



## MISSEY Direct Services Information

### Services for Sexually Exploited Girls and Young Women Ages 11-21

*Motivating, Inspiring, Supporting, and Serving Sexually Exploited Youth (MISSEY)* advocates and facilitates the empowerment and inner transformation of sexually exploited youth by holistically addressing their specific needs. MISSEY collaborates to bring about systemic and community change to prevent the sexual exploitation of children and youth through raising awareness, education and policy development.

Every day some of the Bay Area’s most vulnerable children and youth are sexually exploited for other people's profit. They are bought and sold, beaten, drugged, hustled, molested, and raped. Ultimately, they are discarded when they no longer fetch a price. The number of *Commercially Sexually Exploited Children* (CSEC) and youth are increasing, while the average age is decreasing. Further, these children and youth are often considered criminals, as if they're seeking to be abused, rather than victims of domestic human trafficking.

MISSEY’s direct services include the following:

- ❖ The Safe Place Alternative (SPA) - a drop-in center dedicated to providing life skills and self-sufficiency training, enrichment and recreational activities and connections to resources and opportunities for long-term sustainability.
- ❖ An Intensive Case Manager who works closely with sexually exploited girls under 18 to assist with overall stability including connections to medical and mental health professionals, housing options, educational programs and institutions and basic needs assistance. The Case Manager collaborates closely with parents/guardians, care providers, probation officers, social workers and other individuals responsible for the lives of children to produce empowering outcomes for the child.
- ❖ A Resource Specialist who works one-on-one with clients to explore and pursue higher education, trade/ certification programs, careers and employment, housing, enrichment opportunities and various other community and governmental resources.

| Service Type                   | Times Available  | By Appointment/Drop-in           |
|--------------------------------|--|----------------------------------|
| SPA Drop-in Center, ages 14-17 | Monday-Thursday, 2:00-6:00                             | Drop-in for current clients only |
| Case Management, ages 11-17    | Monday-Friday, 9:00-6:00                               | By Appointment                   |
| Resource Services, ages 18-21  | Monday-Thursday, 9:30-1:30<br>Monday-Friday, 9:00-6:00 | Drop-in<br>By Appointment        |



## MISSEY Direct Services Referral Form

### Youth Information

\_\_\_\_\_  
Youth Name (First Name & Last Name) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of Birth

\_\_\_\_\_  
Youth's Contact Number(s)

\_\_\_\_\_  
Youth's Current Location

|  |                                       |   |
|--|---------------------------------------|---|
| Does this minor have a history of abuse?   | Have you referred this minor before?  | Youth's current legal status, if known?         |
| Physical Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> 1st referral | <input type="checkbox"/> Foster care (300)      |
| Sexual Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   | <input type="checkbox"/> 2nd referral | <input type="checkbox"/> Juvenile Justice (602) |
| Neglect <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown        | <input type="checkbox"/> 3rd referral | <input type="checkbox"/> In detention at ACJJC  |

Has there been any known recent (within last 30 days) sexual assault?  Yes  No  Unknown

### Referral Source Information

Referring Person's Name: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Agency or Relationship to minor: \_\_\_\_\_ Time of Referral: \_\_\_\_\_

Referring Person Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did youth come into contact with the referral source: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAX THE COMPLETED FORM TO 866-585-7819, ATTN: DIRECT SERVICES  
MANAGER. PLEASE INCLUDE A CONFIDENTIAL COVER PAGE.**

### BOTTOM PORTION COMPLETED BY MISSEY STAFF ONLY

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Date of referral receipt: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of initial contact with minor: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Method of contact: \_\_\_\_\_

MISSEY Direct Services referral to:  
 SPA drop-in center  
 Intensive Case Management  
 Resource Services