LESSONS LEARNED: YOUTH LIVING OUT LOUD

A PROGRAM FOR YOUTH WHO HAVE EXPERIENCED SEXUAL-EXPLOITATION

Presented by Jenna Kreuzer & Tiffany Wilhelm

Agenda

- Introductions
- Workshop Goals
- Youth Living Out Loud – Program Introduction
- Lessons Learned - CSEC Specific Program Implementation Strategies using the Elements of Effective Practice
- Discussion of resources and reflection

Goals of Workshop

- Share structure of the Youth Living Out Loud (YLOL) collaborative program located in Milwaukee, WI.
- Communicate lessons learned from YLOL implementation providing mentoring services to youth who have experienced commercial sexual exploitation.
- Identify how lessons can support changes to current program or development of mentoring program allowing for more competent service provision to youth who have experienced commercial sexual exploitation.

WHAT ARE YOU HOPING TO LEARN TODAY?

Office of Juvenile Justice and Delinquency Programs

- 2014 Mentoring for Child Victims of Commercial Sexual Exploitation and Domestic Sex Trafficking Initiative
- 3-year funded grant for mentoring project sites
  - *Other 2014 sites: Kristi House, My Life My Choice, MISSSEY, Wichita State Children's Home, BBBS El Paso*
  - *2016 sites: GEMS, Nevada Partnership for Homeless Youth, Common Ground Sanctuary, Sacramento City Unified School District, Catholic Charities of East Bay, HP Serve*

YOUTH LIVING OUT LOUD

Milwaukee, WI

Youth Living Out Loud

- Collaborative partnership with grant holder, Wraparound Milwaukee
  - *Partners:*
    - Wraparound Milwaukee: system of care, care coordination
    - La Causa Inc.: provides one-on-one mentoring services
    - Rethink Resources: provides training and consultation
    - Diverse and Resilient: provides LGBTQ specific training and consultation
    - Medical College of Wisconsin: holds a monthly medical clinic staffed with highly trained medical staff in sex-trafficking and commercial sexual exploitation, monthly

WRAPAROUND MILWAUKEE

La Causa Inc.

rethink resources
rethink your ideas about youth and the sex trade

MEDICAL COLLEGE OF WISCONSIN

Process of mentoring services

- La Causa received a referral and assigns it to mentor based on availability, interests, referral request and challenges presented
- Mentor meets with mentee along with care coordinator who made referral for services.
- Within the first month, mentor and mentee work an a Mentor Action Plan (MAP)
- Mentor and mentee see each other weekly for community activities related to goals in MAP
- Monthly group mentoring activities are provided to allow for youth services that may not be offered in the community
- Mentors attend monthly team meetings with other formal providers
- Mentors may accompany mentee to court hearings, IEP meetings, medication appointments, assist with facilitation of accessing emergency medical care etc. while providing ongoing mentoring services

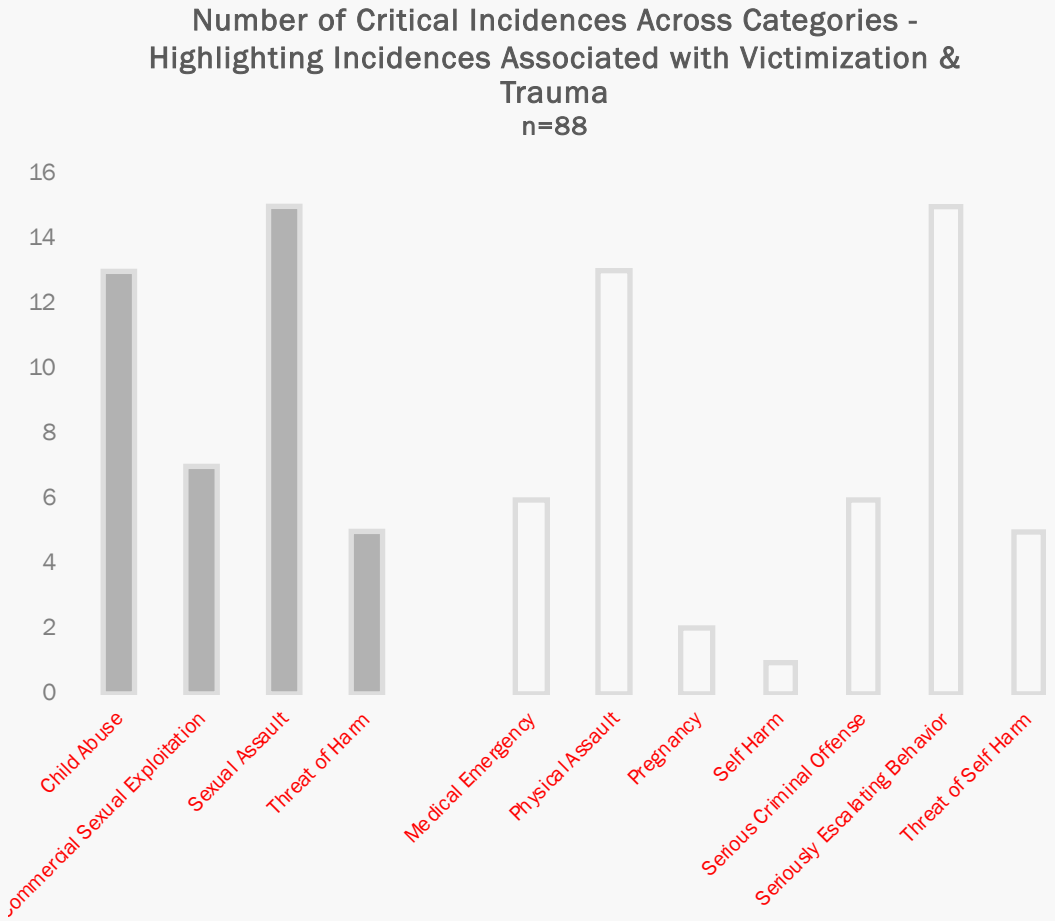
Youth Served through YLOL

- Served 97 youth
  - *High risk*
  - *Confirmed exploited/trafficked*
- Youth range from 12-18
- Males: 9
- Females 86
- Transgender: 2

All youth served are enrolled in Wraparound

Outcome Data 2016-2017

- Delinquency Activity: Recidivism rate 6% below program average
- Runaway Behavior: decreased 25%
- School Attendance: no direct program effect.
  - *56% no change*
  - *24% increased attendance*
  - *20% decreased attendance*
- Critical Incidents: decreased 15%
  - *53% experienced at least 1*



Specialized Mentor

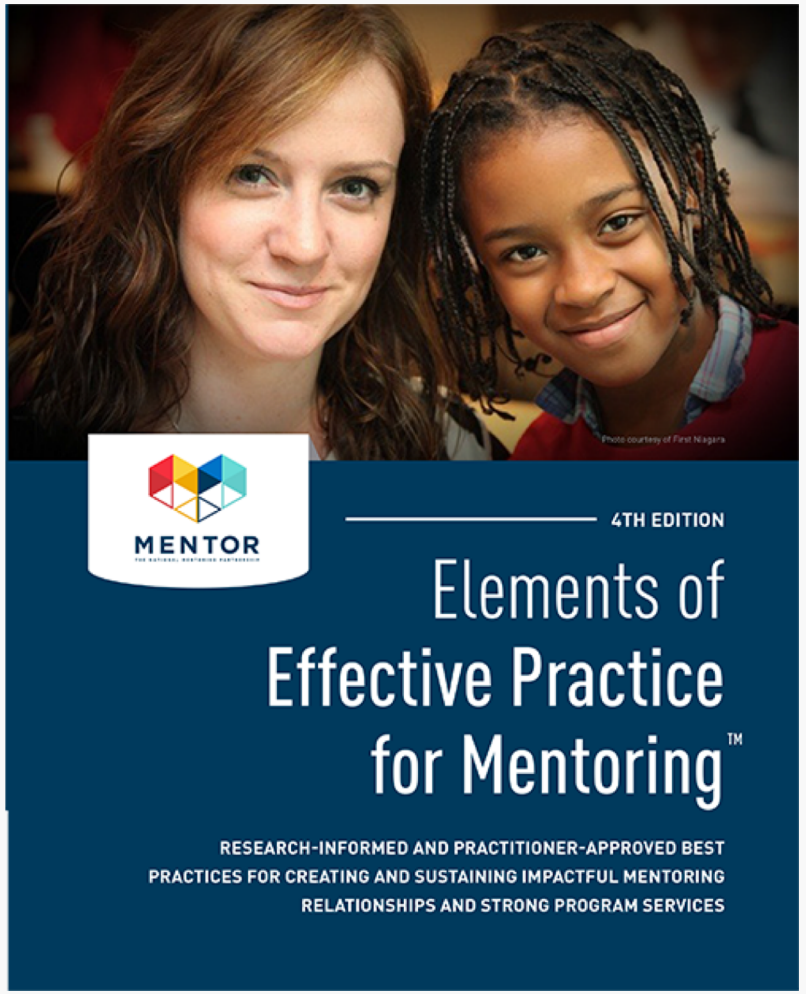
- Full-time (40 hours per week) mentors
- Mentors receive full benefits
  - *paid-time off, work supplied cell phone, mileage reimbursement, and a comprehensive health care package*
- Each mentor manages caseloads of 8-10 youth
- Required to attend monthly support group, in-service training, CSEC consultation, LGBTQ consultation
- Weekly supervision, clinical supervision
- Mentors were selected from internal pool of crisis stabilization staff

Specialized vs. Volunteer Mentor

- 24/7 program availability (after hours crisis number)
- Training and consultation
- Full time, paid position
- Population requires expertise
- Need for consistent mentors due to trust
- Requires a team approach due to youth experiences and level of need

Elements of Effective Practice

- Mentor recruitment
- Mentor screening
- Matching
- Training
- Monitoring and support
- Closure



LESSON 1

Youth show success when receiving comprehensive **effective** case management to support stability and involve a clinical treatment approach and focus.

Youth require more intense services **complementary** to mentoring.

Wraparound Milwaukee

- System of Care
- Needs Driven, Strengths Based Approach
- Provider Network
- Trained Care Coordinators
- Collaboration with system partners (DCF etc.)
- Multidisciplinary Team (MDT) Meetings

LESSON 2

Mentor recruitment and screening is incredibly important.

Survivor mentoring shows strong potential for youth.

EEP Standard 1: Mentor Recruitment

- Communicating the additional challenges for mentors in relational engagement
- Consider advertising for mentors with lived experience
  - *This could be CSE/DMST related*
  - *Challenges with backgrounds and hiring survivors*
- Mentor skills and motivation
  - *Skills particularly valuable in mentoring youth victims of CSEC/DMST*
- Clear marketing explaining what the mentoring program offers (youth who have experienced CSE/DMST may have more needs than what the program can offer)

EEP Standard 2: Screening

- Mentor Screening
  - *Consider the questions for your face to face interview*
  - *When considering hiring mentors with lived experience, there may be additional challenges*
  - *Review the face to face contact time required for mentor to mentee since youth with CSEC experiences may require increased time commitment*
- Mentee Screening
  - *Additional challenges in parental consent/involvement*
  - *Full program is explained including any criteria surrounding CSE/DMST*

LESSON 3

Standard Mentoring Training is not enough.

EEP Standard 3: Training

- Mentor Training: Elements of effective practice recommends training on mentor program requirements, policies, mentor relationship, ethics and risk management policies
  - *Enhancements include 6 hours or more of training related to mentoring relationship, our mentor training is 8 hours long*
  - *How many hours is your initial training?*
  - *Do you screen workers out through the training process?*
- Mentee Training: program explanation of what is offered through the mentoring program, mentoring is a subset of services
- Parent/Guardian Training: program explanation of what is offered – our program encourages mentors to help build relationships with parents to transfer skills and support youth/parent relationship as well other informal supports for sustainability

Training Requirements for Mentors

- Year one: 27 hours of training
- Year two: 51 hours of training
- Year one mentors reported wanting more information and more time for experiential learning.
- Topics include Ethics, Trans-theoretical model, Mentoring, Crisis Prevention, Intervention and De-escalation, CSEC 101, CSEC conversations, Reducing CSEC risk, family responses to CSEC, Motivational Interviewing, SMART Goal Setting, Trauma Informed Care, LGBTQ competency, Wraparound Philosophy, Self-care, Resources, Cultural Sensitivity etc.
- Ongoing monthly in-services
- Training feedback delivered to mentors, they create a plan to improve mentor practice

Role Play Rubric

	5 Superior	4 Advanced	3 Proficient	2 Adequate	1 Limited
Presentation of Role as a Mentor	Demonstrates a thorough understanding and application of role as a mentor in a supportive approach. Relationship & boundaries are significant and mutually observed.	Demonstrates understanding of role as a mentor, the supportive application is present majority of the time. Relationship & boundaries established. Redirection effective most of the time.	Demonstrates an understanding of role and has some application of supportive approach as mentor. Relationship observed but lacks rapport and some redirection abilities.	Demonstrates some capacity for potential in the mentoring role but lacks application of the role. Rapport building skills lacking.	Lacks motivation and ability to connect with youth in a mentoring capacity and lacks no interest. Rapport/ Relationship not observed and no conscious effort to build rapport is observed.
Achievement of purpose of contact	Expectations and purpose clearly and concisely stated and effectively sustained.	Purpose is established and generally sustained. Mostly observed communication	Purpose is present and observed but is missing direct communication regarding purpose of contact.	Purpose is unclear and/or not communicated but observed attempts are made. Some activity appears to be	Purpose is not established nor communicated. Lacking in ability to directly achieve completing or communicating goals/purpose effectively.
Understanding and application of effective, and appropriate active listening skills and use of non-verbal cues	Communication is strength based and uses appropriate forms and levels of communication. Demonstrates strong ability to use active listening majority of time. Strong level of understanding of trauma and sensitive situations. Empathic connection evident.	Communication is strength based and is able to engage with mentee on a comprehensible level. Uses active listening skills most of the time accurately. Mostly takes empathic, trauma informed approach to conversation.	Communication is strength based some of the time and has an awareness of active listening but does not utilize it appropriately. Empathic connection still in developing stages.	Attempts to use appropriate communication skills such as active listening but it is an unclear demonstration if this skill is fully learned. Lacks ability to build an empathic connection and does "advice giving"	No visible attempt to communicate in an appropriate manner. A lack understanding and application of active listening skills and at times misreads non-verbal cues.
Level of support conveyed and resources given	Demonstrates supportive, non-judgmental verbal and non-verbal language, at least three resources were identified and communicated.	Shows supportive, non-judgmental communication styles the majority of the time. At least two resources were identified and communicated.	Makes supportive statements but lacks the non-verbal communication skills to correspond. Some biases and prejudice observed through conversation.	Clear evidence of attempt to be supportive, good intentions, but not expressed in an appropriate manner. Conversations around resources occurred but no direct resource identified no communicated.	No evidence of supportive approach present and no discussion around potential resources.
Creativity, Imagination & Critical Thinking Skills	Choices demonstrate insight of realistic scenarios powerfully. Ability to respond to challenges is natural, maintained skill used frequently.	Choices demonstrate thoughtfulness and are mostly representative of realistic scenarios. Ability to respond to challenges shows critical thinking skills are present.	Choices demonstrate awareness and some understanding of realistic scenarios. Ability to respond to challenges shows critical thinking skills are in development.	Choices demonstrate lack of awareness and understanding of realistic scenarios. Lacking personality, self in conversation and ability to engage mentee.	Inappropriate, unrealistic scenario chosen. No evidence of unique or personalization of conversation.

LESSON 4

Mentors need access to their own support.

EEP Standard 5: Monitoring & Support

- Mentor meets with supervisor weekly for oversight and consultation on mentoring practice, challenges and direction while mentee reports to case manager weekly
- We identified a match evaluation tool (MCQ & YMS) – evidence based for implementation and evaluation at 2, 6, 9, and 12 month marks of relationship
- QA/QI phone calls monthly from mentor program staff, weekly check in's with care coordinator for parents
- Program requires documentation of all contact in an EMR
- Mentors receive additional support for consultation including survivor led coaching, LGBTQ consultation and staffing with a clinical therapist
- Mentees receive case management services for referrals to other resources
- Monthly in-service trainings (2 hours) directly related to CSEC
- Facilitation and monitoring of a mentor action plan
- Host group activities both for mentees and program wide family events monthly

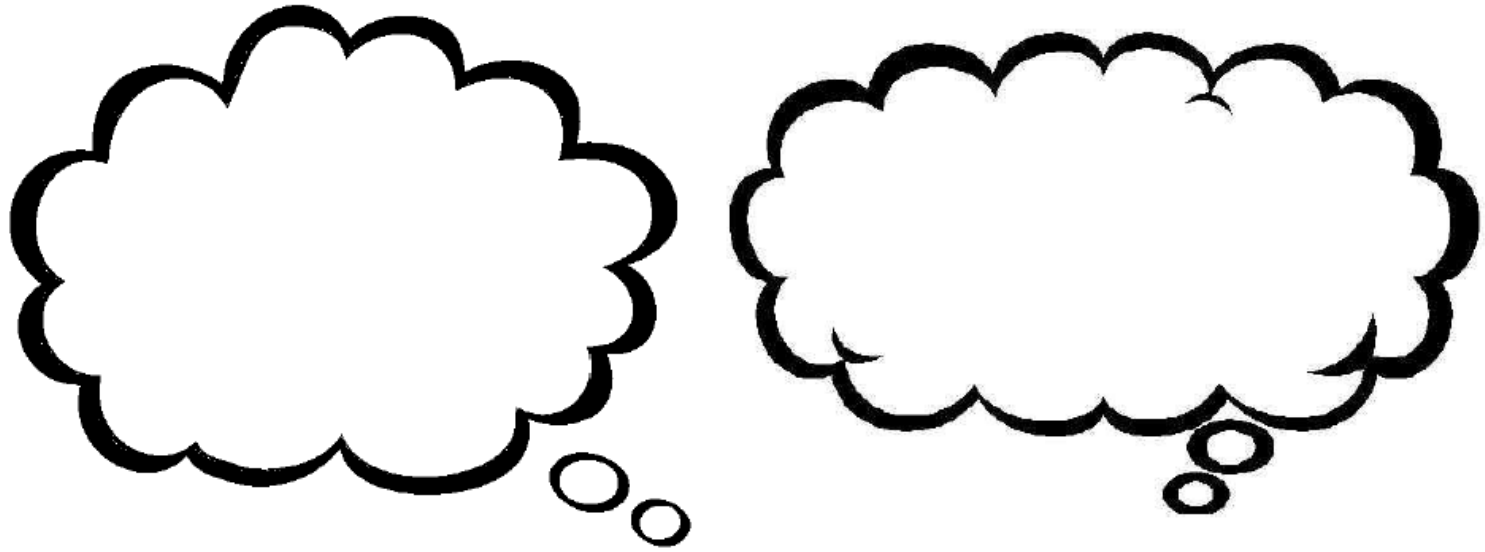
LESSON 5

Youth enjoy setting goals for themselves in the mentor relationship to guide activities.

Program Explanation/Brochure

Mentor Action Plan

Name: _____

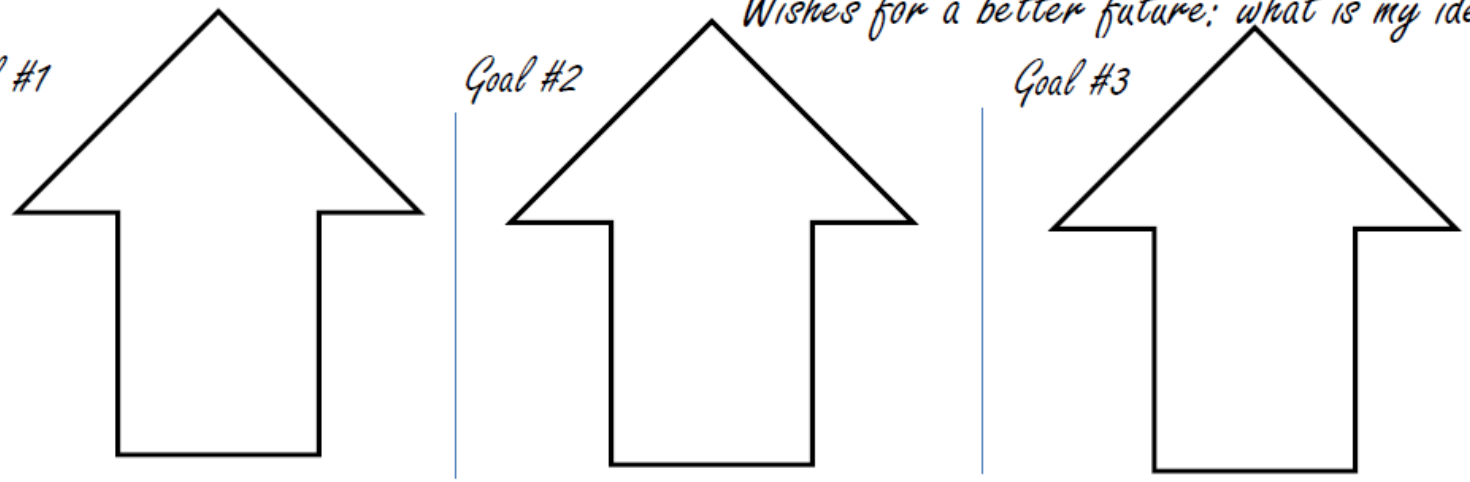


Wishes for a better future: what is my ideal self?

Goal #1

Goal #2

Goal #3



Mentee Signature: _____ Date: _____

Mentor Signature: _____ Date: _____

Goal #1

Review Date:
1 2 3 4 5

1. Write the goal
2. Complete the steps
3. List resources, barriers, and solutions
4. How can mentor help
5. Describe success

Steps

3

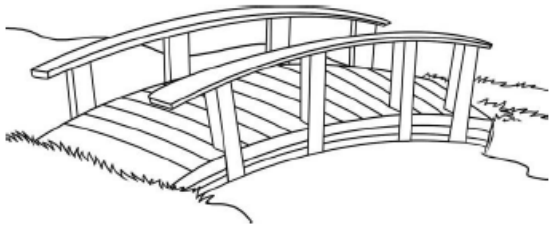
2

1

My Mentor Can...

Resources

Barriers



Success looks like

Solutions

LESSON 6

The relationship between mentor and mentee is most important above all in the capacity of the mentoring relationship.

EEP Standard 4: Matching and Initiating

- Matching mentors and mentees: referrals are made by case managers which have relevant information such as age, address, interests, living arrangements/locations, mental health diagnoses, strengths, interests, reason for referral, desired outcomes, how youth is at risk of CSE or if they have experienced CSE, specific requests
- Wraparound has a provider network with profiles and information about each mentor including a photo, interests, specific passions and why they do what they do
- When matching, take into consideration age, cultural identity (bilingual needs), availability, interests and experience of the mentor.
- Initiation: case managers who created referral introduce mentors to mentees and parents, usually at the home. Mentors explain the program with the support of the case manager and getting appropriate paperwork such as consent forms signed and explanation of mentors role.
- Currently exploring more formalized pre-match tools

EEP Standard 6: Closure

- Process for closing out matches
  - *Due to high runaway rates, matches may suddenly close*
- Mentors have a discussion about the closure of services with mentee and teams
  - *At times the mentee will be re-matched in the event of mentor leaving*
  - *Further complicated by the length of time in the program (since other services are received)*
- At disenrollment, the team will celebrate the success place of youths choice
- Natural process of Wraparound to identify informal supports and this is supported through the weekly mentor activities of exposure to community resources for continuity of care and sustainable service provision
- Stronger focus on mentorship closure due to the importance of attachment and abandonment with this population
- Request a year commitment from mentors and a month notice in the event a mentor is no longer providing service to prepare mentee for transition

LESSON 7

Connect with community resources.

Additional Resources

- Center for Combating Human Trafficking: www.combatinghumantrafficking.org
- MANY: www.manynet.org
- MENTOR: The National Mentoring Partnership: www.mentoring.org
- National Mentoring Resource Center: www.nationalmentoringresourcecenter.org
- POHSEY Resource Card

Court 414-266-1210 • Reach lawyers at the public defenders' office here and get legal help.

LGBTQ YOUTH RESOURCES

Diverse and Resilient 2439 N. Holton Street, **414-390-0444** • Free HIV/STI testing offered along with youth programs focused on sexual health, violence, and substance abuse prevention.

LGBTQ Anti-Violence Resource Line 414-856-LGBT (5428) *(call or text)* • You deserve to be safe in your hookups, relationships, community, everywhere. Talk to an LGBTQ anti-violence advocate who can help connect you to a provider or talk through your situation with you.

Project Q 1110 N. Market Street 2nd Floor **414-271-2656** • HIV prevention program and life skills development.

MEDICAL CARE *including SEXUAL & REPRODUCTIVE HEALTHCARE*

Adolescent Health Clinic at Children's Hospital of Wisconsin, **414-607-5280**.

Children's Hospital of Wisconsin Emergency Department
8915 W. Connell Avenue, Walk-in 24/7.

Keenan Health Center 3200 N. 36th Street, **414-286-8840** • Free STI testing and treatment, free condoms.

Midtown Pediatric Clinic *(Adolescent Medicine and Teen-Tot Clinics)*
5433 W. Fond du Lac Avenue, **414-277-8900** • Acute health care to teens, teen parents, and their children.

Milwaukee Child Advocacy Center
619 W. Walnut Street, **414-277-8980**
By appointment, must have police or DMCPS referral.

Planned Parenthood of Wisconsin
1-800-230-PLAN (7526) to find a center near you.

Sexual Assault Treatment Center
414-219-5555, 24/7.

OUTREACH & SPECIALIZED GROUPS

Street Beat Youth Outreach
414-426-6333, 414-852-3027 *(direct cell phones for both outreach workers)* • Youth outreach program; confidential support, will come to youth to help find services or to talk.

Represent! 414-212-5121 *(call or text)* • Groups and leadership development for teens with life experience in the sex trades and street economies on youth rights, options, healing and power.

PREGNANT & PARENTING YOUTH

Blanket of Love Program 3132 N. Martin Luther King Jr. Drive, **414-793-0328** • A prenatal and parenting education program for young women, their spouse or friend and family.

Milwaukee Nurse-Family Partnership
1639 S. 23rd Street, **414-286-8104** • Free nurses who will come visit new parents with their first child and provide resources.

Parenting Network 7516 W. Burleigh Avenue, **414-671-0566** • Confidential counseling on any parenting issue, connect to resources, home visiting programs.

SHELTERS FOR TEENS

Pathfinders Emergency Youth Shelter 414-271-1560 • A safe place to stay for youth ages 11-17 for a few hours or up to 2 weeks, on the East Side, 24/7.

Walker's Point Youth and Family Center Teen Crisis & Runaway Program 414-647-8200 • A safe place to stay for youth ages 11-17 for a few hours or up to 2 weeks, on the South Side, 24/7.

POHSEY

This project is funded in part by the Advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin

Some of these places won't report you if you have runaway, have a warrant, or are AWOL. Some places are required by law to report concerns for youth safety to police or social services.

Ask what these places can keep confidential.

GROUP DISCUSSION

What to know for a program to respond to the needs of youth who have experienced CSEC/DMST.

Questions to modify or create a program

- Assess the community for accessible resources specifically for LGBTQ and CSEC populations
  - *Taskforces, transitional services to adulthood, housing*
- What is the professional services (Department of Children and Families, Juvenile Probation, mental health providers, etc.) response to CSEC in your community?
- How does your community come together to promote a multidisciplinary response to CSEC?
- Describe the ideal youth care worker, what makes them a good fit to work with youth who has experienced commercial sexual exploitation?
- **What are three things you can identify from todays workshop to incorporate into your current practices to better work with youth who have been sexually exploited?**

Contact us!

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QUESTIONS?

We thank you so very much for your time!