

Serving Non–Systems-Involved Transition-Age Youths Impacted by Human Trafficking: Multidisciplinary Teams and Client Services

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2022

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Suggested citation: Russo, S., Lam, A. C., & Wendt, S. J. (2022). *Serving non–systems-involved transition-age youths impacted by human trafficking: Multidisciplinary teams and client services*. WestEd.

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Introduction

From January 2019 through May 2021, a federal grant¹ funded pilot projects in two sites in California to improve outcomes for non–systems-involved transition-age (NSITA) youths impacted by human trafficking.² The Improving Outcomes project defines NSITA youths as being aged 14 to 24 and not currently involved in the juvenile justice or child welfare systems or being in transition from foster care or another form of court jurisdiction. The pilot projects focused on this specific underserved population because these young people are not connected to any formal systems of support and services, and because most services are typically only available to individuals up to age 18 or 21 at most. The two project sites were charged with addressing gaps in the identification, engagement, and provision of services to those in this population who are victims of or at risk of human trafficking.

The Improving Outcomes project also funded a cross-pilot evaluation, with WestEd as the external evaluator. In this role, WestEd hosted two virtual joint learning sessions attended by the project partners: the two pilot sites (San Diego Youth Services [SDYS] and WestCoast Children’s Clinic [WCC] in Alameda County); and WCC’s subgrantee, Motivating, Inspiring, Supporting & Serving Sexually Exploited Youth (MISSEY).³ The purpose of these joint learning

¹ The California Governor’s Office of Emergency Services partnered with the California Department of Social Services and the Alameda County District Attorney’s Office to secure the grant funding from the U.S. Department of Justice’s Office for Victims of Crimes.

² Although “TAY” — the acronym for transition-age youths — is commonly used and may be familiar to readers, this report separates the “Y” from that abbreviation and refers to people in this category as “youths” in order to maintain a focus on their humanity (but does use the abbreviation “TAY” if it is included in the name of a program). The phrase “impacted by human trafficking” refers to being victims of, or at risk of being victims of, human trafficking.

³ SDYS is a nonprofit charitable organization in San Diego (CA) and was selected for this grant to focus on providing services and supports related to housing and education. WCC is a private, nonprofit children’s community psychological clinic in Alameda

sessions was to provide opportunities for the sites to share the progress of their pilot programs serving NSITA youths, including successes, challenges, lessons learned, and areas for support. The theme of the first joint learning session was the pilot sites' development and implementation of multidisciplinary teams (MDTs) that focused on identifying NSITA youths for services. The theme of the second session was developing and implementing direct client services for this target population.

This brief provides a summary of the discussions from both sessions, with the goal of sharing a blueprint and lessons learned with agencies, organizations, and partnerships that seek to serve youths who are victims of or at risk of human trafficking, especially the underserved NSITA youth population.

County (CA). WCC used part of its funding to provide a subgrant to MISSSEY, also a nonprofit in Alameda County, to focus on career development.

Multidisciplinary Teams

The first joint learning session took place on August 11, 2020, and focused on the pilot sites' development and implementation of MDTs as a means of identifying NSITA youths for services. SDYS and WCC discussed strategies for developing MDTs, COVID-19 impacts on MDTs, differentiating the pilot program in outreach efforts, and goals for MDTs' future.

Strategies for Developing Multidisciplinary Teams

WCC's process for building its MDT had multiple phases, which included forming a Steering Committee to guide the MDT development process and a Service Coordination Team to provide NSITA youths with tailored referrals to services and to facilitate linkages between clients and service providers and resources across Alameda County. SDYS collaborated with previously existing MDTs to increase awareness of and referrals to its pilot program in order to serve a larger number of NSITA youths in San Diego County. Further, WCC and/or SDYS used the following strategies to develop and implement their MDTs:

- **Landscape analysis.** WCC conducted a landscape analysis, at the beginning of the grant, to identify partners who could serve as referral sources because they come into contact with NSITA youths, and trained those partners on the Commercial Sexual Exploitation – Identification Tool (CSE-IT)⁴ so they are equipped to spot indicators of commercial sexual exploitation. WCC identified education, health care, and adult service providers through the landscape analysis. WCC also reached out to organizations that it already had relationships with and brought representatives of some of those organizations onto the Steering Committee.
- **Modified referral form.** With feedback from the Steering Committee, WCC staff modified their intake/referral form template (which is also used by other WCC programs) to better capture information specifically needed by WCC's Service Coordination Team. The form was modified to include an additional section that identified transition-age youths' requested areas of service (e.g., employment, educational support, housing, legal benefits/immigration assistances, legal status, medical, mental health, and other services). The Service Coordination Team used

⁴ The CSE-IT is a validated, evidence-based, universal screening tool used for all youths in Alameda County entering the child welfare system or changing foster care placements. It is used to screen for indicators of exploitation. WCC developed the CSE-IT in 2014 to address the need for research-based universal early identification and preventative screening for youths. The tool was developed based on input from more than 100 survivors and service providers, and was validated in 2016 to ensure that it accurately identifies youths with clear indicators of exploitation. The tool was fully developed before the Improving Outcomes grant. However, as part of the pilot program, WCC planned to train 200 staff from at least six partner health care or education service providers.

information from the modified form to refer NSITA youths to appropriate service providers and resources in Alameda County.

- **Memoranda of understanding with partners for referrals.** WCC discussed the purpose and principles of the MDT and gathered MDT partners' input on memoranda of understanding (MOUs) with partners for referrals. A common, streamlined MOU reduced burden on individual partners to develop their own MOUs. The common MOU enabled partners to discuss referrals and more efficiently connect young people with services.
- **Collaboration with existing multidisciplinary teams.** SDYS collaborated with other MDTs in San Diego County, such as the REACH Coalition, San Diego Youth Homeless Consortium, and San Diego County's Behavioral Health Services Councils, to create referral streams for the pilot program's focus on NSITA youths. These MDTs included health care providers and other service providers.

COVID-19 Impacts on Multidisciplinary Teams

In March 2020, midway through the grant implementation period, the COVID-19 pandemic began to hit the United States. Stay-at-home orders necessitated that both pilot sites adjust their MDT and client services plans:

- **Delays to the convening of WCC's Service Coordination Team and a temporary shift in structure due to COVID-19.** Prior to the pandemic, WCC had envisioned a team-based model for its Service Coordination Team, with the MDT partners sharing responsibility for the service coordination process. However, the pandemic forced WCC to act as the central hub for referrals. All referrals of NSITA youths were directed to WCC, which then conducted outreach and engagement. WCC then worked with MDT members individually to connect the clients to services. One unanticipated benefit of the hub-based model was that WCC became informed about specific client needs and was able to include examples in presentations to demonstrate the needs that its pilot program was meeting. At the time of the first joint learning session, WCC was in the process of transitioning to a slightly modified team approach, whereby WCC maintained its central facilitation role and the Service Coordination Team conducted case discussions that involved all of the MDT partners.
- **Changes to sources of client referrals.** WCC had anticipated that community partners would be the main entities referring NSITA youths to needed services. However, COVID-19–related closures of familiar service providers prompted WCC to consider other providers to maximize service referrals for potential NSITA clients. Due to COVID-19, health care providers proved to be a major referral source. To engage new partners, WCC used email to reach and follow up with organizations. WCC also leveraged its preexisting relationships with organizations to include health care

providers in its Steering Committee. Schools were also originally one of WCC's target providers for generating referral streams for the pilot program. WCC adapted to COVID-19 school closures by partnering with the Alameda County Office of Education to connect with continuation schools, which are alternative high school diploma programs for students age 16 or older who are at risk of not graduating. During the period of school closures, these schools provided more successful access to NSITA youths than traditional high schools did.

- **Changes to multidisciplinary team functioning.** Due to COVID-19, SDYS experienced challenges in coordinating with other MDTs to the degree that SDYS had intended for its focus on NSITA youths. For example, the pandemic prompted a shift in the focus of MDT meetings, from providing case consultation to addressing administrative needs. Similarly, WCC had to significantly adjust its outreach methods. WCC went from giving in-person presentations about the pilot program at meetings, in the early days of the grant, to resorting to individual outreach via email and phone calls after COVID-19 shut down in-person meetings.

The pilot sites also provided insights into the qualities and structures that allowed them to adapt to COVID-19-related challenges:

- Both SDYS's and WCC's reputations and relationships with other organizations provided structure and trust that facilitated organization buy-in even when agencies' staffs were not able to connect in-person.
- WCC's electronic health system was successful for conducting direct intakes in a virtual environment and entering client information for the Service Coordination Team's service referrals.
- WCC's agencywide internal weekly team meetings, which brought together its departments, informed its pilot program's adaptations to COVID-19.

Differentiating the Pilot Program in Outreach Efforts

Although both SDYS and WCC benefited from their agencies' name recognition and long histories of working to address commercial sexual exploitation of children and human trafficking, each agency had to focus on differentiating the new pilot program from its existing and more traditional services. Both agencies stressed the importance of communicating how the pilot programs were different from their other programs and MDTs, so that organizations could better understand the pilot programs' eligibility criteria and make appropriate client referrals. SDYS learned to underscore the pilot program's focus on NSITA youths in its external outreach efforts, and characterized the program as a "diversion program" for transition-age youths before they became systems-involved. WCC explicitly communicated to external partners how its MDT's focus on NSITA youths differed from the focus of its other work groups.

Within WCC, the pilot program’s focus on identifying and facilitating short-term service linkages (i.e., WCC making referrals for NSITA youths to external resources in the community and facilitating a “warm hand-off” of these youths to these community providers) was a different service model, compared to WCC’s traditional focus on long-term therapy services. Thus, when communicating to other departments within the agency, WCC learned to emphasize the pilot program’s unique foci. WCC adjusted the agency’s intake processes for pilot program clients, shifting the intake from focusing on engaging in long-term therapy services to focusing on shorter-term contact for warm hand-offs and service linkages. For example, additional pieces of information were incorporated into WCC’s intake process for pilot program clients because additional information was needed by the external organizations to which WCC was making referrals. WCC also communicated to its intake department that Medi-Cal information was not needed for making referrals for pilot program clients. WCC retrained its staff to use the adapted infrastructure for this different service model.

Goals for Multidisciplinary Teams’ Future

When discussing visions for the subsequent six months of grant implementation, staff of both pilot sites noted that they hoped to continue solidifying their MDTs and increasing their connections with partners and clients. Staff of SDYS hoped to become more involved with its MDTs and to continue to conduct outreach. For example, a staff member applied for and received a seat on San Diego County’s Transitional Age Youth Behavioral Health Services Council to help build stronger connections with other service providers. WCC hoped to consistently hold biweekly MDT meetings, to have discussions and consultations with providers who can link services, and to increase the number of clients served.

Direct Client Services

The second joint learning session took place on March 16, 2021, and focused on direct client services. The themes discussed by WCC, MISSEY, and SDYS included COVID-19 impacts on client services, strategies for developing client services, challenges not due to COVID-19, best practices for client follow-up, and considerations for transition planning and sustainability.

COVID-19 Impacts on Client Services

The pilot sites served clients in various ways, based on the agencies' expertise. WCC provided short-term service linkages and referrals through its MDT; WCC's subgrantee, MISSEY, provided career-readiness supports through workshops for cohorts of transition-age youths; and SDYS provided long-term case management services with a focus on housing needs. In the second joint learning session, the pilot sites shared their experiences providing their client service models and how COVID-19 impacted their efforts.

WestCoast Children's Clinic

WCC's goals were to form its MDT to serve NSITA youths (for whom there previously had not been clear referral pathways), provide a point of engagement and outreach, provide consultations and direct linkages to services, and increase the capacity of providers in Alameda County to serve these youths. To achieve these goals during COVID-19, WCC adjusted its intake department structure and protocols and its outreach and communication strategies with clients, created resources regarding closures from COVID-19, and established logistics to ensure remote access to services. WCC also allocated MDT meeting time for members to share out, for example, effects of COVID-19 on clients. COVID-19 significantly impacted WCC's ability to conduct direct outreach to transition-age youths (via school-based services, drop-in centers, and youth shelters), and WCC staff believed they would have served more youths in this age group if they had been able to interface with them directly. Although it faced these challenges, WCC experienced success in engaging transition-age youths and linking clients to services, though some clients were not at a stage of readiness for services. COVID-19 highlighted the needs of older transition-age youths who already had barriers to accessing services, especially NSITA youths who had to obtain a job.

Motivating, Inspiring, Supporting & Serving Sexually Exploited Youth

MISSEY's development of its new Career Readiness Program began with obtaining feedback from youths and survivors already engaged in workshops and services through MISSEY's drop-in center and from youths enrolled in its paid internship program. Implementation of the Career

Readiness Program began during the COVID-19 pandemic. Two program groups (one for youths of high school age and another for older transition-age youths, to better accommodate their work schedules) participated virtually in a career readiness curriculum that included workshops focused on technical skills (e.g., resume writing and mock interviews) as well as soft skills and social–emotional learning (e.g., time management, communication, problem solving). The Career Readiness Program also featured guest speakers of similar backgrounds as the transition-age youths and a panel discussion with women of color in the San Francisco Bay Area community. COVID-19 presented some challenges for the transition-age youth program group, including barriers to accessing the virtual program. Many of the older transition-age youths were not enrolled in school and thus did not have regular access to laptops or computers, reliable internet connections, and/or phone service. Additionally, these particular youths often faced day-to-day life crises. COVID-19 also impacted program enrollment; MISSEY had expected to receive referrals from organizations that were closed due to COVID-19, and many transition-age youths were focused on emergency needs and were not available to attend the Career Readiness Program.

San Diego Youth Services

SDYS first identified gaps in its own services, and in the community’s services, for NSITA youths. Then, SDYS designed its pilot program’s services to fill those gaps, including strategies to build the self-sufficiency and independence of transition-age youths. The pilot program included two staff — a Connections Coach and a Permanency Navigator — who worked with transition-age youths to provide housing navigation and to develop goals, employment readiness skills, social–emotional skills, and a level of independence. These staff also functioned as safe people to whom transition-age youths could turn when in need. SDYS’s pilot program was housed within its TAY Academy, a drop-in center. Through the drop-in center, staff were able to build stronger connections with the transition-age youths because these young people were already familiar with the drop-in center location and staff. Staff were also able to reach transition-age youths in a setting that they already frequented, reducing difficulties in locating youths who needed assistance. However, when the drop-in center closed due to COVID-19, SDYS pivoted to conducting outreach for referrals. SDYS employed its traditional methods of engagement and outreach, but shifted its target to providers who serve NSITA youths. In the past, SDYS relied on referrals from Probation and Child Welfare Services; for the pilot program, SDYS conducted outreach to schools, homeless shelters, and other partners who serve NSITA youths. Pandemic-related closures of schools and SDYS’s drop-in center led to fewer referrals than anticipated, as school personnel and SDYS program staff experienced difficulties connecting with youths in virtual environments. Some client services were provided in person; however, the majority of case management was conducted remotely. Transition-age youths were able to access the drop-in center at limited times in order to address basic needs: to receive food, take showers, do laundry, and set up case management appointments. SDYS found that COVID-19 exacerbated clients’ needs related to housing, employment, and other basic needs. SDYS’s pilot

program staff focused on connecting transition-age youths with more ongoing, extensive services in those areas, which took precedence over clinical and social support services.

Strategies for Developing Client Services

In the second joint learning session, the pilot sites shared strategies that they used to develop their client services for the NSITA population, and shared challenges that they faced in providing those services.

WestCoast Children's Clinic

- **Client-centered approach.** WCC practiced an informal client-centered intake process to build rapport and engagement with clients. This approach extended to the agency's warm hand-off process, which included consulting with the MDT. WCC prioritized client autonomy and provided space and opportunities for transition-age youths to determine their own lives, goals, and needs.
- **Leveraging community relationships.** In response to gaps in their own capacity and to provide wrap-around care for clients, WCC built new relationships with communities and leveraged collaboration with other groups.
- **WCC's mental health services.** WCC was able to seamlessly connect clients to its Transition-Age Youth Services Program, which serves youths up to age 21, and to another WCC program that serves youths up to age 25. These programs offer individual health services and case management for eligible youths.
- **Challenges.** WCC staff noted that their biggest challenge was the lack of resources for clients. Due to inability to meet with clients in person, WCC also experienced challenges obtaining written release forms from clients, which were required in order for WCC to collaborate with certain agencies. Additionally, when building relationships with clients and setting expectations, WCC staff shifted their service approach to conducting short-term outreach rather than providing traditional long-term case management.

Motivating, Inspiring, Supporting & Serving Sexually Exploited Youth

Eliciting transition-age youths' feedback to ensure engagement. MISSEY carried out its Career Readiness Program with a balance of informal delivery and more formal, "professional" engagement. Based on elicited suggestions from transition-age youths regarding ways to increase engagement in a virtual environment, MISSEY adjusted the program's curriculum. Modifications included decreasing the density of presentations and making the program more visually stimulating and activity-based.

Competitive incentives. MISSEY emphasized the importance of providing incentives as a way to engage transition-age youths. MISSEY provided clients with interview clothing and a \$180

stipend for completing the program, and was working with its leadership team to increase the number of incentives. MISSEY staff found that competitive incentives were key to program attendance, alleviating transition-age youths' difficult choices between participating in the program and working a job. Incentives also communicate to clients that their time is valued.

Challenges. Clients who did not have reliable access to technology experienced issues participating in the virtual program. Additionally, the Career Readiness Program received fewer referrals than expected, which MISSEY attributed to service providers operating remotely.

San Diego Youth Services

- **Trauma-informed care.** SDYS infused trauma-informed care into every aspect of its programming. The staff prioritized client autonomy; clients made decisions to achieve their goals, while staff offered available options and maintained what they described as “cultural humility” throughout their care.
- **Blending of services.** SDYS worked to connect clients with additional resources within the agency. If the pilot program could not provide a particular resource for a client, staff worked collaboratively to identify other SDYS programs that could help meet the client's needs.
- **Challenges.** Transition-age youths, especially those experiencing homelessness, often faced circumstances that resulted in transiency and in inconsistencies that created barriers to SDYS maintaining connections with them.

Challenges Not Due to COVID-19

Both WCC and MISSEY staff noted that most of the challenges they experienced while serving clients did not stem from the COVID-19 pandemic. WCC highlighted that the pandemic magnified existing gaps in and barriers to services for NSITA youths—specifically housing and employment—rather than these gaps and barriers being a result of the pandemic. MISSEY staff indicated that many issues that they came across in implementing their program were inherent in the nature of the work. However, they anticipated that their program would be more successful after COVID-19 because implementing the program in person would remove some of the barriers to participation and engagement.

Best Practices for Client Follow-Up

In the second joint learning session, the pilot sites shared the following practices that they found to be successful in following up with clients and reaching closure in addressing their clients' needs:

- Staff noted that being intentional and mindful of protecting people’s time and clients’ information, holding clients’ needs in mind, and collaborating with partners were important.
- WCC’s MDT was diligent in its efforts to bring client cases to closure. The MDT followed an in-depth, comprehensive process for clients, which included determining eligibility, assessing needs, developing linkages, and looping back to referral sources with updates. Accountability was valued and set the culture of how the team functioned.
- Resource sharing through the MDT was a significant contributor to WCC’s successful case closure. WCC staff noted that sharing resources and thinking creatively about sustainable partnerships were important. WCC prioritized partnering with providers who would support its work and ensure access for both current and future clients.
- SDYS and WCC built relationships with clients and supported them through the various stages of care.

Considerations for Transition Planning and Sustainability

In the second joint learning session, the pilot sites shared their plans for the future as they prepared to close out the work at the end of the grant period.

- **Ensuring adequate time for case closure and continuity of care.** WCC stopped accepting referrals three months prior to the end of the grant, to focus on securing services for active clients. WCC found that fully engaging clients took two weeks and that gathering information and referring clients to appropriate services took a few additional weeks. WCC’s MDT continued to use MDT meeting times for consultations, for both MDT members and external providers. Consultations included resource sharing and helping providers navigate working with transition-age youths who may be impacted by sexual exploitation. Subsequent incoming client referrals were directed to another MDT in Alameda County.
- **Transitioning staff and clients to other available services at the agency.** SDYS planned to continue assessing transition-age youths for eligibility and interest in services. SDYS identified other services within the agency and funding that could continue to support active clients from the pilot program. SDYS’s pilot program staff would transition into other roles and remain at the agency, allowing them to continue to serve their clients from the pilot program.
- **Integrating more social–emotional learning components and incentives.** MISSEY planned to modify its Career Readiness Program to integrate more social–emotional skills and implement the updated curriculum with the next cohort. Its staff also looked forward to learning how to build more incentives into the program.

Conclusion

Pilot site staff noted that the Improving Outcomes grant’s focus on serving NSITA youths prompted the pilot sites to explore new territories. Given that only youths who are younger than age 21 are eligible for traditional services, the grant’s focus on youths through age 24 provided the pilot sites with meaningful experiences to learn more about transition-age youths’ levels of participation, their levels of ability to receive services, and at what points they are free to make choices and have the capacity to build supportive relationships. Although the pilot sites worked to bridge gaps in services, this project underscored the lack of services for older NSITA youths. The experiences, challenges, and successes of the pilot projects may serve as the beginning of a blueprint for other agencies, organizations, and partnerships who seek to serve NSITA youths. In summary:

- Building a streamlined, team-based MDT is important, and the MDT should include partners from health care and education settings, as well as housing partners, to efficiently coordinate services to meet the complex needs of NSITA youths who are victims of or at risk of human trafficking. MDT members’ collective knowledge of available resources in the community and of the unique eligibility requirements for this population can help streamline referral processes, more quickly connect transition-age youths to needed services, and minimize service providers’ time and frustration navigating various referral pathways.
- Serving NSITA youths is different than serving systems-involved transition-age youths because engagement is shorter-term, has more of a focus on meeting basic needs, and requires developing partnerships and communication outside of routine or known partners and referral pathways.
- Programs should take into account age-based differences in needs and in available resources. Identifying resources for older transition-age youths can be particularly difficult due to these youths not being connected to any systems of supports and being outside of the typical eligible age range for services.
- Programs should also take into account age-based differences in how NSITA youths engage in services, as older NSITA youths may be more likely to engage and participate in services than their younger peers.