

Who's on Your CSEC team?

The need for a standardized CSEC MDT process



What is a Multidisciplinary Team?

- ✓ Groups of professionals from diverse disciplines who come together to provide comprehensive assessment and consultation for specific cases.
- ✓ Is a highly communicative group whose members possess different skills and abilities, share a common purpose, and work together to achieve clearly identified goals.

✓ Requires effective inter-agency collaboration to be successful

CSEC specific MDT

409.1754, F.S.

- √ (2) a. 2(b) The department, or a sheriff's office acting under s. 39.3065, shall conduct a multidisciplinary staffing for each child ¹who is a suspected or verified victim of commercial sexual exploitation. The staffing must use the assessment, local services, and local protocols required by this section to develop a service plan. The service plan must identify the needs of the child and his or her family, the local services available to meet those needs, and whether placement in a safe house or safe foster home is needed.
- ✓ The department or sheriff's office shall coordinate the staffing and invite individuals involved in the child's care, including, but not limited to, the child, if appropriate; the child's family or legal guardian; the child's guardian ad litem; Department of Juvenile Justice staff; school district staff; local health and human services providers; victim advocates; and any other persons who may be able to assist the child.

CSEC specific MDT 409.1754, F.S.

✓ (1) (c) The department shall adopt rules that specify the initial screening and assessment instruments to be used and provide requirements for their use and for the reporting of data collected through their use.

✓ FAC 65C-43.002 Reporting

Each lead agency and regional Department of Children and Families, Family Safety Office shall provide the following information about children and young adults the lead agency serves to the Department's Office of Child Welfare on a monthly basis: (Screening, Placement and Services for Sexually Exploited Children and Young Adults Reporting Checklist)

CSEC specific MDT CFOP 170-14

6. a (5) When there is <u>suspicion or verification of human trafficking</u>, initiate a multidisciplinary staffing (MDT) as soon as possible but no later than two weeks from receipt of the investigation, that shall include, but not be limited to:

- Child protective investigations
- Community-based care lead agency (CBC)
- Children's Legal Services
- Regional Criminal Justice Coordinator
- Law enforcement,
- Guardian ad Litem
- Child/Family if appropriate

- Department of Juvenile Justice
- Current service providers or immediate eligible service providers
- School staff and
- Refugee Services or a refugee services provider in those cases when a foreign national victim is involved.

CSEC specific MDT cfop 170-14

A multidisciplinary staffing should be coordinated in or in conjunction with the *child victim's home resident county* to best provide services and support to the victim and victim's family.

The MDT needs to address the level of placement to best meet the child victim's needs, and, for the CSEC maltreatment only, if the child is not already placed in a safe house or safe foster home, in coordination with the CBC representative for tracking purposes, assess for a safe house or safe foster home placement.

MDT attendees, recommendations and outcomes must be documented in FSFN under Meeting type - CSEC/Labor Trafficking.

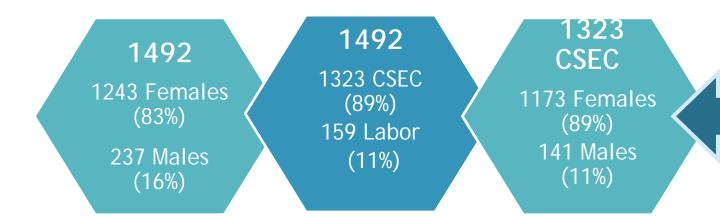
SB 852 - Effective Oct. 1, 2017

- 7 NEW!
- MDT must inform and develop a case/service plan for all suspected and confirmed victims.
- Results of the assessment and MDT must be included in next JR and at each subsequent JR, the court must be advised in writing of child's placement status and permanency plan.
- Six month follow up for dependent and community* children to assess status of service plan and child's stability.
- Additional reporting requirements for the monthly Screening, Placement and Services For Sexually Exploited Children and Young Adults Reporting Checklist that is rolled up to the Legislature

(* Six months after the completion of the investigation and is voluntary for the family to respond.)

Florida Statistics 2016 CY

Unique IDs	Verified	Not Substantiated	No Indicators	Open
1492	340 (23%)	334 (23%)	802 (54%)	16



Were there over 600 CSEC specific MDTs in Florida last year?

How do we respond?

Identified coordinator/facilita tor in each County, and a location.

 Responsible for sending invitations to all parties.

Scheduled within two weeks of intake.

Preferred face to face

For counties with weekly intakes, an ongoing bi-weekly scheduled should be established.

Is your CAC the best partner for CSEC MDTs?

MDT experienced

Forensic interviewers



MD consults

Sexual Trauma Therapist

Child friendly-victim focused

Expanding Establishing Sexual trauma your team... therapist/ your core mental health Children **CPT** team... Legal (medical) services School GAL/AAL Counselor CBC Clinical/ DCF/CJC **Placement** Case DJJ/JPO Management SAO/ CPS Federal Prosecutor LE Local/ Victim Centered Federal Coordinator/Facilitator

CPI - Email to MDT Coordinator/Facilitator

Please put Intake 2017-0000 on the Human Trafficking MDT schedule for next week. Please invite ...

MDT Coordinator sample email to team

Good Morning Team,

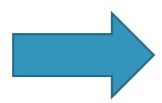
There are only 2 staffings this week, but the first one will be 30 minutes due to the concurrent HT and In-home investigations. Please forward <u>only</u> to any other providers/agencies involved with these children.

Who is responsible for what?

Completing the "Screening, Placement and Services for Sexually Exploited Children and Young Adults Reporting Checklist"

Safe House Assessment or "The Level of Human Trafficking Placement Tool " (now part of new MDT Tool)

MDT tool, Documenting MDT recommendations, including tasks to be completed

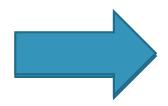


Directions on who is responsible for each sections at the top of page 1, 3, and 8.

Child Protection Investigations: Human Trafficking (HT) MDT Staffing Form

Case Information Section, Questions # 1- 6, and Child Six Month Follow-Up Method Section completed by CPI prior to MDT and forwarded to Facilitator

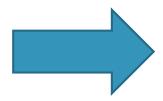
+‡+	prior to MD1 and forwarded to Facultator			
	Case Information			
	Child Name:	Child DOB:		
	Child's Gender:	Child Type:		
		Community: Dependency:		
	Medical Conditions (i.e. Asthma, allergies):	Mental Health Diagnosis History:		
	Medications: Yes No	Substance Misuse: Yes No		
	List Medications:	Description of Substances used:		
	Child Protection Investigator (CPI) Assigned:	CPI Supervisor Assigned:		
	Dependency Case Manager (DCM) Assigned:	DCM Supervisor Assigned:		
	Date Investigation Rec'd:	FSFN Intake Investigation Number:		
	HT Maltreatment:	Investigative Findings:		
	☐ Labor Trafficking	☐ Not Substantiated		



Directions on who is responsible for each sections at the top of page 1,3,and 8.

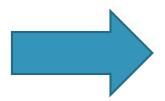
Child's Service Plan Referral Summary Questions #7-17 completed by HT MDT Facilitator

7. Crisis Intervention Services (i.e. forensic exam, counseling intake appointment, GYN, transportation):	
8. General Counseling and/or Victim- Witness Counseling: Yes No Explain:	
9. Comprehensive Assessment (i.e. most recent Safe Home Treatment Notes, CBHA, Psychological): Yes Explain (recommendations):	s 🔲 No
10. Behavioral Health Services: Yes No	
11. Recreational Activities: Yes No Explain:	



Level of Placement Tool can be completed here. Pg. 4

15. Level of Pla	cement Tool completed: Tes Tes Tes Yes No (If yes, skip to 15f below. If no, answer questions 15a-15f)
15a. Will TI	hey Stay Put? Tyes No No Not likely Most likely
	Runaway History (with "running" defined as >8 hours, whereabouts unknown):
	1- 0-1 Episodes
	2- 2 Episodes
	3- 3 Episodes
	4- 4 and over episodes
	Foster Care History:
	 No prior foster care placement OR no disruptions in placement due to child's behavior.
	2- No disruptions in placement due to child's behavior in last six months; Youth open to foster care option.
	3- History of multiple failed foster placements; loss of placement due to child's behavior in last six months.
3.	Gang Involvement:
	1- No active gang involvement.
	 Suspected affiliation with gang, but no clear signs (tattoos, branding, clothing); no evidence of familial
	gang involvement.
	 Evidence of familial involvement in gang, but youth denies involvement.
	4- Active gang involvement.
	Pimp Involvement:
	1- No close pimp involvement.
	2- Associated with pimp but denies emotional attachment.
	3- Close pimp involvement; Pimp looking for survivor; Survivor highly attached to pimp, describes pimp as
	boyfriend; deep bonds with exploiter.
	Drug Involvement:
	1- No, or minimal, drug and alcohol use.
	2- Occasional drug use.
	3- Regular drug use.
	4- Daily narcotic drug use with addiction.
15h Will Ti	hey Disrupt? Tyes No No Not likely Most likely
100. 11111 11	6. Behavior Status:
	1- No daily behavioral outbursts
	2- Intermittent behavioral outbursts, can be deescalated
	2. Multi-da-Tallahari and Salara and Anti-di-di-di-da-da-da-da-da-da-da-da-da-da-da-da-da-



Directions on who is responsible for each sections at the top of page 1,3,and 8.

Suspected and Verified HT Victims Service Plan Summary to be completed at MDT by facilitator and then forwarded to Regional Human Trafficking Coordinator (RHTC) with this Child Follow Up Method attached.

Child Follow-Up Method (Verified HT only)

Completed by CPI

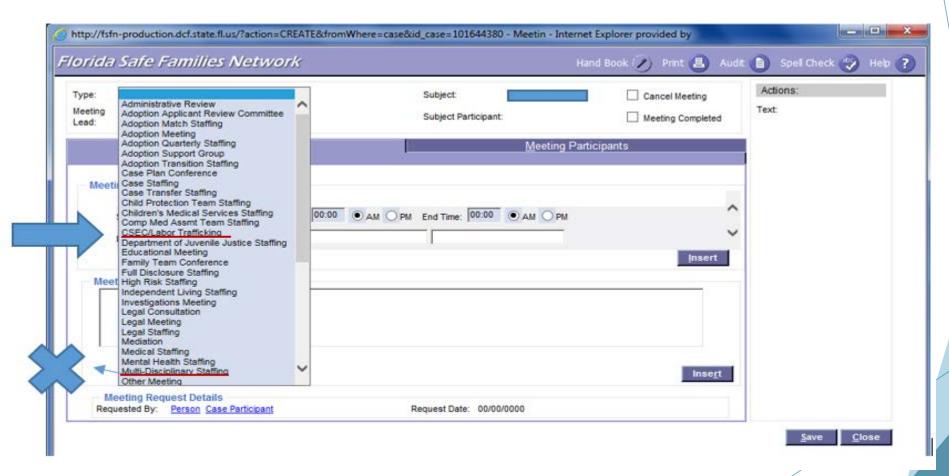
Community Child's Contact Information:	
Child's Alias:	
Home Address:	
Home Phone:	
Cell Phone:	
Email:	
Social Media Site:	
Social Media User Name:	
Family Contact Information:	
Legal Guardian Name:	
Home Address:	
Home Phone:	
Cell Phone:	
Email:	
Preferred Method of Contact:	
Home Phone	
Cell Phone	
■ Email	
	OR
D 1 (C1:11 C 1 1 E C 1 1 E	
Dependent Child Contact Information:	
DCM Name/Phone/Email:	
DCM Supervisor Name/Phone/Email	
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CPI needs to ask family what is their preferred method for 6 months follow up. This is completed prior to MDT and forwarded with service plan to CJC post MDT.

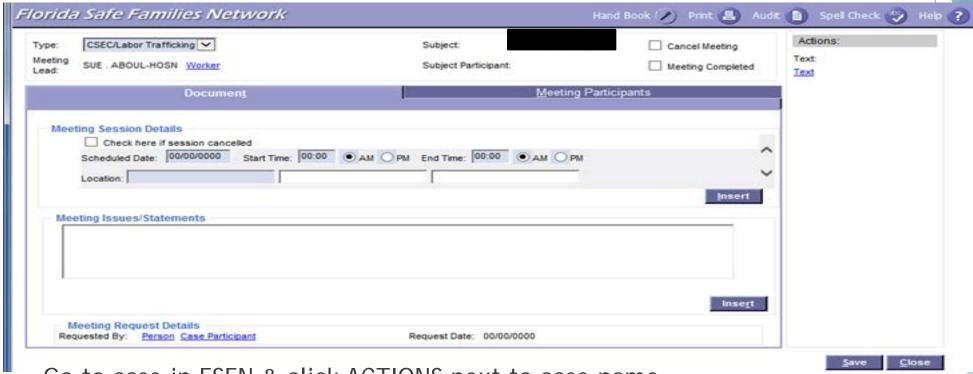
The services recommended at the conclusion of the MDT are checked here. A copy of this form is then attached to the 6 month follow up method page and provided to the CJC. The MDT tool in its entirety is scanned and uploaded under meeting type -CSEC/Labor Trafficking where MDT notes are documented.

3	•
	Verified HT Victims Service Plan Summary
Child Services Offered from Child Prot	ection or Case Management:
Emergency Shelter and runaway center Outpatient individual or group counseling substance use disorder treatment services Drop-in centers or mentoring programs Commercial sexual exploitation treatments Child Advocacy Center Services Prevention Services Family Foster Care Therapeutic Foster Care Safe House or Safe Foster Home Residential Treatment Program Employment or workforce training Other (Explain):	ing for the victim and the victim's family or legal guardian vices s
Follow Up (to be completed by RHTC):	Please note this is completed by RHTC
Was a referral made for services recon	nmended in the service plan for verified victim: 🔲 Yes 🔲 No 🔲 N/A
Were the services received: 🔲 Yes 🔲	No □ N/A
f not, Explain:	
If not, Explain:	
Were the services completed: Yes	

Document MDT Staffing in FSFN under Meeting Type: CSEC/Labor Trafficking

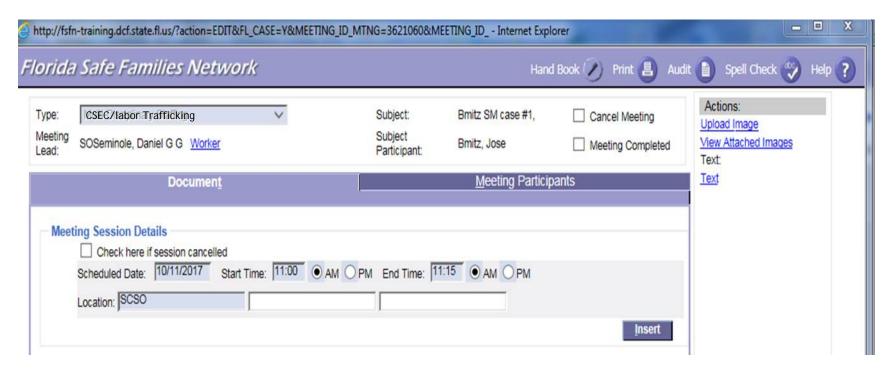


Creating a Meeting



- Go to case in FSFN & click ACTIONS next to case name
- Click CREATE A MEETING will bring up blank meeting box
- Select type in top left corner as CSEC/Labor Trafficking
- Complete Meeting Session Details box
- Press SAVE
- Upload image Hyperlink appears in top right corner under Actions

Creating a Meeting



- Once image is uploaded, Meeting Issues/Statements box disappears
- Image is now accessible through File Cabinet as well as being attached to Meeting Note.
- Complete Meeting Participants tab and SAVE as cancelled or completed

Screening, Placement and Services For Sexually Exploited Children and Young Adults Reporting Checklist *revised 10/2017

- ► The document is divided into two parts.
- Part 1 is to be completed during the multidisciplinary team (MDT staffing) for each child suspected or verified as being a victim of human trafficking.
- ► Part 2 is to be completed on a monthly basis and provided to the Regional Criminal Justice Coordinator (CJC) for your area.



Screening, Placement and Services For Sexually Exploited Children and Young Adults Reporting Checklist

PART 1: To be completed for each child suspected or verified as being a victim of human trafficking.		
child:	Date of	Birth: Gender:
Date Human Trafficking Screening Tool was administered		Date:
Screener's Name and Title		Name/Title:
Date the MDT was completed		Date:
 Child was suspected or verified as a commercially sexually exploited victim 	Yes No	If yes, identify the child protective investigation findings (i.e., verified, no substantiated, no indicators).
Safe house assessment completed on the child	No No N/A- child is not a verified victim	If yes, identify date(s) and type of assessment (i.e., suitability assessment, CBHA, Level of Placement Tool, Discharge Summaries etc.):
6. Child was sheltered?	No No	Identify type of placement (for both children sheltered and those not): Emergency Shelter and runaway center services Traditional Foster Care Therapeutic Foster Care Safe House Safe Foster Home Residential Treatment Program SIPP JDC Commitment Program Remained in-home with parent/caregiver Relative Placement Non-relative Placement Other (Explain):

Child was referred for specialized services (CPI/CBC are required to refer suspected and verified victims for specialized services and document in FSFN)	No Yes	If yes, identify which service: Emergency Shelter and runaway center services Outpatient individual or group counseling for the victim and the victim's family or legal guardian substance use disorder treatment services Drop-in centers or mentoring programs Commercial sexual exploitation treatment programs Child Advocacy Center Services Prevention Services Employment or workforce training Other (Explain): Date of referral: Date of referral: Outcome of referral (i.e., child refuse child was on runaway, child actively participating):
For Dependency or Community suspected or verified victims, did the CBC accrue costs for specialized services?	□ Yes □ No	If yes, identify estimated cost per da (in out of home care placements) an services (for example; counseling, medications, transportation) CBC pa for not covered by other funding stream. Placement Costs: Other Service Costs: If other funding streams supported the placement, please identify (i.e., Medicaid, grants, etc.) and service (i.e., counseling):

Month:

ART 2: Region/Circuit Monthly Reporting		
Month: Region/Circuit		
Community-based Care Agengy		
Total number of children and young	CPI Completed	
adults assessed using the Human Trafficking Screening Tool.	CBC/CMO Completed	
	DJJ completed	
 Total number of children and young adults determined to be verified victims of sexual exploitation. 		
 Total number of children and young adults assessed for a safe house placement. 		
Total number of children and young adults who were referred to specialized non-residential services in the community to address their needs as a victim of sexual exploitation.		
 Total number of children and young adults who were placed in a safe foster home or safe house. 		
Total number of children and young adults who were referred to a safe foster home or safe house, but placement was unavailable		
 Total number of children and young adults that were not placed in a safe house or safe foster home due to lack of funding or funding eligibility 		
Total number of children and young adults who were not placed in a safe foster home or safe house due to lack of recommendation (i.e., suitability assessment, Comprehensive Behavioral Health Assessment, etc.)		
 Total number of children and young adults who were not placed due to a runaway episode: 		

Total cost accrued this month by CBC for specialized services for dependency or community suspected and verified victims: (including those with no status changes this month)	Placement costs:
Total screened: Total served: Total screened (not screened in prior months): Total served (not served in prior months):	

Follow up documentation:

CPI must document MDT meeting in FSFN and include:

- Who attended
- Recommendations/Service Plan

MDT Tool must be scanned into filing cabinet.

 A copy of the Service Plan Summary and follow up method must be provided to the CJC.

Designated CBC POC must maintain Screening, Placement and Services For Sexually Exploited Children and Young Adults Reporting Checklist for each child screened.

PART 2 must be forwarded to their designated CJC monthly.



Follow up MDT as needed



Once we know the results of the behavior/mental health assessment & substance abuse evaluation, we would reassess his or her needs.





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Contact Information

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