP referrals.*	Mixed
<i>Collaboration:</i> Partnering is important and power differentials are leveled	The potential for collaboration is built into this FRP response but not guaranteed. It is beyond the scope of this study to determine if collaboration is achieved for detained cases.	Unknown
<i>Empowerment, Voice, and Choice:</i> Youth voices are central to decision-making	Placement in detention does not reach this standard; however, youth are connected to a Probation CTU officer and an advocate within 24 hours. These connections offer the opportunity to reach this standard.	Mixed
<i>Cultural, Historical, Gender Issues:</i> Access to services responsive to gender, cultural needs, and historical trauma	The FRP does not provide services, but its intention is to link youth to services that address historical trauma and are responsive to the gender and racial, ethnic and cultural needs of youth. It was beyond the scope of this study, however, to assess whether these connections are being made.	No

\*“Survivor” advocates are engaged more in the on-going advocacy and support for youth experiencing CSE.

<sup>6</sup> The Los Angeles County Detention Interagency Identification and Response Protocol for Commercially Sexually Exploited Children and Youth was recently signed and implemented. This protocol is used to identify CSEC among youth already detained in juvenile hall and/or arriving to juvenile hall for other, unrelated offenses. It is beyond the scope of this study to assess the extent to which it incorporates trauma-informed principles.

## FRP's Alignment with Harm Reduction Goals

The use of a harm reduction approach when working with youth experiencing CSE is increasingly viewed as a best practice (Hickle & Hallett, 2016; CDSS, 2018). In a harm reduction approach, the service provider focuses on developing a relationship, encouraging help-seeking behaviors, raising awareness, and providing a means for change and stability (CDSS, 2018; Hickle & Hallett, 2016). Rapport and relationship-development is a foundational component of this approach. The service provider takes a non-judgmental stance when working with youth in order to gain trust and identify their holistic needs beyond exploitation. In this youth-centered approach, youth define their own needs. The service provider then provides information about available services and education about a variety of health issues based on those needs. By offering resources and a safe, nonjudgmental relationship, the provider is connecting youth to a pathway for change and potential stability. Motivational interviewing is often used in the harm reduction approach which capitalizes on the widely accepted Transtheoretical Model of the stages of change (Prochaska & Velicer, 1997). This method allows the service provider to meet the youth where they are while also allowing them to have control over their healing processes.

**Table 7.3: Relationship between the FRP and Harm Reduction Goals**

Key Principle	FRP in Practice	Does the FRP Align with Key Principle?
Develop a Non-Judgmental Relationship with Youth	Interacting with recovered youth in a non-judgmental way is the intention of the FRP but assessing whether that occurs across all partners was not possible within the scope of the current study. It was clear from feedback, however, that advocates embrace this principle when interacting with recovered youth.	Mixed
Encourage Help-Seeking Behaviors	All FRP partners work to encourage the youth to engage in services and begin and/or continue engaging in the recovery process.	Yes
Raise Awareness	All FRP partners work to give information to the referred youth with the hope it will support the recovery process. There is special attention placed on giving youth access to a medical assessment for this purpose.	Yes
Provide a Means for Change	Although the FRP is limited in its reach, it plays a critical role in connecting recovered youth to an advocate immediately and linking the youth to services within ten days of the FRP referral.	Yes
Provide Access to Stability	The FRP attempts to identify safe and stable housing. If the youth returns home, FRP partners provide information and support to the parents/caregivers. The youth is given the contact information for multiple contacts and are able to reach the advocate whenever they need to.	Yes

Table 7.3 displays the ways in which the FRP incorporate goals inherent in a harm reduction approach. Without question, the FRP aligns with this approach. Consistently, FRP partners appeared to take a non-judgmental approach to youth, develop relationships to encourage recovery and raise awareness about the situation, and provide access to resources to begin and/or continue the recovery process. Partner respondents felt human trafficking detectives expressed these viewpoints, but the extent to which this occurred across patrol officers varied greatly.

### FRP's Alignment with Effective Multidisciplinary Teaming Characteristics

Using a multidisciplinary team response to CSE aligns with trauma-informed and harm reduction approaches, particularly when an advocate is part of the team. Multidisciplinary teaming is only effective when the teams embody several characteristics. Too often, agency staff are assigned to a team with no training or on-going support to learn how to be a team. When competency as a team is not reached, the result can contribute to negative relationships between team members and their agencies and poor outcomes for those they serve. Characteristics of successful multidisciplinary teaming include (Molyneux, 2001; Lustig, Ponzielli, Tang, Sathiamoorthy, Inamoto, Shin, Penn, & Chan, 2015; Roncaglia, 2016):

- *Clear roles and responsibilities:* All team members must have a clear understanding their own roles and responsibilities but also of other team members.
- *Shared commitment:* All team members must have a clear understanding of the work they are doing and why they are doing it.
- *Trust and respect for diverse agency affiliations and expertise:* All team members must recognize and value the different perspectives brought to the team by individual members and be willing to engage in open, productive conversations to align their interests and navigate their differences.
- *Effective Communication and Collaboration across Team Members:* There should be evidence that team members are sharing information and working together to address the needs of the youth.
- *Deliver and acknowledge feedback constructively:* All team members must be willing to hold themselves and each other accountable for their roles and responsibilities and be willing to discuss challenges respectfully and identify solutions collaboratively.
- *Clear rules on information sharing:* All team members must understand the rules of confidentiality when communicating about youth and among each other. The expectations of what the team shares and how it is discussed should be agreed upon.
- *Training:* All members should have on-going training to maintain and improve their work as a team and facilitate open communication.
- *Quality Assurance:* Data should be reported regularly to identify areas of accomplishment and areas for on-going improvement.

Tables 7.4 and 7.5 compare the characteristics of effective teaming across the FRP in practice and in MARC's oversight of the FRP. The FRP is defined as a multidisciplinary teaming approach, but when FRP implementation is considered, it does not perform well as a multidisciplinary team (MDT; see Table 7.4).

**Table 7.4: Relationship between the FRP and Effective Multidisciplinary Teaming Characteristics**

<b>Key Characteristics</b>	<b>FRP in Principle</b>	<b>Does the FRP Align with Key Characteristics?</b>
Clear Roles and Responsibilities	The FRP operational agreement details the steps each partner must take, but it was clear from interviews and focus groups that a shared understanding of one another's roles and responsibilities is not clearly defined in the implementation of the FRP.	Mixed
Shared Commitment	FRP partners have a shared commitment to serving CSEC/Y. Concerns were expressed, however, with regard to the level of knowledge and commitment to serving CSEC/Y across ERCP social workers.	Mixed
Trust and Respect for All Partners	Advocates had mutual trust and respect for social workers and Probation CTU officers. Although the communication between social workers and probation officers has improved over time, challenges still exist.	Mixed
Effective Communication and Collaboration across Team Members	It was clear from the data that the amount of "teaming" across partners, particularly social workers and Probation CTU, has decreased over time. Several respondents noted that MDTs as originally designed were not happening and there was a lack of communication across agencies.	Mixed
Constructive Feedback	Currently, FRP partners who respond to referrals are not trained together or given an opportunity to engage in dialogue about the FRP process or their roles and responsibilities.	No
Clear Rules for Information-Sharing	The FRP specifically outlines confidentiality rules for FRP partners, but there is no guidance on how to manage the sharing information across different roles and responsibilities (e.g., advocates sharing information a youth does not want to disclose).	Mixed
On-Going Training	Law enforcement maintains a basic level of training for its patrol officers, but no dedicated FRP training is completed with MART social workers, ERCP social workers and Probation CTU officers.	Mixed
Use of Data to Create Feedback Loops and Maintain Quality Assurance	Data are collected on FRP referrals, but regular reports are not produced or shared with those involved in implementing the FRP.	No

In practice, confusion and frustration about roles and responsibilities exists; varied levels of commitment are possible within DCFS; the trust and level of communication is tenuous especially between social workers and Probation CTU officers; there is no training curriculum or on-going platform; and there is no forum for feedback or constructive discussion among those implementing the FRP. Taken together, the FRP is a multidisciplinary response protocol, but it falls short of utilizing a multidisciplinary team approach.

**Table 7.5: Relationship between the Multi-Agency Review Committee (MARC) and Successful Multidisciplinary Teaming Characteristics**

Key Characteristics	FRP in Principle	Does the FRP Align with Key Characteristics?
Clear Roles and Responsibilities	The MARC oversees the FRP operational agreement and makes changes as necessary. The operational agreement details steps for each FRP partner, but it does not provide guidance on how partners should interact as a team.	Mixed
Shared Commitment	MARC members have a shared commitment to serving CSEC/Y.	Yes
Trust and Respect for All Partners	Over time, strong relationships have developed across MARC members, which facilitates open communication and trust.	Yes
Constructive Feedback	Because MARC creates a safe space for everyone to engage in conversations about operational issues, members are comfortable sharing their viewpoints and addressing accountability for themselves and others.	Yes
Clear Rules for Information-Sharing	MARC outlines the rules for confidentiality in information sharing, but it does not appear to provide direct guidance on how to address the nuances of information-sharing across agency partners in the field.	Mixed
On-Going Training	There is no documentation of a training platform or standards, and no evidence of quality assurance for training. The importance of training is recognized by MARC, but a limited amount of coordinated training is completed.	Mixed
Use of Data to Create Feedback Loops and Maintain Quality Assurance	Data are collected on FRP referrals, but consistent data reports are not utilized by MARC in their oversight of the protocol.	No

The MARC fares better as a multidisciplinary team (see Table 7.5). The MARC provides a venue for FRP partner agency leadership to meet and discuss operational issues. Over time, MARC has established trust and transparency among members and provides a safe place to have constructive conversations about operational issues. It does not, however, include a contingency of agency representatives implementing the work nor does it have a formalized pipeline to receive feedback from them. It does not use data regularly, and there is no cross-training curriculum or platform to support the fidelity of the protocol. Thus, MARC reflects some success with regard to multidisciplinary teaming and provides an excellent foundation from which to build stronger MDT approach within the FRP.



## Summary

The value and accomplishments of the FRP are numerous, which is impressive given the size of Los Angeles County. To achieve this level of sustained collaboration and implementation is notable considering the complexities and competing demands inherent in law enforcement, DCFS, and Probation operations. Perhaps because of these complexities, operational and structural issues continue to exist for the FRP. While FRP incorporates the principles of harm reduction in a clear and consistent way, it does not necessarily reflect a trauma-informed approach in its current application. The FRP is unquestionably a multiagency response for CSEC/Y recovered by law enforcement, but the current relationships between FRP partners do not necessarily reflect the best practices of a multidisciplinary team approach. MARC, on the other hand, embodies most of the characteristics for effective multidisciplinary teams, and lays the foundation for enhancing the FRP to embody characteristics and principles of these approaches.

## Chapter 8: Evaluating the CSEC Law Enforcement FRP

Although the FRP has been implemented for six years, no systematic evaluation of outcomes associated with the protocol has been conducted to date. This chapter summarizes the FRP data currently collected by DCFS and Probation, how these data are used, and the degree to which they can be merged and linked to other data sources. Based on this assessment, a method for conducting a longitudinal FRP outcomes evaluation is proposed and the County's current capacity to support such a study is explored.

### FRP Referral Data: Collection, Use, and Limitations

Although CSEC “flags” are built into the Probation Case Management System (PCMS) and the Child Welfare System/Case Management System (CWS/CMS), neither system identifies FRP referrals. Thus, to capture FRP referrals, EXCEL spreadsheets are manually maintained by the CPHL and the Probation CTU. As shown in Table 8.1, The CPHL spreadsheet contains all CSEC referrals made to the hotline since 2017. It distinguishes FRP referrals from other types of CSEC referrals and contains a limited amount of information on each referral. Referrals are entered into the CPHL spreadsheet by designated supervisors who work with the DCFS Business Information Systems (BIS) Unit to reconcile their list with CSEC flags extracted from the DCFS case management system, CWS/CMS.

**Table 8.1: Summary of FRP Data Currently Collected**

Source of Data	Location of Data	Type of Information Collected (Abbreviated List)
Child Protection Hotline (CPHL) Spreadsheet	EXCEL spreadsheet maintained by CPHL Unit—2017 to date (All CSEC referrals—FRP distinguished)	Referral source; location; type of response; probation involved
Probation Child Trafficking Unit (CTU) FRP Referral Data	EXCEL spreadsheet maintained by Probation CTU—2014 to date (FRP referrals only)	Referral information; youth demographics; location; responding agencies; housing decision; safety issues; 72-hour plan completed

FRP Referral Data is also collected by Probation CTU through the FRP Intake Form. Advocates are responsible for completing the FRP Intake Form and submitting it to Probation CTU within 14 days of a referral. These data are entered into an EXCEL spreadsheet by the Probation CTU. If the advocate did not respond to the FRP referral (i.e., was not notified or youth was out of county or state), Probation CTU officers are expected to submit the form.

## Types of Data Collected within the CSEC/FRP Referral Spreadsheets

The CPHL and the Probation CTU spreadsheets were reviewed for this study. Both are manual, separate, stand-alone files that are not connected or integrated into PCMS or CWS/CMS. The two spreadsheets overlap because they contain information on the same referrals, but they do not cover the same time period and they do not capture identical information. The CPHL spreadsheet, for example, includes all CSEC referrals between January 1, 2017 and May 3, 2020 while the CTU spreadsheet includes all FRP referrals between August 14, 2014 and August 14, 2018.<sup>7</sup> The information collected by CPHL includes a limited number of characteristics of the referral as well as referral processing information (e.g., the source of the referral, the referring law enforcement agency, the regional office, and so on). The Probation CTU spreadsheet includes a large number of measures about the handling of the referral (e.g., the initial housing decision, the youth's status at 72 hours, 10 days, and 30 days after the referral, and so on).

## Accuracy of the FRP Referral Data

The accuracy of the FRP referral data is questionable because they contain different numbers of referrals within a designated time period, manual data entry is not consistent, and missing data is a problem. Although a full reconciliation of the two spreadsheets was not possible due to the protection of confidentiality, a preliminary comparison of FRP referrals within the same timeframe yielded a different number of referrals, which indicate errors of omission in one or both spreadsheets. Additionally, both spreadsheets have multiple entries for similar responses across many of the variables (e.g., HTU vs. human trafficking unit vs. LASD HTU, and so on), making it difficult to produce results easily and consistently. Finally, a significant amount of missing information in many variables raises questions about the accuracy and usability of these data alone for on-going quality assurance and evaluation of the FRP.

## The Usability of FRP Referral Data for Analysis

The referral spreadsheets were analyzed for and useful to the current study in a few ways, but their utility to document the implementation of the FRP was significantly limited. They are useful, however, for identifying the youth referred and connecting to their cases in the agency case management systems, and for providing describing CSEC referrals and FRP referrals, their referral sources, characteristics of the youth involved in FRP referrals (Probation CTU spreadsheet only), and limited information on decisions made during the FRP process (e.g., living situation). In their current form, however, they cannot be used to directly evaluate the fidelity with which the FRP is implemented or its effectiveness given the concerns discussed above and because there are no outcomes contained in either spreadsheet.

These limitations stress the necessity of establishing a singular FRP case management information repository to permit seamless automated measurement of implementation benchmarks on a routine basis, and the need for technically trained designated staff to review

<sup>7</sup> The Probation CTU spreadsheet includes data up through present day; however, the data added after August 14, 2018 were not cleaned and consequently, not usable for analysis. CTU is currently cleaning these data to produce a six-year summary report.

and administer the platform for accuracy and completeness. For the county to not only conduct an evaluation of outcomes associated with the FRP but to also obtain ongoing evaluative information for the purpose of addressing programmatic problems and initiating course correction when necessary, a data collection process and database must be designed with evaluation in mind. Personnel familiar with evaluation must therefore be closely involved in the design process alongside personnel with programmatic (e.g., FRP partners) and database programming expertise.

### The CSEC Advocacy Services Platform

The current development of a CSEC Advocacy Services Platform has the potential to provide the starting point for the type of singular information repository needed for purposes of outcomes evaluation and performance measurement. This platform is scheduled to launch by the end of summer 2020 as an application to the DCFS case management system (CWS/CMS) and is expected to house information on all FRP referrals. Once populated, the platform should contain all FRP referrals and CSEC services beginning September 24, 2019 (the start date for CSEC advocacy contracts). The benefit of creating one repository for all FRP referrals as part of the CWS/CMS system is the ability to facilitate linkages to other data systems and deepen analysis of service use and more complex outcomes over time.

Advocates and/or advocacy agency management will be responsible for entering the referral information into the platform. A list of data elements contained in the platform was not available; thus, it was unclear whether this platform will provide the type of database needed to produce regular dashboards and feedback reports for the implementation of the FRP.

### The CSEC Strategic Plan and Collection of CSEC Data

The CSEC Dashboard was recently launched by DCFS and is directly connected to the CSEC Steering Committee's list of CSEC Outcomes and Process Measures (LA County CSEC Committee, 2017). The CSEC Dashboard is produced by BIS and reports are available via an internal DCFS web page. Only data from the DCFS CSEC Unit is used for the Dashboard, but the CSEC Steering Committee has requested the inclusion of all youth identified as CSEC/Y to make the Dashboard more comprehensive. Unfortunately, the CSEC Dashboard cannot be used to evaluate the FRP because FRP referrals are not directly measured.

### Dissemination of CSEC Data Reports

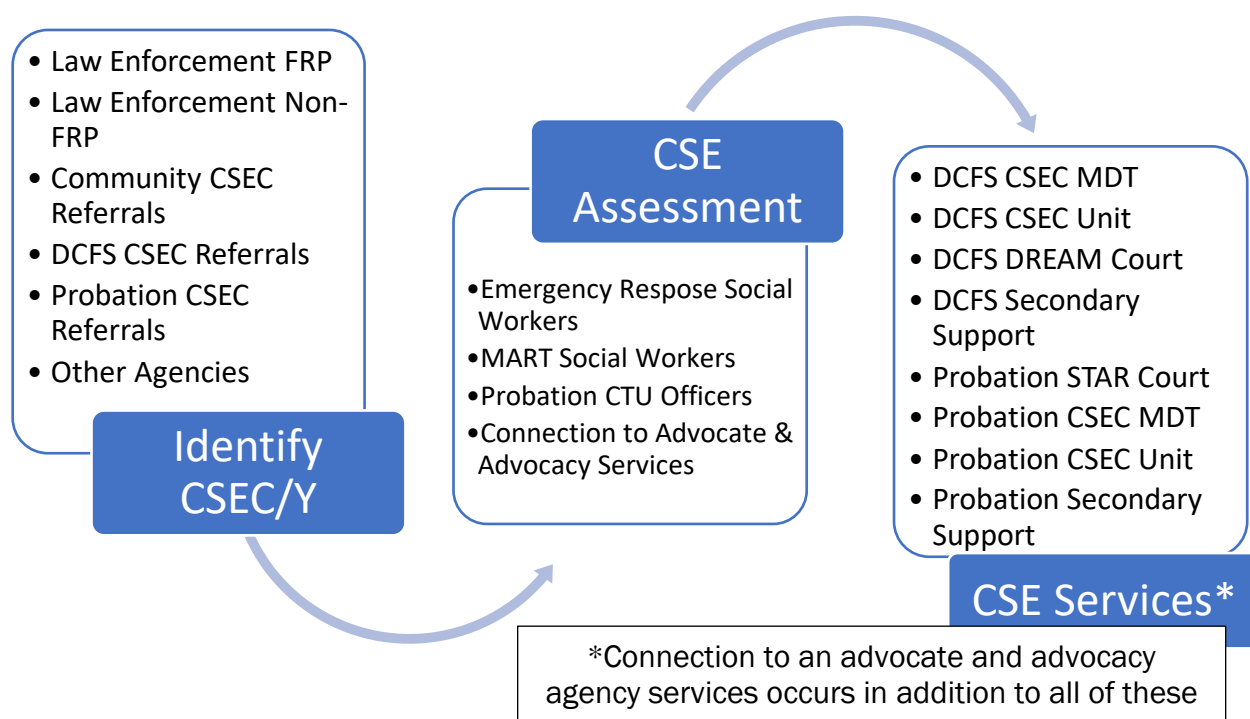
To date, the Probation CTU spreadsheet has been used to generate a total number of FRP referrals for inclusion in the Inter-Agency Leadership Team's quarterly report to the Board; to produce four-year look at FRP referrals (Ackerman-Brimberg, Walker Brown, and Newcombe, 2018); and to explore how often medical evaluations were accessed by FRP referrals (Miller, et al., 2020). The CPHL spreadsheet is used to generate internal reports, but there is no indication these reports are used for external purposes. One of MARC's goals is review data and address operational issues. FRP referral data are shared at MARC meetings, but standard reports or measures for regular intervals of time are not produced. MARC members have discussed the use of quarterly reports, but they have not identified what should be produced. Regular production and dissemination of reports appears to be limited to the CSEC

Dashboard, but as mentioned earlier, these indicators collapse CSEC referrals and do not distinguish FRP referrals.

## Evaluating the FRP

The FRP's primary purpose is to serve as a gateway to services for recovered youth; thus, the best way to evaluate the FRP is to view it within the context of the current CSEC response system. Specially, this means building a research design that incorporates all CSEC referral pathways; the CSE screening and assessment process; and the connection CSE programming and services. Figure 8.1 illustrates the relationship between these three interrelated processes for youth experiencing CSE. Both a process and outcome evaluation should be conducted across these three processes in order to assess the effectiveness of the FRP within a CSEC response system.

**Figure 8.1: The Role of FRP within the Los Angeles County CSEC/Y Response System**



## Process Evaluation

The purpose of a process or implementation study is to assess how well a program operates relative to expectations and what services are delivered to participants. The current study is a process evaluation limited to exploring the development and implementation of the FRP. More specifically, this study described how the FRP was developed and the extent to which the implementation of the FRP meets the expectations of the FRP operational agreement from

the viewpoints of those overseeing and implementing it. Any further process evaluation of the FRP should address the following questions:<sup>8</sup>

1. What are the components of the service delivery models?
2. What is the theory of change that lays the foundation for these service delivery models and informs the associated short-term and long-term outcomes?
3. How can the service delivery models be assessed for implementation fidelity?
4. What are youth experiences within the CSEC response system and how can their voice be incorporated into a feedback loop for continuous improvement?

## Outcome Evaluation

The purpose of an outcome evaluation is to determine how well the FRP and CSEC response system met its goals for serving youth impacted by commercial sexual exploitation (i.e., did the program result in better outcomes for those served by the program?). Key research questions guiding the proposed outcome evaluation for FRP and the CSEC response system include (but are not necessarily limited to):

- Do FRP referrals receive a different level of CSEC services than non-FRP referrals?
- Do outcomes vary by the type and dosage of CSEC services?
- Do FRP referrals have better outcomes than youth previously arrested for prostitution?
- Do FRP referrals have better outcomes than CSEC/Y referred from other sources?
- Do FRP referrals have better outcomes than non-CSEC/Y with similar system experiences?

Measuring outcomes currently depends on administrative data from social service and juvenile/criminal justice agencies. The benefit of administrative data is its availability and ability to measure system contact; however, their disadvantage is the absence of social-emotional wellbeing measures over time. An outcome evaluation should include such measures if they are available. The California CSEC Action Team recently made recommendations to the Department of Social Services on how to measure and track outcomes for youth experiencing CSE (2020; see Appendix B for a list of the recommended measures). Some of these recommended measures are captured in various agency case management systems (see Appendix C), but many are not currently available through administrative data.

An outcome evaluation of the FRP and its role in the CSEC response system requires a prospective cohort design in which study cohorts are accrued over time. The following cohorts are recommended for the proposed evaluation.

<sup>8</sup> A recently funded NIJ study managed by California State University, Los Angeles (PI: Carly B. Dierkhising, School of Criminal Justice and Criminalistics) in collaboration with the University of Southern California (Co-PI: Bo-Kyung E. Kim, School of Social Work) and NCYL (Kate Walker Brown, Mae Ackerman-Brimberg, and Allison Newcombe, Collaborative Responses to Commercial Sexual Exploitation Initiative) goes further than the current study by conducting an evaluability assessment and formative evaluation of the service delivery models embedded in the child welfare and juvenile justice systems for children and youth experiencing CSE.

- A cohort of FRP referrals accrued over a period of (at least) one year<sup>9</sup>
- A cohort of Non-FRP CSEC referrals accrued during the same time period (includes CSEC youth with open probation cases)
- A systematically matched cohort of youth without CSEC referrals within the same time period
- A historical, systematically matched cohort of youth arrested for prostitution prior to the launch of the FRP

There are two options for identifying these cohorts. The first option is to identify them as they are referred.<sup>10</sup> The second option is to identify all cohorts as historical cohorts based on clear criteria and track them over time within existing administrative data. The first option aligns with the process evaluation—in other words, the process evaluation findings overlay the same timeframe as the intermediate outcomes of tracked cohorts. In the second option, the process evaluation will represent what is happening in the present while the outcome evaluation reflects what happened in the past.

Cohorts would be identified using multiple data sources. The FRP referral spreadsheets in combination with the case management systems for DCFS and Probation are the anchor points for identifying and tracking cohorts. Once all cohorts are identified, they would need to be merged into one master file containing identifying information. Identifying information is necessary to link the cohorts across different administrative data to track intermediate and long-term outcomes. The identifying information needed to support the linkage of records across agency case management systems includes:

- Name
- Birthdate
- SSN
- Gender
- Race/Ethnicity
- Parent/guardian names—if available
- Residential Addresses (present and past)—if available

Once matched, identifiers are stripped from the working data file and used to analyze outcomes for youth based on the available information from each County and State agency listed in Appendix C. The data elements listed in this table are currently maintained by the respective agencies and have been used in previous studies using linked administrative data (Culhane et al., 2011; Herz, Chan, and Putnam-Hornstein (2016); Herz, Eastman, Putnam-Hornstein, and McCroskey, 2020); thus, the use of identifying information is feasible as long as researchers have permission to receive and use the data from each agency.

<sup>9</sup> Based on the reported FRP referral numbers, this cohort would include approximately 75-100 unique youth within a one-year accrual time period.

<sup>10</sup> This would apply to the FRP referral and the non-FRP CSEC referral cohorts. The matched comparison groups would be identified after accrual of these cohorts was completed. If the CSEC Advocacy Services Platform is launched and fully populated back to September 2019 as planned, it arguably provides a desirable starting point for identifying Cohorts 1 and 2.



## Los Angeles County's Capacity to Support an Evaluation

As outlined, the feasibility of this study appears to be high, but a final assessment depends on the measures requested from each agency and any particular rules or regulations the agency has regarding access. Currently, the use of the data presented in Appendix C is allowed as long as appropriate permissions are received by the researcher. Permission to use DCFS and Probation data must be requested through a research court petition process in the Los Angeles Superior Court, Juvenile Division and other data listed in Appendix C must be requested using the processes required by the respective agencies.

Working through each individual agency and the court to request data is arguably an inefficient process that could create difficulties in the alignment of one agreement with the next. Executing a single Data Use Agreement with Los Angeles County's Office of the Chief Information Officer within the Chief Executive Office (CEO/OCIO) is a more efficient approach for obtaining authorization to use County administrative data. The OCIO administers the CEO's long-standing integrated data capacities and has been assigned under recent Board policy as the County's Data Steward. In this role, the office would assume responsibility for providing access to the data and for processing the records through a set of procedures that renders them anonymous but linkable across agencies at the client level and across agencies.<sup>11</sup>

### Feasibility and Estimated Timetable

The proposed study is feasible but is complex on many fronts. Researchers who conduct this evaluation should have demonstrated expertise in trauma-informed care and CSE; a thorough understanding of how the child welfare and juvenile justice systems operate in Los Angeles County; and in-depth knowledge about the FRP and CSEC Response System. Additionally, they should have experience with securing and matching large datasets; using propensity scoring methods or similar types of statistical matching procedures; conducting sophisticated analyses; conducting qualitative research; and applying findings to tangible practice and policy implications.

As a starting point, Table 8.2 provides an estimated timeframe for the basic steps in the evaluation process. This table does not include the steps for a process evaluation, but both could be conducted simultaneously if funding and staffing were adequate to support both processes. These are estimated timeframes. Acquiring data permissions can require more time than estimated for one agency or another, especially since identifying information would be provided.

<sup>11</sup> The Board has additionally granted OCIO's research unit delegated authority to execute research, analytics and data use agreements, which helps facilitate the process of obtaining data use authorization. Unless there is reason for not doing so, the research unit can also provide contract and project management services. It is important to note, however, that the costs associated with obtaining the needed authorizations, executing the associated agreements, and project management are factors that must be accounted for in evaluation project planning.

**Table 8.2: Estimated Timeline for Key Tasks Related to an Evaluation of FRP and the County's CSEC Response System**

<b>Task</b>	<b>Time Estimate for Historical Cohorts</b>	<b>Time Estimate for Cohorts Accrued in Real Time</b>
Research approval through an Institutional Review Board (IRB)	Approximately 3 months (can occur simultaneous with the submission of data permissions from agencies)	Approximately 3 months (can occur simultaneous with the submission of data permissions from agencies)
Data permission for DCFS and Probation data	6-8 Months	Approximately 3-6 months (can occur while youth are identified by DCFS and Probation)
Identification of Cohorts	Approximately 4 months	At least one year after study start date
Preparation of file with characteristics and previous system contact	Approximately 3 months	Approximately 3 months after all youth identified
Inclusion of the dosage of CSEC services received (Administrative data available)	Approximately 3 months	N/A—Completed when cohorts identified
Inclusion of the dosage of CSEC services received (Available through internal records and case file reviews)	Approximately 3 months	Approximately 3 months after last youth reaches one-year mark after referral
Data permissions for other agency data & access to data	Approximately 3 months	Approximately 3 months (can occur while youth accrual and tracking)
Data matched to master files	Approximately 3 months	Approximately 3 months after last youth reaches one-year mark after referral
Analysis and final draft of intermediate outcome findings	Approximately 2 months	Approximately 2 months
Analysis and final draft of long-term outcome findings	Approximately 2 months	Not possible during this timeframe—would need to be completed at a later date because time has to elapse
Production of Report	Approximately 2 months	Approximately 2 months
<i>Total Time Needed</i>	<i>Approximately 2-2.5 years from start of study</i>	<i>Approximately 2.5-3 years from the date of the first referral</i>

Based on previous studies similar to this, the cost for each type of study is estimated in Table 8.3. Costs to conduct the study may be less than estimated depending on the contracted entity and changes to the research design (e.g., reducing the number of cohorts, reducing the tracking time, and so on). Overall project costs, however, will increase because these estimates do not account for the administrative fee that would be charged by a contracted university or research organization. Administrative fees can add between 50% and 75% to the overall project cost. The costs associated with cohorts accrued in real time would be slightly

less because long-term outcomes are not included. Long-term outcomes can only be produced using historical cohorts or if real time cohort youth are tracked over several years.

**Table 8.3: Cost Estimates for the Proposed FRP/CSEC Response System Evaluation**

Evaluation Type	Estimated Cost*
Process Evaluation	\$250,000
Outcome Evaluation with Historical Cohorts	\$750,000
Outcome Evaluation with Cohorts Accrued in Real Time	\$700,000**

\*Cost is estimated based on a three-year time frame to account for studies lasting at least 2.5 years. Cost does not include the administrative fee, which can add between 50% to 75% to the overall project cost.

## Summary

Currently, the spreadsheets maintained manually by the CPHL and the Probation CTU are the only way to identify FRP referrals. The data collected by the Probation CTU are used to report the number of referrals to the Board and summarize the characteristics of referrals, and the CPHL data is used to generate internal reports. Based on the interviews, focus groups, and a review of all FRP documents, a quality assurance process for the FRP does not currently exist. DCFS uses CSEC data to produce the CSEC Dashboard, but this analysis is limited to youth served in the CSEC Unit and does not distinguish outcomes for FRP referrals. A new application as part of CWS/CMS, the CSEC Advocacy Services platform, is scheduled to launch in summer 2020 and may provide a repository of data for all FRP referrals as well as all CSEC services delivered to youth. This system offers the potential to develop an FRP dashboard and to build quality assurance measures into the oversight of the FRP.

Evaluation of the FRP is possible but only meaningful if completed in conjunction with its connection to long-term CSEC services. Both a process and outcome evaluation are recommended. The process evaluation proposes an in-depth review of FRP and CSEC response system processes to assess their alignment with best practices and their impact from the perspective of youth served. The outcome evaluation proposes a prospective cohort design used with at least four cohorts: (1) FRP referrals; (2) non-FRP CSEC referrals; (3) a historical, matched group of youth arrested for prostitution; and (4) a matched group of non-CSEC youth in DCFS care. Once identified, these cohorts can be matched to other county and state agency databases to track their outcomes within one year after their recovery/referral and into young adulthood. The outcome evaluation largely depends on administrative data but may require case file reviews for a subset of youth to capture the services they received; unfortunately, administrative data does not capture this information reliably. Evaluation of the FRP and CSEC Response System is estimated to take approximately three years and cost approximately \$1,000,000 depending on the final design of both the process and outcome evaluation.

## Chapter 9: Recommendations

The purpose of current study was to describe the FRP development process and to assess its implementation relative to the expectations outlined in the FRP operational agreement. All available FRP documents were reviewed to generate an “FRP landscape,” which was used to guide interviews with leadership from FRP partner agencies and focus groups with staff who respond to FRP referrals. Additionally, CSEC and FRP referral data from CPHL and the Probation CTU were analyzed and integrated into the report where applicable. Study findings indicated that the development and implementation of the FRP led to many accomplishments, including:

- The Board’s support of CSEC efforts led to the development of the FRP, which replaced a punitive response to children and youth experiencing CSE with a decriminalized, social services/advocacy-based approach focused safety and basic needs of recovered youth. Los Angeles County was on the forefront of decriminalization and contributed to state legislation decriminalizing CSE throughout the state.
- The FRP referral process plays a significant and timely role in connecting youth to support and services. The process itself is short in duration; yet, it is a critical gateway to accessing the county’s CSEC response system.
- Based on an assessment of best practices, the FRP successfully incorporates a harm reduction approach in its implementation. Relationship-building with the youth is a core goal for all FRP partners. All partners saw themselves as a “life-line” to youth as they pursued their recovery process.
- Advocates are a central partner in the FRP, reinforcing the youth-centered approach it espouses. Advocates are able to engage children and youth right after recovery, help address their basic needs, and establish continuity of care into long-term services
- A key element in the FRP is a commitment of 90-minute expedited response from FRP partners. DCFS successfully developed a process through the CPHL to facilitate the 90-minute response, building trust and credibility with law enforcement partners.
- FRP training in combination with the implementation of the FRP is slowly and steadily changing law enforcement officers’ understanding of the CSE and improving their interaction with the children and youth they recover.
- The FRP represents how a social service and community-based model can partner with law enforcement to address social issues typically handled by law enforcement alone.
- The FRP oversight committee, MARC, is an example of how sustained, multidisciplinary collaboration can result from strong, unwavering leadership combined with a shared commitment from all partners to improve the lives of children and youth.

- A list of all CSEC referrals (FRP and non-FRP) has been maintained by CPHL supervisors since 2017, and all FRP referrals have been recorded since the launch of FRP in August 2014 by the Probation CTU.

Implementation of the FRP also encountered several operational challenges. The challenges described throughout the report were synthesized into recommendations covering three critical areas for strategic action: (1) strengthening the FRP process; (2) strengthening the county's capacity to service children and youth impacted by CSE; and (3) developing and maintaining high quality data systems to monitor the implementation of the FRP and evaluate the effectiveness of the county's CSEC response system.

## Target Area #1: Strengthen the FRP

The FRP was developed over six years ago in response to the Board's call to decriminalize CSE for children and youth. The protocol played a critical role in replacing a punitive, law enforcement-driven response with a social service and advocate-driven approach. This change transformed the role of law enforcement officers from gatekeepers to juvenile justice involvement into conduits for CSE support and services. The role the FRP plays in the county's CSEC response system is notable and should continue with attention to the following areas:

### Updating the FRP mission, goals, and underlying principles

- An FRP strategic plan should be updated to more accurately outline its purpose/mission, goals, operational procedures, and data collection plan. This effort should involve leadership from FRP partner agencies (e.g., MARC), but it must also include representatives from all the units involved in the FRP.
- The strategic plan should formally define the role it plays within the CSEC referral system and in connecting youth to the continuum of services. The FRP process should be defined and understood as part of a coordinated and comprehensive response rather than a parallel process to other CSEC referral and assessment processes. For example, should the FRP be limited to law enforcement referrals or can the lessons learned from this process be used to apply the FRP processes for all CSEC referrals?
- The strategic plan should directly align the FRP process with the principles of best practice approaches. For example, is the FRP intended to be trauma-informed? If so, the goals and operational principles must be revised to reflect adherence to trauma-informed principles. If the FRP is expected to be a multidisciplinary team, the roles and responsibilities of FRP partners will need to be redesigned to reflect and support a multidisciplinary team response.
- In aligning the FRP more directly with best practice principles, measures for implementation fidelity should be defined and reviewed on a regular basis (see Target Area #3 for more discussion of this point).

## Revising the operational agreement to clarify expectations and address operational issues

The operational agreement specifying the roles and responsibilities of each FRP partner agency should be revised to reflect changes in practices and to directly address the operational issues raised in Chapters 3 through 7. Specific action items include:

- Improving the CPHL workers' capacity to recognize and appropriately respond to FRP referrals. A designated phone line would be optimal for CSEC referrals; however, this would require the current call system maintained by DCFS to be replaced with more current technology.
- Designating a timeframe for reporting FRP referrals to the CPHL for law enforcement (e.g., all FRP referrals should be reported to the CPHL within 30 minutes of recovery).
- Developing clear guidelines and procedures (e.g., contact numbers) to allow DCFS partners to seamlessly and reliably check for an open probation case and reach a Probation CTU officer when there is an open probation case.
- Notifying advocates at the time the referral is sent to the MART or ERCP Units by the CPHL worker. If this is not possible, address gaps in the process that result in advocates not being notified in a timely manner or at all. This issue applies to referrals that require a response to the staging area and/or to juvenile hall.
- Expanding MART units to increase availability, requiring training for all ERCP social workers, and/or the consideration of new models to replicate the MART unit's knowledge and skill and provide access to specially trained social workers 24-hours a day/seven days a week is necessary.
- Clarifying the roles, responsibilities and expectations between DCFS social workers and Probation officers when responding to FRP referrals.
- Addressing the need for a sexual health screening for youth returning home. This may include requiring a sexual health screening for all youth before they are returned home.
- Considering alternatives for placing youth with open warrants in juvenile hall. FRP referral youth are recovered by law enforcement for non-criminal behavior and are "boot-strapped" into a locked facility because of a warrant. Not only is this practice not trauma-informed, but youth are often spending two to four weeks detained which substantially increases the likelihood of sustained re-traumatization. Data from the FRP Referral spreadsheet indicates that these youth often return home when they are released, raising the question of whether detention is necessary in the first place.
- Clearly outlining the roles, responsibilities and expectations for all FRP partners responding to youth in juvenile hall.

- Addressing the challenges in handling out-of-county and out-of-state referrals. This may require advocating for change at the state legislative level and building compacts with counties regularly associated with CSEC/Y in Los Angeles County.

#### Building an infrastructure to monitor and continuously improve the implementation of the FRP

- MARC currently oversees the implementation of the FRP and reports to the Inter-Agency Leadership Team (ILT). From all accounts, MARC is an effective multidisciplinary leadership team and should continue in its current capacity; however, MARC should enhance its current oversight by integrating feedback and dialogue from line staff responding to FRP referrals. They should also utilize regular data feedback reports to monitor adherence to critical protocol benchmarks, and these feedback reports should be shared and discussed with staff responding to FRP referrals to identify areas of success and areas that need more attention.
- A cross-training platform should be built to effectively communicate the protocol across all FRP partners. It should outline (a) learning outcomes for all groups receiving training, (b) language and content aligned to learning outcomes, (c) specialized skills for delivering training, and (d) how often training is received by all FRP partners. Surveys should be used for each training to assess its usefulness to the participants. Given the size of law enforcement agencies, it is unlikely that one approach to training can or will be used; however, specific learning outcomes, content and delivery expectations can be outlined and used to monitor the quality of training delivered within each law enforcement partner agency.
- MARC should regularly monitor for quality assurance by developing a list of critical process measures aligned to protocol expectations (e.g., meeting the 90-minute response timeframe, advocate received notification in a timely manner, and so on) and using a single point of data entry for all CSEC referrals and related information. This “dashboard” of measures should be reported on an annual basis to the Board. The CSEC Advocacy Services Platform may address these data needs, but the type of information currently programmed into the platform should be aligned with critical benchmarks. Additionally, qualified staff should be dedicated to overseeing the accuracy and completeness of data entry and producing regular reports to MARC.
- The development, launch, expansion and continuation of the FRP was attributed to strong leadership by all interview respondents. These leaders were able to pull a diverse set of stakeholders together, hold agencies accountable for fulfilling their commitment to the FRP, and expand the use of the FRP to the City of Los Angeles, all county areas served by LASD, Long Beach, and Pomona. Their uncompromising commitment to children and youth experiencing CSE motivated and inspired others to work through obstacles, transitioning the FRP from a pilot program to a long-standing one. To sustain the FRP and its accomplishments, the FRP should be institutionalized into partner agencies and resourced appropriately in order to insulate it from transitions in leadership.



- FRP partner agencies currently do not receive funding to support their efforts. This is not sustainable and will not lead to its institutionalization within partner agencies. Dedicated funding must be provided to fully support an expedited response by MART social workers; to support the development and delivery of training; to oversee data collection and produce regular data feedback reports; and to address gaps in the services and housing for children and youth experiencing CSE. Additionally, advocacy agencies must be fully funded to respond to FRP referrals, provide on-going services, and participate in data collection.

## Target Area #2: Strengthen the county's capacity to service children and youth impacted by CSE

Identifying children and youth experiencing CSE is a critical step for connecting them to services, and the FRP plays a central role in this identification process. Recent policy and legislative changes recognize CSEC/Y as victims, reducing their involvement in the juvenile justice system and directing social services to address their needs. Transferring this responsibility requires the social services system to build its capacity to appropriately meet the needs of these children and youth. DCFS staff need to be knowledgeable about CSE and trauma; engage youth using trauma-informed responses; keep youth at home whenever possible with support and services for parents/caregivers; and when remaining home is not possible, connecting youth to housing and services responsive to gender and cultural needs. Additionally, service providers must also be trauma-informed and have the skills to effectively engage youth in their recovery.

A recent report by Dierkhising and Ackerman-Brimberg (2020) summarizes findings from five CSE-related studies and delineates action plan recommendations to improve how DCFS and Probation respond to CSE. Since the findings from this study overlap with their recommendations to enhance the county's capacity to serve children and youth, an abbreviated list of their recommendations is included below (see Dierkhising and Ackerman-Brimberg, 2020 for a full discussion of these action items).

- Target the prevention of CSE for children and youth who enter the child welfare system. A majority of FRP recovered youth have an open DCFS case or had one in the past. Incorporating prevention into the CSEC response system not only reduces the prevalence of CSE for children and youth, but it is essential for addressing high levels of disparity for African American girls.
- Recognize and address the impact of trauma by:
  - Implementing validated trauma-specific screening and assessment and clarify assessment and referral process for specialized CSEC Units
  - Embedding a trauma-informed clinician and case manager into specialized CSEC Units;
  - Creating and disseminating a list of trauma-specific treatment resources
  - Ensuring therapists follow youth through transitions
  - Improving the continuity of care for youth in Short-Term Residential Therapeutic Programs (STRTPs)

- Promote consistent, healthy relationships through an expansion of services and connections to other caring adults and peers by:
  - Promoting policies that connect youth in out-of-home care to family and other supportive relationships;
  - Ensuring caseworkers follow youth through transitions; and
  - Increasing access to prosocial activities selected by youth and transportation.
- Center and promote the perspective of children and youth in care by:
  - Establishing an on-going mechanism to gather youth and survivor feedback on system experiences
  - Improving mechanisms to seek and incorporate youth input about housing experiences and services in real time
  - Increasing youth voice in Child and Family Team (CFT) meetings
  - Creating an accessible online forum for youth
- Require comprehensive training and staff supports by:
  - Increasing the availability of CSE-specific training for staff and caregivers
  - Ensuring training translates to direct practice
  - Provide wellness resources to reduce secondary traumatic stress
- Enhance multidisciplinary and cross-system collaboration by:
  - Enhancing existing multidisciplinary teams and Child and Family Teams (CFTs)
  - Building multidisciplinary protocols to increase teaming for critical transition points
  - Improving coordination between MDTs focused on the same youth within and across agencies
- Prioritize returning youth to their homes and creating safe and stable environments with their families:
  - Educate parents/caregivers on the factors related to CSE
  - Create support groups and services for parents/caregivers as they help their child in the recovery process
  - Empower parents/caregivers to play a central role in their child's recovery process
- Build capacity in the placement types that provide more stability for youth by:
  - Increasing availability of family-based housing options for youth impacted by CSE
  - Expanding supports for resource families serving youth impacted by CSE (including bilingual services)
  - Ensuring new CSE-focused STRTPs contain critical trauma-informed and CSE-informed elements
  - Revisiting definitions of and provide training on absence without permission policies
  - Streamlining and prioritizing proactive transition planning
- Address racial/ethnic disproportionality and provide culturally appropriate services by:
  - Mandating implicit bias training to all caregivers and agency staff
  - Conducting an assessment of culturally appropriate services for youth and families
  - Monitoring disparities over time to determine if target interventions have an impact on reducing disparities

- Drive comprehensive reform by coordinating the recommendations from this report with those made by previous and current Board directed initiatives. Achieving sustainable, institutionalized success requires the coordination and integration of these efforts with those in past reports and current efforts including (but not necessarily limited to) the Dual System Workgroup, the Youth Justice Workgroup, and the Los Angeles County Office of Child Protection prevention efforts.

### Target Area #3: Develop and maintain high quality data systems to monitor the implementation of the FRP and evaluate the effectiveness of the county's CSEC response system

Data collection systems are essential for monitoring implementation fidelity and the effectiveness of protocols and services. Previous reports have identified the shortcomings of the case management data systems used by Probation and DCFS and made recommendations for system improvements (Herz & Chan, 2017a; Herz & Chan, 2017b; Dierkhising & Ackerman-Brimberg, 2020). Probation's Case Management System is particularly challenging given the way it is programmed, and neither Probation's nor DCFS's data systems nuanced measures of well-being. Additionally, the case management systems for both of these agencies as well as other critical data related to mental health, substance abuse, and education are not integrated. With these shortcomings in mind, the following recommendations are offered as a way forward:

- Build integrated data systems between agencies. At a minimum, crosswalks or portals between agencies for youth who touch multiple systems should be built to coordinate care. Issues of confidentiality have prevented the development of such crosswalks or portals between systems in the past, but technology allows for the development of firewalls to ensure only those with permission can view the information.
- Critical benchmarks measuring implementation fidelity for the FRP should be identified and built into the CSEC Advocacy Services Platform, which is an application directly connected to CWS/CMS currently under development.
- Feedback reports or dashboards should be generated to report progress on critical benchmarks on a quarterly basis. These reports should be integrated, at a minimum, into MARC's oversight process of the FRP to facilitate a research to practice feedback loop for on-going program development.
- A prospective, longitudinal evaluation study should be funded once the recommendations of this report, the *CSEC Research to Action Brief* (Dierkhising & Ackerman-Brimberg, 2020), and the NIJ study currently underway are considered and implemented. Cohorts of FRP referrals, non-FRP referrals, and a matched historical cohort of youth arrested for prostitution prior to 2014 should be identified, tracked and compared over time to determine the effectiveness of the FRP and the overall CSEC response system. This approach requires the use of linked administrative data across various county agencies to measure intermediate outcomes within one year of being identified and long-term outcomes into young adulthood.

- In tandem with this outcome evaluation, a process evaluation should be conducted to further explore the implementation fidelity of the FRP and CSEC response system which incorporates the experiences and perceptions of youth who were recovered through the FRP process and/ or participated in CSE services provided through DCFS and/or Probation.

## Conclusion

Consistent commitment from the Board and workgroup leadership placed Los Angeles County at the forefront of recognizing and addressing the needs of children and youth impacted by CSE. The launch of the FRP played an instrumental role in this work by decriminalizing CSE for children and youth and replacing a law enforcement/juvenile justice response with a social services response system. By all respondent accounts, the FRP has been successful in its attempt to make this shift in thinking and practice, and as a result, CSEC/Y recovered by law enforcement now have immediate access to an advocate and on-going services. Perhaps most importantly, as one respondent pointed out:

*The FRP process helps empower youth with the system—in other words, youth are more likely to reach out for help when they have a positive experience with the system. The FRP reframes their relationship with law enforcement in principle because an arrest is no longer a threat. The FRP's connection to the advocate helps youth utilize community resources in a way that connects them to the community and helps them build self-efficacy.*

As discussions continue about the role law enforcement plays in achieving social justice for communities, the FRP potentially offers insight. It recognizes that law enforcement will encounter children and youth experiencing CSE and provides an alternative to juvenile justice system involvement. One law enforcement respondent stressed the importance of FRP as well as its potential applicability to other situations:

*FRP represents a model for how to tackle a number of critical social issues more efficiently and effectively. I wish we had an FRP for various situations because it offers an immediate response that is multidisciplinary, and victim centered...it is a great concept—the community coming together to respond to a situation.*

There is much to be learned from the FRP and equally as important, much to do to improve and institutionalize the FRP. To reach its fullest potential, it will require a commitment to rethinking our current system approaches; investing in developing the capacity to implement best practices with fidelity; connecting the FRP to a comprehensive, seamless continuum of care for children and youth; and building data systems and data monitoring to continuously improve the implementation of a countywide CSEC response system.

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## Appendix A: All Documents Reviewed in Phase I Data Collection

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## **Appendix B: Recommended Outcome Measures Proposed by the California CSEC Action Team**

Taken from: CSEC Action Team. (2020). Using Data to Improve Outcomes for Children and Youth Impacted by Commercial Sexual Exploitation. Sacramento, California.

### **Recommendation:**

The CSEC Action Team recommends that once the criteria for identifying and documenting CSE-impacted youth has been standardized (Recommendation #1), data on the following outcome measures be collected and analyzed. Some measures for these outcomes may be currently available either through CWS/CMS directly or through more effective integration with other systems, while others may not be currently collected.

It is important to note that the list of examples included following each of the outcomes is non-exhaustive, and is not provided in in order of importance. In addition, further work must be done to standardize the definitions of each outcome, as well as the appropriate measures for tracking them, to ensure consistency across agencies and counties.

### **1. PHYSICAL SAFETY**

Examples: Prevalence or cessation of exploitation, substantiated allegations of abuse in or out of care, exposure to physical violence or sexual assault, housing in a safe/secure location, victim of other crimes, access to basic needs (food, shelter, clothing, and as identified by youth)

### **2. PHYSICAL HEALTH**

Examples: Prevalence/severity of injuries or illnesses, frequency of hospitalizations, length of time injuries or illnesses remain untreated

### **3. MENTAL HEALTH**

Examples: Prevalence of diagnosed and undiagnosed mental illness, prevalence and frequency of mental health symptoms or trauma responses, whether mental health needs interfere with daily life, availability of mental health services (therapy, case management, medication supports), desire to access and engage in services, suicide risk and/or self harm, appropriate prescription or over-prescription of psychotropic medications, appropriate medication access and usage, frequency of psychiatric hospitalizations or holds

#### **4. PLACEMENT STABILITY AND PROGRESS**

Examples: Placement changes (including the reason for the change), absences without permission, returning to same caregiver after absence from home or care, amount of time in one home or care, amount of time away from home or care, step down from higher levels of care, child welfare case closure

#### **5. ACCESS TO ROUTINE/ONGOING MEDICAL CARE**

Examples: Access to regular, timely medical, dental or mental health care, access to medications and other treatment, as needed and desired by youth, prevalence of untreated injuries or illnesses; desire to access and engage in services

#### **6. EDUCATIONAL ATTAINMENT**

Examples: Enrollment in school, graduation rates, attendance, connection to educators and peers, behavior in school, school discipline, need for and/or access to special education or other education supports, desire to access and engage in services, access to and attitudes about higher education

#### **7. PARTICIPATION IN EXTRACURRICULARS/WORKFORCE DEVELOPMENT**

Examples: Participation in extracurricular activities and pro-social activities, connection to peers or adults in fields of interest, part- or full-time employment and internships, attitudes about employment

#### **8. AGENCY/LOCUS OF CONTROL**

Examples: Feelings of agency or control over one's life, youth control over own data and information (birth certificate, court records, immunization records) [See Recommendation # 3 for a more detailed list]

#### **9. SUBSTANCE USE**

Examples: Frequency and duration of use of illegal and legal substances, severity of use, reasons for substance use (including environmental, peer, mental health), access to substance use treatment, desire to engage in substance use treatment

#### **10. LEGAL/FINANCIAL**

Examples: Prevalence of dual system involvement/dual status (child welfare and juvenile justice), participation in victim witness testimony, financial ability to meet basic needs, credit/identity theft, outstanding loans or tickets

## **11. OTHER RISK BEHAVIORS**

Examples: Arrests and/or probation violations (e.g. petty theft, known gang affiliation), placement in detention facility (juvenile hall, camp, ranch), frequency of absences from home or care, recruitment or participation in exploitation of others

## **12. YOUTH PARENTS/PREGNANCY AND SEXUAL HEALTH**

Examples: Prevalence of unplanned and/or unwanted pregnancies, access to regular, timely reproductive and sexual health care of youth's choice, incidence of sexually transmitted infections or diseases (STI/STD), access to services for expectant and parenting youth (EPY), including housing with children, support for youth who are co-parenting, access to legal services to establish parentage, custody and visitation

## **13. HEALTHY RELATIONSHIPS AND SOCIAL SUPPORTS**

Examples: Frequency of contact with supportive adults, willingness/desire and ability to reach out to adults (probation officers, social workers, attorneys, advocates, caregivers, mentors, extended family) when in need, size/quality of healthy peer network, understanding of healthy vs. unhealthy relationships, exposure to intimate partner violence, connection/visits with family and siblings



## Appendix C: Data Elements Needed for an FRP/CSEC Response System Evaluation

Agency	Characteristics & System Experiences Prior to CSEC Referral	CSEC Support and Services Received	Intermediate Outcomes (Up to 18 years old)	Long-Term Outcomes (18-25 years old)
<b>County-Level Data</b>				
Department of Children and Family Services	Name Birthdate SSN Gender Race/Ethnicity # of Investigations Age at First Investigation Age at Last Investigation # of cases Type of cases # Out-of-Home Placements Type of Out-of-Home Placements # Placement Changes Length of Time in System Care Permanency Outcome	Placement in DCFS CSEC Unit Part of DCFS CSEC MDT Placement in STAR Court MART Secondary Support CSEC Services Received	Out-of-Home Placements Permanency outcome New Allegations New Investigations New Cases (Voluntary, In- Home, and/or Out-of-Home Care)	Investigations—child Allegations—child Substantiated cases—child
Probation Data*	Name Birthdate SSN Gender Race/Ethnicity Age at First Arrest # of Arrests Most Serious Offenses # Adjudications # Sustained Petitions Types of Dispositions Length in the System	Placement in CTU CSEC Unit Part of CTU CSEC MDT Placement in STAR Court CTU Secondary Support CSEC Services Received	Juvenile arrests (by type) Sustained juvenile charges Disposition	Adult arrests (by type) Convictions Sentencing
Department of Mental Health	Name Birthdate SSN Gender Race/Ethnicity	Not Applicable	Episode and Encounter Dates Outpatient Encounters Crisis Stabilization Episodes Acute Inpatient Episodes Facility Code Diagnosis Codes	Episode and Encounter Dates Outpatient Encounters Crisis Stabilization Episodes Acute Inpatient Episodes Facility Code Diagnosis Codes

## Appendix C (Continued): Data Elements Needed for an FRP/CSEC Response System Evaluation

Agency	Characteristics & System Experiences Prior to CSEC Referral	CSEC Support and Services Received	Intermediate Outcomes (Up to 18 years old)	Long-Term Outcomes (18-25 years old)
Department of Health Services	Name Birthdate SSN Gender Race/Ethnicity	Not Applicable	Service Dates Outpatient Services Emergency^ Inpatient^ Facility Code Diagnosis Codes^ Procedure Codes^	Service Dates Outpatient Services Emergency^ Inpatient^ Facility Code Diagnosis Codes^ Procedure Codes^
Department of Public Health/ Substance Abuse and Control		Not Applicable	Not Available for Persons Under the Age of 18	Service Dates Detox Services Outpatient Daily Treatment Residential Treatment Services
Sheriff’s Department		Not Applicable	Not Applicable	Jail stays
Department of Community & Senior Services		Not Applicable	Workforce Investment Act funded services and other employment/vocational services	Workforce Investment Act funded services and other employment/vocational services
Department of Public Social Services		Not Applicable	Issuance Dates Program (GR, CW, MC, CF) Issuance Amount Household Role Employment Program Component Employment Status	Issuance Dates Program (GR, CW, MC, CF) Issuance Amount Household Role Employment Program Component Employment Status
State-Level Data				
Childbirth records	Same identifying information as listed above.	Not Applicable	New Births	New Births
Death records		Not Applicable	Deaths	Deaths

\*Data requests from Probation should include the CSEC flag housed in the Alert Section of PCMS and access to sealed records. The amended section of Welfare and Institutions Code 786 requires automatic sealing of records at the time their case is dismissed or terminated by the delinquency court; however, the amended code allows the use of these records, with permission, for research. These records are typically sealed administratively but available for research if specifically requested.

+There is no CSEC/ILT flag in these systems, which adds to the importance of having traceable information available via DCFS or Probation. ^These variables include psychiatric services provided at DHS facilities but that eventually are handed off to DMH, including the record keeping.