

# 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 <sup>1</sup>who 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 suspicion or verification of human trafficking, 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:

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Child protective investigations</li><li>• Community-based care lead agency (CBC)</li><li>• Children's Legal Services</li><li>• Regional Criminal Justice Coordinator</li><li>• Law enforcement,</li><li>• Guardian ad Litem</li><li>• Child/Family if appropriate</li></ul> | <ul style="list-style-type: none"><li>• Department of Juvenile Justice</li><li>• Current service providers or immediate eligible service providers</li><li>• School staff and</li><li>• Refugee Services or a refugee services provider in those cases when a foreign national victim is involved.</li></ul> |
|---|--|

# 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

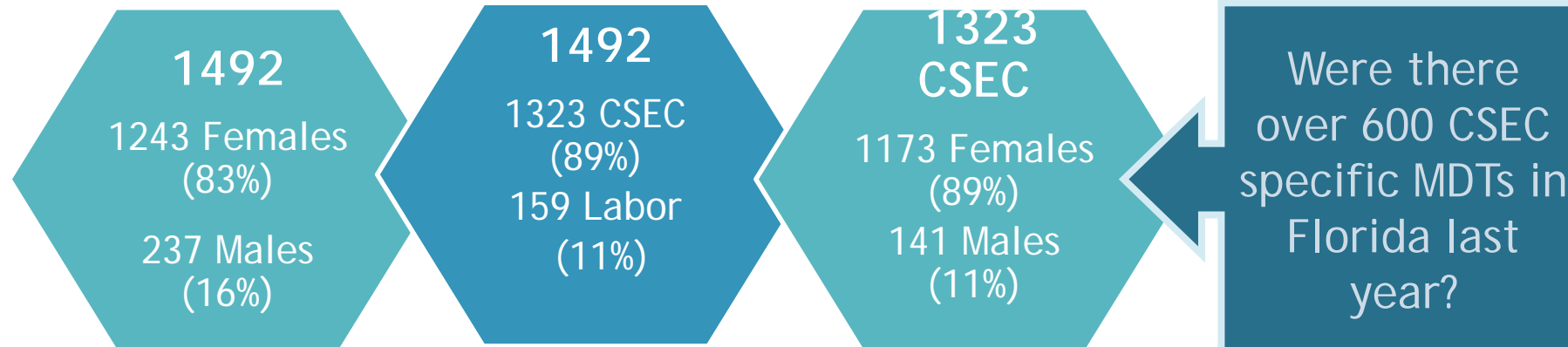


- ▶ MDT must inform and develop a case/service plan for all suspected and confirmed victims.
- ▶ Results of the assessment and MDT must be included in next JR and at each subsequent JR, the court must be advised in writing of child's placement status and permanency plan.
- ▶ Six month follow up for dependent 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





# How do we respond?

Identified coordinator/facilitator 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



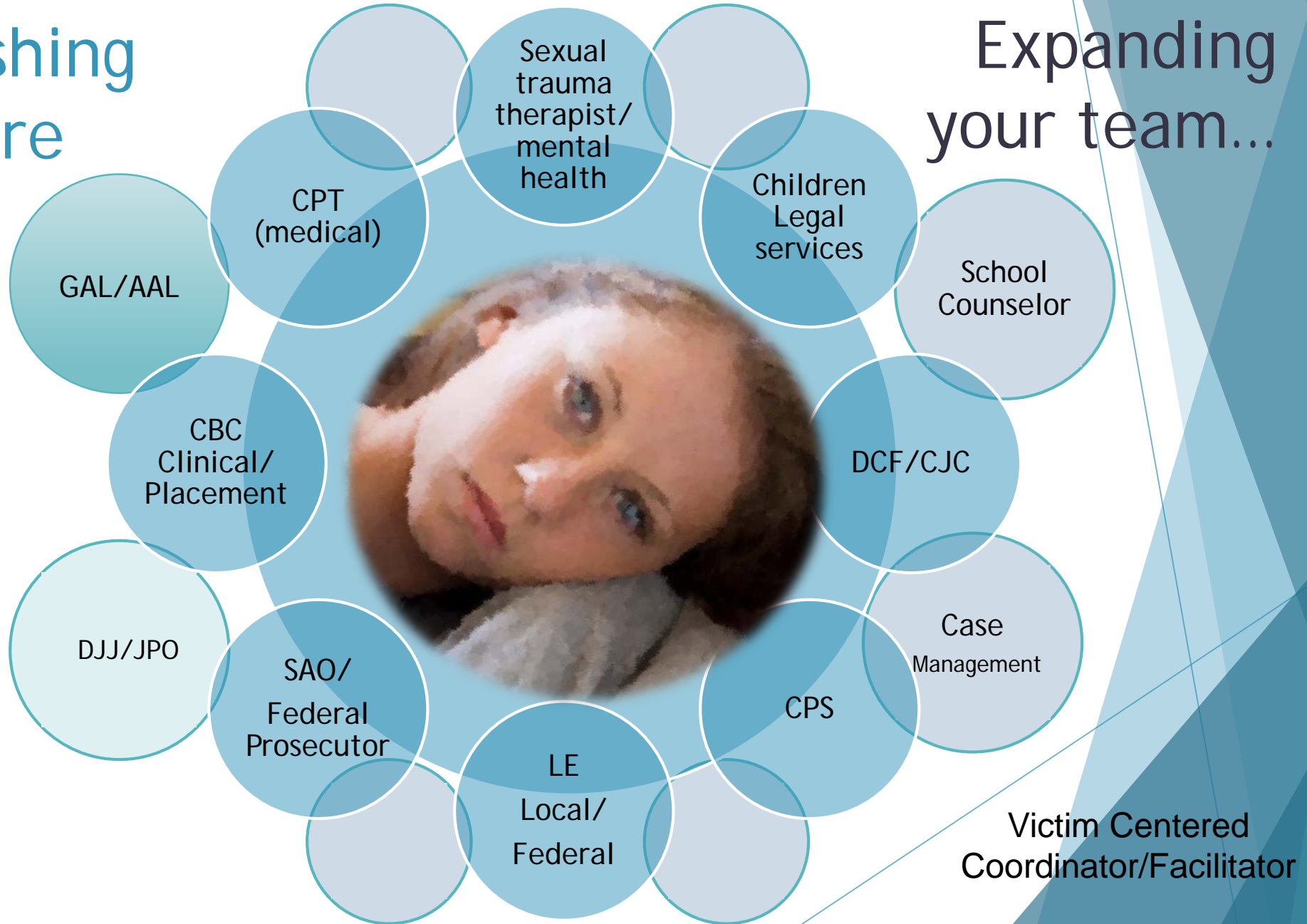
MD consults

Sexual Trauma  
Therapist

Child friendly-victim focused

# Establishing your core team...

# Expanding your team...



## 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 only to any other providers/agencies involved with these children.

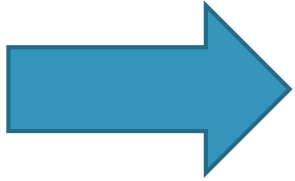
# Who is responsible for what?

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

# MDT TOOL



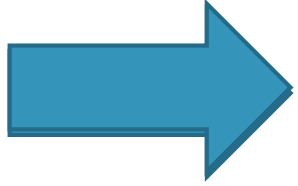
Directions on who is responsible for each sections at the top of page 1, 3, and 8.

## 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*

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	Investigative Findings: <input type="checkbox"/> Not Substantiated

# MDT TOOL



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):  Yes  No  
Explain: \_\_\_\_\_

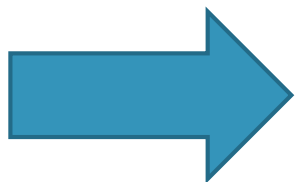
8. General Counseling and/or Victim- Witness Counseling:  Yes  No  
Explain: \_\_\_\_\_

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: \_\_\_\_\_

# MDT TOOL



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

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

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

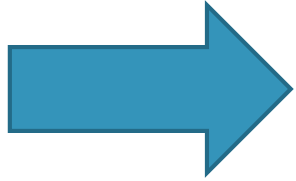
1. Runaway History (with "running" defined as >8 hours, whereabouts unknown):
  - 1- 0-1 Episodes
  - 2- 2 Episodes
  - 3- 3 Episodes
  - 4- 4 and over episodes
2. Foster Care History:
  - 1- No prior foster care placement OR no disruptions in placement due to child's behavior.
  - 2- No disruptions 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



# MDT TOOL



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

### Dependent Child Contact Information:

DCM Name/Phone/Email: \_\_\_\_\_

DCM Supervisor Name/Phone/Email \_\_\_\_\_

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.

# MDT TOOL

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.

## 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):

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**Follow Up (to be completed by RHTC):** Please note this is 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: \_\_\_\_\_

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Were the services completed:  Yes  No

If not, Explain: \_\_\_\_\_

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

http://fsfn-production.dcf.state.fl.us/?action=CREATE&fromWhere=case&id\_case=101644380 - Meetin - Internet Explorer provided by

Florida Safe Families Network

Hand Book | Print | Audit | Spell Check | Help

Type: **Meeting**

Administrative Review  
Adoption Applicant Review Committee  
Adoption Match Staffing  
Adoption Meeting  
Adoption Quarterly Staffing  
Adoption Support Group  
Adoption Transition Staffing  
Case Plan Conference  
Case Staffing  
Case Transfer Staffing  
Child Protection Team Staffing  
Children's Medical Services Staffing  
Comp Med Assmt Team Staffing  
CSEC/Labor Trafficking  
Department of Juvenile Justice Staffing  
Educational Meeting  
Family Team Conference  
Full Disclosure Staffing  
High Risk Staffing  
Independent Living Staffing  
Investigations Meeting  
Legal Consultation  
Legal Meeting  
Legal Staffing  
Mediation  
Medical Staffing  
Mental Health Staffing  
Multi-Disciplinary Staffing  
Other Meeting

Subject:

Subject Participant:

Cancel Meeting  
 Meeting Completed

Actions:  
Text:

Meeting Participants

00:00  AM  PM End Time: 00:00  AM  PM

Insert

Insert

Meeting Request Details  
Requested By: [Person](#) [Case Participant](#) Request Date: 00/00/0000

Save Close

# Creating a Meeting

Florida Safe Families Network

Hand Book Print Audit Spell Check Help

Type: CSEC/Labor Trafficking

Meeting Lead: SUE . ABOUL-HOSN Worker

Subject: [REDACTED]

Subject Participant:

Cancel Meeting

Meeting Completed

Document Meeting Participants

Meeting Session Details

Check here if session cancelled

Scheduled Date: 00/00/0000 Start Time: 00:00 AM PM End Time: 00:00 AM PM

Location:

Insert

Meeting Issues/Statements

Insert

Meeting Request Details

Requested By: Person Case Participant Request Date: 00/00/0000

Actions:

Text: Text

Save Close

- 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

The screenshot shows a web browser window with the URL [http://fsfn-training.dcf.state.fl.us/?action=EDIT&FL\\_CASE=Y&MEETING\\_ID\\_MTNG=3621060&MEETING\\_ID\\_](http://fsfn-training.dcf.state.fl.us/?action=EDIT&FL_CASE=Y&MEETING_ID_MTNG=3621060&MEETING_ID_). The page title is "Florida Safe Families Network". The navigation bar includes "Hand Book", "Print", "Audit", "Spell Check", and "Help".

The form contains the following fields and options:

- Type: CSEC/labor:Trafficking
- Meeting Lead: SOSeminole, Daniel G G [Worker](#)
- Subject: Bmitz SM case #1,  Cancel Meeting
- Subject Participant: Bmitz, Jose,  Meeting Completed

The "Meeting Session Details" section includes:

- Check here if session cancelled
- Scheduled Date: 10/11/2017
- Start Time: 11:00  AM  PM
- End Time: 11:15  AM  PM
- Location: SCSO

An "Insert" button is located at the bottom right of the form. On the right side of the page, there is an "Actions" menu with links for "Upload Image", "View Attached Images", "Text", and "Text".

- 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.



# PART 1



## 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: \_\_\_\_\_

1. Date Human Trafficking Screening Tool was administered	<input type="checkbox"/>	Date: _____
2. Screener's Name and Title	<input type="checkbox"/>	Name/Title: _____
3. Date the MDT was completed	<input type="checkbox"/>	Date: _____
4. Child was suspected or verified as a commercially sexually exploited victim	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, identify the child protective investigation findings (i.e., verified, not substantiated, no indicators).
5. Safe house assessment completed on the child	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Identify type of placement (for both children sheltered and those not):  <input type="checkbox"/> Emergency Shelter and runaway center services <input type="checkbox"/> Traditional Foster Care <input type="checkbox"/> Therapeutic Foster Care <input type="checkbox"/> Safe House <input type="checkbox"/> Safe Foster Home <input type="checkbox"/> Residential Treatment Program <input type="checkbox"/> SIPP <input type="checkbox"/> JDC Commitment Program <input type="checkbox"/> Remained in-home with parent/caregiver <input type="checkbox"/> Relative Placement <input type="checkbox"/> Non-relative Placement <input type="checkbox"/> Other (Explain): _____

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

Community-based care agency representative signature \_\_\_\_\_

Date \_\_\_\_\_

# PART 2

PART 2: Region/Circuit Monthly Reporting	
Month: _____ Region/Circuit: _____	
Community-based Care Agency: _____	
1. Total number of children and young adults assessed using the Human Trafficking Screening Tool.	CPI Completed _____ CBC/CMO Completed _____ DJJ completed _____
2. Total number of children and young adults determined to be verified victims of sexual exploitation.	
3. Total number of children and young adults assessed for a safe house placement.	
4. 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.	
5. Total number of children and young adults who were placed in a safe foster home or safe house.	
6. Total number of children and young adults who were referred to a safe foster home or safe house, but placement was unavailable	
7. 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	
8. 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.)	
9. Total number of children and young adults who were not placed due to a runaway episode:	

10. 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: _____ Other service 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.

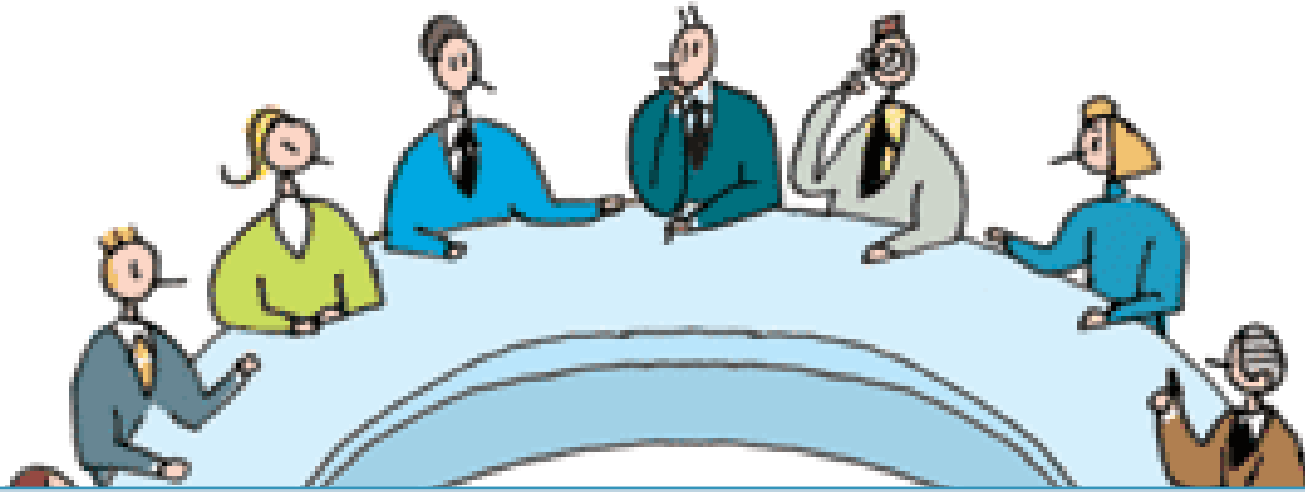
- A copy of the Service Plan Summary and follow up method must be provided to the CJC.

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

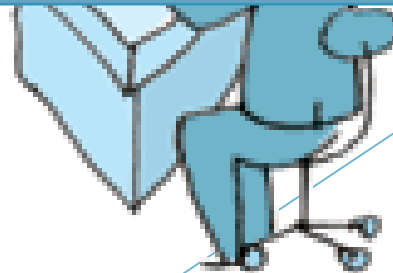
- PART 2 must be forwarded to their designated CJC monthly.



# 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.





# Questions

# Contact Information

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