



CDSS

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Request for Information

TO: All Interested Parties

FROM: Child Trafficking Response Unit (CTRU) on behalf of California
Department of Social Services (CDSS)

SUBJECT: RFI# CDSS 17001 – Commercially Sexually Exploited Children (CSEC)
Placement and Services Model

1. Purpose of the Request for Information (RFI)

The California Department of Social Services (CDSS) is releasing this RFI seeking information on how an interested vendor(s) would create and implement therapeutic, services-centered placement models that would provide up to 100 regionally based placements, statewide, specifically for commercially sexually exploited children (CSEC). The CDSS is seeking vendors who can provide these services in the following regions: North, South, Central, Bay Area, and Los Angeles County.

Identifying appropriate CSEC placements remains challenging for child welfare providers across the state. This RFI seeks information on how a CSEC-informed respondent would create a placement and services model designed to address the unique needs of this population, incorporating relevant best practices including trauma informed care and harm reduction strategies. The residential placements in the model would be family home beds ideally resembling Intensive Services Foster Care (ISFC), or Therapeutic Foster Care (TFC). In addition, some placement beds could be set aside as Short Term Residential Therapeutic Programs (STRTP) for those youth who may need short term therapeutic interventions that cannot be provided in family-based care. All placement models should align with the vision of Continuum of Care Reform (CCR). CCR establishes a framework to ensure services and supports provided to the child or youth and his or her family are tailored toward the ultimate goal of maintaining a stable permanent family. The model should include the core services provided and additional services available to wraparound the youth and family, as well as how those services will be delivered and accessed. The respondent should also consider how to partner with mental health plans and Medi-Cal providers to ensure the use of specialty mental health services such as Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) when medically necessary.

Consideration may also be given for the creation of 24/7 services centers specifically for youth experiencing exploitation and those at risk for exploitation. These centers could serve as an engagement strategy, a neutral space for youth to enter, access basic needs, seek medical attention, access mental health

services and find safety. A model such as this aligns with the harm reduction approach, recognizing some youth are not yet motivated, willing, or able to leave an exploitive situation. A services center assists in bridging that gap, reaching youth in the moment, utilizing harm reduction strategies to reduce the impact of a negative behavior. All services provided through the center could be CSEC focused and driven. Service providers and community partners could co-locate in the space to collaboratively engage and provide services to the youth.

Implementation of this placement and services model may occur in phases. The goal is to build a model that can be replicated and used throughout the state. The collective information received from this RFI will allow for insight into how a model, such as that described above, can function and sustain. In addition, the information received may allow for contracts to be established for the formation of such models to be implemented statewide. The CDSS' goal is to provide start-up funds for the creation and implementation of these models. Respondents should include in their description, the cost and plan to utilize such funds, as well as the type of funding their proposed model would require to self-sustain after initial implementation. In addition to Title IV-E funding, respondents should describe what other monies would be necessary to ensure adequate and appropriate services are provided. Similarly, respondents should consider what existing funding can be leveraged to implement and maintain the proposed model. Lastly, respondents should include how their model would be evaluated annually to assess outcomes and include the cost of the evaluation. Those respondents addressing both the STRTP and family based care components of the model should also describe the ratio of STRTP beds to family based beds they believe to be ideal. Respondents who feel they can only fulfill a particular component, or have other ideas as to how this placement and services model can be met are also welcomed. Similarly, respondents are encouraged to share if any regulations in Title 22 would need to be modified to make a model such as theirs successful. The CDSS is looking for innovation, creativity, and evidence-based approaches. Please read this RFI document thoroughly and adhere to the response submission guidelines.

2. Key Action Dates

Listed below are the RFI Key Action Dates and Times by which actions should be taken or completed.

Event	Date / Time
Release RFI	12/22/17
Last Day to Submit Questions	1/12/18
RFI Response Due Date	2/9/18

3. Background

In June 2014, California passed Senate Bill (SB) 855 (Chapter 29, Statutes of 2014) which amended Welfare and Institutions Code (WIC) section 300 to clarify that under existing law, commercially sexually exploited children (CSEC) whose parents or guardians failed, or were unable to protect them, may fall within the description of the WIC section 300(b) and may be adjudged as dependents of the

juvenile dependency court. In addition, SB 855 created the CSEC Program codified at WIC sections 16524.6 – 16524.11. This county child welfare agency opt-in program provides funding to participating counties for the purpose of providing education, training, prevention activities, and intervention services, utilizing a multidisciplinary approach, to children and youth who are commercially sexually exploited or at risk of becoming commercially sexually exploited. Furthermore, on September 29, 2014, the President signed into law the Public Law 113-183, which included amendments to Title IV-E of the Social Security Act that addressed child/youth sex trafficking. The requirements of this Act were incorporated into state law with the passage of SB 794 (Chapter 425, Statutes of 2015), which added WIC section 16501.35, requiring counties to implement policies and procedures related to CSEC and runaway/missing children/youth. For additional background information please see the resources listed in Attachment B.

4. Current Environment

Perhaps the biggest challenge in serving CSEC is the lack of adequate placement options. Without appropriate placement options, it is incredibly difficult to create safety and support CSEC in their healing process. CSEC present with a unique set of challenges which require an individualized and comprehensive treatment approach that must be flexible and able to adapt with the needs of the youth.

Barriers include a lack of resource families who are willing to care for youth with commercial sexual exploitation history, and who have the necessary tools, knowledge and experience to work with this highly traumatized population. It is also difficult to recruit resource families able and willing to provide care to CSEC. Specifically, caregivers and providers face challenges related to concerns of liability and safety, as well as difficulty engaging youth and an overall lack of support. The CDSS is committed to assisting providers in overcoming these challenges. Further, CSEC often have complex trauma which manifests itself in various behaviors, making it difficult for both STRTP providers and resource families to engage and sustain them. Further, victims of sex trafficking can present with other challenges such as substance abuse, physical health complications, juvenile justice and/or gang involvement. There is an overall lack of coordinated multidisciplinary efforts to serve CSEC. CSEC require individualized services and case plans that are tailored to all of their specific needs, progress in the Stages of Change, and developmental level. They require intensive supervision and support, beyond what may typically be required of other youth in care. The dynamics of sexual exploitation are complex and the traumatic impact is severe. Thus, a multi-system integrated approach is necessary to successfully serve the population. This approach should include specialty mental health services that are trauma focused, youth led, and adaptable. Services should focus on meeting the totality of a youth's needs and not solely addressing their sex trafficking experience.

5. Proposed Environment

As the population of identified CSEC increases, the need for appropriate placement increases. Innovation and creativity are necessary in creating a placement model and continuum of services that will meet the unique needs of

CSEC. This model should have an emphasis on home-based care, such as ISFC and TFC homes with resource parents specifically recruited, supported and trained to provide care to CSEC. The model may include access to a small number of STRTP residential care beds with planned transition to family-based care as soon as possible.

Respondents may also consider the creation or provision of a services center to provide 24/7 support to CSEC who may not yet be engaged in services or the child welfare system. The proposed model should be rooted in research-based evidence that may be effective in treating CSEC. Program models should be adaptable, able to fit a youth in the specific stage of change they are in, evolving as the youth does. Engagement, case management, and treatment should be individualized, recognizing one size does not fit all and must be reflective of the specific youth versus the collective population. All services should be adaptable and consistent, able to follow a youth as they transition from one placement to another.

Given one of the greatest challenges in serving CSEC is the concern for safety of not only the youth, but also caregivers and staff, respondents should describe how safety and security will be addressed in each component of their model. Caregivers could be required to install alarm systems and outdoor cameras, staff could be additionally trained in CSEC focused crisis intervention, or perhaps a contract could be established with local security and/or law enforcement in efforts to maintain the safety of both youth and staff.

Services Center:

A services center could allow 24/7 access to those who are victims of, or at risk of commercial sexual exploitation, serving as an engagement strategy. A service center could potentially resemble a Family Resource Center (FRC) providing both services and activities that help promote healthy living and reduce harm. The CDSS believes a network approach would be most successful in implementing this type of service model. Respondents may want to consider already existing service centers (for example, programs or centers serving homeless youth) within their county or region, and how they may be modified to fulfill this need.

The creation of such a center should not be the primary mechanism by which youth and caregivers access services; however, serve to engage those youth who have not yet been identified, are missing from care, or have yet to be involved in the child welfare system. The center may include partnerships with service providers from a multitude of disciplines, co-located to provide wraparound comprehensive services specific to CSEC.

These services could include:

- a) Medical and Dental Care
- b) Mental Health Treatment
- c) Substance Abuse Treatment
- d) Crisis Intervention

- e) Basic needs including food, shelter, clothing
- f) Legal support/counsel
- g) Recreational/Rehabilitative activities
- h) Educational and vocational support

The center could include access to the following potential service providers and resources:

- a) Child Welfare
- b) Probation
- c) Law Enforcement
- d) CSEC Advocates and/or Survivors
- e) Medical and Dental Professionals
- f) Mental Health Clinicians
- g) Behavioral Specialists
- h) Education

In addition to the services available, the center could potentially provide a space to rest, restrooms, storage for a youth's belongings and laundry facilities. It may be important to consider the location of the center, its accessibility and ability to be safe and secure, as well as whether or not it should be licensed under Title 22 regulations.

The trauma bond between a youth and his/her exploiter is one that is compound and difficult to break. Exploiters are skilled in the psychological manipulation of a youth's perceptions of both themselves and the world. Intensive trauma treatment, rehabilitation, and self-empowerment are essential to rebuilding those perceptions and thought processes. Thus, leaving an exploitive situation may take several attempts before a youth successfully severs ties. A 24/7 services center may offer youth a chance to seek safety, resources and support in a neutral, non-judgmental setting. It could allow for engagement of youth specifically in the Pre-Contemplative and Contemplative Stages of Change, as well as engage those who may be experiencing re-victimization after previously making efforts to leave an exploitive situation.

Consideration could be given to the use of a day treatment model within the services center, or separate. Not all CSEC are placed in out of home care and those continuing to reside in the home of their families of origin, relative care, or with a Non Related Extended Family Member (NREFM), often receive less support. A day treatment center could serve as a supportive environment to provide services to both the youth and family.

Family-Based Care:

Research indicates family-based care provides the best long term outcomes for youth. Due to the unique needs of CSEC, the use of ISFC homes may be ideal. ISFC is defined in WIC section 18360.3 (c) as, "Intensive services foster care", a licensed foster family agency model or public delivery model of home-based family care for eligible children whose needs for safety,

permanency, and well-being require specially trained resource parents and intensive professional and paraprofessional services and support in order to remain in a home-based setting, or to avoid or exit congregate care in a short-term residential therapeutic program, group home, or out-of-state residential center.”

Respondents should include information as to the provider to child ratios, as well as the trauma-informed training and intervention services that would be available to CSEC in family-based environments. These services should include access to 24/7 crisis support, respite care, behavioral health interventions, specialty mental health services, and any other services and supports respondents feel necessary. Caregivers should receive intensive CSEC specific training in addition to completing all training required for ISFC certification. Training could include trauma informed care, motivational interviewing, the victimology of CSEC, crisis intervention and the harm reduction approach. Further, caregivers could pursue a certification in Therapeutic Foster Care (TFC), which would equip them to meet the mental and behavioral health needs of sexually exploited youth. Each home could have a Wraparound team, if applicable, consisting of a minimum of mental and behavioral health specialists and a family partner specifically for the caregivers. In addition, it may be beneficial to employ “mentor families,” foster families who have successfully cared for CSEC, and provide support and guidance to the family. Respondents should include in their description how they intend to address challenges resource families face when caring for a youth abused through sexual exploitation.

Respondents should discuss any partnerships or existing relationships with local law enforcement, child sex trafficking taskforces, and other service providers. Proposals may include ways to engage those entities and include their support in the development, implementation and success of this model, establishing a coordinated effort in serving CSEC.

Higher Level of Care:

While emphasis should be placed on home-based care, a small number of STRTP beds could be utilized for specific cases when an ISFC home is not fitting. In Health and Safety Code, STRTP is defined as, “a residential facility operated by a public agency or private organization and licensed by the department pursuant to Section 1562.01 that provides an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term 24-hour care and supervision to children. The care and supervision provided by a short-term residential therapeutic program shall be nonmedical, except as otherwise permitted by law. Private short-term residential therapeutic programs shall be organized and operated on a nonprofit basis.”¹

Respondents should describe necessary staffing and program structuring for their CSEC specific residential treatment program. For example, this could look

¹ [AB-403 Public Social Services: Foster Care Placement: Funding \(2015-2016\)](#)

like the same number of staff being present during an overnight shift as are present during the day shift, as overnight may be when CSEC experience the most challenges while their bodies and minds readjust to a more traditional schedule. Similarly, program curriculum could begin later in the day and be mindful of each individual's progress in the Stages of Change. Programs may need to be mindful of the rules and amount of control imposed on the youth, leaving room for choice, and building empowerment. Those that attempt to control too much, such as defining a youth's entire schedule, may be reminiscent of the exploitive relationship. Program curriculum could be rehabilitative in nature, reintroducing youth to the world outside of an exploitive situation, re-framing negative experiences and providing new opportunities for positive experiences. Despite the negative nature of the exploitive situation, specific aspects of that situation may have been meeting some of the youth's needs. It is important for the program structure to be fluid and adaptable to each youth and their specific needs, with a focus on how to meet the emotional and physical needs that the exploitive situation may have been meeting. Safety planning and case plan development should be youth driven, utilizing the harm reduction approach and keeping in mind victimology.

Historically, utilizing group homes, and more recently, utilizing STRTP's for CSEC has been difficult as providers would not accept them into their programs, or frequently discharge them due to behavioral challenges. Respondents should also describe how their model will be mindful of the sensitivities of the population served, demonstrating a program model that is accepting and committed to the long term support of CSEC and sets itself apart from current models. How a program is formed and built should be mindful of the language used both internally and externally in the community.

6. Instructions

- a. Responses to this RFI must be submitted via e-mail, in a Portable Document Format (PDF), to the State's contact listed in Section 7. Respondents must include the following information in the e-mail subject line: RFI #, Project Name.
- b. Contact information including the name, title, address, phone number, and e-mail address of the primary contact person for the RFI.
- c. Responses must be submitted by the date and time stated in the Key Action Dates.
- d. Vendors must submit a signed cover letter with their response to the RFI.
- e. Vendors should respond to all applicable information in Attachment A.

7. Contact Information

Vendors must submit their written response electronically to the Child Trafficking Response Unit via the email address listed below:

Contact Name: Kelley Hartman
Child Welfare Policy and Program Development Bureau
California Department of Social Services

Email Address: CSECPProgram@dss.ca.gov

8. Vendor Questions

Vendors may submit questions regarding the RFI, via e-mail, by the specified date and time stated in the Key Action Dates.

1. What to Include in an Inquiry?

- a. Include in the subject line of the e-mail: RFI #, Project Name and "Question(s)"
- b. Vendor name and contact, telephone number, e-mail address
- c. A description of the subject or issue in question, or discrepancy found.
- d. RFI section, page number, or other information useful in identifying the specific problem or issue stated in the question.

9. RFI Disclaimer

This RFI is issued for information and planning purposes only and does not constitute a solicitation. A response to this RFI is not an offer and cannot be accepted by the State to form a binding contract. The State is not responsible for any expenses associated with responding to this RFI.

Vendors are admonished that all documents submitted in response to this RFI will become the property of the State of California, and will be regarded as public records under the California Public Records Act (Government Code Section 6250 et seq.) and subject to review by the public.

Note: The intent of this RFI is solely for information and planning purposes and does not constitute a solicitation. Therefore, do not include any proprietary information or any specific solution in your response to this RFI.

Attachment – A

Vendor Questions

In addition to a complete description of your model and its components, please also respond to the below questions as it relates to the model you are proposing within the body of your submission.

1. How do you intend to recruit and retain qualified staff?
2. How do you define qualified staff?
3. What trainings and supports do you feel are relevant to serving this population?
4. What startup costs do you anticipate incurring creating this model?
5. What is the total anticipated cost to implement?
6. If applicable, what existing funding can be leveraged to fund the different components of the proposed model to ensure the model can self-sustain?
7. What research have you done that shows a model such as yours would work?
8. How will each component of your plan be sustained beyond the initial start-up costs?
9. How will you evaluate the outcomes of your model and how much will the evaluation cost? Please include a timeline of when specific evaluation activities will take place.
10. How will you engage youth and families in the program development/evaluation of your model?
11. How does your model align with the vision of Continuum of Care Reform (CCR)?
12. How does your model allow for individualized services and adaptability when serving this population?
13. How does each component of your model address the safety and security concerns of serving this population?
14. How will your model address, or partner with others to address, common challenges of CESC including repeated absences from placement, substance use, phone use, academic instability and the transition to adulthood?
15. What type of technical assistance would be helpful in developing or implementing your model?

Attachment – B

Glossary and Resources

Glossary

[Continuum of Care Reform](#)

Continuum of Care Reform, also known as Assembly Bill 403, provides the statutory and policy framework to ensure services and supports provided to the child or youth and his or her family are tailored toward the ultimate goal of maintaining a stable permanent family.

[Medi-cal Manual for Intensive Care Coordination \(ICC\), Intensive Home Based Services \(IHBS\) & Therapeutic Foster Care \(TFC\) for Medi-Cal Beneficiaries](#)

ICC, IHBS and TFC are specialty mental health services available through Early and Periodic Screening, Diagnostic and Treatment Specialty Mental Health Services for medi-cal beneficiaries under the age of 21, when medically necessary.

[Title IV-E: Federal Payments for Foster Care and Adoptions Assistance](#)

Title IV-E of the Social Security Act provides federal matching funds to help states pay for foster care payments for children who meet federal eligibility. In addition, it pays 50% of the cost of administering the Title IV-E program and 75% of the training costs associated with the program.

[Title 22: Community Care Licensing Regulations](#)

California Code of Regulations, Title 22, Division 6 contains the community care licensing regulations.

Resources

[Commercially Sexually Exploited Children Program Report to the Legislature](#)

[Ending the Commercial Sexual Exploitation of Children: A Call for Multi-System Collaboration in California](#)