



## USING DATA TO IMPROVE OUTCOMES FOR CHILDREN AND YOUTH IMPACTED BY COMMERCIAL SEXUAL EXPLOITATION

**Introduction:** Over the past several years, California has made a clear commitment to better protect and serve child victims of commercial sexual exploitation or those at risk of exploitation. While there has been great effort to improve outcomes – including new laws, regulations, placement options and programs – there is minimal information about the impact and effectiveness of the supports currently available.

To address the need for reliable data, at the request of the California Department of Social Services, the CSEC Action Team convened a workgroup of key stakeholders to brainstorm data tracking and outcome measurements. The CSE Data/Outcomes Workgroup consisted of individuals from a variety of disciplines, including state and county agency representatives, university researchers, advocates, judicial officers and direct service providers. In addition, the CSEC Advisory Board provided feedback based on their lived experience and their community work. Based on input from the workgroup and the Advisory Board, the CSEC Action team puts forth the below recommendations:

### ***RECOMMENDATION # 1: STANDARDIZE THE CRITERIA FOR IDENTIFYING AND DOCUMENTING “CSEC VICTIMIZATION” AND “AT-RISK” WITHIN CWS/CMS.***

#### **Background:**

A primary barrier to understanding outcomes for CSEC-affected youth is the lack of reliable data on victimization.<sup>1</sup> In order to measure any outcomes for this group of children over time, there first needs to be a consistent way to identify CSEC-impacted children through documentation within Child Welfare Services/Case Management System (CWS/CMS). Further, that data needs to be consistently captured across all involved agencies and counties.<sup>2</sup>

Currently in California’s child welfare system, initial CSEC victimization and subsequent re-victimization events are not tracked consistently throughout the 58 counties. Without clear and consistent means to capture information on children impacted by CSE, it is impossible to measure how many experience initial and/or subsequent exploitation, the type of exploitation they experience, as well as other forms of abuse and neglect. Reliable data collection related to

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<sup>1</sup> Huffhines, L., Tunno, A. M., Cho, B., Hambrick, E. P., Campos, I., Lichty, B., & Jackson, Y. (2016). Case file coding of child maltreatment: Methods, challenges, and innovations in a longitudinal project of youth in foster care. *Children and youth services review*, 67, 254-262.

<sup>2</sup> Muraya, D. N., & Fry, D. (2016). Aftercare services for child victims of sex trafficking: A systematic review of policy and practice. *Trauma, Violence, & Abuse*, 17(2), 204-220.

CSEC will also enable the state to begin efforts to evaluate service effectiveness through other critical measures of recovery, resilience, and holistic well-being.<sup>3</sup>

**Recommendation:**

The CSEC Action Team recommends that the state establish clear and consistent guidelines for identifying,<sup>4</sup> documenting and reporting child-level information about CSEC-affected youth in CWS/CMS. Specifically, guidelines should provide instruction for how child welfare and probation staff should identify for a given child client:

1. Any suspected CSEC victimization;
2. All confirmed CSEC victimization;
3. Related incident dates and other relevant details for suspected or confirmed victimization, if known;
4. Type(s) of suspected or confirmed CSEC victimization, with option to select multiple types, if known (for example, source: third party exploiter, survival sex, familial trafficking, online; and by type: commercial sex, stripping or x-rated dancing, pornography, others).

The guidelines should make clear how documentation should distinguish between (a) confirmed CSEC incidents, (b) concerns about possible or suspected exploitation using CSEC flags, and (c) youth who are at-risk of exploitation but where there is no suspected or confirmed incident. The state should avoid use of a standard “CSEC” label and instead differentiate these three processes, with explicit CWS/CMS instructions for each scenario that focuses on describing behavior or experiences.

Finally, it is recommended that these guidelines be thoroughly disseminated to all 58 counties to ensure effective implementation.

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<sup>3</sup> Graham, L. M., Macy, R. J., Eckhardt, A., Rizo, C. F., & Jordan, B. L. (2019). Measures for evaluating sex trafficking aftercare and support services: A systematic review and resource compilation. *Aggression and Violent Behavior, 47*, 117-136.

<sup>4</sup> Standardizing assessment of CSE using a validated tool is also critical to fully and accurately understanding the scope and prevalence of the issue in the state, and to effectively serving all impacted youth. The Action Team understands the varying considerations which limit the Department’s ability to require the use of any particular identification tool. However, we note it here for further consideration and analysis given the importance of a standardized identification tool(s) to assess for CSE risk and in consideration of the expertise of our Advisory Board in their advocacy of highlighting the importance of such a tool.

## ***RECOMMENDATION # 2: CONSISTENTLY COLLECT AND ANALYZE SPECIFIED OUTCOME MEASURES.***

### **Background:**

The second major component of effective evaluation of new laws, programs, and services is defining and standardizing the key outcomes so that progress towards and achievement of these outcomes can be compared. In order to determine which outcomes should be tracked, and the data that should be used to measure those outcomes, the CSE Data/Outcomes Workgroup took the following steps:

1. Identified a number of categories of outcomes to measure success and well-being,
2. Categorized and prioritized these outcomes, and
3. For each category of outcomes, summarized what is currently being collected and is easily accessible through the California Child Welfare Indicators Project (CCWIP), what data could be collected given existing CWS/CMS fields and structures, measures that could be developed through the Child and Adolescent Needs and Strengths (CANS), an assessment currently used by CDSS and other partner agencies, and measures that would require linkage with another system (See APPENDIX A).

### **Recommendation:**

The CSEC Action Team recommends that once the criteria for identifying and documenting CSE-impacted youth has been standardized (Recommendation #1), data on the following outcome measures be collected and analyzed. As noted above and as set forth in Appendix A, some measures for these outcomes may be currently available either through CWS/CMS directly or through more effective integration with other systems, while others may not be currently collected.

It is important to note that the list of examples included following each of the outcomes is non-exhaustive, and is not provided in in order of importance. In addition, further work must be done to standardize the definitions of each outcome, as well as the appropriate measures for tracking them, to ensure consistency across agencies and counties.

#### **1. PHYSICAL SAFETY**

Examples: Prevalence or cessation of exploitation, substantiated allegations of abuse in or out of care, exposure to physical violence or sexual assault, housing in a safe/secure location, victim of other crimes, access to basic needs (food, shelter, clothing, and as identified by youth)

## **2. PHYSICAL HEALTH**

Examples: Prevalence/severity of injuries or illnesses, frequency of hospitalizations, length of time injuries or illnesses remain untreated

## **3. MENTAL HEALTH**

Examples: Prevalence of diagnosed and undiagnosed mental illness, prevalence and frequency of mental health symptoms or trauma responses, whether mental health needs interfere with daily life, availability of mental health services (therapy, case management, medication supports), desire to access and engage in services, suicide risk and/or self harm, appropriate prescription or over-prescription of psychotropic medications, appropriate medication access and usage, frequency of psychiatric hospitalizations or holds

## **4. PLACEMENT STABILITY AND PROGRESS**

Examples: Placement changes (including the reason for the change), absences without permission, returning to same caregiver after absence from home or care, amount of time in one home or care, amount of time away from home or care, step down from higher levels of care, child welfare case closure

## **5. ACCESS TO ROUTINE/ONGOING MEDICAL CARE**

Examples: Access to regular, timely medical, dental or mental health care, access to medications and other treatment, as needed and desired by youth, prevalence of untreated injuries or illnesses; desire to access and engage in services

## **6. EDUCATIONAL ATTAINMENT**

Examples: Enrollment in school, graduation rates, attendance, connection to educators and peers, behavior in school, school discipline, need for and/or access to special education or other education supports, desire to access and engage in services, access to and attitudes about higher education

## **7. PARTICIPATION IN EXTRACURRICULARS/WORKFORCE DEVELOPMENT**

Examples: Participation in extracurricular activities and pro-social activities, connection to peers or adults in fields of interest, part or full time employment and internships, attitudes about employment

## **8. AGENCY/LOCUS OF CONTROL**

Examples: Feelings of agency or control over one's life, youth control over own data and information (birth certificate, court records, immunization records) [See Recommendation # 3 for a more detailed list]

## **9. SUBSTANCE USE**

Examples: Frequency and duration of use of illegal and legal substances, severity of use, reasons for substance use (including environmental, peer, mental health), access to substance use treatment, desire to engage in substance use treatment

## **10. LEGAL/FINANCIAL**

Examples: Prevalence of dual system involvement/dual status (child welfare and juvenile justice), participation in victim witness testimony, financial ability to meet basic needs, credit/identity theft, outstanding loans or tickets

## **11. OTHER RISK BEHAVIORS**

Examples: Arrests and/or probation violations (e.g. petty theft, known gang affiliation), placement in detention facility (juvenile hall, camp, ranch), frequency of absences from home or care, recruitment or participation in exploitation of others

## **12. YOUTH PARENTS/PREGNANCY AND SEXUAL HEALTH**

Examples: Prevalence of unplanned and/or unwanted pregnancies, access to regular, timely reproductive and sexual health care of youth's choice, incidence of sexually transmitted infections or diseases (STI/STD), access to services for expectant and parenting youth (EPY), including housing with children, support for youth who are co-parenting, access to legal services to establish parentage, custody and visitation

## **13. HEALTHY RELATIONSHIPS AND SOCIAL SUPPORTS**

Examples: Frequency of contact with supportive adults, willingness/desire and ability to reach out to adults (probation officers, social workers, attorneys, advocates, caregivers, mentors, extended family) when in need, size/quality of healthy peer network, understanding of healthy vs. unhealthy relationships, exposure to intimate partner violence, connection/visits with family and siblings

### ***RECOMMENDATION # 3: INCORPORATE YOUTH VOICE TO CAPTURE QUALITATIVE OUTCOME MEASURES.***

#### **Background:**

While the outcome measures identified above will provide valuable data, it is imperative to include youth perspective to provide a true understanding of a youth's experience and response to system intervention.

#### **Recommendation:**

The CSEC Action Team recommends that:

1. Processes be developed to regularly solicit and record input from youth about their experiences, to be collected by people with whom youth feel comfortable, and
2. Outcomes be developed and incorporated into CWS/CMS that capture subjective youth experience, in addition to objective measures.

Some examples of subjective outcomes include:<sup>5</sup>

- Knowledge and attitudes about CSE
- Sense of agency/control
- Self concept
- Self awareness
- Feeling of connection to caregivers, mentors, service providers, or other healthy relationships
- Hopefulness about the future
- Ability/capacity to ask for help or access resources when they need it
- Trust in law enforcement, social workers, probation officers, or other system partners
- Sense of belonging
- Reason for substance use (coercion by a third party, coping mechanism, to dissociate from difficult situation)

### ***RECOMMENDATION # 4: ESTABLISH CLEAR GUIDELINES TO PREVENT OVER-LABELING OF YOUTH***

#### **Background:**

The push toward increased data collection of CSE experiences carries the risk that the "CSEC" label subjects youth to unwarranted and harmful biases and long lasting impacts, which can include, but are not limited to inhibiting or preventing youth from having equal access to services and supports (such as being rejected from a foster home due to CSE status). Further,

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<sup>5</sup> For some examples of existing assessment tools to capture these data, see Rothman, E. F., Bair-Meritt, M., Farrell, A. (2019). Evaluation of a Service Provision Program for Victims of Sex Trafficking, available at: <https://www.ncjrs.gov/pdffiles1/nij/grants/253459.pdf>.

these labels can stick with youth far beyond the time period during which exploitation is a concern.

**Recommendation:**

The CSEC Action Team recommends that clear and consistent guidelines be established to avoid over-labeling of youth who have been impacted by CSE. These guidelines should include, at a minimum:

1. Instructions for who has access to information about CSE status or experiences;
2. Procedures that include youth perspective and choice about with whom and when to share CSE status;
3. Options for indicating whether CSE has resolved and timeframes of last occurrences, to more clearly specify whether CSE is a current or past concern.

***AREAS FOR FUTURE CONSIDERATION***

**Stages of Change and Harm Reduction**

The CSEC Action Team notes that many of the outcomes identified above are, or should be, collected for all youth, not only youth impacted by CSE. Thus, the CSEC Action Team further recommends that data be collected in such a way to recognize the manner in which such outcomes, and progress toward those outcomes, may look different for youth who have experienced CSE. In particular, what constitutes success or progress for a youth who has experienced exploitation, and the corresponding data collected, should consider:

- *Stages of Change* – whether a youth is in the precontemplation, contemplation, preparation, action, maintenance, or relapse/return stage with respect to their exploitation and other risk behaviors that contribute to vulnerability for exploitation, as well as the fluidity between the stages
  - Example #1: A prevention curriculum may be considered successful if a youth in the precontemplation stage consistently attends the group, and shifts into the contemplation stage, even though the youth is still engaged in exploitation.
  - Example # 2: A youth that ranks themselves on an intake self-assessment to be not motivated to attend school begins to seek out resources from their advocate about how to obtain tutoring and fills out an application for after-school tutoring, which may demonstrate a shift from contemplation to preparation.
- *Harm reduction* – whether risk of harm has been reduced and/or safety has increased, even if the harm has not been totally eliminated<sup>6</sup>

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<sup>6</sup> See Cal. Dep’t of Social Services, Child Trafficking Response Unit (2018). Harm Reduction Series: Introduction. Available at: <https://www.cdss.ca.gov/Portals/9/CWPPDB/CTRU/Harm%20Reduction%20Paper%20-%20Introduction.pdf?ver=2018-10-12-113906-737>.

- Example #1: A youth who is continuing to engage in commercial sex forms a relationship with a health care provider and is able to access reproductive health care on a regular basis. Although some measures of physical safety would not show improvement (e.g., recurrence of maltreatment, participation in risk behaviors), others may improve (e.g., unintended pregnancy, exposure to STI/STDs).
- Examples #2: A youth frequently leaves out-of-home care. They begin to connect with a staff member in their placement, and has memorized the staff member’s phone number. The number of incidents of leaving does not decrease (e.g., placement stability), but the youth increasingly calls the staff member if they feel unsafe or need help accessing resources while away (e.g., physical safety, healthy relationships).

### **Tracking Incremental Progress**

In addition, the CSEC Action Team recommends that systems be developed to capture data on incremental progress over time, rather than point in time data exclusively. Some examples of incremental progress for the outcomes identified above include:

- Educational attainment
  - Change in number of days attending school per week (incremental), vs. total attendance at end of semester or schoolyear (point in time)
  - Credits earned by semester (incremental), vs. graduation rate (point in time)
- Placement progress
  - Change in number of times per week/month youth leaves home or care (incremental), vs. total episodes of leaving per year (point in time)
  - Change in amount of time that youth spends away from home or care before returning (incremental), vs. whether youth returns to placement (point in time)
  - Movement to a lower-level/more family-like home (incremental) vs. total number of placement changes (point in time)

### **Tracking Race/Ethnicity**

Finally, given the disproportionate impact of CSE on youth of color, the CSEC Action Team recommends that tracking of race/ethnicity be standardized both through improvements to the data system and clear guidance to counties. These actions should ensure that race/ethnicity data collection (a) is based on youth self-report or self-identification, rather than observation alone, (b) includes options for identifying as multiracial, coupled with selection of multiple boxes or identities (rather than using “other”)<sup>7</sup> (c) is connected to case planning to support youth in receiving culturally appropriate programming and services.

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<sup>7</sup> Although CMS/CWS allows to indication of “primary” and “secondary” race/ethnicities, it is unclear whether this feature is used consistently to track multiracial youth. It is the workgroup’s understanding that the new data system in development will allow for identification as multiracial.

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## APPENDIX A

### 1. PHYSICAL SAFETY

- a. Currently Existing Measures on CCWIP Website<sup>8</sup>
  - i. 3-S1 \* Maltreatment in foster care
  - ii. 3-S2 Recurrence of maltreatment
- b. Measures that Could Be Developed Using Existing CWS Fields
  - i. None identified
- c. Measures that Could Be Developed with CANS<sup>9</sup>
  - i. CANS-IP: Risk Behaviors section (21-25)
  - ii. CANS-CSE: multiple sections
- d. Would Require Linkage with CWS/CMS
  - i. Law Enforcement incident reports
  - ii. Victims of Crime records
  - iii. MediCal Emergency Medical records

### 2. PHYSICAL HEALTH

- a. Currently Existing Measures on CCWIP Website
  - i. None identified
- b. Measures that Could Be Developed Using Existing CWS Fields
  - i. Health and Education Passport
- c. Measures that Could Be Developed with CANS
  - i. Life Domain Functioning section (18; 20)
- d. Would Require Linkage with CWS/CMS
  - i. MediCal records

### 3. MENTAL HEALTH

- a. Currently Existing Measures on CCWIP Website
  - i. 5A (1&2) Use of Psychotropic Medications
  - ii. 5C Use of Multiple Concurrent Psychotropic Medications

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<sup>8</sup> See California Child Welfare Indicators Project: [http://cssr.berkeley.edu/ucb\\_childwelfare/ReportDefault.aspx](http://cssr.berkeley.edu/ucb_childwelfare/ReportDefault.aspx)

<sup>9</sup> The Child and Adolescent Needs and Strengths (CANS) is an assessment tool used by CDSS and partner agencies in a variety of capacities. See CANS-Commercial Sexual Exploitation (CSE), available at: <https://www.cdss.ca.gov/Portals/9/ISU/CANS/CANS-form-CSE.pdf?ver=2019-11-09-091953-697>. See also CANS-Integrated Practice (IP), available at [https://www.cdss.ca.gov/Portals/9/ISU/CANS/CA\\_CANS\\_IP%20Rating%20Sheet\\_1.0\\_CW\\_ENGLISH.pdf?ver=2019-02-28-093147-557](https://www.cdss.ca.gov/Portals/9/ISU/CANS/CA_CANS_IP%20Rating%20Sheet_1.0_CW_ENGLISH.pdf?ver=2019-02-28-093147-557). It was beyond the scope of this workgroup to identify all possibly relevant CANS measures. As CDSS further defines the following outcome measures, it is likely that additional exploration into what items might be pertinent from the CANS will need to be conducted.

- iii. 5D Ongoing Metabolic Monitoring for Children on Antipsychotic Medications
  - b. Measures that Could Be Developed Using Existing CWS Fields
    - i. Child services documented in case plan (e.g. counseling)
    - ii. Health and Education Passport
  - c. Measures that Could Be Developed with CANS
    - i. CANS-IP: Child Behavioral/Emotional Needs section (1-9)
    - ii. CANS-IP Potentially Traumatic/Adverse Childhood Exper. T1 to T12
    - iii. CANS-CSE: Mental Health Needs – Psychosis through Eating Disturbances
    - iv. CANS-CSE: Risk Behaviors section – Suicide Risk to Intimate Relations
  - d. Would require linkage with CWS/CMS
    - i. Department of Mental Health records
    - ii. Department of Health Care Services records (including Healthcare Effectiveness Data and Information Sets (HEDIS) measures, in development)

#### **4. PLACEMENT STABILITY AND PROGRESS**

- a. Currently Existing Measures on CCWIP Website
  - i. Placement Stability (Entry Cohort) \*
  - ii. 3-P5 \* Placement stability
  - iii. 3-P4 Re-entry into foster care
- b. Measures that Could Be Developed Using Existing CWS Fields
  - i. Return to Prior Caregiver/Placement following Placement Closure or Runaway episode
  - ii. Total number of placements
  - iii. Reason for placement change
  - iv. Amount of time away from home/care during absent without permission episode
- c. Measures that Could Be Developed with CANS
  - i. Risk Behaviors section (27)
  - ii. CANS-CSE: Runaway – Placement History through Residential Stability
- d. Would Require Linkage with CWS/CMS
  - i. None identified

#### **5. ACCESS TO ROUTINE/ONGOING MEDICAL CARE**

- a. Currently Existing Measures on CCWIP Website
  - i. 5B (1&2) Timely Health/Dental Exams
- b. Measures that Could Be Developed Using Existing CWS Fields
  - i. Health and Education Passport
- c. Measures that Could Be Developed with CANS
  - i. CANS-IP: Life Domain Functioning section (18)

- ii. CANS-CSE: Health- Physical to Medication Compliance
- d. Would Require Linkage with CWS/CMS
  - i. MediCal records
  - ii. Department of Health Care Services records (including Healthcare Effectiveness Data and Information Sets (HEDIS) measures, in development)

## **6. EDUCATIONAL ATTAINMENT**

- a. Currently Existing Measures on CCWIP Website
  - i. 6B Individualized Education Plan (IEP)
- b. Measures that Could Be Developed Using Existing CWS Fields
  - i. Health and Education Passport
  - ii. Child services documented in case plan (e.g. tutoring, grade level)
- c. Measures that Could Be Developed with CANS
  - i. Life Domain Functioning section (15-17)
- d. Would Require Linkage with CWS/CMS
  - i. California Department of Education dataset

## **7. PARTICIPATION IN EXTRACURRICULARS/WORKFORCE DEVELOPMENT**

- a. Currently Existing Measures on CCWIP Website
  - i. None identified
- b. Measures that Could Be Developed Using Existing CWS Fields
  - i. Child services documented in case plan
- c. Measures that Could Be Developed with CANS
  - i. None identified
- d. Would Require Linkage with CWS/CMS
  - i. None identified

## **8. AGENCY/LOCUS OF CONTROL**

- a. Currently Existing Measures on CCWIP Website
  - i. None identified
- b. Measures that Could Be Developed Using Existing CWS Fields
  - i. None identified
- c. Measures that Could Be Developed with CANS
  - i. CANS-IP: Life Domain Functioning section (14)
  - ii. CANS-CSE: Individual Youth Strengths – Talents through Resiliency
- d. Would Require Linkage with CWS/CMS
  - i. None identified

## **9. SUBSTANCE USE**

- a. Currently Existing Measures on CCWIP Website

- i. None identified
- b. Measures that Could Be Developed Using Existing CWS Fields
- c. Measures that Could Be Developed with CANS
  - i. CANS-IP: Life Domain Functioning section (8)
  - ii. CANS-CSE: Substance Use (SUD) Module
- d. Would Require Linkage with CWS/CMS
  - i. Department of Mental Health - Alcohol and Other Drugs dataset

## **10. LEGAL/FINANCIAL**

- a. Currently Existing Measures on CCWIP Website
  - i. None identified
- b. Measures that Could Be Developed Using Existing CWS Fields
  - i. Dual supervision (child welfare and juvenile justice)<sup>10</sup>
- c. Measures that Could Be Developed with CANS
  - i. None identified
- d. Would Require Linkage with CWS/CMS
  - i. Juvenile Justice/Probation dataset(s)
  - ii. Law enforcement records

## **11. OTHER RISK BEHAVIORS**

- a. Currently Existing Measures on CCWIP Website
  - i. None identified
- b. Measures that Could Be Developed Using Existing CWS Fields
  - i. None identified
- c. Measures that Could Be Developed with CANS
  - i. Risk Behaviors section (26 - 28)
  - ii. CANS-CSE: System Factors Loiter/solicit arrests, other arrests, Incarcerations
  - iii. CANS-CSE: Runaway – Frequency through Realistic Expectations
- d. Would Require Linkage with CWS/CMS
  - i. Law Enforcement records
  - ii. Juvenile Justice/Probation dataset(s)

## **12. YOUTH PARENTS/PREGNANCY AND SEXUAL HEALTH**

- a. Currently Existing Measures on CCWIP Website
  - i. 8B \* Youth Parents in Foster Care

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<sup>10</sup> Note that this field is completed on a voluntary basis, and only captures whether a youth is dually supervised by the child welfare and juvenile justice systems, not whether they have open cases or involvement with both systems. For more consistent data collection, CDSS should consider requiring completion of this section and exploring more systematic ways of indicating whether a youth is involved in both systems.

- b. Measures that Could Be Developed Using Existing CWS Fields
  - i. None identified
- c. Measures that Could Be Developed with CANS
  - i. CANS-CSE: Health – Pregnancies, STD’s, Abortions
- d. Would Require Linkage with CWS/CMS
  - i. MediCal records

**13. HEALTHY RELATIONSHIPS AND SOCIAL SUPPORTS**

- a. Currently Existing Measures on CCWIP Website
  - i. None identified
- b. Measures that Could Be Developed Using Existing CWS Fields
  - i. Return to Prior Caregiver/Placement following Placement Closure or Runaway episode
  - ii. Visits with families, siblings
- c. Measures that Could Be Developed with CANS
  - i. CANS-CSE: Parental Risk Factors – Substance Exposure to Transient Household
  - ii. CANS-CSE: Exploitation – Duration through Stockholm Syndrome
  - iii. CANS-CSE: Environmental Strengths – Family to Resourcefulness
  - iv. CANS-CSE: Risk Behaviors – Intimate Relations
  - v. CANS-CSE: Individual Youth Strengths – Peer Relationships
  - vi. CANS-CSE: Environmental Strengths – Family
  - vii. CANS-IP: Strengths – Family Strengths, Interpersonal, Spiritual/Religious, Community Life, Natural Supports
- d. Would Require Linkage with CWS/CMS
  - i. None identified