



SERVING COMMERCIAL SEXUALLY-EXPLOITED YOUTH IN TEXAS

A STATEWIDE SERVICE ASSESSMENT

May 2020

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Executive Summary

The Office of the Texas Governor's Child Sex Trafficking Team (CSTT) is engaged in comprehensive statewide efforts to end commercial sexual exploitation of youth and to heal victims. The CSTT's core mission is to protect youth from sexual exploitation, help victims heal and recover, and bring justice to those who exploit children.¹

In 2019, the Office of the Governor provided funding for the Texas Center for Child and Family Studies (the Center) and the Texas Network of Youth Services (TNOYS) to collaboratively conduct a statewide scan of available service capacity for meeting the comprehensive needs of commercially sexually exploited youth (CSEY). This scan was commissioned in order to gather data that can be used to support capacity building for specialized CSEY services in Texas.

Together, the Center and TNOYS created and deployed a survey to community service providers throughout the state likely to be serving CSEY or youth at risk of CSEY. The survey was developed to answer three key questions:

1. What specialized CSEY services are currently being provided in the state? What is the nature and scope of specialized service availability?
2. What are the opportunities for capacity to be developed among community organizations not currently providing specialized CSEY services?
3. What are the barriers to increasing the state's capacity of specialized CSEY services?

A few of the most relevant findings that are detailed in this report are highlighted below:

- **Organizations and systems serving high-risk populations could improve screening to identify CSEY.** Consistent use of a validated CSEY screening tool may help get appropriate services to those who need them.
- **Community providers who are serving CSEY victims are funding their services through many sources.** Providers are leveraging funding from many sources (including state agencies, federal agencies, and philanthropic donors) to sufficiently fund their work. This highlights the importance of ensuring adequate funding from all potential sources.
- **Organizations need assistance with funding and training to build capacity for serving CSEY.** The majority of agencies providing specialized services are interested in expanding to serve more clients, and in expanding their service arrays to offer new

¹ Office of the Texas Governor. *Child Sex Trafficking Team*. <https://gov.texas.gov/organization/cjd/childsextrafficking>

programs. However, providers identified funding for start-up costs and training as the primary areas in which they need state support to expand programming.

The key findings from the scan produced actionable recommendations for capacity building efforts. These recommendations include:

- Encouraging consistent use of the Commercial Sexual Exploitation Identification Tool (CSE-IT) among public and private agencies serving CSEY or youth at high risk of CSEY. Efforts to promote screening may require training and support.
- Provide or facilitate trainings relevant to serving CSEY to providers throughout the state, in order to equip organizations to serve this population and to build an adequately-trained workforce.
- Establish formal state-level partnerships with the philanthropic community to work toward shared goals for serving CSEY survivors. Work with the private philanthropic community in a coordinated way will promote effective and efficient distribution of funds to CSEY-serving providers.
- Maximize funding from all sources to expand and fill gaps along the full continuum of specialized services for CSEY victims. Funding will facilitate expansions to allow providers to serve more clients and offer new specialized programs for CSEY.
- Create a mechanism for training and technical assistance to providers for any unmet needs that would build capacity to serve CSEY.

An important consideration related to these findings and recommendations is that the full impact of the Covid-19 pandemic remains to be seen. This research began in spring 2019 and concluded in spring 2020, in the midst of widespread shutdowns meant to control the outbreak. The findings from the survey, therefore, reflect provider capacity prior to Covid-19. The pandemic could have considerable short-term and long-term effects on provider organizations, public protection systems, victim and survivor treatment needs, and service capacity.

Overall, findings from the scan demonstrate that there is a solid foundation of community providers who are dedicated to protecting and healing this vulnerable population through a wide array of services and supports. Their work is essential to improving the lives of these youth and building safer communities. Working side-by-side with these organizations to expand these critical services will advance the ultimate goal of ending sex trafficking of children and youth.

Background and Problem Statement

Defining Sex Trafficking

As defined by federal law, sex trafficking is “the recruitment, harboring, transporting, provision, obtaining, patronizing or soliciting of a person for the purposes of a commercial sex act, in which the commercial sex act is induced, through the use of force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age.” Federal law further defines a commercial sex act as “any sex act on account of which anything of value is given to or received by any person.”²

An important component of this definition is that, for minors under age 18, a commercial sex act *does not* have to involve force, fraud, or coercion to be defined as trafficking. The Trafficking Victims Protection Act of 2000 (reauthorized in 2003, 2005, 2008, and 2013) defines minors who are involved in any kind of commercial sex act as victims of a crime. It also establishes that any adult who benefits from a relationship with a minor involved in commercial sex is defined as a human trafficker.

Under Texas state law³, child sex trafficking occurs when a person knowingly:

- Traffics a child under the age of 18 and causes by any means the child to engage in or become the victim of commercial sex acts or child sex abuse,
- Receives a benefit from participating in a venture that involves child sex trafficking, or
- Engages in sexual conduct with a trafficked child.

According to state law, it does not matter whether or not the trafficker is aware of the age of the child at the time. As in the federal definition, no force, fraud, or coercion is necessary to define a commercial sex act as trafficking if it involves a minor under the age of 18.

Commercial Sexual Exploitation of Youth (CSEY) is sex trafficking that involves minors under the age of 18 or young adults. Other terms that are often used interchangeably are “domestic minor sex trafficking,” “child sex trafficking,” and/or “youth sex trafficking.” Many sectors of social services use the related term Commercial Sexual Exploitation of Children (CSEC). The term CSEC, however, applies specifically to those under the age of 18, while CSEY is not strictly limited to minors.⁴

Sex trafficking is a problem that is commonly misunderstood by the public. Trafficking is often confused with smuggling, with many people believing that state or national borders must be

² Chapter 22, Title 78 of the United States Code

³ Texas Penal Code 20A.021

⁴ This report uses the term CSEY to denote the inclusion of young adults, who are included in the scope of efforts of the Texas Office of the Governor’s Child Sex Trafficking Team. The terms *sex trafficking* and *trafficking* are also used within this report to discuss activities associated with CSEY.

crossed to be defined as trafficking. In reality, youth trafficking victims⁵ are generally not relocated to new spaces; they are trafficked in their own communities and amid their daily lives.⁶ Another myth about CSEY is that only girls and young women are victims. In fact, research indicates that sexual exploitation of boys and young men is not only prevalent, but substantially underreported, leading to greater vulnerabilities and fewer services for male victims.^{7 8}

Perhaps the most widespread misconception, however, is that trafficked youth are usually violently forced or kidnapped into their circumstances. This is not how the majority of youth enter sex trafficking. According to the National Human Trafficking Hotline operated by the Polaris Project, “most human traffickers use psychological means such as tricking, defrauding, manipulating, or threatening victims into providing commercial sex or exploitative labor.”⁹

While some traffickers are strangers, many more are individuals known to the victim, including romantic partners, friends, or family members. Another common means of entry into CSEY is when youth engage in sex as a way to meet basic needs, such as food or shelter, which would otherwise go unmet.¹⁰ A 2019 study by researchers at the University of Texas at Austin examined the experiences of trafficked youth through surveys and interviews with 466 trafficking survivors. The study found that 73 percent of participants had engaged in this form of sex trafficking (which the researchers refer to as “uncoerced survival sex”), and that almost half of participants had also been forced to engage in commercial sex by a romantic partner. The study also found that the average age that study participants engaged in uncoerced survival sex for the first time was 15 years old, and the age of first experience with all other forms of CSEY victimization was between 14 and 17 years old.

Those who profit from CSEY are called traffickers or facilitators. The buyers of commercial sex are also exploiters. Traffickers and buyers can be male or female, and can have any

⁵ There is some debate over the terminology used to refer to individuals who have been trafficked. This report will use the terms *victim* and *survivor* interchangeably in accordance with the usage of the Institute for Domestic Violence and Sexual Assault at UT Austin, whose researchers note: “[I]ndividuals who have been victimized by human trafficking, including child sex trafficking, may be referred to as “victims” in recognition of their status as a victim of a crime. The term victim is not meant to be demeaning or judgmental, but to relay the life experiences of minors and youth who have experienced exploitation and sex trafficking. Additionally, each individual may view themselves as being anywhere on a nuanced spectrum between victim and survivor.”

⁶ Polaris Project Human Trafficking Hotline. *Myths & facts*. <https://humantraffickinghotline.org/what-human-trafficking/myths-misconceptions>

⁷ EC-PAT USA (2013). *And boys too*. <https://static1.squarespace.com/static/594970e91b631b3571be12e2/t/5977b2dacd0f688b2b89e6f0/1501016795183/ECPAT-USA-AndBoysToo.pdf>

⁸ Swaner, R., Labriola, M., Rempel, M., Walker, A., & Spadafore, J. (2016). *Youth Involvement in the sex trade*. New York, NY: Center for Court Innovation.

⁹ Polaris Project Human Trafficking Hotline. *Myths & facts*. <https://humantraffickinghotline.org/what-human-trafficking/myths-misconceptions>

¹⁰ Kellison, B., Torres, M. I. M., Kammer-Kerwick, M., Hairston, D., Talley, M., & Busch-Armendariz et al., N. (2019). “*To the public, nothing was wrong with me*”: Life experiences of minors and youth in Texas at risk for commercial sexual exploitation. Austin, Texas: Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin. URL: <http://sites.utexas.edu/idvsa/files/2019/03/CSTT-HT-Final-Report-3.26.19.pdf>

relationship to the youth, including parents. Traffickers use many methods to recruit and maintain youth in trafficking, including social media, psychological intimidation, emotional manipulation, violence or threats of violence, drugs, expensive gifts, meeting basic survival needs, or promises of love, money, or fame.

Scope and Prevalence of CSEY

The true prevalence of CSEY in state and national populations is exceedingly difficult to estimate because trafficking victims are a hidden population.¹¹ For many complex reasons, CSEY victims do not or cannot report their exploitation to authorities, so the victims who come to the attention of law enforcement or other protection systems are likely the tip of the iceberg in relation to the actual number of victims and survivors. Similarly, there are no viable research-based estimates, since victims and survivors may not disclose their experiences to researchers for many reasons, such as stigma, fear of legal consequences, or fear for personal safety.

The National Human Trafficking Hotline tracks statistics of trafficking cases reported to the hotline across the U.S. In 2018, there were 7,859 cases of sex trafficking reported.¹² Reported cases occurred in all 50 states. Since this number only includes cases reported to the national hotline, it can be assumed that the true number of CSEY victims in the United States is vastly higher, and the number of youth who are at-risk of trafficking is higher still. A national prevalence study from 2016 extrapolated data from multiple sources, including arrest records and youth interviews across multiple states, to produce a “conservative” estimate that up to 21,000 youth nationwide are victims of sex trafficking.¹³

Accurate prevalence numbers are equally hard to estimate in Texas, where research suggests considerably different findings than the national estimate from the same year. A prevalence study published by the Institute for Domestic Violence and Sexual Assault at UT Austin in 2016 reported that there were an estimated 79,000 child and youth victims of sex trafficking in Texas at the time of the study.¹⁴ This figure, however, represents an estimate based on the postulation that 25 percent of at-risk children and youth have been victims of trafficking. Since it is unknown what percentage of those who are at-risk are actually trafficked, the true number of victims could vary substantially if the 25 percent victimization rate estimate is not accurate.

Being in substitute care is a well-established risk factor for trafficking, yet there are also no reliable prevalence estimates for this population. There is currently no universal screening of foster youth to identify trafficking victimization or risk. The Texas Department of Family

¹¹ https://www.acf.hhs.gov/sites/default/files/cb/report_congress_child_trafficking.pdf

¹² Polaris Project Human Trafficking Hotline. *Hotline Statistics*. <https://humantraffickinghotline.org/states>

¹³ Swaner et al. (2016).

¹⁴ Busch-Armendariz, N. B., Nale, N.L., Kammer-Kerwick, M., Kellison, B., Torres, M. I. M., Cook Heffron, L., Nehme, J. (2016). *Human trafficking by the numbers: The initial benchmark of prevalence and economic impact for Texas*. Austin, Texas: Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin. <https://repositories.lib.utexas.edu/bitstream/handle/2152/44597/idvsa-2016-human-trafficking-by-the-numbers.pdf?sequence=2&isAllowed=y>

Protective Services conducts interviews to assess for possible CSEY victimization among the small percentage of youth who run away from care and are later recovered. These interviews assess youth for a range of possible victimization, including CSEY, during the missing/runaway episode. The determination that a youth has been a victim of trafficking is made based on a totality of evidence, including the youth's interview. Among 1,582 runaway and missing foster youth recovered in fiscal year 2018, 105 (6.6%) were determined to have been victimized while missing, and 52 (3.3%) were determined to have been a victim of sex trafficking (Table 1).¹⁵

Table 1: Overview of Texas Children and Youth in DFPS Conservatorship FY 2018

Total number in DFPS Conservatorship at some point in FY 2018	52,397
Total number missing from DFPS Conservatorship recovered	1,582
Number reported being victimized while missing	105
Number of confirmed victims of sex trafficking while missing	52
Number of confirmed victims of labor trafficking while missing	<5

Since this only represents the small subset of youth recovered after a missing episode, it does not reflect the prevalence of trafficking among the population of Texas youth in substitute care. Further, interviews and screenings rely on the assumption that youth give accurate responses. Since there are complex factors that may affect the willingness of youth to honestly report their experiences, the data on victimization within the recovered missing or runaway youth is also likely to be an undercount.

The difficulties inherent to determining an accurate number of youth victims is not unique to Texas. There are currently federal efforts underway to estimate the national scope of CSEY.¹⁶

Risk Factors for Trafficking

Society's most vulnerable children and young adults are targeted for sex trafficking. Though children and youth of any background can become CSEY victims, those who have additional vulnerabilities created by their circumstances are at greater risk. Some of the strongest risk factors for CSEY victimization include past emotional or sexual abuse, episodes of homelessness, runaway episodes, identifying as LGBTQ, involvement with the child welfare system, or having a caseworker from any agency or organization.¹⁷

¹⁵ Texas Department of Family and Protective Services. *Children and Youth Missing from DFPS Conservatorship & Human Trafficking Data: Fiscal Year 2018 Report*.

https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/Agencywide/documents/2019/2019-06-04_Children_Youth_Missing_from_DFPS_Conservatorship_and_Human_Trafficking_Data_FY2018.pdf

¹⁶ <https://www.acf.hhs.gov/otip/research-policy/research>

¹⁷ Kellison et al. (2019).

Homeless or runaway youth are at particularly high risk. According to the National Center for Missing and Exploited Children, of the more than 23,500 endangered runaways reported in 2019, one in six were likely victims of child sex trafficking.¹⁸ Foster youth are also especially vulnerable to CSEY due to the heightened vulnerabilities associated with maltreatment trauma, family separation, and unstable living situations. Youth who are LGBTQ are at much higher risk of CSEY than other youth. The 2019 UT Austin study found that among at-risk cisgender heterosexual youth participating in the study, 18 percent of females and 7 percent of males were victims of sex trafficking, compared to 25 percent of at-risk LGBTQ youth.

It is important to note that having risk factors for CSEY does not mean that sex trafficking will occur, only that these risks increase the likelihood of victimization. The 2019 UT Austin study found that the majority of study participants had more than one risk factor, which suggests that “a constellation of risk factors can intersect to create conditions that make children and youth vulnerable to a range of exploitative situations.”¹⁹

Barriers to Leaving Trafficking

Youth sex trafficking situations are not always violent or overtly forceful, and yet the barriers to getting out of trafficking can still be overwhelming. Trafficking victims can form emotional bonds with their traffickers that can make it difficult to leave. Known as trauma bonds or Stockholm Syndrome, these bonds are “the result of a complex interaction of abusive control dynamics, exploitation of power imbalances, and intermittent positive and negative behavior.”²⁰ Trafficked youth may believe that they receive love or friendship from their traffickers, which may influence whether they try to leave. According to the National Human Trafficking Hotline, some trafficking victims “have been so effectively manipulated that they do not identify at that point as being under the control of another person.”²¹

Research suggests that fear is also a common reason why victims may remain in their trafficking circumstances. Common fears include arrest, stigma or judgment, not being able to be economically self-sufficient, and/or violence from traffickers.^{22 23} In addition to being a risk factor for trafficking, poverty is also a barrier to exiting. A 2018 research study about factors associated with exits from trafficking states that individuals “are driven by necessity to ensure their own survival, including illegal or degrading means if no other avenues are

¹⁸ National Center for Missing and Exploited Children. *Child sex trafficking*. URL: <https://www.missingkids.org/theissues/trafficking>

¹⁹ Kellison et al. (2019).

²⁰ Raghavan, C. & Doychak, K. (2015). Trauma-coerced bonding and victims of sex trafficking: Where do we go from here? *International Journal of Emergency Mental Health and Human Resilience*, Vol 17, No. 3, pp. 583-587.

²¹ Polaris Project Human Trafficking Hotline. *Myths & facts*. <https://humantraffickinghotline.org/what-human-trafficking/myths-misconceptions>

²² Lutnick, A. L. (2016). *The complex issue of domestic minor sex trafficking: Beyond victims and villains*. Columbia University Press.

²³ Corbett, A. (2018). The voices of survivors: An exploration of the contributing factors that assisted with exiting from commercial sexual exploitation in childhood. *Children and Youth Services Review*, 85, 91-98.

available.”²⁴ Many CSEY youth may believe that commercial sex is their only means of survival.

Consequences of Trafficking

There are many potential short- and long-term consequences of sex trafficking, including PTSD, complex trauma, physical injury, mental health problems, difficulty in relationships with others, and sexually-transmitted infections. Research finds that PTSD is the most common mental health diagnosis among trafficking victims, followed by depression.²⁵ Although violence is not always involved in youth sex trafficking, it is prevalent and can be life-threatening. Violence may be perpetrated by traffickers or buyers.

Sex trafficking also has an economic impact on the broader society. Research has estimated that in Texas there are \$83,125 in associated economic costs for every CSEY victim.²⁶ Mental and physical health costs, public health system burdens, and law enforcement expenses are all components of this calculation. Based on this cost per victim, it is estimated that youth sex trafficking has cost the state of Texas about \$6.6 billion to date.

Service Needs of Trafficking Victims

Mental health needs are high among CSEY victims. As PTSD and other related conditions are common in this population, it is essential for professionals to take a trauma-informed approach in their treatment. Medical treatment, housing, and employment are other common needs among trafficking victims. Utilizing a harm-reduction approach is also important for CSEY victims who use drugs. A harm-reduction approach “incorporates a spectrum of strategies from safer use, to managed use, to abstinence to meet drug users ‘where they’re at,’ addressing conditions of use along with the use itself.”²⁷ Regardless of the approach or treatment modality utilized, it is important to treat each youth who has experienced trafficking as a whole person, not just a victim. A 2018 qualitative research study asked 13 child sex trafficking survivors about what would have been helpful to them during the time they were involved in trafficking. The four responses that were most prevalent among participants were active listening, encouragement, non-judgment, and “don’t leave when we push you away.”²⁸

To ensure restoration and healing of victims of sex trafficking, assistance for CSEY victims must include trauma-informed, culturally-sensitive, non-judgmental approaches to medical

²⁴ Corbett, A. (2018).

²⁵ Busch-Armendariz et al. (2016).

²⁶ Busch-Armendariz et al. (2016).

²⁷ Harm Reduction Coalition. *Principles of harm reduction*: <https://harmreduction.org/about-us/principles-of-harm-reduction/>

²⁸ Corbett, A. (2018).

care, residential services, mental health treatment, education and training, legal assistance, advocacy, and safety planning.

Efforts to Address Commercial Sexual Exploitation of Youth in Texas

Office of the Texas Governor

The Office of the Governor’s Child Sex Trafficking Team (CSTT) is engaged in comprehensive statewide efforts to end commercial sexual exploitation of youth and to heal victims. The CSTT’s mission is to “build sustainable capacity, enhance expertise, promote policies, and create new and leverage existing collaborations to: protect children from sexual exploitation, help the public recognize signs of sexual exploitation, help victims recover, support healing, and bring justice to those who exploit children.”²⁹ The CSTT works toward these goals by developing public awareness campaigns, supporting prevention services, bringing together cross-system stakeholders, and building the capacity of communities to provide a full continuum of residential and community-based services for victims and survivors throughout the state.

Office of the Texas Attorney General

Attorney General of Texas Ken Paxton formed the Human Trafficking and Transnational/Organized Crime Section (HTTOC) in 2016.³⁰ This initiative is focused on combatting human trafficking in Texas. The HTTOC has undertaken various anti-trafficking efforts, including being involved in the closure of Backpage.com, the largest purveyor of escort ads in the United States. HTTOC has also created training materials and assists in the prosecution of criminal trafficking cases.

Texas Department of Family and Protective Services

By federal law, the Department of Family and Protective Services (DFPS) is required to “find, document, and provide services for a child in state care when it is reasonable to believe the child is a victim of trafficking or is at risk of becoming a victim.”³¹ The Preventing Sex Trafficking and Strengthening Families Act of 2014 requires that DFPS be familiar with trafficking risk factors in order to develop policies and procedures to address child sex trafficking. In 2017, the Human Trafficking and Child Exploitation (HTCE) division of DFPS was established. The HTCE division researches effective service models for CSEY victims, facilitates training for DFPS staff, and contracts with providers and youth in foster care.

Texas Health and Human Services Commission

²⁹ Office of the Texas Governor. *Child Sex Trafficking Team*. <https://gov.texas.gov/organization/cjd/childsextrafficking>

³⁰ Texas Attorney General. *Human Trafficking*. <https://www.texasattorneygeneral.gov/initiatives/human-trafficking>

³¹ Texas Department of Family and Protective Services. *What is Human Trafficking?*
http://www.dfps.state.tx.us/Investigations/Human_Trafficking/default.asp

The Texas Health and Human Services Commission (HHSC) partners with stakeholders including the Office of the Attorney General, DFPS, and the Office of the Governor on various anti-trafficking initiatives. The Texas Human Trafficking Resource Center, an HHSC project, “connects Health and Human Services staff, healthcare providers, stakeholders, and potential victims of human trafficking to local, state, and national resources to identify and help people affected by human trafficking.”

The 86th Texas Legislature (H.B. 2059) required HHSC to maintain and update a list of approved training courses on human trafficking on their website. HHSC is to regularly evaluate and approve trainings and must include at least one that is free of charge starting in Spring 2020.³² Currently, HHSC is in the process of creating its own training which will be free for health care practitioners. Additionally, HHSC is “in the process of developing standards to evaluate human trafficking trainings submitted by external entities.”³³

Study Objectives

In order to gather empirical data to better understand the state’s capacity to provide and expand community services for the CSEY population, the Texas Center for Child and Family Studies (the Center) and the Texas Network of Youth Services (TNOYS) partnered with The Office of the Governor’s Child Sex Trafficking Team (CSTT) to answer these research questions:

1. What specialized CSEY services are currently being provided in the state? What is the nature and scope of specialized service availability?
 - This question addressed specialized program types, overall and unused capacity, agency characteristics, screening and assessment patterns, intervention modalities used, and interest in serving additional clients.
2. What are the opportunities for capacity to be developed among community organizations not currently providing specialized CSEY services?
 - This question addressed screening and assessment patterns in non-specialized agencies, risk levels of populations served, and interest in expanding service arrays to include specialized CSEY programming.
3. What are the barriers to increasing the state’s capacity of specialized CSEY services?

³² One training (SOAR to Health and Wellness) has already been approved and is available at <https://hhs.texas.gov/services/safety/texas-human-trafficking-resource-center/health-care-practitioner-human-trafficking-training>

³³ Texas Health and Human Services Commission. *Texas Human Trafficking Resource Center*. <https://hhs.texas.gov/services/safety/texas-human-trafficking-resource-center>

To guide the study, a steering committee comprised of leadership from CSTT, TNOYS, and the Center convened biweekly by phone to collaborate for shared decision-making.

Methodology

Data Collection

The study objectives were carried out through a statewide survey of providers likely to be offering services to victims of CSEY in Texas.

The survey was developed by the project leads from the Center and TNOYS based on ongoing planning meetings with the steering committee. Once completed and put into the online Survey Monkey platform, the survey was pilot tested internally by the steering committee, and with external stakeholders from the membership of TNOYS and the Texas Alliance of Child and Family Services (TACFS). Multiple rounds of revisions resulted from pilot testing, and the final version of the survey was approved by the steering committee in September 2019.³⁴

The survey was emailed by the Office of the Governor’s Child Sex Trafficking Team to a distribution list compiled from multiple sources: TNOYS membership, the membership of the TACFS, organizations affiliated with the Polaris Project, CSTT grantee organizations, and licensed providers contracted with Residential Child Care Licensing (RCCL) at the Texas Department of Health and Human Services. The research team from TNOYS and the Center compiled the distribution lists from these separate entities into a single list of emails that was then de-duplicated. The final unduplicated list was provided to the CSTT, who distributed the survey link via email. The survey was sent to 502 unique agencies.

The survey link was sent on September 23, 2019 and closed on October 14, 2019. A mid-survey email reminder was sent to boost the response rate, in addition to targeted outreach from the CSTT to individual agencies whose input was considered particularly important.

Data Elements

The survey collected data that fell into three relevant categories: general agency information from all respondents, information from agencies currently³⁵ providing specialized CSEY services, and information from agencies not currently providing CSEY services. The data elements collected in each of these categories are described below.

³⁴ A PDF of the survey instrument is available from the Center or TNOYS.

³⁵ Throughout this report, the word “currently” refers to the time at which the survey was administered, in September-October 2019.

General agency information (all respondents):

- Program types operated
- Regions in which services are provided
- Use of the CSE-IT (Commercial Sexual Exploitation – Identification Tool) or other screening tools for identifying CSEY

Information from agencies currently providing specialized CSEY services³⁶:

- Specialized program types
- Age and other eligibility requirements for services
- Instruments used for client assessments
- Collaborations with other organizations/systems
- Intervention types/modalities used with CSEY youth
- Interest in expansion to serve additional clients
- Interest in expansion of service array for CSEY clients
- Support needed for expansion

For each specialized program type:

- Operating budget
- Primary funding source
- Maximum capacity
- Unused capacity
- Primary referral source
- Number of clients on wait list

Information from agencies not currently providing CSEY services³⁷:

- Identification of CSEY youth
- Risk factors for CSEY among the current client population
- Unmet needs for CSEY youth in the community
- Instruments used for client assessments
- Intervention types/modalities used with clients
- Interest in providing specialized CSEY services in the future
- Barriers to expansion for specialized CSEY programs

³⁶ These questions were only seen by respondents that answered “yes” to a question asking if they were *currently* providing any specialized services specifically for CSEY clients.

³⁷ These questions were only seen by respondents that answered “no” to a question asking if they were *currently* providing any specialized services specifically for CSEY clients.

Analytic Sample

There were 174 respondents originally recorded in the data prior to excluding ineligible responses. The following exclusions were made, resulting in a final sample of N=125 valid responses:

- *17 duplicate responses were removed.*³⁸ Only one respondent per agency was allowed, yet there were instances of more than one response per agency. The research team removed duplicate entries at the agency level.³⁹
- *31 empty responses were removed.* These reflected instances in which the survey was opened but no questions were answered. This exclusion also applied to entries in which respondents provided only an agency name and/or other identifying information but did not answer any survey questions.
- *1 response was removed for ineligibility.* In one instance a response was deemed ineligible because the respondent reported being unemployed and not currently providing any services.

Findings

The final analytic sample reflects 125 unduplicated responses. The survey link was sent to 502 unique agencies, so the sample reflects a response rate of 25 percent. Of the 125 agencies who responded to the survey, 39 agencies reported that they are currently providing specialized CSEY services, while 86 agencies are not currently providing specialized services.

Findings are reported below for all respondents, respondents providing specialized CSEY services, and respondents not providing specialized CSEY services.

All Responding Agencies

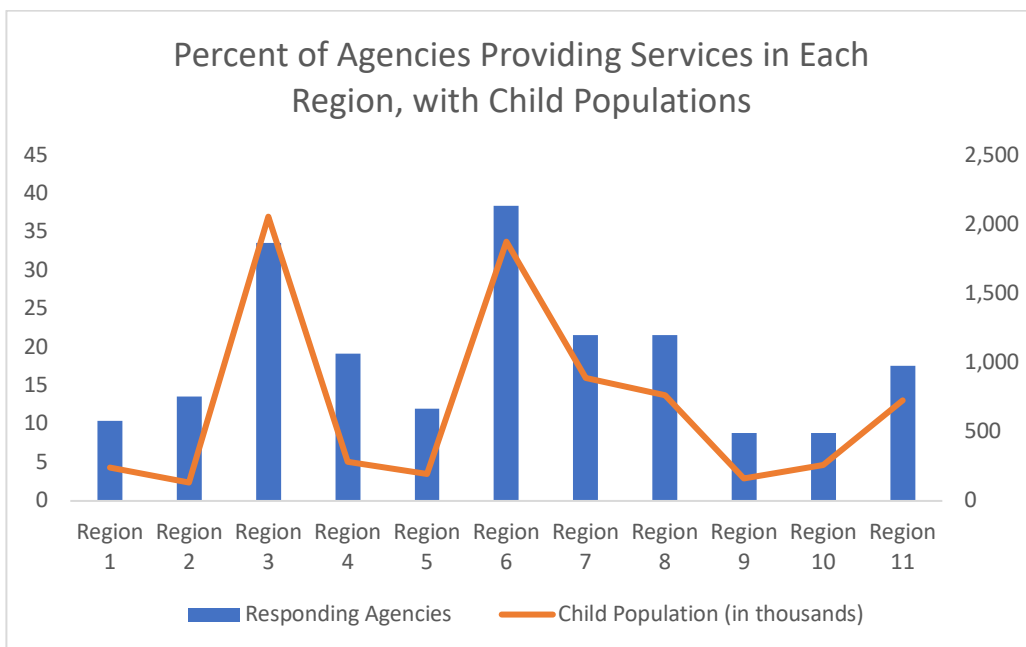
As shown in Figure 1, agencies that responded to the survey provide services across the state, and the distribution of responding agencies roughly aligns with the child populations of the HHSC/DFPS service regions.⁴⁰ This is a positive indication that the survey responses are representative of the statewide population of community service provider agencies.

³⁸ In a few instances, the same agency had more than one response, but the responses reflected different program types in different regions, so these duplicates were retained.

³⁹ To remove duplicates, the researchers sorted the file by agency name to identify multiple agency responses. When there were multiple responses from a single agency, the response from the individual with the most senior title was retained and the others were removed. In the case that the titles were equivalent, or it was unclear which was more senior, the response with the least amount of missing data was retained.

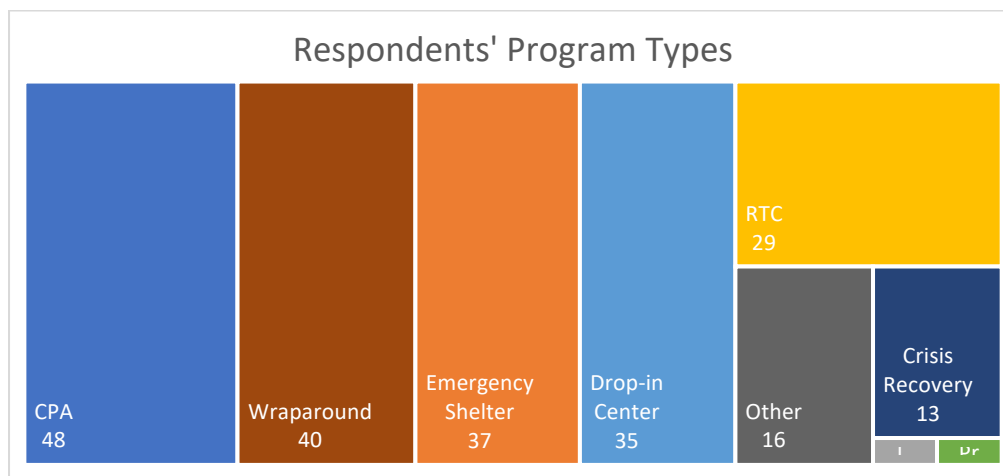
⁴⁰ A map of the 11 DFPS service regions in Texas is provided in Appendix A.

Figure 1: Responding Agencies by Region



The most common program type operated by respondents is child placing agency (CPA), as shown in Figure 2.^{41 42} Program types in the “other” category were described in an open-ended comment box. The most common responses were general residential operation (GRO) (7 responses), advocacy (2 responses), counseling (3 responses), health care (2 responses), and education (2 responses).

Figure 2: Program Types



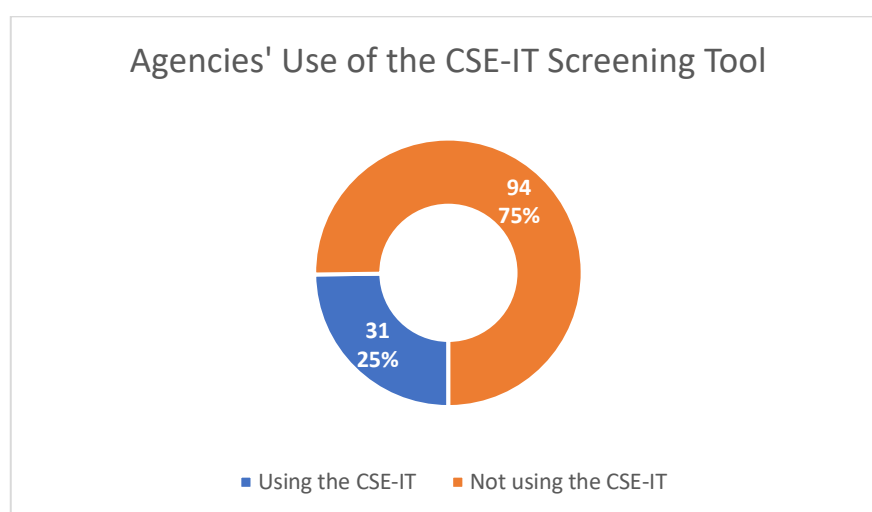
⁴¹ The numbers beneath the category names represent the number of agencies who selected that program from the list of all program types. The number of agencies for each type exceeds the total number of agencies because respondents could select all that applied. Descriptions of program types are provided in Appendix B.

⁴² The two categories that are too small to read in this figure are: Transitional Living Program (1 response) and Prevention Services (1 response).

Since screening is critical for identifying CSEY victims so they can receive supportive services, the survey measured whether agencies are using the Commercial Sexual Exploitation Identification Tool (CSE-IT).⁴³ The CSTT, in collaboration with many other state agencies, selected the CSE-IT for use by grantees after appraising multiple available screening instruments. The CSE-IT was prioritized because it is the only tool that has been validated for identifying sex trafficking, it is brief and embeddable into existing intake processes, it is appropriate for multiple systems, and is accompanied by a short, low-cost training.

The survey findings show that only a quarter of agencies use the CSE-IT screening tool, as shown in Figure 3.

Figure 3: Screening for CSEY



Though only a quarter of all agencies are using the CSE-IT, an additional 15 percent of agencies reported that they use other tools to screen for CSEY. An open-ended question asked agencies to identify what other screening tools they are using, and the most common write-in response was program intakes/client self-report (8 responses). Though it is encouraging that some agencies are doing CSEY screening through program intakes, the use of a uniform and validated tool is more likely to accurately identify CSEY victims or those at high-risk.

⁴³ The CSE-IT tool was developed and validated by the West Coast Children's Clinic. It is made available for free at their website: <https://www.westcoastcc.org/cse-it/>

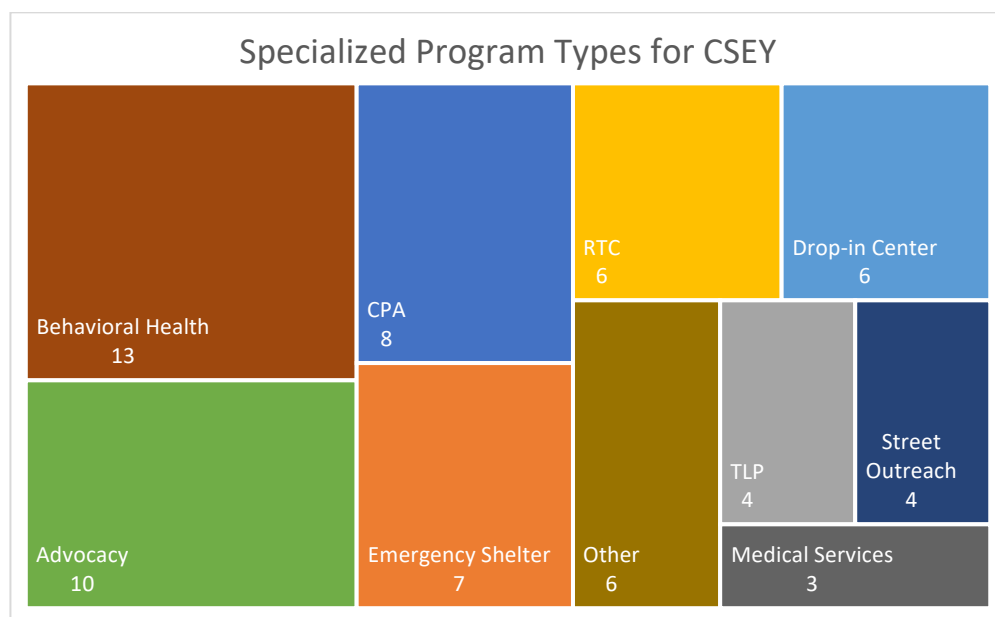
Agencies Currently Providing Specialized CSEY Services

Program Types

Among survey respondents, 39 agencies (31%) currently provide specialized CSEY programming within their service array. This does not mean all of the services each agency offers are specialized for CSEY, but rather at least one service type or program offered within the agency is specialized.

As shown in Figure 4, the most common specialized service type among respondents is behavioral health, followed by advocacy, child placing agencies, and emergency shelters. Write-in responses from the “other” category include referrals, prevention, child care, assessment, and GROs. While the survey did not quantify the relationships of specialized programs and other services offered within agencies, it is likely that services such as behavioral health and medical services are embedded in other program types, rather than stand-alone programs.

Figure 4: CSEY Programs

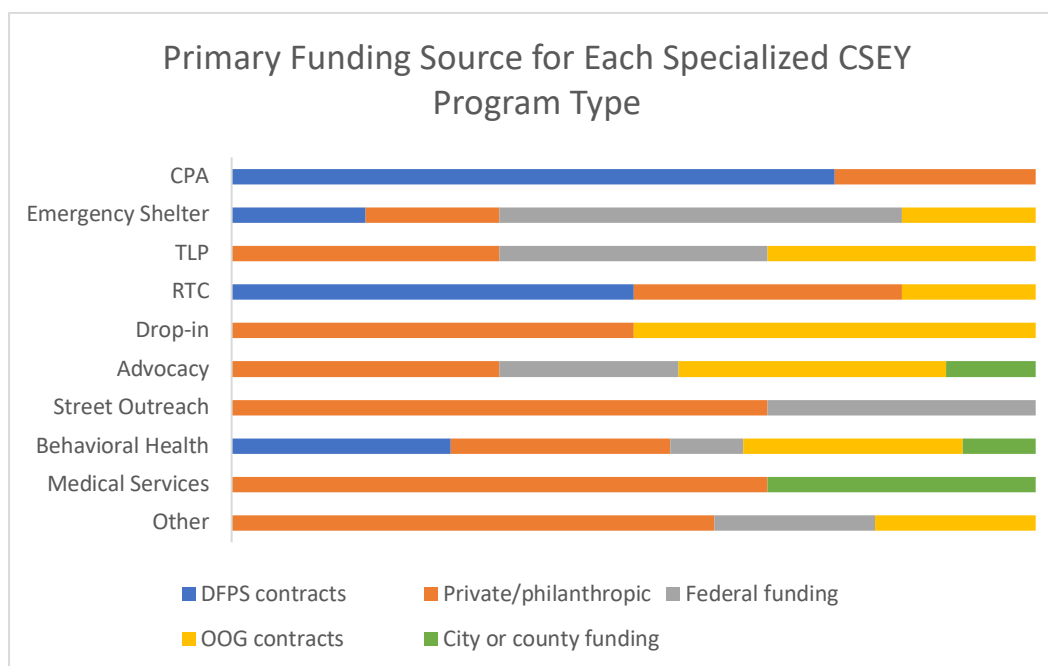


Funding for Specialized Programs

The primary source of funding for specialized programming varies by program type, as shown in Figure 5.⁴⁴ The primary funding sources for residential program types are state contracts and federal funding. Community-based non-residential programs tend to be primarily funded by philanthropic/private sources and through grants from the Office of the Governor.

⁴⁴ The primary funding source is at the *program*-level, not the organization-level.

Figure 5: Funding by Program Type



Screening and Assessment

Screening and assessment of clients are two common practices among direct service providers. Screenings are usually brief and narrow in scope, as they are designed to identify specific client information, such as risk of sex trafficking. Assessments are broader instruments that are meant to gain a comprehensive understanding of clients' characteristics, experiences, and treatment needs.

Of the 39 agencies providing specialized CSEY services, 20 (51%) are using the CSE-IT screening tool, 5 (13%) are not using the CSE-IT but are using another method of screening clients for CSEY, and 14 (36%) are not using any screening tools for identifying CSEY victims.

Among those who reported using a tool other than the CSE-IT, 4 out of 5 stated (in an open-ended comment box) that intake, referral, or assessment information was used for CSEY screening. Based on these comments, it is possible that some of the agencies that are not using any screening tools are serving CSEY victims who were previously identified by referring agencies.

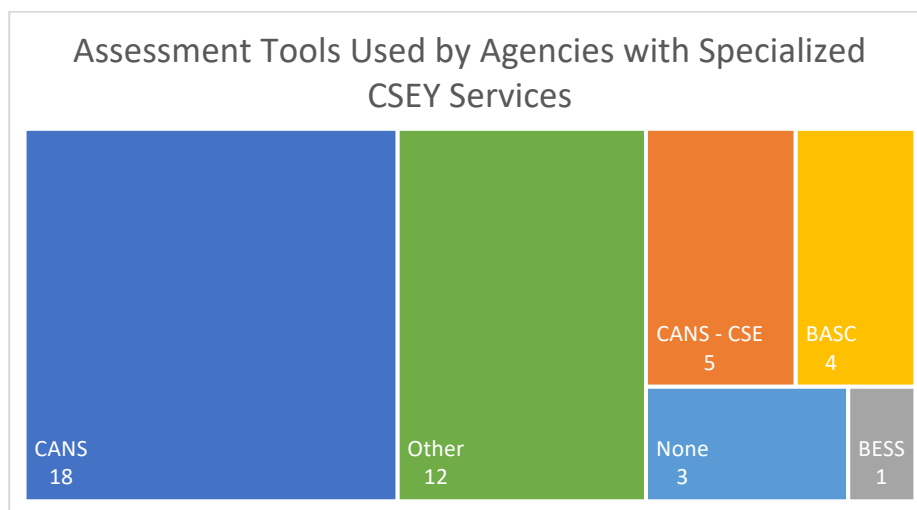
Nearly all specialized CSEY programs use a standardized assessment tool to determine clients' treatment needs (see Figure 6).⁴⁵ Assessment tools help case managers and clinicians prioritize what treatment areas to focus on based on the severity of their clients' assessed

⁴⁵ BASC=Behavior Assessment System for Children; BESS=Behavioral and Emotional Screening System.

needs. The most common assessment tool among survey respondents is the Child and Adolescent Needs and Strengths Assessment (CANS). The CANS is an open-access instrument; any organization can use it for free provided that those who are administering the assessment become certified. It is also a required assessment for children in DFPS custody, which may be one reason why it is in such wide use compared to other instruments. A smaller number of respondents use a specialized version of the CANS (CANS-SE) for victims of sexual exploitation.

Other than the CANS instruments, the “other” option was the most commonly selected. Some of the more common write-in responses in the “other” category include the UCLA PTSD Index, the Beck Depression Inventory, the Adverse Childhood Experiences (ACEs) screening tool, versions of the Patient Health Questionnaire, and versions of the PTSD Checklist.

Figure 6: Client Assessment among CSEY Providers



Therapeutic Interventions

As shown in Figure 7⁴⁶, the most common treatment modality used by organizations who provide specialized CSEY programs⁴⁷ is Trust Based Relational Intervention (TBRI), which is used by 27 of the responding agencies who answered this survey item (84%).⁴⁸ Nearly all organizations that use TBRI also use at least one other treatment modality. Trauma-Focused

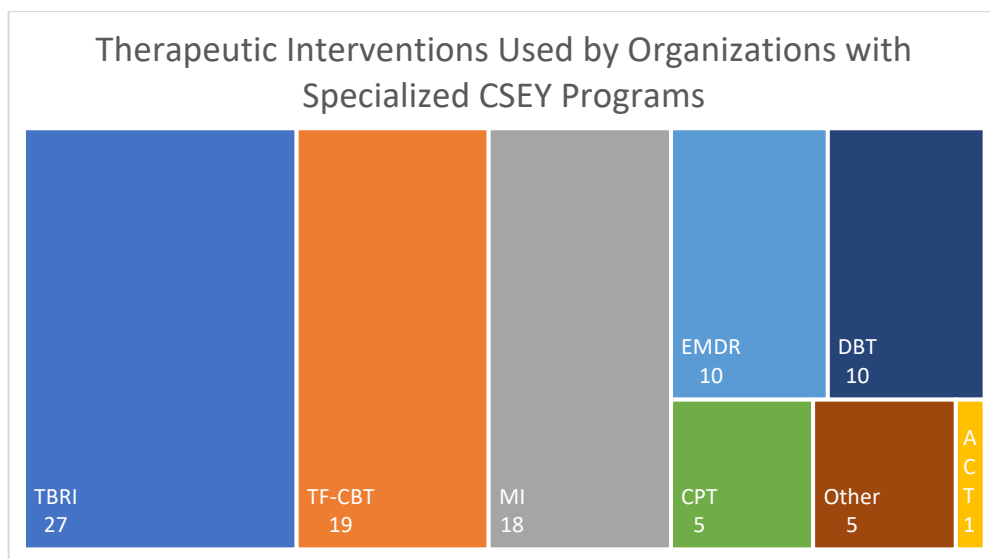
⁴⁶ EMDR=Eye Movement Desensitization and Reprocessing; DBT=Dialectical Behavior Therapy; CPT=Cognitive Processing Therapy; ACT=Acceptance and Commitment Therapy.

⁴⁷ It is important to note that the findings regarding treatment interventions in use are the organizational level, not the specialized program level. These are treatment interventions used by organizations who provide at least one specialized CSEY program, which are not necessarily those provided within the specialized program(s).

⁴⁸ The percentages in this section reflect a denominator of all agencies providing specialized CSEY services *who answered the item asking them to select all intervention modalities in use*. Seven agencies providing specialized services did not answer this item, so the denominator for this item is N=32.

Cognitive Behavioral Therapy (TF-CBT) and Motivational Interviewing (MI) are each in use by over half of agencies with specialized CSEY programs.

Figure 7: Therapeutic Modalities



Residential Capacity

Residential capacity is a critically important consideration for serving CSEY victims and survivors. Agencies were asked to provide their maximum daily capacity – the number of clients they can serve per day, in addition to their unused capacity on an average day. The answer choices for these items were categorized into low, medium, and high capacity, by program type.

Table 2 summarizes the findings regarding residential capacity. First, the table shows the number of respondents for each program type who were placed into each category of capacity. Based on these numbers, a minimum daily capacity and a minimum unused capacity were calculated.⁴⁹ Of the agencies who provide residential services, anywhere on the continuum, with at least one specialized CSEY track, they have a minimum daily capacity of at least 584 beds, and have at least 97 unused beds on an average day. These figures are aggregated over all respondents. Not every single residential program has unused capacity. Among survey respondents, one CPA, three emergency shelters, one transitional living program (TLP), and one residential treatment center (RTC) reported no unused capacity on an average day. However, the overall findings show that many residential programs do experience at least some unused capacity within their programs on an average day. This

⁴⁹ These calculations reflect the low end of the capacity and unused capacity range for each response. For example, if an agency falls into the 15-45 capacity category, that agency has a minimum daily capacity of 15.

aligns with findings from another survey item which indicates that the large majority of residential programs have no wait list for services on an average day.

It is critical to note that these numbers only reflect the capacity of the agencies that responded to the survey. Since the overall response rate for the survey was only 25 percent (which includes those providing specialized CSEY services and those not providing specialized services), the minimum and unused capacity figures only capture approximately a quarter of statewide capacity.

Table 2: Residential Capacity

	Low Capacity (1-15 clients per day)	Medium Capacity (16-45 clients per day)	High Capacity (>45 clients per day)	Minimum Daily Capacity	Minimum Unused Capacity on an Average Day
Child Placing Agency	3	2	3	211	26
Emergency Shelter	2	2	2	155	43
Transitional Living Program	2	1	1	78	13
Residential Treatment Center	1	4	1	140	15
			Total:	584	97

While the survey did identify some unused residential capacity, there are important contextual factors that must be considered in the interpretation of these findings. Unused capacity does not necessarily indicate that beds are unused due to lack of demand; in fact, there is considerable anecdotal evidence for lack of available CSEY placements among residential service providers on any given day. There are several reasons that bed availability may be functionally lower than reported by survey respondents:

- Some residential operations may choose to keep their population lower than what they are licensed to provide in order to respond safely and effectively to the needs of these high acuity youth without disruption to the residential environment.
- Requirements for staff-to-youth ratios change based on the level of need for each youth, making some beds unavailable when higher needs youth are admitted.
- Residential beds may be designated for certain age groups or genders within a facility, so there may be unused beds depending on the demographics of those residing at the facility at any given point.
- Operations that receive federal funding to serve runaway and homeless youth who are not served by child welfare or juvenile justice systems (particularly emergency shelters

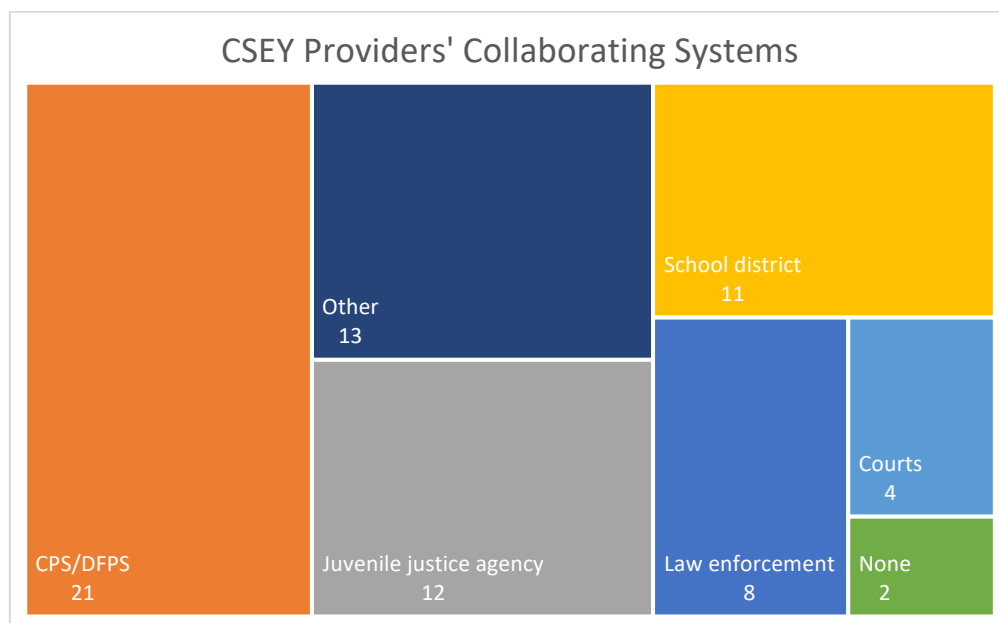
and TLPs) are required to reserve a certain number of beds specifically for those populations.

The survey also asked providers of specialized CSEY residential programs about eligibility criteria related to age and gender. With regard to age, all CPAs serve only minors and no TLPs are restricted to minors. Among emergency shelters, four out of six providers who answered this item serve minors only, and among RTCs, five out of six providers who answered this item serve minors only. This points to a lack of capacity for residential services for youth 18 and older. With regard to gender, most CPAs (5 out of 6) have no gender-specific eligibility requirements, while one is female-only. Similarly, five out of six emergency shelters are not gender-specific. Transitional living programs and RTCs are more tilted toward restriction to females: two out of three TLPs and four out of six RTCs are female-only.

Cross-System and Community Partnerships

The survey indicates that providers offering specialized CSEY services are leveraging their connections with other community systems to support or strengthen service delivery. Figure 8 shows the systems that CSEY service providers engage through formal contracts or MOUs. Responses in the “other” category include universities, other community agencies (such as other service providers, nonprofits, or advocacy organizations), Children’s Advocacy Centers, hospitals or other medical providers, and regional Community Based Care contractors.

Figure 8: External Partners



Providers are also engaged in informal partnerships with a wide array of community partners, including other organizations supporting CSEY youth, churches, and local nonprofits.

Respondents reported collaborations with local health and mental health providers (including Local Mental Health Authorities), hospitals, private practice doctors and dentists, substance use treatment providers, and pregnancy and women's health centers.

Building Capacity: Additional Clients and Service Types

A large majority of respondents already providing specialized CSEY services reported that they are interested in expanding to serve more CSEY clients: 28 agencies (72%) are interested in expanding to serve more clients, and 25 (64%) are interested in expanding their service array to provide a broader continuum of CSEY services.

Survey respondents were provided an open-ended opportunity to identify what supports would be needed to support these expansions. Of the 21 respondents who answered, training (9 responses) and funding (5 responses) were the two most common needs identified. Training needs expressed by agencies were primarily focused on evidence-based modalities (TBRI, TF-CBT, MI, ACT, EMDR, CPT, and DBT), but also included Stages of Change, FETI, and mentorship training, as well as general information about the CSEY population and training for paraprofessional staff. Funding was identified as a need by multiple respondents, with additional comments indicating specific funding needs around physical space, hiring new staff, and filling unused capacity.

Agencies Not Currently Providing Specialized CSEY Services

Screening, Victim Identification, and Assessment

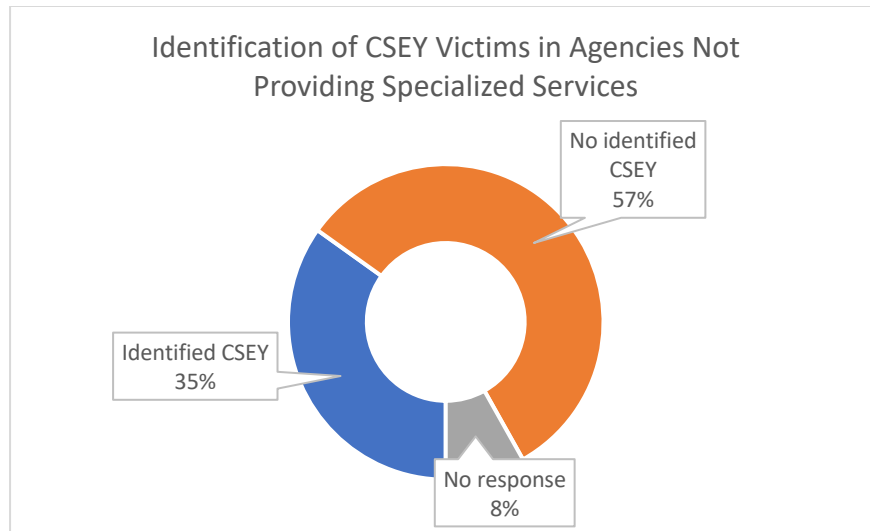
Among all responding agencies, 86 (69%) are not currently providing any specialized programs for CSEY. This does not mean that these agencies do not have CSEY victims among their clients, only that they have no specialized programming to specifically serve CSEY. In fact, 35 percent of agencies not offering specialized services have identified CSEY victims among their clients (see Figure 9), and the majority of these (60%) retained the victims in their care.⁵⁰

Survey findings also show that youth-serving agencies without specialized programming are working with high risk populations. Among the 49 agencies (57%) who reported that they have *not* identified any CSEY victims among their clients, 25 reported that more than half of their clients have three or more risk factors for CSEY.⁵¹

⁵⁰ Of the 30 agencies who had identified CSEY youth among their clients, 17 retained the clients in their care, 8 referred them to other providers, and 5 had "other" responses, which included having done both at different times, retaining until other providers were identified, and retaining for some services but not others.

⁵¹ Survey respondents were shown a list of empirically known risk factors for CSEY and asked to estimate the proportion of their clients who had at least 3.

Figure 9: CSEY in Non-Specialized Programs



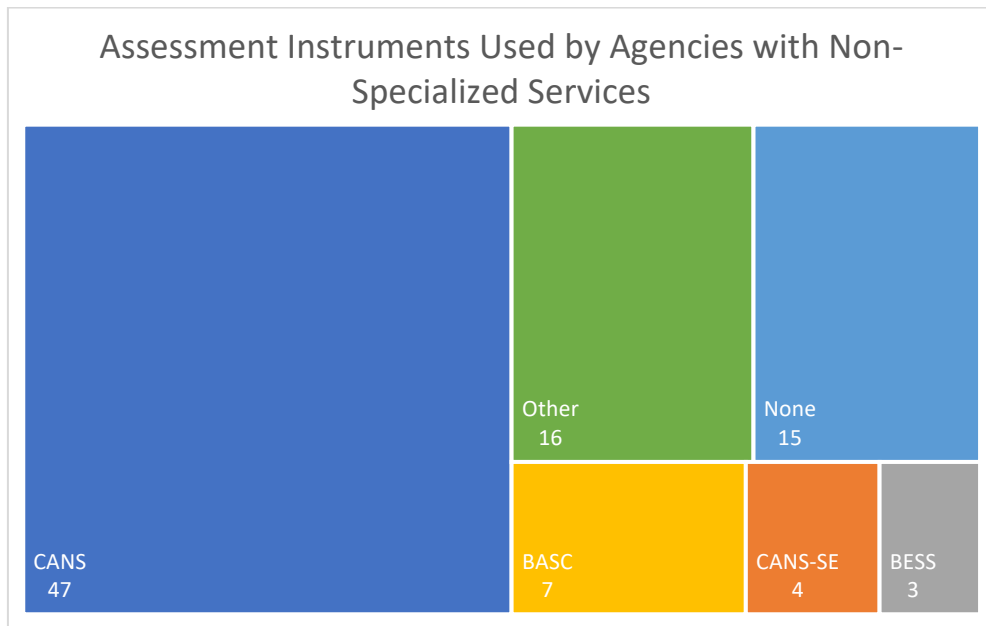
It is possible that better screening would help agencies identify CSEY victims among their clients.⁵² The survey findings show that among agencies not providing specialized services, only 12 percent (spanning all program types) are using the CSE-IT tool. Another 11 percent report using some other screening tool, and write-in responses again indicated that the majority of these are using client intake forms as their method of screening.

In addition to being asked about screening of clients, respondents were also asked what assessment instruments they use to determine clients' treatment needs. The results are displayed in Figure 10.⁵³ Among the 62 respondents who answered this item, a large majority (47 agencies) are using some version of the Child and Adolescent Needs and Strengths (CANS) assessment. Discouragingly, nearly a quarter of respondents who answered this item (17 agencies) reported using no assessment tools at all to determine treatment needs. Write-in responses from the "other" category include referral information from other agencies, the self-sufficiency matrix, Casey Life Skills, psychological evaluations, and ACEs questionnaires.

⁵² In this data, there is not a statistically significant correlation between use of the CSE-IT tool and whether an agency has identified any CSEY youth among their clients ($X^2: 0.18; p=.67$)

⁵³ The numbers beneath the category names represent the number of agencies who selected that instrument from the list of all instruments. The number of agencies for each instrument exceeds the total number of agencies because respondents could select all that applied.

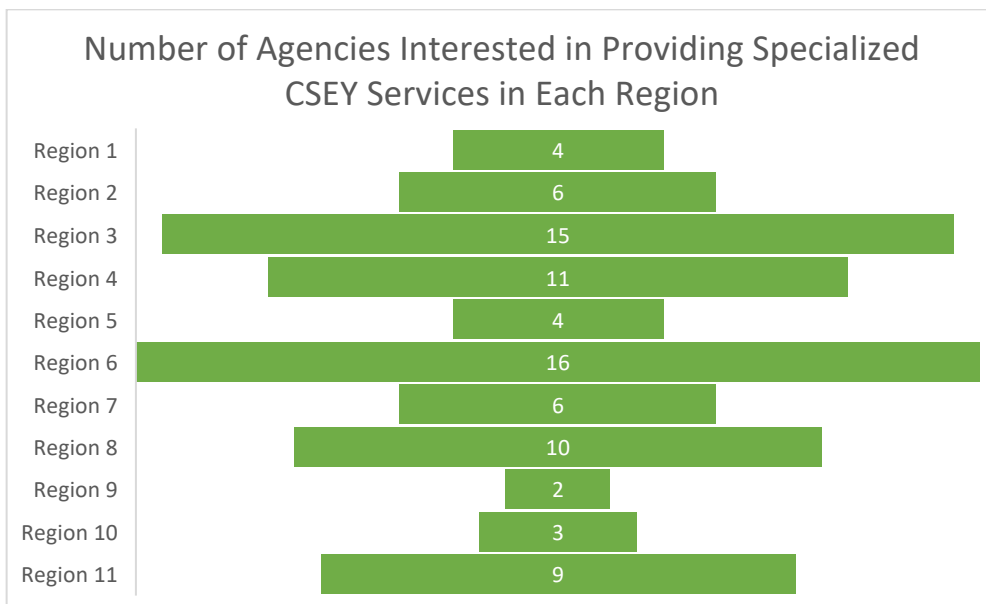
Figure 10: Client Assessment



Building Capacity: Providing Specialized Services for CSEY

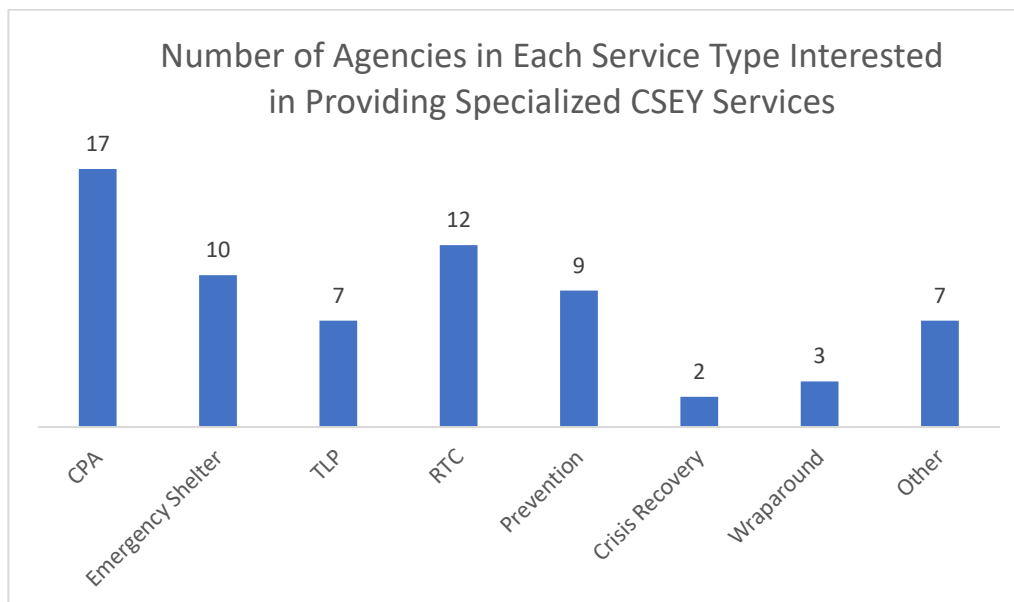
Among agencies not currently providing specialized programs, 36 agencies (42%) are interested in providing specialized CSEY programs in the near future. There are agencies in every region in the state interested in expanding to serve the CSEY population, as shown in Figure 11.

Figure 11: Interest in Expansion, by Region



As shown in Figure 12, agencies interested in providing specialized CSEY services in the future span service types across the continuum of care.⁵⁴

Figure 12: Interest in Expansion, by Service Type

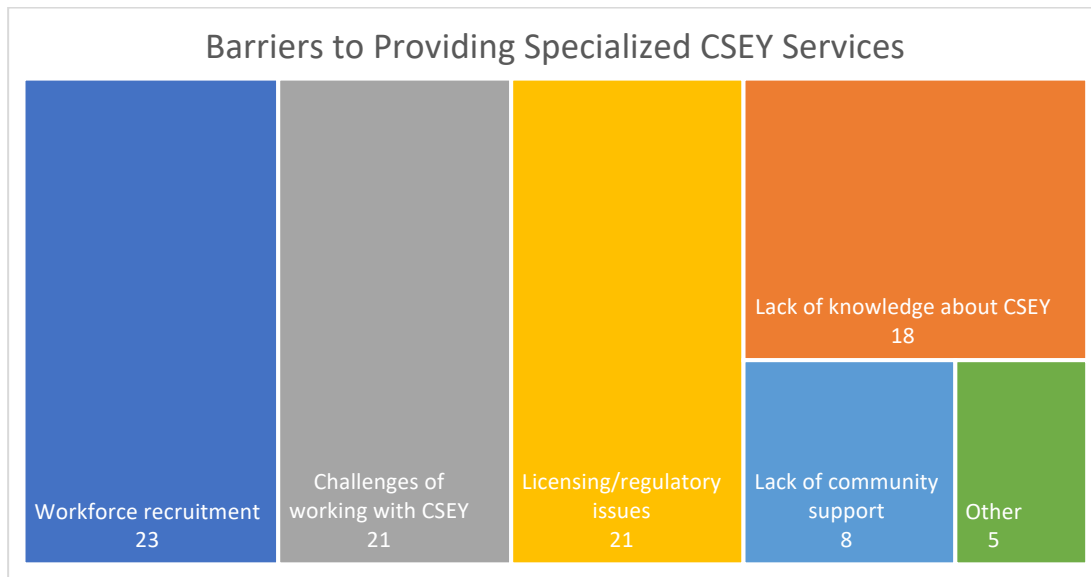


Despite the promising level of interest in offering specialized services in the future, agencies also expressed barriers to this expansion in service array, as displayed in Figure 13.⁵⁵ The difficulties of recruiting and retaining a qualified workforce, navigating regulatory issues, and working with a challenging population were all endorsed by a high percentage of responding agencies. Among those citing regulatory issues, two providers specified that there are unfair penalties applied to agencies for challenges such as frequent client runaways, which are normative behaviors in the context of a CSEY population.

⁵⁴ The question about interest in expanding to provide specialized CSEY services in the future was asked at the agency level. The numbers for each column reflect the number of agencies already running each of these programs who want to serve CSEY. There are not discrete categories; for example, an agency might run a CPA and an emergency shelter. This chart does *not* indicate that these are the specific types of specialized CSEY programs that agencies want to offer in the future. It would be a correct interpretation to say, “There are 17 agencies currently operating CPAs who are interested in providing specialized CSEY services in the future,” not, “There are 17 agencies who are interested in operating a specialized CPA for CSEY in the future.”

⁵⁵ The numbers beneath the category names represent the number of agencies who selected that barrier from the list of all barriers. The number of agencies for each barrier exceeds the total number of agencies because respondents could select all that applied.

Figure 13: Expansion Barriers



Following the survey question regarding barriers to expansion, respondents were asked an open-ended question about what assistance the state could provide to facilitate the expansion of their service arrays to offer specialized CSEY programs. The responses were similar to those from providers already providing CSEY services. Of the 30 providers who wrote in responses, the most common answer was training and/or certification for staff in order to work with a CSEY population (14 providers).⁵⁶ An additional 7 providers stated that more funding was necessary to expand services.

Finally, respondents were asked an open-ended question about the unmet needs for CSEY in their communities. Those who answered (43 respondents) overwhelmingly cited a need for housing options (20 responses) and mental health services (20 responses). Other common responses were job/workforce training for youth, more placement options, education, and medical care.

Limitations

As with all research, this study has limitations that should be considered when examining the findings. A key limitation of this study is the unknown generalizability of the survey findings to the full population of child and youth serving providers throughout the state. Participation in the study was voluntary, and those who responded may not be fully representative of those who did not. It is possible, for example, that responding agencies are more invested in CSEY issues, have more interest in serving the CSEY population, or just have stronger opinions

⁵⁶ Only one respondent provided a specific training need, which was training for using the CSE-IT tool.

on the topic. Findings should be interpreted with caution because of this limitation. This is especially true for findings regarding agencies who currently provide specialized CSEY services, since only 39 total responses were received for this subgroup. Findings on specific program types warrant even more caution, since these have even fewer responses from which to generalize (for example, there are only six RTCs specialized for CSEY in the data).

Discussion and Recommendations

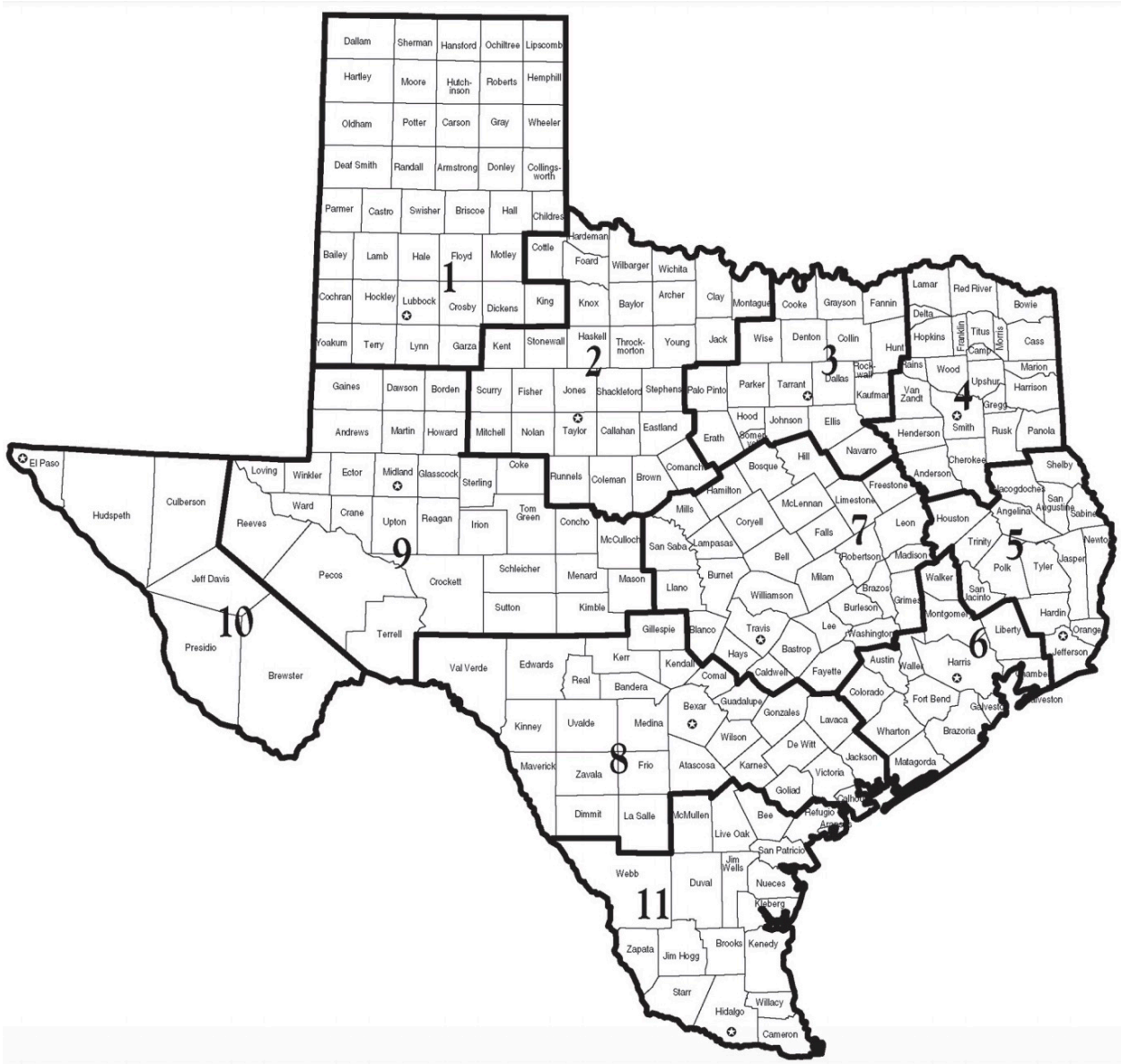
This study produced findings to support capacity building for specialized CSEY services in Texas. A few of the most relevant findings are highlighted below.

- **Screening rates could be improved.** Among all respondents, only a quarter use the CSE-IT tool to screen for CSEY among their clients. Among specialized programs, half use the CSE-IT, although this low rate could simply reflect that clients are being referred to specialized programs after having been confirmed as victims by the referring entities. Among agencies not offering specialized services, only 12 percent use the CSE-IT, and nearly 80 percent don't use any CSEY screening tools at all, even though these agencies are serving high-risk populations. Though some agencies who do not use the CSE-IT reported using other tools to screen for CSEY, the most common method they reported using is agency intake form, which may not be as effective as a validated instrument like the CSE-IT. The relatively low usage rate of the CSE-IT may result in under-identification of trafficked youth.
- **Agencies offering specialized CSEY programming are funding services through many sources.** As shown in Figure 5, there is substantial variation in primary funding source for CSEY programs. This variation exists between different program types (for example, the primary funding sources are different for CPAs compared to emergency shelters), and also within program types (for example, among the six specialized RTCs, three are funded primarily by DFPS, two are funded primarily by private philanthropic organizations, and one is funded primarily by the Office of the Governor). This highlights the importance of ensuring adequate funding from all potential sources, as well as the work agencies do to sufficiently fund services for this population.
- **Organizations need assistance with funding and training to build capacity for serving CSEY.** The majority of agencies providing specialized services are interested in expanding to serve more clients, and in expanding their service arrays to offer new programs. Further, 42 percent of agencies not currently providing specialized services are interested in expanding their operations to offer specialized services for CSEY in the future. There are, however, barriers to expansion. Agencies most consistently identified funding for start-up costs and trainings relevant to working with CSEY as the primary areas in which they need state support to expand programming.

The following recommendations are based on the major findings relevant to capacity building.

- **Reinforce consistent use of the CSE-IT screening tool** among public and private agencies already serving CSEY and those serving high-risk populations. Agencies not currently using the tool may need training to implement more consistent screening.
- **Provide or facilitate trainings relevant to serving CSEY** to agency staff throughout the state to equip organizations to serve this population and to build an adequately trained workforce. Relevant trainings should cover a range of topics for clinicians (e.g., Trauma Focused-Cognitive Behavioral Therapy or Dialectal Behavioral Therapy) as well as for direct care staff (e.g., Trust-Based Relational Intervention or best practices for working directly with survivors). Scaling up trainings in the state could be achieved through a variety of approaches, such as: hosting trainings and workshops in each region; embedding trainings in existing conferences that cater to child and youth serving organizations; and/or creating or facilitating regional networks of clinicians to promote peer learning and information-sharing among providers.
- **Establish formal state-level partnerships with the philanthropic community** to work toward shared goals for serving CSEY survivors. Given agencies' reliance on philanthropic dollars to run specialized programs, the state should work with the private philanthropic community in a coordinated way to ensure effective and efficient distribution of funds to CSEY-serving providers.
- **Maximize funding from all sources** to expand and fill gaps along the full continuum of specialized services for CSEY victims. Funding will facilitate expansions to allow providers to serve more clients and offer new specialized programs for CSEY.
- **Create a mechanism for training and technical assistance** to providers for any unmet needs that would build capacity to serve CSEY. While providers would need individualized assessments to determine those needs, some potential targets for technical assistance might be clinical coaching, community outreach, grantwriting, effective supervision, Continuous Quality Improvement, and/or program evaluation.

APPENDIX A: DFPS/HHSC SERVICE REGIONS



APPENDIX B: DEFINITIONS OF PROGRAM TYPES⁵⁷

Program Type	Description
Advocacy	Programs to support and meet the needs of individual victims and survivors of exploitation. Advocacy for CSEY may include, but is not limited to, supporting victims and survivors through medical appointments or legal proceedings and/or connecting them to community services such as medical, behavioral health, or housing.
Behavioral Health	Behavioral health programs can provide a continuum of services that support individuals with behavioral, mental or substance use needs. Services can vary widely but may include individual counseling, family counseling, psychiatric treatment, or substance use treatment. Services may be provided by an array of service providers including social workers, counselors, psychiatrists, psychologists or doctors.
Child Placing Agency	A person, including an organization, other than the parents of a child who plans for the placement of or places a child in a childcare operation or adoptive home. ⁵⁸
Crisis Recovery	Collaborative crisis intervention efforts to recover victims of trafficking.
Drop-in Center	Drop-in centers are places where runaway and homeless youth and victims of trafficking can go without appointments to get advice or information, receive services or service referrals, or to meet other runaway or homeless youth. These centers are another point of connection for young people who may not want to go to shelters to get supports and services. In some instances, law enforcement may bring youth to a drop-in center rather than juvenile probation or jail if their offense is related to victimization, homelessness or status a runaway. Some drop-in centers can have a specific focus on supporting victims of commercial sexual exploitation.
Emergency Shelter	Also referred to emergency services and emergency care services. A specialized type of child care services designed and offered to provide short-term child care to children who, upon admission, are in an emergency constituting an immediate danger to the physical health or safety of the child or the child's offspring. ⁵⁹ Licensed by Residential Child Care Licensing, emergency shelters are often contracted by DFPS for short-term placements for children and youth in foster care, but they also provide immediate, emergency housing for runaway and homeless youth.

⁵⁷ These definitions were not provided in the survey instrument. Respondents selected program types based on their own understanding of these terms. The descriptions provided here are broad, generally accepted definitions included for the benefit of readers unfamiliar with these programs and systems.

⁵⁸ Texas Administrative Code 745.21 (8)

⁵⁹ TAC 748.61(3)(A)

General Residential Operation	A residential childcare operation that provides childcare for 13 or more children or young adults. The care may include treatment services and/or programmatic services. These operations include emergency shelters, operations providing basic childcare, residential treatment centers, and halfway houses. ⁶⁰
Medical Services	Medical service programs can run the full continuum of physical health including sexual health and dental health.
Prevention Services	Community-based therapeutic and support services to address behavioral and family difficulties that can lead to more serious issues for youth. Prevention services often include crisis intervention, individual counseling, or family counseling in order to prevent child abuse and neglect or a youth running away from or being kicked out of their home.
Residential Treatment Center	A general residential operation for 13 or more children or young adults that exclusively provides treatment services for children with emotional disorders. ⁶¹
Street Outreach	Programs that employ outreach workers to identify and build relationships with runaway, homeless, and street youth and are focused on helping young people get connected to services and off the streets. Street outreach programs are usually connected to agencies providing other programs and services.
Wraparound	Wraparound is an intensive case management approach for youth with serious behavioral or emotional difficulties that is meant to prevent the need for out-of-home placement and maintain the youth in their home. It is a team-based approach that incorporates youth and family perspectives for treatment planning.

⁶⁰ TAC 748.43(27)

⁶¹ TAC 748.43(55)