

Overview of Recent SIAC Recommendations to the Kentucky Governor and the Legislative Research Commission

August 2015

Per KRS 200.505, the State Interagency Council (SIAC) is required to consider issues and make recommendations annually to the Governor and the Legislative Research Commission regarding the provision of services to children with or at risk of developing an emotional disability.

FY2010 Recommendations

Public Health

The SIAC recommended:

1. That an Executive Order be made proclaiming that its member agencies embrace a public health approach to children's mental health and substance use services and supports through identification and recognition of how their services and supports promote well-being of children, youth, and families.
2. That System of Care values and principles be adopted and operationalized by all child serving agencies who are SIAC members.

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Suicide Prevention

The SIAC recommended:

1. That all KY certified and classified personnel in the public school system receive a 3-hour suicide awareness and prevention training entitled Question Persuade and Refer (QPR); or at a minimum, include suicide prevention and postvention in each school crisis plan and ensure that an adequate number of school staff are trained.
2. That all human service state agencies make QPR training available and ensure that an adequate number of staff in each agency are trained.
3. That all community mental health centers ensure that clinicians and case managers receive clinical training designed to address competencies which support the assessment, management and treatment of the suicidal client.
4. That evidence-based practices in suicide assessment and treatment be included in all human services programs at Kentucky's accredited colleges and universities.
5. That all state licensing human services boards approve QPR training for continuing education units.

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5. That all state licensing human services boards approve QPR training for continuing education units.

Transition Age Youth

The SIAC recommended:

1. That all agencies serving transition age youth that have mental health and/or substance use disorders provide specialized, developmentally appropriate services and supports based on the Transition to Independence Process Model.
2. That for youth on extended commitment to the Cabinet for Health and Family Services for educational purposes, that Medicaid eligibility be extended to age twenty-one.
3. That the time period to ask for reinstatement of commitment under KRS 620.140(1)(d) for a youth that leaves state custody on the eighteenth birthday be changed to one year.
4. That KRS 200.505 be amended to include a youth representative as a voting member on the Council and that the position is held by a member elected through the Kentucky Partnership for Families and Children Statewide Youth Council.

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FY2013 Recommendations

Trauma-Informed Care

The SIAC recommended:

1. That an Executive Order proclaiming that its member agencies embrace a Trauma Informed Care approach within children's services and supports that promote the well-being of children, youth and families.
2. That System of Care values and principles be adopted and operationalized by all child serving agencies who are SIAC members; and that the SIAC would serve as an agent in promoting a Trauma Informed Care approach informed by System of Care values and principles.
3. That the state support initiatives related to a trauma-informed approach and the departmental implementation plan recommended to sustain cross-system efforts.

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Psychotropic Medications

The SIAC recommended:

1. Increasing access to Evidence-Based Practices across child serving systems.
2. Increasing use of mental health expertise and consultation to inform medication practices at the client and system level.
3. Implementation of system-wide screening and assessment to identify mental health needs; using standardized, evidence-based assessments
4. Enhancing systems for informed and shared decision-making.
5. Enhancing medication monitoring through improved Quality Assurance and Clinical Review Process (Medical) to include accurate health records
6. Developing integrated data sharing systems to ensure care coordination and effective monitoring and oversight.
7. Ensuring all stakeholders (children/youth/family/practitioners/child welfare workers, etc.) have access to complete and accurate information.
8. Youth engagement and empowerment.

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Youth age Ten and Under

Processed as Public or Status Offenders

The SIAC recommended that the most effective framework for dealing with children age 10 and younger who have allegedly committed a status or public offense would include the following:

1. Instead of being formally charged, children age 10 and younger who are identified as being at risk for future delinquency should be given a comprehensive screening/assessment by a qualified individual, the results of which would indicate treatment/service needs which, if addressed, could prevent future delinquency.
2. Identification of the child's treatment needs should occur after consultation with other child serving professionals (Local or Regional Interagency Councils).
3. The use of a child and family focused multidisciplinary team in cases where a child age 10 and under has been identified as at risk for future delinquency.
4. If circumstances exist which warrant a referral to the Department for Community Based Services for a Family in Need of Services Assessment or other action, such referral should be made.
5. Those seeking recovery for damages caused by children age 10 and under should be referred to alternative remedies, eliminating the need to charge children with a public offense for sole purpose of recovering damages.

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FY2015 Recommendations

The SIAC identified three (3) priority areas which, along with the action items documented, comprised SIAC's annual recommendations to the Governor and the Legislative Research Commission.

Psychotropic Medications

The SIAC recommended monitoring and decreasing over-reliance on psychotropic medications for children and youth by:

1. Connecting the need for medications to screening and assessment
2. Publishing report on where Kentucky stands among other states on prevalence
3. Working with Medicaid on tracking Managed Care Organizations (MCOs) and report findings to SIAC

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Evidence-Based Practices

The SIAC recommended increasing the use of evidence-based practices by:

1. Holding providers accountable for implementing services/practices with fidelity
2. Providing training and technical assistance
3. Exploring and supporting promising practices

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System of Care Expansion

The SIAC recommended Expanding System of Care values among SIAC member agencies by:

1. Continuing to make a strong and dedicated shift to community-based services
2. Providing more extensive education on System of Care values to all partners (SIAC & other partners)
3. Assessing the status of System of Care values among current SIAC partners
4. Establishing a System of Care Center of Excellence

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2015-2016

Standing Committees have been asked to begin developing recommendations for SIAC to consider moving forward to the Governor and the Legislative Research Commission.

Next Steps

August

- Standing Committees convene and explore recommendations

September

- Standing Committees finalize recommendations

October

- SIAC considers and votes on proposed recommendations

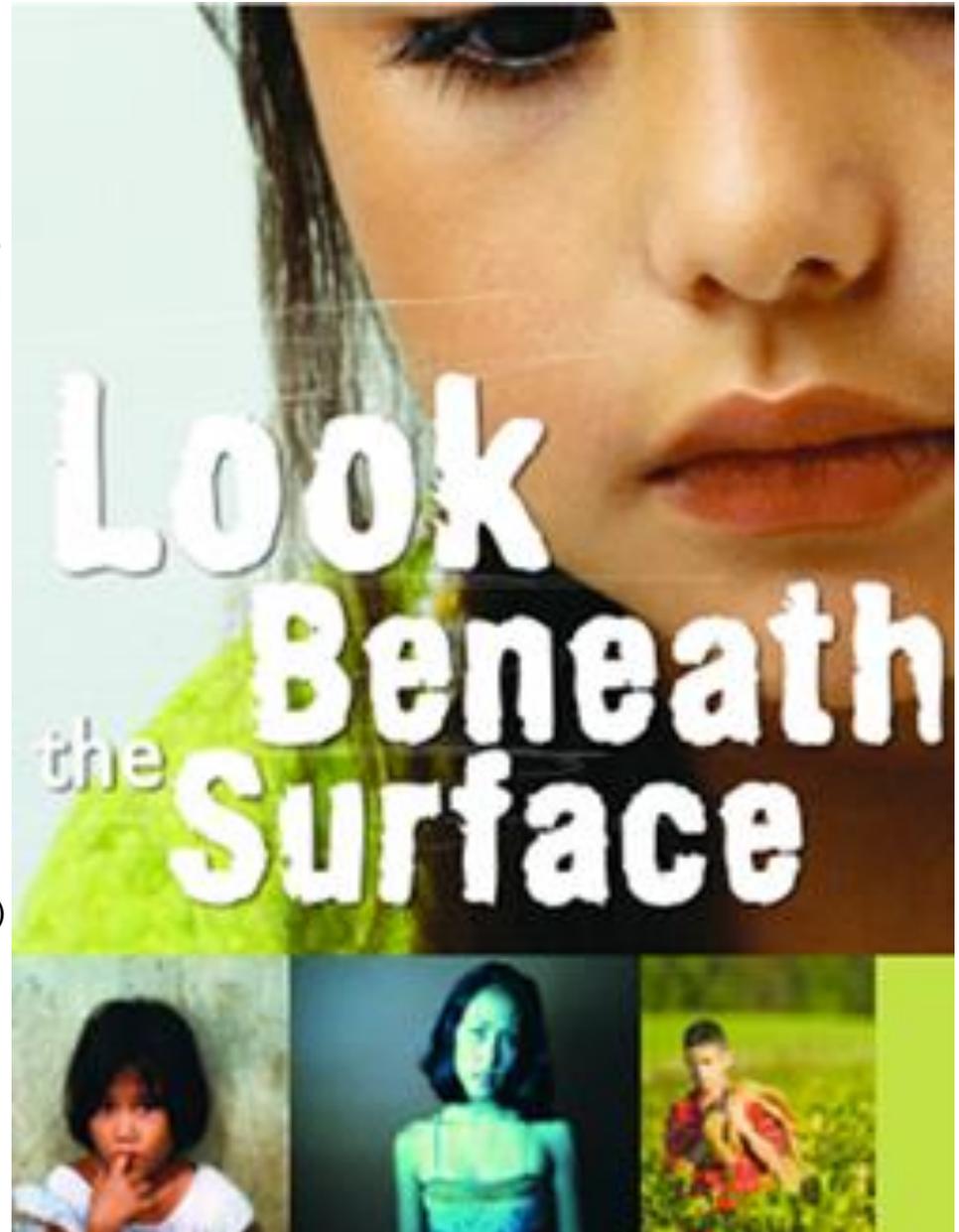
November

- SIAC finalizes recommendations and shares with Governor-elect

Questions?

Human Trafficking in Kentucky

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Overview of Presentation

- Legal framework
- Current efforts/collaborations/services
- Gaps in services
- Best practices/Goals

Human Trafficking Defined

Human trafficking is slavery. Victims of human trafficking are subjected to:

- Force (beatings, assault, physical restraint, rape, kidnapping)
- Fraud (lies or other deception), or
- Coercion (threats, psychological games, humiliation/shame tactics),

for the purpose of sexual exploitation or forced labor.

Exception for minor victims

Exception: When minors (under 18) are exploited in commercial sex, there is no need to show force, fraud or coercion

Therefore, every minor involved in stripping, pornography or prostitution is a victim of trafficking under the TVPA and KRS 529.010

Scope of Human Trafficking

- Up to 300,000 children at risk for being trafficked inside the US each year
- 14,000-17,000 people trafficked into the US per year
- In KY, over 160 victims have been served by Rescue & Restore programs since 2008, with 44% being trafficked as children
- Over 155 reports of child trafficking to DCBS

Who are the most common child victims?

Although all children are vulnerable, previously identified cases suggest that the following populations are at a higher risk of being trafficked:

- Runaway and homeless youth
- Children within the foster care system
- Children with histories of abuse
- Children with histories of substance abuse
- Children with disabilities
- Youth in the juvenile justice system
- LGBTQ youth
- Refugees, immigrants, and non-English-speaking persons

How might you encounter trafficking?

- ❖ *A teen in foster care runs away with her “boyfriend,” who asks her to sleep with a few of his friends, to pay rent.*
- ❖ *Two youth are made to work long hours on a farm when they should be in school.*
- ❖ *A mother “rents” her children to a pedophile, to support her drug addiction.*
- ❖ *A child is kept in a private home, made to cook, clean, and care for children in the home, from early in the morning until late at night every day, for little to no pay.*

American Teens Face High Risk

- 1 in 7 teenagers in the U.S. run away from home
- America has 1.3 - 2.8 million runaway & homeless youths
- 1 of 3 teens are lured into prostitution within 48 hours of leaving home. The longer they are gone, the more likely they are to engage in “survival sex”
- 90% of children turn to sex for survival within after 3 months away from home

- National Incidence Studies of Missing, Runaway and Throwaway Children, 2008

American Teens Face High Risk

- 1 in 5 individuals in prostitution are children (FBI)

Children are more likely to be arrested than the adults (pimps and “johns”) who exploit them.

- National Incidence Studies of Missing, Runaway and Throwaway Children, 2008

Rights of Human Trafficking Victims

- Trafficking Victims have the right not to be imprisoned or detained for underlying offenses, unless
 - Detention is least restrictive alternative
 - Poses threat to community safety

KRS 431.063
- Victims should not be held culpable for crimes that were committed as a direct result of their victimization (TVPA)
- Communications between trafficking victim and trafficking counselor are privileged. KRS 422.295(c)
- Court protections for childhood sexual abuse apply to minor victims of sex trafficking KRS 431.350

Kentucky's Human Trafficking Victims Rights Act (“HTVRA”)

- Primary co-sponsors Rep. Sannie Overly and Rep. Addia Wuchener, more than 80 co-sponsors
- Effective date: June 25, 2013
- The SAFE HARBOR provisions create a paradigm shift to treat children exploited in commercial sex as VICTIMS rather than criminals or status offenders

HTVRA Safe Harbor for Trafficked Children

- Child victims of human trafficking should be treated as victims, not criminals.
 - Requires a report to CHFS if there is reasonable cause to believe a child is a victim of human trafficking (forced labor or commercial sex) .
 - Adds human trafficking to the mandatory reporting statute for child abuse.
 - The case is required to be treated as a **dependent, neglected, or abused (DNA)** case regardless of whether the perpetrator was a parent, guardian or someone exercising custodial control or supervision. KRS 620.030 (3).

Safe Harbor : The Cabinet Response

Cabinet for Health and Family Services must:

- Provide assessment, treatment, housing, and services to the child as a victim of HT and treat the child as a DNA child. KRS 620.040 (1) (b).
- Proceed with the case in accordance with DNA statutes regardless of whether the perpetrator was a parent, guardian or someone exercising custodial control or supervision. KRS 620.040 (1).
- **Respond to the report of human trafficking of a child within an hour by treating it as a high-risk case, like a report of sexual abuse**

Safe Harbor : Services, not Criminalization

- **Prohibits prosecution of anyone under 18 for prostitution** or loitering for prostitution and requires law enforcement to report those cases to CHFS as possible victims of HT. KRS 529.
- Prohibits charging for or finding guilt for **status offenses** related to conduct arising out of the HT of the child unless it is later determined child was not a victim of HT. KRS 630.125.

Safe Harbor: Police Response

- Permits **law enforcement** to take a child victim of HT into protective custody, similar to sexual abuse cases, after making mandatory report to Cabinet. KRS 529.
- Example: KSP responds to a call that a girl is going from cab to cab at a truck stop, with a suspicion that she is involved in commercial sex. The officer responds, briefly interviews the victim, contacts the Cabinet to make a report and takes her to an emergency shelter.

Safe Harbor: The Role of Court Designated Workers (CDWs)

- Permits **court-designated workers** to perform an initial screening for HT
- Requires CDWs to refer reports to the cabinet as a DNA case. KRS 605.030 (1) (d).

Example: A CDW gets a call that a boy has run away from his foster home. He is found at a greyhound bus station, suspected of performing sex acts for money. Report is made to DCBS of possible trafficking.

Safe Harbor: The Role of the Department of Juvenile Justice

- If a child victim of HT progresses through the system all the way to **Department of Juvenile Justice** without his or her status as a victim of HT being discovered, once the department discovers this status,
 - it is required to file a report with CHFS,
 - notify the child's attorney, and
 - petition the court to transfer custody to CHFS if the child does not pose a threat to public safety.
 - The department is given the authority to promulgate regulations to provide treatment for those children who cannot be placed with the cabinet. KRS Chapter 15A.

Safe Harbor: Human trafficking investigations

- Child human trafficking cases involving commercial sexual activity shall be investigated by multi-disciplinary teams (MDTs).
- Human trafficking advocates will now be a part of MDTs. KRS 431.600 (1).

Cabinet Standard of Practice on Human Trafficking Cases

Legal Authority/Introduction

- LEGAL AUTHORITY:
- [KRS 15A.068 Duties of department if child may be victim of human trafficking-Administrative regulations KRS 529.010 Definitions KRS 529.100 Human Trafficking](#)
- [KRS 605.030 Duties of court-designated worker](#)
- [KRS 620.029 Duties of cabinet relating to children who are victims of human trafficking](#)
- [KRS 620.030 Duty to report dependency, neglect, abuse or human trafficking-Husband-wife and professional-client/patient privileges not grounds for refusal to report-Exceptions-Penalties](#)
- [KRS 620.040 Duties of prosecutor, police and cabinet-Prohibition as to school personnel-Multidisciplinary teams](#)
- [KRS 630.125 Child not to be charged with or found guilty of status offense related to human trafficking](#)
- Human trafficking is alleged criminal activity whereby one (1) or more child(ren) are subjected to engage in forced labor or services or commercial sexual activity regardless of whether or not force, fraud or coercion is used.

SOP on Human Trafficking (continued)

Procedure

- **The SSW:**
- Investigates the report jointly with law enforcement and shares information throughout the investigation;
- Conducts interviews relevant to the investigation;
- Assesses the child's safety throughout the investigation;
- Investigates whether or not the trafficking activities occurred in other states or countries, or whether or not the victim resided in other states or countries;
- Consults with the Child Protective Services Branch within fourteen (14) working days of receipt of the report;
- Makes reasonable efforts to keep children with their parents, or reunite them with their parents;
- Makes appropriate service referrals for victims and their family members;
- Includes an assessment of the individual who is responsible for the human trafficking, even if the individual is a non-caretaker;
- Initiates court activity, as necessary, to ensure the child's safety;
- Completes a familial risk assessment as part of the investigation;
- Makes a finding based on the family's need for services;
- Includes a statement in the conclusion regarding the exploitation activities and the person responsible for the human trafficking.

SOP on Human Trafficking (cont.)

- **Contingencies and Clarifications**
- When appropriate, the SSW should complete the following tasks:
- Notify the child's attorney that the child may be a victim of human trafficking (status offender only);
- Contact other states to request courtesy interviews for identified individuals who may have information relevant to the investigation.
- **Related Resources**
- Information on services for human trafficking victims can be accessed through:
 - National Human Trafficking Hotline (888-373-7888); and
 - National Center for Missing & Exploited Children (800-843-5678).
- When interviewing non-English speaking individuals, refer to SOP 1.14 Limited English Proficiency for assistance.

RESOURCES: [Human Trafficking of Minors-A Guide for CPS Workers.docx](#)

Current Efforts

- KY Rescue & Restore Victims of Human Trafficking
 - Catholic Charities, Program Manager, 4 Case managers statewide
 - Comprehensive victim services to child/adult, foreign national/domestic victims
 - HOPE Campaign collaboration with KY OAG
 - KASAP, grant from KY Bar Foundation
 - Guide for Attorneys
 - Regional Training for attorneys
- Statewide Human Trafficking Task Force
- Local Task Forces (Louisville, Lexington, Bardstown, Frankfort, Shelbyville & Northern KY)
- DCBS/AOC/DJJ/DOCJT
 - Training, consultation on screening tool, strategic planning
- Regional partnering with Southern States

Current Services for Child Victims

- Catholic Charities—comprehensive case management
 - My Life My Choice Groups
 - Survivor Guide from GEMS in NYC
 - Trauma therapy
- DCBS
- Child Advocacy Centers
- Rape Crisis Centers
- Hope Hill

Challenges/Gaps

- Lack of consistent screening tool
- Reports of children being detained in spite of Safe Harbor
- Lack of emergency shelter/placements appropriate for human trafficking victims (esp. runaways)
- Need for coordinated protocol
- Need to reach runaways/engage with homeless/runaway providers
- Appropriate services to LGBTQ youth and boys

Best Practices— Where can KY grow?

“Only Connect” –EM Forster

- Paradigm shift: rather than confining children, must focus on **engagement**
- **Coordinated team effort**, with child being able to contact one trusted adult at any time
- Using **survivors as peer leaders**
- Working on **harm reduction and safety planning** with teenagers
- **Therapeutic Foster care**
- Trauma informed care (art therapy, equine therapy)
- **My Life My Choice** group across state
- Training on girls (CT)
- Training on interviewing techniques (CT)
- Build in measurements to determine success

Request

- Create SIAC subcommittee to address child trafficking and serve as liason to statewide Task Force

Website Resources

- “Sex Trafficking of Minors in Kentucky:
<http://www.cdar.uky.edu/CoerciveControl/reports.html>
- Building Child Welfare Response to Child Trafficking,
http://www.luc.edu/chrc/pdfs/Building_Child_Welfare_Response_to_Child_trafficking.pdf
- Kentucky Rescue and Restore Victims of Human Trafficking,
<http://www.rescueandrestoreky.org/>
- HHS Rescue & Restore Victims of Human Trafficking
www.acf.hhs.gov/trafficking
- Shared Hope (domestic minor trafficking), www.sharedhope.org
- Polaris Project www.polarisproject.org
- ASISTA (immigration technical assistance),
<http://asistahelp.org/clearinghouse.htm>

“Survivors of human trafficking are incredibly resilient. When we provide them with trauma informed care their body, mind and spirit begin to heal.”

Marissa Castellanos, [Human Trafficking Program Manager, Catholic Charities of Louisville](#)

<http://cclou.org/human-trafficking/>

QUESTIONS?