



An Evaluation of the Safe Harbor Initiative in Minnesota – Phase 4 Supplemental Materials

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An Evaluation of the Safe Harbor Initiative in Minnesota – Phase 4 Supplemental Materials

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MDH land acknowledgment

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring the truth. We now live on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.*

**This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director, Minnesota Indian Affairs Council*

MDH acknowledgment of public health harms

The state of Minnesota and MDH recognize trauma, medical abuse, and discrimination that have happened to our Black, American Indian, people of color, disability, and LGBTQIA2S+ communities, leading to distrust in medicine and public health. MDH, local public health, medical providers, and other partners are actively working to rebuild trust.

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Executive Summary

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

State law requires the Safe Harbor Director, based in MDH, to submit a biennial evaluation of the program to the Commissioner of Health under Minnesota Statute Section 145.4718. The purpose of the evaluation is to ensure Safe Harbor is reaching its intended participants, increasing identification of sexually exploited youth, coordinating across disciplines including law enforcement and child welfare, providing access to services, including housing, ensuring the quality of services, and utilizing penalty funds to support services.

The Safe Harbor law passed in 2011 and after a three-year planning period called No Wrong Door, the Safe Harbor system was fully enacted in 2014. In the years since, Safe Harbor has submitted three evaluation reports to the legislature, beginning in 2015. Each evaluation was conducted by Wilder Research at the Amherst H. Wilder Foundation (Wilder) under a competitive contract with MDH. The evaluation process is an opportunity to hear and learn from trafficked and exploited youth as well as participants from a variety of disciplines who respond to the needs of these youth on a daily basis.

For the current Phase 4 report, MDH contracted with Wilder again while MDH's Safe Harbor Program produced accompanying evaluation materials. As a result, this Phase 4 Safe Harbor evaluation draws from complementary background reports that are combined to represent a variety of perspectives from both outside and within the Safe Harbor network. These resources not only evaluate Safe Harbor's activities, but also address these activities in the context of significant current events including the global COVID-19 pandemic and the civil rights movement in Minnesota, as well as around the nation and world, in the wake of George Floyd's murder. **The supplemental evaluation materials, containing expanded findings, data, and appendix are contained in this document.**

All findings focus on the Safe Harbor network and activities between April 1, 2019, and June 30, 2021. The Wilder data collection and analysis took place between January 1, 2021, and June 30, 2021. The MDH data collection and analysis took place between September 1, 2020, and August 1, 2021.

Between January 2021 and June 2021, Wilder interviewed grantees, multidisciplinary partners, and youth clients, and also surveyed youth clients to evaluate Safe Harbor. Wilder submitted its

report including several findings and recommendations to MDH. Wilder found evidence for outcomes related to multidisciplinary partnership and access to services, including culturally specific services; the factors contributing to Safe Harbor's impact; gaps and challenges; opportunities for improvement; and the pandemic's impact on service provision. MDH analyzed the provision of the statewide Safe Harbor Regional Navigator component and the reach of the Safe Harbor Network to identify and serve youth, as well as availability, accessibility, and equity of Safe Harbor supportive services and shelter and housing, in addition to training for providers. MDH then submitted a Phase 4 evaluation report to the legislature including combined findings, recommendations, and conclusions. Summary recommendations are listed here, but included with further detail in the legislative report and within the supplemental evaluation materials included in this document:

Recommended actions:

- Increase stakeholder ability to identify youth.
- Expand protections and services regardless of age and remain flexible in identifying service needs.
- Increase and improve access to services, especially for youth from marginalized cultures and greater Minnesota.
- Support more diverse and consistent staffing.
- Increase amount and cultural appropriateness of technical assistance, education, and training provided.
- Increase prevention efforts (by decreasing demand and identifying risk factors).
- Support improvement of more continuous, comprehensive, and robust outcome and process evaluation as well as inferential research.
- De-silo the response to sex and labor trafficking.
- Increase youth voice and opportunities within Safe Harbor.
- Heal organizational trauma to better help organizations, staff, and clients.
- Improve equity by conducting a cultural needs assessment with several cultural groups as well as strategically directing allocations of funds and resources to culturally specific groups.
- Strengthen relationships within the public health approach.
- Further promote government agency collaboration.

Introduction

Minnesota Statutes section 145.4718 requires that the Minnesota Department of Health (MDH) conduct a statewide biennial Safe Harbor evaluation. Since 2015, through a competitive proposal process, MDH has contracted with Wilder Research at the Amherst H. Wilder Foundation (Wilder). Wilder has served as the external evaluation consultant for three previous phases of evaluation: 2015 (Phase 1), 2017 (Phase 2), and 2019 (Phase 3) (Atella et al., 2015;

Atella & Turner, 2019; 2020; Schauben et al., 2017).¹ Each evaluation cycle provided MDH with direction to strategize program development, implementation, and resource allocation to address identified equity and service gaps (see Supplement Appendix I and XIV).

Safe Harbor is a law and a public health initiative with multiple state agency collaborations. Through MDH state funding and federal grants, Safe Harbor funds Regional Navigators, supportive services, shelter and housing, street outreach, protocol development teams, program evaluation, training and skill development, multidisciplinary collaboration, Tribal partnerships, and other activities. Individuals from the organizations and agencies funded by or working with Safe Harbor are a part of its network. The activities and objectives they achieve using Safe Harbor funding comprise its programming.

This current, Phase 4, evaluation supplement contains two sections that provide a comprehensive overview of several components of Safe Harbor that contributed to the initiative's overall efficacy during this biennium. Wilder conducted the external consultant evaluation (Wilder Section). MDH conducted a companion evaluation of its Safe Harbor network and programming supplementing Wilder's activities (MDH Section). The supplement document's conclusion and recommendation section consider findings from the Wilder and MDH Sections and offers strategies for the next steps.

In Phase 4, Wilder acted as an objective observer, enabling respondents to anonymously share their experiences with Safe Harbor (Garbarino & Holland, 2009). Between January 2021 and June 2021, Wilder interviewed grantees, multidisciplinary partners, and youth clients, and surveyed youth clients to evaluate Safe Harbor. Wilder submitted its report, including several findings and recommendations, to MDH on June 30, 2021. The full report is contained in this supplement.

During this same period, the MDH Safe Harbor Program Evaluator analyzed data reported by Safe Harbor grantees to MDH, data gathered from participation in projects with Safe Harbor grantees and partners, and observations of training and programming activities. The evaluator also analyzed how the Safe Harbor network and programming responded to significant current events, including the COVID-19 pandemic and the local, national, and international reckoning for racial justice. Findings in the MDH Section, provided in full in this supplement, highlight Safe Harbor's response to Wilder's recommendations from the Phase 3 evaluation, reflect on the implementation of the "No Wrong Door" principles of Safe Harbor, and analyze statewide network collaboration and programming.

Notes about language

This supplement *document* contains two separate evaluation *sections*, the Wilder Section and the MDH Section. While the authors made every effort to provide cohesion between the reports, there are notable differences in terminology. Some of Wilder's respondents and participants referred to both "exploitation" and "trafficking," and some used the two terms

¹ All Safe Harbor evaluation reports are available at <https://www.health.state.mn.us/communities/safeharbor/data/evaluation.html>.

interchangeably. For consistency and readability, the Wilder report only used the term “trafficking.” When used in the Wilder Section, the term “trafficking” may include exploitation for labor or sex, labor trafficking, and sex trafficking.” The use of “Native American” in the Wilder Section reflects the language used by the advisory group with which Wilder consulted. MDH utilized the term “American Indian,” which is standard in Minnesota state government documents. Wilder and MDH consistently utilized the term “survivors” to refer to youth who experienced sex and/or labor exploitation and trafficking. However, in some instances, the term “victim” is used in the context of criminal and legal situations.

Timeline of activities

All analyses and findings focus on the Safe Harbor network and activities between April 1, 2019, and June 30, 2021. The Wilder data collection and analysis took place between January 1, 2021, and June 30, 2021. The MDH data collection and analysis took place between September 1, 2020, and August 1, 2021. The MDH Safe Harbor evaluator filtered grantee quarterly and biannual reports submitted into an MDH housed database between April 1, 2019, and March 31, 2021. The Program Evaluator position was vacant between February 2020 and September 2020, limiting technical assistance for grantee reporting for multiple reporting cycles. Several external crises impacted the Safe Harbor network, programming, and evaluation during the biennium period, including the COVID-19 pandemic as well as the civil unrest and calls for racial justice after the murder of George Floyd.

Intended audience and purpose

The intended audience for this report is the Minnesota Legislature as well as Safe Harbor grantees and partners. The audience may also include survivors, subject matter experts, researchers, students, professionals in a variety of youth-serving settings, and anyone interested in Safe Harbor law or Minnesota’s statewide trafficking prevention response. The purpose is to provide feedback about the structure and function of Safe Harbor, demonstrate evidence of the network’s efficiency and the program’s efficacy, identify gaps, and make recommendations for the next biennial phase and evaluation.

Safe Harbor and No Wrong Door background

Minnesota’s Safe Harbor law provides the legislative framework for legal protections and state services for sexually exploited, including sexually trafficked, youth. This legislation, passed in 2011, shifted legal definitions of “sexually exploited youth” and “delinquent child” to acknowledge that exploited minors are not delinquent but are victims and should be treated as such. Definitions for “prostitution,” “patron,” and “prostitute” were also amended. This initial legislation also introduced a diversion program for 16- and 17-year-olds engaged in prostitution. Furthermore, the legislation increased penalties for facilitators and patrons of commercial sexual exploitation. Finally, the legislation directed the formation of a

comprehensive, multi-state-agency approach to ensure communities statewide can effectively identify sexually exploited youth.

Partially in response to advocacy, as well as evaluation findings and recommendations, the legislation was later expanded so that youth aged 17 and younger are protected from criminal prosecution and youth aged 24 and younger are eligible for services. However, young adults aged 18 and over can still be criminally prosecuted. While Safe Harbor provides services to minors and young adults through age 24, people who are receiving services from the grantees are generally referred to collectively as “youth” throughout this report.

Minnesota employs public health, human services, public safety, and human rights approaches to address human trafficking and exploitation. Safe Harbor funds several collaborations and activities, including Regional Navigators, Tribal partners, supportive services, shelter and housing, street outreach, protocol development teams, program evaluation, training and curriculum, and other activities.

No Wrong Door framework²

In 2013, Minnesota made what was at the time the largest state investment for the provision of services for sexually exploited youth nationwide, funding a portion of the No Wrong Door model. No Wrong Door is a comprehensive, multidisciplinary, and multi-state agency approach. It ensures communities across Minnesota have the knowledge, skills, and resources to identify sexually exploited and at-risk youth effectively. Youth are provided with survivor-centered trauma-informed services and safe housing.

The No Wrong Door model incorporates eight values and philosophies that should inform Safe Harbor implementation:

1. Since commercial sexually exploited youth and young adults may not self-identify, it is essential that those who come into contact with youth and young adults be trained to identify sexual exploitation and know where to refer for services.
2. Youth and young adults who are commercial sexually exploited are victims of a crime.
3. Victims should not feel afraid, trapped, or isolated.
4. Services must be trauma-informed and responsive to individual needs (gender-responsive; culturally relevant; age-appropriate; and supportive for LGBTQIA2S+ youth).
5. Services must be available across the state.
6. Youth and young adults have a right to privacy and self-determination.
7. Services must be based in positive youth development.
8. Sexual exploitation can be prevented.

² The section is reprinted from [“An Evaluation of the Safe Harbor Initiative in Minnesota – Phase 3”](#) (Atella & Turner, 2019, pg. 46).

Section I: Wilder Evaluation - Supplement

Overview of evaluation

This supplement section summarizes the Wilder Research (Wilder) evaluation activities from Phase 4 of Safe Harbor (February – June 2021). Wilder also conducted the evaluations for Phase 1 (April 2014-March 2015), Phase 2 (April 2015-June 2017), and Phase 3 (April 2017-June 2019). An overview of the data collection activities is summarized below (Table 1).

Table 1. Overview of data collected by Wilder by phase

| Method | Participants in Phase 1 | Participants in Phase 2 | Participants in Phase 3 | Participants in Phase 4 |
|---|-------------------------|-------------------------|-------------------------|-------------------------|
| Community respondent interviews | 24 | 22 | 43 | 56 |
| Youth surveys | N/A | 97 | 86 | 46 |
| Youth focus group | N/A | 11 | N/A | N/A |
| Youth interviews | N/A | 4 | 36 | 19 |
| Grantee focus groups | N/A | 25 | 28 | N/A |
| Child welfare focus group | N/A | N/A | 9 | N/A |
| Stakeholder surveys | N/A | 244 | N/A | N/A |
| Native American youth protocol feedback | N/A | N/A | N/A | 5 |

Data collection methods were selected based on the evaluation questions established in each phase, in addition to budget and timeline considerations. Therefore, not every data collection method was employed in each phase.

While this evaluation is informed by the previous analyses in Phases 1, 2, and 3, this report includes revised and new data collection activities, including obtaining input from Native American youth about the clarity and cultural inclusivity of the youth survey and interview protocols. This input was limited to the Wilder-developed data gathering tools. These youth did not also participate in the evaluation.

Evaluation questions

For this report, the following questions guided the evaluation design:

- Which services and supports are needed and being provided, and are these services and supports culturally appropriate for all who need them?
- What factors contribute to Safe Harbor’s impact?
- What are the gaps and challenges that impede the work of Safe Harbor?
- What are the opportunities for improvement?
- How has COVID-19 impacted Safe Harbor services?

Wilder evaluation methods

The data collection activities for Phase 4 are described in more detail below.

- **Community respondent interviews (N=56).** Between March and April 2021, Wilder staff completed telephone interviews with 56 community respondents. The interviewees represented a variety of sectors, including advocacy (including Regional Navigators), county government, state government, child protection, law enforcement, corrections and court systems, and prosecution. Additional information regarding interview methodology is included in the community respondent interview findings section of this report.
- **Safe Harbor youth surveys (N=46).** Youth or young adults who met with a grantee three or more times were offered the opportunity to complete a paper or web survey to share their perceptions of the program. Youth were offered a \$10 gift card as an incentive for completing the survey. A total of 46 participants responded to the survey between February and June 2021.
- **Safe Harbor youth interviews (N=19).** Safe Harbor grantees were asked to let eligible participants know about the interviews that were being conducted by Wilder Research. Youth were offered a \$20 gift card as an incentive for completing the interviews. These interviews were conducted between March and June 2021.
- **Native American youth protocol feedback (N=5).** In previous years, focus groups of youth who had been sex trafficked reviewed and informed the data collection instruments. This year, the voices of Native youth and adults with lived experience were emphasized. To this end, Chris Stark, a person with lived experience and Anishinaabe and Cherokee ancestry, served as a consultant throughout the project, providing input on the development of the data collection tools and overall project design. Additionally, Ms. Stark facilitated the process of collecting feedback on the data collection tools from youth receiving services from Safe Harbor and authored the section titled “Native youth review of Wilder’s youth interview and survey tools and methods” below.

Native youth review of Wilder’s youth interview and survey tools and methods

Chris Stark recruited members of the Native Survivor Advisory Group by contacting various colleagues and non-profit organizations in urban, suburban, and rural Minnesota and on reservations in Minnesota that work with Native survivors of sex trafficking. These contacts spoke about the increased difficulties connecting with survivors due to the increased instability created by the COVID-19 pandemic. They also said it would be more difficult for survivors to connect with the consultant due to the increased instability created by the COVID-19 pandemic. The consultant made contact with seven Native survivors. Two survivors said they were interested in giving their feedback but were unable to complete the interviews with the consultant within the week timeline set aside to conduct the interviews. The consultant interviewed five of the seven Native survivors she contacted. The consultant asked the Native survivors about their opinions regarding the community respondent interview, youth survey, and youth interview tools. The interviews were conducted between February 3, 2021, and

February 10, 2021. The interviews lasted anywhere between 40 minutes and 2 hours and 50 minutes.

After receiving the contact information for the Native survivors from advocates and organizations, the consultant made initial contact with the survivors by phone. It typically took several phone calls to set up the interviews. The consultant gave the survivors a choice as to whether they preferred to do the interviews by Zoom, over the phone, or some other way. They all chose to do it over the phone. Three read the documents in advance of the interview, and two did not read the documents in advance. The survivors who did not choose to read the documents prior to the interviews said it was too difficult or impossible for them to read them in advance because they did not have the proper technology to do so.

At the beginning of the interview, the consultant described the purpose of the documents; explained that the survivors were providing their opinions about the phrasing and content of the documents, along with any other comments they may have about the documents; reminded the survivors of the stipend promised to them for their time and knowledge; explained how and when they would receive the stipend; told them approximately how long the interview would last; and asked if they had any questions. Once the interviews began, for those who asked that the documents be read out loud to them, the consultant read each document, line-by-line. She also answered any questions the survivors had about what she had just read to them. She asked the survivors to think about and then respond to whether the questions were meaningful to survivors and whether they were clear and made sense. She then asked if the survivor had any feedback about that particular line. If they did, she recorded what they said. If they had any suggestions about deleting or changing the wording of a question or answer, or if they had suggestions about formatting or any other issues, they viewed to be problematic, the consultant wrote that down as well. For the survivors who had read the documents in advance, she used the same process just described, but since they had the documents in front of them, she did not have to read every single line out loud to them. After completing the five interviews, the consultant aggregated the responses and sent them to Wilder. The survivors who completed the interviews received a \$100 stipend for their time and expertise.

Limitations

- The current evaluation phase had a shorter timeline than the previous phases. Therefore, the youth survey and youth interviews were available for a shortened period of time. Additionally, the pandemic may have reduced the number of people who were receiving services or learned of the opportunity to participate in these evaluation activities.
- Not all sectors were equally represented in the community respondent interviews, and there were low numbers of respondents who had knowledge about some sub-groups. Additional information regarding limitations can be found in the Community Respondent Interviews section.
- Youth data collected in Phase 4, as in prior phases, does not include data from youth experiencing exploitation or being trafficked who are not receiving services from a Safe Harbor grantee. Therefore, the themes found in this report may not be representative of all

youth who are being sexually exploited in Minnesota, and we caution against the over-generalization of findings.

Safe Harbor youth survey responses

Youth respondents

Below is information from a survey administered to youth served by Safe Harbor grantees. Three versions of this survey have been used since 2017. The data included here represent combined results from the two most recent versions of the survey that were used from July 2019 through June 2021. In March 2021, a new version (referred to as version 3) of the survey was introduced that included questions about the impact of COVID-19. Grantees were encouraged to use the newest version of the survey, but all results from July 2019-June 2021 are included. Variations in the survey are noted in each table in the supplement appendix (see Tables 2-5 and Supplement Appendix II).

There were 46 respondents to the youth survey including participants from 13 grantee sites. More than half had been receiving services for more than one year (65%). Respondents' ages ranged from 14 or younger (3%), 15-17 (25%), 18-24 (67%) and 25 or older (6%). The majority identified as female (57%) while 4% identified as male and 39% chose not to respond.

It is important to note that the number of youth who were given the opportunity to participate in the survey may have been impacted by COVID-19, as some programs were not operating at full capacity.

Key findings from youth surveys

What youth learned through Safe Harbor programming

Nearly all youth survey respondents felt they learned about what resources are available in their area and how to use those resources (98% each; see Table 2). They also learned how to express their feelings in healthy ways and how to cope when they are upset or angry (97% each; see Table 2). For more information on youth's satisfaction with Safe Harbor and their sense of preparedness, support, and hopefulness see Supplement Appendix II.

Table 2. "Since you started receiving services at [program], how much did you learn about each of the following?"

| Questions/Scale | A lot | Some | A little | None |
|--|------------|------------|------------|-----------|
| How to know if you are in a dangerous situation (N=42) | 67% | 17% | 10% | 7% |
| How to identify an unhealthy/abusive relationship (N=42) | 67% | 24% | 2% | 7% |
| How to "comfort yourself/cope" when you are upset or angry (N=42) ^a | 50% | 26% | 21% | 2% |
| How to reach your education goals (N=42) | 57% | 26% | 12% | 5% |
| How to express your feelings in healthy ways (N=42) | 52% | 31% | 14% | 2% |
| What resources are available in your area (N=43) | 67% | 26% | 5% | 2% |

| Questions/Scale | A lot | Some | A little | None |
|--|------------|------------|-----------|-----------|
| How to use resources in your area (N=42) | 62% | 29% | 7% | 2% |
| What sexual exploitation is (N=42) | 69% | 17% | 7% | 7% |
| How to use social media and the internet safely (N=42) | 62% | 17% | 7% | 14% |
| How to get professional medical care (N=43) | 54% | 35% | 7% | 5% |
| How to find safe and affordable housing (N=43) | 51% | 21% | 19% | 9% |
| How to reach your career goals (N=42) | 52% | 24% | 14% | 10% |

Note. Percentages provided are of those youth/young adults who responded to the question (N=42-43). Row totals may vary from 100% due to rounding. ^a Question wording varied between survey versions. All questions are listed.

COVID-19 impacts

Almost half of survey respondents said that COVID-19 made services harder to access (44%; Table 3). Many survey respondents felt that COVID-19 negatively impacted their mental health (71%), their physical health (65%), and their ability to meet their basic needs (72%; see Table 3).

Nearly all survey respondents felt confident in their program’s safety plans to protect clients from COVID-19 (98%) while slightly fewer felt they provided enough services and support to meet the additional needs due to COVID-19 (84%; see Table 3). More than half of youth survey respondents said that services they needed, even remote services, were not available because of COVID-19 (13 of 19; see Table 4).

Table 3. “How much do you agree or disagree with the following statements?”

| Questions/Scale | Strongly agree | Agree | Disagree | Strongly disagree |
|---|----------------|-------|----------|-------------------|
| COVID-19 negatively impacted my mental health (N=45) | 29% | 42% | 29% | 0% |
| COVID-19 negatively impacted my physical health (N=45) | 27% | 38% | 36% | 0% |
| COVID-19 negatively impacted my ability to meet basic needs for myself (i.e., food or water; clothing or hygiene necessities; safe place to stay; adequate rest/sleep; stable income; connection to support networks)(N=45) | 13% | 49% | 36% | 2% |
| [Program] provided enough services and support to meet additional needs I had because of COVID-19 (N=45) | 51% | 33% | 13% | 2% |
| I felt confident in [program]’s safety plans to protect clients from COVID-19 (N=45) | 56% | 42% | 2% | 0% |

Note. These questions were only included in the 2021 survey (version 3). Percentages provided are of those youth/young adults who responded to the question (N=45). Row totals may vary from 100% due to rounding.

Table 4. “Please let us know how frequently the following occurred”

| Questions/Scale | Always | Sometimes | Rarely | Never |
|---|--------|-----------|--------|-------|
| In-person services were canceled or postponed because of COVID-19 (N=19) | 6/19 | 9/19 | 3/19 | 1/19 |
| Services I needed, even remote services, were not available because of COVID-19 (N=19) | 2/19 | 13/19 | 3/19 | 1/19 |
| I did not have a device, internet, and/or data plan necessary to connect for remote services (for example, no smartphone or tablet, or not enough Wi-Fi or cell service to connect for a Zoom group.)(N=18) | 0/18 | 7/18 | 4/18 | 7/18 |
| Remote or telehealth services didn’t feel as helpful as in-person services (N=18) | 3/18 | 11/18 | 3/18 | 1/18 |

Note. These questions were only included in the 2021 survey, and only asked of youth who responded “yes” to “Did COVID-19 make Safe Harbor services harder to access.” Due to the relatively small number of respondents (N=18-19), counts are provided, rather than percentages.

Service gaps

Youth who took the survey were asked if they needed services beyond what they had received from the Safe Harbor grantee who provided those services. A large majority (88%) indicated that they did not need any additional types of services. For those who did need additional services, the most common were mental health services (49%), transportation (38%), finding housing (35%) and finding or keeping a job (35%, Supplement Appendix II, Table 4).

When asked how the program could make their services easier for people to use, youth provided a number of suggestions in open-ended responses, such as increasing and improving advertising and outreach to make services easier for people to use. This included generally raising awareness and more specifically, advertising through national and local media. When asked how the services can be improved, youth again suggested more outreach. They also suggested expanding the age limit, supporting individual autonomy, having smaller group sessions, offering classes on independent living and respecting cultural differences.

Table 5. “What else do you still want help with? (Check all that apply)”

| Service area | Percent (N=37) |
|---------------------------------|----------------|
| Mental health services for you | 49% |
| Transportation | 38% |
| Finding housing | 35% |
| Finding or keeping a job | 35% |
| Legal support | 27% |
| Child care | 22% |
| Starting or returning to school | 19% |

| | |
|---|-----|
| Avoiding people who have hurt me in the past | 19% |
| Mental health services for you and somebody else | 14% |
| Health care | 11% |
| Chemical health/treatment, including Rule 25 assessment | 3% |

Note. This question was only included in the 2021 survey (version 3). Column total equals more than 100% because respondent could check more than one option, including 8% who selected “other” and 16% “none of the above.” “Other” responses included: driver’s license, starting a business, and assistance preparing for their child to return home.

Youth interview with Safe Harbor clients

Youth respondents

Wilder Research interviewed 19 youth participants in Safe Harbor grantee programs from March through May 2021. This section presents a summary of those themes, or common ideas that three or more interviewees raised. It also includes interviewee responses to support each theme.

Interviewees were invited to participate by staff across ten grantee organizations. Some interviewees had also participated in additional Safe Harbor grantee programs in the past. Interviewees’ ages ranged from 14 or younger (5%), 15-17 (32%), 18-24 (42%), and 25 or older (16%). Most (95%) identify as female. At the time of the interview, respondents had received programming for three months or less (16%), between 3 months to one year (32%), between one through four years (32%), or for five or more years (21%). One in four interviewees (26%) was not receiving programming at the time of the interview, either because they had moved away from Minnesota or aged out of eligibility. Most (63%) were currently receiving Safe Harbor programming at the time of the interview.

Key findings from youth interviews

How and why participants access Safe Harbor programming

Interviewers asked youth what made them decide to begin the grantees’ program. The most frequent answer was that interviewees were referred through another organization or agency, including other Safe Harbor grantees, or through child protection, foster care, or juvenile courts (37% of interviewees). The next most frequent answer was that a family member of the interviewee suggested they attend the program (21%). The last theme that emerged is that youth found the program on their own and reached out because they thought the grantee could help them meet a need they had, including help with a court case and a safe place to stay (16%).

Interviewers also asked youth to identify the biggest needs that they had when they started Safe Harbor programming. Interviewees could list as many answers as they wanted. In order from most to least frequently reported, interviewees said they needed:

- Positive social connections (37%)
- Safe housing (37%)
- Mental health supports (26%)

- Education assistance (21%)
- Employment assistance (21%)
- Food (21%)
- A sense of safety or security (16%)

Participant satisfaction with program staff and the program

Interviewers asked youth if they felt safe with and/or respected by staff at the Safe Harbor grantee organization. Nearly all interviewees reported feeling safe (95%), and most reported feeling respected (89%). Interviewers followed up with open-ended questions, asking youth to explain why they felt how they felt. In order from most to least frequently, interviewees raised the following themes:

- Staff are dependable or there when youth need them (26%).

Every time I need help, they help me with stuff and have a positive attitude.

If I need someone to talk to, they're there.

- Staff help youth meet their needs (21%).

She provided me with resources for housing and a place to stay that was safe.

- Staff are accepting (16%).

Being a part of [a particular cultural community], people sometimes judge me. They didn't judge me at all, and they accepted me.

They listen, they don't judge.

- Staff are emotionally supportive (16%).

My worker respected me saying that I didn't want people at my house, so we'd go somewhere outside to sit and talk. They respected my boundaries.

They follow your lead and don't push in any direction.

- Staff are relatable (16%).

She's kind of like me, so I feel like we had a lot of things that we could compare. She's been through a lot herself, which is why she's a worker, and I could relate to a lot of things. It made it easy to talk to her about stuff.

Wilder Research also asked interviewees if they had anything important that they wanted to share about the grantee program, including what was good about it or how the program could

be improved. The only theme was that youth thought the Safe Harbor program was good and helpful.

They're a great place for at-risk teens or teens in general to be able to build up themselves and their confidence, and gain that work experience and learn about different things in the community. I wouldn't be where I am now without them being there every step of the way.

I mean, the age limit kinda sucks but also they're just good at what they do. The important part is they actually care about people. It's less about a paycheck and more about people.

Participant perceptions of cultural appropriateness of Safe Harbor programming

Interviewers asked whether the services and supports youth received through grantees were supportive of their culture or cultures. Nearly all interviewees said yes (96%). Interviewers asked interviewees to describe how program staff or programming supported their cultures. The only theme that emerged is program staff provided youth the opportunity to learn about and practice particular aspects of their culture, including taking field trips to important places and practicing cultural rituals (noted by 26% of interviewees).

Interviewers did not ask youth to disclose any cultural identities that they hold. However, when asked about the cultural responsiveness of Safe Harbor services, 14 of the 19 youth respondents (74%), mentioned being a part of at least one marginalized or minoritized cultural group, including identities based on race, ethnicity, religion, sexual orientation, and gender.

COVID-19 impacts on participants

Interviewers asked a series of questions to understand what, if any, impact the COVID-19 pandemic had on youth. In response to questions about whether and how the pandemic impacted interviewees' ability to meet their needs, the following themes emerged:

- The pandemic **did not** affect youths' experience of Safe Harbor programming; programming felt sufficiently safe, comfortable, confidential, or effective (58%).

They started this program every week to get through the pandemic; it's phone support. If you attend, they help you pay your phone bill. It's a lot of support.

No, my worker and I would just meet outside.

- Resources youth need, including food, clothing, positive social connections, or physical/mental health care, were **less** available than they were pre-pandemic (58%).

I used to do a parenting program, and those services are all limited or shut down. And at the classes, we'd get coupons, so the pause meant not being able to get formula and clothes without paying out of pocket.

- The pandemic made it **more difficult** to find a safe place to stay (53%).
I need emergency shelter, but because of COVID a lot of shelters are more difficult to get into or are booked and have waiting lists.
- The pandemic made it **more difficult** to find living-wage work (53%).
It affected me financially. It was hard. I had a job, and I had to quit because they weren't giving me enough hours to live on, and it was hard to find a new one.
- The pandemic had **no impact** on participants' housing (42%).
No, the pandemic didn't affect if I had a safe place to stay because I got into housing right after the pandemic started.
- The pandemic had **no impact** on participants' ability to find or maintain living-wage work (42%).
I'm in high school full time and not working, so no, the pandemic didn't matter for a job.
- The pandemic **did** affect youths' experience of Safe Harbor programming; programming felt less safe, comfortable, confidential, or effective (37%).
For a while, it was nerve-wracking because they weren't doing appointments. They had to close because of state rules, which was annoying and difficult.
My worker doesn't like coming out so much since COVID because she got sick, her husband got sick, and they have a child to think about. I felt worried.
- Youth were **not impacted** by any changes to the availability of food, clothing, positive social connection, or physical/mental health care resources (32%).
[The Safe Harbor program] gets me food, so that wasn't a worry.

Services youth access

Interviewers asked youth to describe the types of services and supports that they received through Safe Harbor programming. Youth could name as many services and supports as they could think of. In order from most to least common, the following themes emerged:

- Case management (42%)
- Mental health supports, including referrals (42%)
- Education supports (37%)
- Housing, including referrals or assistance finding independent housing (37%)
- Basic supplies including food, clothing, baby care products, and hygiene products (32%)

- Employment supports (32%)
- Emotional support (32%)
- Independent living skills (26%)
- Legal help, including referrals (21%)
- Peer support groups (16%)
- Referrals to other supports not listed above, including to pro-social activities (16%)
- Substance use supports (16%)

How services impact youth

Interviewers asked youth to describe which, if any, of the services they received were particularly helpful and why. Interviewees could raise as many ideas as they liked. In order from most to least common, youth named the following supports as particularly helpful:

- Emotional support (42%)
- Mental health supports, including referrals (26%)
- Case management supports (21%)
- Employment help (16%)

Explaining the impact of these services, youth raised the following themes:

- Improved future outlook, including feeling more confident about education, employment, and independent living skills, and feeling more hope for the future (37%).

I have hope that I can be and stay healthy.

I've noticed since I've been here, I'm not thinking about running to my old lifestyle and going back to all that negative stuff.

- Improved sense of self, including improved confidence (26%).

The work program gave me a sense of pride in what I was doing. I wasn't always as confident. With their help, I could put my best foot forward and graduate that part of their program.

Therapy has just helped me grow personally, emotionally, and mentally, and come to terms with [my mental health diagnosis].

- Improved coping skills (16%).

I found more ways to cope, and I can see brighter days ahead, instead of being in the dark place I was before.

- Improved sense of safety (16%).

I was living with my abuser, and I had to work on past trauma, but it was hard because they made present trauma. Here, I feel safe and like I can process what's happening. And, I don't have to worry about anything else; and I can really work on myself. I'm

working on mindfulness and grounding exercises so that when my mind is racing, I can come back to, "I'm here now. I'm safe."

- Improved sobriety (16%).

Since I've gotten here, my mental health has been – good Lord, it's been better. I'm over two months clean. You're supposed to stay clean, but I know a lot of youth don't do that. I've been doing really good with all that.

Service gaps

Interviewers asked youth what, if any, services they were hoping to get through the Safe Harbor grantee but did not receive for whatever reason. Most youth identified a service they wanted but did not receive (53%). Youth identified the following as services they still need:

- Employment assistance (42%)
- Housing (32%)
- Mental health supports (26%)
- Independent living skills (21%)

Outreach

Interviewers asked youth to share whether they thought people who could benefit from grantee services knew about the program. An equal number of youth said that outreach was sufficient (32%) and that there were outreach gaps (32%). For example, one youth who thought more outreach would be helpful said,

I only knew about it because one of my friends that was in the system told me about it, and they thought it would be a good fit for me. It took a lot of times of me saying that I wanted to come here to be able to come here.

Interviewers also asked what, if any, ideas youth had to improve program outreach. Three or more youth suggested hosting presentations or posting flyers in schools and community centers and posting more on social media.

Community respondent interviews with Safe Harbor network

Methods for community respondent interviews

As part of the evaluation, Wilder Research conducted 56 community respondent interviews in March and April of 2021.

MDH provided Wilder Research with a list of potential interview respondents representing local, regional, and statewide perspectives across a variety of sectors or roles (both referred to as “sectors” in the remainder of this report), including county and state government, child protection, youth advocacy, and outreach, Regional Navigators, law enforcement, corrections,

and court systems, and prosecution. The evaluation also included specific questions for three categories of respondents: participants from protocol development sites, Child Protective Services staff, and Safe Harbor grantees who could speak to the relationships between grantees and law enforcement. In some instances, respondents fell into multiple categories. To limit the length and burden for respondents, these respondents were randomly assigned to a single category. For example, a Child Protective Services staff respondent from a protocol development site would be randomly assigned extra questions about either protocol development or their work with Child Protective Services. Participation was voluntary, and respondents were informed that their responses were confidential.

This phase of the evaluation also involved a focus on youth from marginalized cultural communities, including Native American youth; lesbian, gay, bisexual, transgender, queer, intersex, asexual, and two-spirit (LGBTQIA2S+) youth; and youth who identify as male. Interviewers probed throughout the interview for information about culturally specific populations. Respondents were asked to consider culture broadly, including, but not limited to, race, ethnicity, gender identity, sexual orientation, and having a disability or chronic illness. Analysis was conducted for each cultural group respondents referred to (e.g., African youth, male-identified youth). The questions and analysis around cultural responsiveness for community respondents were distinct from the questions and analysis around cultural responsiveness for youth respondents in Safe Harbor programming (see “Key findings from youth interviews,” above).

Wilder used Atlas.ti 8, a qualitative data analysis software, to analyze responses from the interviews. One Wilder Research staff conducted content analysis to identify and categorize themes. In cases when a question was asked of all respondents and the analysis was conducted on all responses, similar ideas were considered a “theme” if shared by five or more people. A theme was defined as a similar idea shared by at least two people for questions that were only asked of a select sub-group of respondents (e.g., professionals working in Child Protective Services) or responses that included culturally specific information (e.g., respondents who described challenges specific to LGBTQIA2S+ youth). Some questions received overlapping responses (e.g., challenges and negative changes since 2019). In these instances, themes were analyzed across questions and reported together.

Limitations for community respondent interviews

While Wilder interviewed many respondents from a variety of sectors, Wilder did not hear from all potential respondents nor all sectors, and some sectors had greater representation than others. Accordingly, these respondents are not representative of all Safe Harbor stakeholders. Additionally, some sub-groups had a relatively low number of respondents (e.g., six respondents were asked questions designed for professionals working in Child Protective Services), and while respondents were encouraged to share culturally specific information, some cultural groups had a low number of respondents who shared information specific to that group. The COVID-19 pandemic may have reduced respondent availability and contributed to

the relatively low numbers of respondents from certain sectors due to reduced hours, increased workloads, and or layoffs.

Community respondents

Wilder interviewed 56 community respondents. These respondents represented a variety of sectors, with the highest proportion representing the law enforcement/legal sector (45%), followed by advocacy/Regional Navigator (36%; see Table 6).

Respondents most frequently reported being in their current roles for 1-3 years (39%), followed by 4-10 years (25%; see Table 7).

Table 6. Community respondent sectors

| Sector | <i>N</i> | % |
|--|----------|-----|
| County, state, or federal government | 5 | 9% |
| Education, human, and social services | 6 | 11% |
| Advocacy/Regional Navigator | 20 | 36% |
| Law enforcement/legal (i.e., law enforcement, juvenile justice, judiciary, child protection) | 25 | 45% |

Table 7. Community respondent length of time in role

| Length of time in role | <i>N</i> | % |
|------------------------|----------|-----|
| Less than 1 year | 8 | 14% |
| 1-3 years | 22 | 39% |
| 4-10 years | 14 | 25% |
| 11-15 years | 5 | 9% |
| 16-20 years | 3 | 5% |
| 21+ years | 4 | 7% |

Analysis was also conducted to assess differences between two categories of sectors: law enforcement/legal and advocacy/Regional Navigators. To determine meaningful differences in the total number of respondents from each category endorsing certain themes, Wilder used a threshold of a difference of six respondents (e.g., if a theme was reported by six more respondents in the law enforcement/legal sector compared to the advocacy/Regional Navigators sector, it was considered a significant difference). These differences are noted throughout the community respondent interview findings.

Within each subsection of the community respondent interview findings, themes are listed in order of magnitude, with the most common listed first. In order to give a sense of how many respondents endorsed a particular theme, if the question had a sufficient number of respondents, themes are also grouped in ranges (e.g., 10-19 respondents). Ranges were determined based on the number of total respondents and how many people endorsed each theme for the particular question. Respondent quotes are also included for some themes. Note that these quotes have been minimally edited for readability. Some quotes are attributed to a specific sector, and some are not, according to the respondent's confidentiality preference.

Additionally, Wilder chose to redact some information (e.g., specific program names), redact the sector, or present the broader sector category (e.g., “law enforcement/legal” instead of the more specific “juvenile justice”) in some instances to protect the respondent’s confidentiality.

Findings from community respondent interviews

Relationships between grantees and law enforcement

Twenty-one (21) respondents were identified as grantees who could speak to the relationships between grantees and law enforcement. Respondents were asked what works well and what does not work well in how grantees and law enforcement work together, as well as the extent to which law enforcement understands the Safe Harbor law and coordinates with the Safe Harbor services system. For these questions, a concept was considered a theme if it was mentioned by three or more respondents.

Nearly all respondents within this category reported that their responses and/or experiences with law enforcement vary widely depending on the specific officer, agency, or jurisdiction of focus, noting both positive and negative experiences.

Ten or more respondents mentioned the following themes.

- **There are some positive relationships between grantees and law enforcement.** Many respondents shared that collaborative partnerships with law enforcement exist or mentioned specific examples of positive relationships or communication. Some of these respondents described how Safe Harbor works well when these relationships are in place and when law enforcement views Safe Harbor as valuable. However, several respondents mentioned that the responsibility for building these relationships often falls on providers, Regional Navigators, or Safe Harbor agencies.

When law enforcement can come in and say, with humbleness, that the community is part of protecting and serving and includes the community in the process that is true collaboration... With my own work, we have a really powerful collaboration launching with [type of geography] police departments, and they are saying that this is the problem, and our way of solving it has only caused other problems. And so we said, this is why what we do could help solve the problem. We co-build it together. I see them all for the humans they are. I see them as partners. The first time I met with them, they were primarily White males in uniforms and guns. They’re part of creating the solution. And part of the solution requires that of owning how you have failed by perpetuating the problem. An acknowledgment, then an action.

-Advocacy

- **Some law enforcement attitudes, or beliefs remain a challenge.** Within this theme respondents discussed challenges related to law enforcement attitudes or beliefs, such as a lack of willingness to engage, change, adapt, or admit mistakes. Some mentioned that law enforcement could be disrespectful, not survivor-centered, apathetic, or racist. Respondents also described misconceptions about trafficking or a general lack of

understanding, such as endorsing myths or holding paternalistic attitudes. Several reported it is often difficult for some law enforcement to see nuance and tend to designate actions as either “right” or “wrong” and people as either “victims” or “perpetrators.” Some mentioned a lack of acknowledgment that exploitation and trafficking occur in the communities’ law enforcement serves.

- **Law enforcement awareness and understanding of Safe Harbor could be improved.** Respondents described a lack of understanding of Safe Harbor among law enforcement, or that there is some understanding, but room for improvement. Respondents specifically mentioned a lack of awareness of existing resources, lack of understanding regarding the role of advocates and Regional Navigators, and a lack of understanding of how services operate (e.g., some agencies may not be able to respond to calls in person).

I think [law enforcement] understand that they can't arrest youth for prostitution, but I don't think they understand the scope of services that Safe Harbor can offer or what exactly a Navigator can do for them.

-Regional Navigator

- **Improvements occurred in how law enforcement works with Safe Harbor, with youth, or both.** Within this theme, respondents described improvements, such as new relationships and collaborations, improved communication, a greater understanding of Safe Harbor and available resources, the BCA Human Trafficking Investigator’s Taskforce serving as a consistent hub of information, a greater number of referrals and reports, fewer arrests, and more law enforcement receiving training on trafficking-related topics.

I feel like we've created a good relationship with law enforcement for the most part. We still have a lot of work to do in the smaller communities. But I'm getting many more reports from law enforcement than I did three years ago. It's at least on their radar now; they know more what to look for. As a whole, law enforcement has become more aware. And our referrals have gone up with law enforcement.

-Regional Navigator

Between six and nine respondents shared the below themes.

- **Training and educating law enforcement is important.** Respondents discussed the importance of training law enforcement on protocol implementation; cultural issues, such as the importance of respecting youths’ pronouns; the role advocates or Regional Navigators play within Safe Harbor; and identifying potential survivors. Some described the importance of incorporating lived experience into training.

A lot of times, law enforcement doesn't know what Navigators and advocates are there for. And I've seen this in the court system, too. With Navigators, it's different, but advocates, we're not there to make a statement for the victim. We're there to support

them... There's a misunderstanding of confidentiality, what our role is. I think that's one of the problems, and I think training can definitely remedy that.

-Regional Navigator

- **Different perspectives pose a challenge.** Respondents agreed that there are difficulties related to the differences in perspectives and philosophies between law enforcement and providers and advocates. Respondents described a lack of understanding of each other's perspectives and how differing goals can cause conflict, as law enforcement's function, and often their perspective, is punitive, while grantees hold a more social justice-oriented perspective. Additionally, some said clarifying each sector's roles and expectations would benefit the relationship between law enforcement and grantees.

I think sometimes we don't know each other's role. I think sometimes law enforcement wants information from the Safe Harbor grantees that we can't give due to confidentiality. I think sometimes we're working towards the same ultimate goal of safety for the clients, but on really different paths. I think that sometimes, with a lack of communication, those different paths can be frustrating to one or the other.

Just having some ongoing dialogue about best practices and what the victim is wanting and seeking through that partnership is really beneficial. Just making sure you're having some ongoing communication and really understanding of each other's role with these investigations and services. Because that's where I see the most butting of heads is that lack of understanding of each other's role and path to ultimately that same outcome.

-Regional Navigator

The following themes were endorsed by at least three but fewer than six respondents.

- **Broader changes are needed to the larger law enforcement system.** Respondents endorsed a need for changes, such as ensuring mandated reporting requirement consistency across jurisdictions, not requiring survivors to make statements during prosecution, not arresting individuals aged 18 or older, and the need for additional support to facilitate the process of accessing services for youth aged 18 or older.
- **Specific staff dedicated to trafficking can help build relationships and better serve youth.** Respondents shared that having specific staff dedicated to trafficking can be helpful, such as designated investigators, liaisons, and specific officers identified as a consistent point person. These respondents described how these positions can help build relationships and trust with youth served.

Changes since 2019

Community respondents were asked to describe improvements they have seen since 2019 (i.e., the last Safe Harbor evaluation) in the identification and provision of services to youth survivors

of trafficking and in the prevention of youth trafficking. In addition, respondents were asked for any other changes brought on by the Safe Harbor initiative since 2019, regardless of whether they were seen as positive or negative. Due to the overlap in the content of responses, themes for the three questions were analyzed together and are presented here.

Twenty or more respondents reported the following themes.

- **Increased awareness and understanding of exploitation and trafficking.** The majority of respondents supported this theme, which included mentions of increased awareness about trafficking and exploitation, and improvements, either among the general public or within the respondent's sector, in the ability to identify survivors. Some respondents also reported improved understanding of the dynamics of trafficking and how it is connected to other social issues, such as poverty. In addition, some noted that people seem to better understand and talk about concepts relevant to trafficking more often, such as toxic masculinity, victim-blaming, being survivor-centered, and being trauma-informed.

Increased knowledge and skills were also noted, specifically among professionals such as service providers, judges, law enforcement, prosecutors, service industry staff, child protection workers, and others. Professionals were said to better understand survivors' unique needs, including their need for autonomy. In addition, professionals were described as being better able to effectively interact with and/or serve survivors.

A lot of people in the [Greater Minnesota] region didn't believe, and still don't believe, that trafficking happens [redacted] here. Or they think it only happens on the reservations or they don't understand what it is. They think it involves cages, and semi-trucks, and people being kidnapped in the middle of the night, when actually, in our region, the most common form of trafficking is familial trafficking. So I think Safe Harbor is doing a lot to build awareness about what trafficking actually looks like. I think also, the MYST Project³ has definitely helped with the light they've been shining on the Minnesota Student Survey data from 2019. I think that was a big eye opener for people, because those kids that answered, "Yes," to trading sex, those were kids that were in school. So I think that people are slowly starting to understand that trafficking is not necessarily like the movie Taken or something.

- Sector redacted

- **Increased opportunities to learn about trafficking.** Also endorsed by most respondents, this theme included comments about improved access to trainings for community members and professionals, and curricula and school-based programming for students and teachers. Respondents also noted more train-the-trainer efforts, the expansion of the Not a Number curricula, and the creation of more training positions.

³ See "Trading sex and sexual exploitation among high school students Data from the 2019 Minnesota Student Survey" (Martin et al., 2020).

Not a Number is wonderful, getting that expanded in the state. [Safe Harbor staff person] has done a lot with the train the trainer. In our community, we've been brought in, we run groups... And now agencies are seeing value in it, and people are getting sent to get certified. Not a Number is a great educational tool.

- Regional Navigator

- **Increased collaboration and communication across organizations.** Many respondents indicated that collaborative efforts addressing trafficking have increased, including more task forces and partnerships. Relatedly, respondents also discussed improved communication across sectors and disciplines. In addition, several noted improved working relationships, specifically concerning service provision. For example, respondents discussed increased communication among Regional Navigators, advocates, and service providers.

More attempts to have more inter-disciplinary teams... In [county name], we have the [collaboration name]. It's based in my office. It's law enforcement, social services, we have an attorney, criminal attorneys, juvenile attorney to get that perspective, and Regional Navigators. They can pull in other people that might be relevant given a particular case. So, someone who is on probation, for example, they might rope in a probation officer. Medical people sometimes have been involved.

- Law enforcement/legal

We have improved lines of communication and points of contact between law enforcement agencies and [the] county prosecutor's office and navigators and service providers. It's not just that we know each other's faces. We have more of an idea of what particular agency to reach out to if we have questions or concerns.

- Prosecution

Between 10 and 19 respondents reported the following themes.

- **Improved access to and quality of services.** Many respondents agreed that a greater number of services and more effective services have become available for trafficked youth. Relatedly, respondents also noted an increase in funding to support service provision, either in general or specifically through Safe Harbor. Within this theme, respondents also said that organizations that specialize in serving trafficked youth are receiving more referrals.

There are more resources out there [and services are] becoming more and more widely known... [program name] is now available, and more agencies like [agency name] is now specifically addressing needs of exploited youth. Some of those agencies previously weren't agencies that addressed youth that had been exploited or trafficked.

- Child protection

In this most recent grant cycle, we did have a few additional grantees funded, so hopefully, that means that we will be able to more effectively serve in different communities.

- Regional Navigator

- Expanded and enhanced protocol development. Many respondents indicated that more counties and regions are developing protocols to improve system responses to trafficking. Some also felt that lessons learned from earlier efforts are resulting in more refined and effective processes (e.g., using a more survivor-centered approach to developing the protocol). This theme was more common among the law enforcement/legal category compared to the advocacy/Regional Navigators category.

Minnesota has done very well with [protocol development] in helping counties develop their protocols. You can't develop a statewide protocol for Safe Harbor. It has to be a local or regional response because of the people you are dealing with, cops and social workers, and advocates, etc.

- Prosecution

Developing our protocols on how we're going to respond on a systems-wide basis, law enforcement, social services, health care. I think that education piece and trying to identify at-risk youth versus just responding when there's been a report. Really identifying when we have kids who are on the run and trying to see those red flags ahead of time... [It was a] monthly reminder to people, what are we doing? What are we looking for?

- Prosecution

- **Systems are better at addressing trafficking.** Many respondents said that some systems are taking a more thoughtful, focused, and/or effective approach to address trafficking. Within this theme, respondents noted that practices and procedures are becoming embedded within the system; some systems are adopting a public health approach, such as recognizing the need to provide services and supports to survivors and understanding how trauma and social determinants of health contribute to trafficking; and some are finding alternatives to victims being incarcerated.

Prior to 2019, people were still struggling with whether it was actually in Minnesota; they didn't believe it. It just seems to me like there were providers [who had] provisions for sexual assault and domestic violence, but when you said trafficking, were like, "I don't know if we can do that." Or, "We're afraid that a trafficker will come searching for the victim." There was just a hesitation; you could hear it in their voice on the phone when I would call around for shelter and services. And as time passed, especially with the extension for 2019, that changed completely. I don't have providers hesitate anymore, asking me what trafficking is. They already know. They're not afraid that

someone will come look for the victim. They've already made provisions, started planning. It seems to be more set into form. It's just got so much better.

-Sector redacted

We've certainly had an increase in sex trafficking prosecutions. It's a normal thing in our office now... Before, if we had a sex trafficking case, it was a pure accident, just stumbled on it. We're better at identifying it and investigating it.

-Prosecution

Law enforcement is changing in a more positive way. They're more open to understanding and trying to find other ways to help people instead of just locking them up.

-Law enforcement

The following themes were reported by five to nine respondents.

- **The Minnesota Student Survey (MSS) provides needed data on trafficking.** Several respondents endorsed the importance of trafficking-related questions being added to the MSS. These respondents said these data have been key to demonstrating that trafficking is occurring, increasing knowledge about who is being trafficked (such as male-identified youth), and targeting prevention efforts (Martin et al., 2020). This theme was more common among the advocacy/Regional Navigators category than others.
- **Increase in outreach efforts.** Several respondents shared that there has been an increase in outreach efforts, with some specifically noting improvements in outreach to marginalized cultural communities. The purpose of outreach efforts was typically to build awareness about trafficking, specific services/organizations, or both.
- **Expanded and improved prevention efforts.** Trafficking prevention efforts were noted as having increased, expanded, or improved since 2019. Respondents shared there is a greater understanding of prevention and how it differs from intervention; greater appreciation of prevention; stronger focus on protective factors, such as developing healthy relationships and connecting youth to services earlier on; and more focus on reducing demand.
- **The Safe Harbor model expanded to cover survivors up to age 24.** While this change was implemented prior to 2019, some respondents emphasized the importance of Safe Harbor grantees being able to provide services to young adults up to age 24.
- **More survivor input and leadership in Safe Harbor.** Survivor leadership and survivor input were identified as playing a larger role in the planning and implementation of the Safe Harbor initiative, both in MDH and among its grantees.
- **More staff time dedicated to the issue of trafficking.** Several respondents mentioned an increase in staff positions, staff hours, and/or teams explicitly assigned to address trafficking.

Challenges

Respondents were asked to describe the two or three largest barriers to identifying and serving youth survivors of trafficking. This section describes the themes that arose. Many of these challenges refer to concepts also described as positive changes since 2019. This suggests progress has occurred, and more change is warranted.

The following themes were shared by 20 or more respondents.

- **Difficulties identifying trafficked youth.** The majority of respondents said that identifying youth being trafficked is challenging. Respondents noted several factors that make identification difficult, including a general lack of knowledge about the signs of trafficking and a lack of opportunities to gain this knowledge. In addition, respondents noted that the signs could be difficult to notice. Some respondents said trafficked youth are less frequently engaged in systems where identification is more likely to happen, such as schools. Similarly, they said such youth are more often engaged in systems where identification may be less likely to occur, such as juvenile detention facilities. Respondents also reported that youth often do not identify as victims or are hesitant to disclose their experiences. This is exacerbated by youth's concerns about and/or experiences of victim blaming, racism, and other forms of discrimination. Lack of communication between agencies after a survivor is identified was also cited as a barrier for the next organization knowing the youth is a survivor. This theme was more common among respondents representing the law enforcement/legal category relative to the advocacy/Regional Navigators category.

Identifying is huge. Public safety plays such a huge role in that, and we're among the first to deal with survivors. The barrier is still to get the signs, recognizing the signs of trafficking. Just learning what the signs are, it's not something that's instructed in law enforcement skills training. What are the at-risk youth indicators? That's not known to the average patrol officer.

-Law enforcement

When a victim shows up, from my experience as a person of color, the attention I get is different depending on the medical facility I go to. So if I decide to go to Edina for medical services, versus if I was at Hennepin County or Northpoint Health Clinic, that exam is going to go differently. And people are going to see me in a different way. It's just what happens in our community. It's two pieces, like I've already been through this traumatic incident, do I want to explain this in a hospital setting? And the other thing is that somehow you're blamed for your victimization. You go to the hospital. They're not asking the right questions to find out what happened. I'm saying I fell down, or it was just rough sex, and people are just not asking the right questions and victim-blaming.

-Advocacy

One big barrier is whether a survivor is willing to identify themselves as such...They might view it as transactional, they might view it as them having more agency or

choice in the situation - that they consented - not maybe understanding the nuance of is it really consent if they're doing something to help with their survival? There's also a segment of the population who sees a benefit to this trafficking or exploitation, whether that's monetary or being provided with hair, makeup, nails, clothes. And [they may perceive] an emotional benefit, part of the grooming that goes along with someone getting into this lifestyle that can be really attractive to someone with low self-worth or who has experienced a lot of trauma and is not getting that validation elsewhere. It can be hard to let that go. And that idea about agency, the piece that they're agreeing to it, that it's a consensual thing, they're not seeing the nuance.

-Prosecution

- **Lack of services and inconsistent staffing.** Shared by about half of respondents, gaps identified included services for specific individuals, about specific topics, and within specific geographies. Regarding individuals, respondents noted a lack of services for trafficked youth who are pregnant, parenting, or both; and for those who have complex, intensive, or challenging needs. Respondents also identified a lack of education-related services, supports for families of these youth, shelter and housing, mental health services, and substance misuse services. They discussed the lack of supports for youth in rural areas and noted that this issue is exacerbated by the absence of public transportation. Other service-related challenges discussed included a lack of funding for services, the limited age range within which individuals are eligible for Safe Harbor services, and concerns about the extent to which buildings and organizational practices keep participants safe.

Within this theme, some respondents discussed challenges related to staffing, including insufficient salaries, increasing workloads, high staff turnover, and difficulties keeping staff up to date with education and training. They described these challenges as resulting in less capacity to serve youth, lower quality services, and less consistency for the youth being served.

The lack of targeted services. There are some services that are specifically designed to address this population, but there aren't a lot. There are limited beds and appointments.

-Prosecution

Hours in a day, honestly. There's not enough hours in the day to provide all the victims, the help that they need... I'm sure it happens to other agencies too, but it's just the need is so overwhelming. The needs of the victims, the numbers of victims, and you just don't have enough hours in the day for all of our staff to be able to help all of the young people that need help.

-Advocacy

- **Lack of knowledge about trafficking.** Many respondents noted challenges related to a lack of awareness about trafficking or hesitancy to acknowledge its existence. In addition,

respondents described people who do not understand what trafficking is or the dynamics involved, including those who believe misconceptions. Respondents noted that these misconceptions often assume survivors need rescuing, blame the victim, and/or promote stigma.

I think the stereotypes still exist that [it's] young White girls in white vans in suburban Walmart parking lots. And not only is that very rarely what's happening, but it's actively and purposefully erasing real victims. Because no one is talking about the 16 year-old youth of color who is trading sex for a place to live, because they're talking about a young, blond girl in chains. That's frustrating. It's the White-ification – worried about White victims and wanting to be White saviors.

And there's a lack of understanding, even when people do know... [Someone] made a comment about how there was a difference between youth who are actually exploited and those having sex for food and money. And comments like that have happened more than once. People will say like "real exploitation" or "real trafficking" like there's some difference, even if they can't articulate what that difference is.

-Sector redacted

Between 10 and 19 respondents mentioned the following themes.

- **Insufficient or misguided funding.** Respondents agreed that funding is a challenge for a variety of reasons. This included not having sufficient funding for programs to address trafficking in general. Others said money was lacking for specific programs, such as grassroots or community-based efforts, prevention efforts, and efforts focused on child welfare or juvenile justice systems. Respondents had concerns about the way funding choices are made, as they feel it results in one or more of the following: promoting White supremacy, while causing further disadvantage for historically marginalized groups, such as BIPOC people; devaluing newer programs; and promoting competition, rather than collaboration, among programs. Other challenges cited were funding streams being too limited and programs balancing the increasing need for their services with static or decreasing funding.
- **Difficulties building rapport with youth.** Respondents noted that building trusting relationships with youth who have been trafficked, engaging these youth in services, and helping them invest in leaving "the life" can be challenging. Respondents understood that this is to be expected given youth's experiences. Some respondents said that system change is needed to allow the time required to build rapport rather than focusing too quickly on demonstrating outcomes.

Between five and nine respondents reported the following theme.

- **Prevention has remained static.** Several respondents shared that prevention has only improved slightly, if at all. Specifically, respondents described how the COVID-19 pandemic has likely caused trafficking to increase; decreased its visibility; and reduced access to protective factors, such as positive relationships and extracurricular activities, posing

challenges to prevention efforts. Additionally, some want more funding and effort put into expanding and refining prevention efforts. They felt resources are often disproportionately allocated to intervention rather than prevention efforts, and that service providers are generally more focused on intervention rather than prevention.

Impact of COVID-19

Respondents were asked to describe how the COVID-19 pandemic affected their agency's ability to assist or provide services to youth survivors.

Twenty or more respondents mentioned the following themes.

- **Agencies shifted to remote communication and service provision and noted challenges specific to this format.** Respondents identified a shift to remote communication or having to provide services virtually. Many agreed this format, compared to in-person services, is less engaging, more difficult for building trust and rapport, or both.

Residential programs are still in-person, but when you're looking at services outside of inpatient programs, there's a lot of telehealth going on, both for mental and chemical health. We see chemical health [needs] a lot with this population. The ability to engage, especially with someone who might not be very motivated already - even my own ability to stay engaged in a Zoom meeting over an hour, then you add someone who is not interested. And the benefit of groups is harder to get when you're on Zoom rather than being in the same room. So for service providers to provide services in the most effective way [that] has definitely been hampered.

-Prosecution

It's really hard to build a connection with somebody online, especially this population where a lot of grooming has taken place online for these kids. So unless I had a relationship [with a youth] prior to COVID, it was really hard to get people to want to engage virtually. I think that that was a huge barrier for really building rapport and getting to the root of issues, and starting to work on some issues or things going on with youth.

-Regional Navigator

- **Social distancing has complicated identification.** Many respondents said that the pandemic has increased isolation and reduced the amount of time youth spend with adults or in environments where trafficking or exploitation could be identified. For example, attending virtual school reduces the likelihood that a teacher would notice signs of trafficking or that a youth would disclose their experiences to a school staff member.

There have been a lot of barriers related to public spaces being closed and [there] just being less visibility of what is going on with youth and lost interaction between youth and any of the other systems. We talk a lot, especially in [county name], about the No

Wrong Door model. For the past year, there haven't been any open doors. Youth are not interacting with social workers. They're not interacting with medical personnel. They're not interacting with school. They're probably not working due to unemployment and cancellation of different programs...They're just not coming in contact with the people who might be able to identify them and get them help.

-Health care

The following themes were reported by 10 to 19 respondents.

- **The pandemic created an environment conducive to exploitation and trafficking.** Respondents agreed the pandemic produced conditions conducive to exploitation and trafficking, such as increases in isolation, economic hardship, the amount of time youth spend online, and the number of individuals experiencing homelessness. This theme was more commonly expressed by respondents from the advocacy/Regional Navigators category compared to respondents from the law enforcement/legal category.

COVID has exacerbated trafficking and probably increased it and [pushed it] more underground, less visible...With people being isolated in their homes, loss of jobs and economic opportunities, kids not being in school, I think those factors create an environment for online exploitation and in-person exploitation. It's just less visible because people are isolated in their homes. A lot of prevention has to do with [the] protective factors around youth, which includes healthy adults in their life. And if they didn't already have that, now they're having fewer connections to sports or other community connections.

-Government

- **Accessing services has been more difficult.** Respondents shared that the pandemic reduced access to services in a variety of ways, including quarantine requirements (e.g., youth having to quarantine before being admitted to housing); reduced bed availability or reduced number of total youth served to allow for social distancing; remote services requiring access to technology (e.g., internet, a device); and the cancellation or closure of in-person services (e.g., crisis services, drop-in centers, outings such as movie theater trips). Respondents from the advocacy/Regional Navigator category were more likely to endorse this theme compared to respondents from the law enforcement/legal category.

Our ability to respond quickly has been hampered by COVID... A lot of programs have instituted protocols. If a youth has court on Tuesday, but they need a bed Wednesday, they might need a test or to quarantine. So every day, they're not moving toward a program; that's another opportunity for a child to disengage.

-Prosecution

- **The pandemic slowed down or pushed back processes and efforts.** Respondents agreed that the pandemic negatively impacted timing, slowing down or delaying processes. For

example, respondents described how the eviction moratorium will simply delay evictions and requests for rental or housing assistance, and that there may be a backlog once the moratorium ends; cases and trials have been postponed and prolonged, negatively impacting survivors; and training and other educational efforts have been postponed. In addition, some respondents anticipate an increase in exploitation and trafficking reports once the pandemic ends.

COVID provided a lot of difficulties for victims. [We] haven't been able to have as many trials, so it just prolongs the case, and doesn't allow them to get closure. That's been difficult for the cases I have now. We just started in the last two weeks; we're starting to do in-person trials again. And so many trials [have] stacked up. And each sex trafficking trial is almost equivalent to a murder case. They need a lot of information, a ton of data, documents from Facebook and cell phones, and 20 or 30 witnesses. Each one is an extreme amount of work. And so, getting them back-to-back to back, it's overwhelming.

-Prosecution

- **The pandemic has negatively impacted youth mental health.** Several respondents reported that youth mental health had been negatively impacted, such as increased stress and isolation.

The way life is during COVID is just hard. I've heard of increasing anxiety, depression. Young people, whatever they were experiencing before COVID, it's just a bit worse on the mental health front.

-Sector redacted

- **Service demand and need changed.** While respondents agreed there was a change in service demand, they reported different patterns. Some described an increase in the demand or the need for services or service funding, while some reported serving fewer clients during the pandemic. Some respondents within the latter category suggested that this trend may be due to challenges related to identification and reduced access to services.

Between five and nine respondents reported the following themes.

- **New safety concerns arose during the pandemic.** Some respondents endorsed safety concerns related to sheltering in place, as youth may be staying with someone who is abusive and/or exploiting or trafficking them.
- **Positive impacts occurred as well.** Some respondents shared positive impacts of the pandemic, including stimulus checks providing stability for youth; remote services and communication being easier to access for individuals who don't have transportation or otherwise can't easily attend in-person programming; remote services being safer or more comfortable to access for some youth; and more youth staying in the community, rather than being placed in detention, due to social distancing.

Culturally specific findings

The following themes emerged from questions about Safe Harbor’s cultural appropriateness and effectiveness for all Minnesota youth and from comments made throughout the interviews regarding youth from marginalized backgrounds (see Methods for Community Respondent Interviews subsection for more details). Themes that emerged from general comments about cultural groups are presented first with frequency categories, followed by themes related to specific cultural groups.

Cultural groups, in general

The following themes were shared by 20 or more respondents.

- **Provide youth with more opportunities to see their identities in the people and programs that serve them.** Respondents discussed the need for professionals who share the cultures of the youth they serve. They expressed concerns that too few professionals from marginalized communities are hired, available to be hired, or both. Respondents also noted that youth need to see themselves and their perspective in organizational documents, practices, and programming. Specific suggestions included listing pronouns in staff email signatures, using curricula in which youth see their own identities reflected, and having more culturally specific Safe Harbor navigators.
- **Offer more culturally specific and culturally appropriate services.** This theme included comments about a lack of culturally appropriate services throughout the state, and especially in greater Minnesota.

I just don't think we've done a good job of getting culturally appropriate Regional Navigators or services in general. In [name of county], we don't have culturally appropriate services in general. And asking [survivors] to get services in Saint Paul or Minneapolis, that's difficult. That's [a long trip] on a bus sometimes. It's just not appropriate, and services don't come to them.

-Law enforcement/legal

Between 10 and 19 respondents reported the following themes.

- **Ensure planning and implementation efforts are community-led.** Respondents expressed concerns that White individuals often lead anti-trafficking and victim-service efforts, regardless of whom the program is meant to serve. Respondents highlighted the need for authentic community engagement in which people impacted by the program have input into its planning. They also highlighted the need for diverse leaders who share demographic characteristics with those served. Individuals representing the advocacy/Regional Navigators category more commonly expressed this theme compared to the law enforcement/legal category.

BIPOC and LGBTQ+ voices need to be included at the start of the planning process. And not just performative solicitation of information. Not just, "Oh we asked this group."

No, they should be at the table writing this with you, not just your interpretation of what they said.

There's a lot of things that happen, especially in systems of government, where White people make plans for 'everyone' (meaning White people) and then ask later how to apply them to other groups. Rather than saying, how do we equip these communities themselves to make their own plans? Not tweaking the White plan to fit the [cultural community], but how can we support them to create their own?

-Advocacy

- **Increase professionals' knowledge of different cultures.** Within this theme, respondents said professionals lack understanding of different cultural groups, their unique needs, and the disparities these groups face. Relatedly, respondents reported the need for more training on these topics.

I absolutely know that there are people that are out there doing the work with culturally diverse populations that aren't culturally competent, that don't understand how different things come into play when they're interacting with youth from different backgrounds... More training needs to be done. I think that there needs to be more focus maybe on onboarding, and [a] focus on Safe Harbor grantees, agency programming, and policies around this... addressing cultural competency and addressing our own personal biases as providers and individuals.

-Regional Navigator

- **Provide more outreach to and relationship building with specific cultural communities.** Respondents emphasized the importance of designing outreach and relationship-building efforts to be effective and appropriate for the focal cultural group.

It's about being intentional, seeking people out, and [seeking out] existing services. Finding a [cultural community] organization and working with them to provide Safe Harbor services. How do you find those champions who are already doing that work?

-Regional Navigator

- **Intentionally assess and address racial disparities.** Some respondents identified a need for systems to intentionally assess and address racial disparities. Respondents noted the disproportionately high representation of BIPOC youth in child protection and the criminal justice system as examples. Respondents also discussed the need for more diversity, equity, and inclusion efforts in trafficking-related systems and services.

Between five and nine respondents endorsed the theme below.

- **Hire more multi-lingual staff.** Respondents shared concerns about language being a barrier to receiving service, as well as the need for more multilingual staff in organizations serving trafficking survivors.

Specific cultural communities

Due to the varied and relatively low number of respondents endorsing themes specific to defined cultural communities, frequency ranges (e.g., themes endorsed by 5-9 people) are not presented for the information in this subsection. However, all culturally specific themes were endorsed by at least two respondents.

African American youth

- **Provide more culturally specific services.** Respondents noted a lack of culturally specific services for African American youth.
- **Provide youth with more opportunities to see their identities in the people and programs that serve them.** Respondents discussed the need for more African American professionals. They also noted that youth need to see Black culture in organizational practices, programming, and atmosphere.
- **Emphasize trust-building.** Respondents noted the importance of building trust with youth.

African (including Somali) youth

- **Provide more culturally specific services.** Respondents noted a lack of culturally specific services for African, including Somali, youth.
- **Address concerns specific to smaller communities.** Respondents described specific challenges resulting from addressing trafficking in a small, tightly knit community, including concerns about confidentiality when seeking services and retribution from reporting the crime.

Asian American and Pacific Islander (including Hmong and Karen) youth

- **Provide more culturally specific services.** Respondents noted a lack of culturally specific services for Asian American and Pacific Islander youth, including Hmong and Karen youth.

Immigrants, refugees, and new Americans

- **Consider lack of trust in systems.** Respondents noted that immigrants, refugees, and new Americans are more likely to have concerns about the safety of government systems, and potential concerns related to citizenship status. This mistrust is based on their experiences and will need to be addressed by systems and individual providers.

LGBTQIA2S+ youth

- **Provide more and better culturally specific services.** Respondents noted a lack of culturally specific services for LGBTQIA2S+ youth in general and for transgender youth specifically. Some respondents said that higher quality services are also needed.
- **Increase knowledge about youth's needs.** Within this theme, respondents said providers and other professionals need to better understand how to effectively service LGBTQIA2S+ youth in general, and especially LGBTQIA2S+ youth who also have other marginalized identities (e.g., BIPOC LGBTQIA2S+ youth or LGBTQIA2S+ youth with disabilities). Respondents described unique concerns impacting this population (e.g., staff using the

correct pronouns and homophobic and transphobic hate crimes) and issues for which these youth are at higher risk (e.g., homelessness).

Male-identified youth

- **Use gender-inclusive messaging around trafficking.** Messaging around trafficking, whether it be for education, outreach, or services, should be aimed at and inclusive of male-identified youth. Focusing only on female-identified survivors decreases the likelihood that male-identified survivors will seek services and will receive effective services, while increasing the stigma these youth experience.
- **Increase efforts to identify male-identified survivors.** Related to the previous theme, within this theme, respondents expressed concerns that male-identified youth who have experienced trafficking are less likely to seek help or report the crime. Respondents were concerned that professionals are less likely to identify male-identified youth in need of help because of assumptions that trafficking only happens to female-identified individuals. They also noted that male-identified youth may have different warning signs that they are being trafficked and are less likely to see themselves as victims because of gender stereotypes.
- **Increase knowledge about male-identified trafficking survivors.** Respondents felt that more information is needed about the experiences of male-identified trafficked youth, including how to best identify and serve them. Respondents noted some improvements within this theme, including the availability of MSS data on male-identified students and trafficking.
- **Provide more and improved culturally specific services.** Respondents noted a lack of culturally specific services for male-identified youth and a need to improve the quality of services that do exist.
- **Have more male-identified service providers.** As with other cultural groups, respondents said it was important for male-identified survivors to see themselves in the people who serve them.

Native youth

- **Provide more and improved culturally specific services.** Respondents noted a lack of culturally specific services for Native youth and a need to improve the quality of services that do exist.
- **Increase tribal involvement and support.** Within this theme, respondents discussed engaging tribes in more of the non-tribal-based initiatives addressing trafficking. In addition, respondents wanted to see non-tribal entities provide more support to tribal initiatives.
- **Consider issues of trust.** Native youth may not trust non-Native individuals or organizations. This comes from a long history and current experiences of being betrayed by non-Native governments and individuals. Systems and individual providers will need to earn trust.
- **Address concerns specific to smaller communities.** Respondents described specific challenges resulting from addressing trafficking in a small, tightly knit community, including

concerns about confidentiality when seeking services and about retribution from reporting the crime.

Protocol development sites

Sixteen respondents were identified as representatives of protocol development sites and were asked questions about the protocol development process. For these questions, a concept was considered a theme if it was mentioned by three or more respondents.

Respondents were asked what worked well about the protocol development process and what did not work well. Ten or more respondents endorsed the following theme.

- **Respondents appreciated the chance to work collaboratively across systems.** When asked what worked well about the protocol development process, all respondents described the multi-disciplinary nature of the process, cross-sector involvement, or the opportunity to hear other perspectives or to work together as a system. In addition, some respondents noted it was a safe environment or that they were able to build trust and positive relationships with other participants.

It was beyond merely county human services, county attorney, and law enforcement. [It was] various groups of various forms that provided us an opportunity to learn about each other's roles, responsibilities, and sensitivities. For example, you have a [role] who would use the legal term "prostitute," which would absolutely offend some from the victim advocacy groups.

-Law enforcement

Between two and five respondents shared the below themes.

- **Strong leadership and a well-organized process were helpful.** Respondents commended strong or knowledgeable leadership or said it was helpful to have a specific leader or point person leading the effort. Additionally, respondents said the process was well organized. Relatedly, some respondents identified a lack of defined roles or task leadership when asked what didn't work well about the process.

It was absolutely critical that [name] came in... She ran every small group when she broke the teams up, like social services and health care and sexual assault services. She ran each small group. She helped them develop the protocol. She didn't just turn things over and say, "Here you go." Without her, this would be sitting somewhere, and it would never have gotten done... It's critical that whoever's leading it is ready to dig in and do the work.

-Prosecution

- **Representation could still be improved.** When asked what didn't work well about the process, respondents described challenges related to a lack of representation from relevant

sectors, obtaining buy-in from specific agencies, or ensuring all participants were able to provide input equitably.

- **While the opportunity to work across sectors was helpful, it also posed challenges.** Respondents said that when many disciplines or perspectives are involved, it can pose challenges, such as difficulties reaching an agreement on some decisions.
- **The protocol development process could be briefer or more engaging.** Respondents described the protocol development process as being too long or bureaucratic or that the virtual format, necessitated by the COVID-19 pandemic, was more challenging or not as engaging.
- **Protocols could be more user-friendly.** Respondents mentioned challenges related to the protocol they developed being too long or too complicated, with some recommending a brief summary version be created to ensure its use.

Respondents were also asked for their suggestions regarding the next steps for the protocol they developed. Ten or more respondents endorsed the below theme.

- **The protocol needs to be implemented well.** Respondents emphasized the importance of implementing the protocol, focusing on the process of translating it into practice, and ensuring the protocol is sustainable.

The implementation of it, of course. So [name of county] is working on our own protocol, and it was rather lengthy and wordy, and I just think it matters what it says on paper, but it's really about practice. How do you get people to follow that practice? And an 80-page protocol is not going to work when all they need to do is identify, [do the] mandated report, and get them connected to resources. That's all I want the protocol to be. Getting the protocol from a paper and getting it into practice.

-Juvenile justice

The following themes were shared by two to five respondents.

- **The protocol should be a living document.** Respondents suggested continuing to review, revise, and update the protocol, including evaluating the protocol itself or the implementation process.
- **The protocol development process should prioritize survivor input.** Respondents discussed the importance of asking survivors to review the protocol, including more input from survivors in the development process and/or compensating survivors for their efforts related to protocol development.
- **Outreach and training should be provided.** Respondents suggested providing training on the protocol and continuing to conduct awareness and outreach efforts to ensure the protocol is used.
- **Encourage involvement from underrepresented sectors.** Respondents endorsed the need to involve additional sectors, such as faith communities or schools, in the protocol development process.

Labor trafficking

While labor trafficking was not the only focus of this report, respondents were asked whether they were aware of Safe Harbor's expansion to include labor trafficking. Most respondents reported they were aware (88%), while the remainder reported they were not aware. Additionally, some respondents mentioned other themes related to labor trafficking during their interviews. Between five and nine respondents endorsed the below themes.

- **There have been improvements in addressing labor trafficking.** Several respondents said there have been improvements in addressing labor trafficking, such as the expansion of Safe Harbor itself, an increased focus on labor trafficking, greater awareness of labor trafficking and how it overlaps with sex trafficking, improvements in identifying survivors of labor trafficking, and the development of a new labor trafficking protocol for the state.

With labor trafficking, I think that also has improved in terms of identification. We are...thinking about the connection between labor and sex trafficking, and I think we are probably identifying both more because oftentimes they happen at the same time.

-State government

- **Safe Harbor could increase its focus on labor trafficking.** Some respondents suggested increasing Safe Harbor's focus on labor trafficking. This could include developing more services or allocating more funding for services specifically designed to address labor trafficking, ensuring that the labor trafficking protocol is implemented, improving the processes of investigating and prosecuting trafficking (e.g., increase the capacity of investigative entities such as the Bureau of Criminal Apprehension), and working with other stakeholder groups to increase impact (e.g., labor unions, creating a coalition of stakeholders).

Labor trafficking awareness [and] the creation of services specific to that population has a ways to go... Understanding that someone's experience with sexual exploitation will differ from labor, so you'll treat that individual and provide them services that match that experience... Understanding you might have a victim of labor trafficking that hasn't left the house and hasn't seen a dentist in 10 years, so services will look different. I don't know if there's a particular service type, but it's more understanding their experience to ensure there are appropriate services to be provided... You could have someone working in a restaurant or someone out selling magazines, and there could be legitimate businesses that agencies aren't looking for necessarily. A lot of new Americans or individuals [who] are not familiar with language or culture, or vulnerable individuals, they're usually the targets. And while there can be violence and sexual abuse, sometimes there isn't. So it can look very different in terms of forms of control.

-State government

Child Protection Services

Six respondents from Child Protective Services (CPS) were interviewed, and these respondents were asked several questions specific to their sector. Because of the small number of respondents falling within this category, theme frequencies are not reported. The themes included here were mentioned by at least two respondents. All quotes presented in this section are attributed to respondents from the child protection sector.

Child Protective Services respondents were asked when they involved Safe Harbor when working with a youth survivor. Respondents most frequently reported that Safe Harbor is involved from the beginning of the case, at the assessment stage, or as soon as Child Protective Services is aware or suspects that trafficking is occurring.

As soon as I know that the youth has been trafficked or even has potentially been, and they are not even sure, I will try to utilize a therapist right away. Because I am just not educated enough, nor have the experience, to be providing specialized services for those situations.

When asked to identify the most common challenges the respondent encounters when they refer a youth to Safe Harbor supportive services, Regional Navigators, or specialized shelter and housing, the following themes emerged.

- **Lack of services.** Respondents described a general lack of services or a lack of a specific type of service (e.g., shelter or housing).

There is a great need for not necessarily a shelter but... a housing program that does have access to psychiatry. That isn't a shelter where they're just trying to hire someone for \$12 an hour to provide therapy, because you're not going to get into the core of someone's trauma in [the] two weeks that they're staying there. Right? When they're not necessarily even feeling physically safe yet at that time. But really, [a housing program] that has access to psychiatry, and some of those longer-term mental health supports that are going to be helpful to follow someone over time.

- **No challenges.** Some respondents said the process is easy, or they didn't have any challenges to report.
- **Difficulties engaging youth in services or ensuring stable services.** Respondents discussed challenges engaging youth in services or ensuring youth receive stable and consistent services.

Respondents were also asked to share the most common positive outcomes for the youth referred to Safe Harbor. Themes included:

- **Improved well-being.** Some respondents reported that youth experience improvements in well-being, such as increased self-esteem, reduced substance use, increased prosocial behavior, and improved physical safety.

- **Increased connection to services.** Some respondents felt youth increased their awareness of or connection with available resources.
- **More positive connections.** Respondents described youth developing positive connections with others, including their family members and Safe Harbor staff.

Respondents' suggestions and next steps

Respondents were asked for their suggestions regarding the most important next steps for the implementation of Safe Harbor and improving the Safe Harbor law or statutes.

Twenty or more respondents shared the following themes.

- **Expand protections and services to all, regardless of age.** Many respondents supported eliminating the age limit and expanding protections and/or services to all individuals. Respondents from the advocacy/Regional Navigators category were more likely to suggest this idea compared to respondents from the law enforcement/legal category. One respondent described a need for greater discussion and consideration of the issue, rather than expressing definitive support or dissent. Only one respondent stated that they do not support the expansion of protections to all ages. This respondent felt that categorizing "prostitution" as a crime allows prosecutors to more effectively investigate traffickers, as it provides probable cause. Additionally, some respondents spoke to the barriers that may hinder expansion efforts, such as negative and blaming attitudes toward adult survivors and securing additional funding.

Decriminalizing adult exploited persons [should be Safe Harbor's next steps], but that would be a monumental challenge... To convince the legislature of such a change. Victim advocacy groups, and perhaps public health, would need the support of public safety... Imagine trying to tell the average street cop; that is an enormous endeavor. Classic story of going to the Super 8, and his feelings are hurt by the victim denying anything going on; he's taking it personally; she doesn't want my help. And then if he hears about legislation to make it not her fault, that's a real tough sell.

-Law enforcement

We need to figure out how to not demarcate the line between youth and adult. It makes it really difficult to get people all on the same page if there's not that fundamental understanding. 18 or 24, there's not a real actual cut off time where this behavior, it's all of a sudden, not their choice, and now it was their choice.

-Sector redacted

Expanding the Safe Harbor Law to all ages. There is nothing more disgusting to me than to have a person who is 25 years old come to me for help, and I have to say that I'm sorry, the law says I can't help you.

-Advocacy

- **Expand services and increase funding for services.** Many respondents mentioned a need to increase services and funding for services. These services included crisis response, mental health, and substance use services; basic needs support such as food; education services; and services geared toward specific populations, such as pregnant or parenting youth, the caretakers or guardians of youth served, and specific age ranges (ages 13-14 and 18-24).

Additionally, respondents agreed there is a need for more shelter and housing options; increased funding for shelter and housing services; and/or additional types of shelter and housing, such as secure facilities and housing designed to treat substance use concerns. Respondents also agreed on a need for improving culturally specific services, including increasing support for existing culturally specific organizations and providing more.

Lastly, respondents endorsed a need for additional Regional Navigators or Safe Harbor staff, with some noting concerns regarding caseload size or large geographic areas served by small numbers of staff.

Continuing to increase services, continuing to increase bed space, and especially shelter and housing for trans and LGBTQ youth, because sometimes just based on whatever circumstances in shelters, they may not be the best option for them. So, bed space and shelter space are always something that's going to need to be increased.

-Regional Navigator

- **Continue and strengthen focus on outreach, education, and engagement.** Respondents agreed on the importance of raising awareness about trafficking and Safe Harbor. Specifically, they suggested increasing efforts to educate the public, dispel myths about trafficking, communicate the steps to take when trafficking is suspected, and provide training to those who are likely to encounter survivors. Some respondents emphasized the importance of school-based efforts.

I think there's maybe been some PSAs, billboards. I really wish we could do more on that. We need to get into the schools more –schools [and] churches. The kids on the street that have run away for more than 3 days or so, they're often approached about survival sex or prostitution... An ounce of prevention is worth a pound of cure.

-Prosecution

Safe Harbor is great. It just needs to be more well-known. More awareness, more outreach... [Some people know it] is a legal protection for youth under 24. But what does that entail? Is it just that you won't get charged, that legal aspect? But there's lots of services and a lot of grantees that provide services and help out with different stages of this person's life or their service needs. It goes beyond legal protection. We can do housing, financial assistance, if that person needs help getting an ID [or] mental health services.

-Advocacy

- **Focus more on prevention efforts.** Respondents identified a need to focus more on prevention efforts, such as increasing awareness; conducting more research and evaluation related to prevention; changing cultural ideas related to sexuality and gender roles; and addressing social factors related to trafficking, such as sexual violence and mental health.

Talking about more than preventing youth from being abducted and victimized, but forming healthy relationships, talking to boys and men about valuing life. The idea that peoples' bodies should not be a commodity... We haven't done much in the past other than teaching adults how to recognize signs, so looking at protective factors.

-Sector redacted

Prevention. Prior to getting them involved in the juvenile justice system, there need to be services around sexual violence, rape, [and] assault. Those are pathways that young people, girls in particular, are impacted by.

-Juvenile Justice

Between 10 and 19 respondents reported the following themes.

- **Improve integration of social factors that contribute to trafficking.** Respondents agreed that Safe Harbor could strengthen its focus on related social factors that can contribute to trafficking, such as housing and food insecurity, and oppression.

As long as we still have racism and sexism, and oppression, people who are engaged in the sex trade are tied in so many ways that are outside of their control.

-Advocacy

So much is the implementation that requires the greater community to understand the reality. And that is going to be such a long-term, ongoing battle. I think what really needs to happen is better integration with what we're already doing for young people. Putting all those – housing, family first, homelessness - all these different things together, finding a way to integrate all of it. Because there's a lot of resources, we've doubled up on where we could have used existing resources. So having things a little less delineated is necessary.

-Sector redacted

This population is so hard to work with -a lack of resources, familial relationships that aren't supportive, poverty - things that can't be fixed overnight. More mental health services, more social workers in schools, more access to mental health [are needed]. The schools are probably lacking with budget; some schools don't have a social worker at all or [a social worker] might work at four different schools.

-Prosecution

Between five and nine respondents mentioned the following themes.

- **Improve communication, collaboration, and multi-disciplinary partnerships.** Some respondents emphasized the importance of collaboration, breaking down silos, and strengthening relationships across entities and organizations, with some describing a need to address the tension between sectors or encourage participation from specific sectors. Some responses suggested a lack of awareness of existing communication channels and collaborative efforts, underscoring the importance of raising awareness of these activities.

The only time we've come together for a meeting, [the meeting] was closer to a convention, I would say. It was really high level. I wish we could, together as a whole, strategize and generate an action plan and share the responsibility of how to work. My sense, and from what I've gathered from other members of Safe Harbor, [is that] there's still a sense that we're working in silos. We do share a lot of space together, but it's not very actionable, and I wish we could do that more.

-County government

We need to play together better, even just nonprofit service providers, not even government agencies, obviously with them too, but if there could be real collaboration with those doing this work together, not fighting over funding, or whose shelter has fewest open beds, or how many clients have you served versus us. That would be really beneficial.

-Sector redacted

- **Law enforcement changes are needed.** Respondents suggested changes in how law enforcement works with Safe Harbor. Responses included providing and/or requiring law enforcement training, improving how law enforcement and service providers communicate, and changing common attitudes or beliefs among law enforcement.

Understanding trauma. That's a huge barrier for officers. They feel put off if it's a negative experience or may take it personally instead of understanding trauma, being empathetic. Understanding that children, trafficking survivors, are not criminals. The average officer won't know to look for a trafficking survivor. Couch-surfing for more than a few days, runaways, recurrent STIs, gang affiliations, relationships with older partners. Those are things that the average street cop is not going to be thinking about.

-Law enforcement

It makes sense to me for all law enforcement to be trained in identifying and responding to victims of trafficking and also to understand trauma. I think they really need to have training across the board on recognizing trauma and responding to it.

-Regional Navigator

What I hear from law enforcement across Minnesota and the country, there's still this push that it's safer for [victims] to be locked up, and that's how they will prevent them from engaging. Law enforcement needs to have a shared understanding that that's not always the best option.

-Advocacy

- **Continue efforts to center survivors.** Respondents discussed the importance of centering survivor voices and authentically engaging survivors to ensure services are designed to meet survivor needs. Additionally, some respondents emphasized the importance of fairly compensating survivors for their input.

The other big piece is accessibility for survivors. I think we've done a lot, but there's more work to be done. With the survivor input we're looking at, how do you have the most intentional services in your community? We need to be innovative with that, and we need to compensate survivors and [make] sure there's a pathway for survivor leadership.

-Regional Navigator

- **Increasing penalties for perpetrators.** Respondents endorsed the need to increase accountability for traffickers, with some noting that this strategy may reduce demand. Additionally, some respondents described how current penalties or statutes related to solicitation online are insufficient.

It would be great to see more legislation and statute language around online solicitation. For instance, the fact that we don't have erotica laws or childhood erotica laws... [That could] make these prosecutions for some of these cases more accessible... There are a lot of barriers for youth and barriers for our system to get in and investigate and move forward with cases around online solicitation, which of course also impacts our youth out there upset about having sent a photo, and they feel victimized, but it doesn't match statute language, so we can't move forward... It also leaves things open for predators.

-Regional Navigator

- **Increase focus on runaway youth.** Respondents said there should be a greater focus on youth who have run away, as these youth are often at risk of trafficking. Some respondents specifically mentioned improving the Child Protection system, such as incorporating a trafficking assessment for all youth who have a history of running away.

If we helped these parents when youth are running away earlier, in child protection, we wouldn't get to the exploitation. Runaways are bottom of the barrel. They're often older kids, over the age of 12, but that's a feeder pathway. Those kids have been abused, and have fallen through the cracks. If we were assisting families with

runaways, truants, we wouldn't get to the same trafficking level. I have so many parents saying I called and called, and no one did anything. I would love an audit on what they're doing with these cases.

-Judge

Recommendations from the Wilder Evaluation

Overall, the main messages from Wilder Research's evaluation of Safe Harbor are as follows: efforts to address the trafficking of youth have increased and improved; youth are satisfied with services and experience increased well-being; and still more needs to be done. The following recommendations are based on the key findings from the Safe Harbor evaluation. In reviewing these recommendations, please consider the caveats listed in the Limitations subsection (p. 14).

As noted earlier, to improve readability, the youth and young adults served by Safe Harbor are referred to as "youth" and exploitation and trafficking are referred to as "trafficking." Please note that "trafficking" may include labor trafficking, sex trafficking, or both.

- **Increase stakeholders' ability to identify youth experiencing trafficking.** The most common challenge identified by community respondents was identifying youth who have been trafficked. Community members and professionals need more training on the warning signs that someone is being trafficked. In addition, more information and training are needed on what these signs are for boys and for youth from marginalized cultures, such as Black, Native American, and/or people of color (BIPOC) youth and lesbian, gay, bisexual, transgender, queer, intersex, asexual and/or two-spirit (LGBTIA2S+) youth.

The identification of youth can also be improved by making it easier for youth to come forward. For youth experiencing trafficking, this could mean helping them understand that being trafficked is not part of a healthy relationship and is not their fault. For adults connected to these youth personally or professionally, more education and accountability are needed to reduce misconceptions, stigma, and victim-blaming, and increase cultural competence, so youth can expect a supportive and informed response if they do ask for help.

- **Expand protections and services to all, regardless of age.** Many respondents emphasized the importance of removing age eligibility for Safe Harbor services and legal protections, a model known as Safe Harbor for All. Respondents described how the current age limits are arbitrary, as survivors may continue to benefit from these services and protections beyond this limit, one's age does not determine whether an individual "chooses" to engage in transactional sex, and these limits disregard the social factors that contribute to trafficking.
- **Increase and improve access to services, especially for youth from marginalized cultures and for Greater Minnesota.** Community respondents and youth emphasized that more services and greater access to services are critical. As to the former, the following were identified as most needed: shelter and housing, mental health providers, services specific to

labor trafficking, services for youth who are pregnant or parenting, and services in Greater Minnesota.

Respondents also strongly emphasized the need for services that are effective for and specific to LBGTQIA2S+ youth, Native youth, Black youth, youth from other marginalized communities, and youth who identify as male. It also includes ensuring that programming for “all” youth are, in fact, effective for all youth who participate. Additionally, more services on tribal lands and services provided in languages other than English are needed.

More Regional Navigators, especially positions focused on specific cultural groups, were also suggested. It will be important to track whether and how service needs change as youth return to school and work and services reopen with COVID-19 restrictions being removed or altered.

In regard to increasing access, youth need more transportation options, virtual service options when they can be provided safely, living-wage jobs to pay for services, and health insurance. In addition, youth with disabilities may need information accessible by a screen reader, services in American Sign Language, documents in braille, and/or buildings and offices that can be easily entered and navigated in a wheelchair. Youth who are parents may need daycare options in order to access services.

Also warranted is more outreach, advertising, and education so youth and providers know about the Safe Harbor network and other services that already exist. Advertisements and outreach materials should make clear any eligibility requirements, as well as what specific services are offered. In addition, materials need to be available in multiple languages and accessible to people who have disabilities related to sight or processing written or visual information. Finally, consider having youth survivors help shape and share outreach materials for their peers in order to ensure that the message is compelling, age-appropriate, and reaches its intended audience.

Increasing access also means that organizations need to address systemic racism, homophobia, transphobia, and other embedded forms of oppression, so youth from marginalized communities feel and actually are safe receiving services. Respondents highlighted that building trust is especially important in specific communities, such as African American and immigrant/refugee communities and Tribal Nations, which have experienced a history of oppression and betrayal by the United States government and other professionals.

Organizations should also help all marginalized youth feel welcome. This includes making the space and materials accessible, ensuring messaging about trafficking includes youth of all genders, ensuring forms include comprehensive gender options and having images and décor that represent a variety of cultures and gender identities. As with the identification of trafficked youth, efforts to reduce the stigma around victimization and victim-blaming will also likely increase the use of services.

- **Support more diverse and consistent staffing.** More staff are needed who represent the cultures of the youth being served. These staff can help youth feel more welcome and receive more culturally relevant services, while also serving as role models. Additionally, it is

important to consider whether staff from a wider range of disciplines are needed within agencies. For example, adding mental health providers to housing, shelter, and other settings where they may not currently be present. Youth will also benefit from more consistent staffing, as many respondents reported that staff turnover is both common and disruptive. Determine and address the factors promoting turnover, such as heavy workloads and low salaries.

- **Increase the amount and cultural appropriateness of the technical assistance, education, and training provided.** The evaluation supported the need for more trainings addressing how to identify youth who have been trafficked, what trafficking is and the misconceptions about it, what to do once you have identified a trafficked youth, and what Safe Harbor is, and the specific services provided by the state and grantees. In addition, offering trainings to increase knowledge about the cultures of the youth being served by Safe Harbor, as well as the historical experiences of those cultures related to exploitation, violence, and interactions with government and social service agencies, is critical. Training and technical assistance related to developing and implementing protocols is also important to ensure its use.

For youth, more training and support is needed on how to access health care and housing, how to pursue their career goals, and how to remain financially stable in a way that is legal and safe. In addition, as noted, more education that explains the dynamics of trafficking and helps eliminate the stigma around being trafficked is key to youth seeking resources.

To be effective, training and technical assistance need to be made more culturally inclusive and effective. Curricula and training should center equity in their goals, content, and logistics; and represent the values, experiences, and images relevant to the cultures of people for whom the training is ultimately meant to benefit. When they are not the ultimate beneficiary of the training, the culture of the people being trained needs to be considered as well. For example, specific training strategies may work better for law enforcement, and the training for law enforcement should be inclusive of and promote equity for the cultural groups with whom they will interact.

- **Increase prevention efforts, including decreasing demand and risk factors.** Prevention efforts have improved, but more efforts and more effective efforts are still needed. Youth and community respondents emphasized the need to address risk factors such as economic instability, social isolation, and housing instability. Efforts to reduce demand are also important, such as programs that address toxic masculinity, identify red flags for abuse, and promote healthy relationship boundaries. Ensure prevention efforts are appropriate and effective for their focal communities.
- **Support the implementation of a more continuous, comprehensive, and robust outcome and process evaluation.** Stopping and restarting the evaluation, as has been done since its inception, results in less engagement in the evaluation among grantees, less participation in the evaluation by youth, and less effective use of resources as the evaluator needs to build buy-in, retrain staff, and regain momentum each time. It also makes capturing changes over time more difficult. In addition, a more comprehensive evaluation is needed that allows for the external evaluator to assess outcomes overall and to determine the effectiveness of

specific strategies with specific populations and situations. Creating a continuous, comprehensive, robust evaluation would entail collecting data from grantees and youth throughout the year, every year; training new staff when they begin their position; requiring all grantees to participate; expanding options for gathering youth input (such as on-site interviews and focus groups across the state); expanding efforts to increase the voice of marginalized youth and other stakeholders; continuing the process evaluation; and developing and implementing an outcome evaluation for the initiative overall, specific strategies and/or populations, and protocol implementation. It could also include an evaluation of MDH support and leadership, feedback on the evaluation, and an assessment of the specific strengths and needs of youth from marginalized cultural groups from the perspective of the youth themselves.

Section II: Minnesota Department of Health Evaluation - Supplement

Overview of evaluation

This supplement section summarizes the evaluation by the MDH Safe Harbor Program Evaluator between September 2020 and August 2021. During this time, the evaluator virtually interacted with survivor-leaders, partners, collaborators, grantees, and subject matter experts and examined several documents associated with Safe Harbor (Table 8; Patton, 2008). The mixed-methods, community-based participatory approach provided background information about potential mechanisms of change and identified indicators of programmatic outcomes and efficacy. The MDH Section supplements the Wilder section and highlights several programmatic activities accomplished by MDH and Safe Harbor grantees and partners during this biennium. The supplement appendix describes how the MDH evaluation assessed the Safe Harbor initiative across different ecological levels (see Supplement Appendix IV).

Evaluation questions

- What are the grantees' ideas to improve data reporting and quality?
- Between April 1, 2019, and March 31, 2021, how many housing and supportive services did the Safe Harbor network provide, to whom, and where in Minnesota?
- What is the extent of the Safe Harbor network, and how is each component functioning?
- What are indicators of relevance, implementation, and quality for Safe Harbor collaborative programming?
- What was the impact of the COVID-19 pandemic and the racial reckoning in response to George Floyd's murder on the Safe Harbor network and programming?

Statewide funding in Phase 4. MDH and DHS awarded funds to a number of grantees to implement Safe Harbor statewide and improve access to culturally responsive services. The grants funded (some grantees received grants in more than one funding category) included:

- Partnerships and programming with Tribal Nations ($N=9$)
- Supportive services and outreach agencies ($N=39$)
- Housing agencies ($N=13$)
- Regional Navigators ($N=9$)
- Protocol development teams ($N=7$)

Table 8. Overview of MDH evaluation components

| Program Elements | Methods | Source | Analytic Materials |
|---|---|--|---|
| Regional Navigator Safe Harbor housing, and supportive services | Quantitative analysis | Grantee reporting into MDH database client enrollments, demographics, and service check-ins | Unique clients (N =1270), unique enrollments (N=1207), and unique services (N = 3007) |
| Safe Harbor partnerships and grantees | Participant-observation | Safe Harbor Program Evaluator notes and records from observation, research, and reflection of meetings, training, and other interactions | Four composition notebooks and emails of daily interactions with the Safe Harbor network, listening sessions, and MDH public documents |
| Safe Harbor collaborative programming | Qualitative and secondary data analysis | Grantee reporting into MDH database, StreetWorks internal evaluation and recommendations, CPS SSIS data analysis, and MDH public documents | The grantee narrative report form from 28 agencies over four reporting cycles, StreetWorks, SSIS, and MDH materials |
| Responding to public health crises | Participant-observation, qualitative, and secondary data analysis | IVP report, Safe Harbor Program Evaluator notes and records from training observations, and Safe Harbor grantee and partner reports | Seven cultural responsiveness training participant observations, the corresponding presentations, notes, records, surveys, and summary reports. |

Note: SSIS is the Social Service Information System used by Child Protective Systems (CPS). IVP is injury and violence prevention.

MDH evaluation criteria (Phase 4)

The methods were responsive to assessment barriers encountered during the biennium. Safe Harbor’s objectives necessarily changed because of the pandemic, civil unrest, and demands for systemic and institutional racial equity. Findings from an internal survey review stated that changes included a shift in the focus and delivery of services. A broader evaluation of crime-victim services organizations, including Safe Harbor grantees, reported strengthened community partnerships and collaboration (Diamond et al., 2021). The Safe Harbor Program Evaluator measured the efficacy of Safe Harbor during this phase based on the criteria and indicators outlined below. The following criteria and indicators are referenced throughout the remainder of the report within the key findings.

- **Equity** – Indicators of equity included MDH Safe Harbor staff, partners, and grantees’ possession of knowledge about systems of oppression and the skills to act on that knowledge to intervene in trafficking and exploitation and promote culturally relevant resources and services.
- **Structural impact** – Indicators of structural impact highlighted Safe Harbor functioning and potential mechanisms of change. Some indicators included Safe Harbor network relationships and culturally nuanced programmatic reach.
- **Development** – Indicators of development included expansion of the Safe Harbor network, programming, and creation of tools to improve identification, knowledge, skills, and anti-trafficking responses (see Wilder Section, Table 1).

- **Implementation** – Indicators of implementation included program fidelity (adherence to the program’s purpose and the No Wrong Door model), as well as the ability to sustain network collaboration and program activities.
- **Empowerment** – Indicators of empowerment included grantees and clients experiencing a sense of autonomy and confidence within Safe Harbor.

MDH evaluation methods

The Safe Harbor Program Evaluator conducted a mixed-methods evaluation in collaboration with Safe Harbor grantees, partners, subject matter experts, and internal MDH staff to assess the effectiveness of the relational network and the efficacy of program activities.

Evaluation data collection procedures, sources, and materials

Data were collected by Safe Harbor partners and grantees, and the Program Evaluator. Grantees reported data into Apricot, a secure client management system database designed by Social Solutions and administered by MDH since 2016. Supplement Appendix V includes detailed information on the data sources, materials, and statistical procedures for quantitative data analysis.

- **Ethnographic qualitative data.** With the consent of participants, the Program Evaluator made a record of informal group and one-on-one conversations, listening sessions, technical assistance training, and participant-observations of training and curriculum with Safe Harbor grantees.
- **Narrative and other qualitative data.** Data comes from “Agency Narrative Reports,” which are biannual grantee reports submitted into Apricot between January 2019 and June 2021. Data also included participant-observation records, grantee narratives, partner reports, reflections, memos, emails, and research annotations. The data was analyzed across an entire set of source materials representing the Safe Harbor network and its programming. The Program Evaluator sought grantee and partner feedback on preliminary findings and report drafts.
- **Quantitative data.** The Program Evaluator analyzed grantee reports entered into Apricot between April 1, 2019, and March 31, 2021. Safe Harbor grantees provided youth clients with a record ID. They collected minimal information to protect youth confidentiality and ensure record-keeping did not deter youth from utilizing services. Safe Harbor grantees collected client information and reported data quarterly to MDH on client enrollments and housing and supportive services provision and referrals. The Program Evaluator then extracted, cleaned, organized, and aggregated grantees’ report data to analyze and report the quantitative findings. Grantees providing direct services reported the 15-minute increments they spent providing or referring to any of 18 different services (see Supplement Appendix VI). The Program Evaluator transformed service data from amount of time to instances.
- **Secondary data.** In addition, during May 2021, the Program Evaluator collected information from Safe Harbor grantees and partners, known as secondary data, because MDH did not

collect and analyze the information directly. The Program Evaluator procured data from various sources who shared their agency's evaluation documents and statistics for activities and services between April 1, 2019, and March 31, 2021. DHS partners shared with MDH data collected by Child Protective System (CPS) agency social workers in the Social Service Information System (SSIS) on the frequency of intakes, completed reports, and out-of-home care cases of sexually exploited youth. Additionally, Supplement Appendix VII includes an evaluation summary from the StreetWorks Training Toolkit and recommendations to leverage a collaboration between StreetWorks and Safe Harbor to improve and promote the implementation of No Wrong Door.

Limitations

There are several limitations in the collection and quality of the data and source material used for the MDH evaluation.

- **Funding relationship.** As an employee of MDH, the Program Evaluator had access to build relationships with grantees and gain rich information about Safe Harbor processes. However, because MDH is a funder to Safe Harbor, grantees may limit the information they share, or fear data reporting will negatively influence funding decisions. Wilder's external perspective, which includes anonymity for respondents, balances this effect.
- **Missing data.** Overall, due to the expansive nature of Safe Harbor and due to the limited period of time, the evaluation process must choose areas from those available on which to focus. Further, there is missing data in the quantitative grantee reporting due to a lack of technical assistance for data collection and entry. COVID-19 negatively impacted data collection and data quality because of staff fluctuations and shifts in services and mechanisms of delivery. Updates to report forms and procedures for grantees' quarterly and biannual reporting will be reflected in the next evaluation phase.
- **Variable collection methods.** In between quarterly and biannual reporting, grantees utilize their own data collection systems to manage data. Intermittent reporting and variable data management strategies among grantee programs may interrupt the retention of knowledge and require retraining *all* grantees on how to report into the MDH system.
- **The multiplicity of data report systems.** Barriers to quality reporting boiled down to the need for standardizing data collection and providing technical assistance for reporting practices. However, grantees tend to report into several different data management systems aside from Safe Harbor (e.g., housing systems) or the same data management system administered by different agencies (e.g., Apricot). Even with technical assistance, it is challenging as well as time-consuming to report into so many differing systems.

MDH evaluation findings

The findings are organized to address each evaluation question. The MDH evaluation addressed several topics, including logic modeling the complex components necessary to the functioning

of Safe Harbor (see Supplement Appendix VIII). The roadmap provides an outline of the topics covered and the structure of the MDH evaluation section.

Finding's roadmap: Each subsection below highlights an aspect of Safe Harbor's efficacy and the initiative's functioning and challenges remaining according to the indicators of equity, structural impact, development, implementation, and empowerment.

Findings on outcomes related to improved data reporting and quality draw from data collected at grantee listening sessions and technical assistances training. The process of improving data quality impacted the evaluation capacity for this Phase 4 assessment, such that it empowered more powerful statistical analyses and inferences.

Analysis of Safe Harbor housing and supportive services show the:

- Number of clients served.
- Housing and supportive services network.
- Programmatic reach to specific demographic groups and regions.
- Types of services referred and provided to specific demographic groups.

The findings also address the extent and efficacy of the Safe Harbor network by highlighting four key mechanisms of change:

- Regional Navigators.
- Protocol development multidisciplinary teams.
- CPS coordination.
- MDH training and curriculum.

In addition, to address Safe Harbor collaborative programming, the MDH section highlights federal expansion grant activities related to sex and labor trafficking identification and partnership with Tribal Nations.

How concurrent public health crises impacted the efficacy of Safe Harbor is revealed in housing and supportive services trends and narratives about trafficking along a pipeline construction site, the effects of the global pandemic on the initiative, and on Safe Harbor outcomes related to the murder of George Floyd.

Improved data reporting and quality increased evaluation capacity

Key findings: Over each evaluation phase, including this one, MDH has enhanced Safe Harbor data reporting systems to increase evaluation capacity and the initiative's implementation and structural impact. MDH worked with Safe Harbor grantees to understand and improve data reporting and quality during this biennium. In the listening and training sessions with the DHS and Regional Navigators, MDH empowered grantees to discuss their difficulties with reporting or desired upgrades to forms and processes. The training sessions encouraged grantees to develop their data collection and reporting skills and stoked excitement about grantee reporting. The expected outcomes of these improvement activities were an increase in Safe

Harbor's evaluation capacity and grantee technical skill, which could promote data accuracy and completeness for analyses during this and the next evaluation phases.

Listening sessions (N=5). Five listening sessions aimed to learn about grantee reporting experiences and generate ideas for improvement. The grantees were asked:

- What do you like and dislike about the reporting procedures?
- What are your frustrations with reporting?
- What are your ideas for improvement?
- What information should grantees know about clients that may help provide better services?

The listening sessions resulted in several recommendations from grantees and ideas to improve data quality and management. For example, grantees explained there was no clear distinction between when a client was a minimal contact or new enrollment, especially during a crisis. Additionally, listening sessions revealed that housing services and Regional Navigator report forms did not reflect how the programs grew or the role had changed. Importantly, grantees rarely completed the relevant exit forms with supportive service clients because the clients left before a formal exit or declined the exit interview. The lack of consistent exit interviews adversely affected recruitment for youth participation in this Phase 4 evaluation as Wilder sought to interview youth who have exited Safe Harbor services.

Technical assistance training (N=6). To understand grantee reporting needs and improve their experience and skills, the Program Evaluator delivered six technical assistance trainings to 21 grantees, new and existing, in eight of the nine regions.

Outcomes of the system upgrades, listening sessions, and training included raising the quality of data missed during the Program Evaluator vacancy and alleviating grantees' stress and pressure to report, especially during the pandemic. Interactions with grantees eased their tension, oriented them toward the data they needed to collect, and increased excitement about data and how their reporting can improve MDH support to grantees and delivery of services.

Safe Harbor improvement and sustained implementation: Housing and supportive services trends and descriptive information

Key findings: Grantee reporting on client enrollments and services provided and referred presented evidence of the statewide network of housing and supportive services development and implementation over the biennium, quarterly. Region-specific data highlighted Safe Harbor's network and programmatic reach to serve youth in all regions across the state. Despite the pandemic, Safe Harbor increased:

- Client supportive services by 30%.
- Housing and bed options by 83%.

However, there are differences in quarterly access to services and in the types of services clients received based on race demographic. Findings revealed the need to address access barriers for specific populations, especially during times of crisis, and equity within the Safe

Harbor initiative. Grantee reporting supported that a region-specific and culturally responsive approach empowers communities to tailor anti-trafficking responses to local and cultural needs.

Housing and supportive services increased client enrollments and frequently reenrolled clients into Safe Harbor

In the phase 4 evaluation, because of data quality improvement, the Program Evaluator parsed out and identified unique clients, unique enrollments, and unique or total services. The ability to distinguish between the categories allowed MDH to analyze the total number of youth served (unique clients and unique enrollments) and client reenrollment patterns (total services), quarterly. Overall, Safe Harbor saw unique enrollments rise during the pandemic's beginning and peak in the summer of 2020. Total services remained relatively stable throughout the biennium (Figure 1).

Unique clients served (N=1270) and unique enrollments (N=1207). Due to missing data, unique clients and unique enrollments are not the same samples. Some clients did not provide or were not asked demographic enrollment information. Most of the statistical analyses use the unique enrollments sample (Figure 1).

Figure 1. Enrolled clients served through housing and supportive services: Quarterly trends

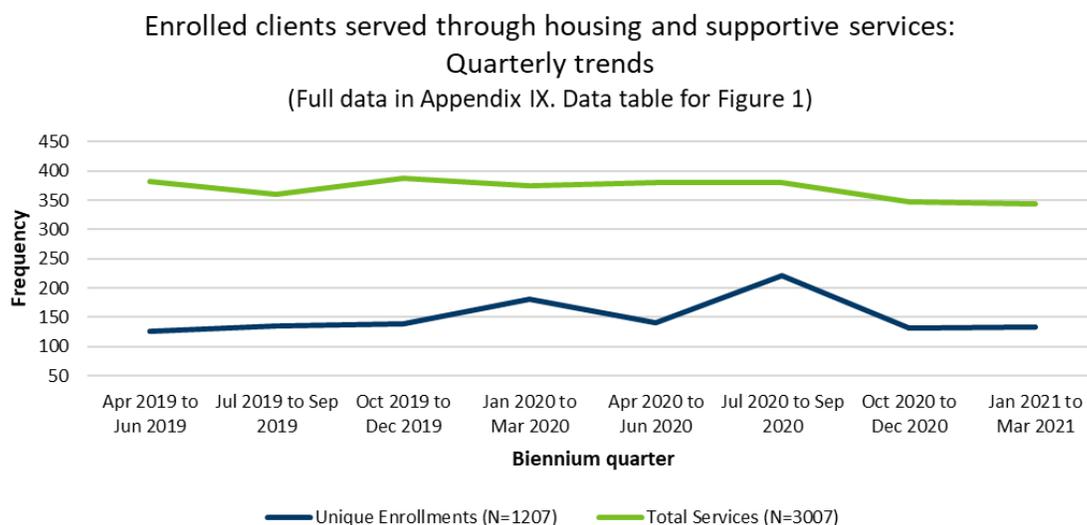


Figure 1 shows the quarterly trends of client enrollments and reenrollments or the total services to those clients received during the biennium.

Ineligible clients (N=160). Not depicted in Figure 1 is the number of clients who were ineligible for Safe Harbor services. Of the total number of ineligible clients, over the age limit was the primary reason for ineligibility (90%). This total is likely an underestimate due to a small window for reporting given brief interactions with ineligible clients.

Total services (N=3007). Total services represent clients whose record ID numbers were repeated while service information, such as the service quarter and type of services provided

and referred, differed. The data suggested reentry into different Safe Harbor supportive services agencies or programs during the biennium, and clients receiving multiple different services during those visits.

Repeat and multiple services. Repeat services further explains clients reenrolling in services in a possible range of one to eight quarters between April 2019 and March 2021. Repeat services showed that over 50% of Safe Harbor clients reentered Safe Harbor programming, with a median of reentering for services in two different quarters (Table 9). The category of multiple services draws from the total services sample and revealed that over 85% of Safe Harbor clients received multiple services at a time, with a median of four services per visit. There was a possible range of 1 to 18 services (see Supplement Appendix VI); however, the most services a single client received at a time was 15 (Table 9).

Table 9. Repeat and multiple housing and supportive services among clients

| Services frequency | Number (%) | Median (Range) |
|----------------------------|--------------|----------------|
| Repeat Services (N=1270) | 673 (52.9%) | 2 (1-8) |
| Multiple Services (N=3007) | 2606 (86.7%) | 4 (2-15) |

Grant usage for direct services. Most clients received services funded through the MDH supportive services grants; 68% for unique enrollments, and 85% for total services (Table 10). Note, the Regional Navigator role is undercounted in data on direct services with clients because that is not their primary function; however, they tend to be the first point of contact for clients. Funding from the Office for Victims of Crime (OVC) federal expansion grant accounted for a small portion of direct services (10) to labor trafficking clients (7). Safe Harbor OVC expansion grant activities primarily focus on outreach, identification, state collaboration with Tribal Nations, and case investigation.

Table 10. Client housing and supportive services by grant type

| Grant type | Unique Enrollments (N=1207) | Total Services (N=3007) |
|-------------------------|-----------------------------|-------------------------|
| MDH Regional Navigator | 40 (3.3%) | 141 (4.7%) |
| MDH Supportive Services | 821 (68.0%) | 2543 (84.6%) |
| DHS/OEO Housing | 339 (28.1%) | 312 (10.4%) |

Note: Totals do not equal 100 percent due to some missing data and a small number of services provided by a federal grant.

Region descriptive information highlights Safe Harbor’s statewide network impact. In 2020, Safe Harbor divided Minnesota into nine regions by counties and updated its [Safe Harbor Services Map](https://www.health.state.mn.us/communities/safeharbor/documents/safeharbormap.pdf) (<https://www.health.state.mn.us/communities/safeharbor/documents/safeharbormap.pdf>) to show the most current Safe Harbor system statewide. In the prior biennial evaluations, there were eight regions. Supplement Appendix X describes the counties within each region.

Regional Navigator regions. Table 11 shows the unique enrollments and total services for each of the nine regions. Region-specific resources and collaborations provided evidence of Safe Harbor’s statewide implementation and structural impact.

Table 11. Client housing and supportive services by state regions

| State region | Unique enrollments (N=1207) | Total services (N=3007) | <i>Note:</i> The region breakdowns are specified by the Regional Navigator position and organize data by the counties each Regional Navigator oversees (see Supplement Appendix X). The * indicates the two regions that make up the “Metro” region type. South Central is likely undercounted because it is a newly created rural region (2020) and had a shortened data collection period during the pandemic. Southeast is likely overrepresented due to the region’s efficiency in data reporting. Reporting technical issues may have caused missing data. |
|---------------|-----------------------------|-------------------------|---|
| Northwest | 25 (2.0%) | 102 (3.3%) | |
| Northeast | 156 (12.3%) | 510 (16.9%) | |
| West Central | 80 (6.3%) | 203 (6.8%) | |
| East Central | 86 (6.8%) | 137 (4.7%) | |
| East metro* | 175 (13.8%) | 442 (13.8%) | |
| West metro* | 294 (23.1%) | 632 (21.9%) | |
| Southwest | 120 (9.4%) | 204 (6.8%) | |
| South Central | 5 (0.4%) | 10 (0.3%) | |
| Southeast | 329 (25.9%) | 767 (25.5%) | |

Region type. East and West Metro regions make up the “Metro” region type, which consists of nine counties. “Greater Minnesota” includes the remaining seven regions, which together served 801 unique enrollments who received a total of 1,932 services during the biennium (see Table 12 and Supplement Appendix X). According to [Human Trafficking in Minnesota: A Report to the Minnesota Legislature \(https://www.leg.mn.gov/docs/2019/Mandated/191234.pdf\)](https://www.leg.mn.gov/docs/2019/Mandated/191234.pdf) (2019), law enforcement and service providers identified the majority of sex (60%) and labor trafficking (69%) victims in the Twin Cities metro. Conversely, Safe Harbor services in Greater Minnesota accounted for a greater proportion of unique enrollments and total services (Table 12); demonstrating that Safe Harbor is providing necessary resources that may not otherwise exist (Schauben et al., 2017).

Table 12. Client housing and supportive services by region type

| Region type | Unique enrollments (N=1207) | Total services (N=3007) | <i>Note:</i> Minnesota Metro is defined as the nine-county region specified in Supplement Appendix X. Greater Minnesota represents all other counties in Minnesota. Client numbers may be misrepresented due to inconsistencies in grantee data reporting in that region. |
|-------------------|-----------------------------|-------------------------|---|
| Greater Minnesota | 801 (63.1%) | 1932 (64.3%) | |
| Metro | 469 (36.9%) | 1075 (35.7%) | |

Housing information characterizes Safe Harbor’s development and responsiveness to rising housing needs, statewide

Though Safe Harbor housing grantees provide several supportive services, they specialize in various shelter and housing programs. As of June 30, 2021, 13 grantees operated 18 housing programs throughout the state and there were a total of 117 housing or bed options operating

in Safe Harbor during Phase 4 (Table 13). Supplement Appendix XI details available Safe Harbor housing and supportive services agencies.

Table 13. Housing services agencies, program, bed type, and number of beds

| Row Number | Housing Agency | Region Type | Housing Program | Type of Bed | Number of Beds |
|------------|--|-------------------|---------------------------------|------------------------------------|----------------|
| 1 | 180 Degrees | Metro | Emergency Shelter | Shelter Beds | 8 |
| 2 | Evergreen Youth and Family Services | Greater Minnesota | Scattered Site Housing | Housing Program Slots | 7 |
| 3 | Heartland Girls' Ranch | Greater Minnesota | Congregate Transitional Housing | Housing Beds | 10 |
| 4 | North Homes Children and Family Services | Greater Minnesota | Congregate Transitional Housing | Housing Beds | 6 |
| 5 | LSS Rochester | Greater Minnesota | Scattered Site Housing | Housing Program Slots ^a | 5 |
| 6 | Ain Dah Yung | Metro | Site-based Independent Housing | Housing Units | 15 |
| 7 | Life House | Greater Minnesota | Site-based Independent Housing | Housing Units | 8 |
| 8 | Life House | Greater Minnesota | Congregate Transitional Housing | Housing Beds | 5 |
| 9 | Life House | Greater Minnesota | Emergency Shelter | Shelter Beds | 2 |
| 10 | The Family Partnership | Metro | Scattered Site Housing | Housing Program Slots ^a | 6 |
| 11 | The Link | Metro | Site-based Independent Housing | Housing Units | 5 |
| 12 | The Link | Metro | Emergency Shelter | Shelter Beds ^b | 8 |
| 13 | Lutheran Social Services, Brainerd | Greater Minnesota | Scattered Site Housing | Housing Program Slots | 6 |
| 14 | Lutheran Social Services, St. Cloud | Greater Minnesota | Scattered Site Housing | Housing Program Slots ^a | 3 |
| 15 | Terebinth Refuge | Greater Minnesota | Emergency Shelter | Shelter Beds | 6 |
| 16 | Terebinth Refuge | Greater Minnesota | Congregate Transitional Housing | Housing Beds | 3 |
| 17 | Breaking Free | Metro | Emergency Shelter | Shelter Beds ^a | 4 |
| 18 | YMCA | Greater Minnesota | Scattered Site Housing | Housing Program Slots ^a | 10 |

Note: ^a denotes beds that were newly added around January 2020. ^b denotes that a portion of the beds were newly added around January 2020. Housing slots are scattered-site housing programs with participants living in their own apartments in the community.

The 18 housing programs fall into four shelter and housing options:

- Congregate transition (N=5).

- Emergency shelter (*N*=5).
- Scattered-site housing (*N*=6).
- Independent housing (*N*=2).

These four categories of programs provide four housing and shelter types; shelter beds, housing beds, housing slots, and housing units.

- Shelter beds are in congregate facilities that function as an emergency shelter model.
- Housing beds are in congregate facilities that function as a housing program that is longer than a shelter.
- Housing slots are scattered-site housing located in the community. They do not require an agency to have physical beds on site. Instead, they have a number of “slots” in their program, and participants find housing once they have secured a program “slot.”
- Housing units are site-based independent housing options located in the community.

Supportive services data demonstrated Safe Harbor’s comprehensive service programming

In grantee report forms for services delivered, supportive services grantees enter the units of time devoted to providing a service to the client or referrals made on the clients’ behalf. The Program Evaluator transformed the units of time into instances of services provided and referred. Supplement Appendix VI includes the definitions about several types of services clients accessed through Safe Harbor programming. Some agencies are limited in the services they can offer. If the agency cannot provide the services, a grantee will refer the client to get the support needed.

Total instances of services provided and referred. Instances of service draws from the total services sample and expands on the multiple services clients received (Table 9). Analyses revealed that emotional support and case management accounted for 81% and 79% of total services (Figure 2). Grantee reporting revealed the most and least frequently provided and referred Safe Harbor services to clients. Mental health services were the most referred support, 22% of clients received a referral and 25% of clients received direct mental health services from Safe Harbor grantees (see Supplement Appendix IX, and Figures 2 and 3).

Total instances of services provided by region type. Services by region type showed a similar pattern statewide; grantees provided emotional support for 84% clients in Greater Minnesota and 76% in the Metro, and case management for 76% of clients in Greater Minnesota and 83% in the Metro. Criminal justice advocacy was frequently accessed in Greater Minnesota and housing advocacy in the Metro (Figure 3).

Ranking method. The ranking analyses presented in the following tables represent the total number of times clients accessed a service relative to total number of times they accessed other services, in a quarter (Table 14) or region (Table 15). The rank of least frequently provided and referred services represents the lowest number of client counts (Table 14), which can be seen in Figures 2 and 3.

Figure 2. Total instances of services provided and referred (N=3007)

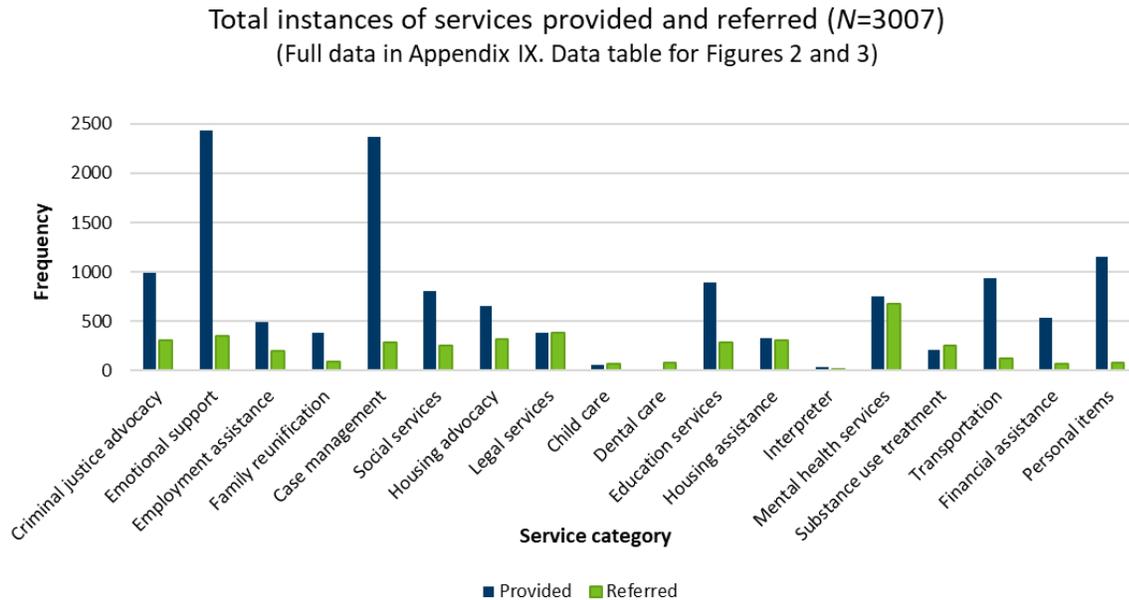


Figure 2 shows Safe Harbor supportive services that grantees provided and referred and the number of clients that accessed each service.

Figure 3. Total instances of services by region type (N=3007)

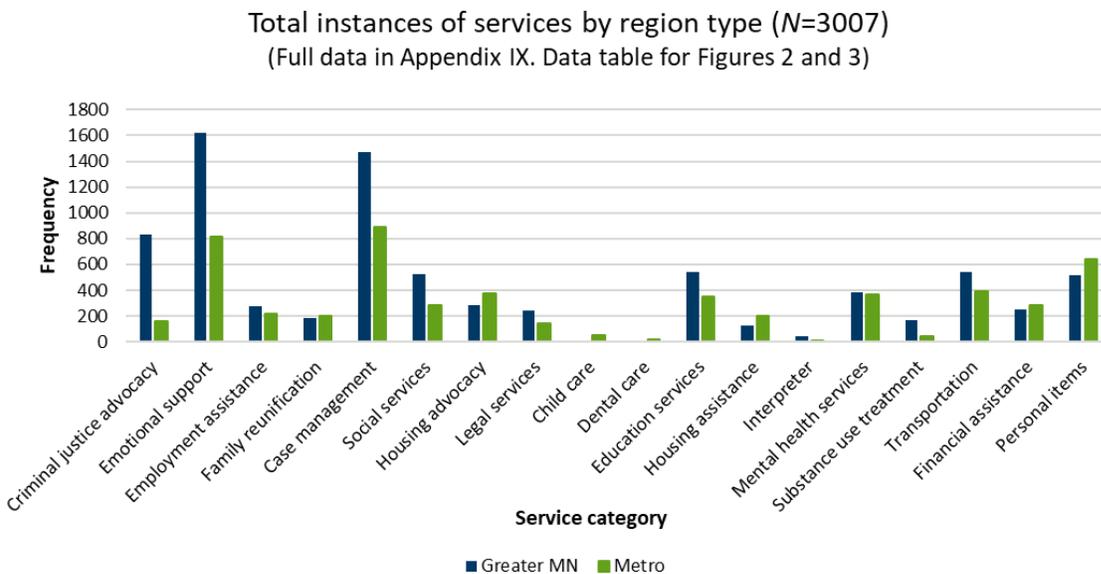


Figure 3 shows Safe Harbor supportive services that grantees provided in the Metro and Greater Minnesota and the number of clients that accessed each service.

Most frequently provided services, quarterly. During the biennium, emotional support and case management remained the top frequently provided services; however, the most accessed services changed in different quarters (Table 14). Financial assistance and personal items were frequently provided to all clients. Transportation fell in need during the pandemic but remains

an important resource for youth clients. Education services rose in the ranking of top provided services during the pandemic.

Table 14. Top five frequently provided services per quarter (N=3007)

| Unique services | April 2019 to June 2019 | July 2019 to Sept 2019 | October 2019 to December 2019 | January 2020 to March 2020 | April 2020 to June 2020 | July 2020 to Sept 2020 | October 2020 to December 2020 | January 2021 to March 2021 |
|---------------------------|-------------------------|------------------------|-------------------------------|----------------------------|-------------------------|------------------------|-------------------------------|----------------------------|
| Emotional support | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 2 |
| Case management | 2 | 2 | 2 | 2 | 1 | 1 | 2 | 1 |
| Personal items | 3 | 3 | 4 | 4 | 5 | 5 | 3 | 3 |
| Transportation services | 4 | 4 | 3 | Not ranked | Not ranked | Not ranked | Not ranked | 3 |
| Criminal justice advocacy | 5 | 5 | Not ranked | 5 | Not ranked | 4 | 5 | Not ranked |
| Social services | Not ranked | Not ranked | 5 | Not ranked | 4 | Not ranked | Not ranked | 5 |
| Education services | Not ranked | Not ranked | Not ranked | 3 | 3 | 3 | Not ranked | Not ranked |

Note: Table 14 shows the top five frequently provided services per quarter; the number 1 signifies the top service that clients accessed during that quarter. The top five accessed services changed in different quarters, which may indicate that certain services are pertinent at different times or seasons (e.g., education services may follow school deadlines and schedules).

Infrequently provided and referred services. The five least provided services were dental care, an interpreter, child care, substance use treatment, and housing assistance (Table 15). The least accessed services likely indicate a lack of access since the Wilder evaluation reported that “respondents noted a lack of services for trafficked youth who are pregnant, parenting, or both; and for those who have complex, intensive, challenging [or substance use treatment] needs” (see Wilder Section, pg. 36). The lack of child care, interpreter, or substance use treatment services may affect Safe Harbor’s accessibility and impede especially vulnerable clients’ ability to utilize other Safe Harbor services in their area.

Table 15. The five least frequently provided services per total services (N=3007)

| Rank | Least Provided Services | n | Least Referred Services | n |
|------|-------------------------|-----|-------------------------|----|
| 1 | Dental Care | 21 | Interpreter | 10 |
| 2 | Interpreter | 41 | Financial Assistance | 66 |
| 3 | Child Care | 59 | Child Care | 70 |
| 4 | Substance use treatment | 208 | Personal Items | 78 |
| 5 | Housing Assistance | 325 | Dental Care | 82 |

Note: Table 15 shows the top five least frequently provided and referred services; the number 1 signifies the lowest number of clients accessing that service or a referral to that service.

Infrequently provided and referred services by region type. Region specific findings showed that, in the Metro, grantees were least likely to provide interpreter services. In Greater Minnesota, supportive service grantees were least likely to provide dental care (Table 16). Findings may reflect housing insecurity, homelessness, and insufficient housing resources statewide (see Supplement Appendix III, Tables 6 through 8).

Table 16. The five least frequently provided services by region type (N=3007)

| Rank | Greater Minnesota | Metro |
|------|-------------------------|-------------------------|
| 1 | Dental care | Interpreter |
| 2 | Child care | Dental care |
| 3 | Interpreter | Substance use treatment |
| 4 | Housing assistance | Child care |
| 5 | Substance use treatment | Legal services |

Note: Table 16 shows the top five least frequently provided services by region; the number 1 signifies the lowest number of clients accessing that service.

Client demographics illustrate Safe Harbor’s reach to youth from various demographic backgrounds

Average age of clients. Youth clients provided grantees with their self-defined demographic information during intake. The average age at the time of enrollment for new clients was 16.7 years. The average age for total services was higher, 17.1 years, suggesting that clients who reenroll in services may be slightly older (Table 17). Some demographic data is missing, which may undercount certain groups.

Table 17. Average age per unique enrollments and total services

| Average age | Mean (M) | Standard deviation (SD) |
|-----------------------------|----------|-------------------------|
| Unique enrollments (n=1168) | 16.73 | 3.703 |
| Total services (n=2391) | 17.13 | 3.436 |

Note: The sample size in parentheses represents the analytic subsample, given missing data. The standard deviation indicates an age range, plus or minus that number of years to the mean.

Grouping clients by race and ethnicity. Table 18 shows a similar percentage between unique enrollments and total services by each group. Safe Harbor served 263 Black/African American clients; 163 American Indian clients; 437 White clients; 165 multiracial or biracial clients; and 95 youth placed in an aggregate Person of Color (POC) category, which included clients who identified as Pan-Asian, Pan Latinx, and Middle Eastern. POC referred to a client category created by the Program Evaluator.

The creation of the POC category was to deidentify clients while including their information; not all clients may self-identify as a person of color. Clients were placed in the multiracial group when they indicated more than one racial background and can include White. Those clients were not double counted in the POC category. Similar to the creation of the POC category, the transgender and non-binary and queer and questioning categories contained individuals who self-identified along a broad spectrum of gender identities and sexual orientations.

Table 18. Clients' race demographic information

| Race demographic | Unique enrollments (n=1123) | Total services (n=2633) |
|------------------|--------------------------------|-------------------------|
| Black | 263 (23.4%) | 629 (23.9%) |
| American Indian | 163 (14.5%) | 394 (15.0%) |
| POC | 95 (8.5%) | 262 (8.7%) |
| White | 437 (38.9%) | 1075 (35.7%) |
| Multiracial | 165 (14.7%) | 273 (9.1%) |

Note. The sample size in parentheses represents the analytic subsample, given missing data.

According to the [Human Trafficking in Minnesota \(https://www.leg.mn.gov/docs/2019/Mandated/191234.pdf\)](https://www.leg.mn.gov/docs/2019/Mandated/191234.pdf) report, of the sex trafficking survivors identified and served by law enforcement and social services providers, the percentages by racial demographic ranged from 30 to 33% Black, six to 23% American-Indian, two to 13% of Hispanic and Asian descent, 30 to 40% White, and one to eight percent multiracial. During this biennium, the race demographic among Safe Harbor clients were 23% Black, 14% American Indian, 8.5% POC, 38.9% White, and 14% multiracial (Table 18). Preliminary evidence suggests that Safe Harbor may be less effectively reaching the Black youth population and more effectively reaching multiracial youth in need of services.

Grouping clients by gender identity. Table 19 shows the vast majority of clients identified as female (89%, 1,071). Yet, Safe Harbor served 86 male youth clients and 47 transgender and non-binary youth. Though the numbers are low, findings showed the Safe Harbor initiative exhibited some success in reaching transgender and male survivors. Four percent and seven percent of the Safe Harbor services population were transgender and male survivors, respectively, whereas the population was two and three in the Human Trafficking in Minnesota report.

Table 19. Clients' gender identity information

| Gender identity | Unique enrollments (n=1204) | Total services (n=3000) |
|----------------------------|--------------------------------|----------------------------|
| Female | 1071 (88.9%) | 2687 (89.4 %) |
| Male | 86 (7.1%) | 203 (6.8%) |
| Transgender and non-binary | 47 (3.9%) | 110 (3.7%) |

Note. The non-binary category includes gender expansive and gender non-conforming individuals who may not identify as transgender or non-binary.

Grouping clients by sexual orientation. Table 20 shows the majority of youth clients who accessed Safe Harbor services identified as heterosexual (71%) and bisexual (21%). There is limited capacity to make inferences about the efficacy of Safe Harbor's reach to LGBTQIA2S+ populations because of a lack of data in the relevant literature and inconsistent reporting of sexual orientation information in grantee data.

Grouping clients by demographic information is an important evaluation tool for MDH because the information provides evidence of the initiative's reach to specific demographic populations.

When service access and the types of services provided are separated by client demographics and region types any differences that emerge can point to areas to improve culture or resources. Knowing who accesses which services and where can help MDH better implement Safe Harbor. Importantly, MDH did not collect information about disability so there is no information on the initiative’s impact for clients with disabilities.

Table 20. Clients’ sexual orientation information

| Sexual orientation | Unique enrollments (n=857) | Total services (n=2247) | <i>Note.</i> The queer and questioning category include queer, asexual, and questioning individuals. The creation of the category was to aggregate and deidentify clients; not all clients may identify as “Queer.” |
|------------------------|-------------------------------|----------------------------|---|
| Queer and questioning | 28 (3.2%) | 101 (4.4%) | |
| Bisexual and pansexual | 179 (20.8%) | 443 (19.7%) | |
| Gay or lesbian | 39 (4.5%) | 99 (4.4%) | |
| Heterosexual | 611 (71.2%) | 1604 (71.3%) | |

Group difference in access to services and the types of services provided based on client demographics

The Program Evaluator analyzed quarterly access to services and service provision by demographic for group differences. Supplement Appendix V includes the data analysis plan and procedures. Differences in quarterly access highlight fluctuations in groups enrollment and usage of Safe Harbor supportive services. Furthermore, when looking at the specific services that grantees provided there were statistically significant group difference by group demographic and based on region types. Findings may demonstrate the need for Safe Harbor to promote certain types of resources for specific demographic groups or regions, and for grantee agencies to engage in cultural needs assessments.

Quarterly differences in enrollments in services by race demographic. Figures 4 and 5 show the percentages for each race demographic groups’ enrollments and total services accessed each quarter. Safe Harbor client enrollments were highest for every race demographic group the summer of the pandemic, July 2020 to September 2020, except for American Indian clients whose enrollments peaked the year earlier (Figure 4). The quarterly enrollment trends within race show more variable extremes in access to Safe Harbor services among specific racial minority groups other than POC clients who experienced steady enrollment for the year of the pandemic.

Figure 5 shows that, although more White clients were enrolled during the summer of the pandemic, POC clients’ access to repeat or multiple services was the highest overall for several quarters. Figures 4 and 5 may evidence the impact of MDH’s decision to fund more culturally specific grantees (Appendices II and XI), wherein POC clients’ enrollments stabilized, and total services sharply increased following the strategic change. Differences based on race demographic showed up most prominently for American Indian clients who experienced the lowest enrollments relative to their peers during the pandemic (Figure 4) and a steady decline in total services over time (Figure 5).

Figure 4. Unique enrollments in housing and supportive services within race demographic: Quarterly (n=1123)

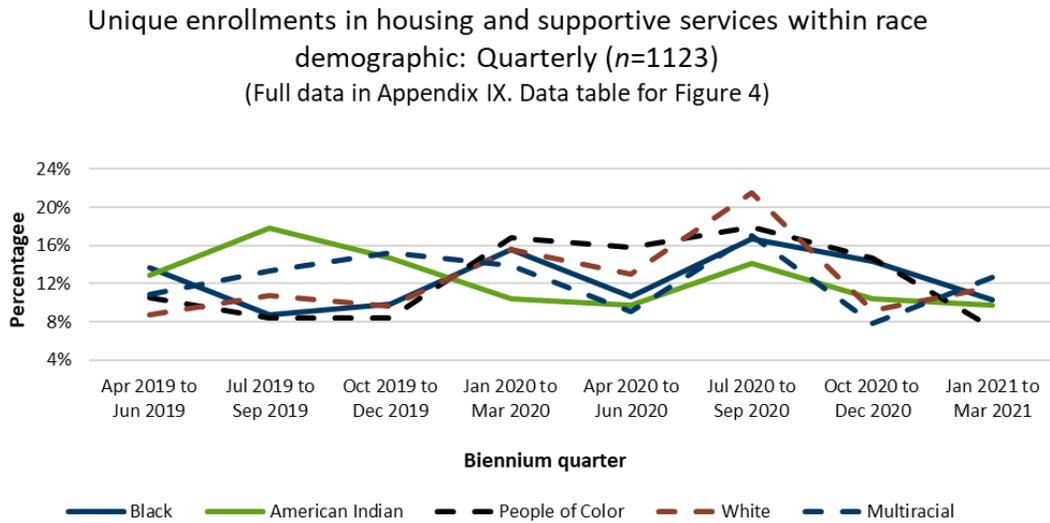


Figure 4 shows client services quarterly enrollment trends separated into groups by race demographic.

Figure 5. Total housing and supportive services within race demographic: Quarterly (n=2633)

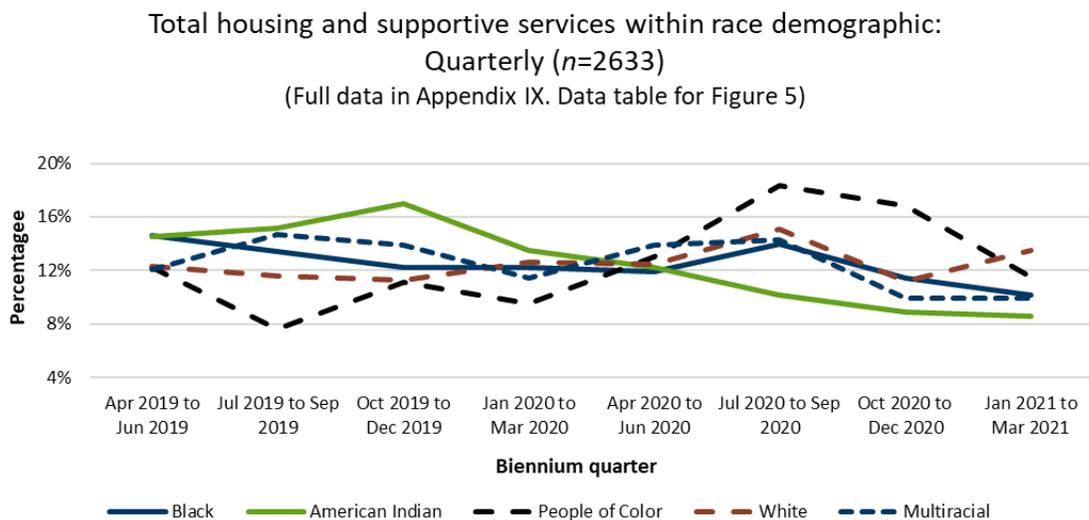


Figure 5 shows client services quarterly reenrollment trends separated into groups by race demographic.

Differences in types of services provided by race demographic. There were statistically significant group differences in the frequency of client access to certain types of services at a significance level of $p < .001$. For example, American Indian and White clients' access to certain types of services were significantly different relative to their peer groups' access trends (Figure 6). Figure 6 illustrates groups differences wherein White clients frequently accessed social services, education services, financial assistance, criminal justice advocacy, and legal services compared to their peers from another race. Lack of access is less obvious in the figure. Post hoc analyses showed that the American Indian client population received statistically significantly

less frequent employment assistance, education services, legal services, and criminal justice advocacy, and more frequently substance use treatment compared to peer groups. Housing advocacy and personal items were most frequently accessed by Black and White clients. Further analysis of this data showed other significant group differences not discussed in this subsection.

Figure 6. Frequency of top supportive services by race demographic (n=2633)

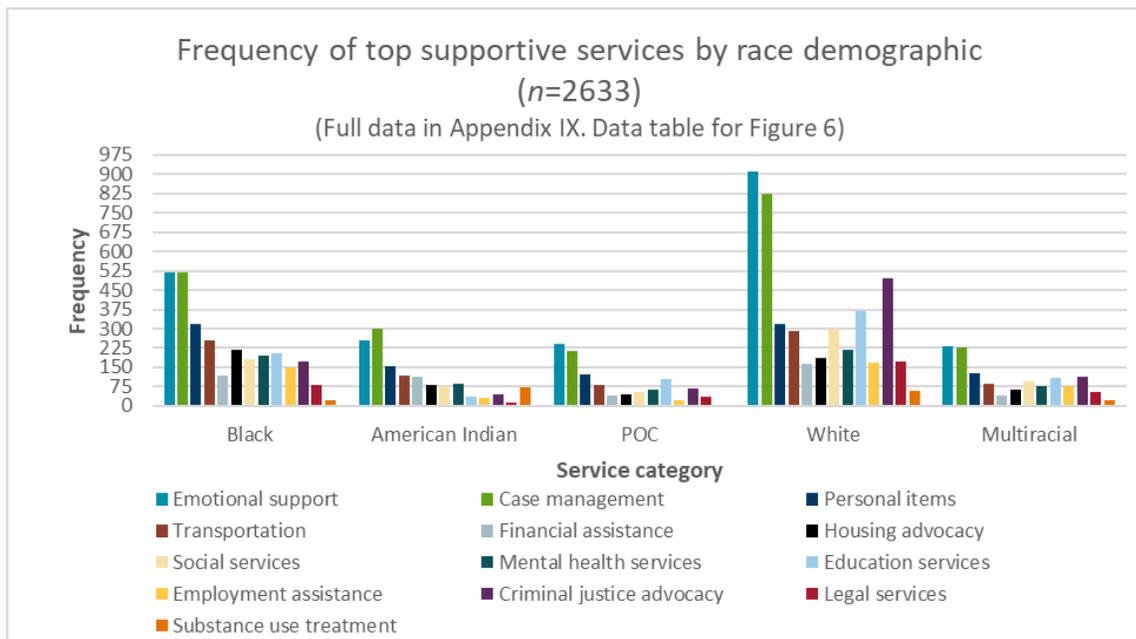


Figure 6 shows the frequency of clients and the top services they received separated by race demographic groups.

Differences in types of services provided by race demographic and region type. Significant group differences were also observed between groups separated by race demographic and between regions. The stacked bar chart below shows the most prominent services in the Metro and Greater Minnesota regions and the most prominent resources accessed in those region types by race demographic (Figure 7). For example, Figure 7 shows that White clients make up 51% of the criminal justice advocacy services provided, the majority of which was in Greater Minnesota. In fact, criminal justice advocacy was one of the least frequently accessed resources in the Metro.

The majority of interpreter services were accessed in Greater Minnesota by clients in the POC category. American Indian and White clients in Greater Minnesota accessed the greatest percentage of substance use treatment services. As reported in Table 15, there were very limited child care and dental care resources provided, notably the vast majority were in the Metro (Figure 7). Figure 7 also shows Black clients accessed almost all services most frequently in the Metro, which may highlight opportunities for Safe Harbor to increase its reach to provide more types of resources to Black clients in Greater Minnesota (see Supplement Appendix IX. Data table for Figure 7).

Figure 7. Percentage of supportive services provided by race demographic and region type (n=2633)

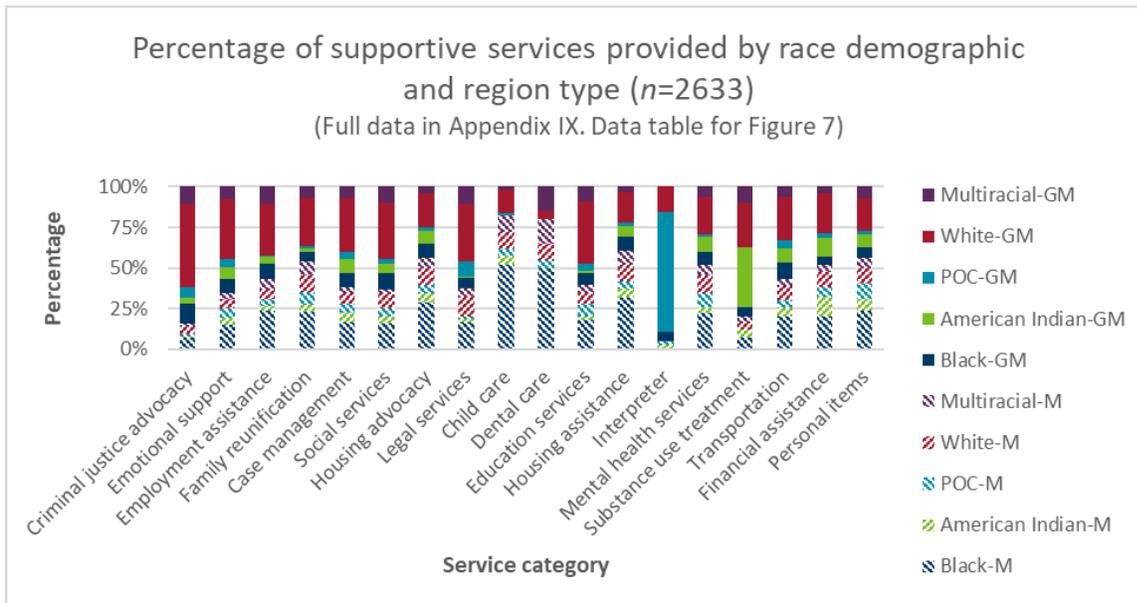


Figure 7 shows the percentage of services provided in the Metro (M) and Greater Minnesota (GM) regions and the percentage of each service category accessed by clients, separated by race demographic.

Quarterly differences in access to services: Gender identity groups. Female clients’ enrollments and total services were steady or increased for the majority of the biennium (Figures 8 and 9). Enrollments and total services for transgender or non-binary clients showed greater fluctuation through the biennium than for female or male identifying clients (Figures 8 and 9).

Figure 8. Unique enrollments in housing and supportive services within gender demographic: Quarterly (n=1204)

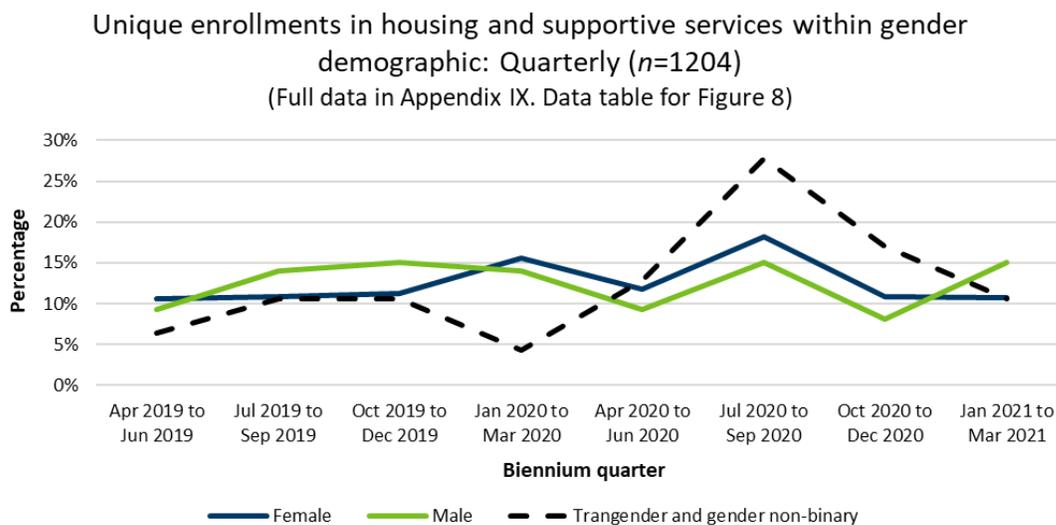


Figure 8 shows client services quarterly enrollment trends separated into groups by gender identity.

Figure 9. Total housing and supportive services within gender demographic: Quarterly (n=3000)

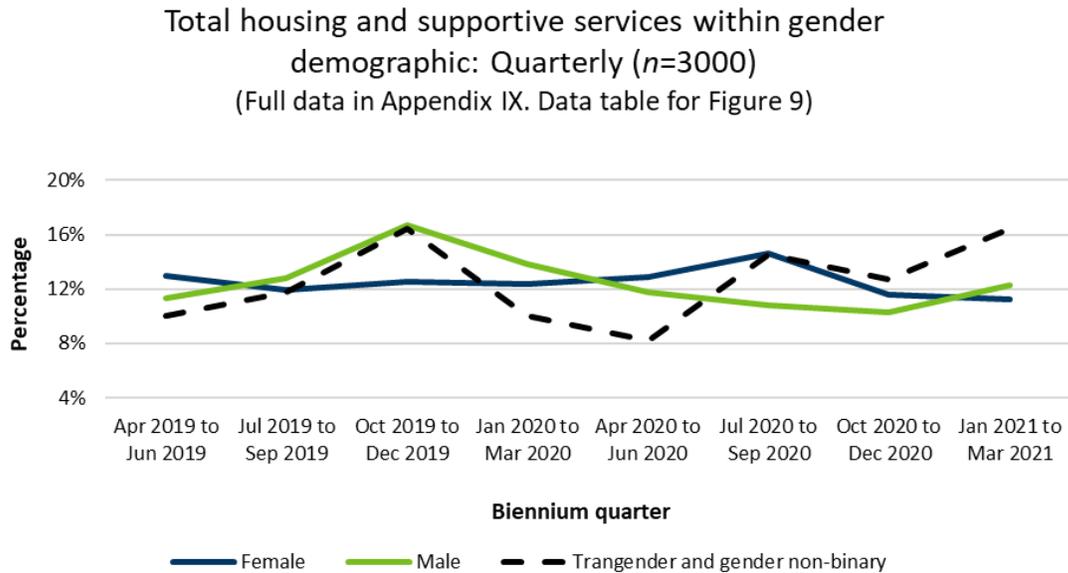


Figure 9 shows client services quarterly reenrollment trends separated into groups by gender identity.

Analysis revealed statistically significant differences based on gender groups in the types of services that clients received. At a significance level of $p < .05$, the probability of observing the difference by chance is low (see Supplement Appendix V). Female clients received more frequent emotional support than their gender counterparts. Male clients less frequently received mental health support, and transgender and non-binary clients received less employment assistance than their gender counterparts.

Quarterly differences in access to services: Sexual orientation groups. Figure 10 shows a steady increase in queer and questioning and gay and lesbian client enrollments during most of the biennium. However, it is unknown why queer and questioning client enrollments dropped off in the summer of 2020, when overall enrollments rose that quarter. Although the enrollments dropped the summer of 2020, youth who identified as queer and questioning increasingly accessed Safe Harbor total services, quarterly, during the biennium (Figure 11).

Analysis of service provisions based on group by sexual orientation revealed statistically significant differences at $p < .05$. Compared to counterparts of different sexual orientations:

- Bisexual clients received more employment services and financial assistance.
- Queer and questioning clients received more mental health and social services and less frequent legal services.
- Heterosexual clients received less family reunification and education services.

Figure 10. Unique enrollments in housing and supportive services within sexual orientation: Quarterly (n=857)

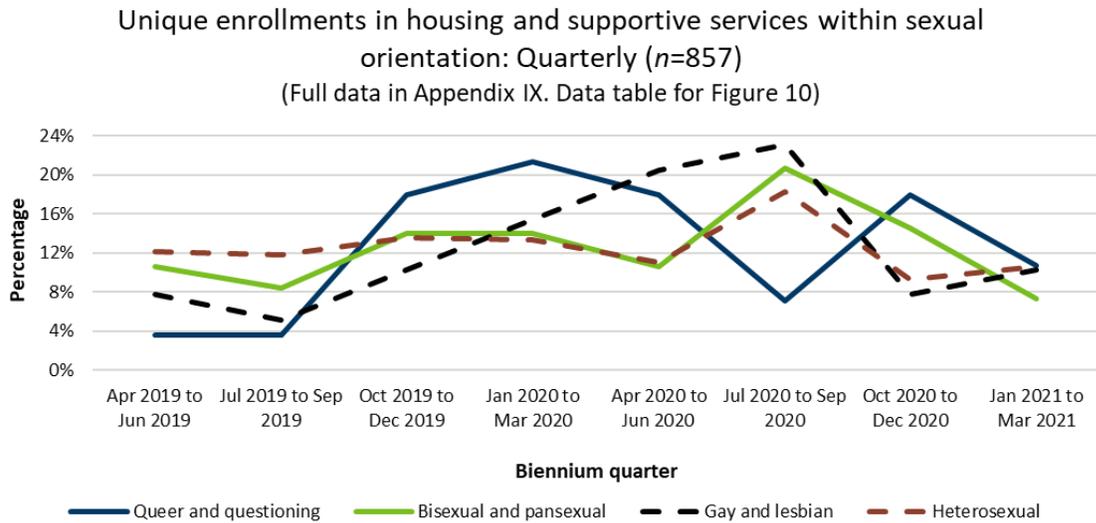


Figure 10 shows client services quarterly enrollment trends separated into groups by sexual orientation.

Figure 11. Total housing and supportive services within sexual orientation demographic: Quarterly (n=2247)

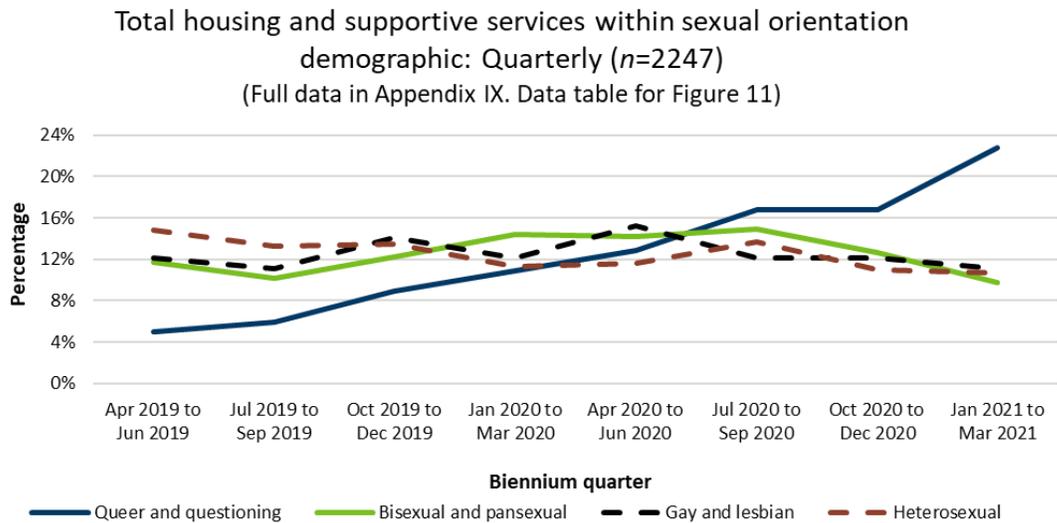


Figure 11 shows client services quarterly reenrollment trends separated into groups by sexual orientation.

Partnerships and grantees are essential to the implementation of Safe Harbor

Key findings: The expansive network of Safe Harbor partners and grantees is foundational to the structure and functioning of the initiative across all indicators of efficacy; equity, structural impact, development, implementation, and empowerment.

Due to space and time, the MDH section of the evaluation spotlighted Regional Navigators, protocol development led by the Minnesota Coalition Against Sexual Assault (MNCASA), the Safe Harbor CPS coordinators in DHS and MDH-led training and curriculum projects in

collaboration with the Safe Harbor network. Embedded in each partnership and grantee agency are the vital contributions of various collaborators, including, but not limited to, survivors and subject matter experts, advocates, youth, law enforcement, and several multidisciplinary sectors.

Safe Harbor partnerships. Safe Harbor is an expansive network that implements complex programming across the state to address the insidious and vast issue of youth exploitation and trafficking. Members of this network partnering with MDH include:

- The Office of Economic Opportunity (OEO) in DHS co-directs and funds Safe Harbor shelter and outreach and the Human Trafficking Child Protection coordinators.
- The Bureau of Criminal Apprehension (BCA) at the DPS investigates cases and trains law enforcement to provide youth trauma-informed services and patrol, investigate, and prosecute youth exploitation and trafficking crimes.
- MNCASA provides technical assistance for seven funded protocol development teams and other non-funded teams working on protocols across the state.
- Researchers from local and out-of-state academic institutions consult with Safe Harbor to develop and improve research and evaluation.
- Grantees serve specific cultural populations and address and raise awareness about labor trafficking through federal funding.
- Advocacy agencies, survivor leaders, and subject matter experts partnering across the network and statewide maintain connectivity and reach to survivors of human trafficking.

Regional Navigators play an essential role in network building

Findings showed that Regional Navigators are critical to the smooth functioning of Safe Harbor development and implementation processes. They serve as a point of entry for clients, a consultant with other sectors, trainer and facilitator of knowledge and skills, collaborator with other Safe Harbor agencies, and strategic partner in protocol development and other multidisciplinary teams. The Regional Navigator role has changed since the inception of Safe Harbor. Initially, Regional Navigators provided more direct services to youth clients. In recent years the job has shifted toward capacity-building by creating partnerships and identifying and improving the resources within their respective regions.

Training and curriculum. The Regional Navigators employed extensive statewide training curriculum during this phase to build awareness of trafficking prevalence in local communities. Training topics included trafficking 101, prevention and male exploitation, domestic violence and shelters, forensic interview training, trauma-informed care, understanding adverse childhood experiences (ACEs), and parent/caregiver Safe Harbor training. Regional Navigators across the state gear their training to disciplines that interface with trafficked and exploited youth, such as judges, law enforcement, health care providers, mental health providers, social workers, and child welfare professionals. Training was also provided to Truckers Against Trafficking. One Regional Navigator reported 58 training offerings to over 3,000 participants during this biennium reporting period.

Conspiracy theories and sex trafficking. Two Regional Navigators collaborated to educate Minnesotans working with youth on the cognitive biases underpinning conspiracy theories. During this biennium, the national rise in QAnon-led and other conspiracy theory-based groups diverted resources away from service provisions because the groups disseminated false and misleading information about sex trafficking through social media. Regional Navigators noticed the detrimental impact to the system response and trafficking prevention and organized a timely training to address the issue. While observing the training the Program Evaluator noted the presenters provided macro and micro perspectives on why conspiracy theories take hold.

One reason for the pervasiveness of conspiracy theories is that they serve an important psychological function for people trying to cope with large, stressful events like a terrorist attack.

-Grantee training notes, winter 2020

The training ended with realistic scenarios and actionable tactics to combat youth trafficking, locally.

Regional lynchpin in multidisciplinary responses. Often the first point of contact for youth needing services and professionals seeking consultation, Regional Navigators collaborate with several disciplines locally, statewide and in surrounding states. Regional Navigators act as lynchpins for services and are critical partners for protocol development and other multidisciplinary teams (MDTs). Early in the biennium, one Regional Navigator described the position's impact to set Safe Harbor culture and curate a multidisciplinary response.

For all of the MDTs with which we partner, a key consideration we stress is the need to institutionalize procedures and guidelines to ensure that males, LGBTQIA2S+ youth, and American Indian victims of human trafficking and child pornography are recognized and served both in the Twin Cities metro area and outstate Minnesota. We also emphasize the importance of an immediate multidisciplinary response to all identified victims.

-Regional Navigator Narrative Report, summer 2019

MNCASA implements Safe Harbor principles in protocol development teams

In 2017, through funding from the Minnesota Legislature, the Ramsey County Attorney's Office and MNCASA published the [Safe Harbor Protocol Guidelines \(https://www.mncasa.org/wp-content/uploads/2018/08/Safe-Harbor-Protocol-Guidelines-Updated-Nov-2021.pdf\)](https://www.mncasa.org/wp-content/uploads/2018/08/Safe-Harbor-Protocol-Guidelines-Updated-Nov-2021.pdf). During the current evaluation phase, MDH provided funding to MNCASA to support community-based protocol development teams. Supplement Appendix X describes the regions and counties where Safe Harbor multidisciplinary teams are located.

These protocol development multidisciplinary teams collaborate to create a comprehensive and customized local approach to sex trafficking and exploitation of youth. Local protocols created by the MDH-funded teams implement the five key principles of Safe Harbor to provide

a trauma-informed, victim-centered, youth-centered, strengths-based, and culturally responsive approach. MNCASA provided protocol development workshops, team orientations, team coordinator orientations, site coordinator retreats, and team retreats for technical assistance with multidisciplinary protocol teams.

Makeup of protocol development teams. Membership typically includes law enforcement, judiciary, child welfare, prosecution, advocacy, health care, and other relevant partners. MNCASA recently conducted focus groups with youth on [“Authentic Community Engagement in Safe Harbor”](https://www.mncasa.org/wp-content/uploads/2021/11/Authentic-Community-Engagement-in-Safe-Harbor-FINAL.pdf) (<https://www.mncasa.org/wp-content/uploads/2021/11/Authentic-Community-Engagement-in-Safe-Harbor-FINAL.pdf>) and the meaningful engagement of survivors and communities in the protocol development process. A participant in the MNCASA focus group recommended;

I think that another thing that would be beneficial is that, if you have culturally specific people part of these teams, they can reach out to their own networks to do engagement.

-Authentic Community Engagement in Safe Harbor Report, MNCASA, July 2021

The impact of identifying youth in need of Safe Harbor within child protection MDH collaborates with DHS to coordinate Safe Harbor’s child protection response which includes training social workers on how to identify and provide resources for youth experiencing sex exploitation or trafficking. The Safe Harbor CPS coordinators in DHS have trained more than 400 child protection workers in more than 70 counties on sex trafficking identification and response. Efforts continue to reach workers in all 87 counties and 11 tribal nations.

In May 2017, Minnesota passed legislation to make youth sex trafficking a mandated report to CPS. All known or suspected sex trafficking involving a minor must be reported to local child protection or law enforcement. Minn. Stat. § 626.556 subd. 2(n). Because these reports involve sexual abuse, county or tribal child welfare agencies are required to investigate sex trafficking, which includes face-to-face contact within 24 hours to see if the child is safe. Minn. Stat. § 626.556 subd. 3(e). All child protection and law enforcement investigations must be coordinated after cross-reporting the allegation (Atella & Turner, 2019).

Best practices guide for tribal child welfare. In 2020, DHS issued its [Minnesota’s Best Practice Response to Trafficking and Exploitation of Children and Youth: A Guide for County and Tribal Child Welfare Agencies](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7641Z-ENG) (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7641Z-ENG>). The guide recommends the use of a child protection MDT during investigations of sex trafficking or sexual exploitation. The MDT can also play a key role in providing culturally responsive services and deciding when to conduct forensic interviews of alleged child and youth victims.

- DHS encourages child welfare agencies to work with their local Safe Harbor protocol MDT if one is available.
- DHS recommends that the child protection MDT also include law enforcement, a county or tribal attorney, Safe Harbor Regional Navigator, specialized service providers, or other

participants such as victim advocacy, mental and medical health professionals, child advocacy center staff, and Tribal representatives.

Having an established response protocol within the child protection MDT is crucial for improving investigations and providing high-quality, comprehensive services.

Screening tools and guides for social workers. DHS offers a two-day intensive and practice-oriented training for child protection workers. During this phase, CPS developed its [“Child Protection Screening for Sex Trafficking and Exploitation Flowchart”](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7641N-ENG) (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7641N-ENG>), and accompanying best practices guide [“A Placement Eligibility Guide for Identifying Youth at Risk of Sex Trafficking or Commercial Sexual Exploitation”](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7641C-ENG) (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7641C-ENG>) to help professionals identify youth in need of supportive services. Intake staff and supervisors can use the flowchart to help with adequate screening and assigning reports of potential trafficking or exploitation. The guide assists workers in assessing criteria that meet provided definitions, including primary and secondary risk factors.

Along with the screening tool, procedures are in place for reporting and responding. For example, child protection workers enter data into a “Sexually Exploited Youth Screen” in SSIS. Social workers must complete the screen on all youth and update whenever new information is received. Most sex trafficking will fall into the “serious” level for the degree of maltreatment.

Tracking cases of sexual exploitation and trafficking. The increased efforts to train CPS staff to screen for and identify exploitation and trafficking have improved Safe Harbor’s ability to track cases and coordinate with CPS. The following is a snapshot of SSIS data shared with MDH between April 2019 and March 2021, showing the number of intakes, completed reports, and out-of-home care, organized by Safe Harbor regions. DHS research consultants also filtered data by age, race, gender, and disability status. The SSIS data on sexual exploitation among youth within CPS provides valuable insight as to the prevalence of trafficking in that sector. In addition, the data helps to identify opportunities to strengthen No Wrong Door within CPS, a critical pathway into Safe Harbor services for youth.

- **Alleged victims and cases screened.** Between April 2019 and March 2021, there were a total of 796 alleged victims of sexual exploitation and trafficking; 28% met the criteria to open an investigation.
- **Cases involving sexually exploited youth with disabilities.** Of the 256 alleged youth victims with an open investigation, 36% reported emotional and mental disabilities, 40% sensory impairment, and 67% had a physical disability. After the completed reports, 36% of youth with emotional and mental disabilities and 50% of youth with sensory impairment met the criteria for maltreatment. Twenty youth with emotional and mental disabilities received out-of-home placements staying for a median of 175 days.
- **Intake information and completed reports.** The intake source with the highest percentage of allegations that went on to investigation was the alleged victim (100%), followed by a family member (41%). The intakes of alleged victims ranged from 25 in the South Central region to 237 in the West Metro region. On average, 35% of cases that were screened into an investigation had a substantiation of maltreatment.

- **Out-of-home care data.** Cases involving sexually exploited youth spent anywhere from a median of 31 to 273 days in out-of-home placement. Black/African American youth spent a median of 58 days in placement, American Indian youth spent 90 days, while multiracial youth spent 145 days, and White youth spent a median of 224 days. For the out-of-home placements, two were sent to corrections for an average of 70 days, and 51 went to county social services and spent a median of 216 days.

Findings showed the importance of CPS in trafficking prevention and response and in connecting youth with Safe Harbor supportive services, shelter and housing. Information about screening and intakes highlights the need for CPS social workers to identify survivors of sexual exploitation and trafficking within their system and demonstrates a need for an instrument that helps youth-serving professionals identify youth labor trafficking and in need of Safe Harbor services.

MDH training coordination promotes empowerment to prevent and intervene in sex and labor exploitation and trafficking

Between April 1, 2019, and March 31, 2021, the MDH Safe Harbor training coordinator collaborated with Safe Harbor grantees and partners to host implementation meetings, organize relevant curriculum for staff development, speak at conferences, create orientation materials, and conduct training sessions on Safe Harbor services and principles. The trainees included agencies involved with Safe Harbor, juvenile justice workers, hotels and casinos, and mental health and treatment facilities. Facilitation topics included Safe Harbor 101, trauma-informed services, self-care, the needs and rights of youth experiencing exploitation or trafficking, and the service needs of male victims of trafficking.

Along with Safe Harbor grantees and partners, the coordinator trained approximately 1,374 participants during the biennium. This number does not reflect the number of people trained statewide by the Safe Harbor Regional Navigators, supportive services and shelter and housing grantees, and state agency partners. In addition to conducting training, the coordinator completed projects to aid the implementation and development of Safe Harbor.

These four principal programming implementation projects included: 1) Safe Harbor onboarding video series; 2) Not a Number (NAN) curriculum training; 3) Juvenile facilities grant project; and 4) Project Catalyst III. Due to pandemic social distancing requirements, trainers and facilitators learned to facilitate a wide range of topics in a virtual setting. MDH and grantees provided technical assistance and support to each other within the Safe Harbor network.

Safe Harbor onboarding video series. In 2020, MDH created and coordinated a series of 10 onboarding videos for Safe Harbor-funded staff, supervisors, and administrators. The videos explain client privacy and confidentiality, exploitation and trafficking, including sex and labor, MNCASA and protocol development, and prevention through Men as Peacemakers, a community-based violence prevention organization. The videos also orient new staff to grantee agency responsibilities, partner agencies, the statewide network of services, and how to work with exploited or trafficked youth. The video series is intended for viewing by Safe Harbor grantee agency staff and includes YouTube videos introducing Safe Harbor and its partnerships with Tribal nations, DHS, CPS, and the BCA Human Trafficking Investigators Task Force.

- **Evaluation survey of the video series (N=51).** Twenty-three respondents said they watched some of the videos, 21 said they watched none. Only seven, close to 2%, watched all the videos. The participants said that some videos were essential and helpful. Others said some videos were not helpful but did not indicate which one(s).
- **What participants wish they would have known.** Responses included learning more about CPS and Regional Navigators and working with them, information about other services in the region or area, and other Safe Harbor grantees' achievements. Some respondents requested more information on grant invoicing and remarked that the reporting database system was "confusing" and did not know what they needed to report.
- **Peer training videos.** A few respondents suggested that peer-facilitated orientation topics would help them learn from others and other network resources.

Not A Number (NAN) training curriculum. NAN is an interactive, five-module curriculum designed to teach youth to protect themselves from human trafficking and exploitation through information, critical thinking, and skill development. In 2017, Minnesota partnered with Love146, the organization that created NAN, to implement NAN statewide. During this evaluation period, 638 Minnesota youth participated in NAN. Statewide, NAN trained 102 new providers to facilitate the curriculum with youth. Several Safe Harbor grantees and Regional Navigators are trainers and facilitators of NAN.

Safe Harbor implements this exploitation and trafficking prevention curriculum because it focuses on both labor and sexual exploitation, is for all genders, and empowers youth to create safety plans. NAN promotes No Wrong Door principles and uses a holistic approach focusing on respect, empathy, individual strengths, and the relationship between personal and societal pressures that create or increase youth vulnerabilities. Effective prevention often starts by raising awareness of harmful stereotypes and attitudes that expose youth to risk and keep them from seeking help. Through open conversations, engaging activities, the use of media, and opportunities for safe self-disclosure, participants in NAN:

- Raise their awareness of what constitutes human trafficking and exploitation.
- Learn how to recognize recruitment tactics and understand vulnerabilities.
- Challenge harmful stereotypes and societal attitudes.
- Identify healthy relationships and support systems.
- Develop skills to navigate potential and existing exploitative situations safely.
- Learn how to access community resources when situations that increase their vulnerability (or if exploitation is already underway).

In 2020, Love146 and MDH partnered on an article for the Harvard Public Health Review, [“Partnering for Human Trafficking Prevention: Implementing Love146's Not a Number Curriculum through Minnesota's Safe Harbor Program”](https://hphr.org/58-article-palmer/) (https://hphr.org/58-article-palmer/). The report discussed the importance of a public health approach that promotes positive youth development and self-determination and stressed that the programming is “evaluated and changed to reflect the ever-evolving experiences of young people” (Palmer et al., 2021, p. 3).

Juvenile facilities grant project. Through funding from the Juvenile Justice Advisory Committee (JJAC), MDH Safe Harbor partnered with the Department of Corrections Juvenile Licensing Unit to plan and implement the grant project. MDH created youth outreach materials, provided a two-hour Safe Harbor training, and organized NAN human trafficking training to juvenile justice facilities.

- **Safe Harbor youth outreach materials.** MDH distributed youth outreach materials in English, Somali, Spanish, and Hmong to 25 facilities. The outreach materials included business cards, posters, and parent guides.
- **Two-hour Safe Harbor training to facilities.** Participating facilities were provided with a two-hour Safe Harbor training. Regional Navigators and the Safe Harbor Training Coordinator provided participating facilities with a two-hour on-site training on Safe Harbor as well as a working with sexually exploited youth “101,” for a total of 349 facility staff from 21 facilities.
- **NAN training to facilities.** Four Safe Harbor grantee trainers provided the NAN facilitation certification training for 28 staff from 14 facilities. Some respondents evaluating the NAN facilitation training indicated that they could apply the knowledge in their fieldwork and felt equipped to handle youth disclosures. Most respondents found the experience enriching.

Project Catalyst III. In early 2021, MDH and [Violence Free Minnesota \(https://www.vfmn.org/\)](https://www.vfmn.org/) partnered with the [Minnesota Association of Community Health Centers https://mnachc.org/](https://mnachc.org/) and [FUTURES Without Violence \(https://mnachc.org/\)](https://mnachc.org/) to provide a virtual training for trainers focused on the Confidentiality, Universal Education, Empowerment, and Support (CUES) curriculum through the “Addressing and Responding to Intimate Partner Violence and Human Trafficking and Exploitation in Community Health Centers” initiative. The training was part of a national initiative, Project Catalyst III, that focused on awareness of intimate partner violence, human trafficking, and health leadership and collaboration at the state level to improve the health and safety outcomes for survivors and to promote prevention. Project Catalyst III is funded by the U.S. Department of Health and Human Services agencies: Health Resources and Services Administration (HRSA) Bureau of Primary Health Care; the HRSA Office of Women’s Health; and the Administration for Children and Families Family and Youth Services Bureau.

Project Catalyst III is another type of curriculum that helps Safe Harbor connect concurrent issues of intimate partner violence and human trafficking and to expand the multidisciplinary approach by building awareness within community health centers.

An evaluation conducted by the University of Pittsburgh found that the training gave participants information about how to:

- Identify physical and behavioral health problems associated with intimate partner violence, human trafficking, and exploitation.
- List the benefits of partnering with a local domestic violence agency/community-based organization to promote bi-directional client referrals.
- Implement a universal education approach and a telehealth adaptation to inform patients about healthy relationships, assess for intimate partner violence, human trafficking, and

exploitation, and understand how to use the new Uniform Data System (UDS) measures on intimate partner violence and human trafficking, and exploitation.

- Know how to conduct similar training for other community health staff or programs using the FUTURES curriculum.

Federal expansion programming raised awareness of sex and labor trafficking and strengthened Tribal-state collaboration

Key findings: As part of the OVC Improving Outcomes for Child and Youth Victims of Human Trafficking grant Safe Harbor has developed tools to prevent and intervene in sex and labor exploitation and trafficking and worked with the BCA, survivors, advocates and multidisciplinary professionals to develop and implement trauma -informed labor trafficking protocols for law enforcement (Supplement Appendix XIII). Additionally, Tribal Nations received state and federal funding to develop prevention and intervention activities that addressed cultural nuances and promoted Tribal sovereignty.

Labor trafficking responses

In 2019, DHS released a bulletin with guidance for identifying and assisting foreign national children and youth who have experienced labor trafficking: [Response to Labor Trafficking and Concerns of Human Trafficking of Foreign National Minors](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs-311429) (https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs-311429).

The report suggested:

The most important indicator that screeners and screening teams should look for is a child being forced, threatened, or compelled to work for another person. Work can include both formal employment and informal or illegal activities (p. 4).

Human trafficking identification tool and guide. Through multidisciplinary collaboration, with funds from the first OVC expansion grant prior to this biennium, MDH developed the [Minnesota Youth Human Trafficking and Exploitation Identification](https://www.health.state.mn.us/communities/safeharbor/communities/mytei.html) (<https://www.health.state.mn.us/communities/safeharbor/communities/mytei.html>) (MYTEI) tool. In this evaluation biennium, MDH began distributing the tool and constructing a validation evaluation pilot with partnering disciplines in juvenile justice and education. The MYTEI tool is designed primarily for providers in sectors with youth-serving professionals. The tool helps staff understand the dynamics of sex and labor trafficking and exploitation to develop their skills to identify youth. The tool and guide also empower agencies or organizations to design protocols to employ next steps to support the youth and make referrals to Safe Harbor or other human services entities.

The primary identification mechanism is for a youth-serving professional to engage with potentially exploited or trafficked youth aged 13-17, help the youth feel comfortable, and start a conversation that can lead to connections with services. The MYTEI tool and guidebook offers semi-structured conversation points, tips for building rapport with youth, suggestions for

organizational protocols after identification, and potential sex and labor trafficking indicators. The toolkit is available via a short orientation video and survey, [MYTEI Tool and Guide Access Request Form \(https://survey.vovici.com/se/56206EE32A267559\)](https://survey.vovici.com/se/56206EE32A267559).

Tribal Nation-state collaboration

With state and federal funding, Safe Harbor has sustained partnership with Tribal Nations to prevent and intervene trafficking in Tribal communities and on Tribal lands. Nine of the 11 Tribes chose to participate and received funds to address trafficking on their reservations in a way consistent with their values and culture. Projects involved training for law enforcement, professionals, community, awareness campaigns, and providing services to youth. Many objectives for Tribal Nation-state collaboration were based on being with the community, in-person, which was impeded by social distancing. Because of the pandemic's deleterious impact on Tribal Nations, Tribal partners had to adjust their goals to work toward objectives focused on broader awareness activities. Some partners mentioned that the pandemic hindered social gathering and recruitment and explained the increased need for community wellness work through social interactions due to prolonged social distancing. Some of the biggest obstacles were staff turnover and new staff earning trust and reestablishing partnerships. As of July 2021, Tribal partners continued to be negatively impacted by the pandemic.

Tribal projects during the pandemic. One tribal partner offered virtual training on trafficking to Indian Child Welfare Act (ICWA) staff. Another grantee purchased a billboard to raise awareness about trafficking in the area. Tribal partners made significant contributions to the [Murdered and Missing Indigenous Women \(https://dps.mn.gov/divisions/ojp/Documents/missing-murdered-indigenous-women-task-force-report.pdf\)](https://dps.mn.gov/divisions/ojp/Documents/missing-murdered-indigenous-women-task-force-report.pdf) (MMIW) Task Force and the Tribes United against Sex Trafficking (TRUST) Task Force. Another Tribal partner mentioned working with the BCA to respond to trafficking along the Line 3 pipeline construction route. Other partners mentioned working with law enforcement to investigate trafficking cases on Tribal lands. Safe Harbor funds and works with Tribal Nations and grantee organizations that specifically serve the American Indian youth and homeless population. Given several findings in this document, more funding is needed in the areas of social services and public safety with regard to Tribal and American Indian youth support, safety, and sense of well-being.

Sex and labor trafficking among American Indian populations. The dire issue of sex trafficking among American Indian girls and women overshadows the concurrent and hidden issue of labor trafficking. American Indian people are overrepresented for sex and labor trafficking, both on and off Tribal lands (MartinRogers & Pendleton, 2020). While the American Indian population is overrepresented in the human trafficking population, the Human Trafficking in Minnesota report showed differences between social service providers and law enforcement in their encounters and identification of sex and labor trafficking survivors from American Indian communities. Social service providers encountered 23% of sex trafficking victims who were American Indian while law enforcement encountered only six percent. Similarly for labor trafficking, social service providers identified five percent of labor trafficking victims who were American Indian, while law enforcement had zero encounters with American Indian labor trafficking survivors.

Public health crises: Systemic inequity amidst global pandemic and racial justice reckoning

Key findings: Three external forces adversely impacted public health, in general, but particularly the populations which Safe Harbor serves; pipeline construction, the global COVID-19 pandemic, and the murder of George Floyd. These events, along with the efforts of responding to ongoing pandemic uncertainties and organizational reflection, served to refocus Safe Harbor's commitment to center equity in the initiative's implementation and network. Responses have led to several instances of collaboration and mutual support among the Safe Harbor network members and earnest responses to systemic injustice and oppression (see Supplement Appendix XV).

Trafficking and exploitation along pipeline construction

Local to Minnesota was the Line 3 Enbridge pipeline construction, which brought protesters to northern Minnesota. In addition to Water Protectors protesting the degradation of Tribal hunting, fishing, and wild rice lands reserved for American Indian tribes per multiple treaties, individuals in the trafficking prevention movement, including direct service providers, noted the risk of increased trafficking in the area. In preparation for the increased public health costs of construction, the Governor's office worked with Enbridge to offer funds to local agencies. Also, the administration supported collaboration between the BCA, Enbridge, its subcontractors, and Truckers Against Trafficking to train pipeline workers about trafficking as a way to deter it ([Your Call MN https://yourcallmn.org/](https://yourcallmn.org/)).

The Minnesota Human Trafficking Investigators Task Force (MNHITF) and TRUST Task Force worked jointly to respond to reports of human trafficking related to Line 3. This response included four key stages:

- Human trafficking prevention and outreach.
- Human trafficking training.
- Pro-active operations collaborated with Safe Harbor Regional Navigators.
- Developing a re-active collaborative response.

Despite prevention efforts, the pipeline activities negatively impacted the region and significantly stressed direct services and response resources. Service providers explained that the media attention on the pipeline pulled focus away from other incidents local to the area, thinning out local agencies' resources. For example, a Regional Navigator noted insufficient resources to respond effectively to trafficking at the Canadian border. Some victim services programs, including Safe Harbor grantees, were reluctant to take funds from Enbridge and did not want to risk losing trust with the communities they serve. Many victim services partners reported challenges in finding hotel rooms or apartments for individuals needing safe shelter due to the influx of pipeline workers.

Global pandemic

The COVID-19 pandemic required profound and swift organizational changes in service delivery and capacity in the short term and affected grantees' ability to fundraise and plan for the long term. The pandemic also disproportionately harmed populations served by Safe Harbor. Social distancing and quarantine were components of mitigating COVID-19; however, because clients needed access to congregate living resources and face-to-face services, Safe Harbor supportive services, shelters, and housing facilities were areas of epidemiological concern.

Grantees' experiences following the pandemic onset. Safe Harbor sought evaluative insights soon after the onset and consistently throughout prolonged social distancing measures. This section highlights a secondary data analysis from several sources, including an internal evaluation with Safe Harbor grantees about the initial impact of COVID-19 on services, grantee experiences with COVID-19, and a report conducted by MDH and Safe Harbor unit collaborators, Men as Peacemakers; ["Community Identified Strategies: Injury and Violence Prevention during Times of Compounding Crises"](https://static1.squarespace.com/static/53f9f36fe4b0a085e8d30b90/t/60efaae90cb41c235aa045f6/1626319595263/Community+Identified+Strategies+Injury+and+Violence+Prevention+during+Times+of+Compounding+Crisis+%281%29.pdf) (<https://static1.squarespace.com/static/53f9f36fe4b0a085e8d30b90/t/60efaae90cb41c235aa045f6/1626319595263/Community+Identified+Strategies+Injury+and+Violence+Prevention+during+Compounding+Crisis+%281%29.pdf>) (Diamond et al., 2021).

In response to a survey by Safe Harbor in March 2020, grantees reported vast changes in services and adverse impacts to youth, finances, and organizational operations.

- 70% of Safe Harbor grantees moved to telework policies. However, some Safe Harbor shelters and services required in-person contact.
- Those who continued in-person services employed CDC and MDH safety guidelines.
- The majority of grantees, 65%, reported access to personal protective equipment, but they feared supplies would run out.
- Changes in services involved translating service provisions to a virtual environment. For example, agencies offered digital money cards, Instacart grocery delivery, and a contactless method to provide personal items and resources.
- Operational changes included layoffs, furloughs and shortages, fear of closure, loss of fundraising streams, budget shortfalls, overworking, and hazard pay.

Grantees reported that along with the required service changes and impinged operational resources, COVID-19 significantly impacted youth, increasing their needs and taxing already thin resources. Findings from the survey revealed:

- Youth clients entered services with increased anxiety, depression, fear, and symptoms of post-traumatic distress.
- Social isolation increased susceptibility for exploitation and trafficking because quarantine protocols sometimes trapped individuals in violent, exploitative, or trafficking situations.
- Some youth did not take safety precautions seriously, posing a risk to themselves and others.

MDH offered grantees guidance to strategize meeting grant-based objectives, acquire emergency funds and equipment available through state and local sources, track communications, enhance contact with the multi-state-agency At-Risk Populations Working Group, and access updated COVID-19 MDH and CDC protection guidelines.

The Safe Harbor grantees who remained open to in-person shelter and services witnessed and endured the substantial cost of the pandemic and fragile social systems. One Safe Harbor survivor-led organization documented their experience in what is known as their “COVID Report.” This organization remained open to in-person services during the pandemic. Two staff and three clients had confirmed cases of COVID-19. To remain open for in-person appointments and later drop-in visits, the agency employed new protection and harm reduction methods to reduce the risk of contracting and spreading infection. For instance, the agency trained staff to take client temperatures and provided masks and sanitizer to everyone in the space. The agency reported serving hundreds of survivors through the pandemic, providing: 330 gift cards totaling \$7,000, spots in hotel quarantine shelters totaling \$8,000, and 54 COVID-19 protection kits to permanent housing clients. The grantee ended up spending \$24,000 in hotel/shelter expenses through August 31, 2021.

The pandemic, homelessness, and Safe Harbor. It is important to note the significant overlap between the homeless population and Safe Harbor’s service population (Supplement Appendix III). Mass economic instability exacerbated the issues of homelessness and trafficking. Encampments emerging in the Minnesota metro became sites of concern to contain the spread of COVID-19, outbreaks of other infectious diseases, and exploitation and trafficking within makeshift shelters and congregate living.

Compounding crises. After prolonged pandemic protocols, MDH conducted another survey in the winter of 2021 to understand the impact of COVID-19 and the public health crises of 2020 on Injury and Violence Prevention (IVP) services in the state of Minnesota (Diamond et al., 2021). Twenty-seven Safe Harbor grantees participated in the survey along with over 70 other MDH IVP grantees, documenting the impact of COVID-19 to grantee staff overtime and providing insight into the resilient responses of the Safe Harbor network.

Safe Harbor grantees noted the continuation of service changes, operation stressors, and the strong community relationships that provided support and collaboration to weather difficult and uncertain circumstances. The community narrative noted;

Persistent systemic violence and inequities and civil uprising due to racial injustice provided insights into the inadequacies of the status quo to meet community needs (p. 19).

Grantees contributing to the report shared that community resilience was foundational to prevent violence, exploitation, and trafficking.

One participant in the IVP evaluation explained:

Community-connectedness is prevention... we feel better, we do better when we know that we're part of a community that cares about us, and that we are integral to that community; that we're important (p.22).

Several public health crises emerging during the COVID-19 pandemic exposed systemic inequity and a lack of societal preparation that intensified the need for Safe Harbor programming while stretching its resources.

The murder of George Floyd

In May 2020, a Minneapolis police officer murdered George Floyd while the world watched, sparking local, national, and international civil uprising against the public health crisis of systemic racism. Through qualitative evaluation methods used for this report, the Program Evaluator learned that the general sentiment was that of outrage against racism centered on law enforcement, key partners for Safe Harbor programming. The civil unrest was localized in the Twin Cities, primarily in low socioeconomic areas. The immediate civil unrest disproportionately impacted non-White local businesses and communities. Several MDH and Safe Harbor staff discussed various personal accounts of fear and distrust of law enforcement and sustained grief. Safe Harbor acknowledged the events in grantee meetings and training, which provided space for collective grief.

Amid a global public health pandemic and yearlong flashpoints of civil unrest in response to the murder of George Floyd and the ensuing trial and verdict, not to mention other high-profile cases involving law enforcement, many Safe Harbor clients and grantees experienced distress or post-traumatic stress symptoms. The cascading distress overloaded the network and exposed the urgent need to address systemic inequity within and in systems upstream and downstream (Lai & Chrysikou, 2020). Several aspects of the Safe Harbor initiative responded effectively to the seemingly insurmountable task of navigating such system stress. Supplement Appendix XV describes Safe Harbor's response to promote health equity and organizational well-being in response to public health harms caused by intergenerational systemic oppression.

Challenges complying with No Wrong Door

The efficacy of Safe Harbor relies on the extent to which it can implement and sustain the No Wrong Door model. While MDH actively improves the Safe Harbor initiative for many youth who experience exploitation and trafficking, challenges exist to meet the full intention of the model and serve a broader array of young people. Challenges include difficulty in sustaining intervention efforts, limited reach and understanding about specific cultural nuances and need, and divergent objectives in the anti-trafficking response. Grantees in direct services organizations experience high turnover and staff burnout due to the high demand for support and needs of clients. Safe Harbor's service population typically has some degree of relational distrust and is in need of several services that require trust-building and mental health support.

Importantly, limitations on Safe Harbor's ability to concurrently address labor and sex trafficking with allocated funds hamstrings the effectiveness of the overall response model. There are also significant challenges related to knowledge gaps. For example, there are

unknowns about different cultural groups' pathways into trafficking and the supports and services that are the most needed and effective at helping them leave the life.

While Safe Harbor has expanded its network, programming, and services over the course of several public health crises, gaps in and challenges to the delivery of services remain. One Regional Navigator explained,

There is a significant lack of emergency bed space for ages 18-24 and older. Not only is there a major need for this age group, but there is also the same need for those over the age of 24, and it continues to increase. There is also a lack of shelter space for youth under the age of 24 who have children. There are situations where the young person being referred has family that are very involved and do not need shelter or case management. However, these families still need support... there is the added trauma of exploitation or trafficking for these parents/families, and it would be beneficial to support them holistically.

-Grantee Narrative Report, winter 2019

Analysis of Safe Harbor housing and supportive services provided and referred highlighted a need for more accessible mental health and substance use treatment resources, transportation, child-care, and education and employment opportunities. Another Safe Harbor housing grantee explained that it was difficult to find stable housing and resources for clients whose needs for mental health support surpassed the capacity of agencies. A grantee providing supportive services reported a lack of trauma-informed response within the service area by appointed public defenders representing youth receiving Safe Harbor services. In the Wilder Section, 32% of the youth surveyed said that there were outreach gaps and suggested hosting presentations for youth to understand the Safe Harbor initiative and how to connect with services (see Wilder Section, p. 23). Additionally, Safe Harbor partners mentioned gaps in the provisions of direct services for victims of labor trafficking, support and services to families with survivors, and 24-hour emergency services, shelter, and housing, all of which hindered the efficacy and promise of No Wrong Door.

One area for strategic improvement in complying with the model and expanding education and employment opportunities is to build partnerships with young adult leaders in specific communities. Another area to train system professionals on how to enact No Wrong Door principles is to expand collaboration with Lutheran Social Services (LSS) StreetWorks. During this biennium, DHS OEO helped fund training videos through [StreetWorks](https://www.streetworksmn.org/) (<https://www.streetworksmn.org/>) for outreach workers on identifying and working with homeless youth who may have been sexually exploited. Safe Harbor grantees attended the StreetWorks Toolkit Training; a curriculum designed to help youth-serving professionals meet the immediate needs of runaway youth and youth experiencing homelessness. Outcomes from the initial collaboration revealed that the curriculum promoted Safe Harbor resources, collaborations with community-based organizations, and endorsed the No Wrong Door model to Safe Harbor and non-Safe Harbor funded agencies statewide. Supplement Appendix VII

details how the StreetWorks outreach and training supports the efficacy of Safe Harbor through No Wrong Door.

MDH evaluation conclusion

The MDH evaluation addressed several topics, including building evaluation capacity and grantees' ideas for improvements to reporting; new enrollments and housing and supportive services to Safe Harbor clients statewide; the multidisciplinary network, partners and grantees, structurally supporting Safe Harbor programming; the implementation, relevance, and quality of the collaborative programming; and the impacts of COVID-19 and oppressions on the anti-trafficking response. Each section revealed a systemic assessment of Safe Harbor components according to the indicators of equity, structural impact and reach, development, implementation, and empowerment.

Equity. During phase 4, in addition to the OVC federal expansion funds to improve Tribal Nation-state collaboration, Safe Harbor funded culturally specific grantees and invested in researching and learning from American Indian partners, subject matter experts, and advisors. Yet, quantitative analysis revealed differences in accessing Safe Harbor programming, particularly among American Indian, African American/Black, male, and transgender or non-binary survivors. Moreover, there are gaps in knowledge with regard to access to Safe Harbor services among, migrant, immigrant, and refugee populations, and people with various disabilities. To promote No Wrong Door within Safe Harbor, MDH should continue to collaborate with communities to address systemic barriers to health and advance equity initiatives that promote clients' access to multi-dimensional resources and factors of resilience.

Structural impact. Housing and supportive services data showcase Safe Harbor's ability to reach youth from a variety of cultural backgrounds, statewide. Safe Harbor's structural impact included network collaboration and community resilience established in response to ongoing public health crises acutely experienced among the Safe Harbor grantees and its service population. However, structural impact requires ongoing improvements to how MDH mediates a multidisciplinary response and several disciplines with diverging perspectives on how to address trafficking and provide accessible, trauma-informed services to all youth survivors. In the future, Safe Harbor's structural impact may also be reflected in a quantitative evaluation of the initiative's impact on resilience and well-being outcomes related to grantee organizations and clients. The multidisciplinary network, as a whole, facilitates Safe Harbor's ability to reach a variety of youth populations that are overrepresented in exploitation and human trafficking.

Development. There was growth in client numbers as well as services and housing options since the last phase of evaluation. Regional Navigators developed Safe Harbor capacity, regionally, and MDH expanded culturally nuanced service grantees, training and curriculum to build awareness, and grant funding to address labor trafficking. However, Wilder Research highlighted several populations needing culturally nuanced services for which Safe Harbor must identify and provide.

Implementation. In every evaluation phase, Safe Harbor has strategized to improve the implementation of Safe Harbor services. Reports from several COVID-19 impact analyses showcased Safe Harbor's adaptability to sustain the network and programming.

Multidisciplinary partnerships and participation helped MDH implement Safe Harbor services in ways that were responsive to what specific communities expressed they needed to prevent and intervene in trafficking.

Empowerment. Personal narrative and accounts from Safe Harbor network grantees, partners, and collaborators participating in this evaluation illuminated several instances of MDH promoting empowerment within Safe Harbor as well as grantees promoting autonomy and youth development within services and programming. However, Safe Harbor should collaborate more with community leaders, bring youth and subject matter expert voices into state agencies, empower divergent perspectives under one cohesive vision, and provide tools and resources for success.

Combined Phase 4 conclusions and recommendations from Sections I and II: Wilder and MDH evaluations - Supplement

Expand services and remain flexible

Recommendation. Overall, the need for Safe Harbor services grows and changes as the initiative expands. Grantees should remain flexible in the way services are delivered to meet clients' various needs. Findings showed that specific deficits in services may impede the efficacy of Safe Harbor because support is less accessible to specific populations, especially during crisis and for high needs clients. Some evidence suggested that one positive impact of the COVID-19 pandemic was that virtual services provided increased access to help for youth who traditionally have had difficulty attending in-person services. Evidence also suggested that virtual services are only helpful if clients have access to technology and private space to talk.

De-silo the issues of labor and sex trafficking

Recommendation. Safe Harbor should continue to invest in community engagement of subject matter experts and survivors, and explore the connective tissue between labor trafficking, sex trafficking, and various systems of oppression. The “de-siloization” of the human trafficking response is also recommended, with the long-term goal of building a comprehensive strategy that addresses both labor and sex trafficking. Competing objectives, goals and limits on funding can create a lopsided approach that is over-focused on sex trafficking to the detriment of both sex and labor trafficking survivors.

Expand youth voice and opportunities for inclusion

Recommendation. The Safe Harbor network must strategize new modes of outreach and connection with youth. Safe Harbor utilizes future evaluation to assess Safe Harbor youth outcomes and make the assessment participatory with youth survivors. Grantees expressed interest in forming youth advisory boards, youth-specific programming, and hosting conversations to engage youth with Safe Harbor. MDH and Safe Harbor grantees are strategizing several pieces of a larger investment to include youth in Safe Harbor trafficking prevention and compensate their expertise and experience with money, transferrable job skills, and a platform to affect change. Wilder’s youth respondents reported they felt cared for when staff valued them and respected their voices. Youth expressed a need for economic opportunities, mental health support, and the skills and resources to change their life circumstances. Difficulties recruiting youth to evaluate Safe Harbor programming suggests a need to reconnect with youth who lost touch with services during the COVID-19 pandemic.

Promote healing organizational trauma and helping clients heal

Recommendation. Safe Harbor should continue to promote organizational healing and incentivize grantees to infuse practical applications of self-care in their agencies and support programs to develop self-care routines and skills with clients. The organizational well-being

work within Safe Harbor established the intention of MDH to set a culture that supports healing the organizational traumas that occurred as a direct or indirect result of the COVID-19 pandemic, the murder of George Floyd, and pipeline construction (see Supplement Appendix XV). Inequity hinders trafficking prevention efforts and is directly felt within the Safe Harbor initiative. Safe Harbor remains focused on how to respond to crises and related inequity while establishing norms for organizational healing.

Conduct cultural needs assessments with several cultural groups

Recommendation. Safe Harbor should continue to conduct culturally engaged research with various cultural groups to understand their pathway into trafficking, the nuanced needs and culturally specific services they require, and their experiences interfacing with government systems or falling through the cracks. Between Phase 3 to Phase 4, Wilder changed the Safe Harbor evaluation protocols to investigate the cultural responsiveness of Safe Harbor. Participants contacted by Wilder expressed distrust between minority cultural groups and government systems of safety. Findings from the external evaluation suggested that Safe Harbor community respondents see a need for more culturally specific services. However, Wilder's scope was limited, and they were not able to research the specific needs of each cultural group represented in the evaluation. Future research and participatory evaluation centering on cultural groups and leaders are required.

Build evaluation capacity and conduct inferential research

Recommendation. MDH should consider updating grantee report forms, reporting procedures, and data collection tools to improve and standardize the retention of grantee activities in between reporting cycles. Consistent evaluation promotes informed program implementation and development by identifying gaps in network and services. The grantee reporting database, forms, and procedures are critical to the efficacy of Safe Harbor. MDH must reduce missing data and continue improving client-participant recruitment, data collection skills among grantees, and data management quality.

Advance and invest in initiatives and systems to increase equity

Recommendation. MDH should continue to strategically direct the allocation of funds and resources to specific cultural groups. This includes building systems to improve equity, inclusion, and representativeness within Safe Harbor and multidisciplinary partnerships. In addition, Safe Harbor should strategize more opportunities for engagement for youth, advocates, survivor-leaders, immigrants and refugees, and individuals from LGBTQIA2S+, male-survivor, and racial minority communities. This effort includes identifying and removing barriers that prevent engagement with and by specific communities and promoting equitable compensation. The cultural needs assessments would provide insights into mitigating trafficking among particularly susceptible youth populations, such as those in foster care or juvenile justice facilities, immigrants, migrants, refugees, American Indian, LGBTQIA2S+ and male youth, youth of color, and youth who have disabilities.

Mediate community and government agency reconciliation

Recommendation. The efficacy of Safe Harbor can be improved by state governments' willingness to recognize and take accountability for such harm and acknowledging that such harm has led to distrust and compromised public health for marginalized populations. Reconciliation requires a sustained effort to rebuild trust with marginalized communities by supporting organizational health and spaces of safety that invite community voices to the work of building equitable, sustainable systems of governance and health.

Strengthen relationships within a public health approach

Recommendation. Safe Harbor should promote the continued development of multidisciplinary protocol teams and nurture multidisciplinary relationships. In addition, Safe Harbor should strategize to improve the presence of the mental health, health care, legal, medical, and substance use treatment sectors. Preliminary quantitative analysis showed youth accessing Safe Harbor services all over the state of Minnesota, suggesting the transient nature of clients. Therefore, Safe Harbor would benefit from growing relationships among all grantees to strengthen communication and collaboration in the statewide network response.

A comprehensive look at the Phase 4 evaluation demonstrates the unique impact of the multidisciplinary, statewide approach. Each partner, collaborator, grantee, provider, and survivor contribute to a robust anti-trafficking response. Yet, findings in this document have noted how different perspectives and varying objectives create tensions in collaborative partnerships. At the same time, the Phase 4 evaluation has shown how vital cross-sector governmental and community collaboration is to prevent human trafficking and exploitation. The biggest lesson learned from observing MDH navigate tension within a multidisciplinary response is that Safe Harbor must continue to orient each discipline to attain their individual sectors' objectives within an overall public health approach and the No Wrong Door model.

References

- 2017 *Minnesota Statewide Health Assessment*. (updated 2019). Saint Paul, MN. Retrieved from <http://www.health.state.mn.us/statewidehealthassessment/>
- Atella, J., Schauben, L., & Connell, E. (2015). *Safe Harbor: First Year Evaluation Report*. Saint Paul, MN.
- Atella, J., & Turner, L. (2019). *An Evaluation of the Safe Harbor Initiative in Minnesota-Phase 3*. Saint Paul, MN.
- Atella, J., & Turner, L. (2020). *Safe Harbor: Evaluation Findings on Minnesota's Effort to Help Sexually Exploited Youth Safe*. Saint Paul, MN.
- Benson, P. L., Scales, P. C., Hamilton, S. F., & Sesma, A. (2007). Positive youth development: Theory, research and applications. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology* (pp. 895–933). Hoboken, NJ: Wiley. <https://doi.org/10.1002/9780470147658.chpsy0116>
- Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, MA: Harvard University Press.
- Diamond, C., Volin, N., Harris, C., Cook, E., Silvis, K., & Dieu, S. (2021). *Community-Identified Strategies: Injury and Violence Prevention During Times of Compounding Crises*. Saint Paul, MN.
- Garbarino, S., & Holland, J. (2009). *Quantitative and qualitative methods in impact evaluation and measuring results. GSDRC Emerging Issues Research Service* (Vol. 1). UK. <https://doi.org/9780704427563>
- Lai, L., & Chrysikou, E. (2020). *A-Public-Health-Framework-for-Reducing-Health-Inequities-Bay-Area-Regional-Health*. San Francisco, CA: Bay Area Regional Health Inequities Initiative.
- Martin, L., McMorris, B., Johnston-Goodstar, K., & Rider, N. (2020). *Trading sex and sexual exploitation among high school students: Data from the 2019 Minnesota Student Survey*. Minnesota Department of Education, Health, Human Services, and Public Safety. Retrieved from <https://nursing.umn.edu/research/research-projects/trading-sex-and-sexual-exploitation-among-high-school-students>
- Martin, L. E., Melander, C., Fritz Fogel, K., Saito, B., Garnett McKenzie, M., & Park, R. (2018). *Safe Harbor for All*. Twin Cities, MN. Retrieved from <https://uroc.umn.edu/sites/uroc.umn.edu/files/SH4ALL-Findings-and-recommendations-1.13.19.pdf>
- MartinRogers, N., & Pendleton, V. (2020). *Minnesota Task Force on Missing and Murdered Indigenous Women: A Report to the Minnesota Legislature*. Saint Paul, MN. Retrieved from <https://dps.mn.gov/divisions/ojp/Documents/missing-murdered-indigenous-women-task-force-report.pdf>
- Minnesota Office of Justice Programs and Minnesota Statistical Analysis Center (2019). *Human Trafficking in Minnesota: A Report to the State Legislature 2019*. Saint Paul, MN. Retrieved from <https://www.leg.mn.gov/docs/2019/Mandated/191234.pdf>
- Palmer, C., Menanteau, B., Glaccum, E., Flood, A., Miller, J., Schaefer, P., & Cook E. (2021). Partnering for Human Trafficking Prevention: Implementing Love146's Not a Number Curriculum through Minnesota's Safe Harbor Program. *Harvard Review*
- Patton, M. Q. (2008). *Utilization-focused evaluation* (4th ed.). Beverly Hills, CA: Sage Publications.
- Schauben, L., Atella, J., Imbertson, K., Turner, L., & Highum, K. (2017). *Safe Harbor Evaluation Report*. Saint Paul, MN.
- Tabachnick, B. G., Fidell, L. S., & Osterlind, S. J. (2001). *Using multivariate statistics* (4th ed.). New York, NY: Harper Collins.

Supplement Appendices

Supplement Appendix I. A summary of the first three evaluation phases

Phase 1: 2014-15. Phase 1 of the evaluation provided evidence of the efficacy of the No Wrong Door model. The use of existing structures and cross-sector collaborations were instrumental to the Safe Harbor network's structure and function. Initially, the role of the Regional Navigator was not well established, youth-serving professionals were unsure how to handle mandated reporting and youth confidentiality, there was inadequate internal evaluation capacity and infrastructure, and the outreach and service network for Safe Harbor was limited. The report emphasized the need for 24-hour services, transportation, and services for males, gender minorities, and specific cultural groups. Wilder reported that decriminalizing youth and funding housing and services were vital to implementing the network and impacting outcomes. Recommendations from the evaluation included increasing funding, more Tribal collaboration, and stronger collaboration.

Phase 2: 2015-17. In Phase 2, Wilder expanded its scope to track sexual orientation and gender minority services as well as disaggregate race and ethnicity data to evaluate culturally responsive needs. The evaluation commented on the progress and challenges across several areas of Safe Harbor during this growth stage. Participants cited increased awareness of exploitation and recognizing exploited and trafficked youth as victims of a crime. Wilder also reported an increase in the number of training offerings, supportive services, and housing beds, as well as improvements in law enforcement response. Safe Harbor outcomes included clients feeling more hopeful about the future, greater agency collaboration, and overall expansion of the network, but also felt that more progress was needed in these areas. Wilder reported that identification of trafficking, offering culturally nuanced services, lack of network cohesion, and variable service quality remained primary challenges. The evaluation resulted in Safe Harbor improving grantee reporting systems, collaborative partnerships, and programming. MDH enhanced the training coordinator role and worked with grantees to identify barriers to providing consistent services and staff retention.

Phase 3: 2017-19. In Phase 3, Wilder reported a more comprehensive view of Safe Harbor with insights about Safe Harbor grantees, youth services that were needed and provided, positive impacts, factors contributing to success, and ongoing gaps and challenges. Youth services and support, awareness of trafficking, and statewide culturally responsive and trauma-informed anti-trafficking responses were still lacking, despite continued expansion and growth in network and programming. Wilder also provided a Safe Harbor Return on Investment (ROI) framework to guide future efforts. The ROI noted that Safe Harbor's impact could mitigate several public health costs: expenditures related to mental and sexual reproductive health, criminal justice, child protective services, housing, substance use and treatment, and injury and violence. Wilder also recommended the implementation of "Safe Harbor for All."

Supplement Appendix II. Safe Harbor youth survey responses

Participant satisfaction with Safe Harbor programming

Nearly all youth survey respondents were satisfied with the assistance they received from their program (96%; see Table 1).

Appendix II. Table 1. “Overall, how satisfied are you with the assistance you received from [program]?”

| Response | Percent (N=40) |
|----------------|----------------|
| Very satisfied | 68% |
| Satisfied | 28% |
| Unsatisfied | 5% |

Note. Total does not equal 100% due to rounding.

Participant preparedness for the future

Nearly all youth survey respondents (98%) felt prepared to seek help from an adult or someone they trust if they were in an unsafe situation. Additionally, most felt prepared to reach their career goals, get other needs met in a way that is safe (e.g., shelter, transportation), and set healthy boundaries in their relationships (96% each; see Table 2).

Appendix II. Table 2. “How prepared do you feel to do each of the following?”

| Question/Scale | Very well prepared | Somewhat prepared | Not prepared |
|--|--------------------|-------------------|--------------|
| Get other needs met in a way that is safe (e.g., shelter, transportation) (N=42) | 60% | 36% | 4% |
| Get medical care when you need it/Get medical care and other services when you need it (N=42) ^a | 64% | 29% | 7% |
| Reach your educational goals (N=42) | 52% | 41% | 7% |
| Reach your career goals (N=42) | 48% | 48% | 4% |
| Be part of only healthy relationships/Set healthy boundaries in your relationships (N=42)^a | 60% | 36% | 4% |
| Seek help from the police if you are in an unsafe situation or are the victim of a crime (N=41) | 56% | 29% | 15% |
| Seek help from “an adult/someone” you trust if you are in an unsafe situation or the victim of a crime (N=41)^a | 76% | 22% | 2% |
| Support yourself financially in a way that is “safe/healthy” (N=42) ^a | 50% | 38% | 12% |

Note. Percentages provided are of those youth/young adults who responded to the question (N=41-42). Row totals may vary from 100% due to rounding. ^a Question wording varied between survey versions. All questions are listed.

Participant supports, experience of program staff, and hopefulness

All survey respondents said they feel more hopeful about the future since receiving services (Table 3). Nearly all youth survey respondents felt that staff at their program respect their culture (98%) and provide services and resources that fit their culture (94%; see Table 3).

Appendix II. Table 3. “How much do you agree or disagree with the following statements?”

| Question/Scale | Strongly agree | Agree | Disagree | Strongly disagree |
|--|----------------|------------|-----------|-------------------|
| I would recommend [program] to another person who was in a situation similar to mine (N=39) | 74% | 21% | 5% | 0% |
| I will stay away from people and situations that have been harmful to me (N=40) | 55% | 38% | 8% | 0% |
| Overall, I feel more hopeful about the future/Since I received services, I feel more hopeful about the future (N=39)^a | 54% | 46% | 0% | 0% |
| Staff at [program] respect my culture. (Culture can come from a lot of different backgrounds, including race, ethnicity, tribal affiliation, gender, sexual orientation, and having a disability or chronic illness) (N=46)^b | 76% | 22% | 2% | 0% |
| Staff at [program] provide me with services and resources that fit with my culture(s).(N=44) ^b | 73% | 21% | 7% | 0% |
| Staff at [program] care about me. (N=43) | 81% | 14% | 2% | 2% |

Note. Percentages provided are of those young adults who responded to the question (N=39-46). Row totals may vary from 100% due to rounding. ^a Question wording varied between survey versions. All questions are listed. ^b Added in the 2021 survey

Self-reflection

When asked for their most important accomplishment, most often youth shared that they built their confidence and gained self-respect. Other common accomplishments were securing employment, finding stable housing, improving communication skills, focusing on education, meeting basic needs, ending toxic habits and generally improving their life (Table 4).

Appendix II. Table 4. What was the most important thing you accomplished with help from [program]?



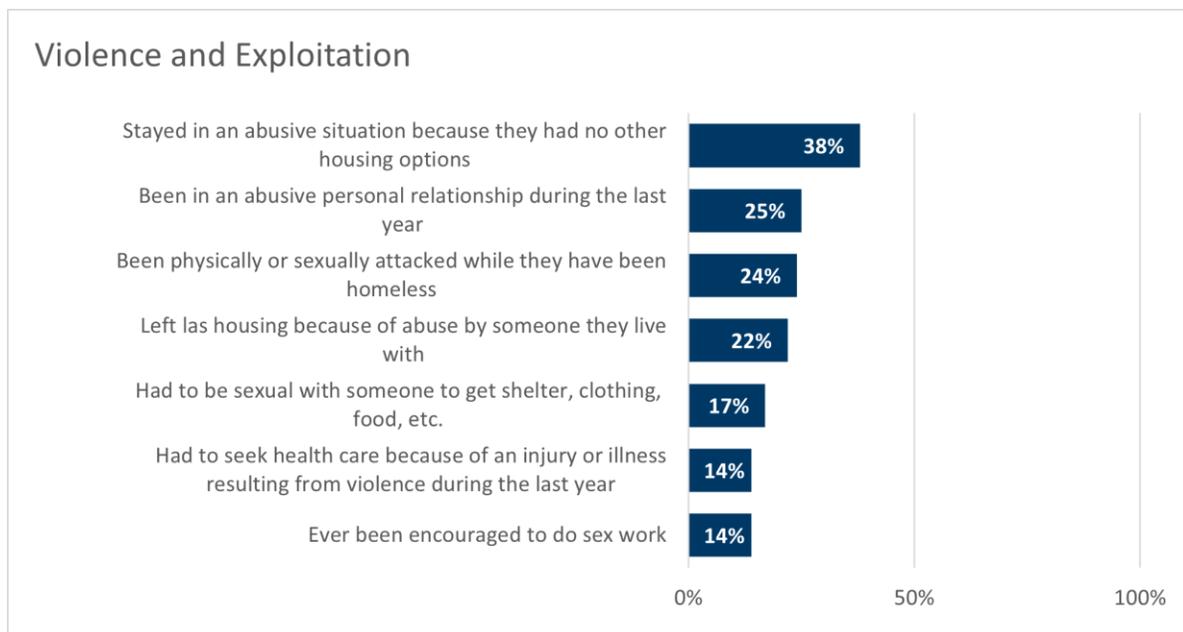
Supplement Appendix III. Minnesota Statewide Homeless Study conducted by Wilder Research

There is a relationship between housing and sexual exploitation that suggests that expanding safe and affordable housing may be a key mechanism to prevent sexual exploitation. Data from survivors of sexual exploitation shows that housing is a key issue, and data from adults experiencing homelessness shows that sexual exploitation is a key issue. Wilder Research’s [Minnesota Homeless Study \(http://mnhomeless.org/minnesota-homeless-study/homelessness-in-minnesota.php\)](http://mnhomeless.org/minnesota-homeless-study/homelessness-in-minnesota.php), conducted in 2018, involved researchers and volunteers interviewing people experiencing homelessness across the state. More than 4,000 people completed interviews at emergency shelters, domestic violence shelters, transitional housing programs, social service agencies, public transit, encampments, and abandoned buildings.

Overall, 58% of adults experiencing homelessness reported at least one of the seven types of abuse, violence, or sexual exploitation (Figure 1). Additionally, statewide, around 14% of adults experiencing homelessness (including more than 20% of female-identified respondents, and more than 6% of male-identified respondents) reported being encouraged to engage in sex work in exchange for money.

Findings from current and previous research indicate that homelessness and exploitation are related, including the most recent Safe Harbor evaluation’s findings that indicate many exploited or at-risk youth need and use Safe Harbor housing supports. Data from survivors of sexual exploitation shows that housing is a key issue, and data from adults experiencing homelessness shows that sexual exploitation is a key issue. There is a relationship between housing and sexual exploitation that suggests that expanding safe and affordable housing may be a key mechanism to prevent sexual exploitation.

Appendix III. Figure 1. Violence and exploitation of adults experiencing homelessness



Source: [Homelessness in Minnesota \(http://mnhomeless.org/minnesota-homeless-study/reports-and-fact-sheets/2018/2018-homelessness-in-minnesota-3-20.pdf\)](http://mnhomeless.org/minnesota-homeless-study/reports-and-fact-sheets/2018/2018-homelessness-in-minnesota-3-20.pdf)

The remaining tables further described individuals who were homeless and answered yes to the question, has anyone ever encouraged you to make money by dancing, stripping, posing for nude photos, working for an escort service, or otherwise exchanging sex for money?

By interview location

Appendix III. Table 1. Emergency shelter

| Answer | Male N | Male % | Female N | Female % |
|--------------|-------------|-------------|------------|-------------|
| Yes | 113 | 6.9% | 158 | 18.2% |
| No | 1552 | 93.1% | 714 | 81.8% |
| Total | 1634 | 100% | 873 | 100% |

Appendix III. Table 2. Domestic violence shelter

| Answer | Female N | Female % |
|--------------|------------|-------------|
| Yes | 59 | 18.6% |
| No | 256 | 81.4% |
| Total | 315 | 100% |

Appendix III. Table 3. Transitional housing

| Answer | Male N | Male % | Female N | Female % |
|--------------|------------|-------------|------------|-------------|
| Yes | 34 | 5.2% | 196 | 20.1% |
| No | 619 | 94.8 % | 781 | 79.9 % |
| Total | 653 | 100% | 977 | 100% |

Non-shelter locations

Appendix III. Table 4. Primarily sheltered (past month)

| Answer | Male N | Male % | Female N | Female % |
|--------------|------------|-------------|------------|-------------|
| Yes | 19 | 5.1% | 96 | 25.2% |
| No | 352 | 94.9% | 291 | 74.8% |
| Total | 371 | 100% | 683 | 100% |

Appendix III. Table 5. Primarily unsheltered (past month)

| Answer | Male N | Male % | Female N | Female % |
|--------------|------------|-------------|------------|-------------|
| Yes | 49 | 7.2% | 120 | 32.6% |
| No | 634 | 92.8% | 248 | 67.4% |
| Total | 683 | 100% | 386 | 100% |

By Region

Appendix III. Table 6. Greater Minnesota

| Answer | Male N | Male % | Female N | Female % | Total N | Total % |
|--------------|--------|--------|----------|----------|---------|---------|
| Yes | 60 | 6.1% | 236 | 22.2% | 297 | 14.4% |
| No | 929 | 93.9% | 829 | 77.8% | 1759 | 85.6% |
| Total | 990 | 100% | 1065 | 100% | 2055 | 100% |

Appendix III. Table 7. Metro

| Answer | Male N | Male % | Female N | Female % | Total N | Total % |
|--------------|--------|--------|----------|----------|---------|---------|
| Yes | 154 | 6.6% | 395 | 21.3% | 549 | 13.1% |
| No | 2197 | 93.4% | 1461 | 78.7% | 3658 | 86.9% |
| Total | 2351 | 100% | 1856 | 100% | 4207 | 100% |

Appendix III. Table 8. Statewide

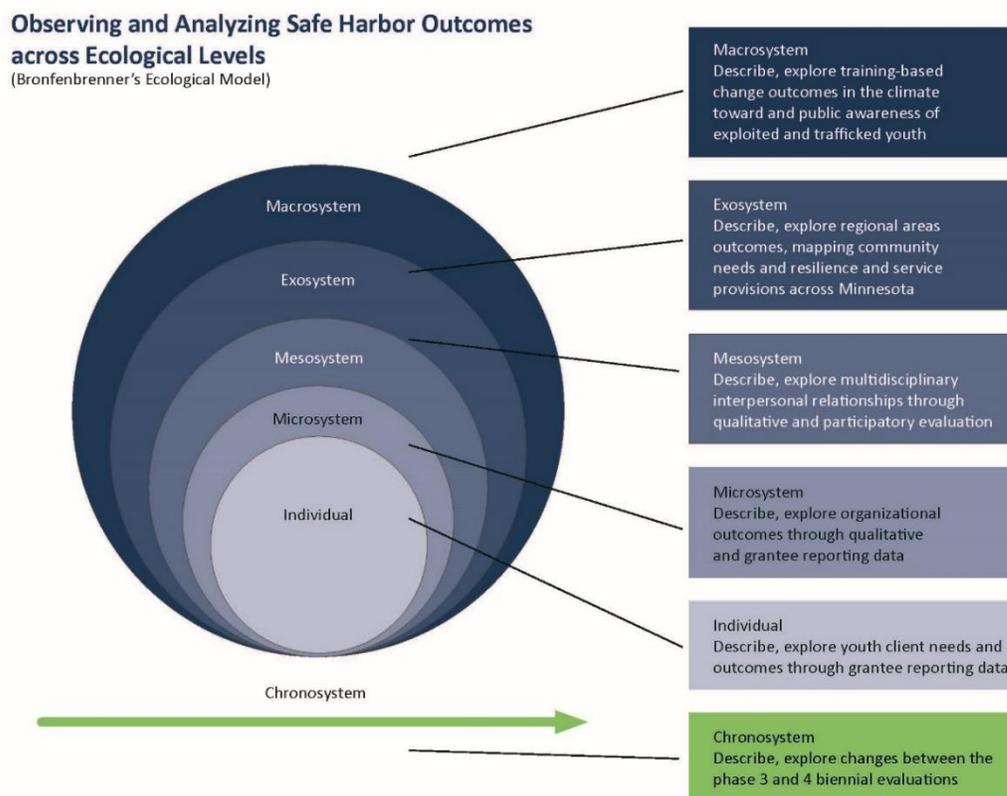
| Answer | Male N | Male % | Female N | Female % | Total N | Total % |
|--------------|--------|--------|----------|----------|---------|---------|
| Yes | 215 | 6.4% | 631 | 21.6% | 846 | 13.5% |
| No | 3126 | 93.6% | 2290 | 78.4% | 5416 | 86.5% |
| Total | 3341 | 100% | 2921 | 100% | 6262 | 100% |

Source: [2018 Minnesota Homeless Study \(http://mnhomeless.org/minnesota-homeless-study/detailed-data-interviews/2018/StatewideMNadult2018_Tables152-159_AdverseChildhoodViolence.pdf\)](http://mnhomeless.org/minnesota-homeless-study/detailed-data-interviews/2018/StatewideMNadult2018_Tables152-159_AdverseChildhoodViolence.pdf)

Supplement Appendix IV. MDH evaluation assumptions and theoretical approach

No Wrong Door principles and a positive youth development framework guided the methods and analyses to address the evaluation questions (Benson, Scales, Hamilton, & Sesma, 2007). Situating the evaluation within a social-ecological model illuminated components of Safe Harbor that promoted positive youth development or were disrupted by other environmental, systemic, or ecological influences (Bronfenbrenner, 1979). Urie Bronfenbrenner’s ecological systems theory identified environmental and social systems, or ecological forces, that interplay with one another and impact positive human development to varying degrees.

Appendix IV. Figure 1. Safe Harbor outcomes across ecological levels



- At the *individual* level are Safe Harbor clients and the services they received according to grantee reporting.
- The *microsystem* consists of complex relations and interactions between a person and their immediate setting. At the level of the microsystem are organizational insights derived from grantee narratives and participant observation.

- Interrelations characterize the *mesosystem* among settings containing the individual. The Phase 4 Logic Model and information about multidisciplinary teams and multidisciplinary network collaborations and partnerships highlight the mesosystem.
- The *exosystem* involves broader social structures that guide an individual’s social settings. Because Safe Harbor is a statewide initiative and the broader social structures differ across regions, the Program Evaluator organized the MDH evaluation according to Regional Navigator regions.
- The *macrosystem* represents the culture and social norms (e.g., institutions of power). The macrosystem illuminated how Safe Harbor promotes human trafficking awareness and prevention culture through outreach, curriculum, and training-based changes in the climate toward exploited and trafficked youth.
- Finally, the *chronosystem* represents ecological factors across time, which exposed Safe Harbor changes across evaluation phases (see Wilder Section, Table 1).

Supplement Appendix V. MDH Section data analysis plan and statistical procedures

Quantitative data were analyzed for frequency and descriptive information on client support and housing services, data cleanliness, and areas for data quality improvement. In the text, tables, and figures, the Safe Harbor population sample is represented by “*N*” and the analytic subsample is represented by “*n*.” Analyses of variance (ANOVA) provided information on statistically significant differences in services provided based on demographic information (e.g., race, gender, and sexual orientation). Post hoc analysis provided more information on precisely where groups differences emerged. The document only highlights some significant group differences.

Statistically significant findings indicate that any differences observed are not likely due to chance, even after accounting for the difference in sample sizes and variance. Statistical significance was determined at the cutoff p-value of .05; however, no power analysis was conducted (Tabachnick, Fidell, and Osterlind, 2001). To determine where between-group differences existed, the Program Evaluator used the Games-Howell post hoc test because demographic sample sizes violated the assumption of homogeneity of variance (meaning that demographic sample sizes did not have the same level of variance even though they came from the same population).

The Phase 4 grantee reporting is the most accurate and clean quantitative data Safe Harbor has collected to date; however, it does not reflect all grantee data. The goal for Phase 5 is a complete representation of data from all grantee programs.

Supplement Appendix VI. Service definitions

Note: The services with an * next to them are on the grantee service check-in report form and informed the quantitative analysis regarding supportive services to clients (see Figure 9).

- Advocacy: Services in medical, school, or criminal justice advocacy*; housing advocacy*, sexual assault or domestic violence advocacy; mental health or crisis advocacy
- Emotional support*: Immediate and direct emotional caregiving to clients
- After care: Care, treatment, help, or supervision is given to persons discharged from an institution, separate from other services
- Family reunification*: Services oriented toward helping clients return home or to safe family members
- Personal items*: Assistance obtaining basic needs such as food, identification cards, personal hygiene, etc.
- Behavioral/mental health support*: Ongoing (non-crisis) services related to behavioral or mental health services, not including counseling
- Case management*: Time spent in planning, assessing, care coordination, and advocacy for client
- Substance use treatment*: Assessing the existence, nature, and needs of an addiction to a drug, planning for and providing treatment
- Community engagement: Involvement with a community to understand their wants, needs, or opinions
- Counseling: Including crisis, one-on-one, informal, substance use treatment, encouragement/support, support groups
- Crisis line: A phone line dedicated to providing services to those in a time of difficulty
- Interpreter: Agency requests or referrals for an interpreter to make Safe Harbor services accessible
- Dental care*: Services and referrals to address dental needs
- Child care*: Services and referrals for child care
- Transportation*: Providing youth with transportation to receive services or meet basic needs
- Drop-in center: Temporary services provided by a location not needing a prior appointment
- Educational services*: Teaching provided by an agency or help to get a general education development (GED)
- Employment services*: Training specifically targeted to develop employable skills, assistance with gaining employment

- Financial assistance*: Support in acquiring government assistance, money management training, etc.
- Housing/shelter assistance*: Providing beds, apartments, or other housing options directly through the agency
- Legal services*: Agency provided advocacy, representation, or advice regarding matters related to law
- Medical/health care: Medical services such as wound care, examinations, STI testing
- Outreach and social services*: Attempt to contact or establish a connection with a client or to re-establish a connection with a client who has ceased contact
- Protocol development and implementation: A plan created by an MDT used to coordinate the community response to victims of trafficking and exploitation
- Technical assistance: Short-term, no cost consultation between agencies and with MDH

Supplement Appendix VII. Expanding network knowledge by using the StreetWorks Toolkit Training Curriculum

Homelessness is a primary contributing factor to youth's susceptibility to exploitation and trafficking. Thus, *StreetWorks Toolkit* training is a strategic resource and partnership for Safe Harbor. The training promotes community partnerships and Safe Harbor resources.

- The StreetWorks Toolkit Certification is a 32-hour, two-part training, 101 and 201, designed for providers who are working with at-risk populations.
- It has incorporated in the curriculum nuances for outreach and services with youth experiencing exploitation and trafficking, sex and labor.
- In the future, the training coordinator plans to include more conversations about indicators and responses specific to situations involving labor exploitation and trafficking, which can include sexual violence, exploitation, and trafficking.

In 101, participants learn about systemic oppression, cultural bias, and institutional intersectionality to promote culturally responsive, youth-oriented, trauma-informed outreach and care. The training facilitates No Wrong Door and outreach training to non-Safe Harbor-funded professionals. In 201, participants dive deeper into the complexities to explore how the principles work practically and realistically and test their problem-solving skills.

StreetWorks promotes No Wrong Door to non-Safe Harbor agencies. StreetWorks offers the unique opportunity to extend the Safe Harbor No Wrong Door framework beyond the funding. A long-term outcome may be StreetWorks' capacity to enable non-Safe Harbor agencies to operate as a No Wrong Door pathway to the network. For example, because the curriculum addresses trauma-informed care, homelessness, outreach, sex and labor trafficking, and links to Safe Harbor resources, StreetWorks may be useful training for law enforcement to implement a No Wrong Door approach to cases involving trafficking.

StreetWorks promotes No Wrong Door guidelines to Safe Harbor grantees. StreetWorks can be an impactful tool for implementing Safe Harbor Protocol Guidelines. The StreetWorks training coordinator noted;

As this training follows and teaches the principles in the No Wrong Door model, it seems it would be a good fit to fully integrate this training into the Safe Harbor approach to training its grantees, as well as the new protocol partners that are being formed throughout Minnesota. This is a type of standardized teaching that has been shown to increase knowledge on a wide variety of topics that people who do not necessarily work in social services could benefit from understanding.

-StreetWorks Toolkit Evaluation, May 2021

Findings from the StreetWorks Toolkit training evaluation. Between January 2020 and May 2021, the StreetWorks training coordinator trained 127 participants with the StreetWorks 101 curriculum.

- The StreetWorks evaluation found that participants could name zero or one resource before the training. Post-training, participants listed three to seven Safe Harbor resources.
- The report noted that participants increased awareness of resources for youth outside of their organization. Participants brainstormed unique community partners such as bike shops, fast food places, coffee houses, and other small businesses.
- Participants reported increased awareness of personal bias, trauma-informed practices, and safety.

The StreetWorks training coordinator is currently working with the Safe Harbor Program Evaluator to better measure participants' understanding of how intersectionality, sexual exploitation, and harm-reduction impact their work with youth.

StreetWorks expansion to Greater MN and beyond. During this biennium, StreetWorks training has shifted to virtual, which further expanded the program's efforts to include Greater Minnesota. The shift required moving to an online structure and pivoting facilitation style while learning new technology. The StreetWorks training coordinator also mentioned that they conducted focus groups with youth to understand their needs, how they wanted to receive care and their experiences with homelessness and exploitation. StreetWorks utilized the insights to adapt the previously metro-focused outreach training so that the training reflected the dynamics and populations workers find in Greater Minnesota.

Considering the changes in our communities as a result of COVID and George Floyd. I believe future focus groups are even more necessary to ensure that our best practices meet the changing needs of the youth in our communities.

-StreetWorks Training Coordinator Recommendation Email, May 2021

The StreetWorks program is committed to self-assessment and improvement. It is ready to expand its reach to various professionals, subject matter experts, and youth. One participant of StreetWorks 101 wrote;

After serving many years in law enforcement, my eyes have been opened to trauma-informed care and harm-reducing strategies. I believe this training would benefit a wide range of service providers and front-line workers. I wish I had this training available to me many years ago."

-StreetWorks Toolkit Training Evaluation, May 2021

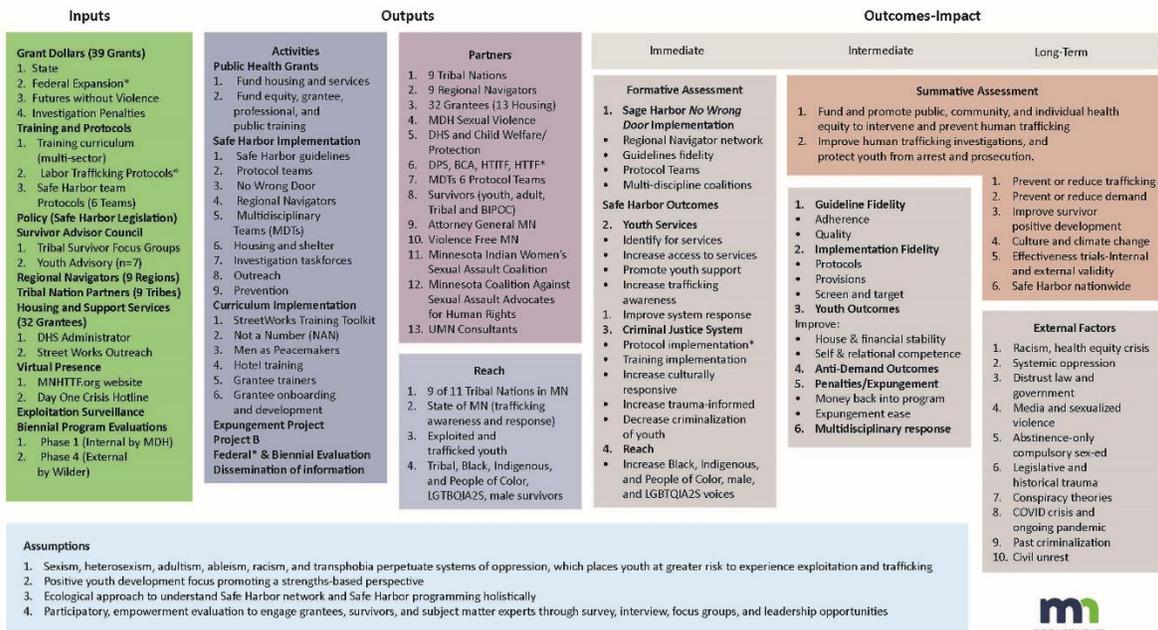
Analysis of StreetWorks materials suggests it is a strategic tool for Safe Harbor. StreetWorks can assist in the areas of No Wrong Door implementation, evaluation capacity building, and culturally responsive research and assessment.

Supplement Appendix VIII. The Phase 4 logic model

A logic model is a graphic road map depicting the shared relationships among a program’s or organization’s resources (i.e., inputs), activities and collaborations (i.e., outputs), and the intended effects of the input and outputs (i.e., outcomes over time). In previous phases, Wilder prepared a logic model for their evaluation. The Safe Harbor Program Evaluator and Safe Harbor director developed the [Phase 4 Evaluation Logic Model](https://www.health.state.mn.us/communities/safeharbor/documents/eval2022logicmodel1.pdf) (<https://www.health.state.mn.us/communities/safeharbor/documents/eval2022logicmodel1.pdf>). This model expanded upon Wilder’s previous versions to map the current resources, activities, and partnerships that contribute to Safe Harbor outcomes and efficacy. Findings from both the Wilder and MDH evaluations address components labeled in the logic model.

This logic model highlights central assumptions of the evaluative approach, the No Wrong Door model, and external factors that may impact programmatic and evaluation efficacy. It visually represents Safe Harbor’s objective, espoused mechanisms of change, proposed reach, and specifically targeted audience(s). The promoted mechanisms of change are the activities, policies, grants, deliverables, partnerships, tools, and resources of Safe Harbor that cause the desired outcomes (Figure 1). In the Phase 4 logic model, “Partners” represent entities associated with the Safe Harbor network, and “Activities” represent programmatic components strategic to the implementation of Safe Harbor. The Phase 4 evaluation lays the groundwork for a more rigorous future assessment of Safe Harbor outcomes.

Appendix VIII. Figure 1. MDH evaluation logic model



Note: View a larger and accessible version of the [MDH Evaluation Logic Model](https://www.health.state.mn.us/communities/safeharbor/documents/eval2022logicmodel1.pdf).

Supplement Appendix IX. Data tables for figures in Section II, MDH Evaluation

Appendix IX. Data table for Figure 1. Enrolled clients served through housing and supportive services: Quarterly trends

| Enrolled clients and services | Q1. April 2019 to June 2019 | Q2. July 2019 to Sept 2019 | Q3. October 2019 to Dec 2019 | Q4. January 2020 to March 2020 | Q5. April 2020 to June 2020 | Q6. July 2020 to Sept 2020 | Q7. October 2020 to Dec 2020 | Q8. January 2021 to March 2021 | Total |
|-------------------------------|-----------------------------|----------------------------|------------------------------|--------------------------------|-----------------------------|----------------------------|------------------------------|--------------------------------|-------|
| Unique Enrollments (N=1207) | 125 (10.4%) | 135 (11.2%) | 139 (11.6%) | 181 (15.0%) | 140 (11.6%) | 221 (18.3%) | 132 (10.9%) | 134 (11.0%) | 1207 |
| Unique services (N=3007) | 383 (12.7%) | 360 (12.0%) | 387 (12.9%) | 374 (12.4%) | 381 (12.7%) | 431 (14.3%) | 347 (11.5%) | 344 (11.4%) | 3007 |

Appendix IX. Data table for Figure 2 and 3. Total instances of services provided and referred and grouped by region type (N=3007)

| Service category | Provided | Referred | Greater Minnesota | Metro |
|---------------------------|----------|----------|-------------------|-------|
| Criminal justice advocacy | 990 | 308 | 831 | 159 |
| Emotional support | 2435 | 348 | 1617 | 818 |
| Employment assistance | 496 | 201 | 277 | 219 |
| Family reunification | 384 | 95 | 182 | 202 |
| Case management | 2365 | 286 | 1472 | 893 |
| Social services | 801 | 250 | 520 | 281 |
| Housing advocacy | 657 | 321 | 283 | 374 |
| Legal services | 383 | 386 | 241 | 142 |
| Child care | 59 | 70 | 11 | 48 |
| Dental care | 21 | 82 | 4 | 17 |
| Education services | 890 | 284 | 538 | 352 |
| Housing assistance | 325 | 308 | 126 | 199 |
| Interpreter | 41 | 10 | 39 | 2 |
| Mental health | 751 | 673 | 381 | 370 |
| Substance use treatment | 208 | 256 | 163 | 45 |
| Transportation | 935 | 128 | 541 | 394 |
| Financial assistance | 532 | 66 | 251 | 281 |
| Personal items | 1157 | 78 | 514 | 643 |

Appendix IX. Data table for Figure 4. Unique enrollments in housing and supportive services within race demographic: Quarterly (n=1123)

| Enrollments by race | Q1. April 2019 to June 2019 | Q2. July 2019 to Sept 2019 | Q3. October 2019 to Dec 2019 | Q4. January 2020 to March 2020 | Q5. April 2020 to June 2020 | Q6. July 2020 to Sept 2020 | Q7. October 2020 to Dec 2020 | Q8. January 2021 to March 2021 | Total |
|---------------------|-----------------------------|----------------------------|------------------------------|--------------------------------|-----------------------------|----------------------------|------------------------------|--------------------------------|-------------|
| Black | 13.7% | 8.7 | 9.9% | 15.6% | 10.6% | 16.7% | 14.4% | 10.3% | 263 |
| American Indian | 12.9% | 17.8% | 14.7% | 10.4% | 9.8% | 14.1% | 10.4% | 9.8% | 163 |
| People of Color | 10.5% | 8.4% | 8.4% | 16.8% | 15.8% | 17.9% | 14.7% | 7.4% | 95 |
| White | 8.7% | 10.8% | 9.6% | 15.6% | 13.0% | 21.5% | 9.2% | 11.7% | 437 |
| Multiracial | 10.9% | 13.3% | 15.2% | 13.9% | 9.1% | 17.0% | 7.9% | 12.7% | 165 |
| Total | 123 | 129 | 125 | 165 | 131 | 206 | 122 | 122 | 1123 |

Appendix IX. Data table for Figure 5. Total housing and supportive services within race demographic: Quarterly (n=2633)

| Total Services by Race | Q1. April 2019 to June 2019 | Q2. July 2019 to Sept 2019 | Q3. October 2019 to Dec 2019 | Q4. January 2020 to March 2020 | Q5. April 2020 to June 2020 | Q6. July 2020 to Sept 2020 | Q7. October 2020 to Dec 2020 | Q8. January 2021 to March 2021 | Total |
|------------------------|-----------------------------|----------------------------|------------------------------|--------------------------------|-----------------------------|----------------------------|------------------------------|--------------------------------|-------------|
| Black | 14.6% | 13.4% | 12.2% | 12.2% | 11.9% | 14.0% | 11.4% | 10.2% | 629 |
| American Indian | 14.5% | 15.2% | 17.0% | 13.5% | 12.2% | 10.2% | 8.9% | 8.6% | 394 |
| People of Color | 12.2% | 7.6% | 11.1% | 9.5% | 13.0% | 18.3% | 16.8% | 11.5% | 262 |
| White | 12.3% | 11.6% | 11.3% | 12.6% | 12.5% | 15.1% | 11.2% | 13.5% | 1075 |
| Multiracial | 12.1% | 14.7% | 13.9% | 11.4% | 13.9% | 14.3% | 9.9% | 9.9% | 273 |
| Total | 346 | 329 | 333 | 321 | 329 | 377 | 298 | 300 | 2633 |

Appendix IX. Data table for Figure 6. Frequency of top supportive services by race demographic (n=2633)

| Service category | Black | American Indian | POC | White | Multiracial |
|----------------------|-------|-----------------|-----|-------|-------------|
| Emotional support | 517 | 253 | 243 | 913 | 230 |
| Case management | 521 | 299 | 214 | 822 | 225 |
| Personal items | 317 | 154 | 124 | 316 | 126 |
| Transportation | 253 | 119 | 81 | 290 | 85 |
| Financial assistance | 119 | 111 | 41 | 162 | 40 |

| Service category | Black | American Indian | POC | White | Multiracial |
|---------------------------|-------|-----------------|-----|-------|-------------|
| Housing advocacy | 219 | 80 | 46 | 184 | 61 |
| Social services | 180 | 75 | 52 | 298 | 93 |
| Mental health services | 195 | 85 | 64 | 216 | 78 |
| Education services | 204 | 34 | 102 | 367 | 108 |
| Employment assistance | 149 | 33 | 24 | 170 | 75 |
| Criminal justice advocacy | 173 | 45 | 69 | 498 | 114 |
| Legal services | 82 | 11 | 37 | 171 | 52 |
| Substance use treatment | 23 | 72 | 0 | 57 | 24 |

Appendix IX. Data table for Figure 7. Percentage of supportive services provided by race demographic and region type (n=2633)

| Service category | Black | American Indian | POC | White | Multiracial |
|---------------------------|-----------|-----------------|-----------|-----------|-------------|
| Criminal justice advocacy | 62 (111) | 11 (34) | 14 (55) | 38 (460) | 18 (96) |
| Emotional support | 324 (193) | 100 (153) | 125 (118) | 120 (793) | 70 (160) |
| Employment assistance | 106 (43) | 14 (19) | 19 (5) | 28 (142) | 27 (48) |
| Family reunification | 79 (19) | 17 (9) | 28 (5) | 36 (102) | 28 (25) |
| Case management | 340 (181) | 125 (174) | 126 (88) | 135 (687) | 74 (151) |
| Social services | 109 (71) | 34 (41) | 34 (18) | 57 (241) | 22 (71) |
| Housing advocacy | 169 (50) | 34 (46) | 31 (15) | 61 (123) | 38 (21) |
| Legal services | 58 (24) | 8 (3) | 4 (33) | 48 (123) | 14 (38) |
| Child care | 26 (0) | 3 (0) | 2 (1) | 5 (7) | 5 (1) |
| Dental care | 10 (0) | 0 (0) | 1 (0) | 2 (1) | 3 (3) |
| Education services | 144 (60) | 2 (13)1 | 65 (37) | 59 (308) | 32 (76) |
| Housing assistance | 92 (25) | 16 (20) | 13 (6) | 28 (54) | 25 (9) |
| Interpreter | 0 (2) | 1 (0) | 1 (28) | 0 (6) | 0 (0) |
| Mental health services | 141 (54) | 26 (59) | 55 (9) | 70 (146) | 38 (40) |
| Substance use treatment | 13 (10) | 8 (64) | 0 (0) | 8 (49) | 7 (17) |
| Transportation | 167 (86) | 49 (70) | 35 (46) | 69 (221) | 36 (49) |
| Financial assistance | 97 (22) | 56 (55) | 29 (12) | 45 (117) | 20 (20) |
| Personal items | 246 (71) | 72 (82) | 103 (21) | 105 (211) | 55 (71) |

Note: The table shows the frequency of clients who accessed the supportive service, by race demographic and region type. The numbers outside of the parentheses represent the Metro and inside the parentheses represent Greater Minnesota.

Appendix IX. Data table for Figure 8. Unique enrollments in housing and supportive services within gender demographic: Quarterly (n=1204)

| Enrollments by Gender | Q1. April 2019 to June 2019 | Q2. July 2019 to Sept 2019 | Q3. October 2019 to Dec 2019 | Q4. January 2020 to March 2020 | Q5. April 2020 to June 2020 | Q6. July 2020 to Sept 2020 | Q7. October 2020 to Dec 2020 | Q8. January 2021 to March 2021 | Total |
|----------------------------|-----------------------------|----------------------------|------------------------------|--------------------------------|-----------------------------|----------------------------|------------------------------|--------------------------------|-------------|
| Cisgender female | 10.6% | 10.8% | 11.3% | 15.6% | 11.8% | 18.2% | 10.9% | 10.7% | 1071 |
| Cisgender male | 9.3% | 14.0% | 15.1% | 14.0% | 9.3% | 15.1% | 8.1% | 15.1% | 86 |
| Transgender and non-binary | 6.4% | 10.6% | 10.6% | 4.3% | 12.8% | 27.7% | 17.0% | 10.6% | 47 |
| Total | 125 | 133 | 139 | 181 | 140 | 221 | 132 | 133 | 1204 |

Appendix IX. Data table for Figure 9. Total housing and supportive services within gender demographic: Quarterly (n=3000)

| Total Services by Gender | Q1. April 2019 to June 2019 | Q2. July 2019 to Sept 2019 | Q3. October 2019 to Dec 2019 | Q4. January 2020 to March 2020 | Q5. April 2020 to June 2020 | Q6. July 2020 to Sept 2020 | Q7. October 2020 to Dec 2020 | Q8. January 2021 to March 2021 | Total |
|----------------------------|-----------------------------|----------------------------|------------------------------|--------------------------------|-----------------------------|----------------------------|------------------------------|--------------------------------|-------------|
| Cisgender female | 13.0% | 11.9% | 12.5% | 12.4% | 12.9% | 14.6% | 11.6% | 11.2% | 2687 |
| Cisgender male | 11.3% | 12.8% | 16.7% | 13.8% | 11.8% | 10.8% | 10.3% | 12.3% | 203 |
| Transgender and non-binary | 10.0% | 11.8% | 16.4% | 10.0% | 8.2% | 14.5% | 12.7% | 16.4% | 110 |
| Total | 382 | 358 | 387 | 373 | 379 | 430 | 347 | 344 | 3000 |

Appendix IX. Data table for Figure 10. Unique enrollments in housing and supportive services within sexual orientation: Quarterly (n=857)

| Enrollments by Sexual Orientation | Q1. April 2019 to June 2019 | Q2. July 2019 to Sept 2019 | Q3. October 2019 to Dec 2019 | Q4. January 2020 to March 2020 | Q5. April 2020 to June 2020 | Q6. July 2020 to Sept 2020 | Q7. October 2020 to Dec 2020 | Q8. January 2021 to March 2021 | Total |
|-----------------------------------|-----------------------------|----------------------------|------------------------------|--------------------------------|-----------------------------|----------------------------|------------------------------|--------------------------------|------------|
| Queer and questioning | 3.6% | 3.6% | 17.9% | 21.4% | 17.9% | 7.1% | 17.9% | 10.7% | 28 |
| Bi and pansexual | 10.6% | 8.4% | 14.0% | 14.0% | 10.6% | 20.7% | 14.5% | 7.3% | 179 |
| Gay or lesbian | 7.7% | 5.1% | 10.3% | 15.4% | 20.5% | 23.1% | 7.7% | 10.3% | 39 |
| Heterosexual | 12.1% | 11.8% | 13.6% | 13.3% | 11.0% | 18.3% | 9.3% | 10.6% | 611 |
| Total | 97 | 90 | 117 | 118 | 99 | 160 | 91 | 85 | 857 |

Appendix IX. Data table for Figure 11. Total housing and supportive services within sexual orientation demographic: Quarterly (*n*=2247)

| Total Services by Sexual Orientation | Q1. April 2019 to June 2019 | Q2. July 2019 to Sept 2019 | Q3. October 2019 to Dec 2019 | Q4. January 2020 to March 2020 | Q5. April 2020 to June 2020 | Q6. July 2020 to Sept 2020 | Q7. October 2020 to Dec 2020 | Q8. January 2021 to March 2021 | Total |
|--------------------------------------|-----------------------------|----------------------------|------------------------------|--------------------------------|-----------------------------|----------------------------|------------------------------|--------------------------------|-------------|
| Queer and questioning | 5.0% | 5.9% | 8.9% | 10.9% | 12.9% | 16.8% | 16.8% | 22.8% | 101 |
| Bi and pansexual | 11.7% | 10.2% | 12.2% | 14.4% | 14.2% | 14.9% | 12.6% | 9.7% | 443 |
| Gay or lesbian | 12.1% | 11.1% | 14.1% | 12.1% | 15.2% | 12.1% | 12.1% | 11.1% | 99 |
| Heterosexual | 14.8% | 13.3% | 13.5% | 11.3% | 11.6% | 13.7% | 11.0% | 10.7% | 1604 |
| Total | 307 | 276 | 293 | 269 | 277 | 315 | 261 | 249 | 2247 |

Supplement Appendix X. Regional Navigator regions, county make-up, and MDT locations

Safe Harbor Regional Navigator regions and counties. The East and West Metro comprise the Metro region type in the housing and supportive services analyses, while the remaining regions make up the Greater Minnesota region type.

- *East Metro* serves Anoka, Chisago, Dakota, Isanti, Ramsey, and Washington counties.
- *West Metro* serves Carver, Hennepin, and Scott counties.
- *Northwest* serves Beltrami, Cass, Clearwater, Hubbard, Itasca, Kittson, Lake of the Woods, Mahnommen, Marshall, Norman, Polk, and Roseau counties. The region has four Safe Harbor agencies and two tribal partners, Leech Lake Band of Ojibwe and Red Lake Band of Ojibwe.
- *Northeast* serves Carlton, Cook, Koochiching, Lake, and St. Louis counties. The region has three Safe Harbor agencies, three housing programs, and two tribal partners, Bois Forte Band of Chippewa and Fond Du Lac Band of Lake Superior Chippewa.
- *West Central* serves Becker, Big Stone, Chippewa, Clay, Douglas, Grant, Kandiyohi, Lac Qui Parle, Meeker, Ottertail, Pope, Stevens, Swift, Traverse, Wadena, and Wilkin counties. The White Earth Nation is located in this region, and four Safe Harbor agencies; two are housing and shelter programs.
- *East Central* serves Aitkin, Benton, Crow Wing, Kanabec, Mille Lacs, Morrison, Pine, Sherburne, Stearns, Todd, and Wright counties. Mille Lacs Band of Ojibwe is in this region and three other Safe Harbor agencies; two are housing and shelter programs.
- *Southwest* serves Cottonwood, Jackson, Lincoln, Lyon, Murray Nobles, Pipestone, Redwood, Renville, Rock, and Yellow Medicine counties. In the region are two Tribal partners, Lower and Upper Sioux, and two Safe Harbor agencies; no housing or shelter programs.
- *Southeast* serves Dodge, Fillmore, Freeborn, Goodhue, Houston, Olmstead, Rice, Steele, Wabasha, and Winona counties. The region has one Tribal Partner, Prairie Island, as well as two Safe Harbor agencies; one is a housing program.
- *South Central* now serves Blue Earth, Brown, Faribault, Le Sueur, Martin, McLeod, Nicollet, Sibley, Waseca, and Watonwan counties. Currently, the region has one Safe Harbor agency and no housing or shelter programs.

Safe Harbor MDT protocol teams. Teams benefitting from MDT protocol development funding and technical assistance include Ramsey, Wright, Crow Wing, Goodhue, and Hennepin counties, as well as a collaboration of several southwestern Minnesota counties, the Brown, Blue Earth, and Nicollet Counties Anti-Trafficking Team (BBENCATT). MNCASA also provides technical assistance to non-funded protocol development multidisciplinary teams in additional counties.

Supplement Appendix XI. Safe Harbor grantee agency descriptions, regional location, and grant types

Appendix XI. Table 1. Safe Harbor grantee agency descriptions

| Agency | Location | Grant type | Description |
|--|-------------------|--------------------------------------|--|
| 180 Degrees | Metro | Housing, Regional Navigator, Service | Though based in the Twin Cities metro area, 180 Degrees has housing locations around the state. Their organizational focus is on supporting youth who are homeless, sexually trafficked, or at high risk. They provide emergency shelter, residential programming, and community services. |
| Ain Dah Yung Center | Metro | Housing, Service | This homeless shelter focuses on supporting American Indian youth in a culturally supporting manner within the Twin Cities. They provide a wide range of services, including emergency shelter, street outreach, and trauma-informed care. |
| Bois Forte | Greater Minnesota | Tribal | Bois Forte Health and Human Services focuses raising awareness within their community and training professionals on human trafficking. |
| Breaking Free | Metro | Housing, Service | This program is survivor-led and focused on providing housing, advocacy, direct services, and healing for those who have experienced sex trafficking. They provide permanent housing as well as a drop-in center. |
| Esperanza United | Metro | Service | Though based in St. Paul, Esperanza United (formerly known as Casa de Esperanza) also has national initiatives. In Minnesota, they focus on advocacy, shelter services, and community engagement for Latinx youth and families. |
| Fond Du Lac | Greater Minnesota | Tribal | Fond du Lac Police Department organizes the TRUST Task Force, trains community members and professionals on human trafficking, and provides referrals to victims. |
| Central MN Sexual Assault Center (CMSAC) | Greater Minnesota | Service | CMSAC provides crisis intervention 24/7 for anyone impacted by sexual violence. They provide direct services as well as prevention and awareness training. |
| Cornerstone | Greater Minnesota | Service | Cornerstone specializes in advocating and caring for people who have experienced trauma from crime, human trafficking, and domestic or sexual violence. They also provide education and seek to decrease the prevalence of violence. |
| The Enitan Story | Metro | Service | This organization is survivor-led and dedicated to advocating for and empowering victims of human trafficking through education, services, and support groups. |
| Evergreen Youth and Family Services (EYFS) | Greater Minnesota | Housing, Service | EYFS focuses on Northern Minnesota families and youth. They are client-centered and provide housing, proactive services, education, and advocacy. |
| The Family Partnership | Metro | Housing, Service | The Family Partnership seeks to help youth and families through early education, family home visiting, mental health services, and |

| Agency | Location | Grant type | Description |
|---|-------------------|--------------------------------------|---|
| | | | anti-sex trafficking programs. They focus on intergenerational work with clients and multicultural work within communities. |
| Heartland Girls Ranch | Greater Minnesota | Housing | This provider focuses on strength-based and trauma-informed services to empower girls. They also provide housing and equine therapeutic programming. |
| Hmong American Partnership (HAP) | Metro | Service | This organization supports clients and neighborhoods through social services, housing, and community and economic development. They provide a variety of services, and though they started as support for the Hmong community, they also serve the broader immigrant and refugee community. |
| International Institute of Minnesota (II) | Metro | Service | The focus of this organization is providing a wide variety of services and resources for new Americans. They provide support in obtaining citizenship, increasing educational attainment, provide a model for workforce development, and support refugees and immigrants in navigating complex systems – such as housing, medical services, and more. |
| Leech Lake | Greater Minnesota | Tribal | Leech Lake Polic Department helps organize the TRUST Task Force, trains community members and professionals on human trafficking, and provides referrals to victims. |
| Life House | Greater Minnesota | Housing, Service | Life House focuses on providing services to homeless and street youth. They provide a drop-in center, housing, mental health services, and employment support. Their perspective focuses on acceptance, harm reduction, and positive youth development. |
| The Link | Metro | Housing, Service, Regional Navigator | The Link works with both youth and families to combat poverty and social injustice's impact on their community. The main services they provide are housing and services for homeless youth, alternative programs for those in the juvenile justice system, and emergency shelter, housing, and services for sexually exploited youth. |
| Lutheran Social Services (LSS) | Greater Minnesota | Housing, Service Regional Navigator | This statewide organization has several locations that have contracts with Safe Harbor. The Mankato, Willmar, St. Cloud, Rochester, and Brainerd branches all provide housing and other supportive services for the youth in their communities. |
| Lower Sioux Indian Community | Greater Minnesota | Tribal | Lower Sioux Police Department raises awareness within the community on human trafficking. Their community liaison works to build trust, connect victims to resources, and raise awareness. |
| Midwest Children's Resource Center (MCRC) | Metro | Service | MCRC is affiliated with Minnesota Children's and provides advocacy, mental health, and physical wellness services to help youth recover from a variety of trauma and abuse. |
| Mid-Minnesota Legal Aid | Metro | Service | This organization provides legal services and advocacy for vulnerable Minnesotans. Their work is affordable and rooted in the communities they serve. |
| Minnesota Indian Women's | Metro | Service | The services provided by MIWRC are rooted in their cultural values and seek to center and empower their Native community. They |

| Agency | Location | Grant type | Description |
|--|-------------------|-----------------------------|---|
| Resource Center (MIWRC) | | | provide services such as advocacy, support groups, family services, community engagement, healing spaces, and outreach. |
| Mille Lacs | Greater Minnesota | Tribal | The Mille Lacs Family Violence Prevention program provides services, referrals, and trainings for the community. They work to build a broad collaboration within the region, acting as a tribal navigator for Safe Harbor. |
| North Homes Children and Family Services | Greater Minnesota | Housing, Service | North Homes focus on the provision of comprehensive mental health services across Northern Minnesota. They have school-based, community-based, residential, and other types of services. |
| Northwest Indian Community Development Center (NWICDC) | Greater Minnesota | Service | NWICDC targets their services towards the Red Lake Nation, White Earth Nation, and Leech Lake Band of Ojibwe and seeks to promote wellness, equity, and resources for all American Indian families in North-Central Minnesota. They have family supports, promotion of healing, support for those impacted by intergenerational trauma, and other comprehensive services. |
| Olmsted County | Greater Minnesota | Service, Regional Navigator | The Victim Services Section of Olmsted County connects youth with services and supports other agencies in their area. They also provide case management, outreach, community groups, training, programming, and other assistance. |
| OutFront Minnesota | Metro | Service | OutFront focuses on creating equity throughout Minnesota for all LGBTQ individuals. They try to prevent violence through advocacy, outreach, community engagement, education, public policy, and justice services. |
| Prairie Island | Greater Minnesota | Tribal | Prairie Island conducts outreach and awareness raising events to the community and provides referrals to victims. |
| Program for Aid to Victims of Sexual Assault (PAVSA) | Greater Minnesota | Service, Regional Navigator | PAVSA provides free and confidential services for victim-survivors and their loved ones throughout Saint Louis County through direct service provision, education, and advocacy. |
| Rape and Abuse Crisis Center of Fargo-Moorhead (RACC) | Greater Minnesota | Service | RACC seeks to provide comprehensive services to people who have experienced sexual and domestic violence, trafficking and exploitation, and elder abuse in both eastern North Dakota and West Central Minnesota. Their services include crisis intervention, counseling, community education, and community prevention services. |
| Rebound, Inc. | Metro | Housing | Rebound, Inc. partners with their community in North Minneapolis to address the over-representation of black youth in the juvenile justice system. They have residential services as well as holistic services, including education and advocacy. |
| Red Lake | Greater Minnesota | Tribal | The Red Lake Police Department's victim advocate provides information and referrals to victims, trains the community and professionals, and is working to build policies that improve their overall response to human trafficking. |

| Agency | Location | Grant type | Description |
|--|-------------------|-----------------------------|--|
| Someplace Safe | Greater Minnesota | Service, Regional Navigator | This organization helps victims, survivors, their families, and communities through advocacy and parenting support. They assist those impacted by a variety of crimes and violence. |
| Southwest Crisis Center (SWCC) | Greater Minnesota | Service, Regional Navigator | SWCC supports people affected by human trafficking and domestic violence through initial contact and referrals. Among other things, they provide advocacy, support groups, and education. |
| Support Within Reach (SWR) – | Greater Minnesota | Service, Regional Navigator | Their focus is to support all people affected by sexual violence, whether victims, survivors, or their friends and family. They provide advocacy, prevention education, community empowerment, and other services. |
| Terebinth Refuge | Greater Minnesota | Housing | This shelter and safe home is Christ-centered and provides a wide variety of services that are trauma-informed, strength-based, victim-centered, and survivor-informed. |
| Upper Sioux Community | Greater Minnesota | Tribal | The Upper Sioux Police Department provides referrals to victims and trains both community members and professionals. |
| White Earth Nation | Greater Minnesota | Tribal | The White Earth Dove program operates as the tribal navigator for Safe Harbor. They provide services, referrals, trainings, and work with young people in Not a Number groups. |
| WoMen's Rural Advocacy Programs (WRAP) | Greater Minnesota | Service | WRAP's free and confidential services are for all victims of domestic violence in Southwest Minnesota. They include a crisis line, safe housing, transportation, advocacy, safety planning, referrals, support groups, system coordination, and community education. |
| YMCA of the North | Greater Minnesota | Housing, Service | Through their youth and family services, the YMCA of the North provides a variety of prevention services through a resource line, education, outreach services, and one on one support. |

Supplement Appendix XII. Youth at risk definition⁴

A person under age 21 may be at risk for sex trafficking if they meet primary or secondary risk factors. The existence of any of these factors does not determine that a person has been sex trafficked under 22 USC 7102 11 (A) and (12). When evaluating the risk factors, they should be balanced with an individualized assessment of the best interests of the child, as defined in Minn. Stat. 260C.012, as well as the current protective factors for the youth and family, including any minor dependents of the youth. Black, indigenous, and youth of color, as well as youth who identify as LGBTQIA2s+ or gender non-binary, disproportionately experience trafficking and exploitation. When determining whether a youth is at risk, it is important to consider the intersectionality of cultural identities and societal oppression and how such factors contribute to a higher risk for trafficking and exploitation.

A person is at risk for sex trafficking if they have *one or more* of the following primary risk factors:

- (1) History of or currently experiencing forms of sexual exploitation including pornography or sexual performance (commercial or non-commercial).
- (2) History of or currently connected to family members or other individuals who are or were sexually exploited or who buy or sell sex.
- (3) History of or currently experiencing labor trafficking, labor exploitation, or wage theft.

Additional factors for consideration in determining whether a person is at risk of sex trafficking are the following secondary risk factors. **The person should have *two or more* of the following secondary factors to be considered at risk if none of the primary risk factors are present:**

- (4) History of or currently alleged to be a victim of child maltreatment as defined by Minn. Stat. 260E or other similar law (such as sexual abuse, physical abuse, or neglect).
- (5) History of or currently experiencing trauma such as sexual abuse, physical abuse, emotional abuse or intimate partner or caregiver violence.
- (6) History of or currently experiencing homelessness, including youth kicked out of the home.
- (7) History of or currently lacking a long-lasting supportive relationship with at least one safe and trustworthy adult.
- (8) History of prior out of home placement (with or without child welfare involvement).
- (9) History of or current substance abuse disorders.
- (10) History of or currently experiencing parental substance use, domestic violence or other forms of violence in the home, parent or family involvement in the criminal legal system.
- (11) History of or currently has known or suspected gang affiliation.

⁴ Definitions acquired from: <https://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs-329245.pdf>

- (12) History of or currently engaging in truancy or running away.
- (13) History of or currently involved with the juvenile legal system or law enforcement.

Supplement Appendix XIII. Labor trafficking and identification

During Phase 4, the MDH Safe Harbor Expansion Grant Coordinator and Safe Harbor Program Evaluator reviewed the Improving Outcomes for Child and Youth Victims of Human Trafficking grant objectives. For the objectives of the grant, during this biennium, Safe Harbor began to development a labor trafficking protocol and distribute the [Minnesota Youth Human Trafficking and Exploitation Identification \(MYTEI\) Tool](https://www.health.state.mn.us/communities/safeharbor/communities/mytei.html) (<https://www.health.state.mn.us/communities/safeharbor/communities/mytei.html>). MDH continued partnership with the DHS CPS response and Safe Harbor enhanced Tribal Nation-state collaboration.

Labor trafficking protocols. Since 2020, the BCA, Advocates for Human Rights, and survivor leaders including representatives from Breaking Free and The Enitan Story, have been working to develop and implement a labor trafficking protocol within the BCA Human Trafficking Investigative Task Force (HTITF). Participant observations began in the initial planning phase of the labor trafficking protocol. Due to COVID-19, the work began in a virtual meeting, wherein the labor trafficking protocol workgroup brainstormed the multidisciplinary sectors and professionals to involve. The relationships between all the multidisciplinary sectors varied based on different perspectives, needs, and objectives. Two subgroups comprise the larger labor trafficking protocol workgroup:

- The survivor, advocate, health, and research/evaluation sectors comprise the survivor-advocacy subgroup.
- Law enforcement, prosecutors, and investigators comprise the law enforcement subgroup.

Organizers prioritized group sharing and communication. Monthly virtual meetings ended with a question for the other subgroup. The groups addressed the other's questions within their respective meetings. For example, the survivor-advocacy asked what indicators law enforcement thought were important for identifying cases. Law enforcement provided a list of indicators, including displays of control or being controlled, poor working and living conditions, or signs from the environment such as restraints or excessive surveillance.

Survivor and grantee leadership and labor trafficking protocol input. In addition to the subgroups, Safe Harbor grantees conducted survivor focus groups to help the workgroups develop protocols that are trauma-informed and responsive to survivors.

- Survivor advisory focus groups ($N=3$). The grantees piloted two sessions with a survivor advisory group that consisted of survivor-leaders and advocates while the MDH Program Evaluator helped facilitate and research consultant observed. After conducting the survivor-focus groups, grantees convened another survivor-advisory group to discuss the conversations.
- Survivor focus groups ($N=4$). Grantees conducted focus groups with survivors of sexual exploitation and trafficking to uncover and discuss their experiences of labor trafficking; two with American Indian and two with Black/African American survivors and advocates. The

groups provided valuable insight into the intersection between sex and labor trafficking. For example, one grantee noted that sex trafficking always also included a labor violation, while not every labor trafficking experience involved sexual violence or trafficking. In the future, grantees plan to host survivor focus groups for participants to evaluate the labor trafficking protocols.

The Program Evaluator observed survivors in all focus groups realize in real-time how their experience of sex trafficking was also an experience of labor trafficking. Through integrating the lens of labor trafficking, survivors recalled their lived experiences with labor exploitation. Survivors also shared their experiences with law enforcement, offering guidance on how law enforcement could have supported them. For example, survivors said, “believe me” and suggested that law enforcement provide care and services along with investigation. Many requested that law enforcement examine whether sex or labor exploitation and trafficking was the underlying reason for the crime committed.

Supplement Appendix XIV. Assessment, collection, and distribution of funds under Minnesota Statute section 609.3241

Minnesota Statutes section 609.3241, as amended during the 2021 Minnesota Legislature session, sets forth penalty assessment by the courts. These assessments are distributed to MDH for distribution to services supporting sexually exploited youth. In addition, these funds are distributed to DPS to support the law enforcement and prosecution response to sexual exploitation of youth.

During the spring of 2020, the Safe Harbor program conducted a competitive request for proposals process to award three-year grants for Safe Harbor Regional Navigators and Supportive Services. Safe Harbor set aside an additional \$100,000 for grantees through funds distributed under Minn. Stat. § 609.3241 (as well as Minn. Stat. § 609.5315, disposition of forfeited property).

During the summer of 2020, the Safe Harbor program executed a one-year inter-agency agreement with the Minnesota Attorney General's Office for \$40,000 to support the development of its statewide expungement program. Access to expungement was identified as a key need for sex trafficking victims in the 2018 [Safe Harbor for All: Results from a Strategic Planning Process in Minnesota \(https://uroc.umn.edu/sites/uroc.umn.edu/files/2019-11/SH4ALL-Findings-and-recommendations-1.13.19.pdf\)](https://uroc.umn.edu/sites/uroc.umn.edu/files/2019-11/SH4ALL-Findings-and-recommendations-1.13.19.pdf) submitted to MDH by The Robert J. Jones Urban Research and Outreach Engagement Center at the University of Minnesota, The Advocates for Human Rights, and Rainbow Research, as directed by the Minnesota Legislature, and reported to the Legislature in January 2019 by MDH through the [Safe Harbor for All: Statewide Trafficking Victim/Survivor Statewide Strategic Plan\(https://www.health.state.mn.us/communities/safeharbor/documents/mdhSH4ALLreport.pdf\)](https://www.health.state.mn.us/communities/safeharbor/documents/mdhSH4ALLreport.pdf).

Finally, during the spring of 2021, the Safe Harbor program allocated funds totaling \$125,000 from the penalty and forfeiture distributions to five existing Safe Harbor grantee programs to further enhance services to youth victims of sex trafficking and exploitation (The Advocates for Human Rights, Esperanza United (formerly known as Casa de Esperanza), Central Minnesota Sexual Assault Center, International Institute of Minnesota, and Southwest Crisis Center).

Supplement Appendix XV. Health equity and Safe Harbor responsiveness

In response to the adverse mental and physical health outcomes to grantees resulting from several ongoing crises, MDH extended trainings to the Safe Harbor network to improve organizational well-being. The findings presented in this appendix drew from participant-observations and materials from those training opportunities. The equity trainings helped Safe Harbor build its capacity to mitigate unintentional harm, strategize ways to address institutional inequity upstream and within government agencies, enlist corporations, and promote equity-driven policies along a public health approach that aims to ameliorate social detriments to health.

According to the facilitator of “Advancing Health Equity Safe Harbor Program:”

Health equity means achieving the conditions in which all people have the opportunity to realize their full health potential without limits imposed by structural inequities.

-Lopez, 2021

The Safe Harbor training coordinator organized a three-part training series to promote healing and empower Safe Harbor to cultivate organizational healing and well-being. The trainings occurred between April and June 2021 and were open to all Safe Harbor grantees. A central component of each facilitation was breakout sessions, wherein grantees could discuss creating health organizations among their peers. One participant said:

It was so helpful to talk among peers; shared experiences, successes, and frustrations, [I] don't usually have many others I can talk to about these things.

Another grantee noted,

I want to implement what I learned to create a better environment for both my clients and coworkers.

The presentations consistently promoted the idea that self-care was not enough to combat burnout and vicarious trauma. Organizations were encouraged – and provided with tools – to promote a culture of psychological safety by treating people involved in the organization with inherent worth, empowering learning and contribution without rejection, and advancing opportunities to challenge the status quo.

An essential part of establishing a cohesive strategic vision for trafficking prevention and responses and gaining buy-in for equity work is to create work environments and build awareness of how systemic racism converges on oppressed groups. In a training delivered to MDH and DHS Safe Harbor staff as well as members of the Safe Harbor network in June 2021 called “Dismantling Systemic Oppression from Within,” facilitators explained that the health and fortification of American Indian people is through the preservation and investment in Tribal lands, languages, cultures, and traditions:

A return to traditional ways of being.

-Skjefte & Cummings, 2021

Advancing equity within the human trafficking response requires the implementation of guides, procedures, and protocols for engaging cultural voices and curating positions of voice and power among subject matter experts (i.e., youth, survivors, and cultural groups pushed to the margins). Learning how to safely engage and retain voices without burning them out or not including what they offer, and acceptance of different modes of addressing issues are fundamental to promote a truly multidisciplinary approach to intervening in and preventing trafficking and providing services to survivors.