

**Dallas County CST Care Coordination-MDT Response Protocol
DRAFT
Definitions/Terminology**

Preface

This protocol will address not only the law enforcement response but also the way in which law enforcement and the MDT report recovery of victims vs. identified victims. This will ensure that reported recoveries reflect victims recovered during an active trafficking event.

This Protocol is a DRAFT. It is not designed to restrict or change current investigative policies, procedures, or practices within particular law enforcement agency, but rather to enhance current investigative response.

I. Definitions/Terminology:

1. Child Victim of Sex Trafficking (CST)
 - a. Victims of child sex trafficking are defined as children under 18 years of age who are compelled to engage in prostitution.

2. High Risk Victims (HRV)
 - a. Children with multiple runaways. Multiple runaways will be defined as children who have runaway more than (4) times in a 12-month period.
 - b. Children who are 12 years of age or younger and are a runaway.
 - c. Children who have been reported as, and are currently in runaway status for a prolonged period of time. This prolonged period of time will be defined as children who have been a runaway for over (30) consecutive days.
 - d. Children with repeated reports of sexual abuse and exploitation. Repeat victims of sexual abuse will be defined as (2) or more events in a 12-month period.
 - e. Child victim of sex trafficking.

3. Types of Case Discovery/Origination
 - a. Recovered Victim
 1. Any child under 18 years of age who is recovered by law enforcement officers (Patrol Officers, Vice, Detectives) or CPS under circumstances which appear the child is a victim of child sex trafficking (CST.)
 2. A recovered runaway who is 12 years of age or younger when they are recovered by law enforcement.
 3. Any recovered High-Risk Victims
 4. Victims who are identified at, or present at an area hospital emergency room.

5. Any child recovered on the streets by law enforcement officers, CPS, community partners, who based on the totality of the circumstances at the time of the recovery, feel the child should be classified as a HRV.
 - b. Child Protective Referrals (CPS)
 1. CPS Referrals which allege possible CST
 2. CPS Referrals on a possible HRV
 - c. Placement Disclosures/Referrals- These are victims who have already been recovered and disclose while in the system
 1. Referrals from community partners, placements, shelters where the victim discloses actual or possible CST
 2. Disclosure of sex abuse/exploitation by a HRV
 - d. Conventional System Reports
 1. Case reported through traditional crime reporting to law enforcement.
 - e. Assessment Referrals
 1. A case referral where there has been no victim disclosure, but based solely on a screening tool, is it is believed there is a high likelihood CST or exploitation.
4. Response Continuum
- a. The response to reported, or discovered cases of HRV, or victims of CST is defined as follows:
 1. Identification
 2. Investigation/Prosecution response
 3. Rapid Response Team
 4. Agency Specific Response/Traditional System response
 5. After-care and long term supportive care response
5. Rapid Response Team
- a. A Rapid Response Team could be utilized when a child has been recovered on the streets, regardless if a disclosure has been made, and there is a belief the child is in an exploitative situation.
 - b. The Rapid Response will be divided into three phases providing a hierarchical delivery of services:
 1. Crisis Intervention (Initial Response, - first six hours)
 - a. The initial response team could consist of, but not limited to the following team members:
 - Law Enforcement
 - DFPS Special Investigator (SI)
 - DFPS Caseworker
 - Dallas Children's Advocacy Center
 - Case Coordinator

New Friends/New Life
Traffick911
-Advocate
Prosecutor
Medical

2. Crisis Management (6 hours to 24 hours)
 3. Care Management (24 hours to resolution)
- c. When notified team members will respond in a timely manner defined as a one (1) hour response time.

II. Case Discoveries/Assignment/Response

1. CST/HRV cases could present in a multitude of ways requiring different levels of response dependent on how the case was discovered, reported. Cases are often multi-jurisdictional in nature, starting and ending in the different jurisdictions. To de-conflict, prevent dual follow up investigations, or confusion, the following will be a guide in determining initial investigative responsibility in descending order.
 - a. Recovery location/city
 - b. Location of the offense
 - c. Location of victim's residence.

III. Initial Investigative Response for:

1. Rapid Response for Recovered CST/HRV
 - a. When a HRV/CST is recovered law enforcement will generally get the initial call.
 - b. If a HRV/CST is recovered by other means, i.e. community partners, law enforcement will be immediately notified based on the guidelines listed in Case Discovery/Assignment. (II. 1 a-c)
 - c. Upon notification of a case which would require utilizing a Rapid Response Team, law enforcement will notify the DFPS Special Investigator, (SI) and both will respond and ensure an investigative interview is initiated based on the policies and procedures of the responding law enforcement agency. The goal of this initial investigative interview to identify the following:
 - i. Child's safety, health, protection
 - ii. Determine if a criminal offense occurred
 - d. Upon determination that the case is a CST/HRV, law enforcement will notify the Care Coordinator who will make arrangements to have an advocate respond if needed in a timely manner (1Hour)
 - e. Law Enforcement/CPS, in consultation with the Care Coordinator and members of the Rapid Response team, will determine the initial placement.
 - f. Initial placement may occur after a medical evaluation, if applicable. If initial placement occurs after a medical or psychological evaluation, the Advocate will remain with the child until the placement is completed in most cases.

- g. Upon completion of the initial investigative interview and initial placement, law enforcement and DFPS will conduct their respective follow-up investigations.
2. Investigative Response for Conventional Case Reporting, Case Referrals
 - a. Case referrals will be sent to the law enforcement agency having original jurisdiction and handled according to that agencies current investigative practices and procedures.
 - b. If original jurisdiction cannot be determined the case should be referred as outlined in (II. 1 a-c)
 - c. The law enforcement agency assigned to the investigation will notify the CST Coordinator for advocate assignment
 3. Investigative Response for Assessment Referrals
 - a. Possible cases identified from an assessment referral where there is no disclosure should be handled as follows:
 - i. Sent to the Care Coordinator to assist with coordinating of advocacy and screening services at DCAC and/or advocate agency.
 - ii. If possible CST or Sexual Exploitation is identified then the CST Coordinator would ensure the proper notification is made to the appropriate law enforcement and/or CPS for follow up investigation.
 - iii. If no current victimization is identified, any psychological/social issues will be identified and appropriate referrals made.
 - b. The assigned law enforcement agency will conduct an investigation based on their current practices and procedures and will make referrals for an advocate to be assigned through the CST Coordinator when applicable.
 - c. Attend the multidisciplinary investigative process, and other relevant cross-discipline trainings.
 - d. Attend and actively participate in the Multi-Disciplinary Human Trafficking Team collaboration staffings, meetings and special case reviews.
 - e. Participate in Multi-Disciplinary Human Trafficking Team activities including professional education, community educational efforts, and team building programs.

IV. Care Coordinator Role-

Will provide coordination for all participating agencies and service providers to ensure a strong, cohesive and collaborative approach to all CST/HRV from identification through the investigation process until case has been discharged of the Multi-disciplinary team coordinated services. Case Coordinator will also assist and

ensure resources are identified and met, and critical relationships are cultivated and maintained amongst the Multi-Disciplinary Human Trafficking Team.

A. Care Coordinator Responsibilities

In first 24-72 hour period:

- a. Actively receives notification 24/7 by law enforcement and/or Division of Investigations through phone calls/text messages/and/or email, and given all information possible of CST/HRV;
- b. Initiate (request for) collection of available information in the appropriate database systems for victim information and/or prior victim history; i.e.) Law enforcement, Division of Investigations, and DCAC databases, and notify appropriate agencies.
- c. Contacts advocacy agencies: Traffick911 and New Friends New Life (NFNL), for prior services provided to the victim.
 - 1.) If no services provided by either agency, the Care Coordinator will contact corresponding agency in rotation to assume lead advocate responsibilities. Traffick 911 serves as the primary advocate agency and New Friends New Life serves as the back up to Traffick 911 as decided upon between both agencies based on current case load.
- d. Confirm arrival of Advocate to victim's location or alternate site as desired.
- e. Facilitate Rapid Response Team staffing (through phone calls/emails/face to face meeting), and capture all agency decisions and action plans.
- f. Assists and coordinates with Rapid Response Team medical services for CST/HRV victims;
- g. Assist law enforcement, Department of Investigations, Texas Department of Family and Protective Services (CPS), and Texas Department Juvenile Corrections with contacting shelter agencies if appropriate for placement and adheres to CPS and Texas Department Juvenile Corrections policies for placement requests.
 - 1.) In coordination with NFNL and Traffick911, actively maintains updated information of shelters and placements;
- h. Maintain contact with Advocate agency and/or others responding directly to victim to have updates as applicable to timely decisions made by each agency needed in first few days;

In subsequent periods of time:

- i. Actively maintains contact with advocate to follow the status of CST/HRV victims until case has been discharged from MDT;
- j. Actively shares information with Rapid Response Team of status of CST/HRV victims;

- k. Actively coordinate collection of data and ensure information is entered within database software and reporting of statistical information when needed;
 - 1.) Collect data of placements and outcomes to our response;
- l. Assist in facilitation of collaboration and coordination between the agencies and service providers;
- m. Attend the multidisciplinary investigative process, and other relevant cross-discipline trainings.
- n. Attend and actively participate in the Multi-Disciplinary Human Trafficking Team collaboration staffings, meetings and special case reviews.
- o. Participate in Multi-Disciplinary Human Trafficking Team activities including professional education, community educational efforts, cultivation of relationships amongst the Multi-Disciplinary Human Trafficking Team and team building programs.
- p. Coordinate and facilitate CST/HRV meetings attended by participating agencies and takes lead role in ensuring accountability of all parties involved;
- q. Coordinate and facilitate case coordination meetings/case review meetings for CST/HRV cases and all needed follow up on each agency's action plans;
- r. Provide conflict resolution and mediation on all team complaints and policy issues as needed with respect to each agency's internal process.

V. Advocate Role-

Agencies specific in Investigative protocol

- 1. The role of Traffick911 is to free youth from sex trafficking with a three-prong strategy of prevention, identification, and empowerment.
 - a. Serves the primary role of advocate for the victim throughout the process of crisis response, crisis intervention, crisis management, and long-term care management.
 - b. Responsible for personal contact and rapport with the victim from initial contact. Serves to manage coordination of services from the victim's side, insuring that the victim is well heard and well served by other service partners.
- 2. The role of New Friends New Life is to restore and empower formerly trafficked teen girls and sexually exploited women and their children.
 - a. Serves the primary role of advocate to High Risk Victims and receives referrals from the High-Risk Liaison at Dallas County Juvenile Department.
 - b. New Friend's New Life will serve as the backup primary advocate to Traffick911 as needed and discussed between both advocate agencies. This primary role will serve throughout the process of crisis response, crisis intervention, crisis management, and long-term care management.
 - c. Responsible for personal contact and rapport with the victim from initial contact. Serves to manage coordination of services from the victim's side, insuring that the victim is well heard and well served by other service partners.

Participating Child Sex Trafficking (CST) and High Risk Victim (HRV) serving agencies commit to:

1. Crisis response and intervention (first 6 hours):

- a. Respond to Care Coordinator notification within 1 hour
- b. Arrive to victim's location, designated by Care Coordinator, and begin providing in-person support, establishing rapport to develop relationship and establish emotional support.
- c. Focus on immediate needs of the child
- d. Affirm and validate physical needs and emotional state; staying focused on the victim's needs without being unduly distracted by other activities happening simultaneously.
- e. Work willingly with other entities as needed to support the victim's care and to interpret actions and circumstances for the child's understanding.
- f. Do not disclose information of investigation activities or other MDT partner plans unless asked to do so.
- g. All information obtained from the victim by the advocates must be shared to the investigative agencies.

Crisis management 6-24 hours:

- a. Stay present with victim until stabilization (when practical).
- b. Ensure a designated advocate or approved parent/guardian is present during subsequent hours.
- c. Actively maintain contact and continue to build a trusting relationship with the victim.
- d. Empower victim to make safe and healthy decisions.
- e. Update Care Coordinator as appropriate.
- f. Develop and update safety plan in coordination with the RRT and/or MDT.
- g. Advocate for CST/HRV specialized, trauma-informed, victim-centered services/residential placement as decisions are being made by RRT/MDT.

Care management (24 hours to resolution):

- a. Meet face-to-face and through other modalities with the victim to build and maintain healthy, supportive relationships.
- b. Maintain the required frequencies of each type of contact.

- c. Respond to urgent or emergent requests 24 hours a day, seven days per week or ensure coverage is provided by other agency advocates.
- d. Able to meet and/or transport victims in the community, following all established agency protocols for such activity to enhance safety and mitigate risk.
- e. Attend the multidisciplinary investigative process, and other relevant cross-discipline trainings.
- f. Attend and actively participate in the Multi-Disciplinary Child Sex Trafficking and High Risk Victim Team collaboration staffings, meetings and special case reviews.
- g. Participate in Multi-Disciplinary Child Sex Trafficking and High Risk Victim Team activities including professional education, community educational efforts, and team building programs.
- h. Provide support for healthy choices, including avoiding or curtailing runaway episodes and notify law enforcement.
- i. Accompany victim to court when possible.
- h. Routinely share information among team members and provide information about case status as needed and as allowed by law.
- j. Provide level of relational intervention and intensive case management as needed, in collaboration with other agencies and legal guardian.
- k. Provide education about the processes of multiple systems; may also connect with secondary advocate associated with those systems.
- l. May schedule, coordinate, transport to and accompany victim to appointments.
- m. May, on behalf of the victim, support expression of their needs and wishes.
- n. Respond to family needs as indicated by MDT action plans and within advocate agency scope.
- o. Document pertinent information resulting from advocate relationship with victim.
- p. Maintains advocate relationship with victim throughout their engagement with the continuum, until they are no longer eligible for services.

VI. The Role of the Dallas County District Attorney's Office

The role of the **Dallas County District Attorney's Office** is to seek justice by filing, prosecuting, and/or pursuing appropriate criminal charges, juvenile petitions, and suits affecting the parent-child relationship. All charging, prosecuting and case decisions shall be based upon the professional judgment of the District Attorney's Office.

The Dallas County District Attorney's Office commits to:

- a. Routinely share information among team members and provide information about case status as needed and as allowed by law.
- b. Refer appropriate cases to the Multi-Disciplinary Human Trafficking Team for purposes of continued investigation, victim/family advocacy, victim support, victim placement and/or mental health services in a timely and coordinated manner.
- c. Attend the multidisciplinary investigative process, and other relevant cross-discipline trainings.
- d. Attend and actively participate in the Multi-Disciplinary Human Trafficking Team collaboration staffings, meetings and special case reviews.
- e. Participate in Multi-Disciplinary Human Trafficking Team activities including professional education, community educational efforts, and team building programs.
- f. Provide feedback and suggestions regarding procedures and operations of the Multi-Disciplinary Human Trafficking Team process.
- g. Provide a designated liaison to the team from the adult criminal justice system and the juvenile criminal justice system.
- h. Will participate, as needed, as a part of the rapid response team.
- i. Assist Rapid Response Team in determining alternatives for child placement.
- j. Assist law enforcement with investigation of victims/witnesses housed in detention facility, to extent allowed by law.
- k. Handle referral of victim with legal issue(s) according to current practices and procedures.

VII. Dallas Children's Advocacy Center's Protocol to CST and HRV cases:

- 1) Effective and improved interventions for sexual abuse survivors
 - a. Enhanced safety planning when child's case is not prosecuted, or when non-offending caregiver persistently minimizes or demonstrates persistent lack of belief in allegation.
 - b. Child is flagged as potential HRV in database
 - c. Enhanced caregiver understanding of risk for future victimization/acting out behaviors
 - d. Might include runaway prevention/intervention services
- 2) Identification and response through assessment tools and MEP Coordination efforts to ensure potential high risk victims are recognized and flagged in effort to increase long-term services and to minimize crimes committed against child in the future

- a. Protocol for assessment tools identifying high risk victims that are completed by partner agencies or external agencies will continue to be developed as State-wide assessment tool is pushed out.
- 3) Care coordination to HRV and CST victims – (see Section IV for detailed definition and responsibilities)
- 4) DCAC wrap-around services for all alleged child victims of crime can include the following services and are offered according to standardized practices and procedures:
 - a. Child-focused setting that is comfortable, private, physically and psychologically safe for diverse populations of children and nonoffending family members and other caregivers;
 - b. Multiple points of entry into DCAC:
 - i. Primary services at the CAC include: case review, forensic interview, family advocacy services and mental health services. Upon referral to the CAC by partner agencies, any primary service can serve as the initial point of entry.
 - c. Crisis Response to Outcry or Identification of Alleged Victim:
 - i. Rapid response to consult with MDT partners or victim, family, or other parties
 - ii. Pre- and post-interview meetings conducted with Family Advocates, Forensic Interviewer, Mental Health team (when appropriate) and Investigative Team to formulate plan to:
 1. Understand family dynamics,
 2. work with family re: criminal justice and child welfare investigations
 3. assist with placement/immediate resources as necessary
 4. coordinate response with Community Advocate and Care Coordinator
 - d. Forensic Interview
 - i. Forensic interview services are available upon request from law enforcement
 1. Criteria for HRV and CST interviews to be developed
 2. Space for forensic interviews is available when needing to be conducted by law enforcement. Full use of equipment and services is available.
 - e. Immediate and long-term Case Management to ensure:
 - i. Information and referral
 - ii. Immediate needs are met (financial, transportation, concrete needs from clothes closet)
 - iii. Victim rights information is shared with family
 - iv. Ongoing case navigation
 - v. Trauma screenings are completed in a timely fashion to understand general trauma symptoms, suicidality, etc.

- vi. Referral to mental health services at DCAC or outside/external provider
 - vii. Family is engaged and provided wrap-around services to optimize their protective factors and attachment with child victim.
 - f. Immediate and long-term trauma informed evidence based mental health services
 - i. Mental health services include evidence based therapy including: DBT, TFEBT, other attachment-oriented therapies as appropriate
 - ii. Mental health services are designed to reduce trauma symptoms, provide psychoeducation to youth about trafficking related concerns, decrease problematic, dangerous or self-destructive behaviors, increase safety awareness and planning; bolster the skills and behaviors of primary caregiver, increase attachment between primary caregiver and victim, increase victim's ability to successfully navigate justice system.
 - g. Multidisciplinary team case review
 - i. Shall meet at regularly scheduled intervals to:
 - 1. Review cases of crimes against children
 - 2. Coordinate the actions of the entities involved in the investigation and prosecution of the cases and the delivery of services to the victims and the victims' families
 - h. Training
 - i. Provide effective training to professionals dedicated to combatting crimes against children, child sex trafficking, high risk victimization; the Dallas County response, and issues relevant to the investigation, prosecution, or healing process necessary to improve services and responses to victims of crimes against children.
- 5) Enhancing family response to improve short- and long-term outcomes
- a. DCAC will work in conjunction with any partner agency to assist with improving the skills of family members so that they can more effectively engage with their child. Family members can improve their ability to keep their child safe, to have a functional, healthy, nurturing relationship; and to assist their child's pursuit of justice by better understanding the criminal justice system.
- 6) In conjunction with task force, continue to provide advocacy and coordination at the leadership levels within community agencies to improve the community response and eliminate barriers to effective treatment and outcomes.

VIII. The Role of the Texas Department of Family and Protective Services

The role of **Texas Department of Family and Protective Services (DFPS) Investigations and Child Protective Services Divisions (CPS)** is to investigate reports of child abuse and neglect and provide services to children who have been abused or neglected by a person responsible for a child's care, custody or welfare. The investigations division also covers reports of abuse and neglect of children in all child care operations and child placing agencies.

The focus of DFPS is the protection of children and to act in the children's best interest. The decisions made concerning the protection of the child shall be based upon the professional judgment of the DFPS staff in conformance with current DFPS policy, statutory law and placement factors.

Through the program, the Texas Department of Family and Protective Services (DFPS) focuses on children and their families and seeks active involvement of the children's parents and other family members to solve problems that lead to abuse or neglect. Program objectives are to

1. Prevent further harm to the child and to keep the child with his family when possible.
If this objective cannot be attained, DFPS considers removal of the child from the family and placement with substitute families or caretakers.
2. Provide permanence for a child in substitute care by resolving family dysfunction and returning the child to the family.
If this objective cannot be attained, DFPS recommends termination of the parent-child relationship and permanent placement of the child with another family or caretaker.
3. Provide permanence for a child who cannot return to the family by recommending termination of the parent-child relationship or other suitable legal authorization for permanent placement of the child with another family or caretaker.

CPS staff understand the need for preventive and supportive services that originate from community involvement in the protection of children. Staff are committed to the development of resources and agreements to help families before abuse and neglect occur. Staff work cooperatively with other department programs, other state and local agencies, the private child welfare sector, and the voluntary sector.

The Texas Department of Family and Protective Services commits to:

- a. Participate as part of the Rapid Response Team in instances of CST or HRV.
- b. Routinely share information among team members and provide information about case status as needed and as allowed by law.
- c. Refer appropriate cases to the Multi-Disciplinary Human Trafficking Team for purposes of continued investigation, victim/family advocacy, victim support, victim placement and/or mental health services in a timely and coordinated manner.
- d. Attend the multidisciplinary investigative process, and other relevant cross-discipline trainings.

- e. Attend and actively participate in the Multi-Disciplinary Human Trafficking Team collaboration staffings, meetings and special case reviews.
- f. Participate in Multi-Disciplinary Human Trafficking Team activities including professional education, community educational efforts, and team building programs.
- g. Provide feedback and suggestions regarding procedures and operations of the Multi-Disciplinary Human Trafficking Team process.
- h. Assist Rapid Response Team in determining alternatives for child placement even when DFPS lacks the authority to investigate.

The Texas Department of Family and Protective Services Responsibilities

Initial Investigation – First Six Hours

1. When a Report of CST or and HRV is Received by DFPS Through Statewide Intake Department
 - a) Determine if child is in the care and custody of the State of Texas DFPS
 - a. If child is in the care and custody of the State of Texas DFPS, immediate notification will be made to Conservatorship Supervisor /or Conservatorship Program Director to advise of report and seek cooperation in the investigation. The Conservatorship Sup or PD will contact the assigned Conservatorship CPS Specialist to respond within 2 hours to assist with the recovered youth in DFPS Conservatorship.
 - b) Notify DFPS Special Investigator of report.
 - c) Notify appropriate LE agency
 - d) Notify Care Coordinator with DCAC
 - e) Review and determine if allegations meet the statutory jurisdiction for the Department for investigation.
 - f) Respond and participate as part of Rapid Response Team if appropriate.
 - g) If the Department has sufficient jurisdiction to investigate and a removal of the child is necessary and allowable under statutes, the Department will consult with Rapid Response Team, LE, DCAC Care Coordinator and assigned Advocate to identify and execute appropriate placement for the child while adhering to the policies and procedures of the Department.
2. When a Child is Recovered by a Law Enforcement Agency

- a) LE will notify the DFPS Special Investigator (SI) of the recovered child and location.
- b) The assigned SI will respond to the location of the child to begin the initial assessment in order to determine if an investigation by DFPS is warranted.
- c) The SI will act as evaluator to determine if child has suffered from any type of abuse or neglect that would warrant an investigation by the Department of Family and Protective Services.
- d) The SI will not interfere with any law enforcement investigation taking place, but will serve as a liaison between law enforcement and DFPS.
- e) The assigned SI will:
 - a. Fully identify the child
 - b. Search and review all prior DFPS history
 - c. Determine if the child is currently in the care and custody of the State of Texas DFPS.
 - i. If the child is determined to be in the care and custody of the State of Texas DFPS, the SI will notify the DCAC Care Coordinator as well as the current CPS Supervisor and Caseworker of the recovery.
 - d. Consult with LE
 - e. Observe and participate in any interviews that LE is conducting.
 - f. Determine if the information received falls within the jurisdiction of DFPS to investigate.
 - i. If a new investigation is warranted, the SI will contact DCAC Care Coordinator advising as such so that the on-call DFPS Division of Investigations Supervisor for CST/HRV may be notified for response.
 - g. If the SI is needed to transport the child for any reason or act as a supervisor of the child for an extended period of time, the SI will consult with the SI Program Director immediately.
- f) If it is determined:
 - a. The child is already in the care and custody of the State of Texas DFPS
 - b. The allegations fall within the jurisdiction of the State of Texas DFPS and custody will be assumed of the child by the state

The child will be transported to the DCAC to be monitored until appropriate placement can be secured and child transported safely. SI's may assist in the supervision of children that are thought to be high flight risks until appropriate placement is secured.

- a. Conservatorship CPS Specialist will work collaboratively with SI, LE, Care Coordinator, Advocate, and other members of the Rapid Response Team assisting with caring for the recovered youth and the immediate needs.

- b. Conservatorship Staff will notify the Guardian Ad Litem and/or CASA Supervisor/or Advocate for the
- c. Conservatorship CPS Specialist will contact the CPS Centralized Placement Unit
- d. CPS Conservatorship Staff will and work with other Response Team members to assess immediate needs of youth such as medical or behavioral health needs, and also begin placement search for youth.

VIII. Referrals for Medical Evaluation

Clients of DCAC may need a medical evaluation. Most exams are not medical emergencies, though for rare selected cases an emergency center evaluation may be necessary.

Emergency Center (EC) at CH: The EC is open always and is available for assessment of children with emergency medical conditions. Medical evaluations for issues of child abuse, whenever possible, should be accomplished through appointments in the outpatient REACH Clinic. Children's Health will provide medical evaluations of children for suspected sexual abuse (including high risk victims and victims of child sex trafficking) and suspected physical abuse. The medical evaluations will be conducted by a medical professional (pediatric emergency medical physician, child abuse pediatrician, pediatric nurse practitioner, or a sexual assault nurse examiner). The SANE program at CH will be directly supervised by the medical director of REACH.

The purpose of the medical evaluation in suspected child abuse cases is to help ensure the health and safety of the child, diagnose, document, and address medical conditions, differentiate medical findings indicative of abuse from those that are not a result of abuse, provide reassurance and education to the child and non/offending caregivers, and assess the child for any additional concerns (i.e. emotional, behavioral, etc.)

To eliminate multiple exams, MDT team members make every effort to screen for previous medical exams at other locations prior to submitting a REACH referral.

A. Emergency Center of CH

- 1. Children with life threatening conditions should be provided care at the most accessible emergency center.
- 2. Children brought to the CH Emergency Center for issues of child abuse will be triaged by social workers. All children will receive appropriate medical care for medical conditions that are serious and urgent. If non-emergent evaluations are appropriate, children may be re-assigned to return for a scheduled REACH appointment.
- 3. The MDT Coordinator should notify the social worker in the CH Emergency Center when a child that is suspected to be a high risk victim or victim of child sex trafficking will be brought to the emergency center so that the child will not be triaged to an outside facility (e.g. Parkland Hospital or Texas Health Dallas).

4. Evaluations for acute sexual assault of children 17 years old and younger may be appropriate in the EC if:
 - a. Alleged incident occurred within 96 hours,
 - b. Forensic evidence collection (“rape kit”) is requested by law enforcement, and
 - c. REACH Clinic is not available (e.g. weekends, holidays and late night hours);
or
 - d. If the child is complaining of genital bleeding or severe pain.

B. The REACH Clinic

This clinic operates weekdays 8:00am – 5:00pm and is in the Bright Building of CH. The REACH Clinic is not a walk-in clinic and appointments must be made. However, every possible effort will be made to have children that are high risk victims or suspected victims of child sex trafficking seen as soon as possible, including same-day appointments. If referrals are submitted for appointments, they should be submitted on the REACH referral form with detailed information regarding the reason for referral. Special attention should be made to provide information obtained in the forensic interview to obviate the need for additional, unnecessary interviewing by the medical team.

All referrals for DCAC clients will be accommodated. Such exams may be a useful part of the healing process, but the forensic value may be limited.

- a. Medical examinations may be indicated before a forensic interview if the reason for concern involves a medical complaint. Examples include: vaginal discharge, blood on underpants, possibility of genital warts, etc.
- b. Medical examinations for sexual abuse should typically be delayed until after a forensic evaluation if the reason for concern involves statements made by the child, sexualized behaviors, or recognition of environmental risks.
- c. The nature of the medical examination lies solely at the discretion of the medical provider.
- d. Attend the multidisciplinary investigative process, and other relevant cross-discipline trainings.
- e. Attend and actively participate in the Multi-Disciplinary Human Trafficking Team collaboration staffings, meetings and special case reviews.
- f. Participate in Multi-Disciplinary Human Trafficking Team activities including professional education, community educational efforts, and team building programs.

If the child will be in handcuffs or other restraints upon their arrival to the REACH Clinic or if there are multiple uniformed police officers accompanying the child, please contact the REACH Clinic at 214-456-6919 for alternate clinic check-in procedures. The child and their accompanying adults will be escorted through an alternate clinic entrance to avoid the main waiting area.

Law enforcement should perform a thorough search of the child's belongings to remove any potential weapons or dangerous objects prior to their arrival to the clinic. Medical personnel will not be responsible for searching a patient or their belongings.

C. Texas Health Dallas Emergency Department

1. Children with life threatening conditions should be provided care at the most accessible emergency center.
2. Children brought to the THD Emergency Department (ED) for acute medical evaluation for child abuse will be triaged by the THD ED triage. All children will receive appropriate medical care for medical conditions that are serious and urgent. If non-emergent evaluations are appropriate, children may be referred to REACH Clinic.
3. The MDT Coordinator should notify the triage nurse and other ED health care staff in the THD Emergency Department (ED) when a child is suspected to be a high risk victim or victim of child sex trafficking.
4. Evaluations for acute sexual assault of children 14 - 17 years old and younger if child does not meet the criteria for evaluation at CH (having been pregnant at any time regardless of age) may be appropriate in the ED if:
 - a. Reported incident occurred within 120 hours,
 - b. Forensic evidence collection ("rape kit") is requested by law enforcement, and
 - c. REACH Clinic is not available (e.g. weekends, holidays and late night hours);
or
 - d. If the child is complaining of genital bleeding or severe pain.

D. Post-Exam Procedures

1. If the child does not show up for the scheduled exam, REACH will notify DFPS. If DFPS is not involved in the case, REACH Clinic will notify law enforcement. DFPS and/or law enforcement will make every effort to follow up with the family and ensure the child does receive an exam.
2. REACH Clinic will provide results of the exam to DFPS via the Forensic Assessment Care Network (FACN).
3. REACH Clinic will communicate the results of the exam to law enforcement and other investigating parties as appropriate and per hospital policy and HIPPA compliance.

E. Documentation

1. All medical records are documented per hospital standards. This includes but is not limited to medical history, test performed and results, physical examination findings and photographic documentation.

X. The Role of the Dallas County Juvenile Department (DCJD)

The Dallas County Juvenile Department primarily serves youth that have been referred or adjudicated for an offense. Upon intake, a Risk Assessment Inventory is administered to determine the risk level of the youth. A low score on the RAI would indicate the youth is

releasable. A medium score would indicate the youth is releasable with community-based services. A high RAI score would indicate the youth will be detained for further assessment and to determine a long range plan.

The Clinical Services division of the DCJD provides screening, assessment, treatment and services to youth in the community, on probation, at the Detention Center and at all placements and facilities. The DCJD is committed to providing comprehensive services for youth identified as CST/HRV. This includes collaborating and building partnerships with community partners and other agencies associated with this MDT.

A. Screening

1. All youth entering the Juvenile Department are screened for a history of sexual exploitation
2. Screening will take place at the intake units
 - a. Detention Center
 - b. Letot Shelter
 - c. Intake units are always open
3. The CSE-IT will be used for screening exploitation
4. If the youth has an elevated score on the CSE-IT, they will be referred for more comprehensive assessment to determine level of needs and services
5. If youth endorses a history of sexual exploitation, the staff who received the information will make a report to CPS or LE, and will forward confirmation of the report to youth's PO
6. If a youth who is on probation is identified as a HRV, a referral will be made to the HRV Liaison

B. Assessment

1. Detained youth will receive a psychological evaluation and chemical assessment
 - a. The psychological evaluation will be conducted by a DCJD mental health clinician, and will gather pertinent background information (e.g. family history, medical, psychiatric, and substance abuse history), assess IQ, academic functioning, mental status and provide diagnoses and recommendations. If youth reports a history of sexual exploitation, the evaluator will report the information to law enforcement and CPS, and forward a confirmation of the report to the youth's PO.
 - b. The chemical assessment (age 13 and older) will be conducted by a DCJD chemical dependency counselor, and will assess level of substance use or abuse and provide recommendations for treatment needs.

C. High Risk Victim Liaison

1. Every youth identified as CST will be referred to the HRV liaison
2. The HRV Liaison will contact the Care Coordinator
3. The HRV liaison will attend MDT meetings and assist the Care Coordinator set up services for these youth
4. The HRV Liaison will maintain a database to help track CST youth within the DCJD system

D. Treatment

1. Every youth identified as CST/HRV will be assigned an individual therapist
2. These youth may also participate in various group and family therapies
3. Crisis management, intensive monitoring or a watch plan may be added
4. A referral to the psychiatrist will be made if psychotropic medications are warranted
5. Substance abuse treatment may include: drug education, supportive outpatient, day treatment or residential drug treatment

E. Placements/Programs

1. Letot Shelter

a. Residential Program

- i. Male and female beds for youth charged with runaway and class B and C misdemeanor offenses

- ii. Non-secure facility

b. Non-Residential Services

- i. Any youth brought to the facility will be triaged through the intake department

- ii. Youth and families from the community can receive outpatient therapy

2. Letot Residential Treatment Center (Letot RTC)

a. Post-adjudicated facility for girls

- b. Center provides gender-specific and trauma based therapies such as dialectal behavior therapy and trauma-focused cognitive behavioral therapy. Many other topic and process groups are provided

3. Esteem Court

- a. Girls only diversion program for youth that have been sexually exploited

- b. Youth are provided with intensive case management, individual/group therapy, in-home therapy, and mentorship

F. Legal

1. The Juvenile Department will attempt to work with any and all investigations.

- a. Investigations [e.g. Child Protective Services (CPS), law enforcement agencies] of youth in custody of the DCJD go through the youth's attorney of record

2. The youth's attorney can be contacted through communication with the DCJD Facility Expediter at 214-698-4358.

XI. The Role of Dallas CASA (Court Appointed Special Advocates)

Dallas CASA volunteers advocate for the best interests of abused and neglected children under the protective care of the state, so they will have safe, permanent homes where they can thrive. CASA volunteers are trained and supervised to gather information and make recommendations that help judges decide the best possible outcome for children in foster care.

CASA volunteers get to know the children, review records, research information and talk to everyone involved in a child's life — social workers, attorneys, judges, parents, teachers and family members. The volunteers then make recommendations to the court that help judges decide the best permanent home for the children. For CASA volunteers, the ultimate goal is to help ensure that all of the children in protective care find safe, permanent homes where they can thrive.

A specialized HRV Dallas CASA advocate can be assigned only to children who are involved in an open Child Protective Services (CPS) case.

A. Determining if Dallas CASA is Assigned to a Case.

When the Care Coordinator learns that a child identified as an HRV or a confirmed victim of sex trafficking is named a CPS case in a Dallas County court, the Care Coordinator then reaches out to the Dallas CASA Program Director for Partnerships and Projects, and/or the two specialized HRV Team Leads to determine if Dallas CASA has already been assigned to the child's case.

If Dallas CASA is not yet assigned, Dallas CASA can let the court know that the case qualifies for a specialized HRV advocate and that Dallas CASA welcomes the assignment. The judge at that point can decide whether or not to appoint Dallas CASA. CPS, the child's Attorney/Guardian ad Litem (GAL) and any other party to the legal case can also ask for a CASA to be appointed.

B. New Cases

When the Dallas County courts appoint Dallas CASA to a case involving a subject child who is also identified as an HRV, or confirmed trafficked youth, CASA will route this case to the appropriate Team Lead to assign a specialized HRV advocate.

CASA will notify the Care Coordinator of appointment and provide contact details of those assigned to the case. CASA will also inform the youth's GAL and CPS caseworker so all parties can communicate.

Care Coordinator will let CASA know who the T911/NFNL advocate is on the case.

C. Existing Cases

If Dallas CASA learns that a child already being served by Dallas CASA has been identified as clear concern based on CSE-IT, or on a child's outcry, CASA will immediately contact the care coordinator to inform the MDT that Dallas CASA already serves the child.

If a child is already assigned to a non-specialized HRV advocate, the Program Director for Partnerships and Projects, and the two specialized HRV Team Leads, will be available for consultation with the assigned Dallas CASA staff and volunteers. (They will provide information, perform the CSE-IT screening if appropriate, and ensure the advocate is involved in the MDT process. ?) Will this be CPS or CC screening?

D. Ongoing Responsibilities of the Specialized HRV CASA Advocate

There will be monthly face-to face contacts with children placed within 60 miles of the Dallas CASA offices, which are located at 2757 Swiss Ave., Dallas, Texas 75204.

If a child resides in a placement more than 60 miles away from the Dallas CASA offices, Dallas CASA will visit the child on a quarterly basis, or more frequently based on the volunteer's ability. Monthly contact by phone or video chat will take place in months where face-to-face contact does not occur. CASA will communicate with the other advocate agency about their contact, any change of legal status, or other transitions.

The CASA advocate will attend all court hearings and provide recommendations on services, placement, safety, education, and medical care to the judge presiding over the civil case. These recommendations will also be made available to the parent's attorney, GAL, and CPS.

The CASA advocate will attend CPS staffings, Permanency Conferences, Circle of Supports, Family Group Conferences, adoption staffings, MDT staffings, and any other meetings that arise pertaining to the child.

The CASA advocate will seek input from, and discuss with, T911/NFNL, CASA's opinion on placement and recommending specialized services for the trafficked youth prior to each court hearing, CPS staffing and as appropriate, other relevant meetings

CASA will keep in monthly contact with the T911/NFNL advocate.

CASA cannot provide rapid response if a CASA child is recovered by law enforcement or other First Responders. In the event that an assigned youth is picked up or recovered in an emergency situation, Care Coordinator will email CASA to pass along critical information including whereabouts of the child. CASA advocate or their specialized HRV team lead will make contact with the child within 24 hours of receiving the information.

E. The Ending of the CASA Advocate's Appointment

At the point that the Dallas County court no longer has jurisdiction of the child, Dallas CASA cannot remain on the case, and the appointment will end. This would be because the child ages

out of the system, gets adopted, is placed with permanent conservatorship with family or fictive kin, or is reunified with the parents.

When this CASA appointment ends, T911/NFNL would assume full responsibility for the advocacy of the child.

CASA will meet with the child and explain the reason for the transition. CASA and T911/NFNL will coordinate this to promote a smooth changeover.

CASA advocate will provide a transition report to T911/NFNL

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