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An Evaluation of the Safe Harbor Initiative in Minnesota – Phase 3

Evaluation Report

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Prepared for:

DEPARTMENT OF HEALTH

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Key findings

Safe Harbor began in Minnesota in 2011 to provide legal protection and services for sexually trafficked or exploited youth. Safe Harbor funds agencies and grantees to provide services, provide housing and shelter, deliver training, and conduct outreach and evaluation. This is the third biennial Safe Harbor report required by the Minnesota Legislature. Findings and recommendations are based on data collected April 2017 through June 2019 from 45 key informant interviews, 86 participant surveys, 36 participant interviews, 28 grantee focus group participants, and information about youth collected in a database by grantees.

Finding: Safe Harbor provides services that would not otherwise be available.

- ✓ Safe Harbor is the only statewide initiative to attempt to meet the needs of sexually trafficked and exploited youth.
- ✓ Informants agreed that Safe Harbor provides flexible services and supports to youth. Most commonly accessed Safe Harbor services are: case management, connecting youth to safe adults, transportation, and education and job assistance.

One grantee noted: "Our overall system in terms of county attorneys, enforcement, judges, child protection – we'd only be doing about 10% of the work we're doing now without Safe Harbor."

Finding: Safe Harbor draws on youth, grantee, and state strengths to positively impact those served.

- ✓ Key strengths that drive positive outcomes are the resiliency and motivation of youth; grantees building trusting relationships with youth; and the state's efforts to build awareness, responsiveness to past evaluation findings, and flexibility with grantees.
- ✓ Safe Harbor helps youth connect to safe adults, become more stable, better understand healthy relationships, and learn how to safely meet their needs.

100% of youth survey respondents felt they learned about how to keep themselves safe and felt prepared to reach educational goals. 89% felt prepared to support themselves financially in a way that is safe.

Finding: Service and training gaps, systemic challenges, and information gaps decrease Safe Harbor's reach and impact.

- ✓ There are not enough Safe Harbor services to meet the needs of youth, and service gaps persist in communities disproportionately impacted by sex trafficking and exploitation.
- ✓ Government workers, including those in policing, prosecution, probation, and child welfare, were identified as being most in need of training on how to identify, approach, and interact with victims/survivors.
- ✓ Those who work in the Safe Harbor system sometimes struggle with collaborating with other systems, which makes the work more difficult.
- ✓ Those working in the system do not always have the trust of youth who need services, which makes the work more difficult.
- ✓ Current evaluation resources are not enough to collect key data needed to understand intervention or prevention impacts.
- ✓ Youth in need of services may not know about them:

Youth were asked if people in their situation knew about the Safe Harbor program that they were involved with and almost half (42%) said "no."

Recommendations

Recommendations and considerations for future work and evaluation activities

- **Target work and resources to address missing or inconsistent services.** This should include closing service gaps, ensuring grantees are fully funded, aiming for more diversity in leadership, providing consistent training, addressing collaboration challenges, and implementing Safe Harbor for All.
- **Support the implementation of an enhanced, more rigorous evaluation.** This would entail collecting data annually, requiring participation from all grantees, collecting consistent and reliable data, continuing the implementation evaluation, and improving the efficiency in reporting.
- **Improve focus on preventing sex trafficking and exploitation.** In addition to the current work, it is important to be working on ways to diminish the demand for exploitative sex and decreasing the need for youth to engage in survival sex.

Background

The Safe Harbor law

Minnesota's Safe Harbor law provides the legislative framework for legal protections and state services for sexually exploited, including sexually trafficked, youth. Passed in 2011, this legislation shifted legal definitions of "sexually exploited youth" and "delinquent child" to acknowledge that exploited minors are not delinquent, but are victims and should be treated as such. Definitions for "prostitution," "patron," and "prostitute" were also amended. This initial legislation also introduced a diversion program for 16- and 17-year-olds engaged in prostitution. Furthermore, the legislation increased penalties for facilitators and patrons of commercial sexual exploitation. Finally, the legislation directed the formation of a comprehensive, multi-state-agency approach to ensure communities statewide can effectively identify sexually exploited youth (see description of the No Wrong Door framework, Appendix A).

Partially in response to advocacy, as well as evaluation findings and recommendations, the legislation was later expanded so that youth age 17 and younger are protected from criminal prosecution, and youth age 24 and younger are eligible for services. However, young adults age 18 and over can still be criminally prosecuted. **It is important to note that Safe Harbor provides services to young adults through age 24, so people who are receiving services from the grantees are generally referred to as "youth."**

Safe Harbor's multi-agency response

Over the past decade, Safe Harbor has expanded into a multi-state-agency response, working in partnership with grantees throughout the state, which includes:

- Minnesota Department of Health (MDH) – provides regional navigator/supportive services grants management, coordinates trainings, and works with the external evaluator
- Minnesota Department of Human Services (DHS) – provides housing grant management and coordinates the child welfare response
- Office of Justice Programs (OJP) and Bureau of Criminal Apprehension (BCA) within the Minnesota Department of Public Safety (DPS) – provides law enforcement training and investigative response

In addition, Safe Harbor coordinates with the Sexual Violence Justice Institute at the Minnesota Coalition Against Sexual Assault to support the work of multidisciplinary teams responding to the sex trafficking and exploitation of youth. To date, funded teams include: Ramsey County, Wright County, Southwest Crisis Center, Hope Center, and The Link.

Safe Harbor funding

Over 15 million dollars have been invested in Safe Harbor each biennium. The funding allows state agencies to implement Safe Harbor, including protocol development and implementation, specialized services, community coordination, housing and shelter, outreach, training, and evaluation.

In addition, Safe Harbor supportive services funding has been set aside for tribal projects addressing human trafficking. Nine of the 11 tribes (listed on page 13 have chosen to participate. Their activities include training law enforcement, casino staff, tribal service providers, and community members; providing direct services as needed; increasing the collaboration among tribal nations; and improving their overall response. Additional funding for tribal projects and four American Indian service agencies (Minnesota Indian Women's Resource Center, American Indian Community Housing Organization, American Indian Family Center, and Northwest Indian Community Development Center) was obtained from a federal grant through the Office for Victims of Crime (OVC) in the United States Department of Justice. Any direct services provided under this grant are recorded through the federal data management system. The OVC grant also includes expansion of Safe Harbor to include supports for labor trafficking victims and a broader child welfare response.

These agencies and government entities are referred to as "grantees" throughout the report and comprise the Safe Harbor system serving youth. As part of this funding, a number of agencies and organizations statewide were selected through a request for proposal process to fulfill the roles of regional navigators, housing providers, and supportive service providers.

In addition, pursuant to Minnesota statute sections 609.3241 and 609.5315 subd. 5(c), $177,728 has been collected (based on a review in August 2019) from local law enforcement agencies. Fees were transferred to the Safe Harbor for Youth account from fines assessed statewide against adults convicted of illegal acts related to prostitution, while acting other than as a prostitute.

New child welfare system response to sex trafficking and sexual exploitation of minors

In May 2017, child sex trafficking became a mandated report in Minnesota. Regardless of who the alleged perpetrator is, all known or suspected sex trafficking involving a minor must be reported to local child protection or law enforcement ((Minn. Stat. 626.556 subd. 2(n)). Because these reports involve a form of sexual abuse, county or tribal child welfare agencies are required to investigate sex trafficking, which includes a face-to-face contact within 24 hours to see if the child is safe ((Minn. Stat. 626.556 subd. 3(e)). All child protection and law enforcement investigations must be coordinated after cross-reporting the allegation.

Sexual exploitation is also a mandated report and a type of sexual abuse when a parent, caregiver, household member, person with a significant relationship to the child, or person in a position of authority is involved (Minn. Stat. 626.556 subd. 2(n)). When the alleged offender does not fall into any of those categories, sexual exploitation is not a mandated report. Sexually exploited youth who have been exploited by a non-caregiver should receive a voluntary offer of child welfare services from the local child welfare agency (Minnesota Department of Human Services, 2018).

DHS provides training, technical assistance, and policy guidance on responding to reports of sex trafficking, sexual exploitation, and labor trafficking for child welfare agencies. The agency is working with the MDH Safe Harbor program and more than 120 stakeholders to create a comprehensive best practice guide for child welfare response. Key to this response is creating improved coordination with Safe Harbor regional navigators, supportive services, and shelter and housing providers. Resources and more information about the new responses can be found at Safe Harbor/No wrong door (https://mn.gov/dhs/partners-and-providers/program-overviews/child-protection-foster-care-adoption/safe-harbor/).

Defining sex trafficking and sexual exploitation

Sex trafficking and sexual exploitation have slightly different definitions. Sex trafficking involves individuals profiting from the commercial sexual exploitation of others. Sexual exploitation occurs when someone is engaged, whether agreed or forced, into any type of sexual activity in return for anything of value, or a promise of anything of value, such as money, drugs, food, shelter, rent, or social status. It is important to note that while sex trafficking is a form of sexual exploitation, sexual exploitation does not always involve a profit for a third party, so it is not always an act of sex trafficking (Minnesota Department of Health, n.d.).

Overview of evaluation

This report summarizes the evaluation activities from Phase 3 of the Safe Harbor evaluation (April 2017-June 2019) and is the third biennial report required by the Minnesota Legislature. Wilder Research also reported on the evaluation activities and findings from Phase 1 (April 2014-March 2015) and Phase 2 (April 2015-June 2017). An overview of the data collection activities is summarized below (Figure 1).

1. Overview of data collected by Wilder Research by phase

Method	Number of participants		
	Phase 1	Phase 2	Phase 3
Key informant interviews	24	22	43
Youth surveys	N/A	97	86
Youth focus group	N/A	11	N/A
Youth interviews	N/A	4	36
Grantee focus groups	N/A	25	28
Child welfare focus group	N/A	N/A	9
Stakeholder surveys	N/A	244	N/A

Note. In Phase 3, five evaluation participants represented a tribe or came from a tribal community-based organization.

Data collection methods were selected based on the evaluation questions established in each phase, in addition to budget and timeline considerations. Therefore, not every data collection method was employed each phase. An overview of the impacts and challenges that emerged in Phases 1 and 2 can be found in Appendix B.

Methodology

While this evaluation is informed by the previous analyses in Phases 1 and 2, this report includes revised and new data collection activities, such as a literature review and Return on Investment framework (see Appendix C and D). For this report, the following questions guided the evaluation design:

- Who is being served?
- What services and supports are needed and being provided?
- What factors contribute to Safe Harbor's impact?
- What are the gaps and challenges that impede the work of Safe Harbor?
- What are the opportunities for improvement?

The data collection activities for Phase 3 are described in more detail below.

- **Key informant interviews (N=43).** Between April and July 2019, Wilder staff completed telephone interviews with 43 key informants. The interviewees represented local, regional, and statewide perspectives through their affiliation with sectors such as: advocacy/lobbying, child welfare/protection, justice/corrections, law enforcement, prosecution/courts, tribal organizations, educational institutions, and community-based organizations.

  Participation was voluntary and participants were reminded that all of their responses are confidential. Wilder used qualitative data analysis software (Atlas.ti) to analyze responses from the interviews. Any concept mentioned by four or more respondents is considered a theme.

- **Safe Harbor youth surveys (N=86).** Youth or young adults who met with a grantee three or more times were offered the opportunity to complete a paper or web survey to share their perceptions of the program. A total of 86 participants responded to the survey between July 2017 and June 2019. As not everyone who completed the survey answered every question, the number of respondents varies for each question. See Appendix E for more information.

- **Safe Harbor youth interviews (N=36).** Safe Harbor grantees helped Wilder Research recruit people who were served in the program to complete an interview with Wilder Research. Youth were offered a $10 gift card as an incentive. These interviews were conducted between March and June 2019. Due to the variation in responses from these interviewees, a theme was defined as any concept mentioned by three or more respondents, a slightly lower threshold than for our other informant types.
- **Grantee focus groups (N=28).** Four focus groups with grantees were held between March and May 2019. Focus group participants were asked about the impact of the Safe Harbor law and model, as well as barriers and suggestions for improvement. All 48 grantees were invited, and 28 participants attended from 20 grantee agencies. For these focus groups, a theme was defined as an idea mentioned by four or more participants.
- **Child welfare focus group (N=9).** Due to the child welfare system's response, this evaluation included a focus group specifically of county staff involved in child welfare/child protection. It was held in May 2019. Focus group participants were asked about the impact of the Safe Harbor law and model, as well as barriers and suggestions for improvement when working with Safe Harbor grantees and with youth who may be facing sexual exploitation. Representatives from six counties participated in the focus groups. Key findings that emerged from this focus group were combined with the key informant interviews.

Data collection protocols for each of these activities can be found in Appendix K.

Other data collected during Phase 3 included:

- **Clients enrolled in grantee database (N=977).** MDH hosts a client tracking database for the Safe Harbor grantees to gather information about the clients who are being served. Demographic, referral, and service need information is housed in this database. The client data represented in this report reflect the 977 newly enrolled clients. It should be noted that some of the people served may be represented more than once, and/or by multiple grantees, or were newly enrolled in a previous phase, but still received services. Therefore, there is a total of 1,279 people served, as reported by grantees in the database from April 1, 2017, through March 31, 2019. See Appendix F for more information.
- **Literature review.** In addition to these data collection activities, MDH staff conducted a literature review to supplement this report (Appendix C). The literature review focuses on uncovering challenges, gaps, and opportunities in identifying exploited and trafficked youth. Furthermore, it explores the opportunities for improvement in identifying trafficked and sexually exploited youth by medical and child welfare professionals.

- **Return on Investment (ROI) framework.** An ROI framework was generated by Wilder Research to provide MDH and the Minnesota Legislature an overview of options for conducting an ROI (Appendix D). In addition to providing considerations for future work, it also underscores the need for collecting consistent and reliable data at the program and statewide levels.

Limitations

This report contains an accurate representation of data collected across multiple sources. Wilder Research also heard these themes raised by different evaluation participants, which bolsters each theme's reliability (i.e., when grantees and youth agree that relationships are foundational to a youth's success, etc.). However, not all those connected to or who could benefit from Safe Harbor participated in the evaluation. And, some limitations in data collection and scope mean that we do not have the same data across evaluation phases. For instance, the client tracking database has changed over time. While this often happens as services grow, it hinders the collection of consistent and reliable data over a longer period of time.

Additionally, Wilder Research relied on grantees working with youth to distribute surveys and provide youth with the information to sign up for an interview. This method of data collection could mean that youth respondents are those with the access, time, and motivation to provide their perspectives. It also may mean that they are youth who are connected to the grantees that have the time and capacity to recruit evaluation participants. This youth recruitment method may engage those youth most likely to be working closely with the program and, therefore, experiencing the most successes and satisfaction. Therefore, a more rigorous methodology that involves all youth may yield different themes.

Some data that would allow us to provide information on need and outcomes are not currently collected. For instance, the grantee data collection system allows tracking of services provided to youth, but it may not allow tracking an individual youth as they move from grantee to grantee, which hinders understanding of the long-term services that an individual youth may access in Safe Harbor. As important outcomes and long-term tracking do not exist, it is nearly impossible to know which youth are no longer impacted by trafficking and exploitation after accessing Safe Harbor services, and why.

It was also found that grantees are often operating at or beyond capacity. Since participation in the evaluation was not required, not every grantee participated in every evaluation activity. Therefore, some of the themes may change if all grantees participated.

Lastly, the scope of the evaluation for Phase 3, as in prior phases, does not include data from youth experiencing exploitation or being trafficked who are not receiving services from a Safe Harbor grantee. Therefore, the themes found in this report may not be representative of all youth who are being sexually exploited in Minnesota and we caution against over-generalization of findings.

Logic model

The following logic model gives an overview of the anticipated outcomes associated with providing coordinated services to sexually exploited youth, as conceptualized by key stakeholders, including the Minnesota Department of Health and Wilder Research (Figure 2).

2. Logic model showing the impact of decriminalizing commercially sexually exploited youth and young adults (CSEY/Y) as victims and providing coordinated services through Safe Harbor

			Outcomes		
Problem	**Activities**	**Outputs**	**Short term**	**Intermediate term**	**Long term**
The sexual exploitation of youth and young adults and the lack of appropriate services for victims ↓ **Goals** Commercially sexually exploited youth and young adults *age 0-24* are identified, receive trauma-informed services and housing, and, as a result, are no longer sexually exploited →	Provide comprehensive intervention services and housing for CSEY/Y across the state Provide region-specific navigation services for CSEY/Y, as well as culturally specific services for youth Provide multi-sector training on identifying, serving, and referring CSEY/Y Provide funding and technical assistance for protocol implementation →	Number and type of CSEY/Y-specific services that are population specific and culturally relevant, trauma informed, and victim-centered Number of new policies and programs that meet above criteria Number of housing beds for CSEY/Y Number of stakeholder trainings and number of stakeholders trained Number of teams implementing protocol →	**Sexually exploited youth and young adults experience:** – Increased safety – Increased awareness and use of support services – Decreased acute mental and physical health symptoms – Increased knowledge about healthy relationships – Increased ability to manage emotions – Increased awareness of dynamics of trafficking – Increased trust in and communication with a safe and caring adult ↕ **System stakeholders, including CJS, have:** – Increased awareness, understanding, and skills to identify, refer, and serve CSEY/Y ↕ **CJS has:** – Increased ability to arrest, convict, and penalize exploiters →	**Sexually exploited youth and young adults show improvements in:** – Mental health – Physical health – Housing stability – Financial stability – Support system – Safety – Resources and desire to leave the trafficker(s) permanently ↕ **System stakeholders, including CJS, have:** – Increased identification of CSEY/Y, use of protocol, referrals to services, and provision of services ↕ **CJS uses:** – Increased assessment, collection, and distribution of penalties to fund investigation, prosecution, and victim services →	Fewer youth and young adults are sexually exploited More youth and young adults who were sexually exploited have the capacity and resources to lead a productive and satisfying life Fewer adults sexually exploit youth and young adults Improved system response for sexually exploited youth and children

CSEY/Y: Commercially sexually exploited youth and young adults | CJS: Criminal Justice System

Safe Harbor grantees and youth served

Who are the Safe Harbor grantees?

In addition to funding for protocol development/implementation, training, and outreach to youth, four types of grantees are funded through Safe Harbor: regional navigators, housing providers, supportive services, and tribal governments. Regional navigators serve as regional points of contact on sex trafficking and exploitation for the Safe Harbor initiative. Common job functions include referral/resource provision, education, training, outreach, coordination of community response, direct service provision, and case consultation. Housing providers provide beds, apartments, or other housing options for youth seeking services. Supportive services include systems advocacy, aftercare, basic needs, health care, case management, counseling, educational and employment services, financial support, legal services, outreach services, and referrals.

In Phase 1 and Phase 2, tribal and Native-serving organizations were included in the supportive service and regional navigator grantee types. In Phase 3, MDH set aside money specifically for tribal governments to divide amongst themselves and fund self-defined projects. Tribal governments received funding through the state and federal government. Data related to tribal services are recorded in the Trafficking Information Management System (TIMS), a database managed by the Office for Victims of Crime. In Phase 4, MDH plans to coordinate data collection between the state and federal databases and coordinate with tribal grantees to develop an evaluation plan following indigenous evaluation principles.

Figure 3 provides an overview of the grantee type and number of agencies who received funding.

3. Grantee type

	State agency with oversight	Number of grantees		
		Phase 1	Phase 2	Phase 3
Regional navigator	Minnesota Department of Health (MDH)	8	10	8
Housing provider	Department of Human Services (DHS)	4	6	10
Supportive service	Minnesota Department of Health (MDH)	13	13	19
Tribal government	Minnesota Department of Health (MDH)	0	0	9

From the information provided to the client tracking database, grantees enrolled 977 new Safe Harbor-eligible participants. Keeping in mind that some participants were enrolled in previous reporting periods and/or may be served by multiple grantees during a reporting period, there were 1,279 people served during the current reporting period. In Phase 3, regional navigators provided services to 94 participants, housing grantees served 325 participants, and supportive service providers served 860 participants (Figure 4).

4. Number of youth served by grantee type (may be duplicated)

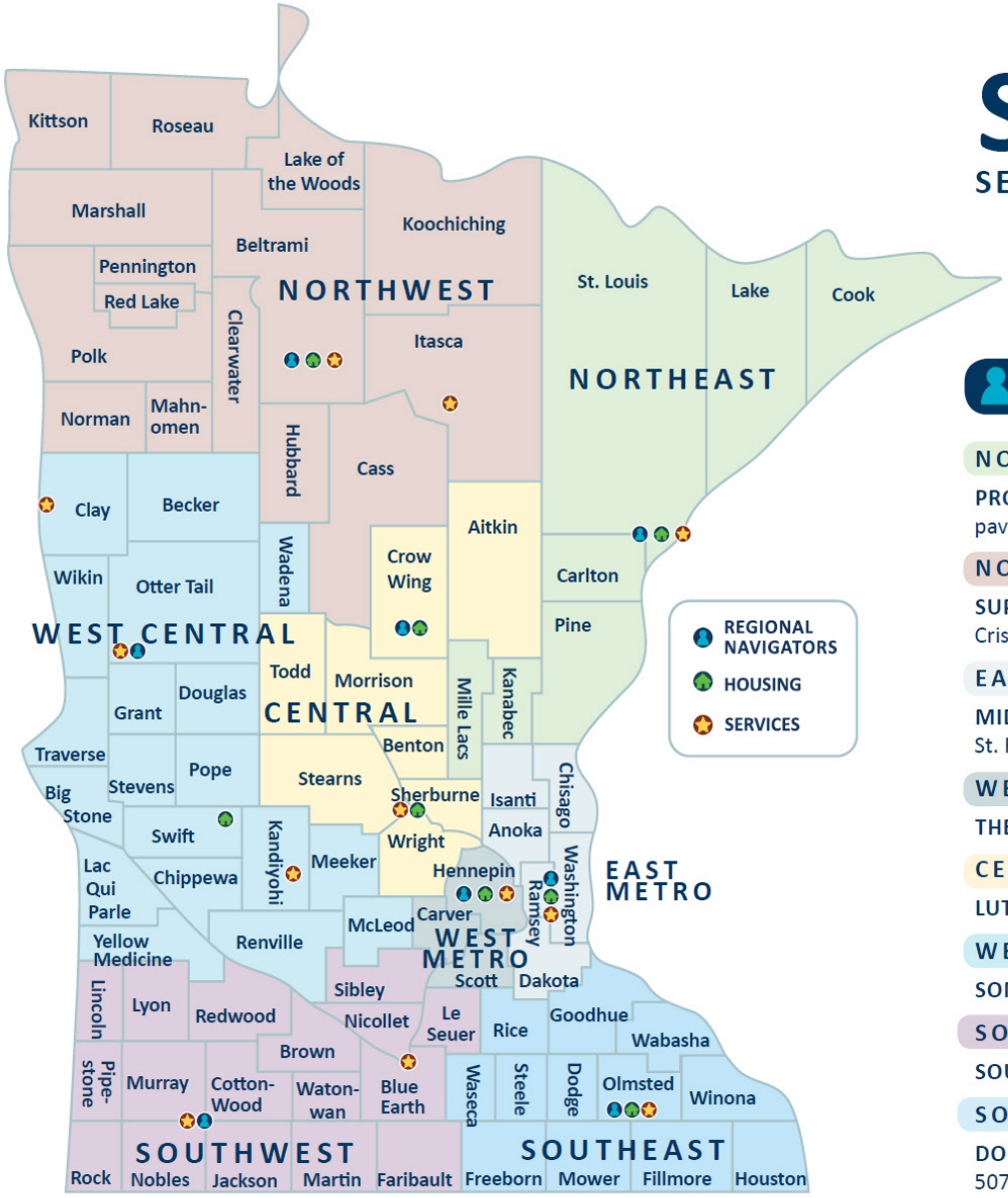
	Regional navigator	Housing	Supportive service
Phase 1 participants (referred April 2014-March 2015)	163	74	121
Phase 2 participants (referred April 2015-March 2017)	348	274	801
Phase 3 participants (referred April 2017-March 2019)	94	325	860

Note. The role of regional navigators shifted in Phase 3 to focus more on community work, resource identification, trainings, case consultations, and protocol development, which may explain the decrease in participants served.

Figure 5 and the following two pages provide an overview of where the Phase 3 grantees were located in Minnesota.

5. Grantee locations and key activities

Phase 3 tribal grantees	**Key activities**
Bois Forte	Attends Tribal Human Trafficking Task Force meetings and provides workshops for community awareness. Collaborates with law enforcement and other services for response for direct services.
Fond du Lac Band of Lake Superior Chippewa	Meets and collaborates as TRUST (Tribes United against Sex Trafficking) Task Force and trains professionals and communities to reduce human trafficking within tribal nations.
Leech Lake Band of Ojibwe	Trains, educates, and collaborates with community and service providers to raise awareness about human trafficking within the community.
Lower Sioux Indian Community	Coordinator conducts community outreach and trainings, and strengthens the tribe's justice system through partnerships, trainings, and digital reporting.
Mille Lacs Band of Ojibwe	Provides outreach and education to community. Establishes alternative reporting and multi-system response, and attends Safe Harbor workgroups specific to tribal nations.
Prairie Island	Trains staff and community to identify, report, and respond to sex and labor trafficking. Provides education, information, and materials through training and events.
Red Lake Band of Ojibwe Indians	Provides collaborative meetings and trainings to agencies that interact with youth to help them identify sexually and labor trafficked youth.
Upper Sioux Community	Trains police department and put a system in place for reporting and following up on all trafficking cases.
White Earth Nation	Conducts trainings for community members and staff of Shooting Star Casino, provides weekly group meetings, and established a hotline number for youth or professionals to contact.



SAFE HARBOR

SERVICES FOR SEXUALLY EXPLOITED YOUTH

Safe Harbor provides a statewide network of victim-centered, trauma-informed services and safe housing, as well as Regional Navigators who are responsible for connecting youth with services and serving as experts for their communities. To find services statewide, call the Day One Crisis Hotline at 1-866-223-1111.

REGIONAL NAVIGATORS

NORTHEAST

PROGRAM TO AID VICTIMS OF SEXUAL ASSAULT Duluth 218-726-1442
pavsa.org

NORTHWEST

SUPPORT WITHIN REACH Bemidji 218-444-9524
Crisis Line: 1-800-708-2727 supportwithinreach.org

EAST METRO

MIDWEST CHILDREN'S RESOURCE CENTER (CHILDREN'S HOSPITAL)
St. Paul 651-220-6750 childrensmn.org

WEST METRO

THE LINK Minneapolis 612-232-5428 thelinkmn.org

CENTRAL

LUTHERAN SOCIAL SERVICES Brainerd 218-824-3770 lssmn.org

WEST CENTRAL

SOMEPLACE SAFE Fergus Falls 218-739-3359 someplacesafe.info

SOUTHWEST

SOUTHWEST CRISIS CENTER Worthington 507-376-4311 mnswcc.org

SOUTHEAST

DODGE, FILLMORE, AND OLMSTED COUNTY VICTIM SERVICES Rochester
507-289-0636 co.olmsted.mn.us/cs/victimservices

For a full list of resources on housing and services, please see reference guide on opposite side.

DEPARTMENT OF HEALTH

HOUSING

NORTHEAST

- **LIFE HOUSE** Duluth 218-722-7431 lifehouseduluth.org

NORTHWEST

- **EVERGREEN YOUTH AND FAMILY SERVICES** Bemidji 218-751-8223 evergreenyfs.org
- **NORTH HOMES CHILDREN & FAMILY SERVICES** Bemidji 1-888-430-3055 northhomesinc.org

EAST METRO

- **180 DEGREES/BRITTANY'S PLACE** St. Paul 651-332-5539 180degrees.org/brittanys-place.html

WEST METRO

- **THE LINK** Prior Lake 612-232-5428 thelinkmn.org

CENTRAL

- **TEREBINTH REFUGE** St. Cloud 320-428-4707 terebinthrefuge.org
- **LUTHERAN SOCIAL SERVICES** Brainerd 218-824-3770 lssmn.org

WEST CENTRAL

- **HEARTLAND GIRLS RANCH** Benson 320-843-4815 heartlandgirlsranch.org

SERVICES

NORTHEAST

- **PROGRAM TO AID VICTIMS OF SEXUAL ASSAULT** Duluth 218-726-1442 pavsa.org
- **LIFE HOUSE** Duluth 218-722-7431 lifehouseduluth.org
- **NORTH HOMES CHILDREN & FAMILY SERVICES** Duluth 218-733-3000 northhomesinc.org

NORTHWEST

- **EVERGREEN YOUTH AND FAMILY SERVICES** Bemidji 218-751-8223 evergreenyfs.org
- **NORTH HOMES CHILDREN & FAMILY SERVICES** Bemidji 218-751-0282 and Grand Rapids 218-327-3000 northhomesinc.org

EAST METRO

- **HMONG AMERICAN PARTNERSHIP** St. Paul 651-495-1557 hmong.org
- **MIDWEST CHILDREN'S RESOURCE CENTER** St. Paul 651-220-6750 childrensmn.org

WEST METRO

- **CORNERSTONE** Bloomington 952-884-0376 cornerstonemn.org
- **THE FAMILY PARTNERSHIP** Minneapolis 612-729-0340 thefamilypartnership.org
- **THE LINK** Minneapolis 612-232-5428 thelinkmn.org
- **LUTHERAN SOCIAL SERVICES STREETWORKS** Minneapolis 612-354-3345 streetworksmn.org
- **MID-MINNESOTA LEGAL AID** Minneapolis 612-332-1441 mylegalaid.org
- **MINNESOTA INDIAN WOMEN'S RESOURCE CENTER** Minneapolis 612-728-2020 miwrc.org
- **YMCA** Minneapolis 612-492-1713 ymcamn.org/Intervention

CENTRAL

- **CENTRAL MN SEXUAL ASSAULT CENTER** St. Cloud 320-251-4357 cmsac.org

WEST CENTRAL

- **LUTHERAN SOCIAL SERVICES OF MN** Willmar 320-444-0974 lssmn.org
- **RAPE AND ABUSE CRISIS CENTER** Fargo/Moorhead 701-293-7273 raccfm.com
- **SOMEPLACE SAFE** Fergus Falls 218-739-3359 someplacesafe.info

SOUTHWEST

- **SOUTHWEST CRISIS CENTER** Worthington 507-376-4311 mnswcc.org
- **LUTHERAN SOCIAL SERVICES OF MN** Mankato 507-381-6670 lssmn.org

SOUTHEAST

- **DODGE, FILLMORE AND OLMSTED COUNTY VICTIM SERVICES** Rochester 507-289-0636 co.olmsted.mn.us/cs/victimservices

SAFE HARBOR

Revised June 2019

Evaluation findings

Who is served by Safe Harbor grantees?

While the other evaluation activities occurred through June 2019, this section focuses on data collected by grantees for Phase 3 between April 2017 and March 2019, as they were required to report this information in the client tracking database. In this section, data are presented in aggregate. When applicable, data are presented by the location of services, either metro area (defined as an agency that is located in Hennepin or Ramsey County) or greater Minnesota.

Referral sources

Grantees were asked to track who referred the participant to their program or agency. During Phase 3, 1,212 referrals were made to Safe Harbor grantees. Once referred, eligibility for Safe Harbor-funded services had to be established. Eighty-one percent (81%) of the referred clients were eligible for services. The most common reason for ineligibility was being over the Safe Harbor age limit of 24 (72%). Other reasons for ineligibility included not having a connection to the state (e.g., they did not/had never lived or worked in Minnesota) or being a victim of domestic violence or sexual assault and in need of alternative services.

Of the referrals for the eligible clients, one in five youth (20%) were referred by child protection/welfare (Figure 6). Self-referral, law enforcement, and other Safe Harbor grantees each comprised 10% or more of the referrals. See Appendix F for additional information.

6. Source of referrals to grantees

	Total	
	Number	%
Child protection/welfare	195	20%
Self-referral	146	15%
Law enforcement	104	11%
Other Safe Harbor grantee	92	10%
Community agency	89	9%
Friend or family member	62	6%
Court/Juvenile Probation/Juvenile Corrections	54	6%
Direct agency outreach	53	5%
Hospital/Medical center	34	4%
Hotline (e.g., DayOne, Polaris)	5	<1%
Missing	136	14%
Total	970	100%

Source. Client tracking database.

Location of services

A slightly higher percentage of youth served were in greater Minnesota (54%) compared to the metro area (46%).

Age

The average age of participants served under Safe Harbor was 17 (Figure 7).

7. Age of participants by region

	N	Mean	Median	Mode	Range
Metro	440	17	17	17	10-39[a]
Greater Minnesota	523	17	16	16	4-34[a]
Missing	14	-	-	-	-
Overall[b]	977	17	17	16	4-39[a]

Source. Client tracking database.

Note. Comparisons should not be made to previous reports due to varied methodologies. For more information, see Methodology section.

[a] In both the metro and greater MN, one client was over age 24.This may be due to a grantee with other funding serving a person over 24.

[b] May include duplicate clients.

Gender

Statewide, the majority of participants were female (91%) (Figure 8). Six percent (6%) identified as male and 3% as transgender, gender non-conforming, and other.

8. Gender of participants by region

	Metro		Greater MN		Total	
	N	%	N	%	N	%
Female	410	92%	475	89%	885	91%
Male	27	6%	34	6%	61%	6%
Other response/missing[a]	8	2%	23	4%	31	3%
Total	445	-	532	-	977	100%

Source. Client tracking database.

[a] Other responses include: Transgender, gender non-conforming, and other.

Race and ethnicity

Statewide, more than half (59%) of the participants served were people of color. Comparing the regions, there was a larger percentage of African, African American, or Black participants in the metro area (38%) compared to greater Minnesota (13%). However, given the overall population of these regions, both worked with a diverse group (Figure 9).

9. Race and ethnicity of participants by region

	Metro		Greater MN		Total	
	N	%	N	%	N	%
American Indian or Alaska Native	38	9%	73	14%	111	11%
Asian/Native Hawaiian or Other Pacific Islander	38	9%	2	<1%	40	4%
African, African American, or Black	171	38%	71	13%	245	25%
Central/South/Latin American	17	4%	22	4%	39	4%
White	80	18%	259	49%	339	35%
Multiracial or more than one race selected[a]	66	15%	71	13%	137	14%
Did not disclose	29	7%	34	6%	63	6%

Source. Client tracking database.

Note. Category totals may not equal 100% due to rounding. Ns include duplication due to respondents' ability to select multiple responses.

[a] Of those who selected more than one race, 67% (N=53) identified American Indian/Alaskan Native and 65% (N=51) identified Black or African American. Multiracial was a discrete category.

What services and supports are needed and being provided?

Wilder Research received information about the Safe Harbor system, including the services needed and provided, and system impacts and challenges, from a number of sources. Here, we present the information that rose to the level of a theme based on the definitions provided in the Methodology section.

Safe Harbor serves youth who have a variety of needs

Both youth interviewees and grantee focus group participants said that individuals served had a variety of needs, including shelter, relationships with safe adults, mental and chemical health supports, basic needs (e.g., phone access, photo IDs, clothing, and food), and transportation.

Youth also reported that they needed supports to:

- Find and keep a job
- Continue their education
- Leave an abusive relationship

Finally, grantees mentioned that the people they serve need help with legal and systems advocacy and support with their parenting. Youth did not mention those needs during interviews.

> *I needed therapy, being able to get help with housing, and getting help with going back to school. I was thinking that I was going to drop out and fail at everything because I was running away and it was hard. Then I got back into it because of [grantee] and now I'm doing better.*
>
> *– Youth interviewee*
>
> *I needed to learn the independent living stuff for sure. And I was 17 at the time. I didn't have any needs, I wasn't thinking about being 18 and living on my own. Once I turned 18, I was like, 'Wow this is awesome, they're teaching me things I'm going to need to know.'*
>
> *– Youth interviewee*

Youth access many types of services

Direct services provided by grantees

Grantees recorded the types of services they provided to youth participants. Overall, case management was the most commonly provided service, followed by emotional/moral support and social service advocacy (Figure 10). Because grantees varied in the way they tracked this information, exact counts and comparisons between the metro and greater Minnesota are not available. More information about the types of services provided can be found in Appendix F.

10. Most commonly provided direct services by rank

Direct services by rank
1. Case management
2. Emotional/moral support
3. Social service advocacy
4. Criminal Justice system-based advocacy
5. Basic needs
6. Mental health service

Source. Grantee focus groups.

Youth report of services received

In interviews, Wilder Research asked youth if they received help or specific types of supports. Most youth reported receiving many services and supports from grantee agencies. Almost everyone mentioned receiving transportation (92%; Figure 11). In addition, youth had an opportunity to describe how grantees helped, or not, with each category of services.

11. Services youth received through Safe Harbor

Have you gotten help with…	% youth who said they received help with these services (N=36)	Supporting quote from youth interviewees
Transportation, including rides, bus tokens, and taxis	92%	Sometimes the staff gives me a ride, which is nice, if they're going in the same direction. They're only allowed to give out $0.75 [for the bus] like 6 times a month, so that doesn't make sense.
Mental health or counseling	78%	They got me into equine therapy. They also do supportive services, and there's somebody here I could talk to and text anytime. Plus they got me into regular counseling.
Work or school	72%	They have a work program that I've been doing on and off for like a year. And they have an education counselor to help with college. She helped me get stuff for school and with making sure I was prepared. She also works with the work program to help with economics and building business plans.
Housing, including emergency shelter, long-term shelter, rent supports	58%	My first day working with them, they put me in a hotel and after that -- the very next day -- they helped me with rent on an apartment.
Other services (youth said: food, parenting help, referrals, chemical dependency help, pro-social supports)	53%	A parenting class here. And you can bring your kids here during lunch and they do referrals to [another] program. They help you get your Rule 25 [chemical dependency assessment] scheduled and help with rides for treatment or counseling if you're worried about relapse. During the summer they have outdoor programs like going hiking. And during the winter they do camping, we [went] camping for three days. And during the summer they do kayaking and canoeing, and work with other organizations in the area so that kids can do that.

Source. Youth interviews

11. Services youth received through Safe Harbor (continued)

Have you gotten help with…	% youth who said they received help with these services (N=36)	Supporting quote from youth interviewees
Physical health, including getting on health insurance	50%	They helped me with Medical Assistance last year. They wanted me to have it, so they brought me to the appointment and I got signed up. And then last year, in April, they brought me to the hospital because my ex beat me up and we were there for a few hours.
Legal services or support	39%	I was sold by one of my friends. They helped me get a restraining order on him and with trying to press charges. Those fell through but the restraining order held.

Source. Youth interviews

Safe Harbor serves youth who have ongoing needs

Youth who took the survey were asked if they needed services beyond what they had received from the Safe Harbor grantee who provided those services. A large majority (87%) indicated that they did not need any additional types of services. However, both youth and grantee informants raised the theme that people served by Safe Harbor had needs that were not quick fixes, and that they could benefit from ongoing, long-term supports. Youth interviewees named needs that they still had after accessing Safe Harbor services. In order from most to least frequent, those needs included finding supports in the following areas:

- Employment
- Education
- Housing (specifically safe housing)
- Transportation
- Independent living skills
- Emotional support from a safe adult
- Mental health
- Parenting

When asked about their ongoing needs, youth said:

> *I need transportation, and fixing up the [vehicle]. I also need help with my education. I still have to take the national exam, then work for a bit and make sure I want to do this, then make the decision about the [career] class.*
>
> *– Youth interviewee*
>
> *I need to find me a place to stay, and help figuring out how they do that housing stuff. Because when [our caregiver] does pass away, my brothers and sisters are going to go to foster care, and I'll be 18 and that's scary for me.*
>
> *– Youth interviewee*

What are the positive impacts of Safe Harbor?

Safe Harbor provides services to youth that would not otherwise be available

In a number of ways, grantees said that Safe Harbor funding allows them to provide services to youth that grantees would not otherwise be able to provide. In questions about program capacity, about what success looks like, and about the impact of Safe Harbor, grantees stated that Safe Harbor funds work and provides services that would not otherwise be available.

> *If … success is getting out of the life, you can't begin to get out of the life if you don't even know that Safe Harbor exists, that there's this whole state program just for you with a variety of services. More and more and more of our youth, as well as providers and referral sources -- they know what Safe Harbor is. You've given them this tool to get out of the life when they're at that stage of change to do it. I can't overstate that. We're always trying to educate kids about what is Safe Harbor. We're … giving them the other tools, addressing their [chemical dependency], lowering their risk factors, and then they understand that those risk factors are things that can impede them to their ultimate goal of getting out of the life. If they're in treatment, that's an enormous success. If they're in therapy, that's an enormous success. Because those are all those steps that might not have been taken without Safe Harbor, so I think it starts with identifying the steps for getting out of the life.*
>
> *– Grantee focus group participant*
>
> *The impact on victims, the impact on the system has been incredible. Our overall system in terms of county attorneys, law enforcement, judges, child protection – we'd only be doing about 10% of the work we're doing now without Safe Harbor.*
>
> *– Grantee focus group participant*

Safe Harbor services have improved in quantity and quality over time

Key informants shared examples of better service provision since the implementation of Safe Harbor. This included: more funding for services, generally; more housing and beds created; having a better understanding of youth empowerment; and services based on best practices, specifically for sexually exploited youth.

> *I just think there are more resources available for young people. I think the resources that are available, many of them are better than what they were. By better, [I mean] better tailored to the unique needs of sexually exploited youth. I think there's more awareness in law enforcement about the experiences of young people.*
>
> *– Key informant*

> *When Safe Harbor was implemented, more domestic and sexual violence programs across the state started to - they were always providing the services - but they started to do more specific outreach and conversation about the fact that they provided those services. And so it grew from just being, folks would think of "Well, somebody's being sex trafficked, that's Breaking Free or Pride," to a much broader thought about how domestic and sexual violence programs across the state can provide those services.*
>
> *– Key informant*

Safe Harbor services help youth

In interviews, Wilder Research asked youth interview respondents if Safe Harbor services were helpful or not. Eighty-six percent (86%) of youth said that all services they received were helpful. A small number of youth were not helped by Safe Harbor services, and most of those were not helped because the location or timing of services made them inaccessible. Speaking about service availability, a respondent said:

> *They're only available in certain counties. The side of town that I live in is in a different county, and getting resources is going to be different and hard, but they're still willing to try to help me find what resources I can connect with. They're just limited availability, and that's been the only thing that's hard.*
>
> *– Youth interviewee*

Both the youth interviewees and grantee focus group participants were asked to name all the Safe Harbor services they felt were most effective or helpful. There was some agreement between youth and grantees. Figure 12 lists the Safe Harbor services named as most helpful or impactful, in order from most to least frequently mentioned.

12. Services that were most helpful or impactful

	Theme for youth and young adults	Theme for grantees
Emotional support from safe adult	X	X
Housing	X	X
Mental health	X	
Transportation	X	
Finding other resources	X	
Education	X	

Source. Youth interviews and grantee focus groups.

Describing which services were the most helpful or impactful, informants said:

> *Help through overwhelming things, getting him charged with violating the protection order. They talked to the attorneys, helped me with transportation to get to court. He'd violated it so many times, his [probation officer] and my [probation officer] knew about it, and they never did anything about it. I haven't heard anything since he went to court last, which is the best thing.*
>
> *– Youth interviewee*
>
> *It's been helping me through my pain that I have a lot from my past, helping me talk about it.*
>
> *– Youth interviewee*
>
> *One really key thing is that survivors need to know that they're not being judged by the staff, professionals, or services they're working with. That's something we're taking on – me and our advocate – making sure they know they can come back even if they fall off and go back to the life. This is a safe place that they can come back to.*
>
> *– Grantee focus group participant*
>
> *I'd have to say the housing and being there for me with everything. I've never really had that. Having that emotional support, and knowing who to ask.*
>
> *– Youth interviewee*
>
> *Going from homeless to stable housing is the most important thing. Financial, food, housing stability. That's the only way. And once they get stable, more will come out about their experiences, because they can start thinking about their future.*
>
> *– Grantee focus group participant*

Safe Harbor services cause positive changes in youth

Related to identifying which Safe Harbor services are most helpful, Wilder Research asked youth, grantees, and child protection workers about what impacts Safe Harbor services have.

Child welfare workers said Safe Harbor services have a general positive impact on youth, but no one named specifics (nor did they mention any negative impacts).

All youth survey respondents felt they learned about how to keep themselves safe (100%) and how to know if they are in a dangerous situation (100%) (Figure E1 in Appendix E). Most also felt they learned how to express their feelings in healthy ways (96%).

Grantees and youth interviewees agreed on some of the ways that Safe Harbor positively impacts the people served. Both groups said that Safe Harbor improves youth's connections with safe adults, understanding of healthy relationships, stability in basic needs and housing, and learning life skills and/or gaining independence.

> *It's successful because these young people who otherwise would be so low, they're on the way; there's safe adults in their lives.*
>
> *– Grantee focus group participant*

> *I went from being homeless to having a place and somewhere to be.*
> *– Youth interviewee*
>
> *I don't run anymore because I don't have the need to. I'm going to my court cases and trying to do the victim witness impact statements. Before, I was like, 'I don't want to do that,' and now I do so that I can move forward.*
> *– Youth interviewee*
>
> *I went from asking them to help me with services to asking them to help me transition to doing everything on my own instead of relying on them for the services.*
> *– Youth interviewee*

In addition to these common positive impacts, grantees also said that one positive impact of Safe Harbor is that youth experience less harm than they would without Safe Harbor services.

> *I think it's a mistake to only look at exiting the life and not look at harm reduction. That is a lot of what we do with the youth and a lot of where sometimes it almost doesn't matter if they're at risk or actively being exploited. If I'm able to get them to use a condom 3 out of 5 times they have sex, it doesn't matter who that sex is with or if they're getting paid for it; they're a lot safer. If I get them to reduce their drug use, or reduce their use of harder drugs at the very least, that's a success for the youth. That's lower risk for the youth, that's less harm for the youth.*
> *– Grantee focus group participant*

In addition to the impacts mentioned above, youth interviewees mentioned improvements they saw in themselves and their situation because of Safe Harbor services. Specifically, 97% of youth interviewees noted a positive change in themselves, and 88% noted a positive change in their situation since starting Safe Harbor programming. In order from most to least frequent, the following list highlights the improvements that youth saw in themselves:

- Greater control over or motivation to improve their future
- Greater self-confidence
- Increased happiness
- Improved decision-making
- Improved job situation
- Improved relationships
- Improved connection to other resources

Furthermore, almost all of the youth survey respondents felt more hopeful about the future since receiving services (94%) (Figure E4 in Appendix E). They also noted they felt prepared to reach educational goals (100%), seek help from the police if they are in an unsafe situation (94%), and support themselves financially (in a way that is safe) (89%) (Figure E3 in Appendix E).

None of the informants mentioned any negative changes because of Safe Harbor services.

What factors contribute to Safe Harbor's successes?

Evaluation participants had some common ideas about factors that contribute to the impact of Safe Harbor. We present those themes here.

Youth served by Safe Harbor grantees have a number of assets

Wilder Research asked grantees to describe the youth they worked with, and asked youth what they saw as their top three strengths. Both grantees and youth said that individuals served by Safe Harbor are resilient and motivated to make progress. Grantees were asked about the strengths of the youth they serve. Grantees described the people they serve through Safe Harbor as resourceful, bright, creative, and brave. One grantee specifically said:

> *I'd say they have overcome so much. Let down by countless people, countless times. Precipice of all these systems that have essentially failed them. Young people I work with, [they are seen as having a] weakness, of being manipulative. They're strong leaders if we were to think about it positively, though. Those are skills our youth have that are really effective to keep them safe in a "street environment." It would be great to get to a place where we name those skills for what they are, and not shaming youth for those behaviors.*
>
> *– Grantee focus group participant*

Youth also described themselves as honest, determined, hard-working, and patient (Figure 13).

13. Strengths identified by youth interviewees

Safe Harbor grantees have a number of assets

Grantees work with youth in a way that makes them feel safe and respected. Nearly all youth survey respondents felt cared for by program staff (93%) (Figure E4 in Appendix E). Many of the youth surveyed (77%) felt that the staff they worked with respected them. Additionally, in the interviews, Wilder Research asked youth how program staff treated them. Unprompted, youth said they were treated well and that staff were friendly, supportive, and respectful. When asked if they felt safe and respected with staff, all youth responded that they did. Elaborating on why they felt safe with staff and respected by them, youth said that staff helped when it was needed and that they were emotionally supportive, non-judgmental, honest, reliable, proactive, and understanding.

> *They're always here for me. I can reach out to them if I need help. Other people made me feel like I was crazy or weird for saying something. They made me feel accepted and like it was ok and like I was heard. My emotions and needs were in their consideration. I'd never felt that kind of bond with a worker before.*
>
> *– Youth interviewee*

Grantees are flexible and responsive to the needs of youth. Both youth and grantees said that Safe Harbor services were mostly based on youth's needs. Grantees named this flexible, needs-based approach as being foundational to youth's success. Grantees agreed that once youth realize that a grantee will help them with what they need, they can achieve some stability, feel empowered, and have a greater chance of not experiencing exploitation again.

> *Have flexibility with the youth -- ID, food, housing whatever that I have -- the accessible resources to make that happen for them and show them that there are some positives.*
>
> *– Grantee focus group participant*
>
> *When we start to see these survivors becoming more stable, getting a legitimate job or finding housing and doing kind of routine things – being able to live a life where they're not looking over their shoulder. Stabilization is also a part of success and another way we can measure success is how stable they are mentally, physically, financially.*
>
> *– Grantee focus group participant*
>
> *Getting them – showing that they can advocate for themselves is a strength that Safe Harbor has. Showing that there's a lot of people that are willing to help them, and it's not scary, and they can ask for what they need at [program] - that's a huge success.*
>
> *– Grantee focus group participant*

The Safe Harbor initiative has a number of assets

Safe Harbor has increased statewide awareness of sexual exploitation. The majority of respondents in the key informant interviews felt that Safe Harbor has led to an increased awareness of sexual exploitation. Child welfare workers also named raising awareness as one of the impacts of Safe Harbor. Community members were described as being more aware of what sexual exploitation is and that it occurs in rural areas as well as the metro. Professionals, including service providers, hotel staff, and law enforcement, were described as being more aware of what constitutes sexual exploitation, how to identify a victim, and what to do if a victim is identified. Awareness was also cited as the first step towards building buy-in and making systems-level changes.

> *The biggest piece is awareness. Once you get awareness, you get buy-in from all of the other subjects. You get the legislative attention, you get the training and outreach, you get the prosecution, you get the law enforcement, you get the advocacy groups, [and] you get all of that. So with the Safe Harbor and the funding and the creation of the regional navigator system, all of that starts at the awareness that sex trafficking is a problem. It's here and we have the resources to provide aid to the victims.*
>
> *– Key informant*
>
> *I think, generally speaking, there's just been almost a revolution in thinking about the issue in the different systems and institutions that serve young people. I think that change in perspective is critical. It's necessary, but it's not yet enough. It's a very important first step. We couldn't get to transforming systems and services that are available without first getting that revolution in thinking about who the victims are and what they actually need. [We need] more transformation in the system in how the system functions. But without the awareness and the reflection and changes in thinking, no one would even think that we would need system change and system transformation.*
>
> *– Key informant*
>
> *The other thing is just the amazing community awareness that we have. I've had people as late as last week that will tap me on the shoulder and want to discuss the significance of human trafficking and the great awareness events and work we all do to try and combat human trafficking. So, just the broad community education has been tremendous -- from virtually no discussion prior to Safe Harbor to literally it's almost a common discussion when people approach me.*
>
> *– Key informant*

Safe Harbor trainings have contributed to increased awareness and identification in some sectors. Key informants and grantees noted an increase in the number of trainings on sexual exploitation and related topics. This included trainings with service providers, schools, hotel staff, and law enforcement, in particular, as well as trainings such as Not a Number (see Appendix K) that increase the focus on decreasing demand. These trainings led to increased awareness, an understanding of trauma-informed care, and improved identification. Key informants noted that this was especially effective among law enforcement, leading to better identification and understanding of youth.

> *I think even just for youth services, in general, because awareness has grown, there is more training and understanding of how to work with these youth and some of the conflict issues that they face. We are getting a better idea of what it is that these youth need and the best way to provide that.*
>
> *– Key informant*
>
> *I definitely think that more people, more different sectors, and more professionals in different areas have been educated and trained on what sex trafficking and exploitation is and what it looks like, so, hopefully, the identification is increasing. So, for sure, the identification has increased since the beginning of the Safe Harbor law. I also think that we still have a long way to go and there is still a lot more we can do.*
>
> *– Key informant*
>
> *I mean it goes to training and awareness and is out there in the community. It seems like you hear about new groups being trained like Truckers against Trafficking. Some of the airlines have had training for their personnel in recognizing trafficking. There's widespread training and awareness that goes toward prevention of trafficking. If people see and are aware, they move on it. They're not hesitant about it anymore.*
>
> *– Key informant*

Cross-sector collaboration has improved. Both key informants and grantees mentioned collaboration across sectors as a key to delivering high quality, appropriate services in a timely manner. Grantees, in particular, described their ability to provide referrals to other Safe Harbor grantees or to other agencies who provide needed services, but who are not Safe Harbor grantees. They also identified the navigator model as a contributor to better service provision by better connecting service providers and increasing awareness.

> *I think what else has happened is more intentional collaborations and connections among community partners who are serving this population of youth. It has been a very good discussion around that these youth exist in all of the different sectors -- from corrections to human services to schools. There is some at least initial conversation around how we can provide more holistic care for these kids that are in all of our systems. They don't have to jump through 15 different hoops.*
>
> *– Key informant*
>
> *The biggest impact is that system providers are working together and grantees are working together. Everybody is working together to build and strengthen the safety for youth.*
>
> *– Key informant*

> *There has been some good conversion in values among different organizations and sectors that work on this, meaning law enforcement and advocacy groups and others. I feel like, in general, there has been some good coordination, connections that are going on. … In general, the attention that has been paid to these issues has been terrific.*
>
> *– Key informant*

> *I have seen a lot of different folks from different sectors coming together to talk about the issue. I see a lot more collaboration going on. The whole development of a protocol in different regions in response to trafficking -- that has been really good.*
>
> *– Key informant*

Responsiveness and flexibility from the state is helpful to grantees. Wilder Research asked grantees to describe how they worked with state agencies working on Safe Harbor. Most grantees appreciated the communication, responsiveness, and flexibility from the state, and said that the flexibility, in particular, helped grantees to meet the needs of Safe Harbor youth.

> *I'm real appreciative of our relationship with the state and Safe Harbor funding. They've been supportive and understand we're figuring things out. They've been flexible when we have to do a budget request that's different from what we thought it would be. As long as we have reasoning that makes sense, they've been supportive.*
>
> *– Grantee focus group participant*

What are the gaps and challenges that impede the work of Safe Harbor?

Although stakeholders have identified many strengths and positive outcomes associated with Safe Harbor, there are some pervasive challenges that continue to affect these efforts.

Intervening and preventing sexual exploitation is challenging work

Successful intervention in sex trafficking and exploitation is not guaranteed or likely the first time someone receives services; it depends on sustained effort. Wilder Research asked grantees and child welfare workers to what extent Safe Harbor services currently help youth permanently avoid re-victimization. All agreed that a challenge in working to intervene in the sex trafficking and sexual exploitation of youth is that successful interventions depend on long-term, intensive efforts, even if there are recurrences of victimization in the short- and medium-term.

> *They say that it takes 6-7 times before people really leave and get out of [domestic violence], and I think it's a journey. We're not going to see success right up front.*
>
> *– Grantee focus group participant*

> *Time is so necessary because people – we don't change overnight, none of us. Our worldview doesn't change overnight.*
>
> *– Grantee focus group participant*

> *The trauma or experience of being trafficked could be so significant. I think our system -- in the way that our institution is set up, how therapy is seen, and how any intervention is seen -- it does not totally align with what healing actually looks like. So, let's say people at the Capitol are funding things and government is funding things, there is an expectation that somebody exits the life and goes through this linear path of healing. I think the funding is really set up in a way that is the only way to understand healing could be. In reality, we know that I am complex and we are all complex. That's the nature of being a human. Healing, especially from significant traumatic experiences, is not a linear path.*
>
> *– Key informant*

The problem of sex trafficking and sexual exploitation of youth has root causes much bigger than what Safe Harbor trainings and services currently address. When talking about whether and how Safe Harbor might prevent sex trafficking and youth sexual exploitation, key informants and grantees explained that the causes of sex trafficking and sexual exploitation are much bigger than the Safe Harbor system can address alone. Informants agreed that the Safe Harbor initiative provides an opportunity to educate youth and the community about healthy relationships and sexual exploitation, and that this education is an integral part of preventing sexual exploitation. However, informants also agreed that preventing sexual exploitation of youth also depends on cultural shifts and system-change work, which cannot be accomplished solely by Safe Harbor.

In terms of cultural shifts, grantees said that increased understanding of healthy masculinity could be a protective factor to address people pursuing paid sex from youth. Grantees also said increasing understanding of healthy masculinity and relationships could help protect people from either starting or entering exploitative relationships. Finally, grantees and key informants urged for system-change efforts to end poverty and expand social supports for the poor so that youth can get their needs met without resorting to survival sex.

> *Really we need a world, and a community and a Minnesota, where every single person who lives here, regardless of the neighborhood they live in or the color of their skin, can trust the police, they can trust child protection. We need to live in a place where no matter where you live, no matter what your education is, you can make a living wage. We need it so people can afford an apartment. We need it so that if you report that you've been sexually assaulted, someone will take you seriously, not ask you what you were wearing. There's this cross of so many systems.*
>
> *– Grantee focus group participant*

Service and training gaps decrease Safe Harbor's impact

There are not enough Safe Harbor services to meet the needs of sexually exploited youth. Wilder Research asked youth, grantees, child welfare workers, and key informants to identify barriers and gaps that affect the impact of Safe Harbor. Most of the informants raised the theme that there are more youth with more needs than there are Safe Harbor services available. In addition, they mentioned that barriers such as affordability, location, and eligibility requirements can render services out of reach of the youth who need them. Specific service gaps are described in Figure 14 below.

14. Service gap areas

Gap area	This includes	Supporting quotes from key informants
Housing services	Emergency shelter, inpatient psychiatric beds, low-income housing, housing for pregnant and parenting youth.	*Housing is an issue for many, many people, so it's not new or different in terms of sex trafficking. But that is something where, when you're connecting with a victim and they're ready to get out of the life, you can't get them immediate help or immediate services, especially for adults, it is really difficult.*
Mental health services	Crisis response and stabilization, ongoing trauma treatment, wraparound mental health services, family therapy, individual therapy, more timely psychiatric care (youth needing medication can face months-long waiting lists to see a psychiatrist).	*Really a major gap is the mental health response, specifically trauma treatment, for children who experience exploitation and sex trafficking and their families. There is a huge need for a continuum of mental health services -- from psychiatric to psychological to immediate crisis response, to ongoing trauma treatment, wraparound mental health services, family therapy, individual therapy, etc.*
Long-term services	Aftercare, long-term housing, employment assistance, and long-term healing resources.	*Are we providing services in a way that's actually helping them grow beyond that and not fall back into it again? I think time probably is an issue, too. You can't just stay somewhere for a few weeks and have everything turn around. That's something I don't know: if youth are being offered enough consistency to get the help they need to stabilize.*

14. Service gap areas (continued)

Gap area	This includes	Supporting quotes from key informants
Rural services	Service and training gaps are more persistent in greater Minnesota than in the urban areas. This is a challenge that compounds the challenges listed above.	*I do think that statewide we have a lot of work to do still with regard to getting services into more parts of the community. There are pockets of the state where you're just not going to find as many resources or that people will need to travel further in order to get help, especially help that understands the dynamics of trafficking and exploitation. So, even though we have a regional navigator system and supportive services around the state, there is still significant geographic gaps where people have to really travel to get help.*
Victims/survivors over age 24	Services are non-existent for sexually trafficked or exploited people older than 24 years old, even if they were youth or young adults when they were first sex trafficked or exploited.	*But a lot of our adults, too, that's why I am really excited about this Safe Harbor for All to be initiated and for some more money to put in the project to get housing.*

Safe Harbor services are not adequate for all Minnesota youth. Wilder Research asked grantees, child welfare workers, and key informants if Safe Harbor services are culturally responsive and competent for all youth in the state. All raised the theme that Safe Harbor services are not always culturally responsive or competent. Grantees specifically shared the theme that Safe Harbor services tend to be designed for cisgender white females without children. Further, grantees, key informants, and child welfare workers specified service gaps for the following groups (Figure 15):

15. Groups in need of more culturally specific services

Cultural group	Supporting quotes
Youth with a gender identity other than cis-female	*We have hardly anything at all that's specifically geared or open to male survivors. So, so much of the picture has been painted about women and girls, and certainly they are highly impacted, but men and boys are as well, and we need to build more responses in the system for them.* *– Grantee focus group participant*
LGBTQ+ youth	*A lot of people talk about LGBTQ resources in the community and here in the shelter. We hear that from our youth, too: "Nobody's like me anywhere."* *– Grantee focus group participant*

15. Groups in need of more culturally specific services (continued)

Cultural group	Supporting quotes
Native American youth	*A large percentage of the population that we work with are Native. We don't have Native-specific programming, but we do a lot of connecting with the agencies that do. There's not enough, and we need more.* – Grantee focus group participant
African American youth	*There's not a culturally specific anything for African American girls that I work with. They feel they've been bounced through different organizations. A lot of them are not going home because nobody is eligible in their family to take them, and they watch other cultures be able to go back home because they have that.* – Grantee focus group participant
Youth with mental illness or physical and/or cognitive disabilities	*[W]e really don't have expertise, and we don't have specialized support services, for youth and families who have a disability. Therefore, those youth and families are not necessarily able to get their needs met through our Safe Harbor services or shelter and housing because they are just not designed for them. … I think we are doing poorly in those areas across the board. There are a small number of providers that have expertise, but as a system we are not equipped to serve those populations.* – Key informant
Individuals from new American populations, including Southeast Asian and Latinx youth	*I've been surprised how few referrals we receive for immigrant youth in general, whereas when I was doing immigration law, I saw this stuff coming up all the time, so I know this stuff is there and it's happening. I feel having more grantees who are immigrant-led would help.* – Grantee focus group participant

There are training gaps that decrease the effectiveness of Safe Harbor. Key informants, child welfare workers, and grantees expressed concerns about inexperienced providers who are not well-trained to identify sex trafficked or sexually exploited youth, nor on how to provide services to youth. Grantees and key informants specifically identified government workers, including police officers, prosecutors, probation officers, and child welfare workers, as being a group most in need of training on how to identify, approach, and interact with victims/survivors.

> *It's a long process, but the issue of how law enforcement thinks about those populations. I think traditionally they were not seen as victims and many law enforcement officers still don't really think of them that way. So that's been, I think, a big shift and it's continuing to happen, but there's still a lot of work to do there as well. I think a lot of law enforcement agencies still really don't know what to do.*
>
> – Key informant

Gaps in knowledge about Safe Harbor decrease its reach and impact

Many youth who would be eligible for Safe Harbor services may not know that these services exist. Wilder Research asked youth if people in their situation knew about the Safe Harbor program that they were involved with, and almost half (42%) said "no."

> *Some people probably know about [the program] and probably some not. Seeing as how I got in contact through court order, I feel like other people going through my situation, but not in the system, might not be knowledgeable about the program.*
>
> *– Youth interviewee*
>
> *No. I've met a few other people who've been through some similar things, but in our community you won't talk about it and don't see what could help. You know about a battered women's shelter, but that's not exactly the thing you need. The only thing you want to do is get out, but you're scared that, if you get out, something really bad is going to come back at you.*
>
> *– Youth interviewee*

Missing and inconsistently collected data prevent a full understanding of Safe Harbor's impact. When asked about barriers and gaps affecting Safe Harbor, key informants said that sufficient data aren't always available to describe the scope of sex trafficking and exploitation, to demonstrate the impact of Safe Harbor, and to answer the question of whether or not Safe Harbor is preventing sex trafficking in Minnesota. Additionally, data that could advance knowledge of Safe Harbor are sometimes inconsistently or inaccurately tracked because of grantees' data collection procedures at their agencies, their capacity to collect data, or training inconsistencies for entering data into the grantee database.

With the type of required data changing over time as the Safe Harbor system evolves, not all data are being collected from one data collection phase to the next. For instance, employment status and school data are not always required and/or consistently collected year to year. While some data may be missing because youth decline to provide information, it is also likely that some grantees may not collect all of the data that is asked in the grantee database.

> *We need data to continue to review the successes and challenges of mandated reporting, as well as continuing education based on that data. It's very uneven where the reporting happens.*
>
> *– Grantee focus group participant*
>
> *Our data collection needs to be consistent and clear, and we need to share agreements with other people working in the system.*
>
> *– Grantee focus group participant*
>
> *[Data collection system] isn't well-equipped enough for us to have outcome data because we have a lot of duplication or clients that aren't understood as being the same across programs. That's a huge limitation for tracking impacts for youth who are really transient and go across regions and across programs.*
>
> *– Grantee focus group participant*

Systemic challenges decrease Safe Harbor's impact

Systems in Minnesota that serve youth do not always have the trust of those in need of services. Key informants, grantees, and child welfare workers reported that service providers, including government and community agencies providing services to exploited and trafficked people, do not always have trust from the people who need those services. These informants also reported that youth in need of Safe Harbor services may not trust this system because they fear they will be punished, reported to child welfare, or not receive the help they need. This may cause some to not disclose their victimization to people who are working in the system or seek services at all. Grantees also reported that youth mistrust law enforcement and courts for two main reasons: first, they see that the people who abused them are not held accountable and, second, youth may face more severe criminal and collateral consequences for drug use than others may face for contributing to youth sexual exploitation and trafficking.

> *[I think a big barrier is] distrust of systems. You know in a lot of different marginalized groups, especially LGBTQ youth, there's a lot of distrust of all sorts of systems -- and working to build that trust. I think we're working with just a tiny handful of the folks that probably fit in this population in Minnesota. And I think the variety of reasons they don't reach out include an assumption that they're not going to get a friendly or competent response, they worry about being reported to Child Protection Service, they're worried about maybe being sent home to abusive families if they ran away, and they got involved in this after running away.*
>
> *– Key informant*

> *We have this criminal justice process where we have our clients being arrested for possession or minor consumption, and there's this person that gets arrested for the solicitation and they get no jail time, maybe some probation, but hardly any. And our [youth] are held to a higher standard, do more and serve more, and pay more due to no fault of their own, really. And they were using in the first place because of the person that was involved in the solicitation or exploiting process.*
>
> *– Grantee focus group participant*

While all youth surveyed and interviewed reported feeling safe and comfortable with workers at their Safe Harbor program, some youth also reported initially mistrusting or being afraid to access services.

> *The building is open. Anyone can go in to ask for help. I was embarrassed going in saying I was homeless and needed help. That might pull people back -- their own pride.*
>
> *– Youth interviewee*

Agencies and organizations that work with Safe Harbor youth experience sector-level collaboration challenges. Wilder Research asked key informants, grantees, and child welfare workers to describe their relationships and collaboration with other sectors working under Safe Harbor. Where informants reported working well across sectors, most attributed that to each sector having a Safe Harbor champion who really understood and valued the perspective of Safe Harbor over the perspective of their particular sector. One grantee worked with a police chief who was more committed to successful intervention than in investigating every instance of underage drinking among sexually exploited youth. Another grantee collaborated with their juvenile probation department; it allowed a Safe Harbor worker to sit in on every case consultation meeting to help with identifying exploited and at-risk youth.

But, in many cases, most informants reported some challenges collaborating across sectors. They pointed to a lack of trust or communication between different stakeholder groups. Grantees, key informants, and child welfare workers all agreed that law enforcement and child welfare workers struggled to have trusting relationships with community-based workers. Some said that child welfare workers and law enforcement tended to take too punitive an approach with sexually exploited youth and did not consistently provide much benefit. One child welfare worker said that Safe Harbor grantees may not report to child welfare because of the perception that it may risk that a youth or young adult would be placed in foster care, receive fewer services, and no longer have access to or trust in the Safe Harbor grantee. Grantees also described a number of examples when the youth or young adult called someone in the system to report exploitation, but police or prosecutors did not appear to take the call seriously, which re-traumatized the youth, and depressed youth trust in systems and in service providers who encouraged the report.

> *There's an elephant in the room about secure versus not secure placement. That's something that comes up a lot. Due to that and some other things, there's a pretty stark division between child protection and law enforcement, and advocacy.*
>
> *– Grantee focus group participant*
>
> *Law enforcement and child protection goes in like 'we're investigating you as a family' which is frustrating for the family who's like 'my kid could be exploited and now you're investigating me and going to take my kid?'*
>
> *– Child welfare informant*

A few key informants also said that a failure to include tribal governments in the implementation of Safe Harbor created challenges to understanding the needs and gaining the trust of tribal nations.

> *There was a real underinvestment and failure to fully engage all the tribal nations, and that's been complicated - it's not entirely one-sided that that failure happened. It's partly tribal governments aren't super excited to raise their hands and say "Yes, we have a trafficking problem," -- that doesn't look good or sound good or feel good. So, there was some resistance on that side and also, of course, blindness of the state, and of myself, and all the people around the table during the implementation time to not really bring in - not just bring in individuals who themselves are American Indian, but the tribal governance structures as well. So I think Indian country doesn't have the same level of investment in it. It has the far disproportionate number of victims to the population, and that has been a barrier. And then, like I said, poverty alleviation measures that really are the preventions, just are triply needed in Indian country.*
>
> *– Key informant*

Regional navigators face barriers that reduce their effectiveness and ability to provide services consistently. Key informants, grantees, and child welfare workers all raised the theme that regional navigators have many complex responsibilities and huge geographic coverage areas. The challenges of the role are compounded by Safe Harbor service gaps. Challenges in the regional navigator role include:

- **Bridging service gaps.** While it is important to note that some grantees have dual roles, as they may be part of programs that provide regional navigation, supportive services, and/or housing supports, capacity issues may prevent them from connecting youth to all of the services they may need. For instance, regional navigators are usually charged with the responsibility of connecting identified youth to Safe Harbor services. However, where Safe Harbor grantees are already operating at or beyond capacity, or where there are simply service gaps, many regional navigators provide services to youth themselves, and often reported lacking the capacity and support to do this work completely.
- **Inconsistent buy-in.** Regional navigators may be responsible for providing trainings on healthy relationships and how to identify sexual exploitation. However, there are still potential partners that do not allow training on these topics. For example, some reported that schools and community-based organizations would not allow presentations about human trafficking and sexual exploitation, making it difficult for them to partner with each other. This leaves some Minnesota youth without access to this information and an understanding about services for youth who have been trafficked or exploited.

- **Burnout and turnover.** Grantees and key informants agreed that a combination of factors drive burnout and turnover among service providers in general, and regional navigators in particular. Regional navigators have high-stress work, and sometimes face support, training, and salary gaps, which can leave them feeling overwhelmed. Burnout and turnover can make work even more difficult for grantees and the next person who fills the regional navigator position, and leave youth without consistent and sustained support.

Recommendations

What are the opportunities for improvement?

The following section answers the last evaluation question, and provides recommendations from Wilder Research to build off Safe Harbor assets and address Safe Harbor's challenges based on the data collected from all informants. These recommendations may move Minnesota closer to the goals of Safe Harbor, which are to ensure that all youth victimized by sex trafficking and sexual exploitation get the services and supports they need, and to prevent further sex trafficking and sexual exploitation.

Target work and resources to address missing or inconsistent Safe Harbor services

According to all evaluation informants (key informants, grantees, and youth), one persistent challenge to the successful intervention in sex trafficking and exploitation has been that intervention services are not equally available to or relevant for all those who have survived being sexually trafficked or exploited. Another challenge is that not all those involved in the work have the same training or functional collaboration across sectors. Therefore, Wilder Research recommends:

- **Closing service gaps.** All evaluation informants have raised themes that services, especially housing and mental health supports, are running at or above capacity. Informants also agreed that some areas in greater Minnesota do not have Safe Harbor services, and that some school districts and youth-serving agencies do not allow Safe Harbor training presentations. This means that some people seeking services cannot access needed supports, and that others who are trafficked or exploited do not know that there are supports to address their exploitation. The state should close these service gaps. Mechanisms for doing so could include funding a larger number of grantees in greater Minnesota, increasing funding or resources for current grantees so they can serve more people, and issuing guidance so that prevention and awareness curricula can be presented throughout Minnesota.

- **Ensuring regional navigators and grantees are fully funded.** Key informants and grantees were also challenged by the high stress and high volume of their workload. We recommend that the state work with grantees to identify those who do not have the funding to meet the Safe Harbor need, and commit to fully fund Safe Harbor service provision with Safe Harbor funds. We also recommend that the state work with regional navigators and grantees to identify wages and benefits that would attract and retain long-term career work in Safe Harbor. This would mitigate burnout and help prevent turnover and the associated service gaps experienced by those seeking services.
- **Aiming for Safe Harbor leadership and services to reflect the diversity of those who are sex trafficked and exploited.** All types of evaluation informants raised themes around the lack of cultural competence of Safe Harbor. We recommend that those leading the implementation reflect the demographic diversity of those who access services. Further, we recommend that funding be increased to prioritize serving youth from diverse backgrounds, especially so that those from communities and populations who are disproportionately subjected to sex trafficking and exploitation have robust access to services.
- **Providing consistent trainings.** Key informants and grantees mentioned that they were challenged by inconsistencies in accessing the supports necessary to ensure that all Safe Harbor system workers are equally equipped to identify and serve those who have been sex trafficked and exploited. All those who work with sex trafficked and exploited people, including law enforcement, prosecutors, probation, and child welfare, should be well trained in the work. We recommend mandatory trainings for all grantees.
- **Addressing collaboration challenges.** Cross-sector collaboration is a continuing challenge. It may be helpful for MDH to work with grantees and government actors to identify where cross-sector collaboration is going well, and developing trainings, cross-sector agreements, and protocols that move other areas towards better collaboration.
- **Implementing Safe Harbor for All.** We recommend the state and stakeholders follow the Safe Harbor for All Strategic Plan (see: Safe Harbor for All (https://www.health.state.mn.us/communities/safeharbor/response/safeharborforall.html)). Aligned with the strategic plan, we recommend creating leadership opportunities for those with experience as a victim/survivor of trafficking or exploitation, partial decriminalization, and expanding services so that every Minnesotan who has survived sex trafficking or sexual exploitation can access supportive services to help them achieve stability and healing, regardless of their age when they seek that help. Many key informants, grantees, and youth and young adult informants support this recommendation for this phase of the evaluation.

Support the implementation of an enhanced, more rigorous evaluation

The first three phases of the evaluation largely focused on collecting and analyzing information about the implementation of Safe Harbor by reporting outputs and perceived impacts of Safe Harbor from the perspective of grantees, youth served, and other stakeholders. These informants consistently expressed an interest in learning more about the impacts of their work with youth they serve. Given what we have learned and that there is sustained interest in enhancing the evaluation activities to include measuring the impact of Safe Harbor, it is time to expand the evaluation focus on how Safe Harbor services impact youth.

In order to conduct this type of comprehensive outcome evaluation, it is imperative that the state invest in strategies that allow for the collection of data to measure the effect of the services longitudinally. Once a rigorous evaluation is in place, there is an opportunity to begin measuring cost-benefits of the Safe Harbor initiative (see Appendix D for more information).

Therefore, Wilder Research recommends:

- **Collecting evaluation data every year.** Most of the evaluation work, including the youth interviews, occurred every other year due to the way the evaluation is funded through the Legislature. Although a few of the grantees continued to collect surveys in years in which the evaluation was not active, the opportunity to collect important evaluation data is interrupted with this schedule. Therefore, we recommend that the funding available for the evaluation should allow for continuous data collection, without any disruption.
- **Requiring all grantees to participate in the evaluation.** Although most of the grantees contributed to at least some of the evaluation activities, we recommend that all grantees should be required to participate and receive the support necessary to meet that requirement. For example, though youth have the option to choose whether to complete or decline the survey or participate in the interview, some grantees did not offer youth the opportunity to complete the surveys and interviews. We acknowledge that it is critical that youth are not pressured to take part in the evaluation, but they should be given the option to decide for themselves whether or not to participate.
- **Collecting consistent and reliable data.** It is important that the data collected in the grantee database are well-defined so the grantees are collecting and defining data consistently. In order to do that, the data collected must be operationalized and collected in the same way by each grantee to ensure the data are captured and measured accurately.

- **Continuing the implementation evaluation.** In addition to carrying out an outcome evaluation, it is important to continue to collect and analyze information about the services Safe Harbor grantees are providing. These data will continue to provide critical information, such as ideas for improvement, challenges, and context about the outcomes of the initiative. Additionally, the implementation evaluation should include methods to measure the protocol development and its implementation.
- **Exploring options to improve efficiency in reporting using additional data sources.** We recommend coordination of data collection and reporting with aligned evaluation and data collection efforts, such as the Minnesota Student Survey. This should reduce the burden on providers for data collection, yet provide an opportunity to measure more indicators.

Improve focus on preventing sex trafficking and exploitation

Key informants and grantees agreed that a key aspect of Safe Harbor's success should be preventing sex trafficking and exploitation. To help prevent people from either exploiting others, or being vulnerable to exploitation, we recommend the following:

- **Working to diminish the demand for exploitive sex.** Avenues to decrease demand for exploitive paid sex could include policies that increase the risk that those who exploit and buy sex are caught, as well as policies that increase the consequences for those who sexually exploit others and purchase sex, especially from youth. Further, preventive curricula should focus on healthy relationships, healthy masculinity, seeking and communicating consent, communicating and respecting boundaries, and healthy coping with rejection. This curricula may also play a role in decreasing demand for exploitive sex.

> *Decreasing demand keeps people from being exploited as well, so more consistent charges, or whatever we need to do for lowering demand, is going to lower the number and risk for kids.*
>
> *– Grantee focus group participant*

- **Decreasing the need for youth to engage in survival sex.** Key informants, grantees, and youth also agreed that preventing sex trafficking and sexual exploitation involves work to decrease the need to engage in survival sex. In the words of one grantee,

> *When we talk about the Legislature, it goes well beyond Safe Harbor and looks at robust social support to support people regardless of their exploitation history. A higher minimum wage keeps them out of exploitation. Accessible housing. Section 8 lists being open more than every 2 years keeps them out of exploitation. Child care so women can work a job 9 to 5 keeps them out of exploitation.*
>
> *– Grantee focus group participant*

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Appendix

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A. No Wrong Door, Minnesota Statute 609.3241, charges and convictions

No Wrong Door framework

In 2013, the state of Minnesota made, what was at the time, the largest state investment for the provision of services for sexually exploited youth nationwide, funding a portion of the No Wrong Door model. "No Wrong Door is a comprehensive, multidisciplinary, and multi-state agency approach. It ensures communities across Minnesota have the knowledge, skills, and resources to effectively identify sexually exploited and at-risk youth. Youth are provided with victim-centered trauma-informed services and safe housing" Safe Harbor Minnesota (https:/www.health.state.mn.us/communities/safeharbor/).

The No Wrong Door model incorporates eight values and philosophies that should inform its implementation:

1. Since commercial sexually exploited youth and young adults may not self-identify, it is essential that those who come into contact with youth and young adults be trained to identify sexual exploitation and know where to refer for services.
2. Youth and young adults who are commercial sexually exploited are victims of a crime.
3. Victims should not feel afraid, trapped, or isolated.
4. Services must be trauma-informed and responsive to individual needs (gender-responsive; culturally competent; age-appropriate; and supportive for gay, lesbian, bisexual, transgender, and questioning youth).
5. Services must be available across the state.
6. Youth and young adults have a right to privacy and self-determination.
7. Services must be based in positive youth development.
8. Sexual exploitation can be prevented.

The No Wrong Door model itself was based on the following assumptions, which are meant to guide the model's implementation.

- Whenever possible, existing programs should be used to provide services to victims, and supportive service providers must be fully funded to work with victims (including homeless, domestic violence, and sexual assault supportive service providers).
- When possible, peer and survivor frameworks and supports should be made available to sexually exploited youth and young adults.

- Services should be multidisciplinary and coordinated, including law enforcement and supportive service providers working together to identify and serve victims and prosecute traffickers and purchasers.

Human trafficking-related charges and convictions in Minnesota in 2016

These data come from "Human Trafficking in Minnesota: A Report to the Minnesota Legislature" (Minnesota Office of Justice Programs & Minnesota Statistical Analysis Center, 2017). Updated data will be available in late 2019.

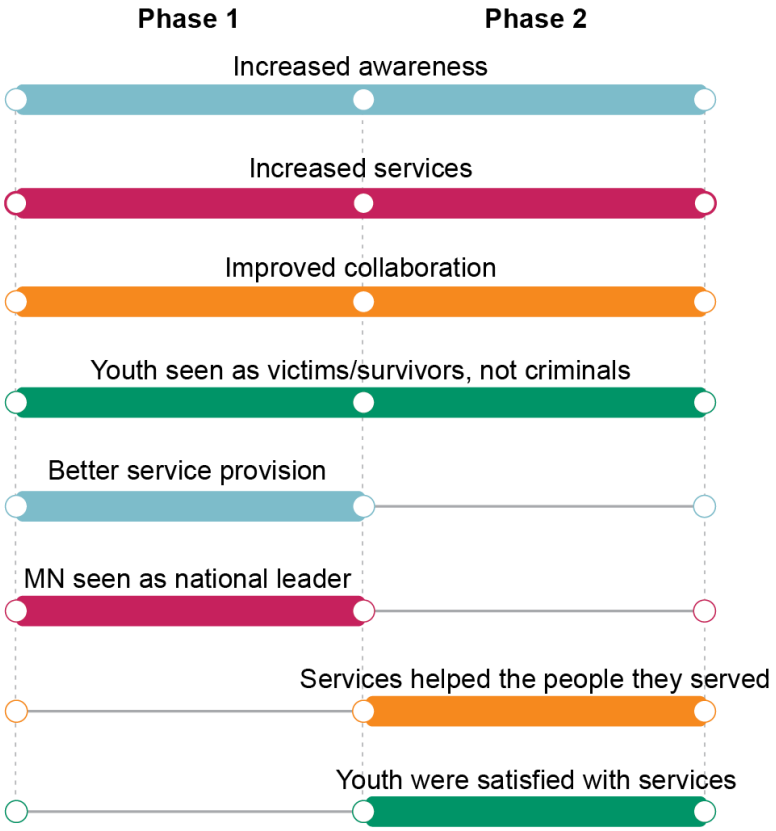
A1. Number of statewide human trafficking charges and convictions 2016

Statute and crime type	Charges	Convictions
609.27 Coercion	13	4
609.282 Labor trafficking	2	0
609.322 Solicit/Induce/Sex trafficking	83	45
609.324 Other prostitution charge	391	255
609.33 Disorderly house	11	6
609.352 Solicitation of a child	161	45
617.245 and 617.246 Use of minor in sexual performance	37	7
Total	**698**	**362**

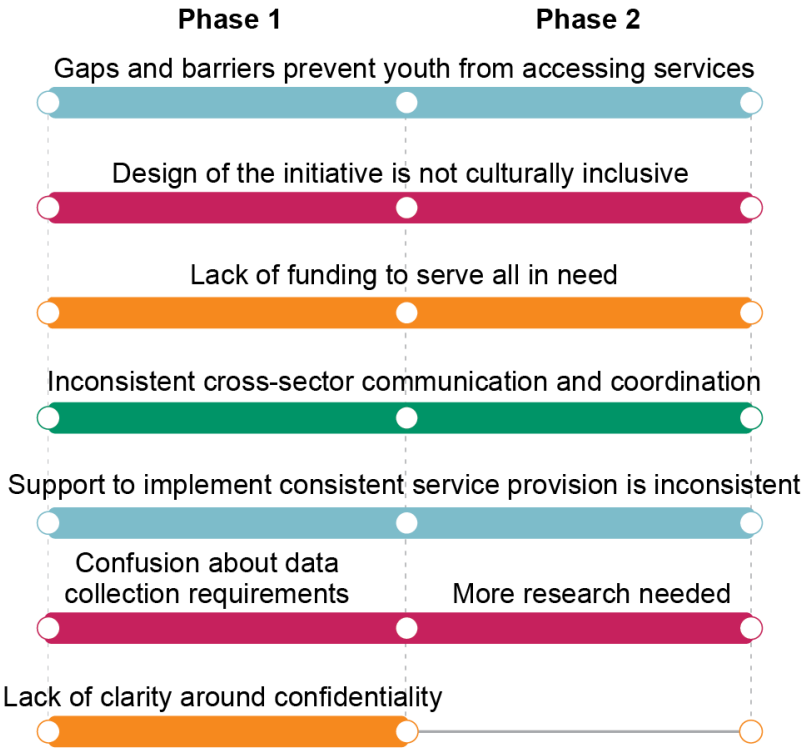
B. Phase 1 and Phase 2 overview of findings

Below is an overview of the impacts (Figure B1) and challenges (Figure B2) detailed in the Phase 1 and Phase 2 reports.

B1. Impacts in Phase 1 and Phase 2



B2. Challenges in Phase 1 and Phase 2



C. Literature review

By: Jenna Andriano, Safe Harbor Evaluator, Violence Prevention Programs Unit, MDH, August 2019

Identifying and serving trafficked persons

Thanks, in part, to the training and outreach conducted by grantees and partners since the implementation of Minnesota's Safe Harbor law, awareness about commercial sexual exploitation and human trafficking has increased substantially in the state. As more communities and professionals learn about exploitation and trafficking, it is important to provide empirically-based evidence on best practices for identifying and serving at-risk and trafficked persons. Additionally, with the appropriate tools and research, Minnesota is primed to strengthen the professional response to exploitation and trafficking in both the medical field and the adult and child welfare field.

This literature review is intended to explore the following research questions:

- What are the some of the challenges and gaps in research on identifying and serving trafficking and exploitation victims in Minnesota?
- What are the opportunities for improvement in identifying trafficked and sexually exploited youth by medical and child welfare professionals?

Limitations and gaps in human trafficking research

Currently, much of the research on human trafficking suffers from flaws in terminology and methodology, limiting the availability of empirical evidence on addressing the various forms of exploitation.[1] As a result, programs and tools used for the identification and service of victims of sexual exploitation and human trafficking often lack guidance from evidence-based best practices. Below are some of the recommendations found for this literature review on improving empirically sound research and evaluation of human trafficking population needs and service.

[1] Cannon AC, Arcara J, Graham LM, Macy RJ. Trafficking and Health: A Systematic Review of Research Methods. Trauma, Violence & Abuse. 2018;19 (2):159-175. doi:10.1177/1524838016650187

Definitions

Journal articles analyzed for this literature review identified various ways to improve the anti-trafficking community's approach to evidence collection and communication around exploitation and trafficking. One frequently referenced opportunity to improve evidence on trafficking and trafficking interventions is to use clearly defined terminology in research, programming and communications. As awareness about exploitation and trafficking increases, clarity around definitions is essential to produce accurate and useful evidence.

Currently, terminology around human trafficking is often conflated or used interchangeably in research and communication about exploitation and trafficking.[2] For example, the terms "trafficking" or "human trafficking" refer to both sex trafficking and labor trafficking, but are often used synonymously to refer exclusively to sex trafficking. Similarly, the term "sex trafficking" is often used too broadly to include many forms of sexual exploitation that do not qualify as trafficking legally but have overlap in populations and harm. The confusion of terms in anti-trafficking research and messaging negatively impacts the movement because it fails to produce evidence that is specific, accurate, and useful.

Poorly defined or misused terminology weakens research, evaluation, and communication about anti-trafficking research. Without clearly defining the population of interest, interventions, and scope of one's work, research and evaluation fails to produce measurable and reproducible evidence. Furthermore, the use and misuse of vaguely defined terms creates challenges for comparisons across studies, hindering the potential for generalizable guidelines. In order to generate a reliable body of evidence about the prevalence and impact of various levels of exploitation, including trafficking, service providers, evaluators, and researchers must clearly define the terminology they are using, the population they are working with, and evaluation methods used.

[2] Cannon AC, Arcara J, Graham LM, Macy RJ. Trafficking and Health: A Systematic Review of Research Methods. Trauma, Violence & Abuse. 2018;19 (2):159-175. doi:10.1177/1524838016650187

Research gaps

According to meta-analyses of human trafficking research, much of the available literature on sexual exploitation and human trafficking is not empirically-based, and uses non-representative samples.[3,4] Empirical evidence is that which is based on verifiable and replicable observation as opposed to that which is based purely on theory or logic. A non-representative sample refers to when a study focuses on a group that is part of a larger population, but does not represent the full breadth of the population. For example, a study that works with participants enrolled in services for trafficking survivors is not representative of the population of trafficking survivors.[5] The clandestine nature of trafficking and exploitation, the concern for privacy and confidentiality of survivors, and the ethical limitations of methodologies, all impact the body of evidence available. However, literature reviewed for this report provided some suggestions for improvement.

To increase availability of evidence-based best practices, authors argue that research articles should be vetted by peer-review journals to detect flaws in methods and ensure quality information. When disseminating or referencing studies, more attention should be paid to the scope of evidence collected to avoid over-generalizing the findings.[6] For example, research with non-representative samples, such as research conducted with participants of an agency program, should not be generalized to all survivors of sex trafficking, sexual exploitation, or labor trafficking.[7] Finally, more research is needed for populations of survivors who have been underrepresented thus far: those not already engaged in services, labor trafficking victims, and LGBTQ+ youth, male-identified youth, and adults.

Quality evidence generation is not limited to academic research articles. Service providers and institutions working to address human trafficking also possess opportunities for empirical evidence collection. To increase evidence on best practices, programs and tools used to identify or serve sexually exploited or trafficked persons should be first informed

[3] Cannon AC, Arcara J, Graham LM, Macy RJ. Trafficking and Health: A Systematic Review of Research Methods. Trauma, Violence & Abuse. 2018;19 (2):159-175. doi:10.1177/1524838016650187

[4] Landers, M., McGrath, K., Johnson, M. H., Armstrong, M. I., & Dollard, N. (Aug/Sep2017). Baseline Characteristics of Dependent Youth Who Have Been Commercially Sexually Exploited: Findings From a Specialized Treatment Program. Journal of Child Sexual Abuse, 26(6), 692–709. Retrieved from Baseline Characteristics of Dependent Youth Who Have Been Commercially Sexually Exploited: Findings From a Specialized Treatment Program.

[5] Cannon AC, Arcara J, Graham LM, Macy RJ. Trafficking and Health: A Systematic Review of Research Methods. Trauma, Violence & Abuse. 2018;19 (2):159-175. doi:10.1177/1524838016650187

[6] Cannon AC, Arcara J, Graham LM, Macy RJ. Trafficking and Health: A Systematic Review of Research Methods. Trauma, Violence & Abuse. 2018;19 (2):159-175. doi:10.1177/1524838016650187

[7] Cannon AC, Arcara J, Graham LM, Macy RJ. Trafficking and Health: A Systematic Review of Research Methods. Trauma, Violence & Abuse. 2018;19 (2):159-175. doi:10.1177/1524838016650187

by the best available peer-reviewed evidence.[8] Programs and tools should then clearly define what populations they are designed to serve (including age group, gender identity, exploitation type, and cultural background), develop clear goals and measures, and conduct internal or external evaluation for effectiveness. Ultimately, the best evidence comes from partnerships between a variety of fields and experts. Comprehensive evaluation of services, tools, and prevention strategies for sexual exploitation and human trafficking requires increased collaboration between service providers and researchers, as well as institutions, policymakers, and lawmakers.[9]

Medical and health impacts of trafficking

Commercial sexual exploitation and human trafficking (including sex and labor trafficking) have a powerful impact on health. Human trafficking survivors experience high rates of depression, anxiety, and post-traumatic stress disorder as well as physical symptoms such as fatigue, dizziness, and pain. The physical impact of trafficking suggests that medical providers are in a unique position to interact with and identify victims and that adequate response and care protocols for victims are needed.[10]

Identification and treatment of human trafficking victims in the medical context

In June 2018, the United States Centers for Disease Control and Prevention added diagnostic codes for forced labor and sexual exploitation to the International Classification of Diseases version 10-U.S. (ICD-10-US). This coding system covers diseases, symptoms, abnormal findings, and social conditions of injury and illness among health care patients. The updated coding list now includes T codes for reporting suspected and confirmed cases of human trafficking and Z codes for the examination and observation of human trafficking victimization (see Figure C1). According to the health care providers and researchers, order for medical providers to adequately use the new ICD-10-U.S. codes and serve trafficked patients, medical providers must be equipped with clear guidelines

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8 Brownson, R. C., Baker, E. A., Deshpande, A. D., & Gillespie, K. N. (2018). Evidence-based public health. New York, NY: Oxford University Press.

9 Greenbaum, V. J. (2014). Commercial sexual exploitation and sex trafficking of children in the United States. Current Problems in Pediatric and Adolescent Health Care, 44(9), 245–269.

10 Stoklosa, H., Dawson, M. B., Williams-Oni, F., & Rothman, E. F. (2017). A Review of U.S. Health Care Institution Protocols for the Identification and Treatment of Victims of Human Trafficking. Journal of Human Trafficking, 3(2), 116–124. A Review of U.S. Health Care Institution Protocols for the Identification and Treatment of Victims of Human Trafficking (https://doi.org/10.1080/23322705.2016.1187965)

on identifying victims and assessing and addressing their medical and non-medical needs.[11] The Minnesota Department of Health is currently in the process of developing a training package for health care providers in emergency departments and community clinics to identify and respond to human trafficking and exploitation victimization.

C1. Human Trafficking ICD-10-CM Code Categories

T codes to report for cases of suspected and confirmed forced labor and sexual exploitation	
T74.51	Adult forced sexual exploitation, confirmed
T74.52	Child sexual exploitation, confirmed
T74.61	Adult forced labor exploitation, confirmed
T74.62	Child forced labor exploitation, confirmed
T76.51	Adult forced sexual exploitation, suspected
T76.52	Child sexual exploitation, suspected
T76.61	Adult forced labor exploitation, suspected
T76.62	Child forced labor exploitation, suspected
Z codes for the examination and observation of human trafficking victimization	
Z04.81	Encounter for examination and observation of victim following forced sexual exploitation
Z04.82	Encounter for examination and observation of victim following forced labor exploitation
Z62.813	Personal history of forced labor or sexual exploitation in childhood
Z91.42	Personal history of forced labor or sexual exploitation

Some risk factors and indicators that a patient may be experiencing or have experienced human trafficking include signs of abuse and neglect, unfamiliarity with local language, accompaniment by controlling companions, and lack of official documentations.[12] Further research is needed, however, risk factors and indicators for youth and child victims may differ from adults and include runaway status, homelessness or being unaccompanied.[13] It should be noted that the presence of risk factors or indicators do not guarantees that a patient is a trafficking victim; however, knowledge of risk factors and

[11] Stoklosa, H., Dawson, M. B., Williams-Oni, F., & Rothman, E. F. (2017). A Review of U.S. Health Care Institution Protocols for the Identification and Treatment of Victims of Human Trafficking. Journal of Human Trafficking, 3(2), 116–124. A Review of U.S. Health Care Institution Protocols for the Identification and Treatment of Victims of Human Trafficking (https://doi.org/10.1080/23322705.2016.1187965)

[12] Stoklosa, H., Dawson, M. B., Williams-Oni, F., & Rothman, E. F. (2017). A Review of U.S. Health Care Institution Protocols for the Identification and Treatment of Victims of Human Trafficking. Journal of Human Trafficking, 3(2), 116–124. Journal of Human Trafficking (https://doi.org/10.1080/23322705.2016.1187965)

[13] Greenbaum, V. J. (2014). Commercial sexual exploitation and sex trafficking of children in the United States. Current Problems in Pediatric and Adolescent Health Care, 44(9), 245–269. Current Problems in Pediatric and Adolescent Health Care (https://doi.org/10.1016/j.cppeds.2014.07.001)

indicators empowers medical professionals to identify and further assess potential trafficking victims.

The literature reviewed emphasized the need for clear guidance on responding to the care needs of the patient once a medical professional suspects commercial sexual exploitation or human trafficking.[14] Evaluations of medical intervention programs of working with trafficking victims is limited but current literature agrees that human trafficking survivors need health care that is:

- Trauma informed
- Culturally responsive
- Coordinated with providers of various forms of care within and without the medical field[15]

The literature emphasized specific resources to facilitate positive health care interactions with victims of trafficking. On-site translation services were encouraged to allow non-English speaking patients to speak freely with medical professionals. Hospitals and medical centers should never rely on the person accompanying the patient to provide translation if trafficking or abuse is suspected.[16] Another key resource for coordinated services is knowledge of community resources and referral pathways that allow medical personal to provide victims with essential information on additional opportunities for help.[17] Finally, time and privacy are important tools in working with suspected victims. Disclosure is most likely to occur if the provider has had the opportunity to develop a rapport with the victim and the victim feels safe.[18]

For more information on identifying and working with human trafficking victims:

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[14] Stoklosa, H., Dawson, M. B., Williams-Oni, F., & Rothman, E. F. (2017). A Review of U.S. Health Care Institution Protocols for the Identification and Treatment of Victims of Human Trafficking. Journal of Human Trafficking, 3(2), 116–124. A Review of U.S. Health Care Institution Protocols for the Identification and Treatment of Victims of Human Trafficking (https://doi.org/10.1080/23322705.2016.1187965)

[15] Hemmings, S., Jakobowitz, S., Abas, M., Bick, D., Howard, L. M., Stanley, N., … Oram, S. (2016). Responding to the health needs of survivors of human trafficking: a systematic review. BMC Health Services Research, 16. Responding to the health needs of survivors of human trafficking: a systematic review (https://doi.org/10.1186/s12913-016-1538-8)

[16] Hemmings, S., Jakobowitz, S., Abas, M., Bick, D., Howard, L. M., Stanley, N., … Oram, S. (2016). Responding to the health needs of survivors of human trafficking: a systematic review. BMC Health Services Research, 16. Responding to the health needs of survivors of human trafficking: a systematic review (https://doi.org/10.1186/s12913-016-1538-8)

[17] Greenbaum, V. J. (2014). Commercial sexual exploitation and sex trafficking of children in the United States. Current Problems in Pediatric and Adolescent Health Care, 44(9), 245–269. Commercial Sexual Exploitation and Sex Trafficking of Children in the United States (https://doi.org/10.1016/j.cppeds.2014.07.001)

[18] Greenbaum, V. J. (2017). Child sex trafficking in the United States: Challenges for the HealthcareProvider. PLoSMedicine, 14(11). Child sex trafficking in the United States: Challenges for the healthcare provider (https://doi.org/10.1371/journal.pmed.1002439)

- Dignity Health PEARR Tool:
  The PEARR Tool is a trauma informed care model for working with patients at high risk of abuse, neglect, or violence. This tool provides step-by-step guidance for health care professionals to provide trauma-informed assistance to patients, with an emphasis on patient education. Victim-Centered and Trauma-Informed (https://www.dignityhealth.org/hello-humankindness/human-trafficking/victim-centered-and-trauma-informed)
- Child Sex Trafficking in the United States: Challenges for the Healthcare Provider: This essay summarizes the intersecting risk factors for sex trafficking among youth in the United States as well as the health care needs of suspected victims. Child sex trafficking in the United States: Challenges for the healthcare provider (https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002439)
- University of Kansas Human Trafficking Medical Assessment Tool: This tool provides a framework for developing a compressive protocol for identifying, serving, and referring out trafficked or at risk patients seen in an emergency department. Human Trafficking Identification and Service Provision in the Medical and Social Service Sectors (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5070690/)
- Labor Trafficking Protocol Guidelines: Identifying and Responding to Victims of Labor Trafficking: A Minnesota-based guidebook that includes information about responding to labor trafficking in general and in specific circumstances. LABOR TRAFFICKING PROTOCOL GUIDELINES (https://www.theadvocatesforhumanrights.org/uploads/labor_trafficking_protocol_guidelines_final.pdf)
- Ramsey County Attorney's Office and Sexual Violence Justice Institute at the Minnesota Coalition Against Sexual Assault, Safe Harbor Protocol Guidelines; A Minnesota-based guidebook that includes information about responding to sex trafficking and exploitation in general and by specific disciplines, including health care, public health, and child advocacy centers. Safe Harbor Protocol Guidelines (https://www.mncasa.org/wp-content/uploads/2018/07/Safe_Harbor_Protocol_Guidelines.pdf).
- Westcoast Children's Clinic Commercial Sexual Exploitation –Identification tool (CES-IT): A validated tool for identifying youth with indicators of exploitation. commercial sexual exploitation – identification tool (cse-it) (https://www.westcoastcc.org/cse-it/)

- HEAL Trafficking and Laboratory to Combat Human Trafficking, Healthcare Provider Human Trafficking Training: Assessment Tool: Assists health care providers with assessing and improving basic training on human trafficking. Assessment Tool for Health Care Provider Human Trafficking Training (https://healtrafficking.org/2018/12/assessment-tool-for-health-care-provider-human-trafficking-training/)

Identification and response to human trafficking in the child welfare context

As with medical professionals, child welfare professionals are in a critical position to identify and support victims of trafficking, particularly child and youth victims.[19] Research shows that a high percentage of child and youth sex trafficking survivors interact with child welfare institutions at some point in their life.[20] In Minnesota, all reports of known or suspected sex trafficking, as well as any sexual exploitation of a minor when a parent or person with a significant relationship to the minor is involved must be reported to child protection.[21] These mandated reporting requirements increase the likelihood that child and youth victims will come into contact with welfare child welfare agencies.

[19] Schwarz, C., Alvord, D., Daley, D., Ramaswamy, M., Rauscher, E., & Britton, H. (2019). The Trafficking Continuum: Service Providers' Perspectives on Vulnerability, Exploitation, and Trafficking. Affilia: Journal of Women & Social Work, 34(1), 116–132.

[20] Landers, M., McGrath, K., Johnson, M. H., Armstrong, M. I., & Dollard, N. (Aug/Sep2017). Baseline Characteristics of Dependent Youth Who Have Been Commercially Sexually Exploited: Findings From a Specialized Treatment Program. Journal of Child Sexual Abuse, 26(6), 692–709.

[21] Resource Guide for Mandated Reporters of Child Maltreatment Concerns, Resource Guide for Mandated Reporters of Child Maltreatment Concerns (2018). Retrieved from Resource Guide for Mandated Reporters of Child Maltreatment Concerns (https://edocs.dhs.state.mn.us/lfserver/Public/DHS-2917-ENG)

Research and evaluation of child welfare interventions for exploited and trafficked youth and young adults is in its nascent stages. Currently, the variation of type and quality of existing research designs makes analysis across interventions difficult. In order to develop clear best practices for social service professionals, more rigorous research and evaluation is needed. However, some themes emerged in the relevant literature on identifying and working with victims of exploitation and trafficking in the child welfare field, which argues services should be[22,23]

- Trauma informed
- Culturally responsive
- Youth centered and strengths based
- Prioritizes informed consent

Additionally, many resources have been developed in Minnesota to guide the child welfare system response to exploitation and trafficking. These resources provide insight into both the Minnesota-specific context of trafficking and child welfare, as well as general principles and best practices for identification and response. For more information on identifying and working with human trafficking victims in the child welfare system:

- Minnesota Department of Human Services Safe Harbor/No Wrong Door resource website: This website includes valuable information on Minnesota's Safe Harbor/No Wrong Door model and the child welfare system response. Visit this site to find guidance on child welfare screening, reporting and investigation standards and resources for response in Minnesota. Safe Harbor/No Wrong Door (https://mn.gov/dhs/partners-and-providers/program-overviews/child-protection-foster-care-adoption/safe-harbor/)

[22] Landers, M., McGrath, K., Johnson, M. H., Armstrong, M. I., & Dollard, N. (Aug/Sep2017). Baseline Characteristics of Dependent Youth Who Have Been Commercially Sexually Exploited: Findings From a Specialized Treatment Program. Journal of Child Sexual Abuse, 26(6), 692–709.

[23] Schwarz, C., Alvord, D., Daley, D., Ramaswamy, M., Rauscher, E., & Britton, H. (2019). The Trafficking Continuum: Service Providers' Perspectives on Vulnerability, Exploitation, and Trafficking. Affilia: Journal of Women & Social Work, 34(1), 116–132.

- The Advocates for Human Rights, Labor Trafficking Protocol Guidelines: Identifying and Responding to Victims of Labor Trafficking: A Minnesota-based guidebook that includes information about responding to labor trafficking in general and in specific circumstances. LABOR TRAFFICKING PROTOCOL GUIDELINES (https://www.theadvocatesforhumanrights.org/uploads/labor_trafficking_protocol_guidelines_final.pdf)
- Ramsey County Attorney's Office and Sexual Violence Justice Institute at the Minnesota Coalition Against Sexual Assault, Safe Harbor Protocol Guidelines; A Minnesota-based guidebook that includes information about responding to sex trafficking and exploitation in general and by specific disciplines, including multidisciplinary teams. Safe Harbor Protocol Guidelines (https://www.mncasa.org/wp-content/uploads/2018/07/Safe_Harbor_Protocol_Guidelines.pdf).
- National Human Trafficking Resource Center – Comprehensive Human Trafficking Assessment: A trafficking assessment for frontline professionals to identify and assist potential victims of trafficking. This assessment is inclusive of both labor and sex trafficking. Comprehensive human trafficking assessment (https://humantraffickinghotline.org/sites/default/files/Comprehensive%20Trafficking%20Assessment.pdf)

D. ROI framework

By: Cael Warren, Research Scientist, Wilder Research

Introduction

In this Return on Investment (ROI) framework, we identify the methodological options and the data required to compute the net present value of the benefits and costs associated with the Safe Harbor program. We also discuss the unique challenges of documenting program impacts when serving a vulnerable population and aiming for change in measures that are very difficult to track.

We begin the ROI framework with a brief overview of the general ROI model. Next, we summarize how this approach would ideally be applied to estimate the benefits of Safe Harbor, if all required data were available. Although we are not able to pursue this approach with the currently available data, this summary is included to illustrate the preferred ROI approach. After reviewing this approach, we outline our understanding of the available data, particularly the limitations and challenges related to tracking outcomes. Finally, we discuss the implications of these limitations and challenges, and propose options to quantify the impacts of Safe Harbor.

General ROI model

In general, the ROI of a program is a measure of the size of the program's monetized benefits relative to the program's costs. An ROI compares benefits and costs and expresses the results as a ratio (benefits divided by costs). The ROI ratio is the dollar value of benefits generated per dollar invested in the program.

To compute the ROI, we estimate the monetary value of the program costs and benefits, to the extent that they can be quantified. Costs are relatively simple to determine using a program's budget. Quantifying benefits is a more complex process, as benefits are dependent on program outcomes and the monetary value of those outcomes. We can summarize this process in the following two steps:

1. We estimate the impact of the program's activities on the outcomes of interest (that is, we estimate how much an outcome changes because of the Safe Harbor program). To identify this impact, we generally rely on a combination of program data and documented effect sizes of comparable programs in the existing literature.

2. We estimate the monetary value of the improved outcomes. For example, what is the economic value of getting an individual out of the sex trade? We comb the literature for available evidence documenting the economic value of the quantifiable outcomes associated with Safe Harbor programming.

Combining these two pieces, we compute the total benefits: the monetary value of the Safe Harbor program outcomes that we are able to identify (based on the program's own data and/or program effects found in the existing literature). We aim to complete these steps for each outcome of interest.

ROI application to Safe Harbor

As described in the previous section, an ROI estimate requires us to quantify (1) the program's impact on their intended outcomes and (2) the monetary value of the outcome when it is achieved. The Safe Harbor program ultimately aims to reduce the number of youth and young adults who are sexually exploited (see Safe Harbor logic model, Figure 2). This is the central motivation for the Safe Harbor program.

If we were able to quantify the impact of the Safe Harbor program on the number of youth who are sexually exploited, we could compute a partial estimate of benefits of the Safe Harbor program. This is because some of the benefits of reducing the sexual exploitation of youth have already been estimated in a previous study of the benefits of avoiding sex trading among female-identified youth in Minnesota. After adding up the harms (to taxpayers) associated with sex trading, Martin et al. (2012) finds public benefits exceeding $85,000 for each youth dissuaded from sex trading.[1] If we could estimate the number of youth for whom sexual exploitation is ended or avoided as a result of the Safe Harbor program, we could multiply this number by $85,000 to get the total value of public benefits generated by the program.

[1] Martin, L., Lotspeich, R., & Stark, L. (2012). Early Intervention to Avoid Sex Trading and Trafficking of Minnesota's Female Youth: A Benefit-Cost Analysis: Full Report. See Table 3, α=1 (indicating the case of 100% probability that the youth will be dissuaded from sex trading). The net present value of public benefits per youth is estimated to be $85,682 (in 2011 U.S. dollars).

Note that the study by Martin et al. does not refer to the benefits of reducing sexual exploitation, but rather "sex trading," a broader term referring to any sale of sex or sexual activity. In the interest of accurately representing their results, we have maintained their terminology in discussing how their results could be applied in a Safe Harbor ROI estimate. Although they use this broader term ("sex trading"), the value estimate referenced above is based on a youth who begins sex trading at the age of 14, an age at which sex trading would be considered sexual exploitation. The estimate may therefore be reasonably applied (as described above) to estimate the value of reducing sexual exploitation among the Safe Harbor program's target population.

Unfortunately, we are unable to quantify the number of youth and young adults who avoid or end sexual exploitation due to the Safe Harbor program. For reasons discussed in the "Data limitations" section below, the Safe Harbor program does not keep track of whether the youth and young adults continue to be sexually exploited. Without this information, it is not possible to compute the ROI of the Safe Harbor program's efforts to reduce the number of youth and young adults who are sexually exploited. Instead, in the remainder of this framework, we discuss the potential benefits and the available data, and then review several alternative approaches to estimate the benefits generated by the Safe Harbor program.

Potential benefits of Safe Harbor

Even if we are unable to quantify the number of youth and young adults who avoid or end sexual exploitation due to Safe Harbor, we might still expect that the likely benefits of Safe Harbor would align closely with the following public benefits identified by Martin et al. (2012):[2]

- Avoided public health expenditures: PTSD, STIs (chlamydia and HIV/AIDS), pregnancy, chemical dependency, and injuries from assault
- Avoided criminal justice expenditures: Arrests, court hearings, incarceration, and probation supervision
- Reduced foster care expenditures
- Increased income tax revenue

Although this prior work contributes a great deal to this analysis, it focused entirely on the public/taxpayer harms associated with sexual exploitation, leaving the individual harms to be determined in future research. In conducting an ROI analysis, we would aim to build on this by digging into the existing literature and identifying any documented individual-level harms associated with sexual exploitation (or benefits associated with reduced/avoided sexual exploitation) or other benefits generated by Safe Harbor services. Some of these individual benefits might include:

- Reduced criminal justice system involvement (and associated benefits)
- Reduced child welfare system involvements (and associated benefits)
- Increased lifetime earnings (resulting from a combination of education support, avoided mental health issues, improved employability due to avoided criminal justice system involvement, etc.)
- Benefits of housing stability
- Safety in relationships/avoidance of abusive relationships

[2] See Martin et al. (2012). This list was reframed into benefits based on the harms listed in table 1.

- Avoidance of sexually transmitted infections
  - Reduced health care costs (avoided treatment costs)
  - Reduced social and emotional impacts

In addition to the benefits listed above, we anticipate that other individual-level benefits would likely be identified in this process.

Data limitations

To estimate the impact of Safe Harbor on participants' outcomes, we would ideally use one or both of these approaches:

a) Review existing literature for evidence of the impacts of comparable programs, and assume that Safe Harbor participants would experience similar impacts.

b) Use existing data on the outcomes of youth and young adults receiving Safe Harbor services (i.e., directly observe the program impacts).

Limited literature and varied program implementation

Unfortunately, both of these approaches have significant limitations in their application to the Safe Harbor program. To apply existing evidence from the literature, we require some evidence of the effectiveness of comparable programs, but, as noted in the literature review, such evidence is very limited. In addition, this approach is most defensible in the case of a program with a model that is both comparable to the programs documented in the literature and also implemented in a similar way across providers. The Safe Harbor program is implemented by grantees across the state, each with a slightly different approach, scope, and/or area of emphasis. As a result, we cannot generalize about the "typical" services received and outcomes achieved.[3]

[3] With sufficient funding for the ROI analysis, and if the literature contains enough comparable models to draw from, it may be possible to use a small selection of programs in the literature to approximate the range of program models that are implemented in the Safe Harbor network of grantees. This approach is further described in the "Options for demonstrating Safe Harbor program impact" section below.

Lack of outcomes data

We are also limited in our ability to use existing data on the outcomes of youth and young adults receiving Safe Harbor services, because the Safe Harbor data system currently tracks few outcomes that can be assigned a monetary value. As noted above, the most useful outcome to track would be whether youth and young adults continue to experience sexual exploitation. Unfortunately, tracking this outcome may be both challenging and potentially detrimental to the intervention, as discussed below. The same drawbacks apply to tracking many other sensitive outcomes that could be readily included in an ROI analysis (i.e., outcomes for which monetary values have been estimated), such as experiences of violence, pregnancy, mental health and substance abuse issues, and sexually transmitted infections.

Although the lack of outcomes data limits our ROI analysis options, we must emphasize that tracking this highly sensitive individual-level information may be very difficult and potentially damaging to the intervention. In serving a very vulnerable population, establishing trust is an essential step for the service provider. Excessive prying on such personal matters can damage that trust, especially when the questions do not seem pertinent to the acute needs of the youth or young adult seeking services. In addition, there may not always be a confidential space available to address these questions. Some of these questions may trigger fear of prosecution as they solicit information about behaviors that could be crimes, and are also common among those experiencing sexual exploitation, such as sex trading, substance use, and theft. Furthermore, youth may not feel safe disclosing their exploitation because they fear they could be charged with prostitution, as they may not be aware of the recent changes to the law. These factors all contribute to the concern that providers may compromise the intervention by scaring youth and young adults away if they asked these sensitive questions. Finally, as providers and the youth and young adults are already required to address an extensive list of questions, there is an understandable resistance to adding new data requirements, especially given the many demands on providers' staff time.

Duplicate data

Finally, the issue of duplicated individuals in the counts of youth and young adults served by Safe Harbor presents challenges. We understand that it is difficult to effectively track youth and young adults as they make contact with multiple grantees. Although there is a procedure in place for linking records in the database when youth and young adults are referred across grantees or when they disclose that they have received services from another grantee, youth and young adults may not always recall or feel comfortable disclosing their previous contact with other grantees. As a result, it is not possible to compute an unduplicated number of youth and young adults served. Because a foundational principle of ROI analysis is to err on the conservatively low side, we would need to establish an approach that would allow us to feel confident that our estimates do not double-count youth and young adults.[4]

Options for demonstrating Safe Harbor program impact

Given these considerations, below we review five options to quantify the benefits of the Safe Harbor program, including approaches that do not require the use of individual-level data on these sensitive outcomes. These options are not mutually exclusive, and can be combined to produce a more comprehensive analysis. If MDH would like to pursue this work, we would be happy to provide cost estimates for the option(s) under serious consideration.

Traditional ROI with measurement of long-term outcomes

Although we acknowledge the challenges of tracking whether youth and young adults continue to be sexually exploited, we also recognize that ending the sexual exploitation of youth and young adults is the end goal of the program and the primary focus of external stakeholders. We have therefore included this option for demonstrating the impact of the Safe Harbor program, wherein Wilder would collaborate with Safe Harbor stakeholders to gather data to estimate the number of youth and young adults who are no longer sexually exploited (or avoid sexual exploitation) as a result of Safe Harbor.

[4] To avoid double-counting duplicates, we might consider gathering a statistical process to identify and remove duplicates, wherein a statistical analyst uses the available (non-identifying) data to select pairs of individuals with enough identical data points to suggest that they are very likely to be the same person. This process could be enhanced if the available data included minimally identifying information, such as the first letter of the individual's first and/or last name.

The details of the data collection approach would be determined in consultation with Safe Harbor stakeholders, but we would propose a longitudinal study of youth and young adults who have received Safe Harbor services. To encourage participation, we would recommend a generous incentive for each completed survey. We would also explore methodological options to estimate the number of youth and young adults who avoid sexual exploitation as a result of Safe Harbor, even if they never receive Safe Harbor services.

As described above, this option would rely in part on the existing work by Martin et al. (2012), updated as needed based on any relevant literature published in recent years. Wilder would also aim to broaden the scope to include the benefits that accrue to the youth and young adults (as listed in the "Potential benefits of Safe Harbor" section above).

Recognizing the barriers associated with this option, we have provided only a general sketch at this time. If this option is under serious consideration, we would be happy to develop the concept further.

Traditional ROI, focused on intermediate outcomes

The key to documenting the impact of Safe Harbor is identifying outcomes generated by Safe Harbor that can be tracked without excessive intrusion into the privacy of the youth and young adults served by the program. The logic model identifies several intermediate outcomes (housing stability, financial stability, etc.) that clearly indicate protective factors to prevent future exploitation. Focusing on these outcomes may offer the best balance of documenting the program impact while protecting the privacy of the youth and young adults and maintaining the trust between the grantee staff and the youth and young adults that they serve.

In this option, Wilder would work with Safe Harbor stakeholders to make use of existing data and gather additional data on relevant indicators of intermediate outcomes produced by Safe Harbor programs. This approach offers two potential avenues to quantify Safe Harbor impacts. First, some of those intermediate outcomes would likely have their own benefits that can be monetized. For example, educational achievements (such as a GED) and improvements in mental health can be linked to monetary benefits. Second, some of the intermediate outcomes tie directly to the long-term outcome of reducing sexual exploitation (for example, increased financial stability should reduce financially motivated sexual exploitation). Existing research may document these links and enable us to approximate the impact on rates of sexual exploitation (e.g., if X% of participants have become financially stable because of the program, then the program is responsible for Y% of participants ending their sexual exploitation).

Artificially construct a comparable program

In this option, Wilder would develop an estimate of Safe Harbor's impact on youth and young adults based on a combination of other programs documented in the literature. If the existing literature is sufficiently robust, it may be possible to identify two or more program profiles whose impacts have been established, and then match each Safe Harbor provider to the program model that best fits their implementation approach. This approach allows us to factor in at least some of the variation in implementation to construct a reasonable estimate of the aggregate impact of Safe Harbor grantees.

Note that the feasibility of this approach is contingent on having a robust body of literature illustrating the impact of a range of service models that align fairly well with Safe Harbor grantees' models, and on having enough data on Safe Harbor grantees' implementation models to determine the alignment of their models with those found in the literature.

Identify and/or develop aggregate indicators

If we are unable to obtain the required data on outcomes for youth and young adults, and if we cannot locate effect sizes from a sufficiently comparable set of programs in the existing literature, we would turn to trends in aggregate, state-level indicators that may show some impacts resulting from this statewide intervention. Although we are unlikely to find aggregate indicators that directly measure the frequency of sexual exploitation or sex trading, the following data sources/measures could be explored as potential indicators of change:

- Frequency of arrests for prostitution among young adults
- Frequency of arrests for sex trafficking, sex purchasing, or sexual exploitation (if arrests of sex traffickers can be distinguished from arrests of survivors of sexual exploitation)
- Frequency of child protection cases involving sexual exploitation and sex trafficking
- Minnesota Student Survey question related to sexual exploitation (data to be available in Fall 2019)
- Hospital claims data flagging instances of human trafficking and sexual exploitation (data collection began in 2019)

Wilder would work with Safe Harbor stakeholders to define these and other potential indicators, and to understand how the program may have affected these indicators and whether those changes might suggest a corresponding change in the frequency of sexual exploitation. This process may yield a reasonable estimate of Safe Harbor's impact on the rates of sexual exploitation (an estimate which could then be used to develop an approximate ROI). However, we are uncertain about the availability of data prior to Safe Harbor implementation, and the available measures may not be useful as indicators of change generated by Safe Harbor. We would recommend additional discussion between Wilder and Safe Harbor stakeholders before pursuing this option.

Potential ROI estimate, based on assumed program impacts

In some circumstances, when the required data cannot be collected and the program is too unique for its impact to be approximated based on the documented impacts of other programs, it may be valuable to develop ROI estimates for one or more proposed scenarios of impact. For example, we might compute the program benefits if 10% of youth and young adults served by Safe Harbor were to exit their circumstances of sexual exploitation. The assumption would be clearly noted in the statement of results, e.g., "If Safe Harbor successfully removes 10% of served youth and young adults from sexual exploitation, the program would generate $X for every $1 invested." Wilder would work with Safe Harbor stakeholders to identify the appropriate assumption(s) to ensure that they are conservatively low but reasonable estimates of the expected impact of the program.

Costs to complete ROI

Depending on the option selected above, as well as the availability of data and infrastructure needed to collect the information, the estimated cost to complete an ROI would range from $50,000 - $350,000.

References

Martin, L., Lotspeich, R., & Stark, L. (2012). *Early intervention to avoid sex trading and trafficking of Minnesota's female youth: A benefit-cost analysis: Full report*. Retrieved from Early intervention to avoid sex trading and trafficking of Minnesota's female youth: A benefit-cost analysis (https://uroc.umn.edu/sites/uroc.umn.edu/files/Benefit-Cost-Study%20Full.pdf)

E. Safe Harbor youth survey responses

Below is information from a survey administered to youth served by Safe Harbor grantees. The data included here represent combined results from two versions of the survey. While the surveys were similar, slight changes were made in 2019 to reflect the evaluation questions.

How much participants learned through Safe Harbor programming

E1. "Since you started receiving services at [program], how much did you learn about each of the following?"

	A great deal	Some	A little	None
How to keep yourself safe (N=52)[a]	69%	27%	4%	0%
How to know if you are in a dangerous situation (N=31)[b]	77%	16%	7%	0%
How to identify an unhealthy/abusive relationship (N=82)	78%	11%	10%	1%
How to comfort yourself when you are upset or angry (N=82)	56%	28%	12%	4%
Options for continuing your education/How to reach your education goals (N=81)[c]	61%	25%	6%	9%
How to express your feelings in healthy ways (N=81)	59%	26%	12%	4%
What resources are available locally/What resources are available in your area (N=84)[c]	50%	36%	8%	6%
How to access local resources/How to use resources in your area (N=84)[c]	44%	37%	14%	5%
What sexual exploitation is (N=82)	73%	18%	5%	4%
How to use social media and the internet safely (N=82)	72%	17%	4%	7%
How to find and access professional medical care/How to get professional medical care (N=82)[c]	52%	20%	10%	18%
How to find safe and affordable housing (N=80)	44%	24%	14%	19%
How to get a job/How to reach your career goals (N=30)[b]	57%	33%	7%	3%

Note. Percentages provided are of those youth/young adults who responded to the question (N=30-84). Row totals may vary from 100% due to rounding.

[a] Only asked in the 2017 survey

[b] Only asked in the 2019 survey

[c] Question wording varied between years. Both questions are listed.

Participant satisfaction with Safe Harbor programming

E2. "Overall, how satisfied are you with the assistance you received from [program]?" (N=81)

	Percent
Very satisfied	61%
Satisfied	25%
Not very satisfied	11%
Not at all satisfied	4%

Note. Total does not equal 100% due to rounding.

Participant preparedness for the future

E3. "How prepared do you feel to do each of the following?"

	Very well prepared	Somewhat prepared	Not prepared
Keep yourself safe (N=52)[a]	79%	19%	2%
Get other needs met in a way that is safe (e.g., shelter, transportation) (N=52)[a]	71%	29%	0%
Get support from a professional if you need it (N=52)[a]	67%	31%	2%
Get medical care when you need it/Get medical care and other services when you need it (N=82)[c]	66%	29%	5%
Reach your educational or career goals (N=51)[a]	73%	28%	0%
Reach your educational goals (N=31)[b]	52%	48%	0%
Reach your career goals (N=31)[b]	52%	45%	3%
Be part of only healthy relationships (N=82)	72%	28%	0%
Seek help from the police if you are in an unsafe situation or are the victim of a crime (N=81)	77%	17%	6%
Seek help from an adult you trust if you are in an unsafe situation or the victim of a crime (N=71)	72%	24%	4%
Support yourself financially/Support yourself financially in a way that is safe (N=80)[c]	44%	45%	11%

Note. Percentages provided are of those youth/young adults who responded to the question (N=31-82). Row totals may vary from 100% due to rounding.

[a] Only asked in the 2017 survey

[b] Only asked in the 2019 survey

[c] Question wording varied between years. Both questions are listed.

Participant supports, experience of program staff, and hopefulness

E4. "How much do you agree or disagree with the following statements?"

	Strongly agree	Agree	Disagree	Strongly disagree
I have at least one adult I trust to talk to if I have a problem (N=51)[a]	67%	29%	4%	0%
I have at least one friend I can turn to for help and support (N=52)[a]	58%	23%	15%	4%
The staff at [program] care about me (N=83)	68%	25%	6%	1%
I would recommend [program] to another person who was in a situation similar to mine (N=51)	69%	17%	4%	11%
The staff at [program] were respectful to me (N=52)[a]	52%	25%	15%	8%
I feel more in control of my life than I did before I received services (N=80)	61%	33%	5%	1%
I will stay away from people and situations that have been harmful to me (N=31)[b]	58%	39%	3%	0%
I have someone I can go to for money and/or housing advice (N=49)[a]	47%	35%	8%	10%
Overall, I feel more hopeful about the future/Since I received services, I feel more hopeful about the future (N=83)[c]	54%	40%	5%	1%

Note. Percentages provided are of those youth/young adults who responded to the question (N=31-83). Row totals may vary from 100% due to rounding.

[a] Only asked in the 2017 survey

[b] Only asked in the 2019 survey

[c] Question wording varied between years. Both questions are listed.

Service gaps

E5. "Were there any services you needed/wanted that were not available or offered?" (N=76)

	Percent
Yes	13%
No	87%

F. Additional grantee and participant information from the grantee database

F1. Agencies and regional location

Agency	Location	Grantee type
180 Degrees	Metro	Housing
Central MN Sexual Assault Center	Greater Minnesota	Service
Cornerstone	Metro	Service
Heartland Girls Ranch	Greater Minnesota	Housing
Hmong American Partnership	Metro	Service
Lifehouse	Greater Minnesota	Housing, Service
Lutheran Social Services, Brainerd	Greater Minnesota	Housing, Regional Navigator
Mid-Minnesota Legal Aid	Metro	Service
Midwest Children's Resource Center	Metro	Service, Regional Navigator
Minnesota Indian Women's Resource Center	Metro	Service
Minnesota Southwest Crisis Center	Greater Minnesota	Regional Navigator, Service
North Homes Children and Family Services	Greater Minnesota	Service, Housing
Olmsted County Victim Service	Greater Minnesota	Service, Regional Navigator
Program for Aid to Victims of Sexual Assault	Greater Minnesota	Service, Regional Navigator
Someplace Safe	Greater Minnesota	Service, Regional Navigator
Support Within Reach	Greater Minnesota	Regional Navigator
The Family Partnership	Metro	Service
The Link	Metro	Housing, Service, Regional Navigator
Lutheran Social Services of MN, Willmar	Greater Minnesota	Service
Terebinth Refuge	Greater Minnesota	Housing
Rape and Abuse Crisis Center	Greater Minnesota	Service
YMCA	Metro	Service
Evergreen Youth and Family Services	Greater Minnesota	Service, Housing
Lutheran Social Services, Mankato	Greater Minnesota	Service

Note. Tribal grantee data will be collected in the grantee database in future reporting periods.

F2. Counties with the most referrals

County	Number of referrals	Percentage of total referrals
Hennepin	249	26%
Ramsey	133	14%
St. Louis	118	12%
Olmsted	96	10%
Nobles	25	3%

Note. Referrals came from 62 counties and reservations; 5 referrals came from out of state.

F3. Top referral sources among top referral counties

County	Top referral source	Second referral source	Third referral source
Hennepin	Child Protection/Child Welfare	Self-Referral	Community Agency
Ramsey	Child Protection/Child Welfare	Safe Harbor Program	Community Agency
St. Louis	Self-Referral	Social Service Agency	Agency Outreach
Olmsted	Police/Law Enforcement	Child Protection/Child Welfare	Medical Provider
Nobles	Friend or Family Member	Community Agency	Child Protection/ Child Welfare

F4. Referral source county totals

County	Number of referrals	County	Number of referrals
Aitkin County	2	Meeker County	1
Anoka County	11	Mille Lacs Reservation	1
Becker County	1	Mower County	6
Beltrami County	20	Murray County	1
Benton County	1	Nicollet County	1
Blue Earth County	9	Nobles County	25
Brown County	5	Olmsted County	96
Carlton County	9	Otter Tail County	15
Carver County	4	Out of state	5
Cass County	1	Pipestone County	5
Chisago County	1	Polk County	2
Clay County	3	Pope County	3
Clearwater County	1	Ramsey County	133
Cottonwood County	9	Redwood County	1
Crow Wing County	20	Renville County	1
Dakota County	8	Rice County	8
Dodge County	5	Rock County	3
Douglas County	12	Scott County	11
Fillmore County	5	Sherburne County	2
Fond Du Lac Reservation	2	St. Louis County	118
Freeborn County	2	Stearns County	26
Goodhue County	5	Steele County	6
Hennepin County	249	Swift County	5
Houston County	2	Todd County	2
Hubbard County	2	Upper Sioux Reservation	2
Itasca County	14	Wadena County	14
Jackson County	6	Waseca County	1
Kanabec County	3	Washington County	10
Kandiyohi County	13	Winona County	3
Le Sueur County	2	Wright County	5
Mahnomen County	1	Yellow Medicine County	2
Martin County	2	Unknown	25
McLeod County	2	**Grand Total**	**971**

F5. Referral region and exploitation experience

Referral reason	Greater Minnesota	Metro	Total
At risk of exploitation	92	94	186
Identified as experiencing/have experienced exploitation	285	232	517
Suspected but not identified	109	72	181
Missing	46	47	93
Total	**532**	**445**	**977**

F6. Referral county and exploitation experience

County	At risk of exploitation	Suspected but not identified	Identified as experiencing/have experienced exploitation	Missing	Total
Aitkin County	0	1	1	0	2
Anoka County	3	5	3	0	11
Becker County	0	0	1	0	1
Beltrami County	3	3	13	1	20
Benton County	0	0	1	0	1
Blue Earth County	0	1	8	0	9
Brown County	0	0	5	0	5
Carlton County	2	6	1	0	9
Carver County	0	1	2	1	4
Cass County	0	0	1	0	1
Chisago County	0	0	1	0	1
Clay County	0	0	3	0	3
Clearwater County	0	0	1	0	1
Cottonwood County	1	1	6	1	9
Crow Wing County	1	3	16	0	20
Dakota County	0	2	5	1	8
Dodge County	1	3	1	0	5
Douglas County	0	1	11	0	12
Fillmore County	0	3	2	0	5
Fond Du Lac Reservation	0	0	2	0	2
Freeborn County	2	0	0	0	2
Goodhue County	0	3	2	0	5

F6. Referral county and exploitation experience (continued)

County	At risk of exploitation	Suspected but not Identified	Identified as experiencing/have experienced exploitation	Missing	Total
Hennepin County	55	30	134	30	249
Houston County	0	0	2	0	2
Hubbard County	1	1	0	0	2
Itasca County	1	1	12	0	14
Jackson County	3	0	0	3	6
Kanabec County	0	0	3	0	3
Kandiyohi County	3	2	7	1	13
Le Sueur County	0	0	2	0	2
Mahnomen County	1	0	0	0	1
Martin County	0	0	2	0	2
McLeod County	0	0	2	0	2
Meeker County	0	0	1	0	1
Mille Lacs Reservation	0	0	1	0	1
Mower County	1	2	3	0	6
Murray County	0	0	1	0	1
Nicollet County	0	1	0	0	1
Nobles County	5	11	5	4	25
Olmsted County	29	23	43	1	96
Otter Tail County	0	3	12	0	15
Out of state	0	0	5	0	5
Pipestone County	0	2	2	1	5
Polk County	2	0	0	0	2
Pope County	0	0	3	0	3
Ramsey County	27	34	58	14	133
Redwood County	0	0	1	0	1
Renville County	0	1	0	0	1
Rice County	0	2	6	0	8
Rock County	1	1	1	0	3
Scott County	1	2	7	1	11
Sherburne County	0	0	2	0	2
St. Louis County	26	13	63	16	118

F6. Referral county and exploitation experience (continued)

County	At risk of exploitation	Suspected but not Identified	Identified as experiencing/have experienced exploitation	Missing	Total
Stearns County	3	5	13	5	26
Steele County	0	0	5	1	6
Swift County	2	1	1	1	5
Todd County	0	0	2	0	2
Upper Sioux Reservation	1	1	0	0	2
Wadena County	1	3	10	0	14
Waseca County	0	1	0	0	1
Washington County	2	2	6	0	10
Winona County	0	1	2	0	3
Wright County	0	1	4	0	5
Yellow Medicine County	1	1	0	0	2
Unknown	1	2	6	16	25
Grand total	**180**	**180**	**513**	**98**	**971**

F7. Sexual orientation of participants

	Total	
	N	%
Heterosexual	544	56%
Bisexual	104	11%
Gay	13	1%
Lesbian	10	1%
Queer	12	1%
Asexual	[a]	[a]
Pansexual	[a]	[a]
Questioning	[a]	[a]
Missing	286	29%
Total	**977**	**100%**

Note. Due to low Ns in multiple cells, data are not divided by metro and greater Minnesota.

[a] Some data are not presented due to an N less than 10.

F8. Ethnic/cultural origins of participants

	Metro		Greater MN		Total	
	N	%	N	%	N	%
Latino/Hispanic	39	9%	55	10%	94	10%
Hmong	33	7%	[a]	[a]	34	3%
Somali	[a]	[a]	[a]	[a]	10	1%
Did not disclose	66	15%	94	18%	160	16%
None selected	300	67%	379	71%	679	69%
Total	**445**	**-**	**532**	**-**	**977[b]**	**100%**

[a] Some data are not presented due to an N less than 10.

[b] Participants may identify as being from more than one ethnic/cultural origin.

F9. Shelter and housing beds funded through Safe Harbor

Agency	Number/type of beds
180 Degrees (Brittany's Place)	9 emergency shelter
Evergreen	3-5 housing units
Heartland Girls Ranch	10 supportive housing
Life House	5 supportive housing; 2 emergency shelter
LSS Brainerd	Up to 6 housing units
North Homes	6 supportive housing
Terebinth Refuge	10 supporting housing beds
The Link	6 emergency shelter; 5 supportive housing
Total bed capacity, as of June 2019 (estimated)	**64[a]**

Note. Women's Shelter had 6 beds but were no longer open in June 2019.

[a] The availability of beds fluctuates and some do not have a specific number of beds per unit.

G. Child welfare data

Provided by: Minnesota Department of Human Services Child Safety and Permanency Division

Research indicates that there is an over-representation of children of color, in particular, African American and American Indian, who have been victims of sex trafficking or sexual exploitation. According to data from May 29, 2017, through April 30, 2019, 15% of child victims in child protection sex trafficking or sexual exploitation investigations were Indian Child Welfare Act (ICWA) eligible (20% in sex trafficking investigations). Gay, lesbian, bisexual, transgender, queer (GLBTQ) children, foreign nationals, and children living with disabilities are also at high risk for sex trafficking and exploitation. All data in this summary are provided by agency social workers documenting in the Social Services Information System (SSIS). There may be inconsistencies in data reporting due to the new laws and policies.

Between May 2017 and April 2019, child welfare agencies in Minnesota received 943 reports of sex trafficking or sexual exploitation of children. Sex trafficking and sexual exploitation happen throughout the state of Minnesota; a total of 61 agencies received reports, and 17 counties received 10 or more reports. Out of the total number of reports, 405 reports were screened for a child protection investigation via sex trafficking (162), sexual exploitation (227), or both (16). These investigations included more than 400 alleged child victims. Based on a random sample review of reports, youth commonly are reported to be victimized by parents, guardians, or other relatives (19% of reports) and can be any age (11% under age 12). Between May 29, 2017, and April 30, 2019:

- 943 reports of alleged sex trafficking, sexual exploitation or both
- 277 reports of youth sex trafficked by non-caregiver/household member or unknown alleged offenders
- 72 reports of youth sex trafficking by a caregiver/household member
- 167 investigations of sex trafficking (2 family assessments)
- 54 maltreatment determinations of sex trafficking
- 124 investigations of sexual exploitation by a caregiver/household member
- 73 maltreatment determinations of sexual exploitation

H. Regional Navigator role description

Provided by Minnesota Department of Health, August 2019

Regional Navigators (RNs) are staff members of agencies that have applied for and received funds from the Minnesota Department of Health (MDH) statewide Safe Harbor Program. When an agency receives funding for a RN it is expected that the agency has the capacity to support the position, administer the grant as required by MDH, provide adequate supervision to the RN, collaborate across the Safe Harbor system, and provide support to maintain the position. Receipt of a RN grant creates an agency-wide obligation to Safe Harbor. RNs are expected to abide by confidentiality requirements set forth under all applicable laws in engaging with other professionals.

RNs have several roles as described below. Overall, they serve as regional points of contact on sex trafficking and exploitation.

1) Referral/Resource Provider

RNs can expect requests for referrals to services or resources on an ongoing basis. An RN will respond to a request based on its context, i.e. referral to case management or supportive services internally or referral to a Safe Harbor or other agency based on the need stated. This role may include supportive periodic staffing for an agency's 24-hour access line. Overall, the role of referral/resource provider meets the RN's obligation to connect professionals and victims/survivors with appropriate services and resources, including through warm hand-offs to other services as well as case consultation. RNs should provide the best possible referral in each situation based upon the best interest of the youth, even if it's not the RN agency. Every effort should be made to refer within the Safe Harbor network. In some instances, RNs may also provide referrals to services in labor trafficking and exploitation cases.

2) Education/Training/Outreach

RNs provide training on the Safe Harbor system, the dynamics of trafficking, working with victims/survivors, and related issues. Priority audiences are professionals or other stakeholders who either currently have contact with – or could encounter – victims/survivors of trafficking and exploitation. This obligation includes speaking at conferences. This role meets the RN's obligation to ensure that professionals and stakeholders in a region are prepared to respond. RNs may develop a system for vetting other training requests and refer awareness-raising to other qualified trainers, either within their own agency or through a partner organization.

3) Coordinated Community Response

RNs are well positioned to lead, advise, and/or engage in coordinated community responses to trafficking and exploitation within their regions, based upon reasonable time and resource commitments. This may include coordinating with other systems professionals and service providers to expand coverage. This role meets the RN's obligation to assist with capacity building for professionals responding to victims/survivors. RNs may engage with different types of teams including protocol development, case review, or child protection/welfare multidisciplinary teams.

4) Direct Services and Case Consultation

RNs have limited time to provide direct services to youth. RNs may provide direct services for victims/survivors on a limited basis (approximately 10 to 15 percent of their time). Generally, youth will be referred to direct services providers. RNs may provide case consultation for professionals. It is not expected that RNs carry a long-term caseload.

5) Administration

RNs administer their roles through attending Safe Harbor meetings and trainings, as well as gathering and reporting data for evaluation purposes. RNs are expected to maintain up-to-date knowledge about the Safe Harbor system, within the scope of the duties described above. Supervisors of RNs at Safe Harbor agencies are expected to follow all MDH required duties related to grant administration, staff oversight, staff development, confidentiality requirements, and organizational support for the position.

I. Service definitions

Below are the Minnesota Department of Health's definitions for each of the service options available.

- Advocacy: Services in medical, school, or court advocacy; sexual assault or domestic violence advocacy
- Aftercare: Care, treatment, help, or supervision given to persons discharged from an institution, separate from other services
- Basic Needs: Assistance obtaining basic needs such as food, identification cards, personal hygiene, etc.
- Behavioral/Mental Health: Ongoing (non-crisis) services related to behavioral or mental health services, not including counseling
- Case Management: Time spent in planning, assessing, care coordination, and advocacy for client
- Chemical Dependency: Assessing the existence, nature, and needs of chemical dependency, planning for and providing treatment
- Counseling: Including crisis, one-on-one, informal, CD, encouragement/support
- Dental Care: Services and referrals to address dental needs
- Drop-In Center: Temporary services provided by drop-in center
- Educational Services: Teaching provided by agency
- Employment Services: Trainings specifically targeted to develop employable skills, assistance with gaining employment
- Financial Support: Support in acquiring government assistance, money management training, etc.
- Housing/Shelter: Providing beds, apartments, or other housing options directly through agency
- Legal Services: Legal services directly provided by agency
- Medical/Healthcare: Medical services such as wound care, examinations, STI testing
- Outreach Services: Attempts to contact or establish connection with a client, or to reestablish connection with a client who has ceased contact
- Protocol Development and Implementation: A plan created by a multidisciplinary team used to coordinate the community response to victims of trafficking and exploitation

J. Sample risk assessment tool

Sample tool provided by MDH August 2019

Sample risk assessment tool[1]

This risk assessment tool is an example of guidance used to educate youth, their families, and supports about the risk factors related to sex trafficking and exploitation. This tool can be used as a guide for talking with survivors and identifying potential areas of risk that may require a referral to specific services. It should not comprise the entirety of a conversation with a survivor. This tool should not be used without appropriate training and should be handled in accordance with state and federal laws, as well as internal agency policies governing client record confidentiality.

Note. A "high-risk" or "at-risk" result from this tool is not the same as a confirmation/ positive screen of exploitation.

Risk factors include:

- Does the youth/client have a history of being missing for two or more days at a time within the last six months [Examples: parent/guardian does not know where/who the youth is staying with or the youth is truant]?
- Does the youth/client "couch surf/hop" or is "in the streets"?
- Does or has the youth/client engaged in self-harm (cutting, suicidal ideation, burning, etc.)?
- Does the youth/client currently use drugs or alcohol or have a mental health diagnosis?
- Has the youth/client been a victim of sexual assault?
- Is the youth/client in a sexual/romantic relationship with a significantly older partner?
- Is the youth/client unable or unwilling to provide information about a girlfriend/boyfriend or sex partner?
- Is the youth/client engaging in inappropriate social media usage (sexually explicit)?
- Has the youth/client been in possession of money, a cell phone or other items that cannot be explained or accounted for?
- Have there been reports of multiple anonymous sex partners and/or history of STIs?
- Has the youth/client been involved with law enforcement and/or other social services?

[1] Adapted from State of Connecticut Department of Children and Families PRACTICE GUIDE FOR INTAKE AND INVESTIGATIVE RESPONSE TO HUMAN TRAFFICKING, Olmsted County Community Services Youth Workgroup Risk Assessment/Decision Map, and West Central Minnesota Sexual Exploitation Risk Assessment Tool.

- Is the youth/client in the foster care system or does the youth/client have a history of foster care placement?
- Has gang affiliation been disclosed, reported or suspected or has the client been associated with individuals with a known criminal history?
- Does the youth identify as lesbian, gay, bisexual, pansexual, transgender, queer, two-spirit, non-binary, or any other identities?
- Does the youth have any injuries or markings that are not explained or accounted for?

High risk:

- Three or more of the above "at risk" factors are answered "yes"
- Has there been unauthorized travel out of town?
- Have there been confirmed or reported uses of hotels or parties for sexual encounters?

Confirmed victim:

- Has the youth/client reported "consensual" participation in a sexual act in exchange for shelter, drugs, alcohol, money, safety or other item of value?
- Has law enforcement or social services confirmed through an investigation that the youth/client has been trafficked or engaged in any commercial, sexually exploitive activity?
- Has the youth/client disclosed engaging in sexual activity for the monetary benefit of another person?

If youth/client is at risk – contact Safe Harbor Regional Navigator for consultation, referrals, or staff training (include local contact information)

If youth/client is high risk or a confirmed victim: Contact Safe Harbor Regional Navigator or Supportive Services Agency (include local contact information). Consult with and/or report to local law enforcement and social services in accordance with state law.

K. Other training activity

Information provided by: Minnesota Department of Health

Not a #Number (NA#N) training

Not a #Number is a curriculum developed by Love146 used to educate youth about how to protect themselves from being exploited and trafficked (See Love 146 Not a Number (https://love146.org/notanumber/) for more information). As of July 2019:

- 962 youth have participated in and completed NA#N groups.
- 66 facilitators in Minnesota are actively facilitating NA#N groups.
- Since 2017, there have been 81 groups that have completed NA#N. Currently an additional 39 groups are in progress.

Sex Trafficking Prevention and Response Training for the Minnesota Lodging Industry

In 2018, to satisfy the new legal requirement that hotels and motels be trained in sex trafficking prevention, MDH created the Sex Trafficking Prevention and Response Training for the Minnesota Lodging Industry (The Minnesota Hotel Training Package). The 40-minute training was made available online to hotels and motels throughout the state. Participants were encouraged to complete a post training survey to measure the impact of the training. As of August 2019:

- 749 hotels have requested training materials.
- For the training participants who filled out a post training survey (N=221), the average reported knowledge about sex trafficking prevention in hotels increased from 2.49 to 3.33 (on a scale from 1-5, with 1 being not at all knowledgeable and 5 being extremely knowledgeable).
- For the training participants who filled out a post training survey (N=221) the average reported knowledge on a scale from 1-5 (with 1 being not at all knowledgeable and 5 being extremely knowledgeable) about sex trafficking identification in hotels increased from 2.50 to 3.31.

L. Safe Harbor data collection protocols

Safe Harbor Key Informant Interview Protocol 2019

Hi. My name is _____ and I am calling from Wilder Research. As you may know, the Minnesota Department of Health is working with Wilder Research to evaluate the Safe Harbor law and model, a statewide initiative to improve identification of and services for youth and young adults up to age 24 who are survivors of sex trafficking and exploitation. The purpose of this interview is to get your perspective on the Safe Harbor law and model and its impact.

We appreciate your agreeing to take part in this interview. It may take 30-40 minutes to complete. Your responses will be aggregated with the responses of other individuals we are interviewing, and themes will be presented to Minnesota Department of Health. In addition, themes will be shared with the MN legislature and other stakeholder groups.

As you're speaking, I'll be taking notes to try to get what you're saying. I may have to ask you to repeat or clarify, or maybe slow down. It also will help if I can record to clean up my notes later. Do you mind if I record the conversation?

Is now still a good time to complete the interview? [CONTINUE OR RESCHEDULE] Do you have any questions before I begin with the first interview question?

1. To start, I'd like to learn a little more about your background to better understand the perspective you bring to this discussion.
   a. Could you tell me how long you have been in your current position? (years/months)
   b. What is your current role in regard to survivors of sex trafficking and exploitation currently?
   c. Were you working in anti-trafficking before this position? (yes/no)
   d. (IF yes) What was your role in regard to survivors of sex trafficking and exploitation?

2. What community, region, or your sector would you say you are representing? This could include your geographic area, and/or sector including advocacy, child protection, courts, corrections, education, health, law enforcement, youth services, and your organization. (You can have more than one).

The next questions are about the time since the implementation of the Safe Harbor model began (since August 2014).

3. Since implementation of the Safe Harbor initiative, what has improved, if anything, about **identifying** survivors of sex trafficking and exploitation?

4. Since implementation of the Safe Harbor initiative, what has improved, if anything, about **providing services** to survivors of sex trafficking and exploitation?

5. What has improved, if anything in regard to **preventing** sex trafficking and exploitation?

6. What other impacts have you seen from the Safe Harbor initiative?
   (PROBE: regarding attitudes of community members or local organizations towards sex trafficking and exploitation or its victims, relationship between organizations, trainings available, legislation and enforcement.)

7. Since implementation of the Safe Harbor initiative began, what have been <u>the main barriers to</u> identifying and providing services and support to survivors of sex trafficking and exploitation?
   a. [IF MORE THAN THREE NOTED] Which one or two barriers has been the most problematic?

8. To what extent is the Safe Harbor initiative being implemented culturally competently and equitably? We mean culture broadly including, but not limited to, race, ethnicity, gender identity, sexual orientation and having a disability or chronic illness. (PROBE: about services, identification of youth, grant making)
   a. Please explain.

9. What suggestions do you have for improving the initiative's impact with diverse cultural communities? (PROBE: for specific suggestions around issues identifying, and/or providing services to youth from cultural communities, or preventing trafficking in certain cultural communities.)

The last set of questions are about next steps.

10. What do you see as the most important next steps for the implementation of the current Safe Harbor initiative? (IF THEY SAY "more funding or more service" ASK FOR DETAILS ABOUT WHICH SERVICES).

11. What suggestions, if any, do you have for changing the Safe Harbor Law or statutes to increase or expand its impact?

Confidentiality

Lastly, in the introduction, I assured you that your responses are confidential, and that is still the case. However, now that you have seen the questions and provided your responses, I would like to know what level of confidentiality you would prefer for your answers:

- Maintain confidentiality: Do not share individual responses (your answers will only be reported in aggregate)
- Share my de-identified responses (your individual answers will not be attached to your name or any identifying information. For example, we could quote something you said as long as the quote doesn't contain information that identifies that you said it)
- Share my responses (your individual answers will not be shared with your name, but identifying contextual information, such as your field or sector, may be included in the quote if it adds to its meaning)

Those are all my questions, do you have any additional comments?

Thanks you so much for your time and for sharing your expertise!

If informant has any questions about this interview/project, contact Julie Atella, julie.atella@wilder.org

Safe Harbor Participant Interviews

(NOTE TO INTERVIEWER: if completing over the phone, enter responses directly into codebook.

Introduction
Hi, my name is _____; I work with Wilder Research. You are being asked to complete this interview because you participated in [program/site name]. The purpose of the interview is to find out more about which services were helpful and how they can be improved. We will be interviewing other people as well. All of the interviews are part of work we are doing for the state of Minnesota to better support people who have been in your situation.

Your answers will be grouped with the answers of other people we interview from this program and other programs like it. We will not share your individual answers, your name, or anything that identifies you in the reporting. The combined information will be shared with state staff, program staff, legislators, and others to be used to support and improve the program.

Before we begin, I want you to know that everything you say during this interview will be kept confidential, although I am a mandated reporter. This means that if you tell us that you or someone you know is in immediate physical danger, we'll have to pause this conversation, talk to program staff at least, and maybe also a first responder. Would you like to ask questions about this?

There are no right or wrong answers. Your individual comments will remain private, so please share your honest opinions as we talk today.

After our talk, you'll get a $20 gift card to Target or Walmart as a thank you for your time. Do you have any questions before we begin?

Some of the questions I will be asking are about personal or sensitive issues. Are you in a private space where you can talk freely?
If YES, follow original protocol.
If NO, ask if there is a different time they could talk in private?

First, I'd like to start by hearing a little bit more about you.

1. How long did you receive services at [program]?

2. When did you last receive services at [program]?

3. What made you decide to go to [program]? [PROBE about voluntary or court ordered, source of referral, characteristics that made program attractive and accessible]

4. When you started [program], what were your three biggest needs or areas that you wanted help with?

Next, I have some questions about your experiences with [program].

5. How are you treated by staff at [program]? Do you feel safe with staff? Respected?
   a. If YES: Can you tell me what they do to make you feel safe and respected?
   b. Treat well, check on me
   c. [If NO: What should staff do differently so that you feel safe and respected?]

I'd like to understand what sort of help you've gotten at [program]. Please tell me if you received the following services or referrals at [program]. We understand that not all programs offer help on each of these topics.

6. Have you gotten help with housing?
   a. [Probe: Did you stay in housing at the program? Any other type of housing help?]
7. Have you gotten help with your medical or physical health?
   a. If YES: How did they help?

8. Have you gotten help with transportation?
   a. If YES: How did they help with transportation?

9. Have you gotten help with your mental health or received counseling?
   a. If YES: How did they help?

10. Have you gotten help with work or school through [program]?
    a. If YES: What sorts of help?

11. Have you gotten help with anything legal or law-related?
    a. If YES: What sorts of help?

12. Did you receive other services at [program] that I have not listed?
    a. If YES: What types of help or services?

13. Which of the services you received were most helpful?
    a. What was helpful about [services]?

14. Were there any services you received that were not particularly helpful?
    a. If YES: Which ones? What was unhelpful? How could they improve those services?

15. Were there any services [program] offered that you wanted to use, but didn't? Which types of services haven't you used? What's kept you from using them?

16. Are there any additional services you wish were available, that weren't? If yes, what types of help or services do you wish were available?

I'd like to talk to you about any impact that [program] may have had, and any ideas you have for improving it.

17. Have you seen any changes in yourself since you started at [program]? What's changed?

18. Have you seen any changes in your situation since you started at [program]? What's changed?

19. What are your three biggest needs now? Does it seem like [program] can help you meet those needs?

20. What are your three biggest strengths?

21. Do you think that people in your situation know about [program] and what it does? Are there ways that [program] could better advertise what it does to people who need it? What improvements could it make to get the word out better?

22. Is there anything else you'd like to say about [program], what's good about it, or how it could improve to help people in your situation?

Closing – a couple questions about you (remember, everything's voluntary), the level of confidentiality you'd like to maintain, and how to get you the $20 gift card.

23. What is your age?

24. What is your gender?

25. We have a brief survey about [program]. Have you completed it already?
    a. IF NO: Would you like to take it? We can send a paper copy, or send a link to the online version which you can take on a smartphone or computer.
    b. Info to send survey:

26. In the introduction, I said that your responses are confidential, that is we won't share your individual responses, and that is still the case. However, now that you've heard the questions and provided your answers, we would like to know what level of confidentiality you would prefer for your answers:

    ____ Would you prefer we do not share individual responses (your answers will only be reported combined with other people we interview) or

    _____ Or is it okay if we quote something you said in the report as long as we do not give your name and we take out any information that could identify you. So, we could quote something you said as long as the quote doesn't contain information that shows that you said it.

Thank you for your time. Please let me or other staff members know if you have any questions.

Participant feedback survey

Date**:** _____

Agency Name is working with the state of Minnesota to improve services for youth and young adults. Please complete this survey in order to help us understand what about our services is working well and how services can be improved. We are interested in your honest thoughts and ideas, so there are no right or wrong answers. You can skip any question you do not want to answer. It should take no more than 10 minutes to complete this survey.

Your survey will be sent to Wilder Research, an organization that is helping us figure out if and how our services are helping youth and young adults. They will combine your answers with the answers of other youth that are served by ABC Youth Agency and by other programs in the state like ours. *Your individual answers will never be shared or reported and will not affect any of the services you are receiving here or your relationship with the staff of this agency or any other resource provider.*

If you do not want to participate in this survey, please stop here. You do not need to do anything else.

Please select the best response for the questions below.

1. About how long you've been working with somebody at Agency Name?
   - ☐[1] Less than 1 week
   - ☐[2] More than 1 week but less than 1 month
   - ☐[3] More than 1 month but less than 3 months
   - ☐[4] More than 3 months but less than 1 year
   - ☐[5] More than 1 year

2. Since you started receiving services here, how much did you **learn** about each of the following?

	A great deal	Some	A little	None
a. What resources are available in your area	☐[1]	☐[2]	☐[3]	☐[4]
b. How to use resources in your area	☐[1]	☐[2]	☐[3]	☐[4]
d. How to find safe and affordable housing	☐[1]	☐[2]	☐[3]	☐[4]
e. How to get professional medical care	☐[1]	☐[2]	☐[3]	☐[4]
f. How to reach your education goals	☐[1]	☐[2]	☐[3]	☐[4]
h. How to reach your career goals	☐[1]	☐[2]	☐[3]	☐[4]
i. How to express your feelings in healthy ways	☐[1]	☐[2]	☐[3]	☐[4]
j. How to comfort yourself when you are upset or angry	☐[1]	☐[2]	☐[3]	☐[4]
k. What sexual exploitation is	☐[1]	☐[2]	☐[3]	☐[4]
l. How to know if you are in a dangerous situation	☐[1]	☐[2]	☐[3]	☐[4]
m. How to identify an unhealthy/abusive relationship	☐[1]	☐[2]	☐[3]	☐[4]
n. How to use social media and the internet safely	☐[1]	☐[2]	☐[3]	☐[4]

3. Please describe how **prepared** do you feel to do each of the following?

	Very well prepared	Somewhat prepared	Not prepared
a. Get medical care and other services when you need it	☐1	☐2	☐3
b. Reach your educational goals	☐1	☐2	☐3
c. Reach your career goals	☐1	☐2	☐3
d. Support yourself financially in a way that is safe	☐1	☐2	☐3
e. Get other needs met in a way that is safe (e.g., shelter, transportation)	☐1	☐2	☐3
f. Be part of only healthy relationships	☐1	☐2	☐3
g. Seek help from the police if you are in an unsafe situation or are the victim of a crime	☐1	☐2	☐3
h. Seek help from an adult you trust if you are in an unsafe situation or are the victim of a crime	☐1	☐2	☐3

4. How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Disagree	Strongly disagree
a. I will stay away from people and situations that have been harmful to me.	☐1	☐2	☐3	☐4
b. Since I received services, I feel more hopeful about the future.	☐1	☐2	☐3	☐4
c. I feel more in control of my life than I did before I received services.	☐1	☐2	☐3	☐4
d. The staff here care about me.	☐1	☐2	☐3	☐4
e. I would recommend this program to another person who was in a situation similar to mine.	☐1	☐2	☐3	☐4

5. Overall, how satisfied are you with the assistance you received from here?
   - ☐1 Very satisfied
   - ☐2 Satisfied
   - ☐3 Unsatisfied
   - ☐4 Very unsatisfied

6. Of the support you received at Agency Name, what was most helpful?

_____

_____

_____

7. How can Agency Name make services easier for people to use?

8. Were there any services you wanted that were not available or offered?

☐[1] Yes ☐

☐[2] No

8a. Which services:

9. What can Agency Name do to improve their services?

10. What was the most important thing you accomplished with help from ABC Agency?
(If you do not feel like you accomplished anything with Agency Name's help, then write "nothing" below)

Please provide us with some additional information about you to help us better understand the characteristics of the overall group of people who completed this survey and how well our services are working. As with all of the questions, you can skip any question(s) you want.

11. In the last 6 months, have you stayed in the shelter/lived in the housing offered by any of the following organizations? **(CHECK ALL THAT APPLY AND INCLUDE THE ORGANIZATION FOR WHICH YOU ARE COMPLETING THE SURVEY, IF APPLICABLE)**

- ☐ 1 The Link – Passageways Emergency Shelter and Housing Program
- ☐ 2 180 Degrees – Brittany's Place
- ☐ 3 Lutheran Social Services of Minnesota, Brainerd – Saving Grace
- ☐ 4 Heartland Girls Ranch – Hearts for Freedom
- ☐ 5 North Homes Children and Family Services – Wini Sisu
- ☐ 6 Women's Shelter, Inc.
- ☐ 7 Evergreen Youth and Family Services – scattered site housing
- ☐ 8 Terebinth Refuge
- ☐ 9 Life House – Sol House
- ☐ 10 Life House – The Loft
- ☐ 9 None of the above

12. In the last six months, have you received services **other than shelter/housing** from any of the following organizations? **(CHECK ALL THAT APPLY AND INCLUDE THE ORGANIZATION FOR WHICH YOU ARE COMPLETING THE SURVEY)**

- ☐ 1 The Link – Passageways Emergency Shelter and Housing Program
- ☐ 2 The Link – Safe Harbor Mental Health and Family Reunification Program
- ☐ 3 180 Degrees – Brittany's Place
- ☐ 4 The Family Partnership – P.R.I.D.E. Program
- ☐ 5 Hmong American Partnership – Ascend Program
- ☐ 6 Lutheran Social Services of Minnesota, Brainerd – Saving Grace
- ☐ 7 Mid-Minnesota Legal Aid – Youth Law Project
- ☐ 8 Midwest Children's Research Center – Runaway Intervention Project
- ☐ 9 Heartland Girls Ranch – Hearts for Freedom
- ☐ 10 YMCA - Enough
- ☐ 11 Lutheran Social Services of Minnesota, Mankato – The Reach drop-in center
- ☐ 12 Minnesota Indian Women's Resource Center
- ☐ 13 North Homes Children and Family Services – Wini Sisu
- ☐ 14 North Homes Children and Family Services – Safe Harbor Supportive Services
- ☐ 15 Women's Shelter, Inc.
- ☐ 16 Evergreen Youth and Family Services – scattered site housing
- ☐ 17 Evergreen Youth and Family Services – Safe Harbor services
- ☐ 18 Rape and Abuse Crisis Center of Fargo – Moorhead
- ☐ 19 Someplace Safe
- ☐ 20 Southwest Crisis Center
- ☐ 21 Terebinth Refuge
- ☐ 22 Program for Aid to Victims of Sexual Assault (PAVSA) – Trafficking Program
- ☐ 23 Victim Services of Olmsted County
- ☐ 24 Central Minnesota Sexual Assault Center
- ☐ 25 Cornerstone
- ☐ 26 Life House – Sol House
- ☐ 27 Life House – The Loft
- ☐ 28 Life House – Supportive Services
- ☐ 29 Support Within Reach
- ☐ 30 Lutheran Social Services of Minnesota, Wilmar
- ☐ 9 None of the above

13. What else do you still want help with? **(CHECK ALL THAT APPLY)**
    - ☐ 1 Finding housing
    - ☐ 2 Finding or keeping a job
    - ☐ 3 Transportation
    - ☐ 4 Healthcare
    - ☐ 5 Mental health services for you
    - ☐ 6 Mental health services for you and somebody else
    - ☐ 7 Chemical health/treatment
    - ☐ 8 Legal support
    - ☐ 9 Starting or returning to school
    - ☐ 10 Avoiding people who have hurt me in the past
    - ☐ 11 Childcare
    - ☐ 12 Other (Please specify: _____)
    - ☐ 9 None of the above

14. What is your age?
    - ☐ 1 14 years old or younger
    - ☐ 2 15 - 17 years old
    - ☐ 3 18 - 24
    - ☐ 4 25 or older

15. What is your gender? _____

Thank you for completing the survey!

Grantee focus group questions

Overview of intro: We are gathering information to understand the reach and impact, and the challenges and successes of organizations providing services under Safe Harbor. Today we hope to learn:

- What services and supports your organization provides to participants, the community, and other organizations
- The impact your organizations has
- What barriers, gaps, and assets are affecting your organization's impact

Your responses will be combined with the responses of other grantees when we report the results. The results will be shared in a report…which is the third one that goes to the legislature. (Introduce you and your co-facilitator)

Our first questions are about **your program and your role**.

1. What is your current role/title and how long have you been working in your current role? What type of grant do you have?

2. Do you currently or have you ever had a waiting list?

Our next questions are about your **program participants**.

3. How would you describe the youth and young adults you work with in terms of:
   a. Their main needs when they come to your program?
   b. Their strengths?
   c. 3 words that describe your youth
   d. Approximately what percent of youth are also working with another agency when they come to see you? (Or are they coming to you first)?

4. Do you serve any youth and young adults who would benefit from culturally-specific services or resources? We mean culture broadly including, but not limited to, race, ethnicity, gender identity, sexual orientation and having a disability.
   a. From which cultures?
   b. What culturally-specific sources of information, services and/or resources do you use?
   c. Are there culturally-specific sources of information, services and/or resources that would be helpful, but are unavailable?
      [IF MORE THAN ONE], what is most needed?

5. We learned last time we met with grantees that it often takes a while for participants to identify that they are being or have been exploited or trafficked. In your experience, how long does it typically take for people to identify that they are or were being exploited and trafficked?
   a. What is most important or influential in helping them identify their situation?
   b. Do you notice any effects of whether or not a participant self-identifies as being trafficked? For example, does it affect how you work with them or the impact of your program? In what ways?

The next questions are about **referrals, and your relationships and partnerships with other stakeholders.**

6. What are the most common types of services or resources that you refer your youth and young adults to? What percent of youth do you refer out for any types of services? What percent of youth do you refer out for other Safe Harbor services?

7. Is there anything, other than youth needs and challenges, that you have to take into consideration when referring out to other resources or systems? If yes, what do you consider?

8. How is connecting with other systems going, systems such as child welfare, law enforcement, and juvenile justice? [PROBE REGARDING ALL THREE]
   a. How is the referral process going between each of those systems and your program?

9. Do you feel there is sufficient communication between you and the State? Who do you communicate with the most? (PROBE: Do you feel heard? Safe? Do they show they've heard you and make change?)

The next questions are about program **impacts and challenges**.

10. The legislators are primarily interested in learning to what extent Safe Harbor gets youth and young adults "out of the life."
    a. How would you answer this question? [PROBE both for an actual answer to the question but also feedback about the question itself]
    b. What do you think Safe Harbor does that is most effective in helping youth get out of the life?
    c. What else is needed to help youth and young adults exit successfully?

11. Has Safe Harbor helped with the prevention of sex trafficking and sexual exploitation?
    a. [IF YES], how?
    b. What do you think Safe Harbor does that is most effective in helping prevent sex trafficking and sexual exploitation?
    c. What are one or two ways Safe Harbor could be made most effective in regard to prevention?

12. What other impacts, if any, has your program or the Safe Harbor Law and No Wrong Door framework overall had so far? [PROBE: To the community, to the youth and young adults, etc.]
    a. What assets, resources, or strengths have made these successes possible?

13. What, if any, barriers are getting in the way of your organization or the initiative overall having more impact? [PROBE regarding service and resource gaps]

To close:

14. In terms of the evolution of Safe Harbor – where it started, how it's gone, where it's going – what is the initiative's greatest success?

15. What one or two changes would you make so that Safe Harbor has as positive an impact as possible?" Anything else you want the legislature or funders to know about your work under Safe Harbor, the impact of Safe Harbor, or what improvements could be made?

Child protection focus group questions

Overview of intro: We are gathering information to understand the reach and impact, and the challenges and successes of organizations and sectors, like child welfare, providing services under Safe Harbor. Today we hope to learn:

- What services and supports your organization provides to participants, the community, and other organizations
- The impact your organizations has
- What barriers, gaps, and assets are affecting your organization's impact

Your responses will be combined with the responses of other grantees when we report the results. The results will be shared in a report…which is the third one that goes to the legislature. (Introduce you and your co-facilitator)

Our first questions are about **your agency and your role.**

1. What is your current role/title, and how long have you been working in your current role?

2. What geographic region are you most comfortable talking about?

3. Can you tell us a little about your job, especially what role you have with survivors of sex trafficking and exploitation?

Our next questions are about **your agencies, and the child welfare system**

4. How is your child welfare agency identifying survivors of sex trafficking and exploitation?
   a. What, if anything, would improve the child welfare system's ability to identify survivors of sex trafficking and exploitation?

5. How do you begin your work with survivors of sex trafficking and exploitation? What's the process of making referrals like?
   a. If it is unclear if someone is a survivor of sex trafficking and exploitation, what do you or your agency do?

6. What are the strengths of your organization, and the child welfare system overall, in working with survivors of sex trafficking and exploitation?

7. What, if anything, is needed for your organization, or for the child welfare system overall, to better serve survivors of sex trafficking and exploitation?

Our next questions are about **your partnerships with other organizations**

8. Do you refer to, collaborate with, or in some other way work with Safe Harbor grantees in your region?
   a. [IF YES] In what ways? What is going well about these collaborations? How can they be improved?
   b. [IF NO] What has been the main barriers to working with the Safe Harbor grantees in your region?

9. What other individuals or organizations do you collaborate with in your work with survivors? What services do they provide?
   a. Which individuals / organizations do you work with most frequently? Why?
   b. How are the relationships with those collaborators? What's going well about the collaborations? What could be going better?
10. Are there spaces where your work, or the work of your collaborators, are duplicating efforts? What efforts are duplicated?
11. Are there service gaps –types of service or organizations that are needed to meet the needs of the survivors you work with, but are inaccessible? What are those gaps? What could help bridge those gaps?

Our next questions are about what you see as **Safe Harbor's impact**

12. What impact do you think Safe Harbor has had on the life of survivors, if any?

13. What impact do you think Safe Harbor has had on the organizations and systems that service survivors?

14. What do you see as the strengths of the Safe Harbor initiative?

15. What do you see as its main opportunities for improvement?

And to close:
Anything else you'd like stakeholders to know about your work with survivors, the collaborations you have, or how Safe Harbor could be as impactful as possible?

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