



**Nevada Department of
Health and Human Services**
DIVISION OF CHILD AND FAMILY SERVICES

Senate Bill 293 Report

Infrastructure Plan for Commercially Sexually Exploited Children

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I greatly appreciate the legal expertise and additional efforts of Bailey Bortolin and Sara Stephan from Southern Nevada Legal Aid for identifying strategies being used by other states, and Brigid Duffy, Clark County District Attorney Juvenile Division Director, for her work on developing the legal framework for the Receiving Center recommendations.

I would like to recognize the work of the Nevada Coalition to Prevent the Commercial Sexual Exploitation of Children (CSEC Coalition). Some of the recommendations provided here have been informed by the work of the CSEC Coalition, including efforts by the Coalition to evaluate the service array for CSEC in our state.

In addition, many subject matter experts and programs across the county shared their experience which helped enrich this report.

Kindly,

Esther Rodríguez Brown

Ego Friendly Living

Executive Summary

Nevada, in particular Las Vegas, is one of the most common destinations for traffickers to sell children for sex and for buyers to purchase them. Our state has been taking positive steps forward to support commercially sexually exploited children (CSEC)¹, most recently through the passage of Assembly Bill 151 and Senate Bill 293 in the 80th Session of the Nevada Legislature in 2019.

Assembly Bill 151 provided the framework for the state's child welfare agencies to accept reports and ensure services for all CSEC, regardless of their relationship to their trafficker. Senate Bill 293 (SB 293) required the development of a plan to establish the infrastructure to provide treatment, housing, and services to CSEC.

This report provides overview of SB 293, describes the work that was undertaken to fulfill the objectives of the bill, and provides a plan to support CSEC as required by the bill.

This report emphasizes the need of specialized residential services for this population, including a new type of residential program called a CSEC Receiving Center, as well as specialized and mandatory training and standards of service for professionals who are working with CSEC. In addition, the report outlines recommendations for residential secured alternatives, training guidelines, support for foster parents and professionals working with CSEC, legal protections for CSEC related to specialized housing, and standards of care parameters.

¹ Depending on the context, CSEC refers to commercially sexually exploited child(ren) or the commercial sexual exploitation of children.

Scope of The Problem: Child Sex Trafficking in Nevada

Nevada is a top destination for those who seek to sexually exploit children. In 2019, Nevada ranked 12th in the nation for the number of human trafficking cases reported to the National Human Trafficking Hotline.¹

In 2018, The Human Trafficking Initiative published [Nevada's Online Commercial Sex Market](#) which examined advertising on Backpage.com, a leading classified website and the largest marketplace for buying and selling sex. The study found that in 2016, Nevada led the nation in the number of sex providers per capita.² Based on descriptive language in ads, it estimated that 19% of Nevada's sex providers were likely younger than the 18 years of age required to advertise, putting Nevada among the top ten states in terms of the number of young sex providers. These young sex providers were more than twice as likely to have indicators of drug use than older sex providers and at higher risk of having been trafficked. Buyers paid more for young sex victims, suggesting a higher demand by both buyers and traffickers.

Children involved with child welfare agencies are particularly vulnerable to sex trafficking. According to the National Center for Missing and Exploited Children, one in seven of the 25,000 runaways reported to them in 2017 were likely child sex trafficking victims; 88% of these likely trafficking victims were in the care of child welfare when they ran.

Collecting consistent and reliable data on CSEC is a challenge in the state of Nevada; many agencies rely on manual data collection as there is not a statewide system in place. The following is a sample of data provided by various agencies in Nevada.

In 2017, 156 youth came before the specialty juvenile diversion Girls' Court in Clark County for sexual-exploitation-related charges; 100 were local, 56 were from out of state. The average age was 15.8 years; 155 were female, and one was male. The majority of the 100 local youth identified as African American (59%), followed by White (15%), Hispanic (15%), and Mixed Race (11%). Of these children, 91% had some involvement with Nevada's child welfare system.³

In 2019, Las Vegas Metropolitan Police Department (LVMPD) identified 116 minor sex trafficking victims, 114 female, 2 males. Of these, 82 were runaways, and 102 were local youth. The majority were identified as Black (59%), followed by White (25%), Hispanic (13%), and Asian (3%). Most (114) were 14 - 17 years of age, and two were 13 years of age or younger.

From January 1st through June 30th, 2020, LVMPD already identified 59 minor sex trafficking victims, 57 females and 2 males. Of these children, 43 were reported runaways/missing persons. The majority identified as Black (68%), followed by Hispanic (18%), and White (12%). Most (57) were 14 - 17 years of age, with four aged 13 years or younger. Of the 59, 47 were local children.⁴ These numbers more or less coincide with the ones reported by Clark County Department of Family Services, At Risk Youth Support (ARYS) unit, that works in partnership with LVMPD identifying and servicing identified CSEC.

Washoe County Human Services Agency reported 12 CSEC cases in 2019 based on child welfare admission data, Nevada Rapid Identification Tool, and/or police reports. Six were White, 3 African American, and 3 Latino. The average age was 16, with a range of 14-17 years old. Eleven were female and one was a male. Ten were local, one was from Las Vegas, and one was from out of state. Eleven of 12 had varying levels of involvement with CPS. From January to June 30th of 2020, Washoe County recovered four confirmed CSEC victims and nine youth that were determined to be at a high risk of being exploited; three of them are currently in care.

The DCFS Rural Region Child Welfare Agency reports one CSEC youth since AB 151 was passed.

Unique Needs and Challenges of Commercially Sexually Exploited Children

Children who fall prey to traffickers are lured in with offers of material goods, food, clothes, attention, friendship, love, a seemingly safe place to sleep, and a distorted sense of freedom and empowerment. After cultivating a relationship with the child and engendering a false sense of trust, the trafficker will begin engaging the child in commercial sex trafficking, and use physical, emotional, and psychological abuse to keep the child trapped in a life of prostitution. It is not uncommon for traffickers to beat, rape, or torture their victims. Some traffickers use drugs and alcohol to control them.⁵ Often, traffickers threaten to harm the child's family members to create fear and prevent them from leaving.

CSEC experience multiple traumatic events including exposure to repetitive and prolonged violence, isolation, personal invalidation and coercion, which lead to serious mental and emotional health consequences. As a consequence, CSEC often develop depression and other affective disorders, suicidality, PTSD, and substance use. The abuse of substances by CSEC frequently represents an attempt to numb the physical and emotional pain related to traumatic

events and resulting mental health issues. These experiences also impact their development, learning, behavior, identity development, self-worth and relationships, making continued victimization more likely.

This relationship between the trafficker and the victim it is very difficult to break, which is referred to as trauma bonding. Trauma bonding is the development of strong emotional ties between two people, where one intimidates, harasses, abuses, and beats the other intermittently.⁶ This intermittency of abuse results in alternating conditions of negative and positive relationships creating dependency and strengthening the bonding between the abused and the abuser. Due to this trauma bond, CSEC do not typically see themselves as a victim, and they may refuse any services or help. Providing services and support to CSEC can also be challenging due to the trafficker's manipulative techniques that create distrust toward anyone outside of their circle, in particular government systems.

The Stages of Change model² identifies the different stages that individuals face throughout their recovery. This model was adapted by the CSEC Community Intervention Project and Girls Education and Mentoring Services to describe the CSEC's recovery process.⁷⁸ The Stages of Change recognizes five phases:

- (1) Pre-contemplation: The CSEC is in denial about their victimization, does not accept help, and defends and protects their abuser.
- (2) Contemplation: The CSEC is not ready to leave the abuser but has started processing the abuse and its effect. They start feeling the desire to start a new life but may be fearful of what might happen if they leave the situation.
- (3) Preparation: The CSEC makes a commitment to leave and starts taking small steps toward that decision. They start engaging intermittently in services.
- (4) Action: The CSEC is actively leaving the life of abuse, embracing the help of others, and cuts contacts with their trafficker.
- (5) Maintenance: The child stays out of the sex trade, can maintain a job and/or attend school,

² Prochaska, J.O. and DiClemente, C.C. (1982). Transtheoretical therapy: Towards a more integrative model of change. *Psychotherapy: theory, research, and practice*, 19, 276-288.

develop new skills, and successfully avoids the life of sex trafficking.

- (6) Relapse: The child returns to the life of CSEC, stops engaging in services, and reconnects with their trafficker.

These phases do not typically occur neatly in order, as CSEC may move back and forth between any of the phases, and a relapse may start the stages over from the beginning.

These unique needs present a challenge to states to develop a system to identify children who are being sexually exploited, and to then provide sufficient housing and services to help them through the Stages of Change to recovery, and to address trauma and co-occurring mental health concerns. The State of Nevada has identified the importance of this task and has begun to build a system for this vulnerable population.

CSEC Coalition

The Nevada Coalition to Prevent the Commercial Sexual Exploitation of Children (CSEC Coalition) was established by Governor's Executive Order 2016-14 on May 31, 2016. The directive was to establish a Statewide Strategic Plan and create recommendations on how to address the Sex Trafficking Provisions of Public Law 113-183. The Chair and Co-Chair of CSEC Coalition were Nancy M. Saitta, Nevada Supreme Court Chief Justice (retired), and Ross Armstrong, Administrator of the Division of Child and Family Services, Department of Health and Human Services. The CSEC Coalition included trafficking survivors and professionals representing a variety of statewide agencies and organizations. The purpose of the Executive Order was to foster collaboration and coordination among agencies to improve the capacity to identify CSEC and provide safety and services for them and their families or caregivers, as appropriate; and to hold traffickers accountable.⁹ The CSEC Coalition devoted two years developing comprehensive protocols and prevention strategies to combat the commercial sexual exploitation of children in Nevada using a victim-centered, trauma-informed approach. The impressive work of the CSEC Coalition was the basis to develop Legislation to promote the safety and appropriate services of children in Nevada victimized by traffickers and buyers.

Survey of Existing Services

To inform their work, the CSEC Coalition developed and distributed a survey to assess the service array for CSEC. The survey covered the following eight categories¹⁰:

- Immediate Crisis Response
- Physical Health
- Mental Health
- Sexual and Reproductive Health
- Substance Abuse
- Residential Housing and Placement
- Legal Advocacy
- Support and Skill Development

In addition to requesting information about the agency providing services (e.g., sources of referrals, hours of operation, populations served), it also asked about the agency's capability to serve CSEC (e.g., staffing, CSEC- and trauma-informed training, survivor-informed policies and procedures, security).

The survey found that there are no specialized placement options designed specifically for CSEC in Nevada. One residential treatment program in the Northern part of the State has specialized programming for CSEC within a larger program that serves youth referred by juvenile justice and child welfare. The survey also found that there were only a handful of mental health providers in the State who specialized in serving CSEC.

For more information about the CSEC Coalition, including the Strategic Plan, please visit the [CSEC Coalition website](#).

2019 Legislative Session

Assembly Bill 151

During the 2019 Legislative Session the CSEC Coalition advocated for legislation in the form of Assembly Bill 151 (AB 151) which outlined a pathway for identifying and serving child victims of sex trafficking regardless of the relationship between the exploited child and their trafficker.¹¹

This bill brought the State into compliance with federal law PL 114-22 Justice for Victims Trafficking Act (JVTA). The JVTA amended the Child Abuse Protection and Treatment Act's (CAPTA) definition of "child abuse and neglect" and "sexual abuse" by adding a special rule which required a CSEC be considered a victim of child abuse and neglect regardless of their relationship with the perpetrator. AB 151 created a new chapter in NRS, NRS 432C: Protection of Children from Sexual Exploitation, which strengthens protections for CSEC victims to ensure their unique safety and service needs.

Senate Bill 293

Senate Bill 293 (SB 293) was also enacted during Nevada's 2019 Legislative Session. SB 293 prohibits the adjudication of a child as delinquent or in need of supervision, as well as placing the child in a state or local detention facility, for engaging in prostitution or solicitation for prostitution and for certain offenses related to their exploitation after July 1, 2022. It requires the juvenile court and other entities related to the juvenile justice system to report to child welfare agencies that a child in its custody is or has been sexually exploited or there is a reasonable cause to believe they are being or have been exploited. In recognition that this population of children have unique needs and will be challenging for child welfare agencies to serve, the bill also requires the development of an infrastructure plan to provide treatment, housing, and services for Commercially Sexually Exploited Children (CSEC).

SB 293 supports one of the major objectives in the Nevada CSEC Strategic Plan:

Objective 2b Provide a holistic continuum of care for CSEC,
including quality placement options with secure funding sources.¹²

SB 293 provided temporary funding to the Division of Child and Family Services (DCFS) to create a position to develop the infrastructure plan. Esther Rodriguez Brown fills the coordinator position as an independent contractor. Mrs. Rodriguez Brown is the founder of The Embracing Project (TEP), a successful grass roots non-profit whose mission is to provide trauma-informed care and unconditional support for children and youth victims/survivors of sexual exploitation. Mrs. Rodriguez Brown retired from TEP in December 2018 and merged the organization with Rite of Passage, to ensure the continuity of the services. Mrs. Rodriguez Brown is also the founder of Ego Friendly Living, a trauma-informed company with expertise in self-care, trauma-informed care, and professional growth for individuals who work with

survivors and victims of trauma. The company provides training, education, technical assistance, executive and board retreats, and consultancy services for governmental and private organizations that respond to and/or serve individuals or groups that have suffered trauma, catastrophes (natural or man-made), and violence. Mrs. Rodriguez Brown has over 15 years of experience working with sexually exploited and traumatized adolescents and children.

SB 293 requires that on or before October 1, 2020 the CSEC Coordinator shall submit to the Legislative Committee on Child Welfare and Juvenile Justice a formal proposal to carry out the plan to establish infrastructure to provide treatment and services to commercially sexually exploited children.

To achieve this outcome, the CSEC Coordinator was directed to:

- Assemble a workgroup of other state and local agencies, including, without limitation, agencies which provide child welfare services and juvenile justice services, and other interested persons, including, without limitation, nonprofit organizations that provide legal services and persons who advocate with victims.
- Lead the workgroup in:
 - The assessment of existing services and gaps in services for the CSEC population
 - The assessment of the needs for services and housing of the CSEC population in the state and the anticipated needs for services and housing in the future.
 - The evaluation of any incentives necessary to recruit providers of housing for the CSEC population that meet the needs of the population.
- Use the results of the needs assessments to develop recommendations to establish the infrastructure to provide treatment, housing, and services to the CSEC population that meets the following requirements:
 - Provide specialized, evidence-based or promising-practices forms of housing, including, without limitation and where feasible and appropriate, home-based housing, to meet the needs of each child in the state per the requirements set out in SB293.

- Recruit providers of housing
- Provide services to providers of housing
- Provide legal representation to the children
- Ensure that any secured placement for the children meets the requirements set out in SB293.

Method to Develop Recommendations

The CSEC Coordinator organized two Workgroups around the main components of the bill: a Residential Workgroup to address housing, and a Mental Health Workgroup to address services. A Stakeholder Workgroup was also assembled to guide and approve the work of the Workgroups.

Stakeholder Workgroup

The Stakeholder Workgroup met four times from December 2019 through June 2020. They approved the recommendations included in this document at their final meeting.

Stakeholder Workgroup Goals:

- Identify providers that are currently providing housing and or services to CSEC
- Evaluate existing services and identify gaps for the CSEC population.
- Identify and evaluate incentives to recruit providers of housing for CSEC
- Develop recommendations to fulfill the residential and trauma-informed services needs for CSEC in Nevada
- Identify best practices or promising practices for CSEC residential services

Role of the Stakeholder members:

- Recommend individuals to participate in the Residential and Mental Health Workgroups
- Review and approve the work of the Residential and Mental Health Workgroups
- Provide data from their agencies on the CSEC population and/or identify sources for obtaining data on the number of CSEC in Nevada and how and where they are currently

being served

- Utilize and build on the work of the Nevada Coalition to Address the Commercial Sexual Exploitation of Children (CSEC Coalition).

Members of the Stakeholder Workgroup:

Frank Cervantes, Washoe County Department of Juvenile Services (WCDJS)	Kristine Buist, Las Vegas Metropolitan Police Department (LVMPD) – VICE Unit
Elizabeth Florez, WCDJS	Cara Paoli, Washoe County Human Services Agency (WCHSA)
Abigail Frierson, Clark County Department of Family Services (CCDFS)	Ryan Gustafson, WCHSA
Ann Polakowski, Division of Child and Family Services (DCFS) - Children’s Mental Health	Nicole Yohay, Clark County Department Juvenile Justice Services (DJJS)
Bailey Bortolin, Legal Aid Center	Sara Stephan, Legal Aid Center
Toshia Shaw, The Embracing Project	Melissa Holland, Awaken
Suzanne Bierman, Department of Health Care Financing and Policy	Sharon Anderson, DCFS Juvenile Justice

Residential Workgroup

The Residential Workgroup met seven times from December through June 2020.

Residential Workgroup Goals:

- Identify current residential service providers that are willing to offer services to CSEC
- Identify the challenges of providing services to this population
- Identify incentives needed to recruit residential staff and foster parents
- Explore trauma-informed residential options

Members of the Residential Workgroup:

Kerri Korin, Apple Grove Foster Care	Cheryl Cooley, Director, ARYS
Amanda Watson, ARYS	Bianca Patti, Bamboo Sunrise
Jennifer Erbes, CCDFS Resource Development	Susie Miller, DCFS Residential
Sarah Dearborn, Division of Health Care Finance and Policy	Edylynn Quijano, Eagle Quest
Stacy Scott, ARYS	Bailey Bortolin, Legal Aid Center
Serene Pack, Nevada Medicaid	Heather Hughes, DCFS – Clinical
Shannon McCoy, DCFS Washoe Permanency	Toshia Shaw, The Embracing Project
Rebekah Graham, Sierra Sage Academy	Jessica Halling, St. Jude’s Ranch
Beverly Burton, DCFS System of Care	Amna Khawaja, DCFS Wraparound In Nevada (WIN)
Don Hoier, LVMPD-VICE- Retired	Brook Adie, DPBH
Kathryn Wellington-Cavakis, DCFS - WIN	

Mental Health Workgroup

The Mental Health Workgroup met five times from February through June 2020. Members of the Mental Health Workgroup attended the April 24th Residential Workgroup meeting.

Mental Health Workgroup Goals:

- Identify organizations/agencies providing trauma-informed services for CSEC
- Identify organizations/agencies providing substance abuse services for CSEC
- Make recommendations for mental health therapeutic treatments

Members of the Mental Health Workgroup:

Katie Hartley, Awaken Clinical	Dr. Lisa Linning, CCDFS Clinical
Dr. Shera Bradley, DPBH	Ann Polakowski, DCFS Children’s Mental Health
Karissa Garr, FACT	Sara Stephan, Legal Aid Center

Sarah Dearborn, NV Medicaid	Brook Adie, DPBH
Kathryn Wellington-Cavakis, DCFS WIN	Daniele Dreitzer, Rape Crisis Center
Michelle Sandoval, Rural Mental Health	Heather Hughes, Washoe County
Shannon Hill, DCFS-WIN	Amna Khawaja, DCFS-WIN
Beverly Burton, DCFS System of Care	

Additionally, CSEC experts from around the country provided valuable input to help inform the recommendations from the three Workgroups. They included:

- Walter Joseph and Lori Stella. Children’s Home of Poughkeepsie, State of New York.
- Andrea Sparks. Office of Governor Greg Abbott, State of Texas.
- Toni McKinley. Juvenile Justice Department, State of Texas.
- Dr. Giham Omar. Citrus Health Network’s Therapeutic Foster Care and CHANCE Program, State of Florida.
- Kelly Mangiaracina. King County CSEC Policy and Program Manager, State of Washington.
- Schuyler Klock, LICSW. CSEC Liaison, State of Washington.
- Kendra Hanson. Well Spring Living Receiving Center, State of Georgia.
- Superintendent Albert Cervantes. Letot Center, Department of Juvenile Justice, Dallas County.

Recommendations: Residential Workgroup

There are no specialized housing options for CSEC currently in the State of Nevada. Housing options are essential to address the needs of this population in a safe and therapeutic environment with staff that understands CSEC dynamics. Levels of needs for housing are different for each child, and each of these levels are important to ensure their journey to recovery. The Residential Workgroup presents the following recommendations to broaden the continuum of placements for CSEC by enhancing current options and creating two new placement types: CSEC Receiving Centers and Specialized Foster Care Homes specializing in the CSEC population (See Table 1).

RESIDENTIAL WORKGROUP RECOMMENDATIONS:

- 1- To create a safe and secured 24/7 CSEC Receiving Center with specially trained staff where CSEC can be referred by child welfare, law enforcement, and other agencies to be evaluated and referred to the appropriate long-term housing options and services.
- 2- To create Specialized Foster Care Homes with with specialized CSEC training and programming for children with active 432B and 432C cases.
- 3- To enhance other placement types to serve CSEC.

Continuum of Placement Options

Existing:

Community Drop-In Centers already exist in the state; their primary role is to offer comprehensive services and support to the CSEC population. These centers may be the first place a CSEC has contact with when they are contemplating leaving the “life.” They are strategically located in areas frequented by homeless teens or where trafficking is conducted. Drop -in centers provide a respite for CSEC and introduce them to people and services that give them hope and vision that there is another way of life. The Residential Workgroup recommends continuing and expanding funding for Community Drop-In Centers, expanding services for CSEC, extending their services to rural regions, and working in collaboration with the Receiving Centers. More information about Drop-In Centers is provided in Appendix A.

Staff Secured Facilities are an existing service, although most of these facilities are located outside of Nevada. The recommendations from the Residential Group are to ensure that staff secured facilities provide specialized CSEC and trauma training to their staff and to that they have programs that are targeting the needs of CSEC.

Enhance:

Specialized Foster Care (SFC) and Advanced Foster Care (AFC) Homes already exist in the state, providing a higher level of foster care to children and youth who have behavioral health needs that exceed the capacity of “traditional” foster family homes. SFC/AFC could be enhanced to serve the CSEC population by facilitating specialized CSEC and trauma training as well as complementing their services partnering with WIN and/or Community CSEC Providers to support the needs of the population.

Relative or parental care with child welfare custody, traditional foster care, and group treatment foster care homes are also existing resources, although these services can be enhanced and specialized by providing access to specialized CSEC and trauma training, paying to hold beds open for this specialized population, and complementing their services partnering with WIN and/or Community CSEC Providers to support the needs of the population.

Nevada has currently three youth *Community Shelters* that could be enhanced to serve the CSEC population. Two of the shelters are located in Southern Nevada: Help Southern Nevada: Shannon West Youth Shelter and Nevada Partnership For Homeless Youth. The third is Eddy House, located in Northern Nevada. The Residential Group recommends providing or facilitating training to identify CSEC as they enter in shelter, and training on trauma-informed care, safety, and information on where to refer CSEC for additional services.

New:

CSEC Receiving Center would be a new placement type in Nevada, filling the need of having a secure facility to temporarily house CSEC while undergoing assessment and evaluation to determine appropriate placement and services.

The other new service will be relative/parental care without Child Welfare custody. The recommendation for this new service is to provide formal and informal support and care coordination to the families.

TABLE I. Overview of Continuum Housing Recommendations

Type of Placement Option	New or Enhancement of Existing	Provider(s)	Recommendations
Community Drop- In Centers	Existing (CSEC Specialized)	The Embracing Project/ROP (South) Awaken (North)	Continue and expand their funding. Support to expand services for CSEC. Extend to rural regions. Work in collaboration with Receiving Center
Staff Secured Treatment Facility	Existing	In-state and out of state contracted/approved RTCs	Enhance training for staff CSEC Specialized program
Community Shelters	Enhance	Nevada Partnership for Homeless Youth and Shannon West (S) Eddy House (N)	Provide training to: Identify CSEC, provide referrals Trauma informed care Safety issues/and
Relative/Parental Care with Child Welfare custody	Enhance	WIN (S/N) Community CSEC Providers (S/N)	Provide formal and informal support and care coordination
Advanced Foster Care	Enhance and Specialize	Child Welfare (S/N) WIN (S/N)	CW Operated homes- Supplemented with WIN and/or Community CSEC Provider
Specialized Foster Care	Enhance and Specialize	Child Welfare Contract providers DCFS-WIN Community CSEC providers	Contract Providers and trained them Support services with WIN and/or community CSEC Provider
Group Treatment Foster Homes	Enhance and Specialize	Child Welfare Contract providers	Increased Rate for CSEC Payment for bed holds
Relative/Parental care without Child Welfare custody	New	WIN (S/N) Community CSEC Providers (S/N)	Provide formal and informal support and care coordination.
CSEC Receiving Center	New	TBD Review of NRS 432C	24/7 safe and secured 10-15 beds Up to 30 days or as needed Multidisciplinary coordinated response

SPECIALIZED CSEC HOME RECOMMENDATIONS

After reaching out to several housing programs around the country, the Coordinator found that there are no recognized residential best-practices programs, although there are a few organizations with residential programs classified as promising practices including the Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation (CHANCE) program operated in Florida. The CHANCE specialized foster care program is designed specifically for CSEC and uses engagement practices to create an environment in which CSEC feel comfortable and prepared to receive services. Staff receive CSEC awareness training and safety planning to ensure the safety of all the residents. Due to the nature of the population and the likelihood of runaways, CHANCE provides information and resources to CSEC during the initial intake process including information on local resources and safe spaces. The youth are also provided with a care package with essential items. The recommended number of residents is from one to three to minimize the potential for peer recruitment and to individualize the services to each resident's needs. Florida provides multiple levels of foster homes, based on level of care needed, where CSEC may be able to step down into a home with up to four other residents.

The group recommended to create Specialized CSEC Homes based on the Specialized Foster Homes Model currently reflected in NRS 424. Specialized CSEC Homes are staffed with professionals who understand the CSEC dynamics and are trained in Trauma Informed Care and CSEC. These homes will provide housing for children with cases under 432C and 432B and/or 432C only cases. These homes will not be taking 432B only cases. CSEC who have the ability to go home will receive CSEC specialized wraparound services and support. When CSEC are in need of higher level of care under a mental health provider recommendation with a qualified diagnosis, the child will be referred to a Residential Treatment Facility. The main recommendations for Specialized CSEC Homes are:

- 1- Providing ongoing free CSEC training, trauma-informed training, and CSEC Stages of Change training to understand the dynamics of the population.
- 2- Create incentives for foster parents to serve this population, including higher rate, support groups, and self-care opportunities.
- 3- Assess and evaluate CSEC in relationship to their stages of recovery rather than age to find the appropriate specialized foster home.
- 4- Provide 24/7 access to clinical staff by phone.

- 5- Prioritize single child homes or a maximum of three residents in line with promising practices.
- 6- Create step down placement options that include independent living, CSEC teen mom homes, and LBGTQ homes.
- 7- Homes should be secured with an advanced alarm system that will both alert the foster parent of intruders (traffickers) and if the child is leaving the home.
- 8- Collaborate and work along with CSEC advocates and survivors from other agencies to create a support system around the youth.
- 9- Provide targeted cased management.
- 10- Improve respite care by utilizing:
 - a. Receiving Center
 - b. Other trained foster parents

CSEC RECEIVING CENTER RECOMMENDATIONS

The main purpose of the CSEC Receiving Center is to provide a safe place where CSEC can be referred by child welfare agencies, law enforcement, and other community organizations working with CSEC. The CSEC Receiving Center is a secured location where CSEC immediately enter into a safe environment away from their traffickers and start the process of a multidisciplinary assessment of their mental health and medical needs, appropriate placement options, and safety measures in a therapeutic environment and with specialized trained staff using engagement practices and who understand the CSEC stages of change dynamics. In addition, CSEC survivors who are at the CSEC Receiving Center will be able to receive emotional and academic support, a safe place to break the bond with the trafficker, and therapeutic and stabilization services. The CSEC Receiving Center is not intended to be a permanent placement facility.

At the time of the writing of this report there was only one operational CSEC Receiving Center in the country, in the state of Georgia. There is a mandate to open CSEC Receiving Centers in the state of Washington, but due to lack of funding they are not currently operational. Further information about the CSEC Receiving Centers in Georgia and Washington can be found in Appendix B.

All three Workgroups agreed on the need for a safe and secured option where CSEC can be assessed. There was a significant amount of conversation about whether the facility could or should be locked/secured to protect CSEC from traffickers, and to prevent runaways. In the end, the general consensus was that a locked facility would be beneficial for this purpose.

CSEC Receiving Center recommendations:

- 1- 24/7 secured facility with CSEC specialized trained staff (based on the recommendations of the MH Workgroup).
- 2- CSEC Receiving Center will be operated by non-governmental organizations but with partnership and support from the State and counties.
- 3- CSEC Receiving Center shall be staffed, at minimum, with a Coordinator with understanding of CSEC and mental health, CSEC trained clinician, case managers/advocates/daily staff with knowledge of mental health and CSEC dynamics.
- 4- Contracted professionals to deliver services at the CSEC Receiving Center (e.g. nurse, teacher, forensic interviewer)
- 5- Multidisciplinary team of professionals (e.g., CAP attorney, victim advocate, clinician, CSEC survivor, child welfare representative) to complete case reviews weekly, similar to the Legal 2000 standards.
- 6- Capacity for 10 to 15: females, males, LBGTQ organized by gender self-identification.
- 7- Maximum length of stay of 30 days, except in specific cases approve by a judge.
- 8- Weekly case reviews by the assigned judge take place at the CSEC Receiving Center.
- 9- Other services to be delivered to include, but not limited to:
 - a. Mental health triage
 - b. Basic needs assessment
 - c. Medical needs assessment
 - d. Psychiatric evaluations
 - e. Referrals for detoxification
 - f. Need for short-term placement
 - g. Mobile Crisis
- 10- Possible Funding identified for Nevada CSEC Receiving Centers:
 - a. Medicaid
 - b. Grants (Violence Against Women Act/Victims Of Crime Act/Office for Victims

Crime)

- c. Assembly Bill 311 was enacted in the state of Nevada in 2016. It created a contingency account for victims of Human trafficking in the State general Fund; authorizing the Director of the Department of Health and Human services to allocate money from the account to nonprofits corporations and agencies for the purpose of establishing or providing programs and services to victims of human trafficking.
- d. State and County contracts
- e. Fundraisers
- f. Private funding

LEGAL RECOMMENDATIONS

To implement CSEC Receiving Centers in Nevada, NRS 432C would need to be revised with the following recommendations:

- A model that mirrors NRS 433A, emergency admissions (commonly known as legal 2000) and involuntary court admissions. Ensures appropriate assessments including least restrictive alternative analysis conducted by licensed professionals.
- Admissions may be done by law enforcement or a child welfare agency. Emergency admissions must be based on reasonable cause that a child is CSEC and in imminent danger. Or the child consents or the parent/guardian consents. Absent consent or imminent danger the law enforcement or child welfare agency will need to obtain a warrant for admission.
- Admission forms for the CSEC Receiving Center shall be created that require the facts and circumstances that brought the child to the attention of law enforcement or child welfare as why there is a belief that a secured residential facility is needed. This report shall be distributed to the District Attorney Juvenile Division or the Attorney General's office for the filing of a petition.
- The CSEC Receiving Center must not be a juvenile detention facility or a mental health hospital. It shall resemble a residence as much as possible and have a mental health/services approach.
- Transportation to the CSEC Receiving Center may be done by the law enforcement or child welfare agency, there shall be an emphasis on not using restraints as well as the

potential to have the child transported by an advocate for admission into the facility.

- Provide for Judicial review within 24 hours, or next judicial day. An attorney shall be appointed for the child, the child welfare agency and District Attorney or Deputy Attorney General will be appointed to address the best interest of the child. This review will focus on the due process rights of the child-ensuring notice of why he or she is in a secured facility and an opportunity to be heard. Parental/guardian notice shall also be addressed.
- If the court finds that it is “contrary to the welfare” of the child to remain in the community the court shall make that finding and extend the placement at the CSEC Receiving Center no longer than five days. The District Attorney or Deputy Attorney General shall file a petition entitled: “Child in need of services”.
- Extension past 5 days under certain circumstances including a finding of continued threat to the child’s safety and unsuccessful efforts to identify a lesser restrictive setting. Judicial reviews shall continue weekly for each individual child admitted with opportunity for the child to participate in all proceedings.
- All parties involved in the process will ensure the confidentiality of the case.
- Hearings are held in the CSEC Receiving Center under circumstances that demonstrate a team approach with a panel of individuals to discuss the treatment needs and review the services to be provided, i.e., a board room style table with all parties on the same level. (See NRS 432B.585).
- The CSEC Receiving Center will be licensed by Health Care Quality and Compliance.

Recommendations: Mental Health Workgroup

The Mental Health Workgroup (MH Workgroup) identified three major needs and recommendations:

- (1) Creating training standards for professional, direct service providers and for mental health professionals who serve CSEC or could come in contact with them; and
- (2) A certification process for professionals to work with CSEC.
- (3) The use of evidenced based treatment modalities for CSEC as well as supportive holistic and alternative healing treatments to enhance traditional cognitive therapy.

TRAINING STANDARDS RECOMMENDATIONS

After researching and speaking with experts and agencies around the country that require training for CSEC, the MH Workgroup found the average hours of mandatory training is between 10 and 30 depending of the level of involvement the professional has with CSEC.

The MH Workgroup has developed a three-level hierarchy of training:

1. Ten hours of training for community professionals who may encounter CSEC, but will not be engaging in medium- or long-term direct services (e.g., judges, attorneys, law enforcement, teachers, counselors)
2. Twenty hours of training for professionals from any discipline who will be providing direct services
3. Thirty hours of training for mental health providers

The proposed curriculum is as follows:

1. Ten-hour community professional training:
 - Identification and screening of CSEC
 - CSEC awareness dynamics
 - CSEC 101
2. Twenty-hour direct service training:
 - Items in #1
 - CSEC Trauma-Informed care/services
 - CSEC Safety planning and assessment
 - CSEC Trauma Bonding
 - Suicide Prevention
 - Cultural Competency
 - Compassionate approach
 - Self-Care
 - Motivational Interviewing
3. Thirty-hour clinical training
 - Items in #1 and #2
 - CSEC Advanced clinical training (Stages of Change)
 - Neurobiology and Neuroscience of Trauma
 - On-going CEUs requirement

CERTIFICATION STANDARDS RECOMMENDATIONS

To ensure that professionals servicing CSEC are in compliance with training and services are delivered under promising practices models. To accomplish this the Workgroup recommended three statewide phases:

- Phase 1: Agencies that contract providers are the overseeing body for standards of care and training requirements.
- Phase 2: Licensing boards to adopt requirements to certify and recommend trainings to their licensees.
- Phase 3: Division of Child and Family Services Children's Mental Health Authority will review, approve, and certify agencies and trainings.

Evidence Based and Alternative Holistic Practices Treatment Modalities

Due to the complex trauma and the complexity of CSEC behaviors and dynamics, it is important to use evidence-based treatment modalities and practices. Some of these treatments are: Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy (CBT), Trauma Focus Cognitive Behavioral Therapy (TFCBT), Eye Movement Desensitization Reprocessing (EMDR), Motivational Interviewing (MI), and Person-Centered Therapy (PCT).

CSEC should be able to easily access treatment and services, regardless of where they are residing. Often, CSEC who live in the rural regions do not have the opportunity to receive certain services, to close this gap the group recommended utilizing tele-therapy and tele-medicine, giving access to CSEC youth who otherwise will go underserved.

Furthermore, there is abundant research that found alternative and holistic healing practices combine with traditional cognitive therapy to be efficient to heal trauma. CSEC need a variety of holistic healing modalities to complement the process. Supportive alternative healing such as Yoga, meditation, breathing, Ayurveda, Reiki, mindfulness, tapping, sound healing, expressive art therapy, sensory based art, therapy involving animals (dog therapy or equestrian therapy) it is recommended as a complement to their journey to recovery. To make sure that CSEC are receiving the appropriate holistic care professionals who want to provide holistic services will have to complete the minimum requirement of 10 hours specialized training, in addition to provide a resume with certifications or diploma related to their specialty and agree to go under the background checks that child welfare deem to be appropriate.

OTHER MENTAL HEALTH RECOMMENDATIONS

- Review and update training requirements every two years, at minimum
- Partner with institutes of higher education to enhance the workforce to work with CSEC
- Create a statewide consultation group to bring together CSEC professionals to share resources and information, and to support each other
- Ensure the availability of low-cost or free training for agencies
- Maintain a list of local/state/national trainings
- Promote the use of evidence-based practices to support CSEC
- Promote the use of alternative healing for holistic care of CSEC
- Promote the use of telemedicine to ensure children in rural areas have access to care

Fiscal Recommendations

The stakeholders recommended to create a CSEC Fiscal Workgroup to provide an accurate budget for the recommendations. The recommendations that are in need of funding are:

- CSEC Receiving Center, enhancing some of the programs that are already providing services to CSEC, 24/7 response, incentives for foster parents, crisis intervention, trainings, treatment and alternative holistic treatment modalities.
- The Workgroup also recommended working with Medicaid to create a new provider type to provide coverage for CSEC services.

Potential Challenges for Consideration

Nevada has been working diligently to establish protocols, strategies, and recommendations to address the needs of CSEC; although one of the main challenges has been the lack of funding to implement those strategies and recommendations. The participants on this project identified funding as the next and crucial step to protect and adequately serve CSEC in our communities. Other real or predicted challenges identified during the process of the report to fulfill the recommendations:

- Collecting reliable and real-time data and the lack of a statewide system that allows providers and agencies to share information on how many CSEC are currently being served in Nevada.

- The ability to hire well-trained, dedicated, and experienced staff to provide services at the recommended Receiving Center.
- The CSEC Receiving Center is a new initiative that currently does not follow under the traditional residential categories, and thus a determination will need to be made regarding appropriate licensure.
- The members discussed that due to COVID-19, funding in the state of Nevada is being redirected to address the pandemic, and funds may not be available for these recommendations.
- The recruitment of foster parents who are willing to work with CSEC, including fulfilling the requirements for training recommended by this report, and that agree with the current fee that the agencies are paying for housing CSEC.

Appendices

Appendix A – Community Drop-in Centers

Drop-in centers offer comprehensive services and support to work with the unique and various challenges associated with the CSEC population. Drop-in centers may be the first place a CSEC has contact with when they are contemplating leaving the “life”. They are strategically located in areas frequented by homeless teens or where trafficking is conducted. Drop -in centers provide a respite for CSEC and introduce them to people and services that give them hope and vision that there is another way of life. Often, drop-in centers provide emergency short-time placement for youth who are awaiting to go back to their families or to a long-term placement.

Nevada has two CSEC specialized drop-in centers, one in the Northern region Awaken, and one in the Southern region The Embracing Project/ROP (TEP). Neither Awaken or The Embracing Project have emergency shelter beds for CSEC at the moment of creating this report.

Awaken and TEP drop- in centers provide a safe place for CSEC youth to be during the day, access to primary needs (food, hygiene items, and clothing), access to showers, mental health counseling, educational opportunities (GED/High School diploma), mentoring, CSEC specialized case management and a variety of classes. CSEC with children can access education and bring their children to the drop-in center. Both community drop-in centers, partner with other providers to ensure comprehensive services to address the needs of the CSEC population.

Appendix B – CSEC Receiving Centers in other States.

State of Washington Receiving Center Overview

Washington State recommended that every county or community provided a location where CSEC can be received at the time to be identified by law enforcement, social service agencies, schools, health care providers, parents and caretakers, and any local organization working with youth.

According to the recommendations, these CSEC Receiving Centers should provide:

- A trusted location for youth, advocates, law enforcement, and other partners to start the evaluation process.
- Be open 24/7 or have the ability to open and staff up within a short period of time.
- Have trained staff with expertise working with CSEC.
- Provide basic services to CSEC, including advocacy, limited medical attention, food and drink, clothing, and a place to stay until shelter or housing is available.

Even though Legislation in Washington State made mandatory that receiving centers were open around the state, according to personal communication with CSEC Policy and Program Manager (King County) and the CSEC Liaison (Division of Children, Youth and Families, this mandate was unfunded, therefore there are not CSEC Receiving Centers currently open in the State of Washington.

State of Georgia Receiving Center

The Georgia Criminal Justice Coordinating Council granted funding to Well Spring Living, a local non-profit, to operate and run, the secured Receiving Hope Center (RHC). The center is located at a former juvenile detention center, owned by the Juvenile Justice Department. The facility has been totally renovated to accommodate the needs of CSEC and give a “home” feeling to the residents. Well Sprig Living staff, runs the facility and programs.

The operations started on February 26, 2020, the facility has the capacity of 20 beds for youth females, males and LBGTQ, each youth has a private room, the staff ratio is 2:1, and the length of stay is up to 90 days.

Funding Streams (The annually operation cost to run the Receiving Hope Center is \$1.2 million.)

- State pays a per diem of \$194 per child/day,
- Private funding
- Fundraising events.

Current Referral Sources

- Law enforcement
- Social services agencies
- Local partners
- Parental referrals

Main Staff

- Program coordinator (clinician)
- One supervisor for each shift (3 main shift)
- Forensic interviewer
- Sexual Assault Nurse Examiner (SANE) (contracted)
- Therapist

Services & Programs

- Year around school

- Group therapy
- Life skills

In-home Training for Staff (Staff has to complete 40-h of training before they can have their own shift. Yearly refreshers)

- CSEC Specialized training
- Cultural competency
- Boundaries
- Substance abuse
- Medication & behavior management with strength-based approach
- Bullying
- Trauma Informed Care

Specialized CSEC Training

Staff receive training on CSEC 101/102, boundaries, safety, trauma-informed care, and stages of change.

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