

TRAVIS COUNTY, TEXAS
COMMERCIAL SEXUAL EXPLOITATION OF YOUTH
CARE COORDINATION TEAM

MEMORANDUM OF UNDERSTANDING
&
CARE COORDINATION TEAM PROTOCOLS

MEMORANDUM OF UNDERSTANDING

TRAVIS COUNTY CARE COORDINATION TEAM

This Memorandum of Understanding (“Agreement”) is entered into by and between Unbound Now, Care Coordination Agency, and the Travis County Commercial Sexual Exploitation of Youth (“CSEY”) Care Coordination Team Partners (“Partners”). Hereinafter, Unbound Now and the Partners collectively referred to as “Party or Parties”;

WHEREAS Unbound Now as endorsed Care Coordinator is devoted to the Texas Model for Care Coordination for Commercially Sexually Exploited Youth (“CSEY”) and the Care Continuum designed to serve children/youth cases from early intervention (emerging and identified risk), through active investigation, and follow-up care in Travis County;

WHEREAS the Parties recognize and agree that a supportive and trauma-informed collaboration is needed for the assessment of victimization and referral of services for victims of CSEY;

WHEREAS the Parties agree that the mission of the Care Coordination Team (“CCT”) is to bring together community partners to provide a trauma-informed response to meet the current and long-term needs of exploited youth by transforming victims to survivors;

WHEREAS the Parties agree that through the collaboration of the Parties, and through public support and awareness, the CCT will unify our community in the daily struggle to ensure the protection and preservation of the child/youth of Travis County; and

THE PARTIES DO HEREBY AGREE to maintain a cooperative effort and care-coordinated approach to providing assessments of victimization and referrals for support services for victims of CSEY in accordance with the Care Coordination Team Protocols (“CCT Protocols”) attached and incorporated herein, each Party’s roles and responsibilities set forth herein, and with the following provisions:

1. **Parties.** Care Coordination Team Partners. CCT Partners are listed in alphabetical order after Care Coordinator, and “*” represents a Multi-Disciplinary Team (“MDT”) member.
 - a) Unbound Now – Care Coordinator
 - b) Austin ISD Police Department *
 - c) Austin Police Department *
 - d) Lifeworks
 - e) Pflugerville Police Department *
 - f) Texas Department of Family and Protective Services *
 - g) The SAFE Alliance
 - h) Travis County Juvenile Probation Department
 - i) Travis County Sheriff’s Office *
 - j) Unbound Now – Advocacy Agency
 - k) CASA of Travis County
 - l) Brave Alliance
 - m) Ascension Texas Human Trafficking Prevention Hub

2. Law. All State and Federal laws will be followed in connection with this MOU. It is expressly understood that each Party will operate within its own State and Federal mandates and policies. Nothing contained herein supersedes the statutes, rules and regulations governing each agency. To the extent that any provision of this MOU is inconsistent with any such statute, rule or regulation, the statute, rule or regulation shall prevail. No partner of the Care Coordination Team will directly or indirectly interfere with, impede, delay, or suppress in any way, any process, evidence, or information, of any criminal investigation.

This MOU is not considered a MOU as defined by Texas Family Code §264.403 and thus is not afforded the liability protections under Texas Family Code §264.407. Care Coordination Team Community Partner/Agency with no statutory protections from liability under Texas Family Code §264.401-.411 will provide releases of information/consent to services from legal guardians to facilitate communication, information sharing, and service provision.

3. Confidentiality. The Parties agree to maintain confidentiality of all records and information gathered and will not disclose any records or information on said cases, except as necessary to carry out the legitimate internal operations of each Party and the operations of the Travis County CCT as outlined herein. Prior to sharing information with a party not a partner with the CCT, a Release of Information (ROI) will be executed and held on file with the Care Coordinator. For a child/youth involved with DFPS/SSCC (including Investigations, Alternative Response, Family-Based Safety Services, Conservatorship), prior to sharing information in an INV MDT/CCT meeting with a party not a partner of the MDT, a [Release of Information \(ROI\) Form 2662](#) must be executed and held on file with Care Coordinator and DFPS/SSCC.
4. Internal Operations. The Parties understand that each Party is frequently faced with situations that cannot be foreseen by this Agreement, and that this Agreement cannot cover every possibility or circumstance. The Parties also understand that each Party must operate under numerous city, county, state, and federal laws and under restrictions set forth by court rulings, which change from time to time. Therefore, it is understood by the Parties that no part of this Agreement is intended to restrict the operations of any agency in any way from carrying out its primary mission.
5. CCT Advisory Council. Each Party to this Agreement will appoint an individual from its agency to be a member of the CCT Advisory Council. Members will be individuals who have a strong leadership role within their agency and who are the most engaged in, and are decision makers to, the CCT. Membership is held by the organization, not by the individual. The rights, roles, and responsibilities of the CCT Advisory Council are as follows:
 - a) The CCT Advisory Council will provide oversight and direction of the Care Coordination Team, intercede when there is conflict and a resolution is needed, ensure effective and efficient care coordination operations, support partner accountability to the CC model and to the CCT, including the team's vision, mission, values, and guiding principles, and identify and remedy local/regional continuum gaps.
 - b) The CCT Members may invite individual representatives of agencies not represented as signing Parties to this agreement by 2/3 vote. Individual representatives of agencies not represented as signing Parties to this agreement may participate in Advisory Council meetings, and may express ideas, concerns and feedback, but will not have voting rights or final decision-making power.
 - c) The CCT Advisory Council will provide oversight and direction of the Care Coordination Team, intercede when there is conflict and a resolution is needed, ensure effective and efficient care coordination operations, support partner accountability to the CC model

- and to the CCT, including the team's vision, mission, values, and guiding principles, and identify and remedy local/regional continuum gaps.
- d) The CCT Advisory Council will establish and document clear parameters for how the CCT Advisory Council will vote, including whether proxy members may vote.
 - e) Upon a 2/3 approval vote of the CCT Members, the Advisory Council may unilaterally amend the CCT Protocols as needed to comply with applicable laws, conform with each Party's internal protocols as they relate to youth sexual exploitation cases, and to best meet the needs of the Care Coordination Team in carrying out its roles and responsibilities. The Care Coordinator will notify all Parties of all modifications and will provide the Parties with a copy of the amended CCT Protocols.
 - f) Upon a 2/3 approval vote of the CCT Members, the Advisory Council may require a Party to remove that Party's individual representative from participating in CCT meetings when the CCT members, in their sole discretion, determine that the said individual has violated a term of this Agreement, the CCT Protocols, or has engaged in inappropriate conduct or behavior that disrupts the activities of the CCT meetings and/or operations. This provision will not be deemed to give the Advisory Council the right to require the Party to terminate the individual's employment. Rather, this provision is only intended to give the CCT members the right to require that the Party discontinue using an individual in the performance of duties within the CCT.
 - g) Upon a 2/3 approval vote of the CCT members, the Advisory Council may remove a Party from the Care Coordination Team and from this Agreement when the CCT members, in their sole discretion, determine that the Party has violated the terms of this Agreement, the CCT Protocols, or has engaged in inappropriate conduct or behavior that disrupts the activities of the CCT meetings and/or operations. In the event this occurs, the Care Coordinator will send written/email notice to the top executive of that Party and will copy the CCT Advisory Council members and the Governor's Office Child Sex Trafficking Team Strategic Interventions Lead.
6. Conflict Resolution: Each of the Parties has specific responsibilities regarding services to exploited children and youth. If there is a conflict between Parties, those Parties will attempt to resolve the conflict in an appropriate and professional manner following agency mandates and policy. If the Parties are unable to resolve their conflict, the issue shall be preliminarily taken to the Care Coordinator. If the conflict is unable to be resolved by the Care Coordinator, the conflict shall be taken to the Advisory Council for review and determination.
7. New Parties: The CCT Members will vote on any new agencies and/or counties seeking to become a Party to the CCT. Agencies approved to join the CCT must become a signatory to this MOU in its current form or as subsequently amended.
8. Addendums: When the existing protocols do not capture the exact processes for either the county or the new community partner(s), addendums should include the specific protocol for the county or the new community partner(s).
9. Equal Opportunity. The Care Coordination Team Parties will respect and protect the civil and legal rights of all children and their families. The Parties will not unlawfully discriminate against any employee, prospective employee, child/youth, parent/legal guardian/ custodian on the basis of age, race, color, sex, religion, disability, national origin, or other legally protected categories, classes, or characteristics.

10. Funding. Funding for each Party to provide Care Coordination services shall be provided by each Party's own funding stream. Each Party's obligation to perform services under this Agreement is contingent upon funding being available. Unbound Now has no obligation to pay for a Party's services under this Agreement.
11. Force Majeure. A Party experiencing a force majeure event where a failure or delay is the result of an act of God, such as a pandemic, earthquake, hurricane, tornado, flooding, or other natural disaster, or in the case of war, action of foreign enemies, terrorist activities, labor dispute or strike, government sanction, or new legislation shall immediately provide written notice to the Advisory Council with full details of such force majeure event and its effects on the Party's ability to perform its obligations under this MOU. The non-performing party must make every reasonable attempt to minimize delay of performance. In the event the force majeure continues longer than 120 days, the Advisory Council will convene to determine how to proceed in a manner that best meets the needs of the CSEY victims.
12. Agreements Superseded. This Agreement constitutes the sole and entire agreement between the Parties executing this MOU with respect to the subject matter herein and supersedes all prior oral or written agreements, understandings, or representations between those executing Parties.
13. Partial Invalidity. In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceable provision shall not affect any other provision thereof and this Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained therein.
14. Roles and Responsibilities of the Parties. The Care Coordination Team Parties agree to abide by the Care Coordination Protocols and as follows:
 - a) Provide a trauma-informed response to victims and survivors through appropriate crisis and long-term intervention;
 - b) Treat all victims and survivors with respect and empathy;
 - c) Make all reasonable efforts to reduce additional trauma by coordinating each step of appropriate services to minimize duplication of services and the number of survivor interviews;
 - d) Be flexible, respectful, and available to each other;
 - e) Be transparent and inclusive in shared dialogue;
 - f) To support and not hinder investigation processes and the identification, and prosecution of offenders;
 - g) Attend and actively participate in the CCT meetings as scheduled by the Care Coordinator, to include: Rapid Response Meetings, Service Status Meetings, Family Focused Meetings, and other meetings agreed up by the CCT;
 - h) If a Party modifies its internal protocols, the Party will notify the CCT Advisory Council within 30 days of the modification any changes that would impact the CCT Protocols; and
 - i) Comply in a timely and complete manner with all the Care Coordinator's requests for information, including outcomes, de-identified records, and documents related to CSEY care coordination services in accordance with state and federal laws.
 - j) Inform the Care Coordinator regarding case updates as needed.

15. Termination of Participation. A Party may terminate their participation in the Care Coordination Team, without cause, by providing written/email notice to the CCT Advisory Council. Any party seeking to terminate their role in the Care Coordination Protocol must provide thirty (30) days' written notice, except where superseded by existing protocols. A Party's termination of participation in the Care Coordination Team shall not affect the legality of this Agreement as it pertains to the remaining Parties to the Agreement.
16. Termination of Agreement. The Advisory Council has sole authority to terminate the entire Agreement by unanimous vote. In such an event, the Advisory Council will send written/electronic email notice of termination of the Agreement and Protocols to the Executive Leaders of each party with a brief explanation of why the Agreement is being terminated.
17. Term of Agreement. This MOU shall become effective upon execution by a majority of the listed Parties. and will continue through December 31, 2026. The MOU will automatically renew for subsequent one-year terms commencing January 1st and ending December 31st, unless terminated in accordance with the Termination Clause set forth above. This MOU is subject to revision and amendment by written Agreement of the parties as circumstances and conditions change.

SIGNATURE PAGES FOLLOW

SIGNATURE PAGE

Effect of Agreement. The foregoing represents the complete and exclusive statement of the Agreement between the Parties, which supersedes any prior oral or written agreements, proposals, commitments, understandings, or communications with respect to the subject matter of this MOU.

Counterparts. This MOU may be executed in any number of counterparts and by each of the undersigned on separate counterparts, and each such counterpart shall be deemed an original, but all such counterparts put together shall constitute the same MOU. Signatures to this MOU transmitted by PDF, electronic mail or other electronic means and shall be treated as originals in all respects for purposes of this MOU.

Unbound Now Care Coordination
John Lee
Care Coordination Program Director
Date: _____

Pflugerville Police Department
Sereniah Breland
City Manager
Date: _____

Travis County Sheriff's Office
Sally Hernandez
Travis County Sheriff
Date: _____

Austin Police Department
Lisa Davis
Chief of Police
Date: _____

Unbound Now Survivor Advocacy
Marilyn Plunk
Survivor Advocacy Program Director
Date: _____

Department of Family and Protective Services
Lisa Guyton
Regional Director, Special Investigation (SI)
Date: _____

Department of Family and Protective Services
Natalie Taylor
Regional Director, Child Protective Services (CPS)
Date: _____

Department of Family and Protective Services
Lisa Guyton
Regional Director, Child Protective Investigations (CPI)
Date: _____

Lifeworks

Andrew Fike
Division Director of Emergency and Transitional
Housing

Date: _____

Travis County Juvenile Probation Department

Cory J. Burgess
Chief Juvenile Probation Officer

Date: _____

Austin ISD Police Department

Wayne Sneed
Chief of Police

Date: _____

SAFE Cares

Julia Spann
Chief Executive Officer

Date: _____

**Ascension Texas Human Trafficking
Prevention Hub**

Dr. Sommer Howser
Manager

Date: _____

CASA of Travis County

Emily Le'Blanc
Chief Executive Officer

Date: _____

Brave Alliance

Crystal Love
Executive Director

Date: _____

COMMERCIAL SEXUAL EXPLOITATION OF YOUTH
TRAVIS COUNTY CARE COORDINATION TEAM
PROTOCOLS

TRAVIS COUNTY CSEY CARE COORDINATION TEAM

VISION

Travis County is a place where commercial sexual exploitation is eradicated, and exploited youth find hope, healing, and justice.

MISSION

Through whole-hearted collaboration, the Travis County Care Coordination Team provides safety, healing, and justice for youth victimized by sexual exploitation through professional assessment, counseling, prosecution, and long-term support.

CORE VALUES

- Whole-Hearted Collaboration
- Effective Communication
- Trauma-Informed Response
- Compassion/Empathy
- Justice
- Accountability
- Effective Identification of Victim/Survivors
- Education/Training
- Commitment
- Building Trust
- Integrity
- Continuously Improving

GUIDING PRINCIPLES

The CCT Protocols have been created as a guiding tool for the CCT Partners that encourages a cooperative, collaborative, and supportive effort among the CCT partners as they provide trauma-informed care coordination and integrated services to child/youth victims of commercial sexual exploitation.

The CCT Partners agree to cooperate by committing to the following guiding principles:

1. We will effectively communicate and whole-heartedly collaborate to prioritize the welfare of survivors above all else.
2. We will participate in multiple cross training opportunities for trauma-informed response to increase understanding and implement best practices.
3. We will treat survivors and their families with compassion.
4. We will collaborate with partnering agencies to ensure justice is sought and survivors are empowered.
5. We will respectfully maintain accountability with one another, survivors, and the public.

6. We will utilize education and training to effectively identify survivors.
7. We are committed to continually building trust through honesty and integrity to both group members and survivors.
8. We will remain committed to this mission, each other, and to providing comprehensive trauma-informed responses to survivors.

PARTIES

The Travis County CSEY Care Coordination Partners. CCT Partners are listed in alphabetical order after Care Coordinator and “*” represents an MDT member.

- a) Unbound Now – Care Coordinator
- b) Austin ISD Police Department *
- c) Austin Police Department *
- d) Lifeworks
- e) Pflugerville Police Department *
- f) Texas Department of Family and Protective Services *
- g) The SAFE Alliance
- h) Travis County Juvenile Probation Department
- i) Travis County Sheriff’s Office *
- j) Unbound Now – CSEY Advocacy Agency

CONFIDENTIALITY

The Parties agree to maintain confidentiality of all records and information gathered on all child abuse cases as outlined by Texas and Federal statute. Such records and information will only be disclosed as necessary to support the legitimate internal operations of each Party and the operations of the Travis County Care Coordination Team (CCT) as outlined in this MOU

Prior to sharing information with a party not a partner with the CCT a Release of Information (ROI) will be executed and held on file with the Care Coordinator. For a child/youth involved with DFPS (including Investigations, Alternative Response, Family-Based Safety Services, Conservatorship-DFPS/SSCC), prior to sharing information in an MDT/CCT staffing with a party not a partner of the MDT, a [Release of Information \(ROI\) Form 2662](#) must be executed and held on file with Care Coordinator and DFPS.

Note: Any information pertaining to an investigation belongs to the respective investigative agency, i.e., law enforcement, DFPS, and District Attorney, and as such is not information a CCT member can share.

ACRONYMS

CAC – Child Advocacy Center
CARES- (Collaboration, Advocacy, Response, and Engagement for Survivors)
CASA – Court Appointed Special Advocate
CC – Care Coordination
CCI – Child Care Investigations
CCT – Care Coordination Team
CPI – Child Protective Investigations
CPS – Child Protective Services
CSE-IT – Commercial Sexual Exploitation-Identification Tool

CSEY – Commercially Sexually Exploited Youth
CSTT – Child Sex Trafficking Team, Office of the Governor
CVS – Conservatorship
DFPS – Department of Family and Protective Services
FBSS – Family-Based Safety Services
HT – Human Trafficking
JJD – Juvenile Justice Department
LE – Law Enforcement
MDT – Multi-Disciplinary Team
MOU – Memorandum of Understanding
PRY - Possible Risk Youth
ROI – Release of Information
RRM– Rapid Response Meetings
RRM–C Rapid Response Meetings-Crisis
RRM–NC Rapid Response Meetings- Non-Crisis
RRT – Rapid Response Team
SAEK or SAK- Sexual Assault Exam Kit or Sexual Assault Kit
SAFE – Sexual Assault Forensic Exam
SANE- Sexual Assault Nursing Exam
SSCC – Single Source Continuum Contractor
SSM – Service Status Meetings
SSM – CC - Service Status Meetings-Critical Change
SSM – FE- Service Status Meetings-Family Empowerment
SSM – Mi - Service Status Meetings-Missing
SSM – Mo - Service Status Meetings-Monthly
SSM –T - Service Status Meetings-Transfer
SXTR – Sex Trafficking
WCCC – West Coast Children’s Clinic

DEFINITIONS

The following are the definitions and acronyms used throughout this CCT Protocols document:

Commercial Sexual Exploitation-Identification Tool (CSE-IT, pronounced “see it”)

A validated screening tool designed to improve early identification of youth who are experiencing commercial sexual exploitation of children (CSEC) and human trafficking. The tool was developed by West Coast Children’s Clinic (WCCC) and is currently used in Texas and multiple other states and across various sectors, including juvenile justice, education, advocate agencies, runaway/homeless youth agencies, and limited areas of child protection. In Texas, a CSE-IT score of Clear Concern for a minor means that a child/youth meets criteria for mandatory reporting of suspected child abuse and service delivery, including referrals to Care Coordination, CSEY Advocate Services, and other specialized services available. By DFPS policy, any child/youth who scores a clear concern will be referred to local Care Coordination Team (CCT) where in operation. DFPS does not complete a CSE-IT on all children/youth and in all stages of service. By DFPS policy any child/youth whose CSE-IT result is a Clear Concern or who is a Suspected-Unconfirmed or a Confirmed human trafficking victim, as defined by DFPS, must be referred to a local CCT where in operation.

Confirmed:

DFPS term for a trafficking event when evidence supports the conclusion that the child or youth has been trafficked. Note: The supporting evidence must be more than just an allegation or suspicion and does not have to be a direct outcry from the child or youth.

Identified Victim:

For the purpose of care coordination, Identified Victim means a child/youth is a confirmed victim of commercial sexual exploitation/trafficking and is living in a safe, stable environment with needed supervision and supports. Typically, an Identified Victim generates a Rapid Response Meeting- Non-Crisis.

Possible-Risk Youth (PRY):

For the purpose of Care Coordination, a child/youth whose CSE-IT score is **Possible Concern** should be considered a Possible-Risk Youth (PRY). This rating indicates that the child/youth may be at risk for sexual exploitation, but there is either not enough information available or the current behaviors and circumstances do not clearly indicate the likely presence of exploitation. It is advisable to actively monitor a youth who receives this rating, fully assess their needs, and initiate **preventative** actions to ensure that exploitation does not occur.

Recovered Victim:

For the purpose of care coordination, *Recovered Victim* means a child/youth in crisis has been retrieved through a law enforcement operation, or activity (e.g., contact in areas known for sexual exploitation, or outcry made directly to law enforcement/DFPS/SSCC) or by DFPS in the course of an investigation or missing event with suspected sex trafficking victimization). A Recovered Victim is an automatic referral for Care Coordination. Note: CSE-IT completion to confirm **Clear Concern** score eligibility can be completed during the Rapid Response Meeting Crisis, if not completed in the course of the crisis response.

Re-Recovered Victim:

For the purpose of care coordination, *Re-recovered Victim*, means a child/youth who previously met criteria for care coordination (*Recovery* or *Identified Victim* was recovered and/or returned to placement (re-recovery activity) following a missing event.

Suspected-Unconfirmed:

DFPS term for a trafficking event when specific information regarding the child or youth and the surrounding circumstances creates a reasonable belief that the child or youth has been trafficked. Note: A runaway episode, in and of itself, is not equal to *Suspected-Unconfirmed*.

CARE COORDINATION TEAM OVERVIEW

In Travis County, Unbound Now has been endorsed to serve as the Care Coordinator. The position of a Care Coordinator is held by an individual or individuals within a designated agency to support the ongoing administration of a community's Care Coordination Protocols for CSEY. The Care Coordinator acts as the single point of contact for referrals to care coordination. The Care Coordinator shares client information for the provision of services between selected partners as statutorily authorized or with guardian consent, and helps multiple systems and organizations collaborate as effectively as possible to support and coordinate long-term care for survivors, regardless of case status.

When a child/youth is recovered, re-recovered, or identified, the CCT case review process will be initiated by the Care Coordinator within 24-96 hours. CCT Meetings can occur via video conference or in person. Unbound Now, as the Care Coordinator, will assume the responsibility of facilitating and coordinating the CCTs for children/youth enrolled in Care Coordination and at the request of CCT members.

CCT meetings are the formal process that enables the CCT partners to monitor and assess its effectiveness (both independently and collectively), thereby ensuring the safety and wellbeing of children/youth and families. It is intended to monitor the progress of a child/youth and the services

provided by the CCT partners. This is a formal process by which partners' knowledge, experience, and expertise is shared so that informed decisions can be made, collaborative efforts nurtured, formal and informal communication promoted, mutual support provided, and protocols/procedures reviewed. CCTs encourage mutual accountability and help to assure that child's/youth's needs are met sensitively, effectively, and in a timely manner. CCTs are not meant to pre-empt ongoing discussions, and ongoing discussions are not meant to take the place of formal CCT.

The CCT partners who are signatories to the CCT MOU will participate in the CCT process when requested by the Care Coordinator. Visiting agencies may be invited into the CCT at the request of a child/youth or a CCT member. Prior to sharing information with a party not a partner with the CCT a [Release of Information \(ROI\) Form 2662](#) will be executed and held on file with the Care Coordinator. For a child/youth involved with DFPS (including Investigations, Alternative Response, Family-Based Safety Services, Child Protective Services Conservatorship-DFPS/SSCC), prior to sharing information in an INV MDT/CCT meeting with a party not a partner of the INV MDT, a [Release of Information \(ROI\) Form 2662](#) must be executed and held on file with Care Coordinator and DFPS/SSCC.

TYPES OF MEETINGS.

Investigative Multidisciplinary Team (MDT) Case Review (MDT Case Review): Investigative case review involving the children's advocacy center, DFPS, law enforcement district attorney, and other investigative team members per TFC §264.406.

NOTE: Some parties may be MDT partners with limited roles to provide information only and confidential information about CCT cases should be limited. If a child/youth is involved with DFPS (including Child Protective Investigations, Alternative Response, Family-Based Safety Services, and Child Protective Services), prior to sharing information in a CCT/MDT staffing with a party not a partner of the MDT, a [CCT Release of Information \(ROI\)](#) must be executed and held on file with Care Coordination and DFPS.

Care Coordination Team Meeting Definitions

All CCT Meetings are virtual or in-person (unless otherwise specified) and identify the who, what, when and how a victim's needs will be met through service provision and follow-up actions.

Rapid Response Meeting - Crisis (RRM-C): CCT meeting of first responder agencies with initial crisis responsibilities for all recovered victims, including re-recovered victims in crisis. The RRM-C develops a coordinated crisis care response to meet the needs of the victim such as immediate placement, medical services, forensic interviews, and safety needs. The RRM-C should occur within 24 hours of recovery.

Rapid Response Meeting – Non-Crisis (RRM-NC): CCT meeting of first responder agencies with initial responsibilities for all identified victims (non-crisis). The RRM-NC develops a coordinated care response based on the needs of the victim such as address placement, medical services, forensic interviews, and safety needs. The RRM-NC should occur within 72 -96 hoSur of identification.

Service Status Meeting - Monthly (SSM-MO): CCT meeting for a child/youth active in CCT and gather status of services with applicable care coordination partners. SSM-M should occur monthly unless another type of specialized service status meeting is required.

- **Service Status Meeting - Transfer (SSM-T):** Virtual CCT meeting between all CCT members of an active CCT and a receiving CCT to coordinate transfer of services for a child/youth. The receiving CCT should continue to be invited to the originating Investigatory MDT, as appropriate. SSM-T ideally occurs between 24-48 hours prior to transfer or post-transfer.
- **Service Status Meeting - Missing (SSM-MI):** CCT meeting for a child/youth active in CCT who is missing. SSM-Missing develops a recovery and support plan to address the missing status and plans post recovery needs. SSM-M should occur within 24-48 hours of missing status.
- **Service Status Meeting - Critical Change (SSM-CC):** CCT meeting to develop a plan due to a critical case management need, such as placement changes, investigatory or prosecutorial updates, life transitions, case closures, and/or discharges. SSM-CC will typically occur prior to the planned monthly meeting due to critical needs.
- **Service Status Meeting - Family Empowerment (SSM-FE):** CCT meeting that includes CCT members and the caregiver and child/youth to empower and support the family structure in meeting the needs of the child/youth. This meeting must include a caregiver and as appropriate the child/youth. SSM-Family Empowerment should occur after the first initial service status meeting, typically the 45-day mark and the frequency of future meetings is determined at the initial SSM-FE. This meeting can be facilitated by the Care Coordinator. For those children/youth in DFPS Conservatorship, staff will follow internal policy on any family focused meetings that are hosted by DFPS/SSCC.

ROLES OF THE PARTIES

The CCT team has agreed to provide a collaborative service model to exploited youth in the community of Travis County and to adhere to each agency's responsibilities as set forth below.

1. Care Coordinator.

In Travis County, Unbound Now has been endorsed to serve as the Care Coordinator. The position of a Care Coordinator is held by an individual or individuals within a designated agency to support the ongoing administration of a community's Care Coordination Protocols for CSEY. The Care Coordinator acts as the single point of contact for referrals to care coordination. The Care Coordinator shares client information for the provision of services between selected partners as statutorily authorized or with guardian consent, and helps multiple systems and organizations collaborate as effectively as possible to support and coordinate long-term care for survivors, regardless of case status.

3. Law Enforcement (LE).

LE conducts investigations to determine whether a crime has been committed, and to present information to the appropriate prosecutorial office for prosecution. Several local LE Departments will notify LE Victim Services and they may respond to the scene. If the LE Victim Services responds to the scene, then the CSEY Advocate will assist them in gathering rapid response meeting information. If the child or youth is in DFPS Conservatorship, the CSEY Advocate must first obtain written consent from the child's or youth's DFPS caseworker or the caseworker's supervisor, or the child's or youth's caregiver with written approval from the DFPS caseworker/supervisor, prior to engaging with the child or youth. In a crisis situation, written consent may be via text or email with formal consent paperwork being completed within a reasonable amount of time (i.e., the next business day).

2. Medical Partners.

Medical Partners will conduct Sexual Assault Forensic Exam ("SAFE") on children/youth who have been sexually exploited or facilitating a transfer to another medical partner who has SAFE

accessibility. Medical partners provide timely and accurate medical evidence of suspected CSEY to DFPS and LE. Medical Partners provides medical care/examination to children or youth brought to the facility by LE during a crisis recovery situation. The current medical partners in Travis County are Dell Children's Hospital, St. David's Medical Center, the Eloise House at SAFE Alliance, and Brave Alliance

If the child/youth is in DFPS conservatorship, LE and DFPS/SSCC will work collaboratively to follow agency policy in obtaining a sexual assault forensic medical exam SAFE for a child/youth in need.

3. Brave Alliance

Brave Alliance is a community based facility offering 24/7 free medical forensic exams, including Acute Sexual Assault Examinations (within 120 hours) and Non Acute Examination for adults and children of all ages. They also can perform child abuse and physical assault (including strangulation) exams. Brave Alliance can provide the exams in their own building in Cedar Park 24/7 but can also provide an exam at a local hospital if needed, all within a 90 minute response time.

4. CSEY Advocacy Agency.

Unbound Now and SAFE Cares through SAFE Alliance provide CSEY Advocacy in Travis County.

CSEY Advocate Agencies are nonprofits that employ advocates to provide individualized 24/7 crisis response and ongoing trust-based relational support to child, youth, and transitional youth (through the age of 24). CSEY Advocates may also provide robust case management that is flexible to support and not duplicate, replace, or interfere with efforts of other case managers and advocates. CSEY advocates work collaboratively with other stakeholders in support of the victim-centered goals pursued by the survivor and their family, law enforcement, prosecutors, child welfare, juvenile justice, healthcare, and other partners. They help survivors gain the strength and empowerment needed to participate in investigation/prosecution of exploiters.

Prior to Unbound Now and SAFE Alliance transporting a child or youth in DFPS conservatorship, written consent must be obtained by the child's or youth's DFPS/SSCC caseworker or the caseworker's supervisor, or the child's or youth's current caregiver with approval of the DFPS/SSCC caseworker/supervisor. Consent may be for either one-time transportation or for on-going, regularly scheduled transportation (e.g., the Advocate will take the child or youth every week to the park on a given day and time).

5. Travis County Juvenile Justice Department's (TCJJD).

The TCJJD will assist in the identification of at-risk and confirmed victims of CSEY through the use of the Commercial Sexual Exploitation-Identification Tool (CSE-IT) and will refer youth who score a Clear Concern to Travis County CCT. When appropriate, TCJJD will make the youth's Juvenile Probation Officer available.

6. LifeWorks.

LifeWorks is a non-profit organization that supports youth and young adults in the Austin area to pursue the life they live. Operating under a housing first model, LifeWorks provides Housing, Counseling and Education and Workforce resources to youth and young adults. LifeWorks provides emergency housing to youth 15-20 years of age and will prioritize holding one bed available for recovered/re-recovered youth.

7. DFPS. Texas Department of Family and Protective Services
- a. The following Texas Department of Family and Protective Services (DFPS) Programs will participate with the Travis County Care Coordination Team (CCT): Child Protective Investigations, Special Investigations, Child Care Investigations, and Child Protective Services.
 - b. DFPS Responsibilities and Jurisdiction: DFPS conducts civil investigations of child abuse or neglect in coordination with law enforcement, and when appropriate, takes necessary actions to protect the child/youth from further abuse/neglect. DFPS investigates allegations of abuse or neglect, including sex trafficking (SXTR) and/or labor trafficking (LBTR), when the alleged perpetrator is traditionally responsible for a child's care, custody, or welfare in accordance with Texas Family Code §261.001(5). The decisions made concerning the protection of a child/youth shall be based upon the professional judgement of DFPS staff in conformance with current DFPS policy, statutory law, and placement factors.
 - c. DFPS Guiding Principles
 - i. In order for DFPS to be involved with an alleged victim of trafficking, there must be a report made to Statewide Intake. If a child/youth is already involved with DFPS (open Investigation, Alternative Response, Family Based Safety Services, or Conservatorship - DFPS/SSCC) and emergency assistance is needed, Statewide Intake must be contacted to initiate request for assistance.
 - 1. When a child/youth is recovered and legal Conservatorship is unknown, Law Enforcement should contact Statewide Intake (SWI) to determine if the child/youth is in DFPS Conservatorship.
 - a. If the child/youth is in DFPS Conservatorship, SWI will make proper notification for DFPS involvement.
 - b. If the child/youth is not in DFPS Conservatorship, a new report should be made to SWI if there is suspicion that they are a victim of any form of abuse or neglect (including human trafficking) and/or a case related special request for "immediate assistance" can be requested.
 - 2. DFPS will respond to the assigned investigation or request for immediate assistance per jurisdictional authority and policy.
 - ii. By DFPS policy any child/youth whose CSE-IT result is a Clear Concern or who is identified as a Suspected-Unconfirmed or Confirmed human trafficking victim, as defined by DFPS, must be referred to a local CCT where in operation.
 - iii. For a child/youth involved with DFPS (including Investigations, Alternative Response, Family Based Safety Services, Conservatorship-DFPS/SSCC), prior to sharing information in an MDT/CCT meeting with a party not a partner of the MDT, a Release of Information (ROI) Form 2662 must be executed and held on file with Care Coordinator and DFPS/SSCC.
 - iv. Forensic Interviews and Multi-Session Forensic Interviews should be strongly considered when working with suspected-unconfirmed and confirmed victims of trafficking.
 - v. If the child/youth is in DFPS Conservatorship and needs a SAFE, Law Enforcement and DFPS/SSCC will work collaboratively to follow agency policy in obtaining a SAFE.
 - vi. DFPS/SSCC will attend and actively participate in all CCT staffing, meetings, and special case reviews when a child/youth in any stage of service is being discussed.
 - vii. For child/youth in DFPS Conservatorship, DFPS/SSCC staff will follow internal policy on any family focused meetings that are hosted by DFPS/SSCC.

8. Single Source Continuum Contractor – Community Based Care

DFPS contracts within a geographic service area with a single contractor, officially known as a Single Source Continuum Contractor (SSCC). The SSCC oversees Community-Based Care for the geographic service area and develops a network of services, foster homes, and other living arrangements and, when ready, provides case management for each child from that community. To the extent that a Single Source Continuum Contractor (SSCC) is acting as an authorized agent of the Department of Family and Protective Services, Child Protective Services in the local region, the SSCC should have the same authority as the Department of Family and Protective Services regarding this MOU and the duties associated with it.

9. SAFE Alliance

SAFE Alliance is a community based organization that offers the following services that may be utilized by the Care Coordination team: Counseling services, Eloise House (24/7 free Forensic Nursing Exams and Rape Kits), Shelter/Housing, Legal Services, Planet SAFE (Supervised Visitation and Exchange), and other programs such as Peer Support, Life Skills and Expect Respect. As outlined already in the MOU, SAFE Alliance also provides CARES (Support for Survivors of Exploitation and Trafficking up to age 24) with a drop-in center called Liza's House.

Children or youth in DFPS Conservatorship/SSCC cannot be transported to or placed in unlicensed facilities such as Liza's House.

10. CASA of Travis County

CASA volunteers advocate for the best interest of abused and neglected children and youth that are in the protective Conservatorship of the state. CASA of Travis County advocates visit the children and youth they are assigned to and communicate with all parties to gather and share information and make recommendations to the court. When a child or youth has been identified by the CCT and is in the Conservatorship of the state, the Care Coordinator will reach out to DFPS to inquire if that youth has a CASA. CASA advocates that are working with these children that are survivors of exploitation will have additional specialized training in trafficking and exploitation to assist them in their role. CASA volunteers are important participants in the CCT due to them having only one or two cases; therefore, CASA volunteers have extensive knowledge on the children/youth they serve.

ELIGIBILITY CRITERIA

Travis County CCT will accept referrals of children/youth and young adults who are at high risk of or confirmed for sex trafficking through the age of 24, whose CSE-IT score is a **Clear Concern**. A child/youth may be referred to Care Coordination without a completed CSE-IT. The CSE-IT must be completed by the Initial Service Status Meeting but best practice is for the CSE-IT to be completed by the Rapid Response Meeting if possible. Participation in Care Coordination requires guardian consent for all minors. References throughout this protocol to "parent/legal guardian consent" apply only to minors under age 18. CSEY ages 18–24 may consent for themselves to Care Coordination services and CSEY advocacy.

Survivors may continue through the age of 24 if the survivor is in continuous engagement with care coordination and the CCT agrees it is in the best interest of the survivor to continue in care coordination.

DFPS/SSCC refers any child/youth identified as *Suspected-Unconfirmed* or *Confirmed* trafficking victims, including children/youth with a Commercial Sexual Exploitation Identification Tool (CSE-IT) Clear Concern score

completed. In stages of service where DFPS does not conduct a CSE-IT, the CSE-IT must be completed by the Initial Service Status Meeting but best practice is for the CSE-IT to be completed by the Rapid Response Meeting if possible.

RAPID RESPONSE - RECOVERED & RE-RECOVERED YOUTH.

Crisis Response:

When any CCT party, typically LE and/or DFPS, identifies a child/youth in crisis believed to have experienced commercial sexual exploitation and is in need of immediate coordinated services, the recovering agency will follow its respective mandates and proceed as follows:

1. LE/DFPS will assess immediate needs in accordance with respective agency policies and take necessary actions to ensure safety and immediate needs are met, such as:
 - a. SAFE
 - b. Other immediate medical needs such as STI testing, pregnancy, and physical
 - c. Mental health evaluation
 - d. Drug/alcohol influence/detox immediate concerns.
2. If the Recovering/Re-Recovering CCT Party is Law Enforcement (Note: Recoveries/Re-recoveries should only be handled by Law Enforcement or DFPS. If any other party to this agreement encounters a youth in crisis, they should immediately call Law Enforcement and the procedures set forth in paragraph 4 below should be followed):
 - a. Law Enforcement will contact the Care Coordinator at (512)-528-3218 to initiate Rapid Response processes and provide the following information:
 - i. Indicate Type of Case: RECOVERED or RE-RECOVERED
 - ii. Child/Youth Name
 - iii. Child/Youth DOB
 - iv. Child/Youth Sex (Male/Female/Other/Unknown)
 - v. Child/Youth's Current Location/Anticipated Length of Stay or Destination Information
 - vi. Advocate Agency and Name of Advocate if applicable
 - vii. SAFE Information, If Applicable
 - viii. All Law Enforcement Agency Names and Report #s
 - ix. Parent/Legal Guardian contact information and background on whether parent/legal guardian is expected exploiter
 - x. Whether or not a Statewide Intake was made and any case #s or relevant information regarding that report
 - b. **Law enforcement will specifically request** that the Care Coordinator dispatch a CSEY Advocate, **and the Care Coordinator will merge a call** with the CSEY Advocate Agency for dispatch of a CSEY Advocate.
 - i. The CSEY Advocate will:
 1. respond to location within 90 minutes, meet with the child/youth and make best efforts to obtain parent/legal guardian consent for both advocacy services and for enrollment into Care Coordination. (***Note:** The youth's guardian will be required to consent to CSEY advocacy and Care Coordination separately.)
 - a. The CSEY advocate may need to enlist the assistance of law enforcement to establish legitimacy with the parent.
 - b. If the child or youth is in DFPS conservatorship, written consent must first be obtained from the child's or youth's DFPS/SSCC caseworker or the caseworker's supervisor, or the child's or youth's

- caregiver with written approval from the DFPS/SSCC caseworker/supervisor, prior to a CSEY Advocate engaging with the child or youth. Written consent may be via text or email with formal consent paperwork being completed within a reasonable amount of time (i.e. the next business day). The signature for consent may be provided by:
- i. The DFPS/SSCC primary caseworker for the child/youth.
 - ii. The DFPS/SSCC primary caseworker's supervisor for the child/youth.
 - iii. The current caregiver for the child/youth, with written approval from DFPS/SSCC primary caseworker/supervisor for the child/youth.
2. The CSEY Advocate will provide the Care Coordinator with information received on scene so that the Care Coordinator can initiate the Rapid Recovery meeting.
 3. The CSEY Advocate will provide ongoing relational support.
 4. The CSEY Advocate will maintain communication with the Care Coordinator and partners until child is placed.
 5. After the crisis period, the CSEY Advocate will continue to meet with the child/youth, provided that the parent/legal guardian has consented to ongoing advocacy services, and the CSEY Advocate will remain in consistent communication with the Care Coordinator to provide updates on the status of the child/youth in between Service Status Meetings and will participate in the RRM-C as well as all subsequent Service Status Meetings.
- c. Law Enforcement will contact SWI at DFPS to make a report of Human Trafficking.
- i. Law Enforcement will determine if the child is in the custody of DFPS and share that information with the Care Coordinator and CSEY Advocate.
 1. DFPS must provide written approval for services prior to a CSEY/HT Advocate engaging with a child or youth in DFPS Conservatorship. Written consent may be via text or email with formal consent paperwork being completed within a reasonable amount of time (i.e., the next business day). The signature for consent may be provided by:
 - a. The DFPS primary caseworker for the child/youth.
 - b. The DFPS primary caseworker's supervisor for the child/youth.
 - c. The current caregiver for the child/youth, with written approval from DFPS primary caseworker/supervisor for the child/youth.
- d. Law Enforcement will contact the District Attorney's Office.
- e. Law Enforcement and DFPS will coordinate per their agency's policy regarding joint investigations.
3. The Care Coordinator will:
- a. Complete and/or gather historical system involvement background for child/youth, family, siblings with assistance from DFPS and JJD if applicable.
 - b. Confirm that LE and DFPS reports were made by Recovering/Re-Recovering CCT Party.
 - c. Ensure both LE and DFPS, per agency policies and local protocols, are responding to the location
 - d. Confirm notification to parent/legal guardian has occurred and consents have been obtained.
 - e. Assist the CSEY Advocate with DFPS consents where needed.
 - f. Coordinate any additional urgent medical needs with applicable CCT partners.

- i. Follow Medical Examination Protocol
 - g. Prior to any change in location or placement of child/youth, the Care Coordinator will confirm immediate next steps based on recommendations of CCT and parent/legal guardian.
 - h. Schedule and facilitate the RRM-C within 24 hours of recovery.
 - i. Prior to the RRM-C the Care Coordinator will:
 1. Contact additional CCT parties and other critical non-CCT partners as agreed upon.
 2. Update CCT if any change in child/youth's status occurs prior to Rapid Response Meeting.
 3. Ensure all necessary ROI's have been signed and received by the Care Coordinator.
 - ii. The RRM-C will determine the following
 1. Forensic Interview Needs
 2. Additional Medical/Mental Health Needs
 3. Parent/Legal Guardian Involvement
 4. Child/Youth Existing Support Systems
 5. Anticipated Challenges
 6. Placement Recommendations
 7. Additional CCT Recommendations
 - iii. Following the meeting the Care Coordinator will send a written RRT plan via an encrypted email to all RRT participants which include immediate recommendations involving the client and contact information for all participants within 24 business hours.
 4. If a Party to this agreement other than Law Enforcement or DFPS encounters a youth in crisis, the Party will:
 - a. Immediately contact Law Enforcement and ask Law Enforcement to call Care Coordination so that a CSEY Advocate can be dispatched and make a DFPS Statewide Intake Report.
 - i. If the Party has previously received permission from the legal guardian or law enforcement for Care Coordination and CSEY advocacy dispatch, the party will call the Care Coordination crisis line.
 - b. The initial party who identified the youth will call the Care Coordinator at (512) 528-3218 to inform the Care Coordinator that LE has been called for a crisis recovery.
 - c. The initial party who identified the youth will let Law Enforcement and the Care Coordinator know that a DFPS Statewide Intake Report has been made.
 - d. Law Enforcement will follow paragraphs 1 and 2 of the Recovered/Re-Recovered Protocol above.

CARE COORDINATION REFERRAL – IDENTIFIED CHILD/YOUTH.

Non-Crisis

When a child/youth is *IDENTIFIED* by making an outcry of sexual exploitation, or information is gleaned from another source that the child/youth is a victim of commercial sexual exploitation, or the child/youth scores a clear concern on the CSE-IT, and the child/youth is in a *SAFE ENVIRONMENT*:

1. A referral will be submitted **online** at <https://unboundnow.org/care-coordination/> according to the referring parties internal protocols as the child/youth is in a safe/stable setting.
 - a. The Referrer should have the following information gathered when making the referral and should make best efforts to obtain parent/guardian consents for care coordination prior to referring to care coordination:
 - i. Type of case: RECOVERED or RE-RECOVERED

- ii. Child/Youth Name
 - iii. Child/Youth DOB
 - iv. Child/Youth Sex (Male/Female/Unknown)
 - v. CSE-IT score and screening report
 - vi. Child/Youth's Current Safe Environment Location/Anticipated Length of Stay or Destination Information
 - vii. Parent/Legal Guardian information and/or executed Care Coordination consents
 - viii. All applicable Law Enforcement Agency Names and Report #s
 - ix. Advocate Agency and Name of Advocate if Applicable
 - x. SAFE information, if applicable
- b. If the Referrer is DFPS
- i. DFPS will meet the CSEY's basic needs, and notify LE if needed.
 - ii. DFPS follows agency protocol in finding a safe place for the CSEY.
 - iii. DFPS will refer the child/youth to Care Coordination as stated in 1.
 - iv. DFPS must provide written approval for services prior to a CSEY/HT Advocate engaging with a child or youth in DFPS Conservatorship. Written consent may be via text or email with formal consent paperwork being completed within a reasonable amount of time (i.e., the next business day). The signature for consent may be provided by:
 - a. The DFPS primary caseworker for the child/youth
 - b. The DFPS primary caseworker's supervisor for the child/youth.
 - c. The current caregiver for the child/youth, with written approval from DFPS primary caseworker/supervisor for the child/youth.
- c. If the Referrer is TCJJD
- i. Report to local LE if the child reported they were sexually abused. If the youth says it has been reported, Travis County Juvenile Justice Department (TCJJD) verifies it was reported.
 - ii. Report to DFPS Child Abuse & Neglect Hotline (under 18 years of age only) and provide location of the youth, LE report numbers, and all other pertinent information. **(1-800-252-5400)**.
 - iii. Considering this section pertains to identified youth, the youth should score Clear Concern, but the CSE-IT number score also needs to be documented.
2. The Care Coordinator will follow up with the referring party if any additional information is needed. If the child/youth does not yet have a CSEY Advocate the Care Coordinator will contact the CSEY Advocacy Agency. The CSEY Advocate will conduct a CSE-IT if one has not yet been administered and will provide a copy of the CSE-IT to the Care Coordinator. If the child/youth is eligible for Care Coordination, the CSEY Advocate will assist in getting Care Coordination consents signed. (***Note:** The youth's guardian will be required to consent to CSEY advocacy and Care Coordination separately.)
- a. The CSEY Advocate will notify the Care Coordinator when all consents have been executed and the Care Coordinator will initiate the Rapid Response (RR). If after hours, the CSEY Advocate can contact the Care Coordinator the next business day to initiate Rapid Response (RR) as the child/youth is in a safe/stable setting.
- i. The CSEY Advocate may need to explain their role to the parent/legal guardian by phone prior to arrival to establish rapport. The CSEY advocate may need to enlist the assistance of law enforcement to establish legitimacy with the parent.
 - ii. If the child or youth is in DFPS conservatorship, written consent must first be obtained from the child's or youth's DFPS/SSCC caseworker or the caseworker's supervisor, or the child's or youth's caregiver with written approval from the DFPS/SSCC caseworker/supervisor, prior to a CSEY Advocate engaging with

- the child or youth. Written consent may be via text or email with formal consent paperwork being completed within a reasonable amount of time (i.e. the next business day). The signature for consent may be provided by:
- a. The DFPS/SSCC primary caseworker for the child/youth.
 - b. The DFPS/SSCC primary caseworker's supervisor for the child/youth.
 - c. The current caregiver for the child/youth, with written approval from DFPS/SSCC primary caseworker/supervisor for the child/youth.
- b) Prior to Unbound Now and SAFE Alliance transporting a child or youth in DFPS conservatorship, written consent must be obtained by the child's or youth's DFPS/SSCC caseworker or the caseworker's supervisor, or the child's or youth's current caregiver with approval of the DFPS/SSCC caseworker/supervisor. Consent may be for either one-time transportation or for on-going, regularly scheduled transportation (e.g., the Advocate will take the child or youth every week to the park on a given day and time).
- b. Following the RRM-NC, the CSEY advocate will continue to meet with the child/youth regularly, provided that the parent/legal guardian has consented to ongoing advocacy services, and the CSEY Advocate will remain in consistent communication with the Care Coordinator to provide updates on the status of the child/youth in between Service Status Meetings and will participate in the RRM-C as well as all subsequent Service Status Meetings.
3. The Care Coordinator will schedule and facilitate the RRM-C within 72-96 hours of referral.
- a. Contact additional CCT parties and other critical non-CCT partners as agreed upon.
 - b. Contact the Advocacy Center of Travis County (CAC) if forensic exam is needed (see Medical Examination Protocol).
 - c. Update CCT if any change in child/youth's status or location occurs prior to Rapid Response Meeting (the RRM-NC should occur even if the youth goes missing).
 - d. Ensure all necessary ROIs have been signed and received by the Care Coordinator.
 - e. Complete and/or gather historical system involvement background for child/youth, family, and siblings with assistance from DFPS and JJD (if available).
4. The RRM-NC will determine the following:
- a. Forensic Interview Needs
 - b. Additional Medical/Mental Health Needs
 - c. Parent/Legal Guardian Involvement
 - d. Child/Youth Existing Support Systems
 - e. Anticipated Challenges
 - f. Placement Recommendations
 - g. Additional CCT Recommendations
5. Following the meeting the Care Coordinator will send a written plan via an encrypted email to all participants which include immediate recommendations involving the client and contact information for all participants within 24-48 business hours.

SUBSEQUENT MEETINGS FOR BOTH RECOVERED AND IDENTIFIED CASES

To ensure comprehensive and continuous support for children and youth engaged in Care Coordination, it is essential to establish ongoing Service Status Meetings. This ensures that the child's/youth's care plan is effectively implemented, and any emerging needs are promptly addressed. Service Status Meetings (SSM) should occur as indicated in "Types of Case Meetings" to maintain consistent oversight and coordination.

All Service Status Meetings will be facilitated by the Care Coordinator. The Care Coordinator will be the primary point of contact regarding Service Status meetings, will notify all necessary CC partners, and will schedule and document all Service Status Meetings. To support this process, the Care Coordinator will actively maintain weekly contact with the CSEY advocate to follow the status of the CSEY client until the case has been discharged from the Care Coordination Team. (***Note:** The youth's guardian will be required to consent to CSEY advocacy and Care Coordination separately.)

There are various types of Service Status Meetings.

1. Service Status Monthly Meeting (SSM-Mo)
 - a. The Care Coordinator will arrange an initial Service Status Meeting (SSM-Mo) within 14 business days of obtaining consents. SSM-Mos should occur monthly unless another type of specialized status meeting is required.
 - i. Information covered will include but not be limited to:
 1. All services the child has received prior to the meeting,
 2. The current service plan,
 3. Long-term placement of the CSEY client, and
 4. Mental health concerns/needs of client.
 - b. Attendees will not be allowed in the meeting without the consent of the legal guardian.
 - c. CCT team members will not invite members outside the CCT without prior notice to the Care Coordinator and the proper execution of any confidentiality and ROI documentation.
 - d. The meeting will be held virtually or in person at a designated location.
 - e. All CC Members involved in the youth's care will be asked to participate in the SSM-Mo. Center for Child Protection staff who have performed a service for the child (forensic interviewer, family advocate, and counselor), and the MDT Coordinator will be invited to SSM-Mo for youth that are also being served by their CAC MDT. CAC and MDT Coordinator participation in SSM-Mos will be contingent upon execution of applicable ROI, confidentiality, and consent documentation.
 - f. Each case will be staffed individually and in a confidential manner.
 - g. The Care Coordinator will provide documentation of the meeting to all members present, will list action items identified and incorporate any service plan in that documentation and will schedule the next SSM-Mo to discuss current or recommended services with applicable care coordination partners within 3 business days of the initial SSM-Mo.
 - h. Subsequent SSM-Mo meetings will be held monthly to provide updates on the care of the child/youth, evaluate existing service plans, and monitor any existing CCT member action items. The Care Coordinator will provide documentation of each SSM-Mo to all attending CCT members with a reminder of the next scheduled SSM-Mo within 3 business days of the meeting.
2. Service Status Transfer Meeting (SSM-T)
 - a. To be held 24-48 hours prior to transfer out or post-transfer in of a child/youth.
 - b. The meeting will be held virtually between all CCT members of the transferring CCT and all team members of the receiving CCT to coordinate seamless transfer of services for a child/youth.
 - c. If an investigation is underway, the receiving CCT should either be invited to the originating Investigatory MDT or updated regarding those MDT meetings, as appropriate.
3. Service Status Meeting – Critical Change (SSM-CC)
 - a. If a team member feels a child is becoming dysregulated, then they can contact the CC and request for the case to be staffed with partner agencies.

- b. The purpose of the meeting is to develop a plan due to a critical case management change/need, such as a placement change, investigatory or prosecutorial update, case closure and/or discharge, or general dysregulation or behavior change exhibited by the child/youth.
- c. The meeting will be held virtually between all CCT members on the youth's case and any other identified parties with important information regarding the child that the parent/guardian has consented to include in the meeting.
- 4. Service Status Meeting – Missing (SSM-Mi)
 - a. When any CCT party, identifies a child/youth with active CCT involvement is missing, the identifying party should immediately contact LE, DFPS Statewide Intake and Care Coordinator.
 - b. To be held 24-48 hours of notification of missing status.
 - c. Purpose of the meeting is to develop a recovery and support plan to address the missing status and plan for post recovery needs.
 - d. The meeting will be held virtually between all CCT members on the youth's case and any other identified parties with important information regarding the child that the parent/guardian has consented to include in the meeting.
- 5. Service Status Meeting – Family Empowerment (SSM-FE)
 - a. Typically occurs after the first service status meeting, where applicable, 15-45 days from initial intake.
 - b. This meeting will be held virtually or in person at a location designated in advance.
 - c. SSM-Fes can occur every 3 months, or more frequently depending upon the family's needs.
 - d. These meetings will occur based on the needs of the child and/or guardian. Participants in the meeting will include CC and the CSEY Advocate and other partners may include, DFPS, JPO, designated CAC staff, substance abuse counselor, Child Advocate (CASA), ad litem, caregiver, current placement provider, and school staff and any provider the CCT team and parent/legal guardian agree may be helpful to the child/youth and family.
 - e. For a child/youth in DFPS conservatorship, if it meets DFPS/SSCC guidelines, the CC, CSEY Advocate, and other CCT partners may participate in DFPS/SSCC led meetings to decrease duplication of effort. However, the meeting will only be documented as an SSM-FE if the parent/legal guardian is present.
 - f. The child/youth may be included in the SSM-FE based on emotional and chronological age after consultation with the parent.
 - g. The SSM-FE will NOT occur without the guardian.
 - h. Once a youth client turns 18, the SSM-FE will not occur without the young adult client. At that time, all existing consents and ROI's will need to be re-executed with appropriate signatures and permissions being obtained by the youth client.