



# PROJECT SAFE HOME

## A PATHWAY TO RESILIENCE



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# CROSSNORE COMMUNITIES FOR CHILDREN AND YOUTH VILLAGES

## PARTNERING TO MITIGATE CHILDREN IN FOSTER CARE'S RISK OF SEXUAL EXPLOITATION

For several years, there has been a growing awareness of the prevalence of commercial sexual exploitation (CSE), also known as sex trafficking. In 2021, Crossnore Communities for Children and Youth Villages are committing to partner together to address this concern for young people in North Carolina. Young people served by the child welfare system in North Carolina and the United States have an increased chance of sexual exploitation due to high risk factors. Crossnore and Youth Villages currently serve this population of young people (i.e., children in foster care) and are uniquely positioned to mitigate the risk factors causing a young person to be exploited. Together, they propose to create a continuum of services to protect young people, heal past trauma, and prevent future harm or risk from commercial exploitation.

For more than 100 years, Crossnore has provided a sanctuary of hope and healing for children in North Carolina. Using a nationally recognized model of trauma-informed care, Crossnore holistically cares for and nurtures each child's mind, body, and spirit. Crossnore integrates themselves and their services within the communities they serve across Western North Carolina through three physical locations—one nestled on 86 acres in the Blue Ridge Mountains, a second located on a 212-acre campus on the edge of downtown Winston-Salem, and a third located in historic Hendersonville. On-site medical care, trauma-based clinical services, a wide variety of experiential programming activities, and educational services provide a unique approach to campus-based foster care services. Crossnore also provides an array of services within their local communities including community-based family and therapeutic foster care, school-based and outpatient therapy, independent living, and day treatment services.

In addition to their work directly serving children and families, Crossnore expanded their reach in 2018 when they launched their national training center, the Center for Trauma Resilient Communities. This center teaches organizations and communities how to embody the science of trauma resilience and embed those principles into their unique systems. One of the highlights of this work is a five-year project, funded by SAMSHA, to build a trauma-resilient city in Louisville, Kentucky.

For more than 30 years, Youth Villages has helped children and families live successfully by providing a wide range of programs utilizing evidence-based and research-informed interventions to help them thrive. Youth Villages serves 30,000+ young people a year in 24 states across the country. In North Carolina alone, Youth Villages serves more than 5,000 young people annually through community-based family services, high fidelity wraparound, and transitional living services. Many more are linked with appropriate services through specialized clinical assessments, known as the LEAD project.

### THE PROBLEM

The commercial sexual exploitation of children in North Carolina and the United States is a growing public health crisis, disproportionately impacting young people served by the child welfare and mental health systems. Research widely contends that reliable estimates of CSE prevalence do not exist due to various challenges including the hidden nature of the crime, the varying definitions, lack of consistent tracking, and lack of identification by professionals<sup>1</sup>. That being said, Project NO REST and Mecklenburg County's Child Advocacy Center, *Pat's Place*, completed a specific study in 2018 in Charlotte, NC. They

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<sup>1</sup>Franchino-Olsen H. (2019). *Vulnerabilities relevant for commercial sexual exploitation of children/domestic minor sex trafficking: A systematic review of risk factors. Trauma, Violence, & Abuse. doi:10.1177/1524838018821956*

screened 242 individuals for CSE risk and 26% showed a clear concern for risk of CSE. Of those who were considered at high risk, more than 92% of them identified as female and African Americans were disproportionately represented in all three categories of risk. The average age of minors was 15 years old and these minors were almost exclusively female. Of the individuals screened, 53% reported a history of child welfare involvement and 56% reported a history of child sexual abuse<sup>2</sup>. While representative of a small sample within one county's population, Crossnore and Youth Villages contend this data sample reflects the experiences of the children and families they serve. Collectively, these observations and findings point to a much larger problem they want to address.

Research points to various drivers and risk factors that lead to a young person being at risk of exploitation—including, but not limited to, a mental health diagnosis, history of trauma (especially childhood sexual abuse), and involvement in already involved in child welfare. Young people in the foster care system, already at risk due to their involvement in the child welfare system, also experience higher rates of other risk factors, making them especially susceptible to CSE. The Mecklenburg County study found the greatest risk factors for CSE to be housing instability/homelessness (almost 55%) and exposure to domestic violence (45%)<sup>3</sup>. Crossnore has found a number of factors impacting the risk of CSE within their client population including prior abuse, trauma exposure, instability with caregivers, home environment exposure and risk factors, gender identity, sexual orientation, racial identity, and age. Youth Villages also sees similar trends in the youth they serve and these trends are supported in the available literature as well.

Despite growing public awareness and its long-term negative mental and physical health outcomes for victims, little has been done to understand, recognize, and respond to this issue. What has been done has focused on services for a young person after they have become a victim, either rescued or removed from a situation where CSE was happening. These current services focus primarily on various curriculums for victims of CSE (ex. My Life, My Choice<sup>4</sup> or Chosen<sup>5</sup>) or specialized residential services. Until recently there was not a way for public agencies to screen and assess a young person believed to be at risk of or involved in CSE, which prevented early identification and service delivery to prevent further or future involvement. There also remains a lack of community-based services and interventions to specifically address and mitigate risk factors, while building up protective factors, to prevent a young person from exploitation. Services specifically targeting and serving young people at risk of CSE have never been looked at from a continuum approach—from assessment, to intervention, to the ultimate outcome of long-term sustainability of protective factors, risk mitigation, and prevention from exploitation.

## THE SOLUTION

To decrease the risk of exploitation, Crossnore and Youth Villages are proposing to create an innovative community-based approach to serving young people at risk. They are committed to an intentional focus on assessment, prevention, and protection across a full continuum of services. The ultimate goal and desired outcomes are to reduce risk factors and increase protective factors to mitigate a youth's risk of commercial exploitation. They will do this through the creation of a continuum of care to capitalize on each agency's strengths and address the individual needs of the young people they will serve together. All services will be aimed at mitigating CSE risk factors and building protective factors around the youth and their family to strengthen the family unit and prevent future trauma.

With the implementation of the Family First Prevention Services Act (FFPSA) happening in North Carolina in October 2021, Crossnore and Youth Villages believe their goal to be in-line with the legislative change and what is both required and desired as an outcome for this population. FFPSA allows for appropriate

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<sup>2</sup><https://www.mecknc.gov/CountyManagersOffice/OMB/Documents/Topics%20of%20Interest.pdf>

<sup>3</sup><https://www.mecknc.gov/CountyManagersOffice/OMB/Documents/Topics%20of%20Interest.pdf>

<sup>4</sup>My Life My Choice

<sup>5</sup>"Chosen": An Anti-Trafficking Documentary by Shared Hope International—Released May 1, 2013

residential care for extended periods of time for youth who “have been victims of trafficking or are at risk of it.”<sup>6</sup> Crossnore’s campuses allow for a home-like environment while also providing the necessary protective factors this population deserves.

**Protective factors for a young person include, but are not limited to:**

- The presence of a stable adult figure and a close positive bond with at least one caring adult
- A strong support network, including positive friendships
- Job training and employment opportunities
- Positive performance in school
- Structure in the home and parental supervision
- Strong communication skills for caregivers, families, and youth
- The allowance for young people to “make mistakes” while receiving both consequences and love and care concurrently
- A sense of mastery with arts, athletics, and extracurricular activities
- A solid and realistic plan for the future<sup>7</sup>

In addition, the Title IV-E Prevention Services Clearinghouse rated Youth Villages’ intensive in-home service, Intercept®, as “Supported” and is approved by the U.S. Department of Health and Human Services for federal Title IV-E funding under FFPSA. The Intercept model is appropriate for a wide range of referral behaviors, including this population of young people. This issue has become so prevalent that Youth Villages has developed specific clinical protocols and clinical interventions to serve young people with known or suspected exploitation. Additional resources and interventions related to this or a similar referral behavior, like survival sex, are continuously added and distributed to program staff as new research is made available.

Understanding the importance of assessment and early identification, Crossnore has been utilizing a scientifically, validated tool called the Commercial Sexual Exploitation–Identification Tool (CSE-IT) to assess their clients for risk factors for more than a year. Developed by West Coast Children’s Clinic, the CSE-IT is “designed to improve early identification of children who are commercially sexually exploited.”<sup>8</sup> CSE-IT is an evidence-based tool with strong validated data to support its use. It was developed to be used with children ages 10 and up by an assessor who knows the client well and can be used with clients in a variety of settings. Similarly, Youth Villages has also recently adapted a screening tool from Shared Hope called Intervene. It is incorporated into their clinical protocols and interventions for the young people they serve.

In Crossnore’s first year of assessment, November 2019 to November 2020, they screened more than 300 youth and found approximately 50% of these youth are at moderate-to-high risk of CSE or trafficking.

**In further evaluation of the sub-categories within the tool, they found that of their clients who are at moderate-to-high risk of sexual exploitation:**

- More than 75% experienced prior abuse
- Almost 30% experience instability with their housing and/or caregiver
- 30% live in an environment, or had involvement in activities, that put them at risk
- Almost 40% of them exhibit signs of current trauma exposure

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<sup>6</sup><https://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx>

<sup>7</sup><https://developingchild.harvard.edu>

<sup>8</sup>[westcoastcc.org/cse-it](https://westcoastcc.org/cse-it)

Further analysis indicates certain subgroups are at higher risk based on specific identifications within each category of race, gender, age, sexual orientation, and disability. The following chart gives a breakdown regarding each of these categories.

Category	Subpopulation	Percentage with possible or clear concern for CSE
<b>Gender</b>	Identify as female	41%
<b>Race/Ethnicity</b>	Identify as Hispanic	56%
	Identify as Caucasian	34%
	Identify as Multiracial	32%
	Identify as African-American	30%
	Identify as Asian	25%
<b>Age</b>	Average age	14
	Average level of concern	1 to 2
	Identify as ages 16-17	63%
<b>Sexual Orientation</b>	Identify as Bisexual	78%
	Identify as Lesbian	67%
	Identify as Heterosexual	34%
	Identification unknown	31%
<b>Type of Disability</b>	Intellectual disability or impairment	51%

In addition to CSE-IT, Crossnore and Youth Villages use other assessments, such as the trauma-informed comprehensive clinical assessments (TiCCAs), to identify the individualized needs of the youth and family and develop individualized service plans to address their unique situations. If clinically indicated, youth may receive therapeutic interventions to specifically address trauma, such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Crossnore can also provide race trauma treatment where needed.

Once a youth's risk factors and clinical needs are known (as evidenced through completed assessment(s)), Crossnore and Youth Villages will utilize appropriate services and interventions at various levels of care to reduce risk factors and increase protective factors. The following visual describes the kinds of needs, services, and intended outcomes expected at each level of care across the complete continuum:



## IN-HOME FAMILY PRESERVATION

Crossnore and Youth Villages both provide various community-based services to help keep a family together and prevent them from becoming involved in the child welfare system. If a young person can be safely maintained in their home, in-home family preservation services are focused on strengthening a family's internal protective factors and teaching them to care for and protect their child in their homes and communities. This is the best first step in serving young people and mitigating risk of CSE because it prevents further trauma and develops skills to allow for long-term sustainability and stability of the family unit.

### a. Services<sup>9</sup>

- Intercept: An evidence-based intensive in-home service offering a systemic, individualized approach that strengthens families and prevents the need for foster or out-of-home care.
- Multisystemic Therapy® (MST): An effective family-based model for reducing anti-social behavior in adolescents.
- Homebuilders®: An evidence-based, home- and community-based intensive family preservation services treatment program designed to avoid unnecessary placement of children and youth into foster care.
- High Fidelity Wraparound: An evidence-based process led by a facilitator to create a highly individualized plan and coordinate multiple systems around youth and family's needs.

### b. Outcomes

- Youth remaining safely in their home and community
- Increase in skills for youth and family, focusing on safety, supervision, and prevention
- Increased protective factors, focusing primarily on strengthening familial communication, relationships, and support network
- Decreased risk of CSE

## FOSTER CARE

If a young person's biological or adoptive home is too unsafe for them to remain at home for a period of time, but their behaviors do not warrant a higher level of clinical care, foster care may be the best option. Crossnore's foster care program equips foster parents to provide a loving and supportive home which supports the child's journey of healing while they are away from their family. If needed, Youth Villages will also work with a young person and their family while the youth is removed to help address concerns and speed up the reunification process. For older youth (16+), transitional living services can also be provided through Youth Villages' LifeSet™ program to help prepare the young person to live independently once they turn 18.

### a. Services

- Crossnore Community-based Foster Care: Crossnore prioritizes matching the right family with each youth based on their individualized needs. Crossnore's foster home recruitment plan includes a continuous goal to recruit families to meet the needs of a number of subpopulations of children they serve. Foster parents are equipped with tools to provide similar opportunities for youth within the residential program (i.e. access to hobbies, enrichment activities, and spiritual/wellness practices). The community-based foster care program also works closely with Crossnore's clinical staff to ensure appropriate clinical interventions are utilized as needed.

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<sup>9</sup>All programs listed are supported by rigorous evidence to be effective interventions for children and families. MST and Homebuilders are rated as Well-Supported by the Title IV-E Prevention Services Clearinghouse and Intercept is rated as Supported. High Fidelity Wraparound is on the list of services to be reviewed.

- LifeSet: An intensive, community-based program acting as a bridge from foster care to successful adulthood for young adults aging out of foster care.

**b. Outcomes**

- Increase in independent living skills, positive relationships, and support network
- Increase access to explore hobbies, enrichment activities, and spiritual/wellness practices
- Decreased clinical symptoms

## RESIDENTIAL

If a young person’s biological or adoptive home is unsafe and their behaviors warrant a higher level of clinical care than foster care, or it is a sibling set large enough to prevent placement in a traditional foster home, residential may be the best option for a period of time. Crossnore’s campuses provide 19 cottages with live-in cottage parents who work a seven day on/seven day off rotation. This relationship model allows youth to build healthy relationships, while receiving the support they need to make progress toward their own goals. If needed, Youth Villages will also work with a young person and their family while the youth is removed to help address concerns and speed up the reunification process.

**a. Service**

Crossnore Cottages: While in the cottage setting, youth are able to participate in arts, athletics, on-site job training and enrichment activities, attend therapy on-site, connect with adults who serve as mentors and parental figures, develop lasting friendships, access faith and spiritual supports, receive support and tutoring for educational needs, and maintain connections with their families of origin as deemed appropriate.

**b. Outcomes**

- Increase in independent living skills, positive relationships, and support network
- Increase in job readiness, a sense of mastery in arts, athletics, experiential learning and access to explore hobbies, enrichment activities, and spiritual/wellness practices
- Decreased clinical symptoms

## INDEPENDENT LIVING

For older youth (16+), transitional living services can also be provided through Youth Villages’ LifeSet program to help prepare the young person to live independently once they turn 18.

**a. Service**

Youth Independent Living (YIL) (in collaboration with LifeSet): YIL serves clients through the provision of on-campus supervised housing, on-campus unsupervised apartments, and off campus housing. Youth within the YIL program (16-26) can also receive case management, psychoeducational support, and clinical services based on their needs.

**b. Outcomes**

- Increase in independent living skills, positive relationships, and support network
- Increased access to explore hobbies, enrichment activities, and spiritual/wellness practices



- Increased and successful post-secondary school enrollment, graduation and/or vocational training
- Decreased clinical symptoms
- Access to independent housing

## PERMANENCY

Permanency, or a permanent, stable placement with a caring adult(s) for a young person to live, should be the goal of all services. The greatest protective factor of any discussed is healthy, loving interpersonal relationships. Once a young person discharges from services, effective supports must be in place to avoid re-entry or further involvement in other systems. Long-term sustainability of protective factors, risk mitigation, and prevention from exploitation is the goal.

### a. Services

- Adoption
- Reunification with biological or adoptive family (through Intercept or Homebuilders)
- Post-Adoption Stabilization Services (through Intercept or Homebuilders)
- Independent Living Services (through LifeSet and Youth Independent Living)

### b. Outcomes

- Permanent, stable placement for young people
- Stable relationships with adult caregivers
- Sustainability of protective factors
- Long-term mitigation of risk factors

This collaboration is a first of its kind and comes at a fitting time with the implementation of FFPSA. Research needs to continue around assessing and serving young people at-risk of CSE in community-based settings. Crossnore and Youth Villages approach this innovative collaboration with confidence due to the utilization of validated clinical assessment tools (i.e., CSE-IT) and the implementation of evidence-based practices recognized by the federal Title IV-E Prevention Services Clearinghouse. As Crossnore and Youth Villages serve young people at risk of CSE, they will continue to gather data regarding the needs youth have and the services are producing the desired outcomes. This information will continue to tailor services appropriately and help grow the evidence base for this underserved population. If this collaboration and partnership is successful, there is also hope it can serve as a model for service delivery across the nation and can be replicated to serve those most at risk of CSE, ultimately preventing the CSE of youth altogether.

# AUTHORS PAGE



## **SARAH NORRIS, ED.D.**

Sarah has worked in child welfare for more than 15 years, holding positions with the NC Department of Health & Human Services, as well as at the county level in social services. Sarah joined Crossnore Communities for Children in 2018 as the Child Welfare Division Director and became Chief Program Officer in 2020, where she oversees all child welfare programs.

Sarah holds a B.S. in Psychology from Gardner-Webb University, a Master of Education in Counseling and Development from Winthrop University, an MBA from East Carolina, and an Ed.D. in Organizational Leadership from Gardner-Webb.

In her spare time, Sarah loves to run, travel, read, and spend time with her family. She is married to Steve and the couple has two daughters.



## **ANNIE SMITH**

Annie Smith has served as Youth Villages' director of North Carolina since 2008. She is responsible for overseeing community-based services including Multisystemic Therapy, Intercept, LifeSet, Hi-Fi Wraparound and medication management in 11 offices within North Carolina.

After working as a counselor in child and adolescent psychiatry at the U.S. Army Hospital in Heidelberg, Germany, Annie joined the staff of Youth Villages in 1996 as a MST family counselor in Memphis, Tennessee. Two years later, she moved to Louisville, Kentucky, to work as a clinical consultant for Youth Villages. Annie was state manager in North Carolina from 2005-2008, before being promoted to director.

She holds a bachelor's degree in therapeutic recreation from West Virginia University and a master's degree in counseling and personnel services from the University of Maryland. She is a member of the North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC) and the National Board for Certified Counselors (NCC) and serves on the board of trustees for Benchmarks.





Youth Villages is a national leader in children’s mental and behavioral health, committed to building strong families, delivering effective services and significantly improving outcomes for children, families and young people involved in child welfare and juvenile justice systems across the country. Founded in 1986, the organization’s 3,300 employees help more than 30,000 children annually in 23 states and the District of Columbia. Youth Villages has been recognized by the Harvard Business School and U.S. News & World Report and was identified by The White House as one of the nation’s most promising results-oriented nonprofit organizations.



Crossnore Communities for Children grows healthy futures for children and families by providing a Christian sanctuary of hope and healing. Crossnore has three locations: one nestled on 86 acres in the beautiful Blue Ridge Mountain town of Crossnore, NC, the second located on 212 acres on the edge of downtown Winston-Salem, NC, and the third in the historic district of downtown Hendersonville, NC. We are committed to providing a sanctuary of hope and healing for children.