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# **An Evaluation of the Safe Harbor Initiative in Minnesota – 2023**

**REPORT TO COMMISSIONER**

APRIL 1, 2021 to JUNE 30, 2023

## **An Evaluation of the Safe Harbor Initiative in Minnesota 2023 – Report to Commissioner**

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## Executive summary and introduction

Safe Harbor became Minnesota law in 2011, and in the years since, the state has built an extensive network in response to the sexual exploitation of youth and, more recently, human trafficking, both sex and labor. The network spans from state and local government to Tribal Nations and community-based nonprofit programs. Founded on a public health approach led by the Minnesota Department of Health (MDH) in recognition of the significant health and social impacts created by exploitation and trafficking on populations, Safe Harbor also partners extensively with entities in public safety, human services, and human rights, including the Minnesota Department of Human Services (DHS), the Minnesota Department of Public Safety (DPS), and the Minnesota Attorney General's Office to offer a comprehensive multidisciplinary response.

State law requires the Safe Harbor Director, based in MDH, to submit a biennial evaluation of the program to the commissioner of health under Minnesota Statute Section 145.4718. The purpose of the evaluation is to ensure Safe Harbor is reaching its intended participants, increasing identification of sexually exploited youth, coordinating across disciplines, including law enforcement and child welfare, providing access to services, including housing, ensuring the quality of services, and utilizing penalty funds to support services. The evaluation process is an opportunity to hear and learn from trafficked and exploited youth as well as participants from a variety of disciplines who respond to the needs of these youth daily.

After Safe Harbor became law in 2011, a three-year planning period called No Wrong Door laid the groundwork for full enactment of the network in 2014. In the years since, Safe Harbor has submitted four evaluation reports to the legislature beginning in 2015 and including reports in 2016 (mid-year report), 2017, 2019, and 2021. Wilder Research at the Amherst H. Wilder Foundation conducted each evaluation under a competitive contract with MDH.

The current evaluation was conducted by The Improve Group. The evaluation centered youth and applied mixed methods to tell the whole story of Safe Harbor. Youth advisors with lived experience provided valuable input on the evaluation (e.g., how to ask survey, focus group, and interview questions). Data sources for this evaluation included a survey of youth, key informant interviews with youth, analysis of the MDH Safe Harbor program data, and focus groups with grantees and multidisciplinary partners. Where necessary, this evaluation report indicates the method(s) used for the described data. The following questions developed by The Improve Group guided the evaluation process:

1. Which services and supports are needed by and being provided to youth, and are these services and supports culturally appropriate for all who need them?
2. What factors contribute to Safe Harbor's impact?
3. What are the gaps and challenges that impede the work of Safe Harbor?
4. What are the opportunities for improvement?

The complete Improve Group evaluation is available on the MDH website at [Minnesota Safe Harbor Evaluation \(www.health.state.mn.us/communities/humantrafficking/reports/sheval.html\)](http://www.health.state.mn.us/communities/humantrafficking/reports/sheval.html) hereinafter Improve Group report).

All findings in the Improve Group Report focus on the Safe Harbor network and activities between April 1, 2021, and June 30, 2023. The Improve Group data collection, analysis, and report writing occurred between March 1, 2023, and September 30, 2023. The Improve Group submitted its report to MDH, including several findings and

recommendations. The Improve Group found evidence for outcomes related to multidisciplinary partnership and access to services, including culturally specific services, the factors contributing to Safe Harbor's impact, gaps and challenges, distinct regional needs, and opportunities for improvement through training and policy change. In addition, The Improve Group, in its evaluation, reiterated the Safe Harbor network's responsibility to address historic and ongoing societal harms contributing to the sexual exploitation of youth, as quoted here:

*Today's state agencies, grantees, and multidisciplinary partners responsible for implementation of Safe Harbor inherited a system built on policies that have oppressed communities of color and American Indian communities. Safe Harbor is not at fault for this harmful legacy—but people involved are accountable for responding to sexual exploitation in a way that remedies, rather than perpetuates, these injustices.*

MDH presents this 2023 evaluation report as a summary of key information, including tables, contained within the Improve Group report, providing details on service provision, participant experience, and findings supporting several recommendations listed below. Table numbers sometimes differ from the Improve Group report in this 2023 evaluation report due to summarization (footnotes or parentheticals provide guidance). The reader should review the full Improve Group report for all tables and figures, evaluation methodology, participant input, and complete recommendations.

**Recommended Actions from The Improve Group and Supported by MDH Safe Harbor:**

1. Provide more resources for centering youth voice as a trauma-informed practice.
2. Support shelters to respond to violence in trauma-informed ways, while increasing housing options for youth committing violence.
3. Support small, rural organizations to increase their cultural responsiveness.
4. Help agencies plan for youths' transition to adulthood.
5. Provide more time for collaboration among grantees and community organizations to foster stronger relationships and facilitate new introductions after turnover occurs.
6. Work to increase the supply of and connections to mental health providers, especially for culturally specific services and evidence-based therapy.
7. Provide training that goes beyond Trafficking 101 and addresses current challenges.
8. Support quality Safe Harbor program data entry through ongoing training and technical assistance for grantees to ensure an accurate picture of Safe Harbor services.
9. Incorporate ways to support grantee staff retention into Safe Harbor strategic planning and increase funding to Safe Harbor to support grantee staff retention.

## Data on youth receiving services

MDH shared aggregated, non-identifying data from the database where MDH and DHS Safe Harbor grantees provide regular reports, with The Improve Group to describe youth receiving services. The data summarized in this section describes the number of clients, types of exploitation and trafficking, the average age of service recipients, and their race, ethnicity, gender identification, and sexual orientation. In some cases, the data described also includes information collected through surveys created by The Improve Group and completed by youth, distributed primarily through Safe Harbor grantee agencies.

Forty agencies provided Safe Harbor services during the grant period, and their data was reported in the Safe Harbor program database. All 40 agencies were represented in the youth survey results collected by The Improve Group, meaning each agency was selected at least once when youth were asked from which agencies they had received services. See a list of Safe Harbor agencies and what services they provide in the Improve Group report Appendix, Tables 14 and 15.

## Number of youth receiving Safe Harbor housing and supportive services

From April 2021 through March 2023, at least 1,494 individuals were enrolled to receive Safe Harbor services, and 1,649 were reported receiving Safe Harbor services by grantee agencies. The number of enrollments and total services are different because individuals who enrolled before April 2021 and were receiving services during the evaluation period were included in the data pull from the Safe Harbor program database for this evaluation period covering April 2021 through March 2023.

By comparison, the University of Minnesota analysis of the 2022 Minnesota Student Survey (MSS) estimated at least 4,600 high school-aged youth in Minnesota had traded sex or sexual activity for money, food, drugs, alcohol, a place to stay, or other reasons.<sup>1</sup> While it is not possible to fully compare Safe Harbor and MSS data due to different methodologies, age ranges, and survey settings, among other factors, the MSS data is one of several data sets indicating how many youth in the state experience sexual exploitation and is an important companion to the evaluation of Safe Harbor services.

Many youth who are connected to Safe Harbor services are victims of sexual assault or other forms of sexual violence. Other common risk factors sexual exploitation includes is being homeless or on the run (Improve Group report Appendix Table 9).

## Exploitation or trafficking by family members

At least 9% (153 out of 1,494) of youth reported they were sexually exploited or trafficked by a family member when they enrolled in Safe Harbor services. More youth, 20% (302 out of 1,494), were unsure if a family member was responsible for the sexual exploitation or trafficking that they experienced. These numbers may be underreported or look different throughout a youth's journey to overcome exploitation. Agency staff and Youth

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<sup>1</sup> Martin, L., Brown, C., McMorris, B., Johnston-Goodstar, K., Rider, G.N., Filoteo, M. (2023). *Trading Sex and Sexual Exploitation among High School Students: Data from the 2022 Minnesota Student Survey*.

Advisors engaging with The Improve Group shared that someone who is sexually exploited by a family member may not be aware of the exploitation and/or may not see their family member as a trafficker.

## Average age of clients

According to the data from the Safe Harbor program database, the average age of youth determined to be eligible for services at enrollment was 18, and overall, youth enrolled in services ranged in age from 0 to 24.<sup>2</sup> The average age of individuals not eligible for services was 36, ranging from 12 to 63. The average age of youth who took the survey distributed by The Improve Group was 21 and ranged from 13 to 27 years old. Most youth respondents to the survey (68%) were ages 20 to 24, and about a quarter were ages 15 to 19 (27%).

## Grouping clients by race and ethnicity

Demographic results from the 2022 MSS, Safe Harbor program data, and the youth survey distributed by The Improve Group show that young people of any race/ethnicity, gender identity, or sexual orientation can experience sexual exploitation, as illustrated in Table 1 below, which was provided in The Improve Group report. Some groups reported higher rates of experiencing sexual exploitation than others. A deeper analysis in the 2022 MSS saw that Indigenous and transgender or gender-diverse students reported higher rates of sexual exploitation than others. White (33%) and Black, African, or African American (22%) youth were the two largest groups receiving Safe Harbor services and who completed the youth survey.

**Table 1. Unique enrollments, total housing and supportive services, and survey respondents by race/ethnicity<sup>3</sup>**

Race/ethnicity	Unique enrollments	Total housing and supportive services	Survey respondents
White	35%	33%	33%
Black, African, or African American	22%	22%	35%
Hispanic, Latino, or Spanish origin	13%	13%	14%
American Indian or Alaska Native	9%	10%	13%

<sup>2</sup> This information came from grantee reporting to MDH through the Safe Harbor program database. The minimum age of zero may be an error, may be an actual case with a very young victim-survivor, or may represent the child of a victim-survivor.

<sup>3</sup> Figure 2 in The Improve Group report.



Race/ethnicity	Unique enrollments	Total housing and supportive services	Survey respondents
Biracial or Multiracial	9%	10%	*
Undisclosed	8%	8%	3%
Asian or Asian American	3%	3%	7%
Native Hawaiian or Other Pacific Islander	1%	<15**	1%
Middle Eastern or North African	<15	<15	1%

*\*The youth survey did not provide “Biracial or Multiracial” as a response option.*

*\*\* Groups with fewer than 15 members are censored for client privacy.*

## Grouping clients by gender identity and sexual orientation

Table 2 illustrates the data from the Safe Harbor program database and the survey distributed by The Improve Group. Most youth enrolled in Safe Harbor programs (88%) identified as cisgender. This group made up 93% of youth survey respondents. Cisgender females made up about three-quarters of youth served (77% of unique enrollments and 76% of total services), while cisgender males made up 11% of each group. Many youth identified as heterosexual (51%), though a third of youth did not disclose their sexual orientation (Table 3).

**Table 2. Unique enrollments, total housing and supportive services, and survey respondents by gender identity<sup>4</sup>**

<sup>4</sup> Figure 3 in the Improve Group report.

Gender identity	Unique enrollments	Total housing and supportive services	Survey respondents
Cisgender <sup>5</sup> female	77%	76%	47%
Cisgender male	11%	11%	46%
Gender identity expansive, non-binary <sup>6</sup>	5%	4%	2%
Undisclosed gender identity	4%	6%	2%
Transgender (male & female) <sup>7</sup>	3%	3%	1%

**Table 3. Unique enrollments, total housing and supportive systems, and survey respondents by sexual orientation<sup>8</sup>**

<sup>5</sup> “Cisgender” refers to individuals whose gender identity matches their sex assigned at birth.” Minnesota Department of Health, “Gender Affirming Care,” 12, Dec. 22, 2023, retrieved from <https://www.health.state.mn.us/communities/injury/documents/genderaffirmingcare.pdf>. “

<sup>6</sup> “Gender identity expansive, non-binary” is also known as “gender non-conforming,” when a person’s “gender identity differs from that which was assigned at birth, but may be more complex, fluid, multifaceted, or otherwise less clearly defined than a transgender person.” A person may identify as “Genderfluid,” which means having different gender identities at the different times.” In addition, “Non-Binary” means a “Transgender or gender-nonconforming person who identifies as neither exclusively male nor exclusively female. This term may be used both as specific gender identity or an umbrella term that includes agender, genderfluid, and any other identity outside the male or female binary.” *Id.* at 12-13.

<sup>7</sup> “Transgender” describes “a person whose gender identity differs from the sex that was assigned at birth. May be abbreviated to trans. A transgender man is someone with a male gender identity and a female birth assigned sex; a transgender woman is someone with a female gender identity and a male birth assigned sex.” *Id.* at 13.

<sup>8</sup> Figure 4 in The Improve Group report.

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Sexual orientation	Unique enrollments	Total housing and supportive services	Survey respondents
Heterosexual <sup>9</sup>	51%	51%	68%
Undisclosed sexual orientation	32%	33%	3%
Pansexual or bisexual <sup>10</sup>	11%	11%	10%
Queer and Questioning <sup>11</sup>	3%	3%	0%
Gay or Lesbian <sup>12</sup>	2%	2%	4%
Asexual or ace <sup>13</sup>	<15*	<15	4%

<sup>9</sup> “Heterosexual” describes a “person whose enduring physical, romantic, and/or emotional attraction to people of a sex different than their own. Also: straight.” GLAAD, GLAAD Media Reference Guide 11<sup>th</sup> Edition, retrieved from <https://glaad.org/reference/terms>.

<sup>10</sup> “Pansexual” describes “a person who has the capacity to form enduring physical, romantic, and/or emotional attractions to any person, regardless of gender identity.” *Id.* “Bisexual” describes “a person who has the potential to be physically, romantically, and/or emotionally attracted to people of more than one gender, not necessarily at the same time, in the same way, or to the same degree.” *Id.*

<sup>11</sup> “Queer” is used “by some people, particularly young people, whose sexual orientation is not exclusively heterosexual. Typically, for those who identify as queer, the terms lesbian, gay, and bisexual are perceived to be too limiting and/or fraught with cultural connotations they feel do not apply to them. Once considered a pejorative term, queer has been reclaimed by some LGBTQ people to describe themselves. However, it is not a universally accepted term even within the LGBTQ community,” so it is a term that should be used with caution and used as someone self-identifies with this description. *Id.* “Questioning” is “used by some people who are in the process of exploring their sexual orientation and/or gender identity.” *Id.*

<sup>12</sup> Lesbian” is a “woman whose enduring physical, romantic, and/or emotional attraction is to other women. *Id.*

<sup>13</sup> “Asexual” (sometimes shorted to “Ace”) describes “a person who does not experience sexual attraction (e.g., asexual person). *Id.*

Sexual orientation	Unique enrollments	Total housing and supportive services	Survey respondents
Two Spirit <sup>14</sup>	<15	<15	3%

\* Groups with fewer than 15 members are protected for privacy.

MDH agrees with The Improve Group that grouping clients by demographic information provides evidence of Safe Harbor's reach to specific demographic populations. Specifically, when client demographics illustrate differences in service access and the types of services provided, this information can point to areas to improve cultural responsiveness in services and resources. Knowing who accesses services can help MDH and its partners better implement Safe Harbor. In addition, demographic information increases MDH's awareness and ability to fulfill its vision for health equity among all populations in Minnesota.

## Grouping clients by physical and mental health status

Program data show a notable share of Safe Harbor clients have needs for mental health care—14% of Metro clients and 25% of greater Minnesota clients over the evaluation period told providers they had depression; 12% and 23%, respectively, reported anxiety; 11% and 18%, respectively, reported post-traumatic stress disorder (PTSD) (Table 4). It is important to note the amount of youth who reported having an unseen disability. Not all physical or behavioral disabilities or mental health are diagnosed.

**Table 4. Physical and mental health status by region<sup>15</sup>**

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<sup>14</sup> "Two-Spirit" (also 2Spirit or 2S) is:

[a]n umbrella term coined in the 1990s that refers to an array of traditional gender identities specific to Indigenous cultures, which do not fit into the male or female binary. Traditionally, American Indian and Alaska Native Two-Spirit people were individuals who combined activities of both men and women with traits, activities, and roles unique to their status as Two-Spirit people. In most Tribes, they were considered neither men nor women; they occupied a distinct, alternative gender status. In modern times, Indigenous people from various communities across the Americas, with many unique gender-variant identities, describe themselves as Two-Spirit. Many but not all Two-Spirit people might also use terms like transgender and nonbinary to describe themselves.

"Gender Affirming Care," at 13, *supra* note 5.

<sup>15</sup> Table 8 in Improve Group report.

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Physical and mental health status	Metro (n=609)	Greater Minnesota (n=885)
Unseen disability <sup>16</sup>	24%	33%
Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder, or Neurodivergent <sup>17</sup>	3%	8%
Cognitive or learning disability	4%	7%
Depression	14%	25%
Anxiety	12%	23%
Post Traumatic Stress Disorder	11%	18%
Mental health condition like Bipolar Disorder, Dissociative Identity Disorder, Obsessive Compulsive Disorder, Oppositional Defiance Disorder <sup>18</sup>	3%	7%

<sup>16</sup> An “invisible disability” is “a physical, mental, or neurological condition that is not visible from the outside, yet can limit or challenge a person’s movements, senses, or activities.” Invisible Disabilities Association, retrieved from <https://invisible disabilities.org/what-is-an-invisible-disability/>.

<sup>17</sup> “Autism Spectrum Disorder” is “a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave.” National Institute of Mental Health, “Autism Spectrum Disorder,” retrieved from <https://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd>. “Attention Deficit Hyperactivity Disorder (ADHD) is “exhibited by not being able to focus, being overactive, not being able to control behavior, or a combination of these.” Substance Abuse and Mental Health Services Administration, “Attention Deficit Hyperactivity Disorder (ADHD),” retrieved from <https://www.samhsa.gov/mental-health/attention-deficit-hyperactivity-disorder>. “Neurodivergent” (also known as “neurodiversity” “refers to the diversity of all people, but it is often used in the context of Autism Spectrum Disorder, as well as other neurological or developmental conditions such as ADHD or learning disabilities.” Nicole Baumer and Julia Frueh, “What is Neurodiversity?” Harvard Health Publishing, Nov. 23, 2021, retrieved from <https://www.health.harvard.edu/blog/what-is-neurodiversity-202111232645>.

<sup>18</sup> “Bipolar Disorder” is a “serious mental illness that causes unusual shifts in mood, ranging from extreme highs (mania or “manic” episode) to lows (depression or ‘depressive’ episode). Substance Abuse and Mental Health Services Administration, “Bipolar Disorder,” retrieved from <https://www.samhsa.gov/mental-health/bipolar>. “Dissociative disorders” are “mental health conditions that involve experiencing a loss of connection between thoughts, memories, feelings, surroundings, behavior, and identity ... Dissociative disorders usually arise as a reaction to shocking, distressing, or painful events, and help push away difficult memories. Symptoms depend in part on the type of dissociative disorder and can range from

Physical and mental health status	Metro (n=609)	Greater Minnesota (n=885)
Substance use disorder	6%	7%
Self-harm or suicidal ideation	4%	10%
Reactive attachment or disorganized attachment <sup>19</sup>	<15*	4%

\* Groups with fewer than 15 members are protected for privacy.

## Housing and supportive services provided; trends and needs

The Safe Harbor network provides a multi-agency approach to meeting the needs of trafficking survivors and at-risk youth. Specialized services and Regional Navigators are funded through MDH; DHS organizes housing, shelter, and outreach. Housing and services are provided statewide but divided into regions. A map of Safe Harbor regions is at [Safe Harbor Minnesota \(www.health.state.mn.us/communities/humantrafficking/index.html\)](http://www.health.state.mn.us/communities/humantrafficking/index.html). During the 2021-23 evaluation period, nine regional navigators and two Tribal-based navigators existed. This section of the evaluation includes a summary of types of services, trends, and remaining needs.

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memory loss to disconnected identities.” Mayo Clinic, “Dissociative Disorders,” retrieved from <https://www.mayoclinic.org/diseases-conditions/dissociative-disorders/symptoms-causes/syc-20355215>. “Obsessive Compulsive Disorder” is “a pattern of unwanted thoughts and fears known as obsessions. These obsessions lead you to do repetitive behaviors, also called compulsions.” Mayo Clinic, “Obsessive-compulsive disorder (OCD),” retrieved from <https://www.mayoclinic.org/diseases-conditions/obsessive-compulsive-disorder/symptoms-causes/syc-20354432>. “Oppositional Defiance Disorder” (also known as “Oppositional Defiant Disorder”) is “a frequent and ongoing pattern of anger, irritability, arguing, and defiance toward parents and other authority figures.” Mayo Clinic, “Oppositional defiant disorder (ODD),” retrieved from <https://www.mayoclinic.org/diseases-conditions/oppositional-defiant-disorder/symptoms-causes/syc-20375831>.

<sup>19</sup> “Reactive Attachment Disorder” is “a rare but serious condition in which an infant or young child doesn’t establish healthy attachments with parents or caregivers. Reactive attachment disorder may develop if the child’s basic needs for comfort, affection, and nurturing aren’t met and loving, caring, stable attachments with others are not established.” Mayo Clinic, “Reactive attachment disorder,” retrieved from <https://www.mayoclinic.org/diseases-conditions/reactive-attachment-disorder/symptoms-causes/syc-20352939>. “Disorganized attachment” is also known as “fearful-avoidant” and “is not caused by a single event but rather develops over time in response to a pattern of caregiving that leaves the child feeling frightened, confused, or unsafe.” Anna Drescher, “Disorganized Attachment Style: Traits and Ways to Cope,” Simply Psychology, retrieved from <https://www.simplypsychology.org/disorganized-attachment.html>.

## Client enrollments and reenrollments in housing and supportive services

There were 380 unique enrollments in the Safe Harbor program database for the regional navigators funded by MDH Safe Harbor, 1,114 for supportive services, and 404 (485 including reenrollment) in housing services. The total number of services provided was 1,361 for housing in the Safe Harbor program database. The database does not show total services for regional navigators and supportive services; this discrepancy will be addressed in database updates for clarity in future evaluations. Table 5 below indicates more youth are entering and exiting Safe Harbor services in the West and East Metro and Southwest and Southeast navigator regions. The Northwest, East Central, and Southeast regions have higher rates of ineligible youth compared to intakes, enrollments, total services, and exits. See more on common reasons for ineligibility below under "Ineligibility and exiting services."

**Table 5. Housing and supportive service frequencies by Safe Harbor region in program data<sup>20</sup>**

*Note: South Central enrollment and service numbers were not shared as they were too low, and sharing would threaten client confidentiality.*

Navigator region	Intakes (n=1,753)	Ineligible (n=257)	Enrollment (n=1,494)	Individuals receiving services (n=1,649)	Exits (n=787)
Northwest	12%	<b>39%</b>	9%	8%	14%
Northeast	5%	<15*	5%	9%	10%
West Central	5%	<15	6%	4%	5%
East Central	10%	18%	7%	7%	10%
East Metro	13%	<15	15%	14%	16%
West Metro	<b>24%</b>	11%	<b>26%</b>	<b>26%</b>	<b>28%</b>
Southwest	17%	<15	20%	20%	3%
South Central	<15	<15	<15	<15	<15

<sup>20</sup> Table 3 in the Improve Group report.

Navigator region	Intakes (n=1,753)	Ineligible (n=257)	Enrollment (n=1,494)	Individuals receiving services (n=1,649)	Exits (n=787)
Southeast	13%	21%	12%	12%	13%

\* Groups with fewer than 15 members are protected for privacy.

## Referral pathways

In the survey distributed by The Improve Group, 69% of youth respondents reported independently searching for help and services. According to program data submitted by grantees to MDH, at least 14% of youth are self-referred to Safe Harbor services, which is the second most common referral source. Program data indicates that youth were also often referred to services from child protection/child welfare, school or education providers, and police/law enforcement. Similarly, more youth survey respondents reported that their first contact or referral to services was through case workers (18%) followed by service (15%) and shelter (14%) providers (see Improve Group report Appendix Figure 9). More than half of youth (68%) agree or somewhat agree that they had to go through multiple service providers before they were eventually referred to Safe Harbor Services. (see Improve Group report Appendix Figure 12).

## Most and least frequent housing and supportive services provided

Across all regions, most services were provided in person (The Improve Group report Appendix Table 11). Youth who responded to the survey distributed by The Improve Group most often reported receiving emotional support, case management, housing advocacy, social services, and employment assistance.<sup>21</sup> Grantees similarly reported in the Safe Harbor program database most often providing emotional support and case management, but also reported delivery of criminal justice advocacy, personal items, and education services to clients. Grantees reported in the Safe Harbor program database around 8% (124 out of 1,494) of youth were parenting, pregnant, or caregiving, and required services in support of this status. Although interpreter translation services were infrequently provided overall, this service had a higher rate of use from youth of Hispanic, Latino, or Spanish origin compared to other groups according to Safe Harbor program data (Improve Group Appendix Table 10). Related to education services, most youth who took the survey had their high school diploma or equivalent (53%), and some were in college or other post-secondary programs (23%) (Improve Group report Appendix Figure 7). Youth who reported working full-time in the survey (39%) received employment assistance and social services (Improve Group report Appendix Figure 8).

## Most and least frequent housing and supportive services referred

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<sup>21</sup> Youth were asked about their experiences with Safe Harbor as this was the focus of the evaluation. However, it is possible youth also reflected on non-Safe Harbor services (e.g., if they have stayed in multiple shelters) in their responses.



Mental health, medical, social, legal, and education services were the most frequently used services. In addition, they were the most frequently referred services, either to other Safe Harbor programs or agencies outside of the Safe Harbor network. Having the right resources to meet youths' needs was helpful for creating positive experiences for youth (Improve Group report Appendix Figure 11). Financial assistance, housing advocacy, case management, criminal justice advocacy, and culturally specific services were the least frequent service referrals.

## Ineligibility and exiting services

Grantees reported various reasons they deemed people ineligible for Safe Harbor services. One common reason for ineligibility reported by agencies was age (the prospective client was over 24 years old). Other reasons for ineligibility were an individual who was currently using substances or had to go to treatment; had a history of aggression or assault, especially toward staff; or had high mental health needs or persistent mental illness. While Safe Harbor does not have a requirement that individuals not use substances, several grantee agencies (mainly shelters and housing providers) have policies requiring that individuals not use substances while in shelter or housing, due in part to staff capacity to address this particular service need, among other reasons. When agencies cannot provide services to someone, they refer them to other programs and resources either within or outside the Safe Harbor network that can help, such as when youth need a higher level of care than what the agency can provide or if the program is full.

The Safe Harbor program data included reasons people stopped accessing a program. Common reasons were losing contact with the individual (such as running away from the program), non-compliance with the program, and client referral to another program. Grantee agencies in focus groups shared there is not always a clear exit for youth from their programs and services. They welcome and make themselves available to help youth whether they have left or completed the program; sometimes youth return to programs several times. Additionally, it is essential to note that youth deciding to leave a program—which may be logged in program data as "running away"—can be a manifestation of trauma, a response to dissatisfaction with how they were treated, or other reasons such as reconnecting with family.

## Training and relationship-building activities

In addition to providing services and referrals, grantees work to increase awareness of sexual exploitation and trafficking and build partnerships. Grantee agencies conducted at least 376 training sessions across a variety of topics throughout the state. Trainings most often focused on exploitation, human trafficking awareness, and trafficking prevention. Agencies reported at least 674 consultations with other disciplines, most with child protection/child welfare, community members/groups, law enforcement/corrections, and K-12 schools. (Improve Group report Appendix Table 12). There is no uniform coverage of trainings throughout the state to ensure that every school, corrections, law enforcement, or welfare agency is covered with regularity. One youth participant explained that she did not receive any education on trafficking while she was experiencing victimization in high school.

## Safe Harbor strengths and areas for improvement

## An Evaluation of the Safe Harbor Initiative in Minnesota – 2023

A substantial majority (95%) of youth survey respondents said they were satisfied with the *organization* from which they received Safe Harbor services; 80% said they were satisfied with the *services* they received. While 41% of respondents said they were "very satisfied" with the organization, no respondents reported being "very satisfied" with the services.

About three-quarters of youth surveyed (74%) agreed or somewhat agreed that they would recommend Safe Harbor services to someone in a similar situation. Almost one out of three youth (29%) had not heard of Safe Harbor before receiving services (Improve Group report Appendix Figure 12). The reach and awareness of Safe Harbor are increasing, and more quality services and supports are needed to successfully help youth who are likely to experience or have experienced sexual exploitation.

In reflection on the two-year period covered by the 2023 evaluation, youth, Safe Harbor grantees, and multidisciplinary partners highlighted several essential supports Safe Harbor provides:

- Meeting youths' basic needs.
- Helping youth secure permanent housing.
- Providing mental health services.
- Ensuring consistency and stability of services.
- Providing culturally responsive services.
- Providing services to support youth to grow toward independence.

*The [region redacted] Safe Harbor navigator was the one that kind of made contact with this individual, [found a] phenomenal place to stay in [location redacted] and ... was able to help her stay there for a couple of nights. ... The navigator was able to work with a shelter in [location redacted] and get the female transportation and everything up to [location redacted] and to a safe place and find the resources to change your phone number and get a new phone.*

*- Law Enforcement Participant*

Youth, Safe Harbor grantees, and multidisciplinary partners also pointed to strengths that make Safe Harbor effective:

- Strong relationships between youth and providers.
- Youths' resourcefulness and determination.
- Providing a community so youth feel less alone.
- Protecting privacy and confidentiality.
- Enabling youth to co-create services.
- Provider partnerships.

*They discovered some of my secrets, but they never told anyone else. I am deeply moved by their protection of my privacy.*

*-Youth Respondent*

Some opportunities for improvement include, and are described further in the "Findings" section of this 2023 report:

- Supporting and providing more trauma-informed approaches.
- Addressing violence in shelters.

- A short supply of shelter space.
- Improving statewide coordination of services and care.
- Increasing training and resources to adequately serve LGBTQ+ youth.

These findings point to recommendations to deepen Safe Harbor's impact. The "Recommendations" section of this 2023 report provides more detail.

The following section describes key findings about the quality and availability of Safe Harbor services and what is needed to improve Safe Harbor. Youth were asked about their experiences with Safe Harbor, as this was the explicit focus of the evaluation. However, it is possible youth also reflected on non-Safe Harbor services (e.g., if they have stayed in multiple shelters) in their responses.

## Key findings and areas to address

Ultimately, Safe Harbor is about treating youth with dignity and creating systems that give young people choices in how to lead their lives. Results point to the strengths of youth receiving services, aspects of Safe Harbor that work well for youth, and areas to build upon for improved dignity, choice, and healing. First and foremost, the findings emphasized the strengths of youth. Youth want services that support them to grow toward self-sufficiency; they are thinking about the future and want independence. Most youth survey participants (83%) agreed or somewhat agreed that they were hopeful about the future. Further, youths' resourcefulness and determination to get what they need—exemplified through Youth Advisors' contributions to evaluating the program with The Improve Group—are crucial reasons Safe Harbor is successful. Some areas to address further are described below.

### Meeting basic needs is a critical first step for youth to overcome exploitation

Participants expressed the importance of meeting basic needs first before moving on to other needs and being able to heal. In many cases, the trafficker fulfilled basic needs. Youth need support figuring out how to access housing and food independently. Half of youth survey respondents (50%) agreed that Safe Harbor services helped them meet their basic needs. In interviews, youth mentioned helpful services such as getting a place to stay, food, and clothes. When asked what youth still needed for help, common survey responses included housing, mental health, employment, and financial assistance. Youth survey respondents ranked providing housing and shelter as two of the most important factors for successfully helping youth.

But shelter remains in short supply. Many grantees and participants reported insufficient beds available to meet the needs in Minnesota. Lacking shelter causes harm and traumatization to youth—one youth survey respondent shared a negative experience of having to sleep in someone's office on a cot because there were no shelter options. Providers said the problem is especially acute in southern Minnesota. Exacerbating this is when law enforcement encounters youth needing services on the weekend or overnight and are not sure where the youth may be able to stay.

*"Housing is in short supply, and law enforcement does not necessarily have good options, especially when dealing with trafficked youth at night and on weekends."*

-Law Enforcement Participant

## Permanent housing is important

Permanent housing is a particularly important basic need before moving on to subsequent needs like finding a job and getting a car. Housing grantees provided at least 1,161 services and at least 791 referrals over the evaluation period, according to Safe Harbor program data. Over a quarter (26%) of respondents to the survey distributed by The Improve Group reported living in a rented apartment (See Table 7 in The Improve Group report). Others said they lived in what may be temporary housing—with family or friends or in supportive housing, shelters, group homes, or foster homes. A few reported couch hopping/surfing.

In the survey, youth respondents deemed housing services as "very important" (57%) more often than they deemed any other potential support to be "very important." (Improve Group report Appendix Figure 10). Youth survey respondents of all ages said Safe Harbor provided them with housing advocacy and assistance. Youth who received housing advocacy or assistance shared accomplishments in getting housing or finding shelter. In other contexts, such as in smaller communities, youth may face extra hurdles in finding a safe place to live; in one example, a youth participant shared that their abuser moved into their same apartment building.

## Mental health services persist as a need

The need for mental health services emerged consistently in the data. In the survey distributed by The Improve Group, more than half of youth respondents (54%) said mental health support services were "very important" for supporting youth facing sexual exploitation. About a third (29%) said they were "somewhat important."

*"There have been multiple reports about mental health being a gap and nothing has happened—[I'm] tired of hearing it is a need, but not seeing anything done about it."*

– Shelter Provider

Program data show a notable share of Safe Harbor clients have needs for mental health care—14% of Metro clients and 25% of Greater Minnesota clients over the evaluation period told providers they had depression; 12% and 23%, respectively, reported anxiety; 11% and 18%, respectively, reported post-traumatic stress disorder (PTSD) (Table 4 above).

Having adequate partner agencies to refer youth to is important; grantees reported providing mental health services and referring clients elsewhere for mental health services about equally (provided for 14% of clients; referred for 16%, Table 6 above). Some grantees intending to refer youth elsewhere for mental health services said they faced long waiting lists and insufficient providers to meet the need. More alternatives to talk therapy geared toward trauma are needed, as are more culturally responsive providers.

## More culturally responsive services are needed

In the survey distributed by The Improve Group, a combined 84% of youth respondents said "culture-specific or culturally informed services" are either very important or somewhat important. Several providers shared examples of how their services are culturally responsive:

- Hiring diverse staff.
- Using language lines—though hiring bilingual staff is preferred. Most service and shelter providers mentioned hiring bilingual staff.
- Providing programming/activities where youth can reflect on and talk about their culture.
- Working with partners with lived experience or cultural backgrounds to lead culture-based programs/activities with youth.

Rural communities that do not have a lot of services struggle tremendously to provide culturally responsive services. Many rural providers were unsure how to talk about the extent to which their services were culturally responsive or answered that they have a white population, implying culturally responsive services are not relevant to their work. Some mentioned partnering with culturally specific community organizations that can provide youth with cultural services. Culturally responsive approaches can help heal the harm caused by inappropriate responses to certain communities. One youth participant explained how past law enforcement mistreatment of Indigenous people can result in youth not coming forward for services—an example of where Safe Harbor can work to be culturally responsive to overcome this barrier of mistrust.

## **More training and resources to serve transgender and non-binary youth are needed**

Participants pointed to LGBTQ+ youth as a population Safe Harbor could serve better with more training, resources, and housing options. They expressed concerns over a lack of housing that is welcoming, safe, and inclusive for LGBTQ+ youth and a need for training in serving these clients. For example, LGBTQ+ youth may be especially vulnerable to violence in shelters. Providers need skills to create safety plans when youth enter shelters. In one interview, a youth participant who was transitioning said they did not feel like the staff protected them. Additionally, mental health services responsive to transgender and non-binary youth are lacking in the state.

Regarding training, some grantees expressed the need for more skills to do their jobs well and expressed that current training does not always meet these needs. Grantees said training they receive on the sexual exploitation of youth has existed for some time and may be outdated. Training could be updated to be more relevant (e.g., on image-based sexual abuse, a new but very prevalent crime) and take a deeper dive (e.g., potentially include case studies and best practices on how to serve specific populations, like transgender youth). Grantees said training in advocacy, parent support services, and Healing Centered Engagement have been effective. Some grantees found trainings through community-based organizations to be more effective.

## **Violence in shelters is a growing concern**

Violence in shelters is a challenge in two ways: First, all youth and staff need to feel safe from violence while in shelter; second, youth perpetrating violence—which often is rooted in their own traumatic experiences—equally deserve safe shelter, which can be an incredibly complex need to meet. Youth participants engaged in one-to-one interviews shared ways they felt staff did not hold people accountable for perpetrating violence in shelters. Data regarding frequency of incidents was not gathered. One youth interviewee said staff would not step in or control the situation, such as when a girl kept committing violence against other girls and was allowed to stay in a shelter. LGBTQ+ youth may be particularly vulnerable to violence in shelters, such as if a youth is transitioning.

At the same time, certain shelters may ban youth with a history of aggression and violence. "Non-compliance with program--Violence related" was a reason clients exited a program 13% of the time in Greater Minnesota. As the following provider quote illustrates, it can be incredibly challenging to find safe shelter for these youth:

*"There is a huge service gap when it comes to youth who are exhibiting risk of harm to self or others or having significant issues with active substance abuse or hybrid risk, where there are not a lot of secure Safe Harbor placements, or during a crisis."*

- Service Provider

A provider discussed the need for more support:

*"To avoid fights and punitive approaches, [we] need to build safe safety plans with youth so that they can identify their triggers and red flags that they want staff to be aware of. And share how they want staff to respond to the youth when they experience stress."*

- Shelter Provider

## Compensation for consultants with lived experience

The Improve Group noted that state agencies are not always set up to smoothly accommodate compensation for people providing lived expertise to evaluation. Agencies could consider writing go-to justification language for paying community members as advisers, such as: *"In equity-focused engagement, everyone should be compensated for their time and contributions of expertise, including lived expertise. Professionals get that from being compensated for their role through their job, and we want to make sure we do that for community members and not expect them to provide unpaid labor."*

## Assessment, collection, and distribution of funds under statute sections 609.3241 and 609.5315

Minnesota Statutes section 609.3241 sets forth penalty assessments by the courts. In addition, Minnesota Statutes section 609.5315 sets forth the disposition of forfeited property. Assessments under these statutes are distributed to MDH for grants to services supporting sexually exploited youth. In addition, these funds are distributed to DPS to support the law enforcement and prosecution response to sexual exploitation of youth.

During fiscal year 2023, the Safe Harbor program executed a one-year inter-agency agreement with the Minnesota Attorney General's Office for \$4,500 to support interns for ongoing support of its statewide expungement program. Access to expungement was identified as a critical need for sex trafficking victims in the 2018 "Safe Harbor for All: Results from a Strategic Planning Process in Minnesota."<sup>22</sup> This report was submitted to MDH by The Robert J. Jones Urban Research and Outreach Engagement Center at the University of

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<sup>22</sup> Martin, L., Melander, C., Fritz Fogel, K., Saito, B., Garnett McKenzie, M., & Park, R. (2018). (rep.). *Safe Harbor For All: Results from a Statewide Strategic Planning Process in Minnesota*. Urban Research and Outreach-Engagement Center. Retrieved from <https://uroc.umn.edu/sites/uroc.umn.edu/files/2019-11/SH4ALL-Findings-and-recommendations-1.13.19.pdf>.

Minnesota, The Advocates for Human Rights, and Rainbow Research, as directed by the Minnesota Legislature, and reported to the Legislature in January 2019 by MDH through the "Safe Harbor for All: Statewide Trafficking Victim/Survivor Statewide Strategic Plan."<sup>23</sup>

MDH also allocated funds during fiscal years 2022 and 2023 to support funding for Safe Harbor grant recipients and enhance service provision by staff survivor leaders in the Safe Harbor grantee programs Breaking Free and The Enitan Story. MDH also allocated funds during Fiscal years 2022 and 2023 to supplement funding for a supportive services grant to The Link and enhance service provision by staff survivor leaders.

## 2023 evaluation recommendations and conclusion

### Recommendations

The Improve Group evaluation illuminated findings and provided recommendations related to multidisciplinary partnership and access to services, including culturally specific services, the factors contributing to Safe Harbor's impact, gaps and challenges, distinct regional needs, and opportunities for improvement through training and policy change. This section describes the recommendations in further detail.

#### 1) Provide more resources for centering youth voice as a trauma-informed practice.

**Recommendation.** Safe Harbor has room to grow in its use of trauma-informed practices, of which a core tenet is choice. Suggestions for more trauma-informed approaches included: 1) Giving youth options and choices and not making assumptions about what they need or that one-size programming fits all; 2) Building more choice into the system proactively, such as by hiring providers of multiple genders so clients have options regarding with whom they work; and 3) Listening to youth and validating their experiences to give them control and build trust. In addition, law enforcement can be more trauma-informed since youth experience an unbalanced power dynamic. Youth survey respondents most frequently said they felt unprepared to seek help from police in an unsafe situation—law enforcement and providers can work together to create safe ways for youth to get help from police if needed.

#### 2) Support shelters to respond to violence in trauma-informed ways, while increasing housing options for youth committing violence.

**Recommendation.** Provide training and protocols so shelter staff are able to create safe healing spaces without violence for youth. All youth need housing, yet non-compliance due to violence was a common reason youth exited programs in Greater Minnesota. Supports for preventing and responding to shelter violence are critical. Efforts to curb violence in shelters can help with staff retention, as staff may leave their profession due to feeling unsafe. In addition, more shelter and housing options are needed for youth who may need additional

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<sup>23</sup> Minnesota Department of Health Safe Harbor, Violence Prevention Unit, Health Promotion and Chronic Disease Division. (2019). (rep.). *Safe Harbor for All: Statewide Sex Trafficking Victim/Survivors Strategic Plan*. Minnesota Department of Health. Retrieved September 18, 2023, from <https://www.health.state.mn.us/communities/safeharbor/documents/mdhSH4ALLreport.pdf>.

assistance to address violent behaviors, ideally without intervention by the juvenile justice system, when possible.

### 3) Support small, rural organizations to increase their cultural responsiveness.

**Recommendation.** Grantees provided varying responses when discussing how culture informs their services. Rural, small organizations may be most in need of support because of doing more with less—smaller staff sizes and fewer potential partner community organizations than are present in the cities. For example, one rural participant mentioned using a language line (over-the-phone interpretation services); this may not be as trauma-informed as in-person interpretation. Harmful policies in all areas of the state, metro, suburban, or rural, have created a higher risk of trafficking and exploitation for American Indian and Black/African American communities; incorporating these communities' wisdom and culture into programming can help remedy this inequity. Grantees excelling in culturally responsive practices could support other organizations in this effort.

### 4) Help agencies plan for youths' transition to adulthood.

**Recommendation.** Cutting off services at age 25 can disrupt clients' progress over several years. Regional Navigators said the Safe Harbor system lacks a well-defined transition plan. It is recommended the state develop a transitional period where youth at this age can get in touch with and build relationships with new providers. Funding agencies, including MDH and DHS, can also improve awareness of when there is flexibility to continue serving youth who started accessing a program before turning 25. In the future, the State of Minnesota could also extend eligibility for Safe Harbor services to all ages of victim-survivors of sex trafficking and exploitation (a policy known as "Safe Harbor for All"<sup>24</sup>). Removing age limits for services for trafficking victims reflects that victimization can happen at any age; it also reflects that young people who experienced victimization at a young age may need years of healing before being prepared to ask for help.

### 5) Provide more time for collaboration among grantees and community organizations to foster stronger relationships and facilitate new introductions after turnover occurs.

**Recommendation.** Gaps persist in cross-system coordination and collaboration, especially with staff turnover. Grantees already spend time consulting with other disciplines and building relationships around their community. Yet some expressed a desire for more time to collaborate with other grantees or community organizations to serve youth best. Intentional time to meet and collaborate could provide opportunities for new relationships after turnover occurs by putting faces to names and getting updated contact information. Fostering connections among grantees can also support staff retention by providing support networks.

Stronger coordination could also help address gaps in staff knowledge—for example, when law enforcement needs to know who to call when they encounter a youth overnight. Police suggested creating a 24-hour number

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<sup>24</sup> Minnesota Department of Health. (2022, October 3). *Safe Harbor for All*. [Safe Harbor: Safe Harbor for All \(www.health.state.mn.us/communities/safeharbor/response/safeharborforall.html\)](https://www.health.state.mn.us/communities/safeharbor/response/safeharborforall.html)



or central information portal with current navigator and shelter information. This sentiment may speak more to a need for more connection and training, as the state does have the 24/7 Day One hotline.

Ideas also emerged for creative partnerships to serve youth, e.g., staff building relationships with landlords on youths' behalf, as well as creating a collaborative system where schools and social workers work together to protect youth who may be targeted for sexual exploitation.

## **6) Work to increase the supply of and connections to mental health providers, especially for culturally specific services and evidence-based therapy.**

**Recommendation.** Lacking mental health services prevents healing. Talk therapy does not work for everyone; people should be able to choose from different types of mental health services. Mental health resources must also recognize and work within different cultures; for example, some communities' varying levels of support for or stigma around getting help for mental health. Safe Harbor can also focus on increasing access to mental health services that are responsive to transgender and non-binary youth. Some participants expressed a need for a one-stop portal for these and other services to see what resources exist. Youth should be a part of creating any such resource to ensure it is responsive to what they need.

## **7) Provide training that goes beyond Trafficking 101 and addresses current challenges.**

**Recommendation.** In the survey, 79% of youth respondents said, "Well-trained staff who can appropriately help youth who are at risk or experience sexual exploitation" was either very important or somewhat important to helping youth. Yet, some organizations said that current training does not fully equip grantees with the necessary skills. Training can improve to respond to the diversity of youth that exist in Minnesota as well as to help staff without a background in sexual exploitation overcome their curiosity to learn details of youths' experiences. Modern forms of sexual exploitation or trafficking—such as sextortion and the use of artificial intelligence—could be helpful training topics.

Many of the opportunities for improvement point to meeting specific training needs, such as training shelter staff on how to respond appropriately to violence in shelters and increasing awareness of when youth can continue in Safe Harbor services after turning 25. In addition to training grantees, Safe Harbor is involved in training various professions engaged in youths' lives. Refresher training on sex trafficking and exploitation is always needed, particularly with groups like judges who may not have received in-person training for some time. Law enforcement also expressed a need for more training of frontline officers, who may be the first to detect trafficking.

## **8) Support quality Safe Harbor program data entry through ongoing training and technical assistance for grantees to ensure an accurate picture of Safe Harbor services.**

**Recommendation.** Safe Harbor should provide more opportunities for training and technical assistance grantees who report data to the program database. This training can include more direction on data input and how to generate reports about services provided. Safe Harbor can also provide regular reports to grantees on program data findings.

## 9) Incorporate ways to support grantee staff retention into Safe Harbor strategic planning and increase funding to Safe Harbor to support grantee staff retention.

**Recommendation.** Different participants in the evaluation raised ways staff turnover hinders quality Safe Harbor service provision. Turnover came up as a challenge for youth—such as if a trusted provider left the organization—and for law enforcement in knowing who to contact about youth needing services. Staff retention helps staff strengthen relationships and keeps people knowledgeable about resources. MDH will be engaging in strategic planning to look at the overall health of the Safe Harbor network and plans to address staff retention. Additionally, participants recommended increased funding to Safe Harbor. Increased funding could help with staff retention by allowing for higher pay, lower caseloads, and/or other needed supports.

## Conclusion

A comprehensive look at the 2023 evaluation demonstrates ongoing successes and challenges for Safe Harbor's multidisciplinary, statewide approach now entering its second decade of implementation. Each partner, collaborator, grantee, provider, and survivor contribute to a robust antitrafficking response defined by varying perspectives and objectives. Much work remains to meet the basic needs of youth and provide short- and long-term support that will influence their lifespan. The 2023 evaluation demonstrates how vital cross-sector governmental and community collaboration is to the prevention of human trafficking and exploitation. Listening to and acting upon the recommendations of youth and survivors is even more vital for strengthening the Safe Harbor response in Minnesota.