

SAFE HARBOR CASE MANAGEMENT: WHAT NEXT?

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Olmsted County Victim Services

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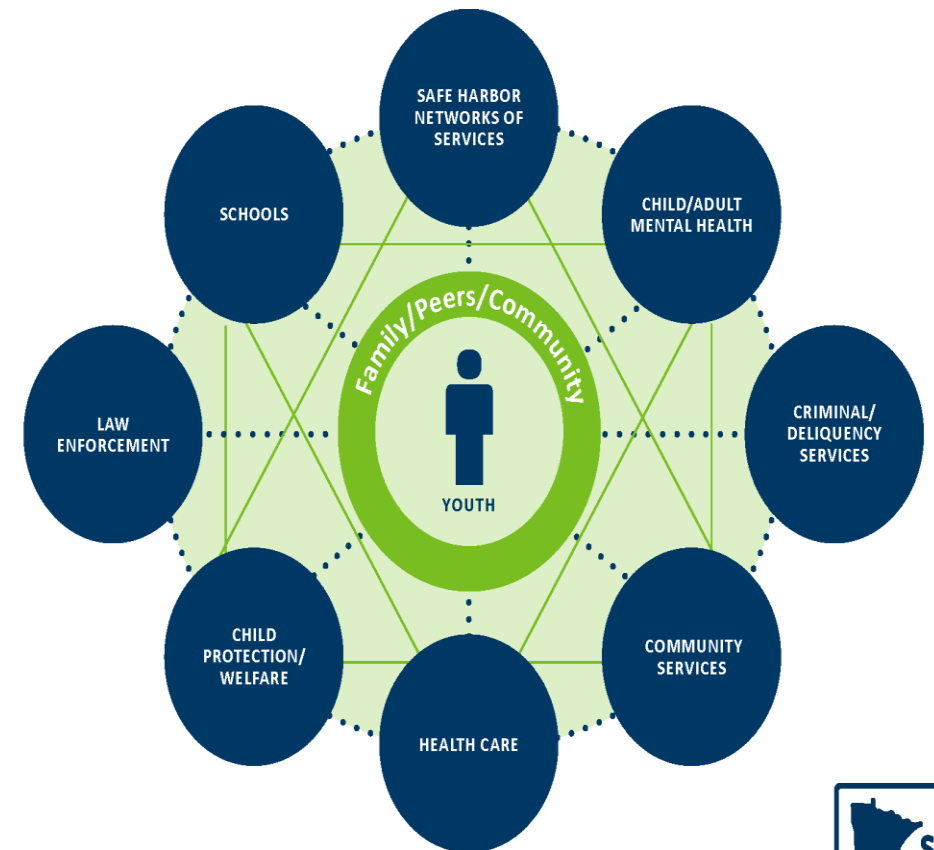
SAFE HARBOR - WHO ARE WE?

Objectives:
Spectrum of Safe Harbor Services
Risk Assessment Tool
Referrals to Safe Harbor

SAFE HARBOR RELATIONSHIP MAP

NAVIGATORS

Regional Navigators act as a bridge and provide support to youth, providers and systems.



mn DEPARTMENT OF HEALTH



SAFE HARBOR REGIONAL NAVIGATOR

- First point of contact for youth identified at risk or confirmed victim of exploitation and/or trafficking.
- Connect with local resources and assist with referrals.
- Build regional capacity to respond to exploitation and trafficking.
 - Protocol Development
 - Provide training and professional development to community members and providers.
 - Serve as Regional Experts

SAFE HARBOR SUPPORTIVE
SERVICES

- Case Management
- Group Prevention Curriculums
 - Educational Opportunities/
Resources
 - Safety Assessment/ Planning
 - Emergency Response
 - Crisis Intervention
 - Criminal Advocacy

WHO WE WORK WITH?

ELIGIBLE: Any youth age 24 and younger, who has been a victim of exploitation and/or trafficking.

ELIGIBLE: Those that may be at HIGH risk of exploitation and/or trafficking.

ELIGIBLE: Parents, Guardians, Support Systems looking for educational resources and/ or services.

SPECTRUM OF SERVICES



REFERRALS/ INTAKE

- Navigator first point of contact
 - Mollie Kolb –
kolb.mollie@co.olmsted.mn.us
- Supportive Services open for referrals
 - Andrea White
 - Jennifer Lloyd-Benson
- Weekly Intake meeting with Safe Harbor Staff.
 - Case Consult
 - Intake & Case Assignment to Case Manager

Name: _____ DOB: _____ Phone: _____

Referral By: _____ County: _____ Agency: _____

Email: _____ Phone Number: _____ Location of Initial Intake: _____

Housing

Address: _____

Residential Tx: _____

Foster Care: _____

Other: _____

Therapy History

Providers:

Treatment Facilities: (where & when)

_____ Admitted ____/____/____ D/C ____/____/____

_____ Admitted ____/____/____ D/C ____/____/____

Diagnostic Assessment: Provider _____ Date ____/____/____

Requested: ____/____/____ Received ____/____/____

HX Self Harm/Suicidal Ideation: _____

Diagnosis: _____

Chemical Dependency

Rule 25: Provider _____ Date ____/____/____

Treatment Facilities: (where & when)

_____ Admitted ____/____/____ D/C ____/____/____

_____ Admitted ____/____/____ D/C ____/____/____

Drug of Choice: _____ Last Used: ____/____/____ What: _____ Parents know: Yes/ No

Criminal/Law Enforcement

Sexual Assault: _____

_____ ICR #: _____

Reported to Law Enforcement: Yes / No _____ Offender: _____

OFP/HRO in Place?: _____

Criminal History: _____

Probation: Agent: _____ Phone #: _____ County: _____

Charge _____ Phone: _____ Currently on Probation: Y / N

INTAKE TOOL

SPECTRUM OF SERVICES



EDUCATIONAL ACTIVITIES

- ACES Screening
- Resiliency Screening
- Healthy Relationship
 - LoveisRespect.Org (resource)
 - Just ask (resource)
- Self – Esteem
- Wellness Wheel
- Goal Development
- Boundary Assessment
- GEMS – Stages of Change
- Not A Number Curriculum

SPECTRUM OF SERVICES



SPECTRUM OF SERVICES

Case Management

- Mental Health Referrals
- Chemical Health Referrals
- Housing Resources
- Medical Referrals
- Independent Living Skills
- Legal Advocacy
- Collaboratively and intentionally developing team to support client.

PROVISION OF SERVICES

Sexual Exploitation Risk Assessment Tool

Is the Youth/Client "At Risk," High Risk" or a "Confirmed Victim" for commercial sexual exploitation?

RISK FACTORS INCLUDE

Question	YES	NO
Does the youth/client have a history of being missing for 2 or more days at a time within the last 6 months [Examples: parent doesn't know where/or who the youth is staying with or 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 a sexual assault?		
Is the youth/client in a sexual/romantic relationship with an 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 STI?		
Has the client been involved with law enforcement and/or social services?		
Has gang affiliation been disclosed, reported or suspected or has the client been associated with individuals with a known criminal history?		
Does the youth/client have tattoos and/ or unaccounted injuries (broken bone, had traumatic loss of consciousness, or sustained a significant wound)?		

HIGH RISK – If yes to one or more of the following

Question	YES	NO
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

Question	YES	NO
Has the youth/client reported "consensual" participation in a sexual act in exchange for shelter, drugs, alcohol, money 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?		

<p>If youth/client is AT RISK</p> 	<p>Contact Safe Harbor Southeastern Regional Navigator Laura Sutherland for consultation and referrals 507-328-7279 or Call 24/7 Crisis Line 507-289-0636</p>
<p>If youth/client is HIGH RISK Or CONFIRMED VICTIM</p> 	<p>Contact Southeastern Regional Navigator Laura Sutherland. Reports to local law enforcement, and social services are highly encouraged.</p>

SEXUAL EXPLOITATION RISK ASSESSMENT TOOL

ACTIVITY:

- Group together
- Introduce yourselves
- One will be the client / other will be a provider
- Role play administering the tool
- Switch roles when prompted

- REFLECT
- SHARE
- CHALLENGE

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SEXUAL EXPLOITATION RISK ASSESSMENT TOOL

EXAMPLES

- “It’s apart of my job...”
- “I’ve noticed that other clients have had similar experiences..”
- “You aren’t alone..”
- This is a practice activity
- If you need to break and offer help to one another please share

PURPOSE OF ACTIVITY

- Everyone has their own way to practice
- That we as providers are missing this
- ASK THE QUESTION
-
- BUILD....
 - TRUST
 - SAFETY
- RELATIONSHIP

WHAT WE HAVE LEARNED

What works vs What doesn't

Helpful:

- Proactive on releases
- Collaboration
 - Bring in Safe Harbor: Early and often
- Understanding of roles
- Believing victim
- Providing choice
- Information Sharing

Barriers:

- Not Completing a Risk Assessment Tool
- Lack of awareness surrounding risk factors
- Not re-assessing
- Waiting to refer Safe Harbor
- Resistance to full collaboration

QUESTIONS?

Thank you!