

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

Case Information	
Child Name:	Child DOB:
Child's Gender:	Child Type: Community: <input type="checkbox"/> Dependency: <input type="checkbox"/>
Medical Conditions (i.e. Asthma, allergies):	Mental Health Diagnosis History:
Medications: <input type="checkbox"/> Yes <input type="checkbox"/> No List Medications:	Substance Misuse: <input type="checkbox"/> Yes <input type="checkbox"/> No 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: <input type="checkbox"/> Labor Trafficking <input type="checkbox"/> Sex Trafficking- CSEC	Investigative Findings: <input type="checkbox"/> Not Substantiated <input type="checkbox"/> Verified <input type="checkbox"/> Open Investigation/undecided
Date HTST Completed:	Other Current Investigation Maltreatments:

1. HT Indicators (select all that apply):

- Youth's acknowledgement of being trafficked
- Report of HT by parent/guardian and/or adult professional
- 4+ Runaway Episodes
- 12 years or older with sexual abuse history (with or without findings)
- Inappropriate sexual behaviors (not limited to prostitution)
- Child known to associate with CSEC Youth
- Child recovered from a hotel or known area of prostitution
- Child has no knowledge about community he/she is located in
- Child is not allowed or unable to speak for him/herself and may be extremely fearful.
- Child has no personal items/possession
- Child has material items he/she cannot afford
- Child shows signs of being groomed
- Suspicious tattoos or other signs of branding
- Child associates and/or relationships with age-inappropriate adults
- Child has sexually suggestive activity on social media websites and/or chat apps.

2. Currently Assigned Key Stakeholders

a. Child's Legal Guardian

Guardian Name/Relationship to Child/Email: _____

b. Criminal Law Enforcement (LE) Investigator Assigned: Yes No

LE Agency/Name/Email: _____

Police Report Number (s) for HT Criminal Case: _____

c. Therapist Assigned: Yes No

Therapist Agency/Name/Email: _____

d. Guardian Ad Litem (GAL) Assigned: Yes No

GAL Name/Email: _____

e. Child's Attorney Assigned: Yes No

Child's Attorney Name/email (Criminal Court): _____

Child's Attorney Name/email (Dependency Court): _____

Child's Attorney Name/email (Immigration Court): _____

f. Child Advocate Assigned: Yes No

Child's Advocate Name/Email: _____

g. Child Mentor Assigned: Yes No

Child's Mentor Name/Email: _____

h. Juvenile Probation Officer (JPO) Assigned: Yes No

JPO Name/Email: _____

3. List Child's Criminal History:

4. Prior Investigations:

5. Summary of HT Concerns:

6. Other concerns to be addressed:

Intake # _____ Child's Name _____

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): Yes No
Explain: _____

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 No

Explain (recommendations): _____

10. Behavioral Health Services: Yes No

Explain: _____

11. Recreational Activities: Yes No

Explain: _____

12. Child Enrolled in School: Yes No

Explain: _____

13. General needs being met (food, clothing, supplies, infant care): Yes No

Explain: _____

14. Other:

Explain: _____

15. Level of Placement Tool completed: Yes No N/A (If yes, skip to 15f below. If no, answer questions 15a-15f)

15a. Will They Stay Put? Yes No Not likely Most likely

Intake # _____ Child's Name _____

1. 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
2. Foster Care History:
 - 1- 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.
 - 2- Suspected affiliation with gang, but no clear signs (tattoos, branding, clothing); no evidence of familial gang involvement.
 - 3- Evidence of familial involvement in gang, but youth denies involvement.
 - 4- Active gang involvement.
4. 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.
5. 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.

15b. Will They Disrupt? Yes No Not likely Most likely

6. Behavior Status:
 - 1- No daily behavioral outbursts
 - 2- Intermittent behavioral outbursts, can be deescalated
 - 3- Multiple daily behavioral incidents, needs strict individualized behavior plan with high need for consistent and frequent reinforcement and supervision
 - 4- Dangerous acting out; Possible restraint needed; history of fire setting and/or animal cruelty.
7. Psychiatric History:
 - 1- No previous psychiatric history, no medications
 - 2- Psychiatric diagnosis, no medication
 - 3- Psychiatric diagnosis, on psychotropic medication
 - 4- Psychiatric diagnosis, noncompliant with psychotropic medication.
8. Danger to Self or Others:
 - 1- No thoughts of suicide or harming others, no history of gestures.
 - 2- Passive suicidal thoughts; passive thoughts of hurting others.
 - 3- Suicidal or homicidal thoughts, no gestures, no plan.
 - 4- Actively suicidal or homicidal with gestures; aggressive, assaultive, threatening; actively recruiting peers to go to exploiter.
9. Recruiting:
 - 1- Client not a risk to recruit others into trafficking within the facility.
 - 2- Client suspecting of recruiting others into trafficking in the past.
 - 3- Client has a history of recruiting others, has been caught eloping with others out of a placement.

15c. Are They Ready? Yes No Not likely Most likely

10. Motivation to change:
 - 1- **Maintenance:** Maintaining behavior change that is now integrated into the person's life.
 - 2- **Action/Willpower:** Making the change and living the new behaviors.
 - 3- **Preparation/Determination:** Taking steps and getting ready to change.
 - 4- **Contemplation:** Acknowledging that there is a problem but struggling with ambivalence. Weighing pros and cons, and benefits and barriers to change.

Intake # _____ Child's Name _____

- 5- **Pre-contemplation:** Avoidance. Not seeing a problem behavior, or not considering change.
- 11. Medical Stability:
 - 1- No immediate medical concerns.
 - 2- Neglected preventive medical issues requiring outpatient attention when possible.
 - 3- Chronic medical conditions requiring outpatient care as soon as possible.
 - 4- Acute medical illness or trauma requiring immediate medical care.

15d. Is there School, Community, and Family Supports?

- 12. Educational involvement:
 - 1- History of consistent school involvement and attendance.
 - 2- Consistent school attendance but poor grades/ test scores.
 - 3- History of school failure, inconsistent attendance.
 - 4- No school involvement, truant or has dropped out of school.
- 13. Family support:
 - 1- Parent/caregiver involved, want child in home, willing to be actively involved in treatment.
 - 2- Parent/caregiver involved, regular contact, moderate dysfunction, open to treatment.
 - 3- Minimal caregiver involvement, low level of support, marked family dysfunction
 - 4- No parental/caregiver figures involved, or family involved in criminal behavior.
- 14. Community Support:
 - 1- The youth resides in neighborhood with high level of afterschool activities, job opportunities, and recreational choices.
 - 2- The youth resides in neighborhood with moderate number of afterschool activities, job opportunities, and recreational choices.
 - 3- The youth resides in neighborhood with low opportunity, few choices for recreational activities and jobs.

15e. Placement Location Considerations

- 15. Legal:
 - 1- There is no legal case pending.
 - 2- There is a legal case pending and legal/law enforcement needs access to client.
- 16. Peer Cohort:
 - 1- There are no peer issues for placement.
 - 2- There are peers involved in the trafficking, and these peers cannot be placed in same setting; peers share exploiter or pimp.
- 17. Danger:
 - 1- There is no consideration of danger in placement. Trafficker is not a threat for any reason.
 - 2- Client has been threatened by exploiter, is in danger; exploiter is looking for client.

Other considerations (factors that must be considered in level and location of placement):

15f. Recommendations from Tool

16. Safe Home or Safe Foster Home Placement Recommended: Yes No

Child's Current Placement Name: _____

If No, Child Placement Type (i.e. in home, STGH, Foster Home, SIPP, DJJ): _____

Services provided in Child's Current Placement: _____

Intake # _____ Child's Name _____

17. Plan for further action:

Action:	Person Responsible:	Action Due Date:
Referred Service provider and contact info:		
Other Actions:		
<p>SB 852 (PG 3 of 28 (2)): The results of the HTST, MDT Staffing, and actions taken as a result of the assessment must be included in the disposition hearing or next judicial review of the child. At each subsequent judicial review, the court must be advised in writing of the status of the child's placement, with special reference regarding the stability of the placement, any specialized services, and the permanency planning for the child.</p>		

Intake # _____ Child's Name _____

Signature Sheet

Facilitator Name: _____

Facilitator Agency: _____

Agency/Position:	Name:	Signature:	Date:

Intake # _____ Child's Name _____

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

Dependent Child Contact Information:

DCM Name/Phone/Email: _____
DCM Supervisor Name/Phone/Email _____
DCM Agency Name _____

6 Month Follow Up Due Date (6 months from Intake Date): _____

Intake # _____ Child's Name _____

Verified HT Victims Service Plan Summary

Child Services Offered from Child Protection or Case Management:

- 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
- Family Foster Care
- Therapeutic Foster Care
- Safe House or Safe Foster Home
- Residential Treatment Program
- Employment or workforce training
- Other (Explain):

Follow Up (to be completed by RHTC):

Was a referral made for services recommended in the service plan for verified victim: Yes No N/A

Were the services received: Yes No N/A

If not, Explain: _____

Were the services completed: Yes No

If not, Explain: _____

Has the verified victim experienced Human Trafficking since the verified report: Yes No N/A

Has the verified victim been reported missing since the verified report: Yes No N/A

Verified Victim Educational Status: Full Time Part Time Not Enrolled Enrolled, but not attending

Verified Victim (Legal) Employment Status: Full Time Part Time Not Employed

New Involvement in the juvenile or criminal justice system since verified investigation: Yes No N/A

*Dependent Youth Only: Verified victim had more than one placement since the verified report? Yes No N/A

If so, Explain number of placements and type (i.e. safe home, in home, STGH, Foster Home, SIPP, DJJ)

SB 852: (PG 13 of 28 (2)(b)): 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. If the child is dependent, the case plan required by c. 39.6011 may meet the requirement for a service plan, but must be amended to incorporate the results of the MDT Staffing.

Intake # _____ Child's Name _____