

**Trafficking Prevention and Response Plan (TPRP)**

For Youth and Families Experiencing or at Risk for Juvenile Trafficking/Exploitation

This Trafficking Prevention and Response Plan is being developed to organize the response and identify necessary services and supports for the youth and family experiencing or at risk of trafficking, including Multi-Disciplinary Team (MDT) coordination. The goal is to ensure the safety and well-being of the youth while providing the family and youth with ongoing services to support youth safety and well-being through physical and mental health, substance use treatment, education, and other needs.

**Section I: Family Information**

|  |  |  |
| --- | --- | --- |
| Youth’s Name: Click here to enter text. | Date of Birth: Click here to enter text. | Gender: Click here to enter text. |
| Youth’s address: Click here to enter text. | Resides with: Click here to enter text. | School: Click here to enter text. |

|  |  |
| --- | --- |
| Mother’s Full Name: Click here to enter text. | Date of Birth: Click here to enter text. |
| Street Address: Click here to enter text. | City/State/Zip: Click here to enter text. |
| Cell Number: Click here to enter text. | Does youth reside with this parent? Click here to enter text.  |

|  |  |
| --- | --- |
| Father’s Full Name: Click here to enter text. | Date of Birth: Click here to enter text. |
| Street Address: Click here to enter text. | City/State/Zip: Click here to enter text. |
| Cell Number: Click here to enter text. | Does youth reside with this parent? Click here to enter text. |

|  |  |
| --- | --- |
| Other Caregiver’s Full Name: Click here to enter text. | Date of Birth: Click here to enter text. |
| Street Address: Click here to enter text. | City/State/Zip: Click here to enter text. |
| Cell Number: Click here to enter text. | Does youth reside with this caregiver? Click here to enter text.  |
|  | Relationship: Click here to enter text. |

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| --- | --- |
| Other Caregiver’s Full Name: Click here to enter text. | Date of Birth: Click here to enter text. |
| Street Address: Click here to enter text. | City/State/Zip: Click here to enter text. |
| Cell Number: Click here to enter text. | Does youth reside with this caregiver? Click here to enter text.  |
|  | Relationship: Click here to enter text. |

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| --- | --- | --- |
| Sibling Full Name: Click here to enter text. | DOB: Click here to enter text. | Address/resides with: Click here to enter text. |
| Sibling Full Name: Click here to enter text. | DOB: Click here to enter text. | Address/resides with: Click here to enter text. |
| Sibling Full Name: Click here to enter text. | DOB: Click here to enter text. | Address/resides with: Click here to enter text. |
| Sibling Full Name: Click here to enter text. | DOB: Click here to enter text. | Address/resides with: Click here to enter text. |

**Section II: MDT Response:** Per the Best Practices MOU, a coordinated response from the MDT is required on all juvenile trafficking cases. The role of the TPRP Coordinator as a member of the MDT is to prepare, implement, and monitor the TPRP for the MDT to ensure a smooth process and appropriate service delivery. The TPRP Coordinator will update the TPRP at every MDT meeting and will provide a copy of the TPRP to members of the MDT upon request.

**If no MDT involvement, please skip this section and go to Section III.**

|  |  |
| --- | --- |
| **MDT Participants** | **Initial MDT meeting date:** Click here to enter text.  |
| TPRP Coordinator (DFS Investigation): Click here to enter text. | Phone: Click here to enter text. |
| Human Trafficking Coordinator: Click here to enter text. | Phone: Click here to enter text. |
| CARE Team Rep: Click here to enter text. | Phone: Click here to enter text. |
| Investigation Coordinator’s Office Rep: Click here to enter text. | Phone: Click here to enter text. |
| Law Enforcement/Agency: Click here to enter text. | Phone: Click here to enter text. |
| Law Enforcement/Agency: Click here to enter text. | Phone: Click here to enter text. |
| Law Enforcement/Agency: Click here to enter text. | Phone: Click here to enter text. |
| FBI: Click here to enter text. | Phone: Click here to enter text. |
| CAC: Click here to enter text. | Phone: Click here to enter text. |
| DOJ: Click here to enter text. | Phone: Click here to enter text. |
| DFS Treatment/Permanency: Click here to enter text. | Phone: Click here to enter text. |
| DFS Supervisor: Click here to enter text. | Phone: Click here to enter text. |
| Other: Click here to enter text. | Phone: Click here to enter text. |
| Other: Click here to enter text. | Phone: Click here to enter text. |
| Other: Click here to enter text. | Phone: Click here to enter text. |

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| **MDT Actions:** | **Yes** | **No** | **Date** | **Notes** |
| CAC/Forensic Interview |[ ] [ ]  Click here to enter text. | Click here to enter text. |
| DFS Initial Interview |[ ] [ ]  Click here to enter text. | Click here to enter text. |
| Safety Agreement  |[ ] [ ]  Click here to enter text. | Click here to enter text. |
| Referral to Polaris/NCMEC |[ ] [ ]  Click here to enter text. | Click here to enter text. |
| CSE-IT |[ ] [ ]  Click here to enter text. | **Outcome:** Click here to enter text. |
| Referral to Victim Advocate |[ ] [ ]  Click here to enter text. | Click here to enter text. |
| SANE Exam |[ ] [ ]  Click here to enter text. | Click here to enter text. |
| Criminal Charges |[ ] [ ]  Click here to enter text. | Click here to enter text. |
| Child in DFS Custody |[ ] [ ]  Click here to enter text. | Click here to enter text. |
| Other |[ ] [ ]  Click here to enter text. | Click here to enter text. |
| Other |[ ] [ ]  Click here to enter text. | Click here to enter text. |
| **Date of Next MDT Meeting** | Click here to enter text. |

**Updates: (subsequent meetings)**

|  |  |  |
| --- | --- | --- |
| Update 1: Click here to enter text. | Update 2: Click here to enter text. | Update 3: Click here to enter text. |
| Update 4: Click here to enter text. | Date of MDT Termination: Click here to enter text. | MDT Termination Notes: Click here to enter text. |

**Section III: Services and Planning Response:** The role of the TPRP Coordinator is to prepare, implement, and monitor the TPRP with the family to ensure a smooth process and appropriate service delivery. The TPRP Coordinator will update the TPRP at every family meeting and will provide a signed copy of Sections 3, 4, and 5 of the TPRP to the family and plan participants.

**Plan Participants Date of Initial Family Meetings:** Click here to enter text.

|  |  |
| --- | --- |
| TPRP Coordinator (DFS Case Worker): Click here to enter text. | Phone: Click here to enter text. |
| Parent: Click here to enter text. | Phone: Click here to enter text. |
| Parent: Click here to enter text. | Phone: Click here to enter text. |
| Other caregiver: Click here to enter text. | Phone: Click here to enter text. |
| Other caregiver: Click here to enter text. | Phone: Click here to enter text. |
| Youth: Click here to enter text. | Phone: Click here to enter text. |
| Other DFS Case Worker: Click here to enter text. | Phone: Click here to enter text. |
| PBH Worker: Click here to enter text. | Phone: Click here to enter text. |
| YRS Worker: Click here to enter text. | Phone: Click here to enter text. |
| Mental Health Provider: Click here to enter text. | Phone: Click here to enter text. |
| Victim Advocate: Click here to enter text. | Phone: Click here to enter text. |
| CASA/OCA/Child Attorney: Click here to enter text. | Phone: Click here to enter text. |
| Substance Abuse Provider: Click here to enter text. | Phone: Click here to enter text. |
| Family Support Person: Click here to enter text. | Phone: Click here to enter text. |
| Family Support Person: Click here to enter text. | Phone: Click here to enter text. |
| Youth Support Person: Click here to enter text. | Phone: Click here to enter text. |
| Youth Support Person: Click here to enter text. | Phone: Click here to enter text. |
| POC Case Worker: Click here to enter text. | Phone: Click here to enter text. |
| Other: Click here to enter text. | Phone: Click here to enter text. |
| Other: Click here to enter text. | Phone: Click here to enter text. |
| Other: Click here to enter text. | Phone: Click here to enter text. |

**Summary of Meeting:**

Click here to enter text.

**Section IV:** **Assessment of Strengths and Needs for the Youth and Family**

Based upon the information gathered by the TPRP Coordinator during the family assessment phase, the following section identifies the strengths and needs of the youth and family. It documents the next steps and referrals made for appropriate services and treatment.

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| --- | --- |
| Youth Strengths | Family Strengths |
| * Click here to enter text.
 | * Click here to enter text.

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| --- | --- | --- | --- |
| **Youth Needs:** | **Yes** | **No** | **Notes** |
| Mental Health  |[ ] [ ]  Click here to enter text. |
| Substance Use |[ ] [ ]  Click here to enter text. |
| Safety Planning |[ ] [ ]  Click here to enter text. |
| Medical Follow-up (PCP) |[ ] [ ]  Click here to enter text. |
| Medical Specialist |[ ] [ ]  Click here to enter text. |
| Dental Needs |[ ] [ ]   |
| Victim Advocate |[ ] [ ]  Click here to enter text. |
| Education (School) |[ ] [ ]  Click here to enter text. |
| Education (Trafficking) |[ ] [ ]  Click here to enter text. |
| Housing |[ ] [ ]  Click here to enter text. |
| Court Involvement |[ ] [ ]  Click here to enter text. |
| Trafficking Prevention Services |[ ] [ ]  Click here to enter text. |
| Other |[ ] [ ]   |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Needs:** | **Yes** | **No** | **Notes** |
| Mental Health  |[ ] [ ]  Click here to enter text. |
| Substance Use |[ ] [ ]  Click here to enter text. |
| Safety Agreement  |[ ] [ ]  Click here to enter text. |
| Trafficking Education |[ ] [ ]  Click here to enter text. |
| Court Involvement |[ ] [ ]  Click here to enter text. |
| Housing/Living Arrangements |[ ] [ ]  Click here to enter text. |
| Other |[ ] [ ]  Click here to enter text. |
| Other |[ ] [ ]  Click here to enter text. |

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| --- |
| Next Steps Resulting from Meeting |
| Task | Person Responsible | Due Date |
|  Click here to enter text |  Click here to enter text |  Click here to enter text |
|  Click here to enter text |  Click here to enter text |  Click here to enter text |
|  Click here to enter text |  Click here to enter text |  Click here to enter text |
|  Click here to enter text |  Click here to enter text |  Click here to enter text |
|  Click here to enter text |  Click here to enter text |  Click here to enter text |
| Date of next Family Team Meetings |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referrals:** | **Service/Provider Referred To:** | **Referral Date:** | **Appointment Date:** | **Notes:** |
| Victim Advocate | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text |
| Medical Follow Up - PCP | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text |
| Medical Specialist | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text |
| Substance Use Provider | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text |
| Mental Health Provider (Youth)Click here to enter text. | **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** |
| Mental Health Provider (Caregiver)Click here to enter text. | **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** |
| Family InterventionistClick here to enter text. | **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** |
| Home Based Family Support Click here to enter text. | **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** |
| Housing Click here to enter text. | **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** |
| Other | **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** |

**Updates (subsequent meetings)**

|  |  |  |
| --- | --- | --- |
| 30 Day Update: Click here to enter text. | 60 Day Update: Click here to enter text. | 90 Day Update: Click here to enter text. |
| 120 Day Update: Click here to enter text. | Date of Plan Termination: Click here to enter text. | Plan Termination Notes: Click here to enter text. |

**Section V:** **Consent for Information Sharing and Signatures**

By signing below, Mother, Father, or other caregiver(s), and youth acknowledge that this Trafficking Prevention and Response Plan has been prepared, reviewed and thoroughly discussed with the TPRP Coordinator. It is agreed that mental health, medical and substance use treatment information may be shared/disclosed with the Plan Participants under this written consent as provided by HIPPA (45 CFR 160, 164) and 42 CFR Part 2. Mother, Father or other caregiver(s), and youth hereby consent to the sharing of the TPRP with the Plan Participants.

Plan Participants will regularly communicate and share information to ensure that timely referrals for services are made by the TPRP Coordinator and that the appropriate services are delivered to the family and youth. The TPRP Coordinator and Plan Participants will ensure confidentiality of the information received through the TPRP.

This TPRP has been prepared for the youth and family, and a copy of the TPRP will be provided to the Plan Participants within 48 hours after the meeting.

Signatures

|  |  |
| --- | --- |
| TPRP Coordinator:  | Date: |
| TPRP Coordinator’s Supervisor:  | Date: |
| Mother: | Date: |
| Father: | Date: |
| Other Caregiver: | Date: |
| Other Caregiver: | Date: |
| Youth: | Date: |
| Other: | Date: |
| Other: | Date: |
| Other:  | Date: |