San Francisco Mayor’s Task Force on Anti-Human Trafficking

Housing and Placement Recommendations for Youth

July 2018
ACKNOWLEDGEMENTS

The following recommendations are the result of more than a year of work by the Youth Trafficking Committee of the San Francisco Mayor’s Task Force on Anti-Human Trafficking. We are especially grateful to Elisabet Medina (Safe and Sound), Jen Daly (Legal Services for Children), the Committee’s Housing and Placement Workgroup, and the Youth Advisory Board for their leadership in this process.

YOUTH TRAFFICKING COMMITTEE CO-CHAIRS

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INTRODUCTION

The following recommendations were assembled through a year of discussions amongst the Youth Trafficking Committee between May 2017 - June 2018 on how to prioritize housing and placement needs, and voted on by the Mayor’s Task Force on Anti-Human Trafficking on June 27, 2018. They include recommendations for initial areas for prioritization within San Francisco, and are divided into two sections:

I. Recommendations to support system-involved youth

II. Recommendations to support youth outside of the system

I. RECOMMENDATIONS TO SUPPORT SYSTEM-INVOLVED YOUTH

A. Research and Program Planning

ii. Incorporate survivor voices into the research and planning process for all housing and placement options.

iii. Continue to monitor AWOL data, planning around AWOL behavior, and cross-reference with screening of Commercial Sexual Exploitation (CSE) over time.

iv. Research components of successful models for youth who have experienced exploitation in other states that provide intensive training to families and wrap services, such as CHANCE in Florida and HART in Connecticut.

v. Research how other jurisdictions have encouraged foster family agencies and resource families to place and retain at risk and exploited youth.

vi. Establish and standardize data reporting requirements among services and systems that support system-involved youth who have experienced CSE, including Juvenile Probation, Department of Public Health, Family and Children’s Services, SFUSD, and other community-based organizations. Assure ethical use of the data.
B. Develop a plan for in-county, temporary congregate care placements, that leverage promising practices for working with youth who have experienced commercial sexual exploitation

i. Create a **6-bed, short-term residential treatment center for cis- and trans- minor dependents identifying as female** to facilitate the reentry of a youth to a home-based placement and assist in the continuity of services, including mental health services.

**Justification:** San Francisco already has a dire lack of placements, including group homes for girls within San Francisco. With Continuum of Care Reform (CCR), group homes are experiencing challenges in staying open, given the barriers of the application process and a new and expensive set of required changes to programming. In San Francisco, one of the city's two group homes for girls has already closed. Given the mental health needs of many youth who have experienced CSE, many may require some time in a short term residential treatment program (STRTP) that provides significant support. Additionally, given young people’s commitment to staying close to their communities, a local STRTP option is necessary to meeting youth's needs. When youth are not in placement, they are vulnerable to exploitation. Due to the specific needs of minors within a group setting and the availability of beds for a longer-term stay within homes in San Francisco, the typical number of beds needed is six.

ii. Create a **12 to 20-bed emergency shelter designed solely for non-minor dependents**, which takes into account the unique needs of youth in foster care over the age of 18.

**Justification:** For youth turning 18 who are remaining in foster care (AB12) and transitioning into a new placement, there are often gaps between the time their pre-18 placement ends and their post-18 one begins due to the shortage of placements and wait times. For youth re-entering extended foster care after they turn 18, they face similar challenges. Youth in both of these situations are often vulnerable to exploitation while they are waiting for AB12 placements to open up. Because youth tend to be more independent after turning 18 and due to the capacities of short term, emergency shelters, the identified number of beds is between twelve and twenty.
C. Cultivate resource families that would enable youth who have experienced Commercial Sexual Exploitation (CSE) to stabilize with a caregiver

i. **Pilot a program, similar to the CHANCE model** in Florida, in which 5 resource families are identified and provided with wraparound services that support both the youth and caregiver.

   **Justification:** The CHANCE model, created in Miami-Dade County, Florida, has seen successes in programming that is based on a wraparound model. It includes an array of services, including individual therapy, group support, and survivor mentors. It also includes support for caregivers, including 24/7 consultation and support, respite in the event the youth and caregiver need temporary space, and individual and group support.

ii. **Consider special care increments** for resource families who provide care to youth who have experienced CSE.

   **Justification:** Special care increments are payments for foster parents that provide extra compensation for youth with higher levels of needs. Due to the unique needs of youth who have experienced CSE, and the intensive care required of their caregivers, this special care increment would provide additional financial support to these resource families.

iii. **Partner with in- and out-of-county Foster Family Agencies to build the capacity of resource families supporting youth who have experienced CSE** to develop a regional approach.

   **Justification:** Acknowledging that ~65% of children and youth in care are placed outside of San Francisco, and counties vary in the availability of specific services for youth who have experienced CSE, as well as the transitory context of exploitation, collaboration with other counties is necessary to provide a consistent and trauma-informed services.
II. RECOMMENDATIONS TO SUPPORT YOUTH OUTSIDE OF THE SYSTEM

A. Identify providers who have specialized training in working with teenagers to support parents, caregivers, or otherwise identified chosen family of youth who have experienced CSE in order to stabilize the family as a whole. Trainers should be chosen with input from the task force.

**Justification:** Caregivers outside of the purview of child welfare and/or probation also need support. System involvement should not be a prerequisite to access services which could mitigate the risk factors that make youth vulnerable to exploitation. Whether a youth participates in services or is not yet ready, it is important and beneficial for caregivers to have access to psycho-education, support with concrete needs, and meditation to help stabilize the family unit as a whole.

B. Develop housing options that have low barriers to intake, triage, and participation. Create a 12 - 20 bed emergency shelter which takes into account the unique needs of youth over the age of 18.

**Justification:** Youth that have experienced CSE may face barriers to meeting requirements at intake for housing, such as participation in employment and education particularly. These requirements can be particularly hard for youth that have experienced criminalization or are under the control of an exploiter. Reexamination of eligibility at intake is critical to screen “in” youth, rather than screen “out.” Once in housing, retention of housing should not be contingent on compliance. Youth are often ejected “for minor acts of ‘non-compliance’ particularly behaviors that stem from trauma or undiagnosed/unmet behavioral health needs.”

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