



Current and future program elements as of Fall 2018

## Services

**Survivor led CSEC support groups for Youth**

*Funded by Casey, operated by The Organization for Prostitution Survivors*

### Casey Family Programs:

Services focused on case management and family finding and engagement -See ConnectUP flyer for full list of available services

### Accelerator YMCA Services:

Services focused on clinical care and crisis response/stabilization -See ConnectUP flyer for full list of available services

### YouthCare:

CSEC Advocacy – Specialized services that include case management, support, and resource and referral connections.

## CSEC Placements

**ConnectUP 30 day bed at YouthCare's Hope Center**

**Foster Homes specializing in caring for CSEC**

*Licensed through the YMCA or Casey*

## ConnectUP case consult

- Twice monthly in-person or conference call staffings
- Coordinated by DCYF CSEC Liaison at present
- Brings together ConnectUP Team and services providers working directly with the youth
- Intended to:

–provide CSEC subject matter consult to SWer and others working directly with youth.

–Coordinate services among various providers.

## Supports for any CSEC caregiver

*(includes parents, family members, suitable other, foster, etc.)*

**One-on-one consultation, support and coaching for caregivers caring for CSEC provided by subject matter expert, Leslie Briner.**

*Funded by Casey Family Programs*

**Support and Education group for caregivers facilitated by subject matter expert, Leslie Briner.**

*Funded by Casey Family Programs*

# Running is the Issue:

## Preventing Running Away While Eliminating Secure Detention

Please take a moment to think about your local legal and cultural landscape.

### **Does your community do any of the following?**

- Provide non-criminal justice therapeutic facilities?
- Provide specialized CSEC foster care?
- Arrest/charge juveniles for prostitution related crimes?
- Arrest and/or detain minors for status offenses? (i.e. run warrants, truancy, PINS, ChINS, FINS, ARY, etc.)

***How did you get to your current landscape?***

### **Scenarios:**

Please imagine your group is a multi-disciplinary team tasked with making an intervention plan for a youth who has run away and is being exploited and/or at high risk for exploitation. Your group will need to discuss the situation, weigh the pros and cons of each option, and agree upon a response. If you cannot agree, take a vote! Simple majority wins. You will then be asked to report your decision and why you choose it to the larger group.

#### **Jonathan**

Does your multi-disciplinary team:

- A) Issue a run warrant and attempt to get him arrested and held in detention in hopes of getting him into a medical detox bed and then to agree to go to treatment
- B) Not issue a warrant and instead continue to offer him the option of treatment and medical care by sending private messages to his last known social media accounts, and ask your local homeless youth outreach team to talk with him about the treatment option if they see him
- C) Wait for him to call on his own. He will be an adult soon and the choice is his if he is ready.

#### **Maria**

Does your multi-disciplinary team: (You can pick more than one option for this scenario)

- A) Issue a run warrant and instruct the drop in center to call 911 if they see her. When arrested she will be held for up to 48 hours so she can then be transferred to a non-secure local group home (where she can run from if she wants to) with the plan to move her to a longer-term foster home when one becomes available.
- B) Do not issue a warrant and instead ask the drop in staff to continue to engage with her and continue talk with her about getting off the street. This option would allow her SWE to possibly see her at the drop in center to talk with her about her placement options.
- C) Make a report to LE about the 24 year old and make a case for his arrest even though the child reports they are not in a relationship and he has done nothing wrong. Maybe if the 24 year old is out of the picture she will return to care on her own.